Appendix A: Corrective Action Plan (CAP) Updated Action Areas

For Trillium Community Health Plan

Reflects Progress as of December 21, 2021

Initial OHA Finding and Plan Action Areas	CAP Progress	Remaining Action
1.1.1 Demonstrate that Trillium's low numbers of home health agencies (6 non-duplicated facilities as of 6/18/20) are adequate to meet member needs, or how Trillium will expand capacity to do so. Trillium will need to show the member-to-provider ratio and geographic distribution of these facility/provider types is sufficient to address member needs. *Plan Action Areas:* Action #1: TCHP will continue negotiations with the 3 targeted home health agencies to further enhance the network. Action #2: TCHP will continue discussions with the 5 additional home health agencies for participation in our network.	Action #1: close CAP plan action Action #2: close CAP plan action Action #3: Maintain CAP plan action open Action #4: Maintain CAP plan action open	Submit Medicaid-specific capacity attestations (email or TCHP attestation form) for contracted home health agencies.

	Action #3: TCHP will continue to pursue obtaining capacity limits for the remaining contracted home health agency. Action #4: TCHP will hold monthly Network Adequacy Committee meetings. See Ongoing Monitoring column for details on monitoring activities. Action #5: TCHP will continue to monitor Home Health adequacy through our Network Adequacy policy and address all identified access issues.	Action #5: Maintain CAP plan action open	
1.1.2	Demonstrate that Trillium's low numbers of hospitals (4 non-duplicated facilities as of 6/18/20) are adequate to meet member needs, or how Trillium will expand capacity to do so. Trillium will need to show the member-to-provider ratio and geographic distribution of these facility/provider types is sufficient to address member needs.	Close CAP finding out	None.
1.1.3	Demonstrate that Trillium's low numbers of rural health centers (2 non-duplicated facilities as of as of 6/18/20) are adequate to meet member needs, or how Trillium will expand capacity to do so. Trillium will need to show the member-to-provider ratio and geographic distribution of these facility/provider types is sufficient to address member needs. *Plan Action Areas:* Action #1: TCHP's contacted Primary Care Providers and FQHCs supplement this category and they are able to provide the same services as RHCs. TCHP continues to target non-contracted FQHCs and primary care providers to secure contracts. To date, our contracted RHCs, FQHCs and Primary Care providers are able to service our members in rural counties. Action #2: The three (3) non-contracted RHC options, are not willing to contract at this time, but will consider single case agreements (SCA) on a case-by-case basis. TCHP will	Action #1: close CAP plan action Action #2: close CAP plan action Action #3: Maintain CAP plan action open Action #4: Maintain CAP plan action open	Continue ongoing monitoring of RHC adequacy and provide the following to OHA through monthly progress reports: utilization reports, geographic access analysis, provider and member grievance and appeals, out of network spend reports, and access concerns identified through other network monitoring reports.

	approach any newly certified RHCs as identified prospectively for potential participation. Action #3: TCHP will hold monthly Network Adequacy Committee meetings starting in October 2020. See Ongoing Monitoring column for details on monitoring activities. Action #4: TCHP will continue to monitor RHC adequacy through our Network Adequacy policy and address all identified access issues.		
1.1.4	Demonstrate that Trillium's low numbers of mental health crisis service facilities (3 non-duplicated facilities as of 6/18/20) are adequate to meet member needs, or how Trillium will expand capacity to do so. Trillium will need to show the member-to-provider ratio and geographic distribution of these facility/provider types is sufficient to address member needs. *Plan Action Areas:* Action #1: TCHP will continue negotiations with a major behavioral health provider serving all three counties with a full continuum of behavioral health services across the age spectrum, and the Clackamas and Washington County local mental health authorities. Action #2: TCHP will continue to identify opportunities to contract with stand-alone behavioral health providers to enhance the network with multiple service lines, including crisis services. Action #3: TCHP will hold monthly Network Adequacy Committee meetings starting in October 2020. See CAP Tracker Ongoing Monitoring column for details on monitoring activities.	Action #1: close CAP plan action Action #2: close CAP plan action Action #3: Maintain CAP plan action open	Continue ongoing monitoring of adequacy of MH crisis service facilities and provide the following to OHA through monthly progress reports: utilization reports, geographic access analysis, provider and member grievance and appeals, out of network spend reports, and access concerns identified through other network monitoring reports.
1.2	Trillium must provide validation of provider capacity to serve the members in each county, as detailed in this section, by supplying executed provider contracts that include each	Action #1: Maintain CAP plan action open	Provide the following for all contracted providers: 1) signature page 2)

