

OHA CCO Remediation Report

Yamhill Community Care

December 2019



Background and Context

In August 2019, the Oregon Health Authority (OHA) engaged Coraggio Group to assist with developing and implementing remediation plans for four Oregon Coordinated Care Organizations (CCOs)—AllCare Health, Cascade Health Alliance, Umpqua Health Alliance and Yamhill Community Care. The intent of the remediation plans is to bring the four CCOs into closer alignment with OHA priority policy goals for CCO 2.0 that include cost containment; behavioral health; social determinants of health & health equity; and value-based payments. A successful outcome of this remediation process would be for OHA and individual CCOs to agree on policies and procedures that sufficiently advance the goals of CCO 2.0 and ensure implementation of those policies. A CCO that completes its remediation plan will obtain a contract extension beyond their current 1-year contract.

Coraggio Group worked closely with OHA and the four CCOs mentioned above to co-develop remediation plans. These plans included specific goals and strategies that aimed to address CCO policy and operational deficiencies previously identified by OHA through the CCO 2.0 Request for Applications (RFA) process. After co-developing remediation plans with each CCO, Coraggio Group assisted OHA to manage the complexities of this multifaceted project. At the time of this report, Coraggio Group and OHA have collectively managed the remediation process for hundreds of deficiencies across the four CCOs, with each identified deficiency requiring:

- CCO submission of extensive documentation (policies, procedures, strategy plans and/or descriptions of practices);
- A thorough review process that frequently involved consultation with OHA subject matter experts (SMEs);
- Evaluation of sufficiency of documentation submitted; and
- Frequent communication of remediation item status for each CCO.

The purpose of this report is to provide OHA with a summary of the remediation process, the current status of individual CCO progress on the remediation plans to date, and recommendations for next steps. If the CCO fails to demonstrate sufficient progress towards resolving the deficiencies identified in the remediation plan, their contract with OHA will expire at the end of the 1-year term and will not renew. If the deficiencies are appropriately remedied during the term of the remediation plan, OHA will award the remainder of the 5-year contract. This report intends to assist OHA in decision making about whether progress on remediation is sufficient enough to move forward with a contract extension. In order to help move this process forward efficiently, this report will focus on CCO deficiencies that are incomplete or in progress at the time of this report. Coraggio and OHA have extensively documented the process of review for all other deficiencies that have been deemed complete in a separate itemized document.

Process of Developing, Monitoring and Evaluating the Remediation Plan

The four CCOs mentioned above developed remediation plans, in collaboration with OHA and Coraggio Group, to correct deficiencies previously identified by OHA in the CCO 2.0 RFA process. Prior to engaging with CCOs, OHA staff and SMEs reexamined deficiencies noted by application reviewers and identified several areas that were found to be complete upon further review. In some cases, these items were included in various sections of the original CCO application and information may not have been reviewed if it was not referenced or included in the CCO response to the application question. The deficiencies were further cross checked against the Health Services Advisory Group (HSAG) Readiness Review assessment to determine if the deficiency was complete. Where possible, deficiencies that were within the scope of the Readiness Review documentation submission were addressed via the Readiness Review performed by OHA's contracted vendor (HSAG).

For the remaining deficiencies, the SMEs provided guidance and recommendations about how best to address the deficiencies. The SME recommendations and guidance were translated into specific goals and possible action steps that were included in the remediation plan. Where more than one deficiency could be remediated through the same action steps, those deficiencies were consolidated into one remediation item.

The draft remediation plans were shared with CCOs through a series of meetings. Coraggio, OHA and the CCOs walked through each item in the remediation plan together and discussed feedback, clarifications and areas where additional technical assistance would be needed. CCOs further revised the remediation plans, added timelines and responsible parties, and resubmitted to OHA. The final plans that were agreed on by OHA and CCOs were used to guide the remediation monitoring process. Coraggio and OHA reviewed submitted evidence/documentation to determine if the evidence was sufficient to remediate the deficiency and close the remediation item.

One Year Remediation Timeline

CCO 2.0 Timeline for CCO 1-Year Contract Remediation Plan Development										
Workstream	2019					2020				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Initiate and Plan										
Initial Meetings with CCOs (<i>Early August</i>)										
OHA Develop Draft Remediation Plans										
Draft Remediation Recommendations to CCOs (<i>September 20</i>)										
Conduct Remediation Plan Discussions with CCOs to Review Plans (<i>September 23-27</i>)										
CCOs Review Plan Recommendations and Modify Remediation Plans										
Refine Draft Remediation Plans with CCOs (<i>October 14 - 22</i>)										
OHA Share Monitoring Approach and Gather Feedback From CCOs (<i>October 14 - 22</i>)										
CCOs to Submit Revised Remediation Plan (<i>October 23</i>)										
OHA Review and Approve Plan (<i>Week of 10/28</i>)										
Monitor and Evaluate										
Remediation Period										
OHA Evaluates Remediation Plan Progress (<i>Late December</i>)										
Decision: Extend or Terminate Contract										

Evaluation Criteria and Approach

Due to the heavy reliance on policies and procedures submitted in the remediation process, there was a need to review each submitted document and determine if it adequately addressed the goal of the corresponding remediation item. Once documentary evidence was submitted, the review included the following evaluation criteria:

Policy Focus / Subject Matter Expert Guidance:

- Demonstrated understanding of possible action items, potential milestones / deliverables, and guidance
- Adherence to Federal laws and state regulations, as applicable

Comprehensiveness of Policy or Procedure:

- Who does it impact and involve?
- What is the intent behind this policy/procedure?
- Where will it be implemented?
- When / how often will it occur?
- How is it implemented?
- Levels of involvement and decision making

Summary of Evaluation

OHA's goals for CCO 2.0, as recommended by the Oregon Health Policy Board and Governor Kate Brown, seek to drive health improvements statewide by focusing on Oregon's biggest gaps in health systems, and include four main areas (see: <https://www.oregon.gov/oha/OHPB/CCODocuments/2018-OHA-CCO-2.0-Report.pdf>):

- Improve the behavioral health system
- Increase value and pay for performance
- Focus on social determinants of health and health equity, and
- Maintain sustainable cost growth.

The 2018 CCO 2.0 RFA was aligned with these four policy goals. When CCOs applied for contracts through this opportunity they were asked to respond to a series of questions throughout the application to demonstrate their current policies, procedures, strategies and practices that support these four goals. Through the RFA review process, reviewers were asked to note whether deficiencies aligned with any of these four policy priority areas.

Remediation Plan Evaluation

For Yamhill Community Care, the remediation plan included 58 remediation items that encompassed 74 deficiencies. As of December 11, 2019, Yamhill Community Care provided sufficient documentary evidence to close all remediation items. We have included the detailed remediation plan as a separate attachment to this report.

Open Remediation Items

The following items are considered incomplete or in progress at the time of the development of this report:

None

While there are no outstanding remediation items per this remediation process, there are five remediation items that will continue to be addressed via separate processes. YCCO will work directly with OHA to further address remediation items 3, 23, 24, and 27 to ensure successful implementation of these four remediation items in Q1 2020. Additionally, remediation item 58 is currently under review by Health Services Advisory Group (HSAG) and, if needed, will be addressed via a separate process.

