

January 7, 2022

Health Policy and Analytics Waiver Renewal Team
Atten: Michelle Hatfield
500 Summer St., NE, 5th Floor, E65
Salem, OR 97301
Email: 1115Waiver.Renewal@dhsosha.state.or.us

Re: Health Share Public Comment on 1115 Waiver

To Whom It May Concern:

Thank you for the opportunity to offer public comment on Oregon's 1115 Waiver application. As Oregon's largest CCO, Health Share serves 400,000 Oregon Health Plan (OHP) members throughout Clackamas, Multnomah and Washington Counties. We have a demonstrated track record of responsibly and sustainably integrating Social Determinants of Health (SDOH) into health care. Health Share has set an example for our industry by cultivating a guaranteed supportive housing benefit that includes wrap-around services for members confronting major life transitions. Our CCO is committed to connecting the OHP members we serve to the care and resources they need. We believe the vision outlined in the draft 1115 Waiver Application represents a positive step towards building upon the integrated framework first started with CCOs in a manner that recognizes the reality of our members' lives. Nevertheless, Health Share is seeking additional information on the financing, timelines and operational planning mechanisms needed to ensure that these proposals achieve their goals.

More information is needed on the financing of newly proposed benefits to understand whether they are sustainable. The Waiver application outlines newly proposed benefits consisting of housing, food, transportation and employment assistance to 374,800 individuals who are at risk of becoming homeless. Similarly, the proposal also shapes broad benefits for 129,549 individuals vulnerable to extreme climate events as well as 48,000 youth who are involved or at risk of involvement with the child welfare system. Health Share seeks further clarification on the funding mechanisms that would be used to pay for these new benefits in a sustainable manner. We seek a clearer understanding of the resources that would be used to fund new benefits in years 1-3 as well as information on the extent of risk that a CCO should expect to absorb in their global budget during years 4-5 and beyond. Throughout Health Share's work developing a guaranteed supportive housing benefit for our members, we have tried to strike the right balance between introducing new benefits while also sustaining existing physical, behavioral health and oral care services. Since predictability is key to the successful administration of the OHP benefit, it is critical that we be able to ensure the financial viability of all current services alongside any new services that become available.

CCOs and other stakeholders require more detailed information and meaningful engagement on the recommended timeline and process to operationalize new benefits. The administration of the new SDOH transition benefits will require a monumental operational lift for CCOs, delivery systems and organizations providing social services to OHP members. This is especially true given the scale and breadth of these new programs. A timeline that allows for proper planning is critical to ensure that we build new benefits correctly and avoid any unintended harm or waste. Similarly, it will be important to have a process in place that allows CCOs, providers, Community-Based organizations, and other community stakeholders to work together in understanding each other's work. New benefits can only be administered successfully through a network of providers that are willing to take referrals and carry out the work. Health Share is currently in the process of developing a network of housing providers through relationships and contracts with housing service providers, community-based organizations, and traditional health workers for the purpose of operationalizing our supportive housing benefit. Simply put, the work takes time and patience and there are new lessons learned every day about how we can change or improve things. Therefore, any clarification on how Oregon plans to work with all stakeholders within a reasonable time frame to stand up the newly proposed benefits would be welcomed.

The relationship between Community Investment Collaboratives (CICs) and CCOs must be structured in a manner that ensures deep and ongoing connection between institutions as our work unfolds. Health Share recommends that there be both alignment and an explicit connection between the work of CCOs and the creation of CICs. Health Share supports investments in the community to address the needs of OHP members from a grassroots lens. We also, however, believe that it is critical for CCOs and CICs to work together towards a defined common goal and share information as to how we can collectively address health equity disparities in a complementary manner. To improve the population health of marginalized communities, it is essential that all stakeholders work on defining problems and posing solutions in a collaborative and connected manner. The work of CCOs and CICs will be interconnected because we serve many of the same individuals and cannot afford to ignore each other's efforts. As such, we recommend a more formal association be developed between CCOs and CICs to ensure we can carry out our work together.

Oregon must take advantage of any opportunities in the 1115 Waiver, and other policy-making spheres, to bolster the Behavioral Workforce and broaden the ability of OHP to capture federal match funds to pay for expanded Traditional Health Worker (THW) services. We acknowledge that much of the work needed to improve the Behavioral Health system is not limited to the renewal of the 1115 Waiver. Nevertheless, we encourage Oregon to make sure that we are doing everything possible through the 1115 waiver to bolster the state of our fragile Behavioral Health system. This includes, but is not limited to, expanding the role and scope of services that can be offered by traditional health workers and reimbursed through Medicaid. In addition, we believe it is critical to call attention to all arenas of public policy throughout the state and do everything possible to support Behavioral Health providers. The sad reality is that many existing residential service providers have significantly reduced capacity and others have closed entirely. Access to culturally and linguistically appropriate behavioral health services is critical to achieving CCO and OHA equity goals. Health Share recommends that we do everything possible to appropriately fund and staff existing bed capacity in our residential system to pre-covid levels. The failure to address the

behavioral health crisis in a strategic manner by enhancing access to care will only lead to greater costs down the line and will continue to shift the burden to other parts of the system.

Health Share is concerned about the use of a single closed pharmacy formulary, and respectfully requests that the state allow the CCOs and their partners be able to continue to use their existing formularies to best manage care for patients. We support reforms that address the root causes of the high cost of prescription drugs and endorse efforts allowing insurers to use their power as part of the health care system to drive investment toward therapies that provide the greatest benefit for patients. Mandating CCOs and their partners to use a single formulary will dramatically increase costs by disrupting efficiencies inherent to integrated systems. We anticipate that OHP rates would need to be adjusted upward to recognize the increase in service and administrative costs. Health Share is also concerned that once the redetermination process resumes, individuals transitioning off OHP to other forms of coverage will be forced to move from one formulary to another within the same integrated care model.

Thank you for the opportunity to provide comment. If you have any further questions, please contact Yoni Kahn-Jochnowitz, Director of Public Policy, at kahn-jochnowitz@healthshareoregon.org.

Sincerely,

James Schroeder
CEO, Health Share of Oregon