	provider's "accepting new members" capacity or a written attestation from each contracted provider of their capacity commitment for new Medicaid members. *Plan Action Areas:* Action #1: TCHP will distribute the attestation twice annually to participating providers (excluding hospital based) and log capacity responses on the tracker starting with the non-responsive PCPs, Home Health, Rural Health Centers and Mental Health Crisis providers. Action #2: TCHP will distribute attestations to remaining provider types listed in OHA's CAP request to ensure network adequacy. Action #3: TCHP will add all provider type listed in OHA's CAP request to the PCP tracker or develop its own specialty type tracker. Action #4: TCHP will add panel status (open/closed) to all roster requests. Action #5: Case Management will continue to track and address provider capacity issues.	Action #2: Maintain CAP plan action open Action #3: Maintain CAP plan action open Action #4: Maintain CAP plan action open Action #5: Maintain CAP plan action open	effective date page and 3) capacity attestation/email. Demonstrate twice annual distribution of attestation to providers.
1.3	Demonstrate increased counts of providers and facilities accepting new Medicaid members for outpatient and community-based mental health treatment services for members with Severe and Persistent Mental Illness (SPMI) in Washington County. *Plan Action Areas:* Action #1: TCHP will continue negotiations with two large behavioral health providers to bring them into our network. Action #2: TCHP will identify and engage additional targets not previously approached for participation. Action #3: TCHP will continue to monitor the network to ensure adequate access to outpatient and community-based mental health treatment services.	Action #1: Maintain CAP plan action open Action #2: Maintain CAP plan action open Action #3: Maintain CAP plan action open	Provide utilization analysis, competitor analysis refined by provider type, geographic access analysis refined by provider type, and any other network monitoring reports that help demonstrate Trillium has a robust network of providers in Washington County to meet the needs of members requiring outpatient and community-based mental health treatment services. Please provide individual reports (noted above) and expand narrative in appendix to demonstrate how TCHP has a robust network.

		Continue monitoring adequacy of outpatient and community-based mental health treatment services. Documentation should be provided through monthly progress reports demonstrating network monitoring is occurring for this service.
1.4 For the entire Behavioral Health continuum of care capacity, identify and report on key strategies Trillium will implement to increase delivery system capacity and provide access to services, if access to facilities in BH continuum are at maximum capacity. *Plan Action Areas:* Action #1: TCHP will continue negotiations with major behavioral health provider to bring additional behavioral health services to the Tri-county area. Action #2: TCHP will continue effort to amend contracts to secure ACT beds with participating providers to ensure Assertive Community Treatment (ACT) services are available for TCHP members. TCHP will continue to evaluate the need to secure additional ACT beds based on access and membership needs for ACT services. Action #3: TCHP will continue negotiations with a behavioral health provider to provide and expand ABA services in the Tri-county region. Action #4: TCHP is actively working with Youth Villages, Morrison Child and Family Services, Trillium Family Services, Albertina Kerr, Catholic Community Services, Options and LifeWorks NW to add IIBHT services in the Tri-county region. Action #5: The Case Management capacity report will be reviewed Monthly by the Network Adequacy Committee to identify network gaps and potential recruitment targets.	Action #1: Maintain CAP plan action open Action #2: Maintain CAP plan action open Action #3: Maintain CAP plan action open Action #4: Maintain CAP plan action open Action #5: Maintain CAP plan action open	Provide utilization analysis, competitor analysis refined by provider type, geographic access analysis refined by provider type, and any other network monitoring reports that help demonstrate Trillium has a robust network of providers. Continue monitoring adequacy of services within BH continuum of care. Documentation should be provided through monthly progress reports demonstrating network monitoring is occurring for these services.

Action #6: TCHP is in active negotiations with a new ABA provider organization expanding services in Oregon and the tri-county region.		
2.3 Demonstrate initial and ongoing analysis of demographic data and health equity disparities in the Tri-County service area to inform development, monitoring, and build-out of provider network. *Plan Action Areas:* Action #1: TCHP develop understanding of inequities existing in the service area through monthly Health Equity Analysis of demographic data and health equity disparities in the Tri-County service area. Data sources include: • Eligibility File 834 Collective Medical Data • Population Health report • Impact Pro • Health Risk Assessment data • Exhibit I: A&G report • Community Health Needs Assessment (CHNA) for Tri-County needs • County Public Health Data • Ongoing community listening sessions and collaboration with CBOs that provide services to individuals with limited English proficiency • Oregon's State Health Assessment (2018) Action #2: TCHP will hold monthly Network Adequacy Committee meetings starting in October 2020. Committee will review health equity needs at monthly Network Adequacy meeting to inform development, monitoring and build out of provider network. The Health Equity Administrator/CMO brings the health equity needs identified in Trillium Diversity and Health Equity Committee (TDHEC) to the Network Adequacy Committee. Examples include A&G	Action #1: Maintain CAP plan action open Action #2: Maintain CAP plan action open Action #3: Maintain CAP plan action open	Provide monthly analysis of demographic data and health disparities specific to the Tri-County service area and describe how the information is used to identify over and underutilization stratified by service type and member language. Description in meeting minutes explaining how the information is used by the NA Committee to inform network development strategy. Ongoing monitoring should continue through the remainder of the CAP.

