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Delivered electronically: 1115Waiver.Renewal@dhsosha.state.or.us

RE: InterCommunity Health Network Coordinated Care Organization (IHN CCO) Comments on 2022-2027 § 1115 Medicaid Demonstration Waiver Concept Papers

Dear Ms. Coyner and Mr. Vandehey:

InterCommunity Health Network (IHN) Coordinated Care Organization (CCO) IHN-CCO was formed in 2012 by local public, private, and non-profit partners to unify health services and systems for Oregon Health Plan (Medicaid) Members in Benton, Lincoln, and Linn counties. Through the strength of Oregon's coordinated care model, IHN-CCO has a demonstrated history of improving the health of its communities while lowering or containing the cost of care. IHN CCO accomplishes this by coordinating health initiatives, seeking efficiencies through blending of services and infrastructure, and leveraging its strong relationships with community partners and providers to increase the quality, reliability, and availability of care. IHN CCO supports the overall direction of the Oregon Health Authority's (OHA's) draft application for the next § 1115 demonstration waiver with the Centers for Medicare and Medicaid Services ("CMS") and the proposed waiver concepts to further the coordinated care model but has some concerns regarding how the concepts will be operationalized. IHN CCO appreciates the opportunity to provide comments on the waiver as organized by the concept papers:

- Maximizing Coverage through the Oregon Health Plan
- Improving Health Outcomes by Streamlining Life and Coverage Transitions
- Value-Based Global Budget
- Incentivizing Equitable Care
- Focused Equity Investments

Maximizing Coverage through the Oregon Health Plan

IHN CCO supports the goal to ensure children remain eligible for uninterrupted Medicaid coverage for five years and believes that earlier interventions and care coordination for our youth could serve as a central strategy for meeting the OHA's goal of eliminating health inequities. IHN CCO also supports two-year continuous enrollment for people ages six and up and an expedited Medicaid enrollment path for people who apply for Supplemental Nutrition Assistance Program benefits. While the proposed goals could provide much needed assistance to Oregon's population, IHN CCO is concerned that self-attestation of income for eligibility may create a repayment scenario if a person attested that they were eligible, but a later determination found that attestation inaccurate. It may be difficult to carry out the proposal to cover an entire family as different family members receive various income streams. Maintaining accurate addresses and demographic information on members will be further compromised as OHA collects this information on a less frequent basis.

IHN CCO supports the goal of expanding upon current culturally appropriate outreach and education efforts to connect people to state-based or Medicaid coverage depending on their circumstances, and to ensure they can access health care services when needed. It is unclear if the expansion will align with the breadth of efforts currently employed by CCOs, including IHN CCO. IHN CCO works closely with providers its communities to provide culturally appropriate outreach and education and would ask that OHA consider engaging CCOs and other stakeholders in designing the proposed expansion to leverage existing experience and efforts.

Expansions in coverage and care will be most successful with improved infrastructure elements, such as Health and Community Information Exchanges. Connect Oregon and similar platforms are critical in urban and rural communities as we continue to transform the delivery of care to ensure referrals, warm handoffs, a quality member experience, and making the best use of the already stretched health and social service workforce. IHN CCO believes this work is critical to guarantee that the proposed coverage expansions lead to the delivery of successful and sustainable whole person quality care and will engage with the Health Information Technology Oversight Committee's work over the next year(s) to scale this work across Oregon.

The implementation of policy solutions to enroll uninsured people in OHP or in subsidized coverage through the Oregon Health Insurance Marketplace could take many forms. IHN CCO urges OHA to consider complications in overlapping commercial insurance coverage that may result in more fragmented coverage for individuals and less sustainable commercial coverage for others that may not be in the same eligibility categories. The policy solutions, although undefined, may also result in dual coverage scenarios that may complicated third-party liability and challenges considering the ONE system's capabilities which will require robust stakeholder input and ample time to implement successfully.

Improving Health Outcomes by Streamlining Life and Coverage Transitions

IHN CCO supports ensuring Medicaid coverage across life transitions and changes in coverage and addressing the full set of factors that impact health, both medical and non-medical, during life transitions. While the details are unclear, the proposed temporary, enhanced care coordination and case management for persons interfacing with institutional systems is appreciated by IHN CCO and its community partners. An IHN CCO community partner was recently faced with an immediate need to support a pregnant woman with housing and medical care that was recently released from incarceration. The ability to pursue a more proactive, case managed approach to health care and support services would relieve the system and individuals of anxiety and risk in such transitions. IHN CCO asks the Authority for more detail on its understanding of coordinated transition support and the administration of limited benefits, including the program parameters, and roles and responsibilities for parties engaged in the work.

OHA's goal to develop and fund a defined set of Social Determinants of Health transition services to support members in need during transition in coverage periods and life transitions is appreciated but operationalizing this requires key stakeholder engagement to inform the effort so that it does not result in duplication or complexity in administering the pre-defined set of benefits. IHN CCO urges OHA to ensure CCOs, Oregon Housing and Community Services Department, the Department of Environmental Quality, the Department of Corrections, and county and city governments have visibility and a voice in this concept. We have concern about the financial impact and sustaining a required shrinking rate of growth, given the infusion of federal funding for years 1-3 and then years 4-5 and beyond the CCOs becoming at risk for these services.

