RFA 4690-19 Evaluation Deficiency Letter

AllCare

This deficiency analysis is based on the items outlined in the Final Evaluation Report.

Applicants that were awarded a 1-year conditional contract will develop a remediation plan to correct deficiencies identified during the evaluation process and provide evidence to substantiate that the issues identified have been corrected to OHA's satisfaction. The timeline and submission requirements for correction will be established during the negotiation period prior to contract signing.

Where possible, deficiencies that are within the scope of the Readiness Review documentation submission will be addressed via the Readiness Review performed by OHA's contracted vendor. Items that require additional or supplementary documentation will be addressed through the remediation plan. If the Applicant fails to demonstrate sufficient progress towards resolving the deficiencies the contract will expire at the end of the 1-year term and will not renew. If the deficiencies are appropriately remedied during the term of the remediation plan, OHA will award the remainder of the 5-year contract.

OHA will schedule individual meetings with 1-year awardees to discuss the plan for remediation in more detail, including next steps for resolving issues.

OVERVIEW:

Evaluation Team	Recommendation	Lacks Detail	People	Process	Tech
Finance	FAIL	X		X	
Business Administration	FAIL	X		X	X
Care Coordination and Integration	PASS	X		X	X
Clinical and Service Delivery	FAIL	X		X	
Delivery System Transformation	FAIL	X		X	
Community Engagement	FAIL	X	X	X	

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- Cost

- No process described for tracking services across spectrum of care (i.e., an over-reliance on care coordinators instead of providers coordinating directly)
- Cost containment strategies were not feasible and reactive (rather than proactive)
- Separation of behavioral health from physical health not compliant

- CCO Performance and Operations
  - No evaluation plan provided
  - Poorly-defined "internal committees"
  - HRS strategy lacked detail
- Value-Based Payment
  - No justification for PCPCH structure
  - No justification for growth-over-time estimates
  - Does not account for VBP risks; mitigation strategies appear unlikely to succeed
  - Insufficient demonstration of how to meet future targets

BUSINESS ADMINISTRATION

Administrative Functions

- Administrative Functions
  - Missing frequency of monitoring members for Medicare coverage
  - No tools for auditing or monitoring encounter data for accuracy
  - No feasible mechanism for monitoring Fraud, Waste, and Abuse
    - Gaps in this process suggest missing infrastructure
  - Pharmacy administration concerns:
    - Communication of formulary changes;
    - Strategy for 24-hour PA pipeline;
    - Member access to pharmaceutical information

Health Information Technology

- Health Information Technology
  - No plan to address barriers to EHR adoption or to cover entire 5-year contract
  - EHR roadmap missing fundamental detail
  - Did not demonstrate ability to match SDOH data to claims data (essential for formulating VBP models)
    - This deficiency indicates there may be serious gaps in knowledge of VBP or HIT models

Member Transition

- Member transition

    - Gaps in essential processes around care coordination and continuity of care, especially for prescriptions
    - Warm handoff activities not defined
- No contingency plan for members who do not match with a new PCP

Social Determinants of Health (SDOH) & Health Equity

- SDOH
    - Needs improved detail on collecting and analyzing SDOH data
    - Needs more robust framework for language access and cultural appropriateness
        - Requires education and new technology or processes to be created
    - Definition of how to use MARA scores

CARE COORDINATION

Behavioral health services

- Needs to expand hospital event notifications to diverse provider types
- Behavioral Health Benefits Plan needs detail on:
    - Developing MOUs with CMHPs
    - Assessing gaps in workforce capacity
- Behavioral Health Covered Services
    - Lacking detail on patient involvement in BH covered services
    - No detail on how barriers to member involvement are monitored and mitigated
    - No process identified for supported employment services

Care Coordination

- Plan needs improvement on:
    - Crisis management plans
    - Coordination with Medicare Advantage Plans
    - Referrals across systems
    - Tracking after screenings
    - Role of LTC in transforming models of care
    - Comprehensive oral health plan for follow-up after screening
- Additional detail needed on:
    - Information sharing;
    - Member participation in treatment planning; and
    - Overall monitoring of treatment planning

Health Information Exchange

- Lacked detail on how to expand hospital event notification and HIE services.
- Plans to support oral health activities focused on the role of a case management team.
- No clear path was provided on development of support for Hospital event notifications to behavioral and oral health providers.
- Applicant failed to demonstrate a complete grasp of HIE and confused that term with VBP.

