



Changing healthcare to work for you.

January 7th, 2022

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

Re: Medicaid 1115 Waiver- CONCEPT PAPER – FOCUSED EQUITY INVESTMENTS

AllCare Health, Inc. is a physician-led organization, leading the way to better healthcare for Oregon and its people, with a range of plans designed to meet the state's diverse communities and their health needs.

AllCare Health will continue to work tirelessly towards identifying and adjusting to the needs of our communities and proving our dedication to insuring equitable access to healthcare for everyone. This equitable access includes listening to and accounting for cultural, economic, and language differences experienced by all those who live in Southern Oregon. We understand that change often takes hard work and that we, along with our communities, have more to do.

AllCare is committed to providing an environment free of all forms of oppression, discrimination and bias, where all people are treated with respect and dignity. AllCare recognizes that the responsibility extends to all individuals involved with, or funded by, the organization. From this perspective, AllCare asks that the following changes be made to the 1115 Waiver, within the Concept Paper - Focused Equity Investments.

We respectfully request consideration of the following:

1. **Concern:** HB 3353 explicitly says CCOs are to "spend up to 3%" of their global budgets on specific investments. (Reference: Section 2(1)(a) of HB 3353). The OHA's draft application, does not outline how these funds will be accounted for within the CCO budget. AllCare requests a commitment from OHA be included within the draft application, to have a line item in CCOs budget for the 3% regardless of 'additional' future federal funding being asked. That funding needs to be accounted for within the CCOs annual rates and contract rate sheets. We seek a clear request that the identified 3% of investments in Health Equity and SDoH (HE-SDoH) be recognized as medical expenditures, we see this as a key to making these investments intentional and sustainable.

Section 2(1)(a) of HB 3353 explicitly says, "(a) Require a coordinated care organization to spend up to three percent of its global budget on investments: (A)(i) In programs or services that improve health equity by addressing the preventable differences in the burden of disease, injury



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or violence or in opportunities to achieve optimal health that are experienced by socially disadvantaged populations; (ii) In community-based programs addressing the social determinants of health; (iii) In efforts to diversify care locations; or (iv) In programs or services that improve the overall health of the community; or (v) The OHA's draft application", does not outline how these funds will be accounted for within the CCO budget.

- **Request:** Please include, within the waiver concept, that the allocation of these funds will be accounted for in the annual CCO rate development process, published here <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/OHP-Rates.aspx>, and Contract Rate Sheets and that the available funding should be outlined in each CCO's rate sheets. AllCare's most current rates are published here <https://www.oregon.gov/oha/HPA/ANALYTICS/OHPRates/CRS-2022-01-CCO-Medicaid-ALLC.pdf>
2. **Concern:** The waiver concept papers should also include that a state-level oversight committee, as established by HB 3353, will be charged with overseeing the 3% global budget spend. This state-level oversight committee should be housed in the Oregon Health Authority Office of Equity and Inclusion.

"The authority shall convene an oversight committee in consultation with the office within the authority that is charged with ensuring equity and inclusion. The oversight committee shall be composed of members who represent the regional and demographic diversity of this state based on statistical evidence compiled by the authority about medical assistance recipients. The oversight committee shall:(a) Evaluate the impact of expenditures described in subsection (2) of this section on promoting health equity and improving the social determinants of health in the communities served by each coordinated care organization; (b) Recommend best practices and criteria for investments described in subsection (2) of this section; and (c) Resolve any disputes between the authority and a coordinated care organization over what qualifies as an expenditure under subsection a (2) of this section." (Reference: Section 3 (6) of HB 3353).

- **Request:** Please include a state-level oversight committee that meets the requirements established by HB 3353, to be charged with overseeing the 3% global budget spend. This state-level oversight committee should be housed in the Oregon Health Authority Office of Equity and Inclusion.

3. **Concern:** Based on how the regional Community Investment Collaborative (CIC) model is being designed, funding is to be directed by members of organizations, or by the organizations, that serve local priority populations that are underserved within the communities served by the coordinated care organization, and should also be funded by any additional federal funds that are leveraged for these services.
 - **Request(s):**
 - Please clarify that Community Investment Collaboratives will be independently funded, along with the potential of additional funds to be leveraged from the federal government for services provided.
 - As independent entities, the CICs will communicate with the oversight committee and have a clear dispute process in the event of a dispute between CCOs, the CICs, and OHA.
4. **Request:** Should the Federal Government allow duplicate investment from the CIC and CCOs, please clarify that the Statewide Oversight Committee will resolve disputes between these entities.

Thank you for your consideration of these requests. We ask for support in this effort, to appropriately shift decision-making ability and resources to the communities who understand the region's needs best, through clearly outlined and responsible allocation of funds and with accountability.

Respectfully,

Stick Crosby
Sr. Director, Provider Network and Health Equity
Pronouns: He/Him/His