

## **Attachment 10 — Social Determinants of Health and Health Equity**

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response.

For definitions related to SDOH-HE, please refer to the **SDOH-HE Glossary**.

**Page limits for this Social Determinants of Health and Health Equity is 10 pages, excluding the RFA Community Engagement Plan and the THW Integration and Utilization Plan. The RFA Community Engagement Plan must be limited to 4 pages, excluding required tables. The THW Integration and Utilization Plan must be limited to 5 pages.**

### **A. Community Engagement**

#### **1. Evaluation Questions**

- a.** Did Applicant obtain Community involvement in the development of the Application?
- b.** Applicant will submit a plan via the RFA Community Engagement Plan for engaging key stakeholders, including OHP consumers, Community-based organizations that address disparities and the social determinants of health, providers, local public health authorities, Tribes, and others, in its work. The Plan will include strategies for engaging its Community Advisory Council and developing shared Community Health Assessments and Community Health Improvement Plan priorities and strategies.

#### **2. Requested Documents**

Completed RFA Community Engagement Plan, including all required elements as described in RFA Community Engagement Plan Requirement Components and attaching required Tables in RFA Community Engagement Plan Required Tables (page limit: 4 pages, excluding tables)

### **B. Social Determinants of Health and Health Equity (SDOH-HE) Spending, Priorities, and Partnership**

CCOs will be expected to invest in services and initiatives to address the Social Determinants of Health and Health Equity in line with Community priorities, through a transparent decision-making process that involves the CCO's CAC, and involving meaningful partnership with SDOH-HE Partners. For the first two years of SDOH-HE spending, OHA has designated a statewide priority for spending on Housing-Related Services and Supports, including supported housing. OHA reserves the right to continue and/or establish a new statewide priority during the subsequent years of the Contract.

Beginning CY 2020, CCOs will be required to spend a portion of end-of-year surplus, derived from annual net income or excess reserves, on Health Disparities and the social determinants of health. This statutory requirement – ORS 414.625(1)(b)(C) – will be operationalized through Oregon Administrative Rule, as described in the rule concepts accompanying this RFA.

Further, OHA intends to establish a two-year incentive arrangement – the SDOH-HE Capacity-Building Bonus Fund (“SDOH-HE Bonus Fund”) – to offer bonus payments above and beyond the capitation rate to CCOs that meet SDOH-HE-related performance milestones. Performance will be evaluated, and payments awarded to qualifying Contractors beginning CY 2021. The SDOH-HE Bonus Fund will be contingent on availability of funds under the Medicaid growth cap and any required CMS approval. CCOs will receive monetary bonus payments from the SDOH-HE Bonus Fund based on measured performance improvement according to key performance milestones throughout the calendar year. Total SDOH-HE Bonus Fund payments will be subject to a maximum percentage of the CCO's annual capitation rate. CCOs will be required to provide OHA with narrative and financial reporting of SDOH-HE Bonus Fund expenditures, including any funds distributed to SDOH-HE partners, in the manner and form required by the agency.

OHA intends to develop the program structure, including performance milestones, Payment distribution methodology, and reporting requirements, between January 2019 and November 2020, with a targeted implementation during CY 2021. OHA additionally intends to establish a public advisory group, the SDOH-HE Measurement Workgroup, to recommend SDOH-HE related performance milestones, and outcome measures as relevant to OHA, and the Health Plan Quality Metrics Committee and Metrics and Scoring Committee.

Metrics may include a combination of process and outcome metrics, where process metrics are designed to reward CCOs for successfully taking key steps to address SDOH-HE (for example, form necessary partnerships, build program infrastructure) and outcome metrics are designed to reward CCOs for performance in addressing SDOH-HE. Further, CCOs will be required to align spending of SDOH-HE bonus funds received with the CCO's SDOH-HE priorities, in order to continue growing and increasing impact in this critical area.

