

CCO PERFORMANCE SNAPSHOT

Individual Profile

Trillium Community Health Plan South



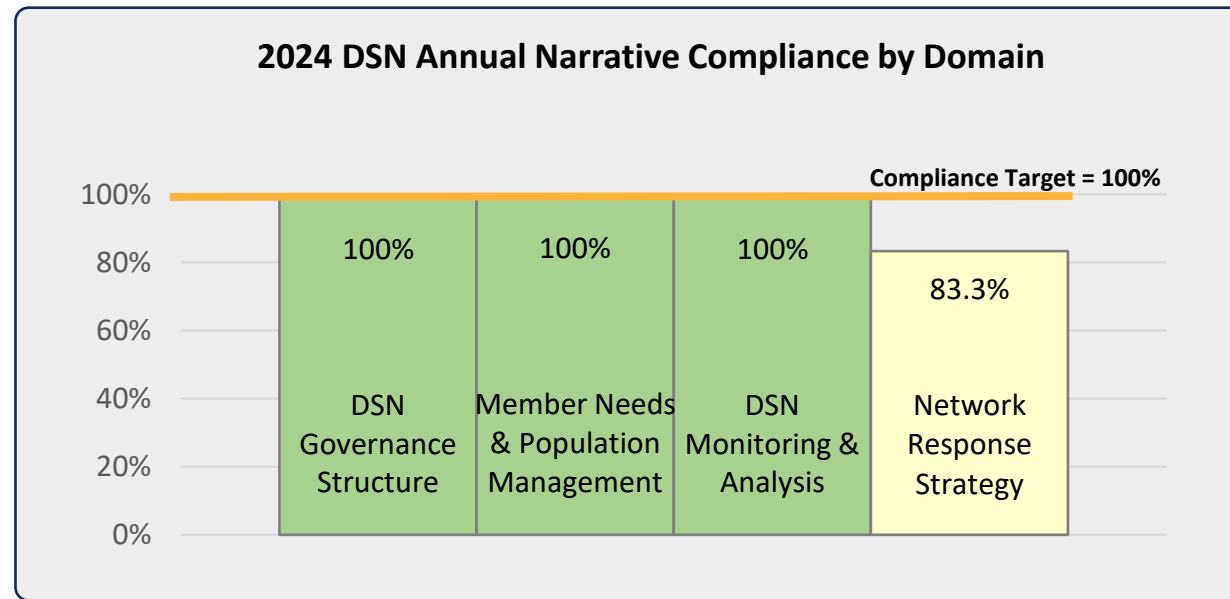
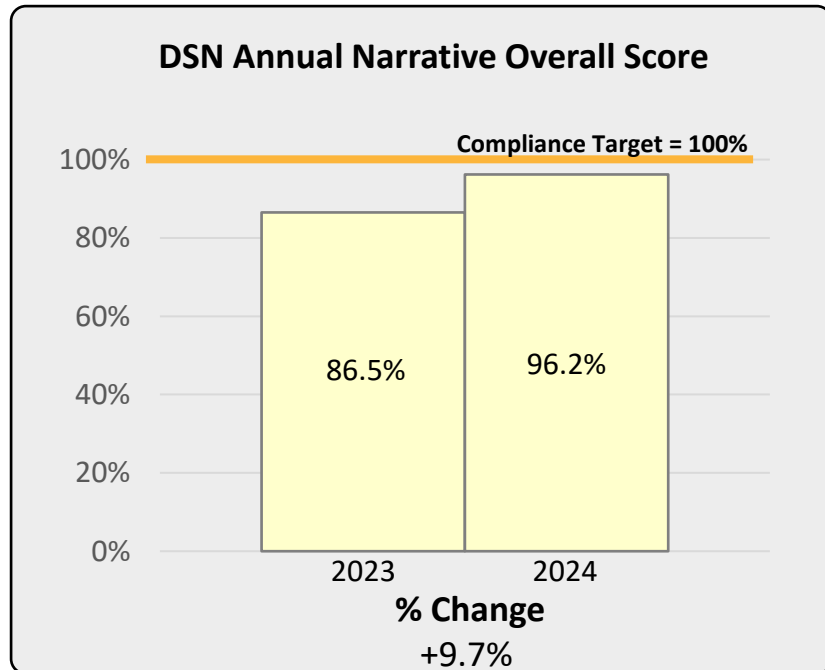


ACCESS TO CARE

Recommendations:

Address the finding issued in the 2024 DSN Evaluation within the Network Response Strategy Domain.

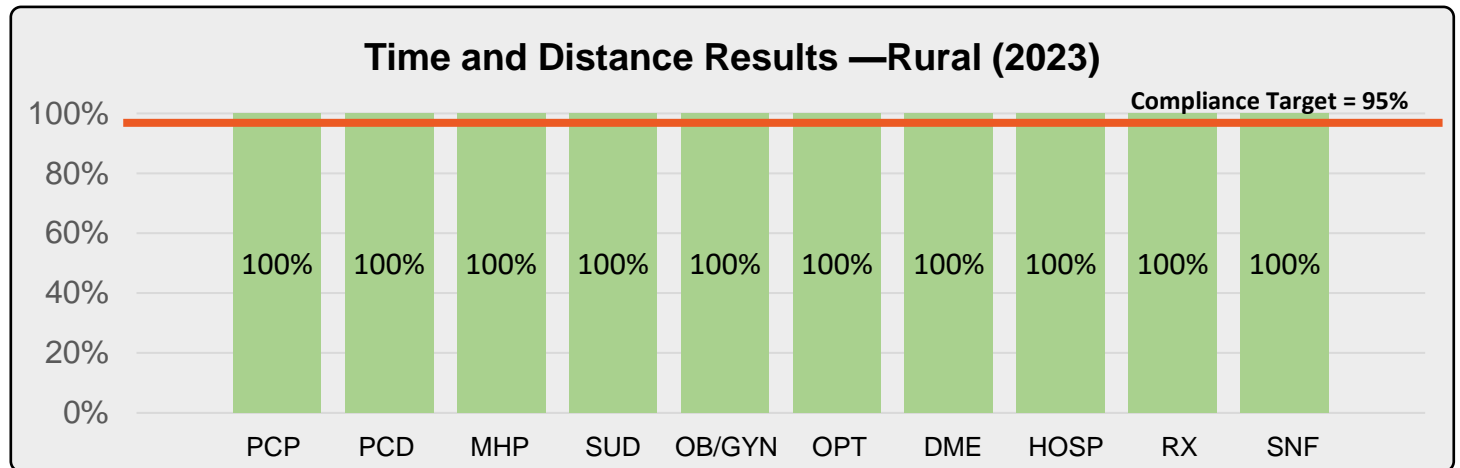
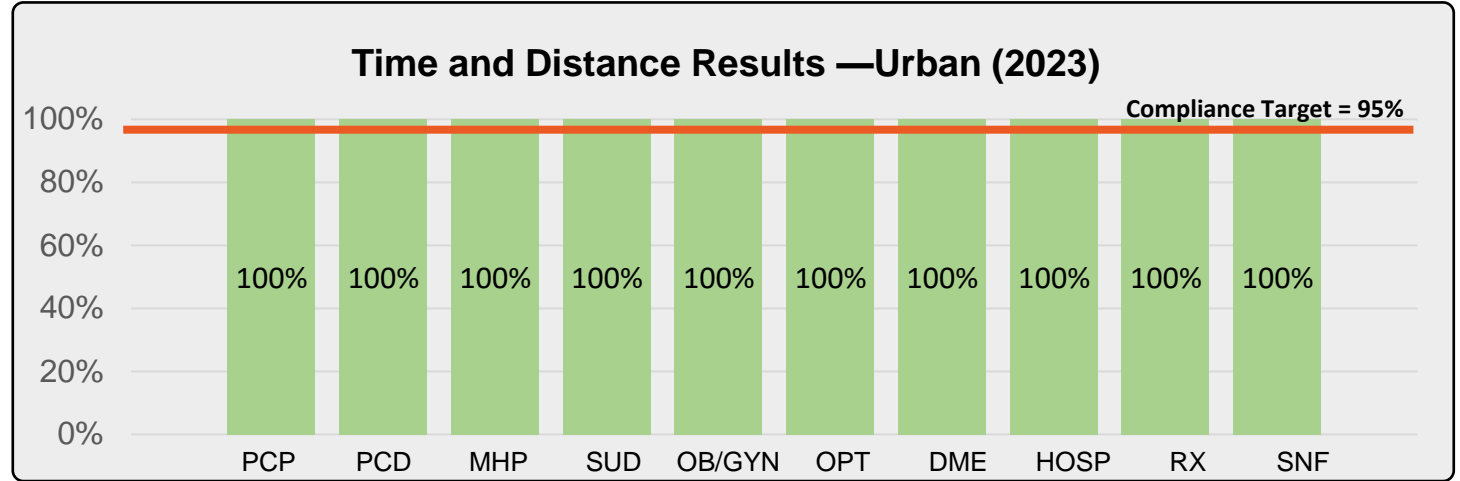
- Ensure that it describes anticipated changes (if any) to future network capacity needs, potentially including, but not limited to, significant membership change forecasts, upcoming OHP benefit changes, changing member population demographics, or critical provider or facility terminations and mergers.



