# RFA 4690-19 Evaluation Deficiency Letter

# Pacific Source – Lane

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 | | X | |
| Clinical and Service Delivery | PASS | X | | | |
| Delivery System Transformation | PASS | X | | X | |
| Community Engagement | PASS | X | | X | |

## EVALUATION DEFICIENCIES BY TEAM

**FINANCE**

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

**BUSINESS ADMINISTRATION**

**Administrative Functions**

- Missing detail on Medicare Third-Party Licensing, specifically how CCO will receive and verify this information

**Health Information Technology**

- Missing EHR plans that covered the entire 5-year contract period
- Missing detail and mitigation strategies for oral health providers
- Requested staffing model was missing for one area

**Member Transition**

- Lacking detail for:
  - Warm handoff/transition activities (not specific enough);
  - Validation process for exchanged data; and
  - How prescription PAs will be handled during member transition

**Social Determinants of Health (SDOH) & Health Equity**

- Missing detail on:
  - A modified communications strategy; and
  - How SDOH data will be collected

# CARE COORDINATION

**Behavioral health services**

- No dates and milestones for local BH plans
- No details on plans to reduce barriers to BH services:
  - Process description, communication, and engagement plans not definitive
- Meeting needs of SPMI population:
  - Limited detail on qualifications of providers;
  - Missing detail on content of agreements with providers

**Care Coordination**

- Care coordination activities need development:
  - No details for Dual Eligible population;
  - How CCO will form relationships with DHS;
  - Current crisis management programs;
  - Current cross-system collaboration efforts;
  - Engagement and follow up with members as part of the care coordination process;
  - Clear statement on the details of MOU; it is unclear how formalized these relationships with other organizations currently are.

**Health Information Exchange**

- HIE support lacked robust assessment of the current state of provider adoption

# CLINICAL AND SERVICE DELIVERY

**Administrative Functions**

- Lacking detail in the following areas:
  - How FTE is calculated
  - Entire grievance system beyond complaints only;

- CCO delegates monitoring activities and needs to provide more information about performance monitoring of delegated entities

**Behavioral Health Benefit & covered services**

- More detail needed on strategies for in-home services (no timeline provided on creating a plan)
- Heavy reliance on a governance council
- Inappropriate term ("aged") used;
- No detail about communicating to members besides conducting "outreach";
- No family role in planning;
- CCO discussed staff training as an existing process but did not provide detail on what it included.

**Service Operations**

- Did not address four models
- No description of how services provided in different settings
- No discussion of PA timelines
- Did not discuss the process for what the utilization management review would result in.

## DELIVERY SYSTEM TRANSFORMATION

**Accountability and Monitoring:**

- Accountability responses lacking in these areas:
  - External accountability programs (purpose and administration);
  - Information on complaints, grievances, and appeals; and
  - How information is shared with providers and subcontractors.
- Quality Improvement Program:
  - Missing a description of "staffing" experience
- CCO Performance
  - Lacking information in these areas:
    - Specific description of measures, aims, and quality indicators;
    - Tracking by population sub-category (by REALD)

**Delivery Service Transformation:**

- Provision of Covered Services:
  - Lack of comprehensive analysis plan
  - Applicant failed to provide details describing data collection and analysis by priority populations and sub-categories (by REALD).
  - Lacking sufficient information about member and workforce engagement.

- Lacking sufficient information on utilization of existing resources and gap identification, including services specific to SPMI.
- Transforming models of care
    - CCO does not describe information about PCPCHs:
        - Number of assigned members by provider type;
        - Oversight; and
        - Engagement of potential new PCPCH providers.
    - Lacking sufficient information about these areas:
        - "Community governance model"

## COMMUNITY ENGAGEMENT

- Did not describe how community input informs decision-making
- Did not describe any of their projects for community engagement
- Did not discuss tribes in terms of their CAC or health council for meaningful engagement
- Not very detailed or lengthy list of SDOH engaged partners;
- There are many other partners not engaged that were identified in earlier tables
- No mention of language access, plain language, or language considerations beyond CLAS anywhere outside of the clinic (e.g., initial contact, care planning, etc.)
- No engagement of providers not clear about any specific outcomes of "training" for providers
- How does this change how they do business or conduct their work?
- Did not describe how they engage the community beyond the Health Council; didn't explain how they address disparities
- Unclear of what county government agencies they have agreements with
- Did not list actual criteria, just plan for developing criteria
- Spending plan didn't include info on how they would ensure an equitable process
- Missing info about how outcomes would be shared
- Missing COI policy

## 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.