



November 29, 2016

Dear Chair Smith and members of the Board:

Oregon's Medicaid Advisory Committee (MAC) appreciates the opportunity to provide input and recommendations on coordinated care in the Oregon Health Plan. The MAC brings together perspectives from providers, members, advocates, Coordinated Care Organizations (CCOs), and health policy experts, to advise the state on policy and operational improvements to the Medicaid program. As such, our committee offers a diverse lens on the successes and challenges of CCOs, and opportunities to improve the model for the next five years of operation.

The MAC remains supportive of the original vision and intent behind CCOs as integrated networks of providers that focus on prevention and offer patient-centered care that address health disparities and needs in their communities. In the first five years of implementation, progress has been made to integrate physical, behavioral and oral health care, and to address social determinants of health and health inequities. However, clearer guidelines and increased accountability measures are needed to ensure that CCOs achieve the stated vision at a consistent level of excellence across the state, even while offering community-based solutions to the Oregonians whom they serve. As the state embarks on the next five years of health care transformation, the MAC offers the following recommendations:

***Reaffirm CCOs' commitment to offering patient-centered care by ensuring patient perspectives are actively engaged and shape operations***

CCO operational decisions should be driven by an understanding of member experience and needs. This requires a diverse representation of members at all levels of CCO governance, a diverse workforce that is representative of the communities served, and a strong, meaningful role for Community Advisory Councils (CACs). CCOs should be encouraged or required to:

- Engage in proactive and strategic recruitment efforts, informed by OHP member data, so that CCO boards, committees and staff are representative of the communities most affected by health disparities in a CCO's service area.
- Adhere to enhanced, minimum expectations for the role of CACs within the CCO governance structure. For example, the State could require that CACs hold an annual meeting with the CCO board and operational leadership to review progress toward key priorities including prevention and social determinants of health, integrated care, and cultural competency.
- Expand the role of public health, social service, housing, education and other partners at the governance table as critical partners to address social determinants of health.

***Continue to advance integration of physical, behavioral and oral health care and enhance integration of Long Term Services and Supports (LTSS)***

Integration of physical, behavioral, and oral health care should remain a top priority for the next phase of transformation. In addition, integration goals should expand to consider the role of LTSS and care

coordination for those receiving these benefits. To further advance integration, CCOs should be encouraged or required to:

- Strengthen the role of traditional health workers to enhance system navigation and care coordination. The State could establish minimum expectations for engaging traditional health workers and develop guidelines for the ways in which CCOs can engage this valuable workforce.
- Collaborate with LTSS case management/service coordination systems for shared responsibility and a more holistic approach to member needs. The State should establish minimum guidelines and expectations to guide CCO/LTSS collaboration.
- Ensure medical, behavioral, dental, and LTSS providers are all at the table to drive improvements to care delivery and integration.
- Improve referral mechanisms to ensure providers have key contacts to coordinate all aspects of a patient's care.
- Ensure that member assignment and provider networks take into account integration goals and capitalize on opportunities to offer co-located services.
- Monitor changes in health outcomes that may be reflective of integration efforts (for example, health outcomes for patients with diabetes who receive oral health care).

***Enhance accountability and ensure clear, consistent expectations for baseline success***

While the MAC supports the overall vision of CCOs as locally governed entities with the flexibility to design and implement solutions that meet the needs of their communities, there is a need for clearer, state-level expectations of the “floor” from which CCOs can innovate. Additionally, the State should move to increase overall transparency of CCO financials and investments of public dollars, including reserves and monies spent on flexible services. For example, the State should:

- Set minimum expectations for flexible services, to ensure that all CCOs are engaged in addressing the social determinants of health and to encourage investments in ongoing programs. One promising example is a program to set aside a per member/per month allocation to address prevention and social determinants of health, and to give CACs the power to direct this allocation. OHA should report the use of flexible services by CCO to promote accountability.
- Consider future incentive metrics that focus on social determinants of health and broader health outcomes, to drive additional improvement in these areas.
- Clarify CCO reserve and other requirements to ensure that maximum public dollars are invested in improving the health of the community.
- Develop ways to hold CCOs accountable to all aspects of their contracts, in addition to existing performance incentive metrics monitoring. For example, standardize certain process indicators at the state level to monitor CCO progress toward increasing cultural competency and addressing disparities.

We hope you will take these considerations into account as you shape recommendations for the Legislature and OHA on the future of coordinated care organizations in Oregon.

Sincerely,



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