Compliance Standard = 95%

Recommendations:

- TCHP-S was generally compliant with all time and distance standards in 2023. Although the CCO is compliant, it is recommended the CCO continue monitoring the geographic proximity of providers and members across all provider types identified in OAR 410-141-3515.
- Review Q3 2024 DSN Provider Capacity Report and identified gaps in time and distance and address any gaps if the CCO does not have an approved time and distance exception. TCHP-S does not have any approved exceptions.



Compliance Monitoring Review

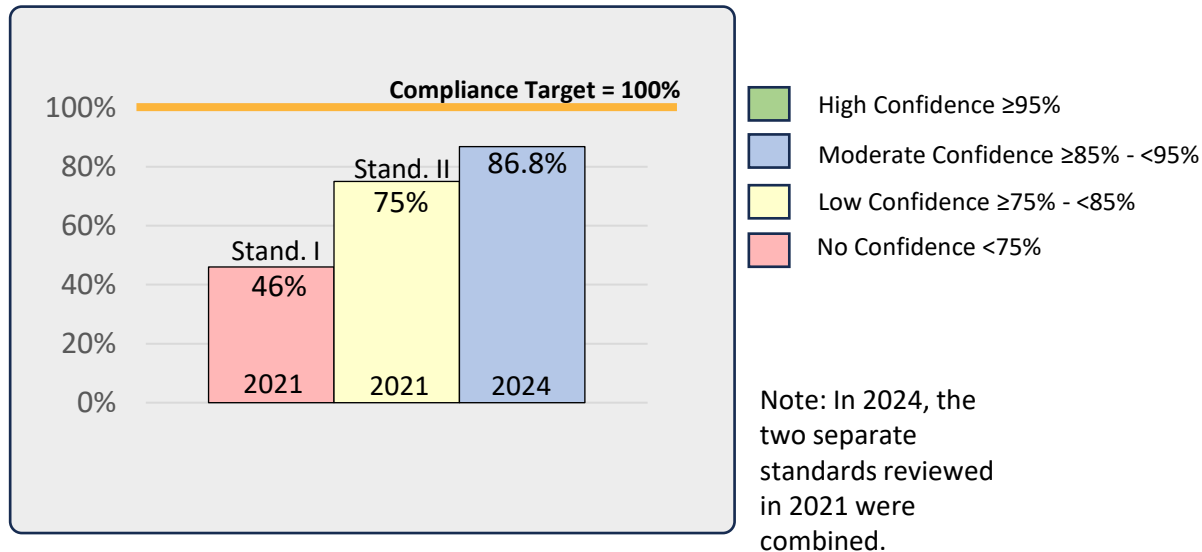
Standard I: Assurance of Adequate Capacity and Availability of Services

Strengths:

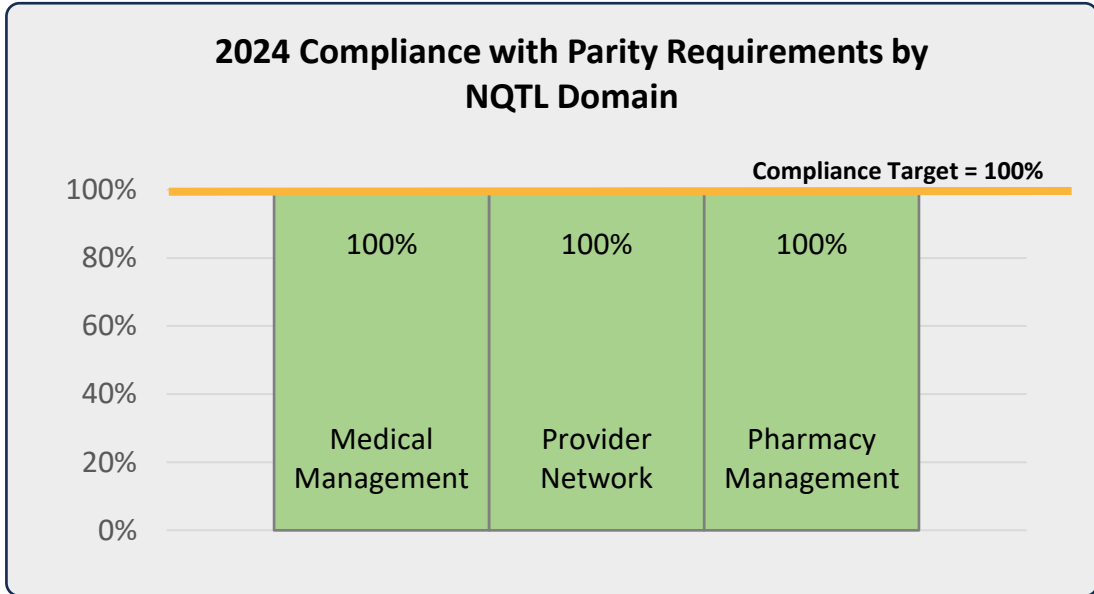
- TCHP-S demonstrated best practices by implementing monitoring efforts such as heat mapping of languages spoken by providers and members to reveal gaps and examining health outcomes data to reveal and act on disparities across service regions, race, gender, and other demographics.