The proposal to link Medicaid with social service providers as well as limited non-clinical services supports the improvement of equity but is unclear as to the specific of how that could happen considering the barriers that exist around training and certification, as well as reimbursement, for providers of these services. Traditional health workers, including peer support specialists, need stable funding, but there are considerable barriers to traditional health workers

operating in the community and receiving Medicaid funding for their services (outside of grants or employment or affiliation relationships with county mental health programs, primary care providers, and other partners in the care team). CCOs and community-based traditional health workers may have different expectations about the requirements necessary to accept heavily regulated Medicaid funds in a sustainable payment model—including background checks, insurance, treatment plans, documentation, etc. While IHN CCO and its community partners appreciate that OHA is considering steps it can take to streamline and improve the application and certification process for traditional health workers, community partners have expressed concern regarding structured and more complicated billing requirements outside of value-based payment contracts and streamlined grant requirements.

Value-Based Global Budget

IHN CCO supports OHA's proposal for adjusting rate setting to be more predictable and able to support longer-term investment outcomes in health equity, prevention, and community improvement. OHA's proposal to include required HRS spending in global budgets is unclear in how that will be managed and where ultimate accountability is placed given that a percentage is intended to be managed through proposed community investment collaboratives (CICs) overseen by a statewide oversight committee.

Many CCOs, including IHN CCO, fund community-based organization (CBO) infrastructure and capacity building through Health Related Services (HRS) funding managed by community partners, including Community Advisory Councils. Introducing another layer of community engagement through the proposed CICs to manage community investments that includes a statewide oversight committee may introduce many complexities and disjointed or duplicative efforts. IHN CCO specifically works with CBOs to fund these initiatives through a community led process that allows CBOs and other key partners to define parameters for evaluating and funding community partner pilot projects that support innovative approaches to provide support services to members and elevate population health. This community driven process strives to align with regional priorities (e.g., housing, equity, mental health crisis) and minimize the complexities related to governmental funding requirements. It is unclear how the current community advisory councils and regional health equity coalition leaders will align with the CICs. Furthermore, IHN CCO feels it is important for other state agencies, such as those administering housing, education, and criminal justice, to partner with the OHA in this work to maximize all opportunities for funding and eliminate barriers to care, services, and supports.

IHN CCO appreciates the inclusion of strategies to address the impact of pharmacy costs on Medicaid spending in Oregon. However, we are concerned about the use of a single closed pharmacy formulary, the removes the ability of CCOs and their partners to use community-based and evidence-based decision making on formularies to best manage care for the greatest benefit of our members. Mandating CCOs to use a single formulary has proven in other states to dramatically increase cost and will challenge the goal of reducing the overall cost of health care.

Incentivizing Equitable Care

IHN CCO appreciates the focus on equity in developing upstream metrics and the ability to provide input on the development of these metrics through public comment as they are developed. Due to challenges in collecting specific data components for such metrics, as experienced with the language access metric developed in 2021, IHN CCO would caution OHA that the ability to collect data on components of metrics can place burdens on providers and community partners. IHN CCO supports the overall need for such metrics, with consideration for the various unintended consequences resulting from the complexity in metrics related to how health care services are delivered to Medicaid members in Oregon.

Focused Equity Investments

IHN CCO appreciates the ability to capture HRS spending as medical and quality improvement expenditures for the purposes of rate-setting. As mentioned under Value-Based Global Budget, IHN CCO urges OHA to consider the complexities of adding another layer of governance through CICs that could result in a less regionally focused approach

to supporting community programs and services, and conflict with current community-driven efforts supported by CCOs across Oregon. Again, it is unclear how the current community advisory councils and regional health equity coalition leaders will align with the CICs and whether CCOs will have accountability for the investments made by the CICs. The original intent of the coordinated care model was to partly to ensure CCOs could drive change locally in a way that resonated with the challenges faced by the unique communities in which they serve.

Public comment in community partner forums led by IHN CCO captured positive reactions to enhanced investments into community supports but concerns were simultaneously raised about CBOs' ability to manage investments/grants through a government entity, which tend to have more robust process and reporting requirements. IHN CCO's community partners asked that OHA consider the challenges smaller, but critical, CBOs may face in the proposed structure. These partners also had concerns about whether they would be involved in funding decisions similar to how IHN CCO has collaborated with them in community-driven funding decisions. IHN CCO requests OHA to consider current efforts and community-led forums, including the CACs, when developing statewide infrastructure to manage the CICs; ensuring alignment and local community focus to the extent possible. It may be appropriate to build this community oversight, with appropriate reporting requirements, into CCO contracts to avoid duplication and ensure aligned coordination of OHA's goals and minimized complexity in administering investments.

Furthermore, IHN CCO feels it is important for other state agencies, such as those administering housing, education, and criminal justice, to partner with the OHA in this work to maximize all opportunities for funding and the elimination of barriers to care, services, and supports. Numerous state and local government entities offer grant opportunities in various ways with various levels of requirements, which can be difficult for CBOs to administer. In addition, IHN CCO requests that OHA consider allowing for longer-term investment opportunities to support measurable changes and sustainable community infrastructure.

IHN CCO has significant concerns about funding the CICs using one percent of the CCO budget. This proposal creates a siloed entity that has accountability to the state and is a state managed entity and the entities will lack community accountability. This is a missed opportunity to influence the CCO model and community health services delivery system to truly move the needle on health equity and reducing disparities. We continue to encourage OHA to revise this concept so that it is integrated into the CCO model.

In closing, the sustained success of many of the proposed concepts in the draft waiver application will be realized in implementation and detailed operational requirements. We know many of these elements are yet to be determined and understand that the submission of the application is the start of the process. We look forward to partnering with the OHA, regional and systems partners, providers, and advocates on next steps and those details that will ensure success. We appreciate the consideration of our comments and look forward to next steps. Thank you for your work.

Thank you for the opportunity to provide comment. If you have further questions, please contact Bill Bouska, Director Government Relations, at wbouska@samhealth.org