



January 7, 2022

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

Subject: Support for Oregon's Draft Medicaid Section 1115 Demonstration Five-Year Renewal and Amendment Application

Dear Director Allen:

Unite Us writes in strong support of Oregon Health Authority's draft 1115 Waiver Renewal and Amendment application.

This comprehensive Waiver application appropriately recognizes that working upstream is the path of the equity agenda. The Waiver builds on Oregon's innovative efforts made possible through previous Waivers and furthers Oregon's commitment to health equity through important reforms, which include expanding covered benefits to include services that address social determinants, incentivizing CCOs to address upstream drivers of health through equity-focused quality metrics, and driving community-centric health investments and governance structures.

Unite Us believes the Waiver application could be further strengthened by recognizing and incorporating the ongoing and planned work of OHA, the CCOs, and community-based partners across the state to build the infrastructure required for community information exchange (CIE).

Over the last 2 years, significant statewide advancement has been made on CIE. These include smarter, more precise definitions of the term and greater awareness as to core components of CIE: shared statewide technology, community-driven governance across diverse sets of network partners, and data and reporting to support network maturation, population health initiatives, and policy and government budgeting decisions. CIE in Oregon, sustained with new long-term financing that maximizes federal drawdown, is now primed to be the shared infrastructure upon which many of the efforts outlined in this Waiver should be built.

In particular, Unite Us encourages OHA to:

- Recognize the CIE Workgroup established by OHA in December of 2021;
- Recognize CIE as the central infrastructure required to advance the equity agenda;
- Consider the overlaps of ongoing CIE work in Oregon with those proposed in this waiver, including existing CIE governance structures and the Community Investment Collaboratives; and
- Use this Waiver opportunity, coupled with administrative claiming opportunities, to communicate intent to build long-term sustainable financing of the CIE.

Background on Unite Us and Connect Oregon

Since 2013, Unite Us has been the national leader in deploying community-wide care coordination infrastructure to meaningfully connect health and social care providers in a common ecosystem and to help address social determinants of health. Our goal is to ensure every individual, no matter who they are or where they live, can access the critical services they need to live happy and healthy lives.

We help community partners – payers and providers, private and public, large and small – work together in new ways to identify and address unmet social needs. To support these network partners, we have deployed our community engagement process in more than 42 states. Our coordinated care networks demonstrate that a robust, collaborative, and holistic community-wide approach to identifying and addressing unmet social needs not only improves individual health and quality of life, but also improves community health, reduces healthcare costs and utilization, and promotes health equity. Network partners leverage the Unite Us platform to securely share information required to coordinate care through closed-loop referrals. If enabled, partners are also able to streamline the billing and invoicing of services from CBOs to payers. A suite of data as well as centralized care coordination services make up the end-to-end solution available to network partners.

In Oregon, Connect Oregon is the network, powered by Unite Us, of organizations participating in community information exchange. Unite Us is currently contracted by 12 of the 16 CCOs to serve 35 of the 36 Oregon counties. In addition to the CCOs, health providers (including large systems and FQHCs), CACs, CBOs, and county-based programs are partners. Further, Oregon Health Leadership Council serves as statewide convener of the CCOs, and 211info operates as a coordination center for the network. OHA currently recognizes Connect Oregon as a Community Information Exchange (CIE).

Given these partnerships in place, the history and the trajectory of this work, and an expansive overlap in values and mission, Unite Us respectfully submits the following comments as a committed partner and advocate for the impact envisioned through OHA's waiver proposal.

Unite Us is excited to support OHA's 1115 Waiver renewal and amendment which critically expands policy levers to incentivize and enable upstream health approaches focused on equity. Among the provisions applauded, we highlight the following:

1. The Waiver supports individuals experiencing life transitions and disruptions through comprehensive SDOH-related benefits.

Unite Us applauds OHA's expenditure authority requests for 1) CCOs, to provide covered SDOH services for populations experiencing transitional events, such as reentry from the criminal justice system or the impacts of extreme climate change, and for 2) community-based organizations (CBOs), to support their implementation capacity through infrastructure and capacity-building spending flexibility. These requests will lay the foundation for critical health reforms that emphasize and reward preventative, upstream approaches to care delivery.

Covered SDOH transition services will importantly help individuals more easily access expanded health-related services that meet their basic needs in areas such as housing, food, and employment assistance.

These SDOH benefits will help OHA standardize and streamline the delivery of services that address SDOH, which often reflect and reinforce entrenched health inequities. These benefits can ultimately be offered to additional populations beyond those experiencing life transitions and disruptions.

Importantly, this strategy will drive healthcare dollars to CBOs and community providers who have historically supported the whole-person health of Medicaid members without receiving reimbursement for their services. These dollars will drive sustainable funding and capacity for CBOs, targeting resources toward prevention and directly into communities where the most vulnerable and marginalized individuals often receive their care.

Unite Us works with CBOs on a daily basis. We applaud that this waiver acknowledges the disruption and change management that will be required of CBOs; this initiative presents a massive change to their normal workflows with the added benefit of Medicaid reimbursement. The implementation capacity funds for CBOs and aligned Community Investment Collaboratives (CICs) will be critical for supporting CBOs through this transition. These funds are essential for setting up the necessary infrastructure system that allows for tracking the delivery of services, payment and billing, reporting, and monitoring outcomes.