Recommendations:

- TCHP-S received a score of 86.8 percent due to insufficient documentation to support operations and ensure compliance with federal and State requirements and deficiencies within its monitoring activities impacting the CCO's ability to ensure timely access to care and services.
- Address five findings for this standard.
- Revise its policies and procedures to align with federal and State requirements for timely access to care and services and demonstrate implementation.
- Ensure that its mechanisms are sufficient to assess compliance with the state-established appointment standards



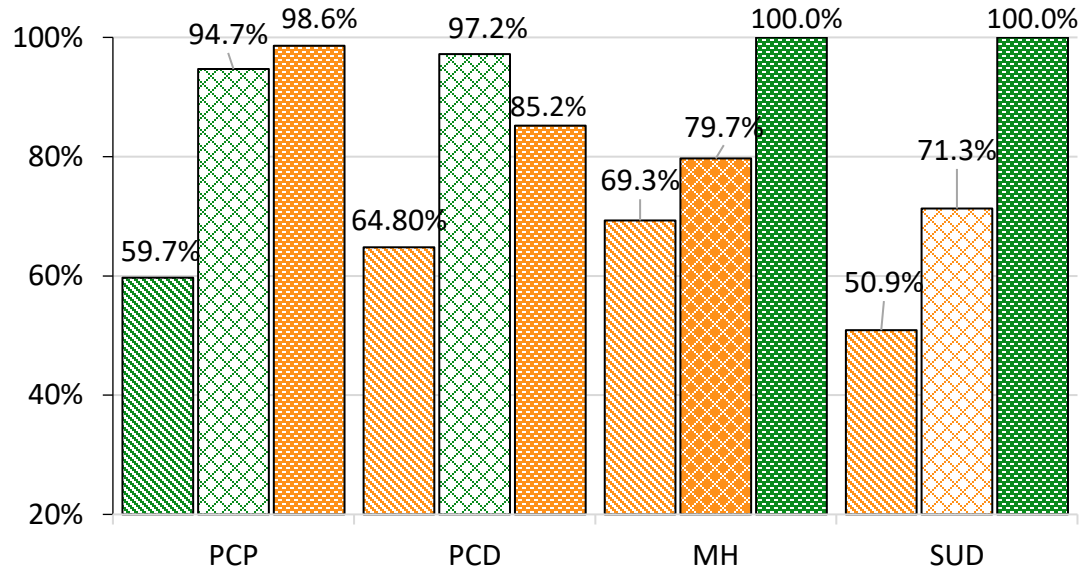
Mental Health Parity



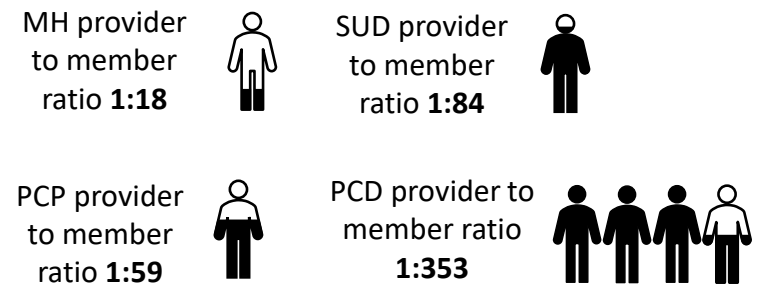
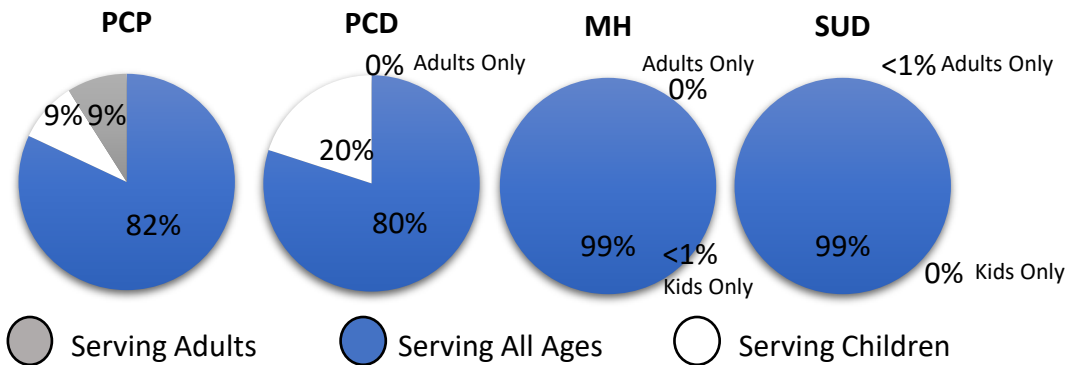
- TCHP-S attested that no changes were implemented to the NQTLs that applied to MH/SUD or M/S benefits, which were evaluated during the calendar year (CY) 2023 MHP Evaluation and met parity requirements.
- Continue to maintain parity across NQTL domains.



Network Adequacy



Located in Service Area
 Serving OHP Patients
 Accepting New Patients



= 100 people

Recommendations:

- Identify available primary care dentists, mental health providers, substance use disorder providers within service area that are not contracted. Contract with any interested providers and consider other solutions outside of contracting.
- Monitor number of primary care dentists accepting new patients to determine opportunities for improvement.
- Improve the rate of mental health providers and SUD providers serving OHP patients; assess if providers are regularly seeing CCO members.
- Assess if the composition of providers serving adults only and children only are enough to meet the specific needs of each population group.

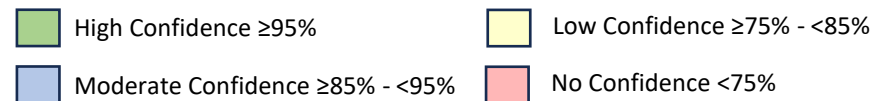
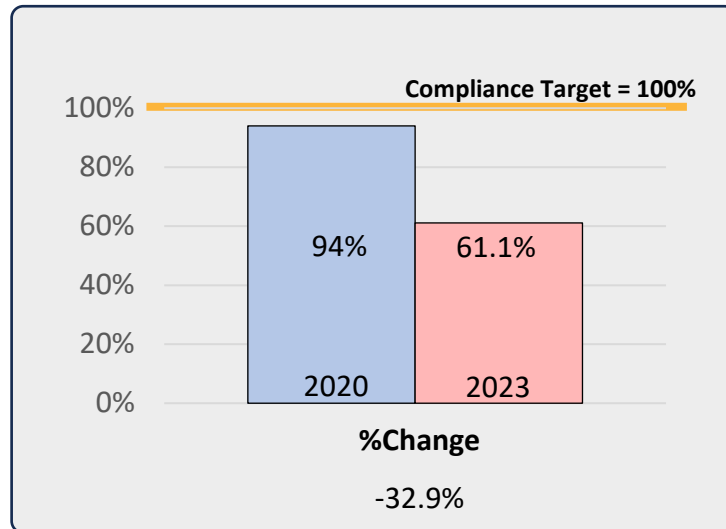




