



January 25, 2019

Summary of public feedback included in the final CCO 2.0 RFA

Public drafts of the 2020-2024 coordinated care organization request for application (RFA) documents were posted by the Oregon Health Authority (OHA) for public comment on January 4, 2019. Public comments received by OHA are posted on the [CCO 2.0 website](#). All wording changes are shown in exact detail in the final RFA documents, which compare the January 4 draft to the final document. Identified below are changes OHA made to the RFA as a result of public comment. As noted, some recommendations are under further consideration by OHA.

The application process

- **Multiple applications for different service areas:** An applicant can submit multiple applications for different, non-overlapping service areas. Alternatively, an applicant can submit a single application for multiple areas. Each applicant will be allowed only one application per service area. OHA reserves the right to respond to any letter of intent informing the applicant of the need to complete multiple applications so that OHA can adequately evaluate the application.
- **Timeline for letter of intent (LOI) changes:** OHA will accept changes to submitted LOIs until February 15, 2019 (two weeks from the February 1 due date). Applicants may request additional changes after that date, but OHA reserves the ability to approve or deny those changes.

The role of counties and local agencies

- **Increase county involvement in social determinants of health and health equity planning:** Added requirements to include counties, including local public health authorities (LPHAs) and local mental health authorities (LMHAs), in applicant community engagement plans, and specifically in the development of the Community Health Assessment (CHA) and Community Health improvement Plan (CHP). Clarified requirements for collaborating with LPHAs to develop shared CHA and CHP priorities and strategies.

The role of Traditional Health Workers (THWs)

- **Require CCOs to invest in and develop infrastructure to pay for THW workforce:** Required inclusion of THWs as part of the health care workforce and clarified that workforce development should consider needs for THWs across all services.
- **Self-referral for THW services:** Added requirement that CCOs permit self-referral for THW services, including doula services.

Aligned state and CCO preferred drug lists (PDLs)

- **Require CCOs to align PDLs with state PDL:** Clarified the goals and process of alignment. OHA will not impose requirements to align PDLs without first working with the CCOs to evaluate benefits and cost implications.

Member enrollment and assignment

- **When to provide an open enrollment opportunity:** Clarified that OHA will provide an open enrollment when an existing CCO is participating in a new service area.

Dually eligible members

- **Affiliation with Medicare Advantage:** Clarified that applicants must have relationships with Medicare Advantage plans as evidence that they would be able to provide integrated care to a dually eligible individual (eligible for Medicaid and Medicare).

Deferred for future consideration or action

- **Streamline prior authorization process:** OHA will further engage stakeholders to develop this recommendation on expanding services that must be provided without prior authorization.
- **Notification of applicant public forums:** OHA will address the request to provide notifications of applicants' required public forums in its "Evaluation, Negotiation, and Readiness Review Plan."
- **Rate development:** OHA received multiple comments and questions about 2020 rate development. OHA will release FAQs about this topic and hold a technical assistance conference for applicants on February 7, 2019.

Behavioral health

- **Require that CCOs collaborate with hospitals when developing plans to reduce emergency department utilization:** This requirement is in place. OHA will clearly cite the location of the requirement.
- **Strengthen requirements around use of peer supports:** Clarified the utilization of peers in all behavioral health systems and strengthened peer contract language.

Behavioral health policies deferred for future consideration or action

- **Tie a portion of incentive withhold to behavioral health measures, specifically those related to the Oregon Performance Plan:** OHA will address this recommendation through the Metrics and Scoring Committee.
- **Require a single care manager through an episode of care:** OHA will research definitions and perform a cost impact analysis for this recommendation.
- **Measure post-treatment recovery support:** OHA will research the feasibility of including this recommendation in the RFA.
- **Require an alternate treatment plan to accompany any denials:** OHA will perform further review of existing requirements and develop an approach to address this recommendation.