In the fall of 2020, OHA intends to issue to CCOs:

- The list of performance milestones, benchmarks, and specifications for CY2021
- Full program documentation, including SDOH-HE Bonus Fund structure, methodology and disbursement timeline for the subsequent year, published on the OHA website.
- The estimated maximum Payment each CCO could qualify to receive in 2021 if it meets all performance milestones under the program
- The estimated percentage of 2021 capitation rates CCOs could qualify to receive in 2022 under the SDOH-HE Bonus Fund (i.e. estimated percentage of 2022 Payments)

The SDOH-HE Bonus Fund is intended to be part of a coordinated strategy to incentivize and support increased spending on SDOH-HE over the course of the five-year contract. Additional elements of this strategy include:

- **Performance-based reward:** implement a variable profit margin to award CCOs according to efficiency and quality of care (evaluation beginning in 2020, incorporated into rates in 2022).
- **Risk adjustment for social factors:** risk adjust capitation rate based on social factors at the population and/or Member level (evaluation beginning in 2020, incorporated into rates in 2022). OHA intends to explore incentivizing collection of Member-level data through the SDOH-HE Bonus Fund starting in CY2020 to inform risk adjustment beginning in 2022.
- **SDOH-HE Quality Pool metrics:** Recommend SDOH-HE quality metrics to the Health Plan Quality Metrics and Metrics and Scoring Committees via the Health Equity Measurement and SDOH-HE Measurement Workgroups.

## 1. Informational Questions

- a. Does Applicant currently hold any agreements or MOUs with entities that meet the definition of SDOH-HE partners, including housing partners? If yes, please describe the agreement.
- b. Does Applicant currently have performance milestones and/or metrics in place related to SDOH-HE? These milestones/metrics may be at the plan level or Provider level. If yes, please describe.
- c. Does Applicant have a current policy in place defining the role of the CAC in tracking, reviewing and determining how SDOH-HE spending occurs? If yes, please attach current policy. If no, please describe how Applicant intends to define the role of the CAC in directing, tracking, and reviewing SDOH-HE spending.

- d. Please describe how Applicant intends to award funding for SDOH-HE projects, including:
  - (1) How Applicant will guard against potential conflicts of interest;
  - (2) How Applicant will ensure a transparent and equitable process;
  - (3) How Applicant will demonstrate the outcome of funded projects to Members, SDOH-HE partners, and other key stakeholders in the Community.
- e. For the statewide housing priority only: please provide proposed metrics for assessing the impact of investments in this area.

**2. Evaluation Questions**

- a. Please describe the criteria Applicant will apply when selecting SDOH-HE partners.
- b. Please describe how Applicant will broadly communicate the following information to the public and through its network of partners: its SDOH-HE spending priorities, the availability of funding for projects, how interested parties can apply for consideration, and the project selection process.
- c. Please describe how Applicant will track and report SDOH-HE expenses and outcomes, including technological capacity and process for sharing and collecting data, financial systems, and methods for data collection.
- d. Applicant will submit a plan for selecting Community SDOH-HE spending priorities in line with existing CHP priorities and the statewide priority on Housing-Related Services and Supports via the RFA Community Engagement Plan, as referenced in section A.

**C. Health-Related Services (HRS)**

**1. Informational Questions**

- a. Please describe how HRS Community benefit investment decisions will be made, including the types of entities eligible for funding, how entities may apply, the process for how funding will be awarded, the role of the CAC (and Tribes/tribal advisory committee if applicable) in determining how investment decisions are made, and how HRS spending will align with CHP priorities.

**D. Community Advisory Council membership and role**

**1. Informational Questions**

- a. Please identify the data source(s) Applicant proposes to use when defining the demographic composition of Medicaid Members in the Applicant's Service Area.

**2. Evaluation Questions**

- a. Applicant will submit a plan via the RFA Community Engagement Plan, as referenced in Section A, for engaging CAC representatives that align with CHP priorities and membership demographics, how it will meaningfully engage OHP consumer(s) on the CCO board and describe how it will meaningfully engage Tribes and/or tribal advisory committee (if applicable). Applicant may refer to guidance document CAC Member Assessment Recruitment Matrix.

