Strengthening the coordinated care model with Oregon's next §1115 Medicaid Demonstration Waiver

Overall, CCOs support the focus areas outlined by the OHA for the upcoming §1115 waiver renewal and look forward to collaborating with the OHA as we define the goals and understand more of the necessary details together. We offer the recommendations below in addition to what OHA has already shared to support the direction CCO 2.0 set forth and continue to improve overall population health in each of our communities. Individual CCOs may offer additional concepts and ideas as the application development process continues.

CCO FRAMING FOR THE §1115 MEDICAID DEMONSTRATION WAIVER RENEWAL

1. Continue progress towards a true global budget that is flexible and allows for community-defined infrastructure development with improved health and social outcomes while maintaining a 3.4% rate of growth for CCOs.
2. Diminish regulatory barriers to delivery and payment innovation and maximize health system cost savings and federal investments in health and social services.
3. Further Oregon's health transformation goals, including new payment models, expanded coverage access, eliminating health disparities, and the quadruple aim.
4. Increase local control and local accountability ensuring program goals and implementation are community-based, optimize existing systems, and center the elimination of health disparities.
5. Strengthen the coordinated care model, support the goals of CCO 2.0, and set a stage for growth towards CCO 3.0.

HEALTH EQUITY, SOCIAL DETERMINANTS, AND FLEXIBLE SPENDING

Oregon remains a leader in health care transformation and coordinated care and must continue innovating to ensure we are able to address health equity and social determinants with flexible spending tied to accountability that meets the needs of each region. CCOs have reviewed other states mentioned by OHA and discussed Senate Bill 3353 A currently in the State Legislature's Ways and Means Committee. Each of the state models reviewed offers takeaways as we plan for Oregon, but, because Oregon is a national leader, we have already gone beyond most states with our programs. In partnership with the OHA and other system partners, CCOs look forward to developing concepts for the waiver renewal, state plan amendments, and regulatory changes as applicable to further our collective goals of better care while maintaining overall costs. We agree with the multiple voices calling for housing to be a primary focus of this work and, no matter what model or tool we choose, we recommend including the following specifics:

1. **Remove treatment plan requirements.** Currently, flexible funds must be tied to a treatment plan, and this adversely impacts the health system's ability to address health inequities as organizations serving populations who have less engagement with the health care system for many historical and systemic reasons are often unable to engage. Moreover, adjacency to a treatment plan usually requires or is defined by "evidence-based" practices, which are often not inclusive of Black, Indigenous, and communities of color.

2. **Further develop Community Information Exchanges and Health 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. Additionally, while provider EHR adoption is going well, more support for EHR interoperability and reporting simplification is still needed.

PHARMACEUTICAL COSTS

Many of the drugs with the highest costs are approved by the Food and Drug Administration via an accelerated approval pathway, and often these drugs have limited evidence of efficacy and safety. In Oregon, such high cost drugs accounted for 19% of OHP pharmacy spending in 2019, which is an increase from 13% in 2015. We recommend looking at risk

corridors, “carve outs”, limited / closed formularies, or other mechanisms to either exclude high-cost drugs at the state level or ensure those costs are reflected in rate setting and cost growth reporting.

TARGETED CARE AND COVERAGE IMPROVEMENTS

1. **Provide coverage and care coordination for justice-related Oregonians and those admitted to the Oregon Youth Authority (OYA) or the Oregon State Hospital (OSH).** Today these individuals are disenrolled from OHP and lose connection with Medicaid reimbursed health care services and supports. These members frequently have complex health and social service needs. We will support these Oregonians better if we maintain care coordination for members with complex needs, reduce or eliminate churn for this population, maximize federal funding, and improve access to health services and support upon transition from the facility. Potential approaches:
    a. Maintain CCO enrollment during pre-adjudication for those in jail / detention.
    b. Create a care coordination only plan or enrollment category for CCO members.
    c. Ensure jails are utilizing PreManage and that eligibility files remain open across Medicaid data systems.

2. **Expand postpartum coverage to at least 12 months post-delivery.** Medicaid covers about half of all births and in many cases the person who gave birth may lose coverage just 60 days later. There are new opportunities for state plan amendments to extend coverage and Georgia, Illinois, and Missouri recently had §1115 waivers approved with 12 month postpartum coverage.

3. **Maintaining health records for children placed in foster care.** The frequent, unplanned moves of foster youth, along with missing or incomplete historical health records, can exacerbate health problems and make treatment delivery and continuity difficult. Missing histories can also translate into missed vaccinations and medications. With Passport to Health or similar programs, electronic health records are maintained for each foster child by DHS to improve continuity of care, individual outcomes and experiences, and the ability for the child to have a complete record when they reach adulthood.

4. **Revisit, adjust, and resubmit the peer delivered service concepts from Oregon’s recent SUDs State Plan Amendment.** Eliminating barriers such as requiring peer service requests be tied to a treatment plan, clinical supervision for providers that are part of a care team, and complicated Certificate of Approval (COA) processes will ensure that the extremely limited workforce is maximized, community-based organizations are eligible for contracts, and OHP members receive quality, person-centered care.

The §1115 Medicaid Demonstration Waiver was essential in Oregon’s establishment of the Oregon Health Plan and the transformative initiatives we built upon that foundation, including the coordinated care model and CCOs. Now, as we carry forward the lessons of CCO 1.0, the goals of 2.0, and the exacerbation of health system challenges since the onset of the pandemic, CCOs see this waiver renewal as a critical opportunity to further our collective goals and improve the health of Oregonians.

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