

January 4, 2022

To: Oregon Health Policy Board
RE: Medicaid 1115 Waiver Application

Dear Members of the Oregon Health Policy Board,

Comagine Health appreciates the opportunity to provide comments on the renewal of Oregon's Medicaid 1115 waiver for the 2022-2027 demonstration period. Comagine Health is a national, nonprofit health care consulting organization. We work collaboratively with patients, providers, payers, and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system. In 2017, HealthInsight and Q Corp approved a merger of the two organizations and their operations in Oregon. The following year, HealthInsight announced a merger with Qualis Health to become Comagine Health. For more than 40 years, Qualis Health and HealthInsight (Q Corp) have independently provided quality improvement services, care management services, and quality health care consulting in Oregon. Today, we are proud to continue supporting Oregon's health care quality initiatives as Comagine Health.

We are encouraged that the waiver application's primary goal is to advance health equity, which is closely aligned with Comagine Health's mission, vision, and values. In late 2021, the Comagine Health Board of Directors identified four areas of strategic focus that will provide direction for our priorities in the years to come. These focus areas are as follows:

1. Health Equity
2. Transition to Value
3. Disproportionally Impacted Populations
4. Community-Oriented Public Health

These priorities build upon the strategic work of Comagine Health's Oregon Community Board in 2020. Ultimately, the Board created a *Social Determinants of Health Strategic Vision* based on the Centers for Disease Control place-based framework that outlines five key areas: Economic Stability, Education, Social and Community Context, Health and Healthcare, and Neighborhood and Built Environment. We are committed to identifying, measuring, and working with our partners to improve the social determinants of health that affect a broad array of health risks and outcomes.

Comagine Health fully supports the Oregon Health Authority's approach to the waiver renewal. We must address health inequities in both the health system and communities, we need to increase access to and consistency of Medicaid coverage, and we need to contain costs through providing high-quality and equitable health care. Given our interest in helping drive health care quality in these areas, we have provided the following specific comments in support of OHA's submission.

Reimagining health care,
together.

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from Section I: Program Description -- Subsection 3. Proposed Changes (p15)

3.1 Maximize OHP Coverage (p15)

Strategy 1: Provide continuous enrollment for children until their 6th birthday

Strategy 2: Establish two-year continuous OHP enrollment for people ages 6 and up

Comagine Health strongly supports continuous enrollment of children and adults in the Oregon Health Plan. Fluctuating coverage can increase health risks to individuals impacted in this process and reduces capacity to provide preventive care. Comagine Health is a partner with OHA in monitoring health outcomes for Medicaid beneficiaries. We have maintained an All Payer Claims Database (APCD) in Oregon since 2010 that allows us to track cost, utilization, and quality indicators in three markets: Commercial, Medicare, and Medicaid. Our APCD can connect claims on individuals through changes in their insurance provider's market type and their coverage across insurance companies. As a result, we have observed that many individuals are covered by the Oregon Health Plan one month but not the next. Our carefully prepared cost and quality reports require a minimum number of months of coverage within a year and the frequent loss of Medicaid coverage affects the completeness and accuracy of our measure results and reports. More importantly, fluctuating coverage can increase health risks to individuals impacted in this process.

3.2 Improving Health Outcomes by Streamlining Life and Coverage Transitions (p17)

Strategy 2: Retain child eligibility levels and benefit package for Youth with Special Health Care Needs (YSHCN) up to age 26

We support Oregon extending OHP coverage to age 26 and retaining eligibility levels of 305% Federal Poverty Level to support smooth transitions from pediatric to adult health care. The best way to avoid expensive emergency department and hospital visits is to maintain continuous and reliable access to outpatient providers and effective medications.

Strategy 3: Provide a defined set of SDOH services based on transition-related criteria to support vulnerable populations in need during transitions

Comagine Health supports Oregon covering specific Social Determinants of Health (SDOH) benefits for vulnerable populations and life status transitions, including but not limited to, homelessness, change in government-operated insurance plans, youth with special health care needs, and those leaving foster care. Evidence indicates that managing environmental risks to health upstream decreases downstream healthcare costs. Further, inequitable access to housing, transportation, food, employment services, and increased exposure to wildfire, ice storms, and heat domes perpetuates inequitable health outcomes.