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- Needs to implement process to use grievance system to monitor for the correct application of medical necessity criteria
- Needs detail on network adequacy, particularly across diverse specialists and systems
- Responses do not separately address physical, behavioral, and oral health
- No mention of how to calculate FTE

Behavioral Health Covered Services

- SUD section didn't address data and had limited detail
- Care coordination section only contacted members by phone
- Delegation of member engagement to PCPs
- Wraparound services not addressed, including no mention of how availability of this service would be communicated to members

Service Operations

- Limited detail on medical necessity criteria and utilization controls for pharmacy services
- No detail on covering, tracking, and monitoring services
- No mention of hospital services
- No timeline given for PAs
- LTSS: no explanation of these areas:
  - Transition of care for LTSS members
  - Providing LTSS regardless of care setting not explained
  - Insufficient answers suggest that there are underlying processes and services missing

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Accountability and Monitoring
    - Limited description of:
        - Measurement and reporting system: how standards and expectations are set, communicated, and enforced with providers and subcontractors
            - Needs plan if providers or subcontractors fail to comply
        - How the CCO's Referrals and PA process facilitate continuity and coordination of care
            - Needs information on how the external network (providers, health systems) utilizes applicant's referral and PA system
        - External programs purpose and administration
        - Complaints, grievances, and appeals
    - Quality Improvement Program
        - Few details describing data systems and processes:
            - Collecting data
            - Performance benchmarks
            - Incentivizing quality care based on data
        - Lacking sufficient information about referrals and prior authorization processes, including continuity of care and coordination
    - CCO Performance
        - Few or no details describing:
            - Quality improvement
            - Calculating value and efficiency and applying them to outcomes
            - Concrete process to measure, track, and evaluate hospital services (especially by population sub-category using REALD)

Delivery Service Transformation:

- Transforming Models of Care
    - Lack of details on PCPCHs:
        - Oversight;
        - Tier levels;
        - Member assignment by provider type
        - Member and provider outreach; and
        - Engagement of potential new PCPCH providers
    - Lacking sufficient information about monitoring the non-PCPCH model to ensure fidelity.
    - Lacking sufficient information about:
        - Supporting those with special health care needs,
        - Plan for emphasis on whole person care, or
        - How the CCO plans to monitor the non-PCPCH model

    - Provision of Covered Services
        - Few details describing how data will be used to improve quality of care for members with SPMI.
        - Lacking sufficient detail in supplemental reports and standards, including how data will be used to improve services
- Quality standards and compliance
- Referrals and PA processes
- PCPCH system and access analysis

COMMUNITY ENGAGEMENT

- No information about the process for how members provide input for decision making; point given for historical description of public input related to CHA/CHP
- No mention of how the member voice is elevated or where the Board is involved
- Do not address barriers or strategies to community engagement
- No mention of Quality Improvement
- Doesn't mention partners in partial service area of Douglas County
- Align CAC representation with the HRS
    - No description of CAC structure, requirement, or role, or OHP consumer representatives' CCO board involvement or engagement
    - Does not describe a strategy for collaborating with other CACs in the region
    - No mention of engagement with tribes
- Included the priorities, but offered no plan or description of how the priorities were or will be identified and vetted
    - Instead, relied on what they've done in developing their CHP, but not future plan for vetting SDOH priorities, which is different
- Insufficient detail for how members are involved in care planning at the provider level
- Spending process is entirely internal: not clear how it is public, transparent or equitable
- Weak conflict-of-interest policy: "team members must declare conflicts of interest"

HIT ROADMAP

- HIT Roadmap deficiencies will be addressed in a separate communication from the Office of Health Information Technology. The letter will identify whether the HIT Roadmap was approved as submitted or whether the CCO will be required to develop a work plan for the submitted roadmap.