

RFA 4690-19 Evaluation Deficiency Letter

Advanced Health Deficiency Analysis

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

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- No plan for coordinating or integrating behavioral health services other than through delegation
- No explanation for why this plan would be cost-effective

BUSINESS ADMINISTRATION

Administrative Functions

- Limited detail (too high-level or abstract):
 - Encounter validation processes (esp. tools/systems to be used)
 - Third-Party Liability processes (esp. data sources and data verification)
 - How will non-formulary changes be communicated?

Health Information Technology

- Risk stratification not available as of go-live date and only described for hospitals (i.e., not for other providers)
- No mention of data sources apart from claims data

Member Transition

- No data reception plan or warm handoff activities described
- This section was difficult to evaluate due to missing responses

Social Determinants of Health (SDOH) & Health Equity

- Difficult to evaluate due to missing responses
- No outcomes or methods for measuring diversity
- Lack of detail on diversity recruitment efforts
- No indication of providing health equity training
- Language access plan is missing

CARE COORDINATION

- Limited information on housing SPMI populations while transitioning out of OSH
- Lacked detail on:
 - plans to overcome barriers to engagement
 - solutions of children's system of care services
 - improving access to services
 - communication, documenting, and monitoring care integration
 - Missing plan for working with hospitals and specialty providers
- Did not address integrating care across systems, transition of care setting, and serving special populations (children, tribes)

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- Network adequacy does not include behavioral or oral health
- Does not explain how FTE is calculated or how providers are monitored
- Missing information on the grievance and appeal process
- Does not explain how patient/provider ratios will be used to evaluate network

Behavioral Health Benefit

- Delegates care coordination to PCP and does not describe compliance processes (generally, no accountability described for care coordination or Wraparound services)
- CCO's Care coordination responsibilities not addressed
- CCO lacks awareness about levels of care coordination
- Limited detail about barriers to billing

- No strategies described for implementing in-home services
- No timeline for discharge planning
- No plan for culturally-competent delivery of preventative services for members with SPMI
- Lack of detail about member communication

Service Operations

- Underlying processes, knowledge, and/or infrastructure appear to be missing
- Missing detail on communicating pharmacy services and benefits
- Utilization management vague and not addressing high-needs populations
- Acute and ambulatory hospital services not addressed separately

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Accountability and Monitoring
 - Few details on measuring and reporting system, including communication and enforcement with providers and sub-contractors
 - Limited description of data systems and processes:
 - Collecting data
 - Performance benchmarks
 - Using data to incentivize quality care
 - Limited information about referrals/PA (esp. behavioral health, oral health, and public health services)
 - Lacking sufficient information about the process for measuring, tracking and evaluating quality of hospital services, including tracking by population sub-category

Delivery Service Transformation:

- No details regarding data collection and analysis by sub-population
- Lacking sufficient information on using existing resources (e.g., for SPMI)
- Few details regarding PCPCHs (tier levels, oversight, engaging new PCPCHs)
- Lacking sufficient information about care coordination, evidence for success, effective wellness and prevention, and emphasis on whole-person care.

COMMUNITY ENGAGEMENT

- No mechanism for maintaining relationships with partners
- Housing support not included as a priority
- Insufficient information about engaging with Community Advisory Council (including those from other CCOs) and recruiting diverse populations
- Missing information on how community input informs CCO decision-making
- Lack of detail on how community engagement will inform CCO Quality Improvement

- HRS lacks clear role for tribes
- Unclear when and how CCO will ensure SDOH priorities will be transparent and equitable

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.