RFA 4690-19 Evaluation Deficiency Letter

Columbia Pacific CCO

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 deficiencies noted in VBP, Cost, or COO Performance and Operations.

BUSINESS ADMINISTRATION

Administrative Functions

- Encounter data was missing the frequency of validation
- Pharmacy section had no example of a public-facing website that did not require a log-in and password
- Pharmacy website did not include information in languages other than Spanish and English.
- The description of CCO's governance is missing how oversight and monitoring works for key committees.
- Third-Party Liability (TPL) missing:
    - Info on TPL data source;

- How is TPL verified;
- A description of how TPL data is monitored; and
- Frequency of monitoring.

Health Information Technology

- Missing plans for HIT/VBP work (for contract years 3 to 5)
- Description of how SDOH would be used in VBP models could use more detail,
- Mitigation of VBP barriers description did not really address mitigation strategies.

Member Transition

- Some responses not addressed - indicated that CCO would rely on OHA involvement as well as delegation of many activities to CCO's parent company
- Lacking detail continuity about:
  - Activities for transferring a member to another CCO;
  - Warm handoffs;
  - Contingency plan for members who do not match with a PCPCH

Social Determinants of Health (SDOH) & Health Equity

- No strategies listed for how this data would be collected
- No info on how SDOH-HE providers' applications for funds would be tracked
- Health Equity missing:
  - Info on how new clinics would be assessed,
  - How training would be monitored,
  - Whether there were alternative formats for materials other than other languages, and
  - Detail on their communication strategies with public and partners.

CARE COORDINATION

Behavioral health services

- Responses on behavioral health benefit plans failed to address how gaps in covered services would be mitigated.
- Limited detail was provided by the CCO on how provision of BH covered services, and access to those services, would be addressed.
- Reviewers were concerned with the milestones provided for development of MOU with CMHP as well as overall workforce capacity.

Care Coordination

- Care coordination responses did not:
  - Describe coordination activities for Dual Eligibles and MA plans;

- Identify platforms for coordination with other agencies, particularly social services;
- Provide sufficient information on engaging and following up with both members and providers
- Plans for transitions to some settings, and prioritization processes were not addressed.
- CCO failed to provide a description for preventive oral health services for specific populations.
- Plans for member engagement are not innovative and the CCO has no strategy for reaching new members within 30 days

Care Integration

- Additional detail needed on urgent or emergency oral health services as well as plans for handling of special needs populations.

Health Information Exchange

- HIE information provided was unclear from both financial and technical perspectives

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- Heavy focus on PCPs but no other discussion of other specialties including how and when are they moving from analysis to improvements.
- There is no clear decision-making pathway.
- CCO lists reliance on personal relationships as a barrier but no suggestions of how to fix this.
- There was no distinction between physical and oral health providers when calculating network adequacy.
- CCO used the term “Patient Centered medical home” which is not a term generally used in Medicaid – definition needed.

Behavioral Health Benefit & covered services

- No detailed information about housing for SPMI populations
- No description of exactly how CCO will work with providers to eliminate barriers to BH access
- No detail on access to in-home services
- BH care coordination only attempts to reach members by phone
- Member notification has too many steps to access care coordination.
- The CCO did not provide ADA accessible application as their images could not be opened with alt+text.
- There was no detail on how CCO would provide culturally- and linguistically-competent services.
- Very little detail on what monitoring of services would look like.

- For the peer delivered services, there was limited detail.
- CCO should provide more info on staffing.
- For dyadic services, there was no info on how they will maintain this treatment model and how to communicate these services.
- A response on the SUD services was missing.
- The responses to the LTSS services questions need a lot more detail.

Service Operations

- No description of the frequency and method of monitoring of utilization.
- Lacking detail on communicating pharmacy benefit information to members.

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Accountability lacking sufficient details in these areas:
    - Describing the measurement and reporting system, such as how standards and expectations are communicated and enforced with providers and sub-contractors.
    - About how external programs are administered and their purpose.
- Lacking sufficient information on complaints, grievances and appeals, including how information is shared with providers and subcontractors.
- Quality improvement program - lack of details about PAs and referrals specific to physical, behavioral, and oral health services
- CCO performance - lacking sufficient information about the process for measuring, tracking and evaluating quality of hospital services, including tracking by population sub-category (by REALD).

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).
- Lacking information about utilization of existing resources, including services specific to SPMI.
- **Transforming models of care:**
- Insufficient detail about PCPCHs:
    - Tier levels (response missing);
    - Oversight (response missing);
    - Member services; and
    - Engagement of members and potential new PCPCH providers.
- **Lacking sufficient information about:**
    - Monitoring the non-PCPCH model to ensure fidelity.
    - Care coordination,

- Evidence for success,
- Effective wellness and prevention, and emphasis on whole-person care.

COMMUNITY ENGAGEMENT

- No descriptions of projects for the Community Engagement Plan
  - The plan for engagement was too high level and CCO did not submit their CHA/CHP
- The publicly funded providers mentioned in the application are not included in the CEP, which is unexpected.
- Member engagement should involve more than just CAC members:
  - No description of how all members will be engaged and how exclusionary practices will be addressed especially for those with languages barriers
  - Experience or capacity for engaging the community to address disparities, especially racial disparities is missing
- Tribes and better inclusion of culturally specific organizations are needed.
  - Recommendation to receive Tribal Affairs guidance from OHA
- CCO should understand their role as a leader as opposed to just collaborating with CACs for other CCOs;
- There should be county government representation on the CAC.
- Communication between member and board needs to be clarified, and between the board and the CAC, when board decisions are being communicated.
- Quality Improvement was not addressed (need more detail on the member role)
- Insufficient detail on how CCO defines its population and unclear how improved understanding of the community will lead to better alignment
- Insufficient to vet these priorities only through the CHP process;
- Unclear if the SDOH-HE award of funding:
  - Will be a transparent and equitable process,
  - If project outcomes will be broadly shared, and
  - How SDOH funding will mesh with other funding that is currently happening.
- More clarity needed on how HRS will align with CHP priorities
- Develop a better plan for how they'll align with their CAC demographics
- Identify improved strategies for elevating the member voice
- Ensure plan for consistent use of qualified and certified interpreters
- Ensure CAC alignment with ORS
- Develop a plan for engaging the community to address disparities, especially racial disparities
- Develop an equitable and transparent process for SDOH-HE funding, with a clear plan for evaluation and sharing of outcomes

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.