RFA 4690-19 Evaluation Deficiency Letter

HealthShare of Oregon

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

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- HSO had primarily satisfactory answers regarding cost. However, there was an inadequate explanation for how social supports would be incorporated for members.
- The explanation of how VBP strategies connected to cost containment efforts were confusing and needed additional explanation.

BUSINESS ADMINISTRATION

Administrative Functions

- There was no info on how frequently subcontractors are monitored.
- Missing information or detail on the reporting relationships between CCO governance structure and the major committees, the composition of the major committees and their reporting responsibilities.
- TPL was missing info on the frequency of monitoring.

- Pharmacy responses did not address: how quickly info on pharmacy benefit will be communicated to providers and to a public website, following a formulary change; how requests for non-formulary meds will be addressed or strategies/solutions used to meet the 24-hour PA processing timeline.
- Encounter data responses had limited detail on capacity, tools used and no systematic reviews or processes to address issues of timeliness, correctness and accuracy.

Health Information Technology

- Plans for year 1 and over the 5- year contract were not clear and the frequency of monitoring EHR, on roadmap, is unclear.

Member Transition

- Warm handoff/transition activities were missing
- Description of how treatment plans, case management and transportation will be handled during transition, was lacking.

Social Determinants of Health (SDOH) & Health Equity

- Details of how SDOH-HE priorities will be promoted, are missing.
- Community outreach efforts appear limited.

CARE COORDINATION

Behavioral health services

- Applicant's responses on behavioral health benefit plans lacked information on the composition of groups that would be involved in CMHP work and did not include timelines or milestones.
- Reviewers noted that timelines provided in the BH covered services section did not match the RFA standards.

Care Coordination

- More detail needed on care coordination interactions with LTSS providers
- More detail needed on future plans for crisis management activities.
- More detail needed on plans for involvement of family members in care management, treatment managing and transitions.
- Specific care coordination processes are needed for children, adolescents and adults
- A description of detailed processes is needed for coordination with Medicare and DHS.

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- No mention of periodic evaluation and lacking separate discussion of PH/BH/OH providers.
- The grievance system not being used to monitor for the correct application of criteria.
- For network adequacy, unclear about the plan for improvement; could be remedied by addressing wait times or a plan for how they would address specific adequacy standards.

Behavioral Health Benefit

- Missing detail on barriers and strategies for access to care.

Behavioral Health Covered Services

- No process to identify which members need which level of care coordination;
- Care coordination process is over-reliant on people reading, completing and returning their mail which is not reasonable for identifying who needs CC services.

Service Operations

- No response for how care will be provided to members receiving LTC regardless of setting.
- No detail on monitoring claims for over and underutilization (only stated that they followed Medicare guidelines);
- Unclear roles or process for determining medical necessity and access to care for pharmaceuticals; unclear on PA timelines for pharmaceuticals

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- *Accountability* – Applicant failed to provide details describing the measurement and reporting system, such as standards and expectations and how those are communicated and enforced with providers and sub-contractors.
- Lacking sufficient information about the external program, its purpose and how it is administered. Lacking sufficient information on complaints, grievances and appeals.
- *Quality Improvement Program* – Applicant failed to provide details describing data systems and process, such as performance benchmarks and measuring quality of care.
- Lacking sufficient information about referrals and prior authorization processes, including continuity of care and coordination.

Delivery Service Transformation:

- *Provision of Covered Services* – Applicant failed to provide details describing data collection and how it is used to improve quality of care for members with SPMI.

- Lacking sufficient information about methods to measure the workforce and identify gaps.
- *Transforming Models of Care* – Applicant failed to provide details describing PCPCH, such as member and provider stats, oversight, and plan for integrating Behavioral and Oral health. Lacking sufficient information about engagement of members and potential new PCPCH providers.
- Lacking sufficient information about the monitoring plan, contracting/subcontracting, and emphasis on whole person care.

COMMUNITY ENGAGEMENT

- No mention of HRS alignment with CHP priorities, didn't give details for process on how CBI decisions will be made
- Not sure how they'll get CAC member alignment with potentially new members based on analysis (as stated in application)
- Unclear how CAC or member input informs decision-making, and no role defined for tribes or tribal member
- Needed more detail on how members participate in care planning or Quality Improvement beyond a survey
- Plan is not in place yet for how to award funding (criteria, who can apply, etc.). Plan for plan is not sufficient. Did not address how plan would be equitable. Transparency does not equal equitable.
- No mention of plain language or plain language access.

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.