

Providence Health & Services

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January 7, 2022

Health Policy and Analytics Medicaid Waiver Renewal Team
Oregon Health Authority
500 Summer Street NE, E65
Salem, OR 97301

Via email: 1115Waiver.Renewal@dhsosha.state.or.us

RE: 1115 Medicaid Waiver application

To Whom It May Concern:

Providence appreciates the opportunity to provide feedback on the Oregon Health Authority's application for the 1115 Medicaid Demonstration Waiver for years 2022-2027. Providence is committed to the continued success of the coordinated care model and broader health care transformation efforts in Oregon. Since the establishment of Coordinated Care Organizations, our operational and clinical leaders have actively participated on six coordinated care organization boards, supported innovation efforts statewide, and currently serve as the patient-centered medical home for nearly 53,000 Oregon Health Plan members. In the Portland-metro area Providence is fully accountable for more than 55,000 Health Share of Oregon members.

Providence shares the Authority's goals of creating a more equitable system of care and ensuring the most vulnerable in our state have consistent access to high-quality, affordable health care. In achieving this end, we request the OHA consider the following and move forward in a manner that maintains the integrity of the Oregon Health Plan and continues to build on our success.

Medicaid is one of our state's most critical safety-net programs, it is essential we preserve the viability of this foundational program.

Providence strongly supports private and public efforts to transition away from fee-for-service, but we must ensure that the proposed value-based global budget is actuarially sound and predictable. Building the new benefits and health related services into the budget will require annual adjustments, which should only be prospective to preserve the stability of the system.

Specific to the social determinants of health benefits, it will be important to establish these benefits in a way that doesn't jeopardize the long-term sustainability of the OHP. The need for these services is immense, and Medicaid should not bare sole responsibility for developing solutions. Oregon deserves a strategic, thoughtful, stratified solution with partnership from other public agencies.

At Providence, all of our primary care clinics use a standardized SDOH screening tool to identify needs for housing, food insecurity, utilities, and transportation. Patients with positive screens are offered a referral to the community resource desk, a partnership with local community-based organizations, and connected to services and resources. Food insecurity is the number one challenge patients are facing, with housing concerns continuing to increase.

Providence is collaborating with CCOs, community-based organizations and other health systems to develop local infrastructures to meet the needs of the communities we serve. The system that OHA establishes should not jeopardize the current or ongoing system and structures that are in place. To ensure we are not duplicating resources and making measured progress toward our intended outcomes, Providence recommends that the OHA develop shared, state-wide outcome measures to monitor progress at scale.

Waiver proposals should build off the existing structure, reinforcing systematic, long-term change.

The CCO model is based on the premise that local leadership and community engagement will elevate the issues most needed in each community. Rather than further segmenting important conversations around equity and social determinants of health, the OHA should reinforce structures that integrate community voices into permanent systems and structures.

An important area for integration into permanent CCO structures includes the Community Investment Collaboratives. As a mission driven organization committed to responding to the needs of our community, we work directly with community leaders to guide decision making. Specifically, Providence partners with community organizations, CCOs and health systems in each community to do Community Health Needs Assessments and develop Community Health Improvement Plans. Providence utilizes a local Service Area Advisory Council, comprised of hospital leadership and community members, to elevate the voices of community in our strategies to ensure our community health investments are caring for the needs of our most vulnerable populations. In order to make the CICs most effective long-term, Providence suggests collaborative efforts around community investment. This would be a model that includes providers and health care systems to ensure shared strategies that maximize new, significant investments.

Maintain the established incentive metrics structures, with the inclusion of community members and a health equity focus, to ensure that the entire health care system makes strategic improvements together, at-scale.

The Quality Incentive Program is the cornerstone to the success of the CCO program. Rather than completely dismantling this program, Providence would recommend that health equity measures be incorporated. This may include breaking down existing metrics and evaluating success based on BIPOC data for incentive measures, as OHA has done successfully with COVID measures. Patient-centered primary care homes have established models and can be a great partner in this work. We would also suggest adding individuals to the existing committee to elevate the voice of community rather than removing operational and clinical experts.

Behavioral health needs renewed focus and commitment to further health system integration.

The waiver is an opportunity to strengthen the behavioral health system and expand proven models that help Medicaid members access timely services, particularly in a primary care setting. The behavioral health system in Oregon is collapsing and OHA should ensure that options to first stabilize, then innovate and transform the behavioral health system are optimized in the waiver. The absence of behavioral health concepts further puts the behavioral health system at risk.

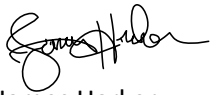
Providence requests that OHA consider the following for this waiver application:

- House Bill 3353 (2021) requires CCOs to dedicate 3% of their global budget to address health inequities and behavioral health. The waiver application includes health inequities but does not follow the statute in requesting waiver authority for behavioral health.

- OHA should develop a dedicated behavioral health proposal that includes federal funding for co-located behavioral health services, integrated psychiatric emergency services and community collaboration like the CAHOOTS model.
- There are not sufficient Psychiatric Residential Treatment Services (PRTS) beds in Oregon. While we understand the critical needs of the Child Welfare population, prioritizing beds for Child Welfare is an insufficient band aid likely to lead to catastrophic consequences for other children, including longer wait times in hospitals and emergency departments. Rather than forcing more competition for beds, we recommend exploring options to staff unstaffed beds, develop rates that equitably reimburse residential behavioral health care with other areas of health care, and developing a functioning bed registry to track the number and availability of beds.

Thank you for the opportunity to provide feedback. We look forward to additional opportunities to discuss this important issue.

Sincerely,



James Harker
Chief Executive, Population Health
Providence Health & Services



Jonathan Cascino
Director, Medicaid Program
Providence Health & Services