**E. Health Equity Assessment and Health Equity Plan**

**1. Informational Questions**

- a. Please briefly describe the Applicant's current organizational capacity to develop, administer, and monitor completion of training material to organizational staff and

contractors, including whether the Applicant currently requires its Providers or Subcontractors to complete training topics on health and Health Equity.

- b. Please describe Applicant’s capacity to collect and analyze REAL+D data.

## 2. Evaluation Questions (Health Equity Assessment)

See Health Equity Assessment Guidance Document

- a. Please provide a general description of the Applicant’s organizational practices, related to the provision of culturally and linguistically appropriate services. Include description of data collection procedures and how data informs the provision of such services, if applicable.
- b. Please describe the strategies used to recruit, retain, and promote at all levels, diverse personnel and leadership that are representative of the demographic characteristics of the Service Area.
- c. Please describe how Applicant will ensure the provision of linguistically appropriate services to Members, including the use of bilingual personnel, qualified and certified interpreter services, translation of notices in languages other than English, including the use of alternate formats. Applicant should describe how services can be accessed by the Member, staff, and Provider, and how Applicant intends to measure and/or evaluate the quality of language services.
- d. Please describe how Applicant will ensure Members with disabilities will have access to auxiliary aids and services at no cost as required in 42 CFR 438.10, 42 CFR part 92, and Section 1557 of the Affordable Care Act. Response should include a description of how Applicant plans to monitor access for Members with disabilities with all contracted providers.

## 3. Requested Documents

Policies and procedures describing language access services, practices, evaluation, and monitoring for appropriateness and quality.

Policies and procedures related to the provision of culturally and linguistically appropriate services.

## F. Traditional Health Workers (THW) Utilization and Integration

### 1. Informational Questions

- a. Does Applicant currently utilize THWs in any capacity? If yes, please describe how they are utilized, how performance is measured and evaluated, and identify the number of THWs (by THW type) in the Applicant’s workforce.
- b. If Applicant currently utilizes THWs, please describe the payment methodology used to reimburse for THW services, including any alternative payment structures.

### 2. Evaluation Questions

- a. Please submit a **THW Integration and Utilization Plan** which describes:
  - Applicant’s proposed plan for integrating THWs into the delivery of services;
  - How Applicant proposes to communicate to Members about the benefits and availability of THW services;
  - How Applicant intends to increase THW utilization;

- How Applicant intends to implement THW Commission best practices;
- How Applicant proposes to measure baseline utilization and performance over time;
- How Applicant proposes to utilize the THW Liaison position to improve access to Members and increase recruitment and retention of THWs in its operations.

**3. Requested Documents**

Completed THW Integration and Utilization Plan (page limit: 5 pages)

**G. Community Health Assessment and Community Health Improvement Plan**

**1. Evaluation Questions**

- a.** Applicant will submit a proposal via the RFA Community Engagement Plan, referenced in Section A, describing how it intends to engage key stakeholders, including OHP consumers, Providers, local public health authorities, including local health departments, Tribes, Community-based organizations that address disparities and the social determinants of health, and others, in its work. The Plan should detail the Applicant’s strategies for engaging its Community Advisory Council, its process for developing and conducting a Community Health Assessment, and development of the resultant Community Health Improvement Plan priorities and strategies. The Plan should specify how the Applicant’s strategy for health-related services links to the CHP. Applicants should include information on approaches to coordinate care across the spectrum of services, as well as to encourage prevention and health promotion to create healthier communities.

**H. Reference Documents**

- RFA Community Engagement Plan Requirement Components
- RFA Community Engagement Plan Required Tables
- CAC Member Assessment Recruitment Matrix
- Health Equity Assessment Guidance Document
- SDOH-HE Glossary