RFA 4690-19 Evaluation Deficiency Letter

Pacific Source – Columbia Gorge

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

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 over the course of the contract period as needed.

OVERVIEW:

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

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- No significant deficiencies related to cost, CCO performance and operations, or VBP.

BUSINESS ADMINISTRATION

Administrative Functions

- No mention or little detail on:
    - Monitoring Medicare services;
    - Exact business functions of subcontractors; and
    - Monitoring subcontracts

Health Information Technology

- HIT plan submitted in narrative form only
- Missing EHR plans that covered the entire 5-year contract period

Member Transition

- Lacking detail for:
    - Warm handoff/transition activities (not specific enough);
    - How data would be collected and shared from other CCOs; and
    - Specialty providers omitted from care coordination plan

Social Determinants of Health (SDOH) & Health Equity

- Funding for SDOH projects:
    - Limited detail on application and awarding process;
    - No overall strategy for tracking SDOH monies;
    - Limited detail on communicating SDOH funds to communities and providers;
- No answer for how technology will be used to comply with reporting

CARE COORDINATION

Behavioral health services

- Limited detail on expected milestones and timelines for BH benefits plan
- Limited detail on how PCP will execute referrals to other services
- No plan for performance monitoring of providers
- CCO delegated significant responsibility for BH initiatives to Local Mental Health Authority
- No processes for assessing BH workforce
- Weak strategies for identifying SPMI member needs (particularly connections to supported housing programs/partners)
- Planned outreach for tribal partners was vague, suggesting a lack of planning

Care Coordination

- Care coordination requires more detail in the following areas:
    - Plans for coordination between Dual Eligible populations;
    - Coordination with DHS LTSS or cross-system collaboration;
    - Crisis management, screening, and follow-up;
    - Family involvement in care planning and discharge; and
    - Existing agreements with current BH providers.

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- CCO needs to develop strategies for applying data for quality improvement
- Reliant on case by case resolutions (minimal standardized process or strategy)
- No approach that dealt with issues at the root cause
- No mention of grievances impacting wait time

- No mention of members ability to access care from non-participating and out-of-area providers
- Strengthen methodology for analyzing information, discussed specific programs but not how they are using them
- No contingency plan for if community standard is removed (CCO will need to work on another method to calculate network adequacy).

Behavioral Health Benefit

- Services, tools and measurements are reliant on a governance council for future work (CCO did not discuss the interim plan while the long-term strategy is being developed)
- No clear process for in-home services (would need to provide detail on their actual process in lieu of stating they will develop one)
- Did not address capacity or how clients are engaged, measuring and monitoring
- Not clear about how the member voice would be included.
- No communication to members described
- Used language that may be viewed as disrespectful in describing specific groups of people ("aged")
- Mostly reliant on a welcome call for care coordination – no other methods mentioned
- No detail around how to educate or engage members
- Unclear how members are informed about services (mostly conversation about providers rather than members)
- Did not answer the question around monitoring members and utilization;
- Dismissive of communication and support of peer delivered services
- Member perspective not reflected
- Only discussed OSH as connection to ACT (does not reflect understanding of the program, seemed disconnected from services).

Service Operations

- Service Operations (could be addressed with a more detailed processes)
    - No detail about how information is provided to members
    - No detail on medical necessity
    - No differentiation between ambulatory and acute care

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Accountability responses lacking in these areas:
    - External accountability programs (purpose and administration);
    - Information on complaints, grievances, and appeals;
    - How information is shared with providers and subcontractors; and
    - Tools used to push data to stakeholders.
- Quality Improvement Program:
    - No details describing the data systems and processes, specifically:

- Data infrastructure;
- Key quality indicators; and
- How metrics incentivize improvement in quality of care.

  - Lacking sufficient information about referrals and prior authorization processes, including continuity of care and coordination
- CCO Performance
  - Lacking information in these areas:
    - Process for measuring, tracking, and evaluating quality of hospital services;
    - Tracking by population sub-category (by REALD)

Delivery Service Transformation:

- Provision of Covered Services
  - Applicant failed to provide details describing data collection and analysis by priority populations and sub-categories (by REALD).
- Transforming models of care
  - CCO does not describe information about PCPCHs:
    - Number of assigned members by provider type and tier;
    - Oversight; and
    - Engagement of potential new PCPCH providers, are lacking.
  - Lacking sufficient information about these areas:
    - Monitoring non-PCPCH model to ensure fidelity in;
      - Care coordination;
      - Evidence for success;
      - Effective wellness and prevention; and
      - Whole-person care
    - "Community governance model"
    - Joint member engagement and outreach

COMMUNITY ENGAGEMENT

- Develop explicit plan for how outcomes would be shared
- Develop a QI plan for the CEP
- Did not describe any of their projects for community engagement
- Did not discuss tribes in terms of their CAC or health council or engagement
- Insufficient detail on cultural and linguistic strategies for engaging members in care planning
- SPMI and LTC representation is inadequate on CAC and governance boards
- Lack of detail on capacity and experience related to improving health disparities
- Consider how to ensure funding is distributed in a more equitable way Should have listed the actual milestones/metrics
- Missing COI policy

- Insufficient detail about general model for community engagement/addressing disparities

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.