Strategy 4: Expand the infrastructure needed to support access to services using providers outside of the medical model

Strategy 5: Obtain expenditure authority to support implementation capacity at the community level, including payments for provider and community-based organizations (CBO) infrastructure and capacity building

Comagine Health supports expanding funding of community-based organizations and traditional health workers (THWs). These partners have demonstrated their important role in reaching communities disproportionately impacted by chronic disease and access barriers. Expanding resources to support capacity building for CBO infrastructure and delivery of services by THWs is essential to addressing the limitations of the current delivery system. Through our long history of working with community partners to improve clinical-community coordination, bi-directional referral processes, and capacity building to deliver and sustain evidence-based services, we have seen the challenges encountered by CBO and clinical partners in scaling effective models. Referral and reimbursement models for services delivered by CBOs need to account for their varying capacity and expertise to engage with the relevant technology and regulations, and bill for these services. Comagine Health is currently collaborating with clinical and community partners to build and test umbrella network hubs to reduce CBOs' administrative burden for delivering chronic disease self-management education programs and care coordination services. Comagine Health has a long history of helping CBOs build capacity to deliver evidence-based chronic disease prevention and management programs, implement bi-directional referral with healthcare partners, and identify and implement reimbursement opportunities made available by Medicaid and Medicare. Comagine Health is invested in building workforce capacity among THWs to engage patients in community-based services and the delivery of evidence-based programs. Our *Social Determinants of Health Strategic Vision* articulates how we can support clinical-community connections through data linkage, technical assistance, and convening.

3.4 Incentivizing Equitable Care (p34)

Strategy 1: Restructure the Quality Incentive Program into two complementary components to reserve space for upstream work focused on equity: a) a small set of “upstream” metrics focused on factors affecting health equity, and b) a set of “downstream” metrics that focuses on traditional quality and access measures

Strategy 2: Redistribute decision-making power to communities

Comagine Health strongly supports the proposed emphasis of health equity measures of historically disadvantaged populations. We have been working for years in collaboration with local, state and federal public health partners to assist CBOs with improving their infrastructure and ability to collect data on social determinants of health, and their effectiveness in exchanging data with clinical providers. These data points include client assessments, available health-related services, online appointment scheduling, client retention and progress over course of participation in an intervention, and closed-loop visit follow-up outcomes. In addition to collecting and reporting the traditional health quality measures, Comagine Health is beginning to process data on equity measures related to race, ethnicity, language, disability status, gender, and sexual orientation.

3.5 Focused Equity Investments

Strategy 1: Invest federal funds toward infrastructure to support health equity interventions

Strategy 2: Invest federal funds in community-led health equity interventions and statewide initiatives

Strategy 3: Grant community-led collaboratives resources to invest in health equity

Comagine Health supports the proposal to build community collaboratives to address health inequity. CBOs are frequently beholden to relying on grant funding to close the gap between need and service delivery. This is an inconsistent and tenuous mechanism that does not build the capacity needed for ongoing service delivery at scale. Through our work with CBOs, we see great opportunity for OHA to help communities both invest locally in infrastructures that respond to their unique challenges while also bridging to state level backbone systems. Currently, Comagine Health is convening clinical and community based partners interested in participating in Connect Oregon¹, Community Information Exchange to develop and test standardized workflows and guidelines for referral to evidence based self-management programs with the goal of building a use case that can inform referral to other services these partners deliver. One of the most significant challenges these efforts encounter is ensuring consistent resources for service delivery and managing the administrative elements of acquiring reimbursement.

¹ <https://oregon.uniteus.com/>

3.6 Align with Tribal Partners' Priorities

We support efforts to strengthen Alaska Native/American Indian voice, as identified and prioritized by Tribal partners. If approved by Tribal partners, this work may include: removing prior authorization requirements; extending the current Uncompensated Care program; converting the Special Diabetes Program for Indians (SDPI) to a Medicaid benefit; reimbursing for Tribal best-practices; and providing payment for currently unreimbursed Social Determinants of Health services.

Summary

The opportunity to link clinical and community-based services to analyze outcomes for applicable patients is significant. It will be important to ensure equity is a leading principle throughout the framing of the issue and questions posed for study. Equity should also remain at the forefront when selecting representation and assembling key tables as this crucial work unfolds. Comagine Health has spent many years working with diverse clinical and community stakeholders to solve complex systems issues to improve community health.

Oregon has made considerable and measurable progress in its health system transformation efforts. We fully support the State's renewal application to build on that progress through the 2022-2027 demonstration period. Thank you for the opportunity to submit comments. Please email me at rgibson@comagine.org if you would like additional information.

Sincerely,

Richard Gibson, MD - Physician Informaticist