SERVICE DELIVERY

Compliance Monitoring Review

Standard IV: Coverage and Authorization of Services

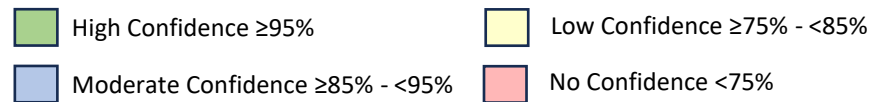
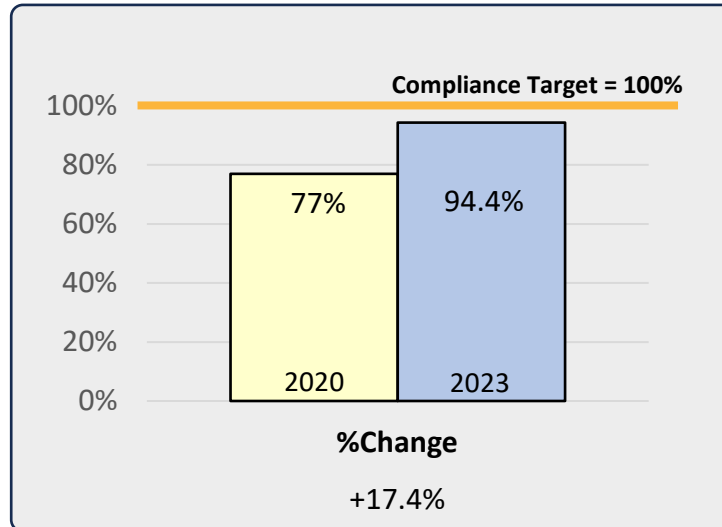


Recommendations:

- TCHP-S received a score of 61.1 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to adhere to federal and State requirements for authorizing services, and to ensure proper and timely notification of adverse benefit determinations.
- Revise its policies and procedures to align with federal and State requirements.
- Demonstrate the implementation of appropriate service offerings.
- Demonstrate proper outreach to retrieve the information needed to process service authorization requests.
- Address three unresolved findings for this standard.



Compliance Monitoring Review Standard III: Coordination and Continuity of Care



Recommendations:

- TCHP-S received a score of 94.4 percent due to failure to appropriately assess/reassess members for care coordination services.
- Demonstrate implementation of appropriate assessments and reassessments, according to federal and State requirements.
- Demonstrate compliance with its policies, specifically for outreach attempts to members for care coordination services.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review

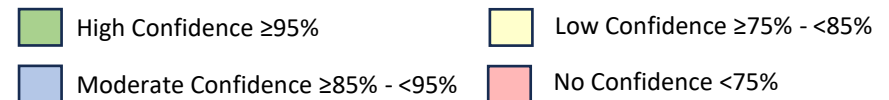
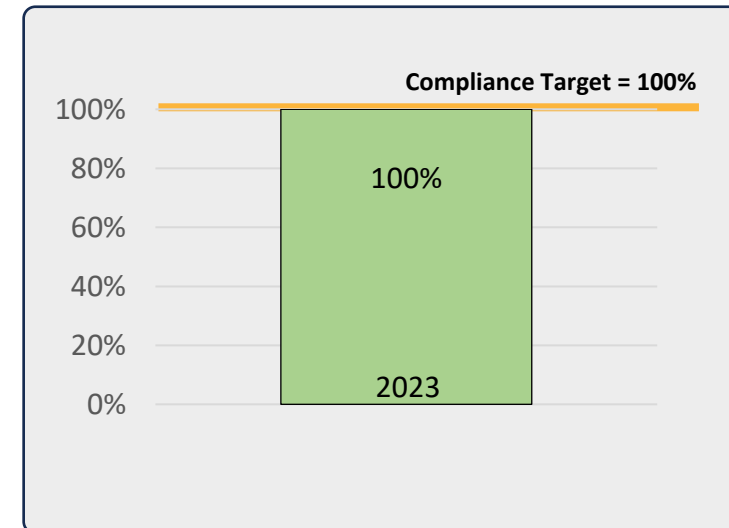
Standard XVI: Emergency and Post-stabilization Services

Strengths:

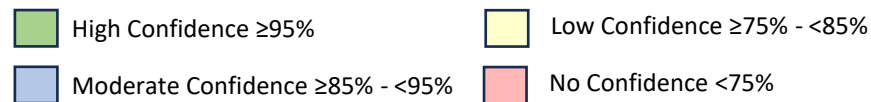
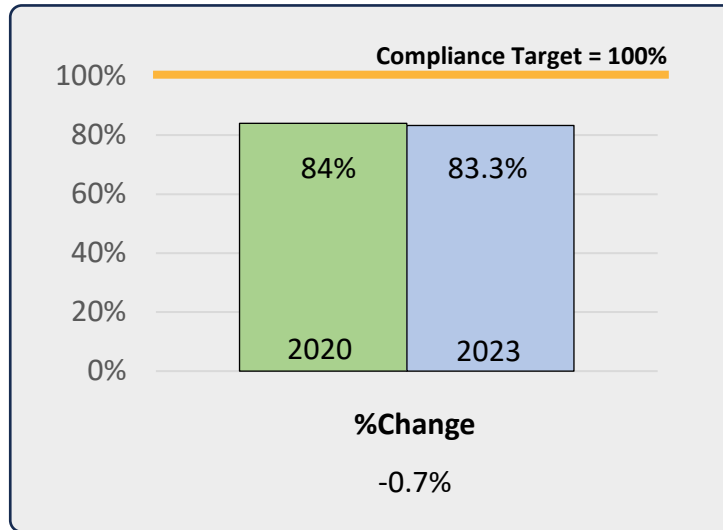
- TCHP-S achieved full compliance for the Emergency and Poststabilization Services standard, demonstrating the CCO has policies and procedures and has implemented the appropriate processes and workflows to ensure the emergency and poststabilization services are covered appropriately.

Recommendations:

- TCHP-S did not have any areas requiring improvement were identified for the Emergency and Poststabilization Services standard.



Compliance Monitoring Review Standard X: Grievance and Appeal Systems



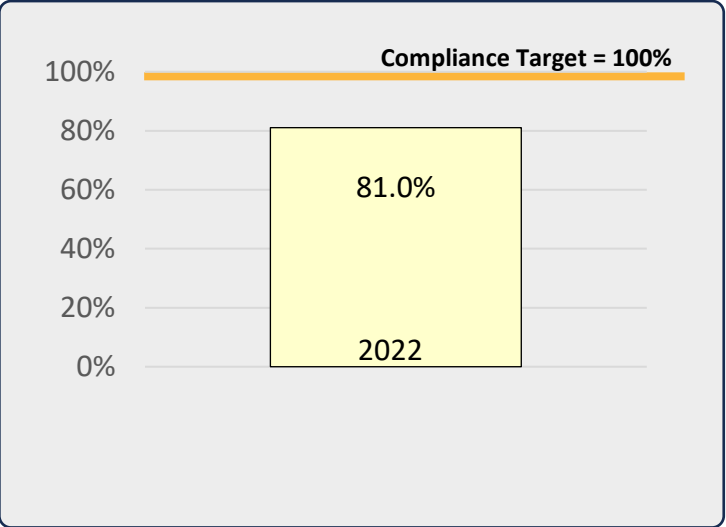
Recommendations:

