



January 06, 2021

Health Policy and Analytics Medicaid Waiver Renewal Team
Attn: Michelle Hatfield
500 Summer Street NE, E65
Salem, OR 97301

Dear Ms. Hatfield,

Findhelp (formerly Aunt Bertha), would like to thank you for the opportunity to comment on Oregon's 1115 Draft Waiver Renewal Application for the Oregon Health Plan (OHP) and commend you on the person-centered, integrated, and holistic approach to meeting the medical, behavioral, emotional, functional, and social needs of all OHP members.

Founded in 2010, findhelp is a Public Benefit Corporation that runs the largest social care network in the United States and has served more than eight million Americans. Our interoperable social care network is used by over 250 health systems, health plans, community health centers, and health departments in the United States to manage social care referrals, as well as by tens of thousands of community organizations. Our mission is to connect people in need with the programs that serve them, with dignity and ease.

We commend OHA on your efforts to advance health equity through the OHP, including the emphasis in the Renewal Application on addressing the social determinants of health (SDOH), focus on streamlining transitions for individuals in state custody and youth in the juvenile justice and child welfare systems through defined SDOH benefits packages, and refined methodology to pay for population health. We also commend the state for seeking expenditure authority to invest in implementation capacity at the community level, including payments for provider and community-based organizations (CBO) infrastructure and capacity building. To address health-related social needs and advance health equity, it is critical that CBOs are adequately and sustainably funded. We applaud OHA for prioritizing funding and capacity building for CBOs.

Through the proposed Waiver Renewal, you have the opportunity to thoughtfully drive the way that Oregon strengthens connections between social care providers and health care providers to better address people's social care needs and advance health equity. A truly interoperable approach to social care navigation can support your vision by making it easier for individuals to navigate to available community resources, on their own, or with assistance from a health care provider or professional care coordinator. We believe that to advance health equity, we must adopt approaches that serve all people, including individuals who receive care through the OHP, as well as those who access services through other channels.

We also want to commend OHA on the recent charter of the Health Information Technology Oversight Council (HITOC) Community Information Exchange (CIE) Workgroup, and the diversity of voices OHA brought to the



table to shape the CIE approach. As you embark on the next phase of the Oregon Health Plan, the direction set by the CIE Workgroup's recommendations will be critical for shaping the way that the state builds capacity to support SDOH benefits for transition populations and progress toward meeting upstream metrics related to SDOH screening and referral. The CIE work will provide critical infrastructure for advancing the OHP's health equity goals.

As you further refine the Waiver Renewal, we would like to highlight three critical areas related to social care navigation and community information exchange that will require thought leadership from OHA and the HITOC CIE Workgroup: 1) supporting a truly interoperable approach, 2) fostering an open and focused network; and 3) protecting individual data privacy.

Interoperability: A truly interoperable approach is founded on agreed upon data standards and incentivizes vendors to support consistent data reporting. Approaches like the Accountable Health Communities Grant Model, which requires documentation, reporting, and standards consistency, provides a good model in which any vendor can be certified to support a state's reporting needs. As part of efforts to build CBO capacity, it is critical that we continue to develop integrations that allow systems to communicate with each other, and prioritize the ability of CBOs to continue to use their existing Systems of Record to manage screenings, needs assessments, appointment scheduling, and tracking of service delivery. OHP can play a role in this process by requiring integration and advancing interoperability standards. Healthcare systems, providers, and CBOs must be able to receive social care data from various sources within their own environment and Systems of Record.

Open and Focused Network: An open network ensures that members have access to a broad array of services, including services that are trusted in their community and culturally competent. An open network can also be focused and include preferred providers, meaning that health plans and providers have targeted, and sometimes contractual, relationships with specific CBOs to target specific member needs. To advance health equity requires an active open AND focused network of service providers, to meet the needs of all communities. In addition, members should be empowered and afforded the opportunity to seek services through self-navigation, without being required to have someone else do it for them.

Protecting Individual Privacy: Incorporating referrals to social care into our healthcare infrastructure relies on the collection, storing, and sharing of some of the most private and personal information. As you expand upon the current infrastructure for facilitating referrals from healthcare providers to CBOs, OHA must address critical questions of who will own the data, who will be able to view and analyze the data, and how the data will be protected from unauthorized access and cyber attacks. With the inclusion of more CBOs that are not HIPAA-covered entities, it will be imperative that the protection of privacy is at the center of this conversation, with individuals maintaining control over their personal information. We should not compromise privacy to build an interconnected social care network that allows referrals to services for those in need, produces high-quality data, measures outcomes, and builds upon best practices.



Other states are developing best practices that should be implemented to ensure that individual data and privacy is protected, which include:

- Requiring a per-referral consent model, in which individuals are asked to *opt-in* to share their information for each referral and network members' access to referral history is permission-based.
- Maintaining the individual's right to obtain help without conditioning referrals on consent to share personal information.
- Requiring that individuals seeking help maintain the right to opt-out of sharing their information at any time, and that revoking network access to personal information is simple for the individual.
- Establishing provisions governing the length of time non-health identifiable information will be maintained in a database, and;
- Prohibiting the sale of personal information without explicit individual consent.

Again, we commend you on the innovative and holistic approach you have outlined in the Waiver Renewal Application to meet the medical, behavioral, emotional, functional and social needs of all OHP members. We appreciate your leadership in this important area as we are at a pivotal moment that will set the course for how states construct coordinated systems of care, and welcome the opportunity for further discussion of these issues and how we might partner in this area.

Submitted on behalf of findehelp, a Public Benefit Corporation