RFA 4690-19 Evaluation Deficiency Letter

Jackson Care Connect

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

EVALUATION DEFICIENCIES BY TEAM:

FINANCE

- VBP
  - Response lacked detail on and explanation for PMPM ranges for PCPCH (namely, why $0 was included in that range)
- No specific inadequacies for CCO Performance and Operations
- Cost
  - When discussing care coordination, incorporation of social supports was not mentioned.
  - Cost containment:
    - Answers mentioned current activities but did not mention
      - If these activities would be continued and
      - If there was a contingency plan for if their current practices ineffectively contain costs in the future.
  - Insufficient detail explaining how proposed strategies would accomplish desired goals.
  - Unclear if CCO is integrating behavioral health financing with physical health financing.

BUSINESS ADMINISTRATION

Administrative Functions

- Responses did not address Third-Party Liabilities
- Encounter data concerns:
    - Missing capacity, tools, monitoring processes and frequency of monitoring
    - These concerns cover all claims including Medicare
- Missing pharmacy hours of operation
- Missing information on communicating information about pharmacy benefit

Health Information Technology

- Detail missing about:
    - How new data sources will be incorporated;
    - Mitigation strategies; and
    - Types of reports utilized.

Member Transition

- Lacking detail continuity about:
    - Warm-handoff activities;
    - Continuity of care for medical case management
    - Data reception plan missing some components

Social Determinants of Health (SDOH) & Health Equity

- Limited detail on policies to promote diversity
- Missing detail on health equity training (e.g., identifying trainers and frequency of training)
- Need to develop proactive processes for addressing needs of members with disabilities

CARE COORDINATION

Behavioral health services

- Responses on behavioral health benefit plans were focused on historical efforts and included limited information on how these tasks would be performed moving forward
- Workforce capacity across the delivery system
    - Did not provide an explanation of current or future monitoring efforts intended to identify gaps
    - Analysis was focused on a limited number of provider types, indicating a process deficiency

Care Coordination

- Describe coordination activities for Dual Eligibles;
- Include Tribal populations in crisis management plans;
- Provide sufficient information about partners and partner agreements in crisis management plans

- Define how coordination efforts with partners would occur on an ongoing basis
- Limited responses on:
    - CCO forming relationships with DHS (e.g., CCO confused APD staff with APD providers)
    - Planned oral health and wellness activities

Care Integration

- Additional detail needed on record sharing and monitoring

Health Information Exchange

- Lacked a robust assessment of where providers are currently at in their adoption of HIE.
- Plans to increase HIE adoption were presented, but lacking methods of execution.

CLINICAL AND SERVICE DELIVERY

Administrative Functions

- Monitoring of network adequacy unclear;
- Unclear how improvements would be made; more discussion needed on PCP but not on other categories;
- Accountability process unclear or seemed indirect;
- Deficiencies in linguistic access monitoring; CCO is waiting for complaints instead of being more proactive.

Behavioral Health Benefit & covered services

- Foundational gaps that will require significant effort to remedy:
    - Peer support not addressed;
    - Large amount of missing detail on care coordination
- More discussion of providers than members
- Warm handoffs
    - Assumed without clear process stated;
    - No barriers to warm handoffs identified;
    - No indication of how they plan a role to ensure access to services
- No discussion of peer support;
- No discussion of the family role;
- No discussion pre- or post-pregnancy Assessment;
- No detail about how care coordination is performed (specific methods and mechanisms);
- Outreach is limited to the welcome packet;
- Wraparound service responses are lacking a lot of detail

Service Operations

- No discussion of monitoring or process for utilization monitoring;
- No discussion of access to pharmacy services or hospital services;
- Lacking detail on PA and PA timelines;

- No detail and incomplete responses on DHS LTC

DELIVERY SYSTEM TRANSFORMATION

Accountability and Monitoring:

- Missing structure of quality oversight
- Implementation concerns about system of referral and prior authorization, and how the processes support care coordination and continuity of care
- Accountability details insufficient in these areas:
    - Describing the measurement and reporting system, including:
        - The system/software used for quality measurement and reporting,
        - The process used to track performance and quality expectations,
        - The tool used to push data out to various providers.
    - How standards and expectations are communicated and enforced with providers and sub-contractors.
    - About the external programs, who administers these programs or the purpose/roles of these programs.
    - About complaints, grievances and appeals, including how information is shared with providers and sub-contractors.
- Quality Improvement Program
    - Lack of details describing data systems and process, such as:
        - Staff/leadership dedicated to quality data related work, collecting data, performance
        - Benchmarks, and
        - Using the data to incentivize quality care.
    - Lacking sufficient information about referrals and prior authorization processes, (e.g., continuity of care and coordination)
- 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).
    - Insufficient information about plan for improving quality of services and outcomes.
    - Lacking information about identifying and filling workforce gaps, including lack of SUD services in the community.
- Transforming models of care
    - Insufficient detail about PCPCHs:

- Tier levels (response missing); and
- Oversight (response missing).

COMMUNITY ENGAGEMENT

- No mention of how the community engaged on the actual application development
- Not enough detail on COI policy:
  - Not clear if self-disclosure of COI recuses them from vote
  - Need to improve and strengthen COI policy
- Lack of detail overall or mechanism for ensuring an equitable process for spending
- No culturally-specific providers or tradition health workers identified
- No description or detail included about projects
- Did not explicitly include allocation of funds to overcome barriers to engagement, did not describe how the barriers would be addressed through their work.
- No strategies for how to recruit from "traditionally underserved communities" as stated in application
- No engagement of Tribes
- Consider how to make the process more equitable so that it is not just about transparency

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.