RFA 4690-19 Evaluation Deficiency Letter

Pacific Source – Marion Polk

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				
Care Coordination and Integration	PASS				
Clinical and Service Delivery	PASS				
Delivery System Transformation	PASS				
Community Engagement	PASS				

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- No significant deficiencies related to VBP.
- CCO Performance and Operations:
  - CCO would score higher if it addresses strategies for using Health Related Services to reduce unnecessarily utilization, cost, and create efficiencies
- Cost - plan is adequate except for:
  - Needs additional detail regarding tracking services across spectrum of care

BUSINESS ADMINISTRATION

Administrative Functions

- Administrative Functions (small amount of effort to remedy)
  - Missing detail on monitoring Medicare coverage through Third-Party Licensing
  - No discussion of accessibility of pharmacies in the region
  - The pharmacy website information was lacking some detail

- Governance structure is difficult to interpret due to blinding
    - There could be difficulties enforcing subcontracts if CCO contracts with a parent company that makes all decisions
    - Recommend that OHA verify that CCO's governance structure allows it to adequately enforce contract requirements with subcontractors

Health Information Technology

- For HIT/VBP responses, only lacking some detail on SDOH-HE data sources

Member Transition

- Lacking detail on transferring members (as opposed to receiving members)

Social Determinants of Health (SDOH) & Health Equity

- Missing detail on:
    - What technology and methods will collect and analyze SDOH data
    - No mention of how to build capacity to address SDOH concerns
    - Workforce diversity
    - Language policy focuses on Spanish to the exclusion of other languages (such as American Sign Language)

CARE COORDINATION

Behavioral health services

- Meeting needs of SPMI population:
    - More detail on increasing capacity for SPMI treatment; and
    - Missing detail on mitigating known barriers to services.

Care Coordination

- No information on coordinating services for specific populations:
    - Dual Eligible members;
    - 1915(i) waiver members;
    - LTSS populations; and
    - Other members with special transition care needs
- Limited involvement of oral health providers in care coordination
- Needs additional detail on person-centered planning

Health Information Exchange

- Limited detail on support for behavioral health providers
- Limited detail on plans to continue hospital event notifications in the event that OHA discontinues subscription to these services.

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- Many responses appeared generic, discussing plans for conversation (e.g., around network adequacy) but no specific action plans
- The grievance and appeal section lacked strategies for how this data could be used for system improvement

Behavioral Health Benefit & covered services

- CCO indicates they do not currently serve members in acute psychiatric care
    - Members with SPMI will need assessment in time for CCO 2.0.
- Limited detail regarding barriers to billing
- No plan for how to coordinate care with DHS/LTC members needing in-house settings
- Limited amount of detail on feasible strategies for delivering prevention services in a culturally- and linguistically-competent manner.
- Strategies for communicating with providers was not addressed.
- CCO used "aged" as a category which could be considered disrespectful.
- CCO states that they rely on computer generated reports but they don't discuss how the reports will be used.
- No plans to contact members who have had no services for 6 months.

Service Operations

- If underlying processes are missing, these deficiencies may require a moderate amount of effort to remedy
- No indication of methods for communicating with members
- Limited detail on monitoring service utilization (i.e., how CCO will use its data)
- No specification of methods for accommodating targeted member populations
- Limited detail on access to care and medically-necessary criteria
    - LTSS
        - No detail on how CCO will deliver LTSS services
        - The role of DHS in LTSS is unclear

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Accountability responses lacking in these areas:
    - Information on complaints, grievances, and appeals; and
    - How information is shared with providers and subcontractors.
- Quality Improvement Program:
    - Missing a description of "staffing" experience

Delivery Service Transformation:

- Provision of Covered Services:
    - CCO 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:
        - Member outreach;
        - Oversight; and
        - Lacking sufficient information about "Community governance model."

COMMUNITY ENGAGEMENT

- Community Engagement Plan was lacking a description of SDOH projects
- Insufficient detail on how they'll engage with unrepresented populations and tribes to recruit CAC members
- Ensure tribes have a role in HRS decision making
- No recognition of ORS requirements for CAC composition: BH clinicians are not sufficient representation of members with SPMI (needs lived experience)
    - Develop a detailed plan for CAC recruitment that aligns with demographics of the community served, and that aligns with ORS
    - Need clear strategies for engaging unrepresented communities referenced, including tribes, in CAC engagement
- Outreach to counties/partners included no information about written agreements, although they indicated that all counties agreed to participate
- Insufficient detail around how to engage community around health disparities
    - Unclear communication and engagement between members and Board/decision makers
    - Community engagement appears limited to those on Health Council
    - Fully engage with all members in community, beyond Health Council
- Ensure culturally- and linguistically-appropriate outreach methods are used
- Develop a Quality Improvement plan for CEP
- Provide information about steps to establish formal agreements with county government, including timelines
- Strengthen COI process; needs a formal policy and form
- Ensure that funding will be distributed in an equitable and transparent process with a clear plan for how outcomes will be shared with the public

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.