To further strengthen this proposal, Unite Us recommends:

Early CBO/Payer Alignment. We encourage OHA to ensure close collaboration with CBOs and community leaders when developing requirements for CBO participation, reimbursement, and reporting. This can help prevent undue administrative burden for community providers and to ensure the reimbursement process is not over-medicalized for CBOs that are not resourced to process and submit traditional medical claims. For example, OHA should ensure that their state reporting requirements for CCOs do not undermine the ability of CBOs to easily submit invoices for reimbursement. For example, California requires health plans to submit all data on Community Supports in standard encounter format, which forces plans to require traditional medical claims from CBOs so they can properly report back to the state. It's important to acknowledge that this transition will be difficult for CBOs operating with limited overhead spending, and so OHA's requirements should ensure that the transition to billing for social services is as simple and efficient as possible. CCOs should allow CBO providers to submit reimbursement requests in invoice form if that is the best process for them, and encourage use of an invoice portal as an alternative to traditional claims reporting.

In addition, OHA should ensure that vetting processes for CBO providers is distinct from the vetting process in place of medical providers. Background checks on CBO staff and other aspects of the traditional credentialing process may preclude important and trusted CBOs from participating in the initiative, and OHA should explore alternatives that are uniquely suited to vet CBOs.

Clear Standards to Drive Quality. In order to reduce duplicative efforts and minimize the number of systems and solutions that providers need to learn and adopt, SDOH transition services payments and infrastructure investments should build upon existing CIE efforts across the state, which include social needs screenings, closed-loop referrals, social care outcomes data collection and reporting functions.

OHA can ensure that all CIE solutions meet the same single set of standards to allow for standardized data collection and streamlined care coordination efforts across the state. Just as OHA has encouraged MMIS and APCD to align with REALD regulations as required by statute, so should that be encouraged with a CIE solution.

Establishing appropriate privacy, security and billing compliance requirements SDOH referral and reimbursement technology must also be emphasized here. Information exchange between partners must occur in order to ensure care coordination and the adoption of trauma-informed approaches to addressing health-related social needs; but this information sharing must occur pursuant to HITRUST Certification and compliance with HIPAA, 42 CFR Part 2, FERPA, and other pertinent regulations. The assurance of privacy and compliance enables the trust upon which any integrated solution is built and upon which equity is achieved.

Shared, Publicly-Sponsored, CBO Billing Systems. Billing systems adopted and/or procured by and/or for CBOs participating in reimbursement arrangements with CCOs should be seen as shared infrastructure. The burden should not be placed on CBOs nor community investment collaboratives that lack technical capacity to build and/or procure their own billing systems. Further, it is important for CBO payments to be linked to closed loop referral infrastructure in order to link outcomes with reimbursement and monitor population outcomes.

If viewed as shared infrastructure, OHA may consider an Advanced Planning Document (APD) as a mechanism for securing federal match funding (75-90%) for statewide CBO referral and reimbursement technology, while continuing to finance SDOH payments to CBOs via waiver requests. Continued federal investment in SDOH services combined with a publicly-privately funded foundational referral technology presents a sustainable strategy for financing such systems in the long-term – ensuring that individuals’ upstream needs are being met and that CBOs are being paid for their valuable services.

2. The Waiver aligns financial incentives in the healthcare delivery system to drive community health and health equity improvements.

Unite Us celebrates OHA’s commitments in this waiver around redesigning financial incentives in the healthcare system to shift resources towards and reward prevention and population health. We applaud the regulatory and policy levers outlined, including a) value-based global budgets for CCOs, b) 3% allocation of CCO population health budgets towards health equity investments with 30% designated for community investment collaboratives, and c) flexibility around CCO’s ability to count health-related spending as part of their medical load when calculating MLR.

As described by OHA, Unite Us believes that these requirements/levers will “flip” financial incentives in Oregon’s healthcare delivery system – CCOs will be accountable for and rewarded by improvements in whole-person health outcomes, health equity, prevention, and care

coordination rather than being financially rewarded when members are sick and access more care.

Unite Us agrees with and celebrates OHA's recognition that entrenched inequities, power imbalances, and systemic racism in and resulting from the health system cannot be undone unless financial incentives link market power to health equity and community health improvements. At Unite Us, we're working with communities and our funded healthcare partners to shift investments upstream and into community health through community health infrastructure – we will continue supporting and elevating the efforts of OHA alongside our work in communities.

3. The Waiver holds CCOs accountable for health equity through quality metrics.

Unite Us supports OHA's proposal to redesign the Oregon Health Plan Quality Incentive Program with dedicated upstream metrics focused on equity as well as to better integrate community member decision-making power through the new Health Equity Quality Metrics Committee (HEQMC).

In particular, Unite Us celebrates the new health equity upstream metric titled “Social Determinants of Health: Social Needs Screening and Referral,” which incentivizes more CCO members having their social needs acknowledged and addressed.

With this metric in place, OHA is building a comprehensive healthcare delivery system that seeks to address members' social determinants of health through population health and prevention strategies, which include connecting members to services that address their social needs.

The new upstream metrics, coupled with the new HEQMC, will enable OHA to iterate and improve its social determinant strategy in the long term.

OHA and the HEQMC should also consider the role of analytical tools to identify opportunities where proactive outreach could drive social care service delivery. Supported as a shared service and run out of OHA, risk scoring mechanisms and proactive human services outreach can be essential components of a forward-looking strategy to achieve health equity.

Conclusion & Unite Us Support for Oregon's Waiver

This 1115 waiver will allow OR to implement innovative and long-lasting equity initiatives within the healthcare delivery system.

These proposals will drive sustainability for the CBO provider network, financially reward CCOs for delivering holistic care that keeps members healthy and in their communities, and incentivize more equitable outcomes with new quality standards.

We recommend that OHA continue to build upon efforts already underway across the state, including the CIE efforts and its governance approaches, to avoid conflicting solutions when possible.

If you have any questions or if there is any additional information Unite Us can provide, please do not hesitate to contact me at read@uniteus.com.

Thank you for the opportunity to submit comments, and for your continued leadership and support to provide more holistic and equitable care in Oregon and nationally.

Sincerely,

/s/ Read Holman

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