- TCHP-S received a score of 83.3 percent due to a lack of operational structure and failure to demonstrate appropriate implementation, impacting the CCO’s ability to ensure member grievances and appeals are addressed and responded to appropriately.
- Revise its policies and procedures to align with federal and State requirements.
- Adhere to federal and State requirements for content in resolution notices and time frames for acknowledging and resolving grievances and appeals.
- Demonstrate implementation of federal and State requirements within communications to staff, members, providers, and subcontractors.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review

Standard XII: Quality Assessment and Performance Improvement



High Confidence $\geq 95\%$ Low Confidence $\geq 75\% - < 85\%$
Moderate Confidence $\geq 85\% - < 95\%$ No Confidence $< 75\%$

Recommendations:

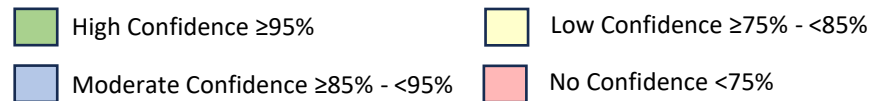
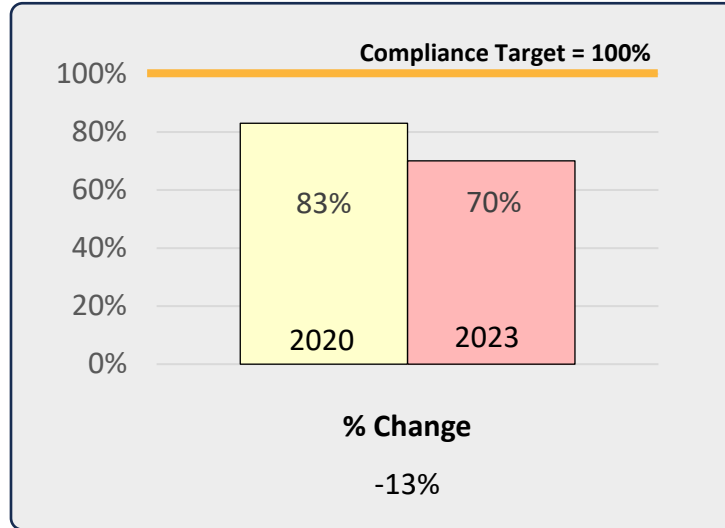
- TCHP-S received a score of 81 percent due to deficiencies in its QAPI program structure and failure to demonstrate appropriate oversight of its QAPI program, which impacted the MCE’s ability to monitor and evaluate the quality and appropriateness of services furnished to its members consistent with the needs and priorities of the MCE’s member population.
- Revise its QAPI program structure to align with federal and State requirements for a QAPI program.
- Demonstrate appropriate oversight of its QAPI program.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.





MEMBER RIGHTS & HEALTH EQUITY

Compliance Monitoring Review Standard VII: Member Rights and Protections

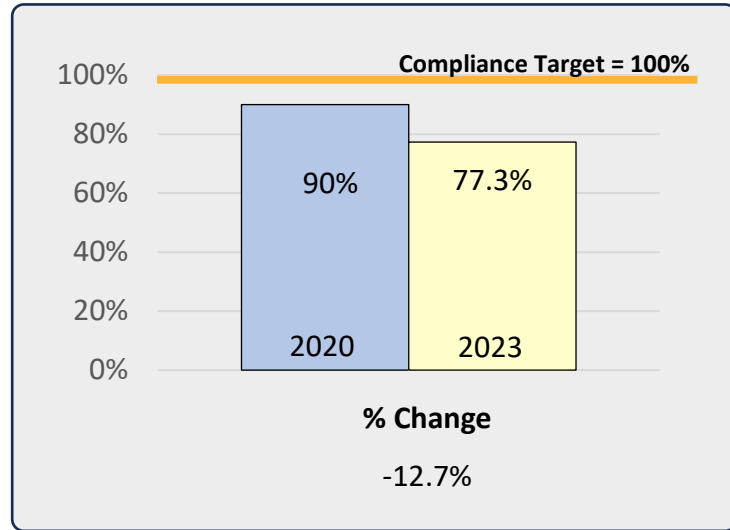


Recommendations:

- TCHP-S received a score of 70.0 percent due to a lack of operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure that member rights are respected and allowed to be exercised freely without affecting the treatment of members and that members are notified of their rights as required by federal and State requirements.
- Revise policies and procedures and member- and provider-facing materials to align with federal and State requirements.
- The findings referenced above were previously resolved in the annual Compliance Monitoring Review.



Compliance Monitoring Review Standard XIV: Member Information

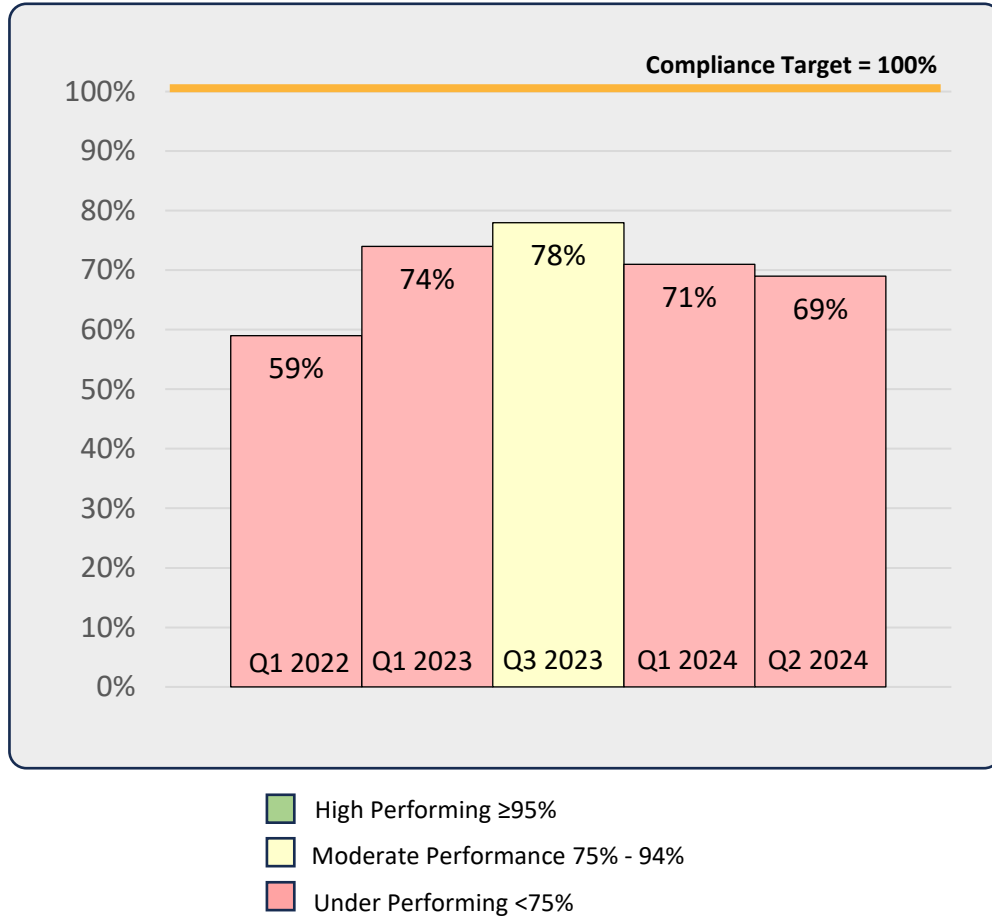


Recommendations:

- TCHP-S received a score of 77.3 percent due to a lack of operational structure and failure to demonstrate implementation of an established process, impacting the CCO’s ability to ensure timely and proper member communication.
- Revise its policies, procedures, and member-facing materials to align with federal and State requirements.
- Track and monitor the timely provision of required member information.
- Address one unresolved finding for this standard.



