

01.28.2021 CareOregon Testimony to House Health Care Committee

Chair Prusak & Members of the House Health Care Committee:

CareOregon is a nonprofit that has served Oregon Health Plan members for over 25 years and is a founding member of Health Share of Oregon, one of the CCOs that contracts to manage Medicaid benefits in the Portland Metro area. CareOregon manages the behavioral health benefits for Health Share's 300,000 members, the physical health benefits for 200,000 of those members, and dental health benefits for 70,000 Health Share Members. Additionally, CareOregon manages OHP benefits for 45,000 members in Jackson County through ownership of Jackson Care Connect, and 30,000 members in Clatsop, Columbia and Tillamook counties through ownership of Columbia Pacific CCO.

We are encouraged by the Oregon Health Authority's guiding principles for waiver design: equity & anti-racism; person-centered system design; and economic sustainability. We believe this lens will be beneficial to making improvements on existing waiver elements designed to address the social determinants of health and health equity. Applying a person-centered, equity lens to our current experience with Health-Related Services Funds (HRSF) is immediately helpful in identifying ways to improve how OHP members access these upstream resources that are key to addressing the social determinants of health.

Health-related services comprise two tracks to support the communities we serve: Community Benefit Initiatives, a population health approach; and Flex Services, an approach addressing an individual's social needs lacking available community resources. Under current rules, Flex Services can only be classified as qualifying expenditures if they are tied to a member's medical treatment plan. This eliminates the ability for CCOs to engage with many community-based organizations (CBOs) and have them request the funds directly while working with our individual members. Since a large majority of requests for these funds are for social health needs, and our CBO partners lack access to care plans held within the health care system, it's a missed opportunity for solving a giant issue. We are challenged to ensure there is alignment of the treatment plan, care plan, immediate social need, and sustainability. This is especially true for communities and populations who have very little engagement with the health care system, for numerous historical and systemic reasons, and is key to meaningfully addressing health inequities. Likewise, HRSF also do not work well for many housing investments and housing instability can have a lasting impact on an individual for years. These funds are restricted from many needed capital expenditure and investment opportunities. The lack of adequate coordinated transitional and permanent supportive housing options can cycle individuals back

and forth between crisis and stabilization while simultaneously trying to manage serious, chronic health conditions and substance use disorders. Housing security is such an enormous issue, everywhere, all the time, and is getting worse. Greater federal and/or state leniency on how these funds could be applied towards housing would be helpful. We look forward to collaborating with OHA in addressing these issues in the next 1115 waiver, as we believe striving towards equity and person-centered system design can get us beyond these barriers.

Lastly, Oregon's 1115 waiver renewal presents an opportunity for us as a state to come together to have a conversation about the Oregon Health Plan. Our current waiver renewal also comes at a unique and complicated time, as we find ourselves concurrently: navigating a large gap in the OHP budget; still optimizing new initiatives and programs in CCO 2.0, some of which were delayed in 2020 due to the COVID-19 pandemic; and considering and implementing a number larger health system transformation endeavors, such as value-based payment and controlling costs, a CCO model for PEBB and OEBC, and a Medicaid buy-in. Given this dynamic environment, it is our goal for the waiver conversation to be held in a space where CCOs and other stakeholders can be involved with aligning the waiver with these ongoing transformation efforts, and together develop a waiver that maximizes available federal match dollars to finance a health care system that best serves all Oregon Health Plan members. Thank you again for this opportunity to testify, and please do not hesitate to reach out to us if we can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stefan Shearer', with a long horizontal flourish extending to the right.

Stefan Shearer, MPA:HA
Public Policy & Regulatory Affairs Specialist
CareOregon