



January 7, 2022

Oregon Health Authority
Attn: Lori Coyner
500 Summer Street NE, E-20
Salem, OR 97301

Subject: Comment on Draft §1115 Medicaid Demonstration Waiver Renewal

Coalition for a Healthy Oregon (COHO) is comprised of seven of the state's coordinated care organizations (CCOs), all of which are deeply committed to Oregon's innovative Medicaid program and achieving health equity in our state. This letter is to provide formal comment on Oregon's §1115 Medicaid Demonstration Waiver Renewal application.

In July 2021, COHO submitted comments on the proposed Waiver concepts. Thank you for including some of our suggestions, particularly by addressing high-cost drugs. While we support many aspects of the Waiver application, the questions and concerns we raised in our July letter and in subsequent public meetings have not been adequately addressed. This letter includes some of the major changes we support, with considerations, as well as elements for which we request changes.

Elements to keep, with considerations:

- **Health equity commitment, including coverage for undocumented adults and demographic data collection (REALD-SOGI)**—COHO is deeply committed to improving health equity and was a strong supporter of HB 3352 (2021), known as Cover All People. On data collection, we urge the state to ensure processes are streamlined, data are actionable, and patient privacy is respected.
- **Coverage expansions and transitional supports**—We support increasing access to coordinated, high-quality care. We continue to request a plan for the state to sustainably cover its financial obligation for this expansion. Further, we urge the state to ensure the workforce is sufficient to provide current and added benefits.
- **Flexibility to exclude drugs with limited or inadequate clinical efficacy, with a pathway for coverage for non-preferred drugs**—COHO supports efforts to address high-cost drugs. Thank you for adding this at our request.

- **Paying for population health**—COHO supports movement toward paying for population health on a predictable basis, though we caution against penalizing “low-value care” to the detriment of the patient-provider relationship. Targeted rate adjustments, when necessary, should not call into question CCOs’ financial solvency or result in retroactive rate reductions. Increasing financial flexibility is important, as long as it does not erode local control.
- **Restructuring the Quality Incentive Program**—COHO supports these changes and would like to note that metrics fatigue among providers has been a challenge. Since upstream metrics could include multiple components, we need to incentivize quality improvement in a way that does not lead to provider burnout.

Elements to change:

- **One percent of CCO budgets to Community Investment Collaboratives**—We continue to have major concerns that this creates a funding silo outside existing accountability structures, such as CCOs’ Community Advisory Councils. It is unclear how these dollars would be connected to Community Health Improvement Plans, Health Equity Plans, and Comprehensive Behavioral Health Plans, as well as CCO financial requirements and risk arrangements. The proposal seems to contradict HB 3353 (2021), which empowered CCOs to spend flexible dollars through integrated, community-based approaches.
- **Community Information Exchanges (CIE)**—CCOs are working to build infrastructure that improves the member experience while maximizing limited resources, particularly workforce. We suggest asking for flexibility to include this in the medical spend and ask the federal government to invest in expanding Health Information Exchanges to include non-medical social services.

Thank you for your work on the Waiver and for considering our comments. We will continue to be a strong partner as Oregon moves forward in this work.

Sincerely,

Advanced Health
AllCare Health
Cascade Health Alliance, LLC
InterCommunity Health Network CCO
Trillium Community Health Plan
Umpqua Health Alliance
Yamhill Community Care