Notice of Adverse Benefit Determination Requirements



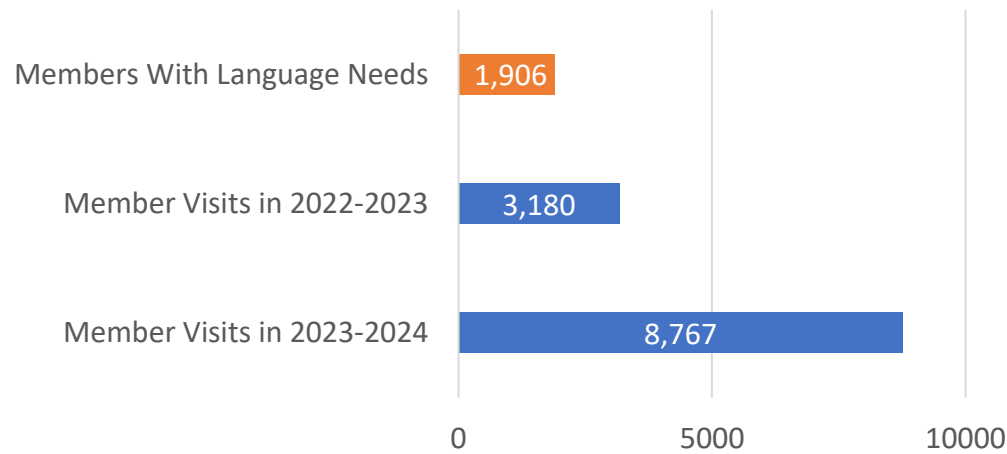
Recommendations:

- Improve internal processes to update NOABD requirements on an annual basis upon release of Member Notice Template Evaluation Criteria.
- Ensure clinical reviewers consider medical necessity and medical appropriateness in the evaluation of the authorization request.
- Work with vendors to reduce the amount of time it takes to make system changes upon release of the evaluation criteria.
- Provide additional support to subcontracted entities that have been delegated the requirement to send NOABDs to members.
- Ensure the current OHA NOABD model template is adopted and implemented by the CCO and subcontractors.
- Implement stronger oversight mechanisms to regularly audit NOABDs sent by the CCO and subcontractors.
- Establish or improve subcontractor reporting to help improve adherence to NOABD requirements.



Language Access Interpreter Utilization

Number of Visits Utilizing an Interpreter



Note: This chart shows a current average of 4.6 visits per member.

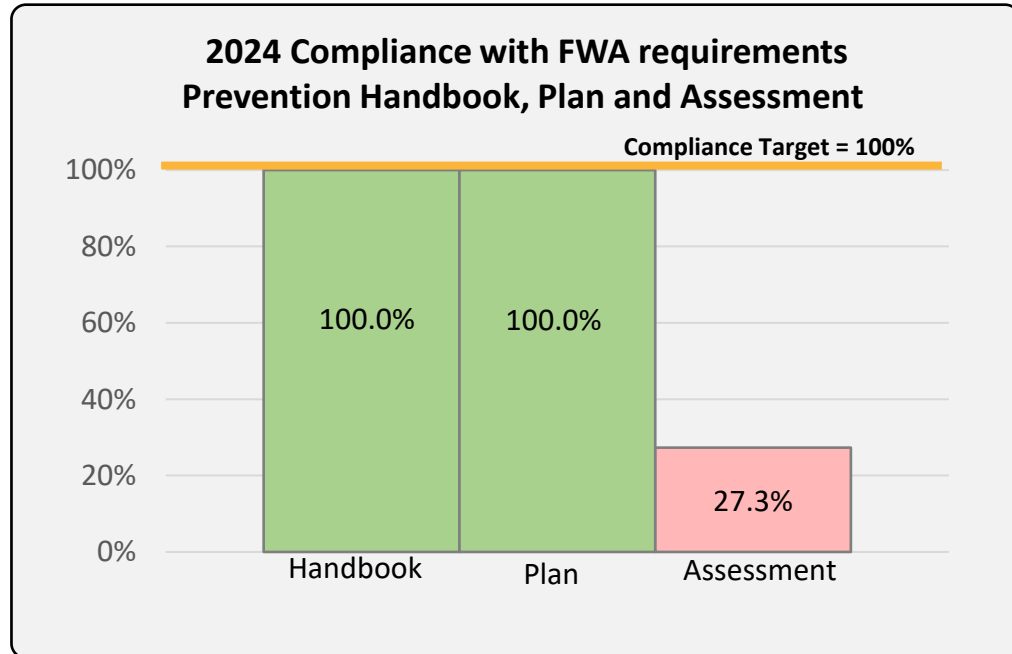
Recommendations:

- Identify gaps in meeting language access needs.
 - Determine language preferences among members.
 - Evaluate the languages spoken by the provider network.
 - Evaluate utilization of interpreter services.
- Provide meaningful access to interpreters in a variety of modes that meet the members' needs (e.g., in person, telephonic, virtual).





PROGRAM INTEGRITY

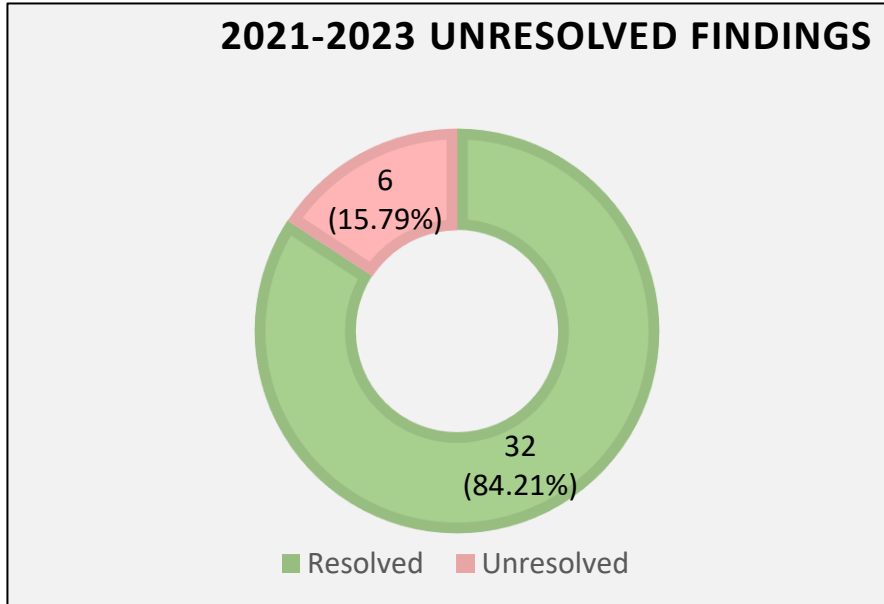


● High Performance (≥95%)
 ● Moderate Performance (75-94.9%)
 ● Low Performance (<75%)