Health Equity complaint trends, provider, and community surveys on health equity issues. The Health Equity Administrator/CMO serves as the subject matter expert on the Network Adequacy Committee. Action #3: Monthly analysis and benchmarking of utilization by type of service, compared between Trillium service areas. Analysis will be broken out by services including, but not limited to, Primary Care, Behavioral Health, Emergency Department, Inpatient, Non-Emergent Medical Transportation, and pharmacy. The utilization benchmarking will inform the overall approach to improve access to services for underserved communities by an analysis that will be stratified by language to identify potential over and underutilization. Further exploration will be done based on findings and remediation will be conducted if needed, such as recruitment of additional providers; partnerships with organizations (CBOs) that assist members with limited English proficiency, etc.		
2.5 Demonstrate how health equity demographic information, health equity disparities data and community engagement findings are utilized internally to inform Trillium operations, policies and procedures, and initiatives. *Plan Action Areas:* Action #1: TCHP develops an understanding of inequities existing in the service area through monthly Health Equity Analysis of demographic data and health equity disparities in the Tri-County service area. Data sources include: • Eligibility File 834 • Collective Medical Data • Population Health report • Impact Pro • Health Risk Assessment data • Exhibit I: A&G report	Action #1: Maintain CAP plan action open Action #2: Maintain CAP plan action open Action #3: Maintain CAP plan action open Action #4: Maintain CAP plan action open	Continue to demonstrate through HESC meeting minutes how the monthly health equity analysis is used to make modifications to internal operations, policies and procedures, and initiatives. Utilization analysis in 2.3 will be applied to 2.5 but must be submitted through the remainder of the CAP period. Demonstrate how ongoing community engagement is used to inform the health equity strategy. Demonstrate how the health equity strategy in the Health Equity Plan is

• Community Health Needs Assessment (CHNA) for Tri-County needs • County Public Health Data Community listening sessions and collaboration with CBOs that provide services to individuals with limited English proficiency • Oregon's State Health Assessment (2018) Action #2: Monthly analysis and benchmarking of utilization by type of service, compared between Trillium service areas. Analysis will be broken out by services including, but not limited to, Primary Care, Behavioral Health, Emergency Department, Inpatient, Non-Emergent Medical Transportation, and pharmacy. The utilization benchmarking will inform the overall approach to improve access to services for underserved communities by an analysis that will be stratified by language to identify potential over and underutilization. Further exploration will be done based on findings and remediation will be conducted if needed, and utilized internally to inform Trillium operations, policies and procedures, and initiatives. For example, member materials and/or website translation may be enhanced to incorporate a trend in a new language need. Language preference, interpretation and translation needs are identified through concierge member initial risk screening call for all new members. Action #3: Finalize Health Equity Plan. Our community engagement strategy framework includes assessment of community need, engaging local stakeholders, jointly establishing community health and equity priorities, identifying shared solutions to address priorities, implementing strategies based on stakeholder input, and tracking outcomes for continuous quality improvement. We will tailor our strategies to each community and intend to dovetail with and leverage existing community health needs assessments (CHNAs) in the Tri-County Region (Clackamas, Multnomah, and Washington		being used to inform internal operations. Revise P&Ps to include Oregon requirements around language access (e.g., OARs and CCO Contract).

Counties). We will also engage with regional health equity coalitions and collaborate with Health Share on existing efforts. The Health Equity Plan will be utilized internally to inform Trillium operations, policies and procedures, and initiatives. For example, network development or language translation services enhancements based on Health Equity Plan findings and actions. Action #4: Enhance and Implement Cultural and Linguistic (CLAS) Policy which identifies plan efforts to demonstrate meaningful access to interpreter services. All of these CLAS standards together constitute the communication and language assistance standards. A) TCHP offers language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all healthcare and services. (CLAS policy II.c.i). B) TCHP Ensures the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. (CLAS policy II.a.iii) C) TCHP provides easy to understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. (CLAS policy II.h.ii.) D) TCHP informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. (CLAS policy II.g and II.h.ii.)		