# RFA 4690-19 Evaluation Deficiency Letter

# Pacific Source – Central 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 | | | | |
| Care Coordination and Integration | PASS | X | | | |
| Clinical and Service Delivery | PASS | X | | X | |
| Delivery System Transformation | PASS | X | | | |
| Community Engagement | PASS | X | | X | |

## EVALUATION DEFICIENCIES BY TEAM:

### FINANCE

- No significant deficiencies related to cost, CCO performance and operations, or VBP.

### BUSINESS ADMINISTRATION

**Administrative Functions**

- No mention of how CCO will receive and verify Third-Party Liability info promptly
- No mention of how often CCO will confirm Medicare coverage for members

**Health Information Technology**

- Missing EHR plans that covered the entire 5-year contract period

**Member Transition**

- Lacking detail for:
    - Warm handoff/transition activities (not specific enough);

- Continuity of care was missing for prior authorizations, prescriptions, and case management; and
- Validation process was missing for transferring members.

**Social Determinants of Health (SDOH) & Health Equity**

- Limited detail on the communication strategy for SDOH-HE
- No strategy for addressing diversity in leadership and professional staff

## CARE COORDINATION

**Behavioral health services**

- Behavioral health benefit plans lacked detail on expected milestones and timelines.
- No dates were provided for finalizing MOUs with Community Mental Health Programs
- More detail was requested on expansion of staff capacity and planned training for staff.
- Behavioral health covered services responses included no information on how individualized care plans would be jointly shared with Medicare Advantage plans.
- Applicant failed to provide information on person-centered planning.
- Detail was lacking on the applicant's plans to support adolescents.
- Applicant did not provide an explanation of staff accountability with respect to supported employment services.

**Care Coordination**

- Care coordination requires more detail in the following areas:
  - Plans for coordination between Dual Eligible populations and MA plans;
  - Coordination of care across systems;
  - Plans to monitor care coordination efforts; and
  - Plans to address or expand language and culturally-specific services.

**Health Information Exchange**

- Concerns about HIE sustainability:
  - CCO lacked a robust explanation of how hospital event notifications will be provided if the State subscription enabling these services ends.

## CLINICAL AND SERVICE DELIVERY

**Administrative Functions**

- Administrative Functions (mostly generic answers)
  - No mention of how they will ensure member access to services, response doesn't mention access to out-of-area providers

- Missing strategies for using grievance and appeal data to ensure medical necessity criteria are being applied properly

**Behavioral Health Benefit & covered services**

- Behavioral Health benefits and covered services
  - Missing detail or plans for:
    - Strategies for assessing and implementing in-home services;
    - Access and capacity;
    - How services are monitored;
    - Communication to members
    - Providing crisis services for members with SPMI
  - Blank responses to:
    - 11.E.2.f: Conducting in-home Assessments for adequacy of Family Supports, and offering supportive services
    - 11.E.2.g: How CCO will meet the additional Complex Care Management and evidence-based Behavioral Health intervention needs of children 0-5, and their caregivers, with indications of ACEs and high complexity
  - CCO uses age as a population category
  - CCO describes certain members as "aged," which can be considered disrespectful

**Service Operations**

- Service operations
  - Lacking detail on how utilization will be monitored
  - Applicant doesn't address different targeted member populations
  - Little detail on how CCO communicates pharmacy benefits or pharmacy utilization controls to their members.

## DELIVERY SYSTEM TRANSFORMATION

**Accountability and Monitoring:**

- Accountability
  - No details describing external accountability programs (purpose and administration)
  - Lacking information on complaints, grievances, and appeals
  - Lacking detail on sharing information with providers and subcontractors
- Quality Improvement Program
  - Few details describing the data infrastructure
  - No plan for using accountability metrics to incentivize improvements
- CCO Performance

- Lacking information in these areas:
  - Process for measuring, tracking, and evaluating quality of hospital services;
  - Tracking by population sub-category (by REALD)
  - Continuous improvement by focusing on value and efficiency

**Delivery Service Transformation:**

- Provision of Covered Services
  - Applicant failed to provide details describing data collection and analysis by priority populations and sub-categories (by REALD).
- Transforming models of care
  - CCO does not describe information about PCPCHs:
    - Number of assigned members by provider type and tier;
    - Oversight; and
    - Engagement of potential new PCPCH providers.
  - Lacking sufficient information about these areas:
    - Monitoring non-PCPCH model to ensure fidelity:
      - Care coordination;
      - Evidence for success;
      - Effective wellness and prevention; and
      - Whole-person care
    - "Community governance model"

## COMMUNITY ENGAGEMENT

- Doesn't specifically mention how CCO will collaborate with other the CACs if relevant
- Ensuring clear strategies to overcome barrier to engagement, and including allocation of funds
  - Needs more detail on CCO's equitable/transparent process
  - Needs detail on how CCO will evaluate and share outcomes
- Need more robust strategy for elevating member voice
  - Clearly detail how the Health Council helps with community engagement, and what other mechanisms they use, because the Health Council is not sufficient
  - Only describes a general model for community engagement/addressing disparities, but no details
- Strategies to align demographics with CAC did not include culturally appropriate strategies
- Limited meaningful tribal engagement with the board and in HRS spending
- Lacks detail in engaging with the CAC as part of engaging with members in care planning
- Doesn't provide information about existing agreements
- Include Klamath agencies and organizations
- Needs a clear process for how they will align CAC with ORS

## 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.