Recommendations:

- Clearly present the following information:
 - Summary of the preliminary investigations and outcomes of the preliminary investigations;
 - Summary of PI audits conducted as a result of referrals and investigations;
 - Whether the PI audits were conducted onsite or based on a review of documentation;
 - Whether the PI audits and compliance reviews were conducted in accordance with the CCO’s FWA prevention plan from the prior contract year, meaning the FWA assessment should include information regarding PI audits conducted for each provider identified on the previous year’s prevention audit work plan;
 - Findings from the PI audits and corrective actions taken;
 - Planned provider PI audits conducted during the previous year;
 - Planned compliance reviews conducted during the previous year;
 - Findings from the compliance reviews, including findings related to FWA as well as compliance with contractual responsibilities, and the corrective action taken
- Demonstrate that all required staff and the BOD completed the annual FWA training and that the training content includes all required components.
- Demonstrate that the employees responsible for credentialing receive the additional annual training.
- Demonstrate that provider training is conducted in accordance with the CCO’s established process. If no established process exists, the CCO must develop a process for ensuring that FWA training is provided to network providers, as appropriate. At a minimum, all newly contracted providers should receive FWA training and annual updates by the CCO in accordance with the CCO’s established mechanisms for providing such trainings.
- Demonstrate completion of FWA training by subcontractor.
- Amend the language in the service verification letter to inform members to call the CCO when the member paid for services out of pocket.
- Include the total number of verification letters sent, the member responses, the date letters were mailed, the results of the efforts, and other methodologies used to ensure the accuracy of data. The CCO must ensure that the results are stratified by region (e.g., TCHP-S, TCHP-N).
- Include outcomes for all FWA prevention activities listed in the previous year’s FWA prevention plan.
- Address whether any work or activities identified in its CY 2022 FWA prevention plan were not implemented or were implemented differently than initially described in its annual FWA assessment and explain how and why the FWA prevention activities changed.





Recommendations:

- Resolve all outstanding findings from previous cycles of Compliance Monitoring Reviews (2021-2023).
- Outstanding findings, across various years, may have a negative impact on quality of care and access to services for members. Identify operational gaps preventing the CCO from immediate resolution of audit findings and implement necessary changes to ensure findings are resolved without delay.

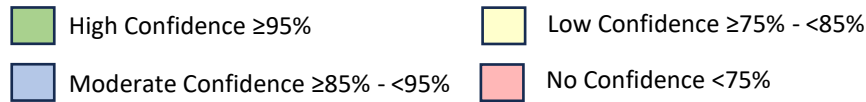
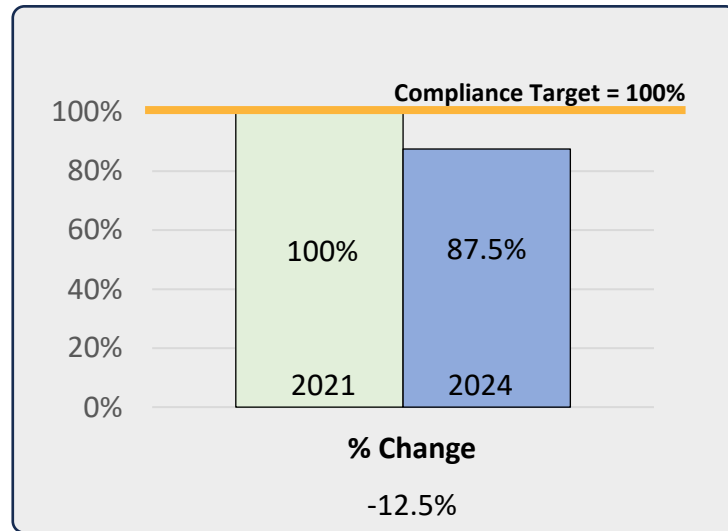
Standard	Review Year	Total # of IP Findings	Resolved IP Findings		Unresolved IP Findings	
			#	%	#	%
Standard I—Availability of Services	2021	1	0	0.0%	1	100.0%
Standard IV—Coverage and Authorization of Services	2023	8	7	87.5%	1	12.5%
Standard XIV—Member Information	2023	4	3	75.0%	1	25.0%



Standard VI: Subcontractual and Delegation Requirements

Strengths:

- The CCO demonstrated best practices by clearly outlining the CCO’s and subcontractor’s responsibilities in its contracts.



Recommendations:

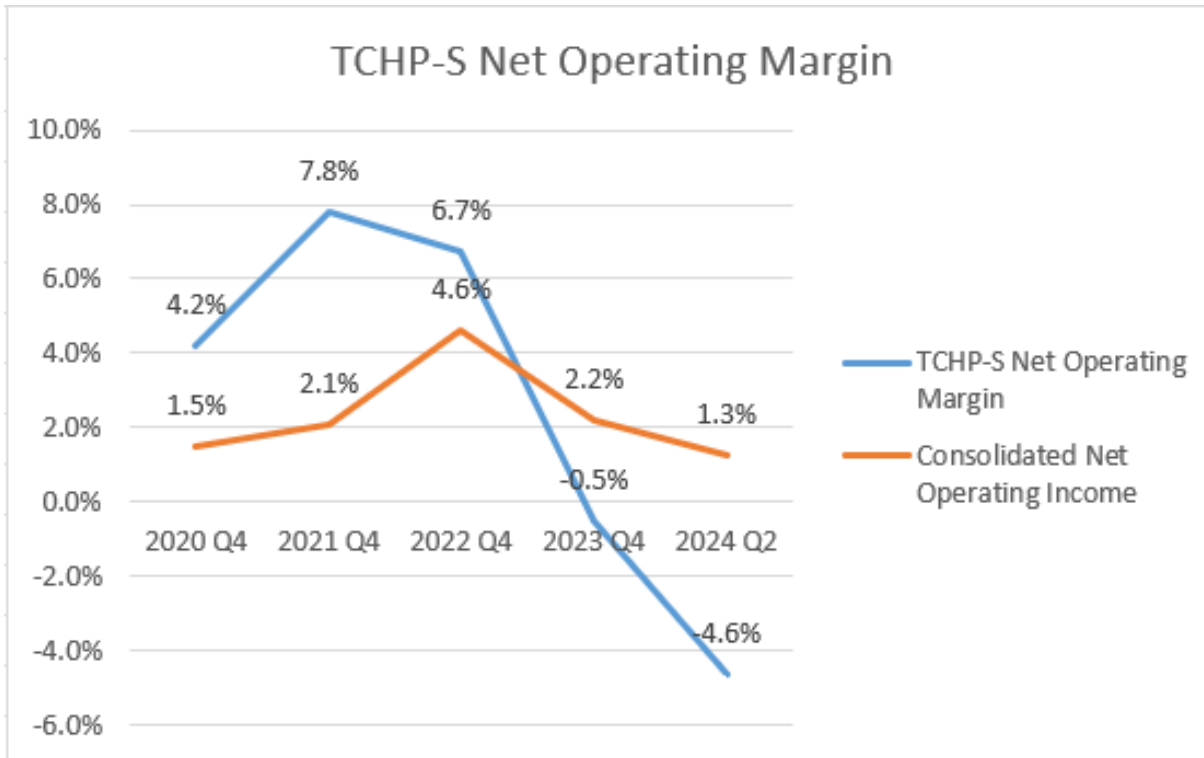
- TCHP-S received a score of 87.5 percent due to failure to conduct appropriate monitoring activities impacting the CCO’s ability to adhere to federal requirements and the CCO’s contractual requirements with the State.
- Address one finding for this standard.
- Hold its subcontractors accountable for contractual obligations and conduct the appropriate oversight and monitoring of its subcontractors.





FINANCIAL PERFORMANCE

Exhibit L: Net Operating Margin



Recommendations:

- Trillium Community Health Plan – South has had the 2 more recent financial reporting periods in which have been at or below the CCO Consolidated Totals for Net Operating Margins. This results in an Operational Loss, meaning their Adjusted Revenues do not exceed their Medical and Administrative Expenses.
- Continued operations with a negative percentage of total revenue will result in the CCO not growing their reserves and minimize their investments in the community or reinvestment in their continued operations.



Exhibit L: Risk-Adjusted Rate of Growth

Risk-Adjusted Rate of Growth			
	Unadjusted Rate of Growth 2022-2023	Risk-Adjusted Rate of Growth 2022-2023	Annualized 2020-2023
Trillium South	18.9%	16.7%	4.7%
Statewide Weighted Average	9.5%	8.7%	5.4%
Source: Senate Bill 1041 Report			

Recommendations:

- Rate of growth measurements look at changes in CCO spending per member. CCO capitation rates also change from year to year, but those capitation rates represent OHA spending on CCOs, or equivalently, CCO revenue. CCO spending is considered in setting capitation rates in future years, so a restrained rate of growth in CCO spending helps meet OHA goals on medical spending.
- The Unadjusted column shows the rate of growth in CCO spending per member without accounting for the health risk associated with that CCO’s membership. The Risk-Adjusted column, however, shows the rate of growth considering the changes in health risk of that CCO’s population. A CCO’s rate of growth may be impacted and explained by growth in acuity, or health risk, in their population, such as more members with chronic disease in one year than the other. The three-year average column helps to smooth year-over-year fluctuations.
- CCOs have financial incentives for keeping their Risk-Adjusted Rate of Growth contained, including but not limited to bottom-line profitability. Annual reporting allows for CCOs to explain when growth exceeds their targets. Additionally, OHA is allowed to require a Corrective Action Plan or Sanctions for adverse Rate of Growth reporting under HB 2081 (2021).



Exhibit L: Minimum Loss Ratio

Three-year Minimum Loss Ratio	
	2021 - 2023
Trillium South	83.18%
Source: Minimum Medical Loss Ratio data	

Recommendations:

- Trillium Community Health Plan – Southwest reported an MLR for 2021 – 2023 of 83.18%, this did not meet the minimum requirement that a CCO spends at least 85% of their capitated payments on member’s medical services or services that improve health care quality.
- Establish or improve CCO’s ability to invest in member’s medical services or services that improve health care quality in future measurement periods.



Exhibit L: Restricted Reserve

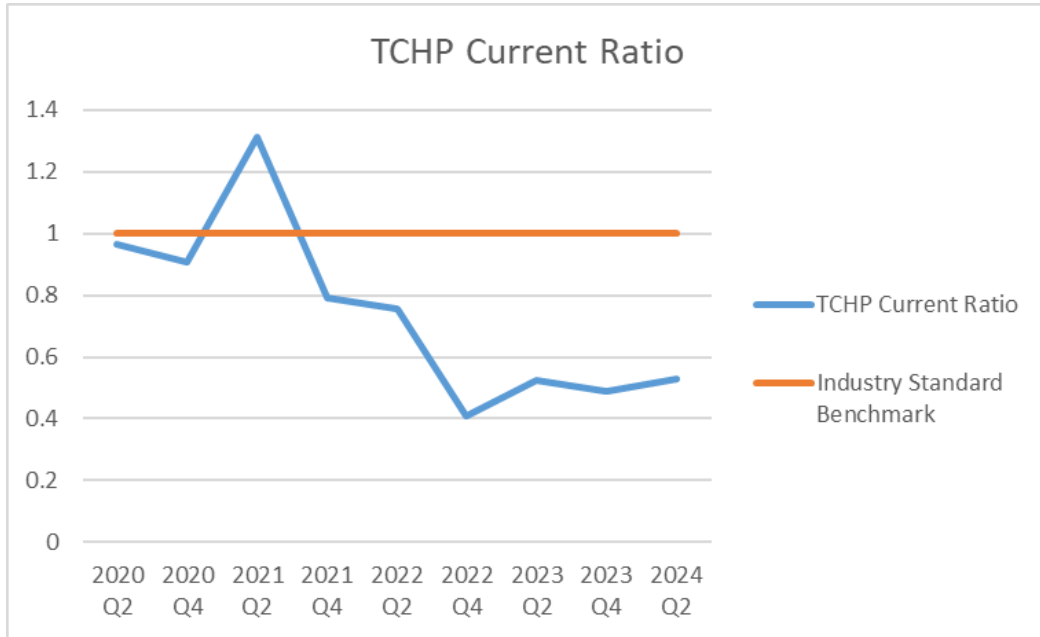
Restricted Reserve Deficit Tracking Contract Years 2020 - 2024			
	Quarter	TCHP-L	Total Deficits by Quarter - All CCOs
2020	Q1		1
	Q2		1
	Q3		1
	Q4		7
2021	Q1		10
	Q2		5
	Q3		6
	Q4		8
2022	Q1		8
	Q2		5
	Q3		5
	Q4		0
2023	Q1		0
	Q2		0
	Q3		4
	Q4		1
2024	Q1		3
	Q2		0
Total Deficits by CCO		0	

Recommendations:

- Trillium Community Health Plan – Southwest exhibited the ability to meet or exceed the minimum Restricted Reserve requirements during the contract period. Restricted Reserves are meant to safeguard approximately two weeks of CCO medical spending, in case of a rapid CCO insolvency.
- The CCO did not report any deficits and has maintained compliance with the CCO Contract.



Exhibit L: Ratio of Current Assets to Current Liabilities



Recommendations:

- Trillium Community Health Plan – Southwest has reported a Current Ratio below the industry standard of 1 for one or more reporting periods since the beginning of the CCO 2.0 Contract. The Current Ratio is calculated by dividing the Current Assets of the CCO by the Current Liabilities. The current ratio is a measurement of how well a CCO may be able to meet its short-term obligations that are due within a year.
- There are no standards specified within the contract regarding the application of the Current Ratio, however, when a CCO consistently does not have Current Assets sufficient to meet their Current Liabilities, it indicates that they use other means of financing or classifications of assets when meeting their debt obligations that will come due in a year or less.

