

---

# Medicaid Waiver Update

Oregon Health Policy Board

August 3, 2021

Annie Valtierra-Sanchez, Director, SO Health-E

Zeenia Junkeer, Director, Oregon Health Equity Alliance

Lori Coyner, Senior Medicaid Policy Advisor



# Agenda

- 1) General project updates
- 2) Community Managed Funds, Health Equity Investments
- 3) Transitions

# Overarching Waiver Goal:

## ***Advance Health Equity***

To achieve this, our policy framework breaks down the drivers of health inequities into four actionable sub-goals:



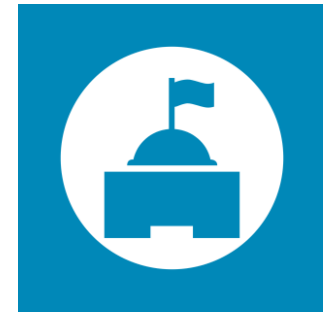
**Maximizing  
OHP  
coverage**



**Stabilizing  
transitions to  
minimize  
disruptions in care**



**Encouraging  
smart, flexible  
spending for  
health equity**



**Targeted  
health equity  
investments**

# Waiver Timeline



# Update on discussions and looking forward

## July

First Meeting with  
CMS

## August

Tribal Consultation  
Begins

Policy Concept  
Paper Finalization,  
Translation, and  
Release

## Fall

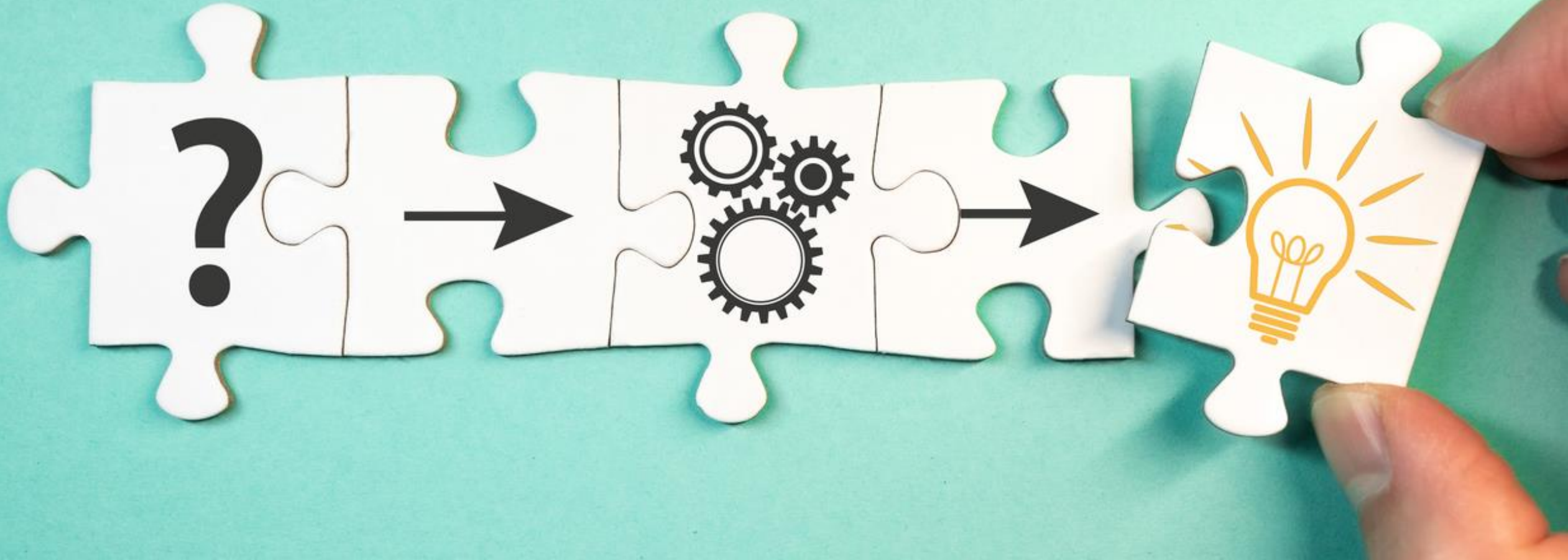
Public comment

Targeted  
health equity  
investments



# Community Managed Funds & Health Equity Investments

# What are we trying to solve?





**Oregon will have established a health system that creates health equity when** all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

**Achieving health equity requires** the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- ***The equitable distribution or redistribution of resources and power; and***
- ***Recognizing, reconciling and rectifying historical and contemporary injustices.***



# What we've heard

- ✓ Give decision-making power back to impacted community along with resources.
- ✓ Problems influencing health are bigger than CCOs or outside of scope
- ✓ Focus on longer term investments

*And who better to say  
what's needed in the  
community than  
**the community?***

– OHA Strategic Plan Listening  
Session Participant

# Starting Point: HB 3353

Requires OHA to **request CMS approval to direct 3% of CCO budgets towards investments related to health equity** and includes:

- Specific requirements for spending
- Oversight committee requirements
- Request CMS approval to count investments as medical costs for rate setting

# Community Managed Funds (CMF)

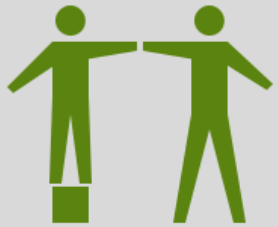
A proposed model designed to build out the **intent of HB 3353** and **increase accountability to community** by emphasizing community role in identifying inequities and investment decisions to address inequities.

# OHA and Regional Health Equity Coalition (RHEC) workgroup developed CMF Proposal

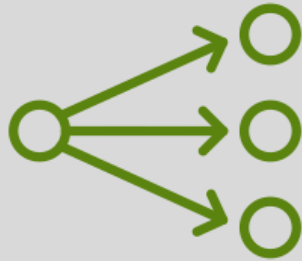
- **OHA in partnership with RHECs:**
  - Trust and relationship building
  - CMF Workgroup (OHA staff and RHEC leadership) has met ~12 times since May
- **Alignment with other initiatives:**
  - Researching different models, e.g. Health Councils (Pacific Source), other states
  - Community Advisory Councils, Health-Related Services, other waiver strategies



# Principles driving the model focus on shifting power and resources to community



Target investments to populations **most impacted** by health inequities



**Shift power and decision-making** to community



Create opportunities to build sustainable infrastructure

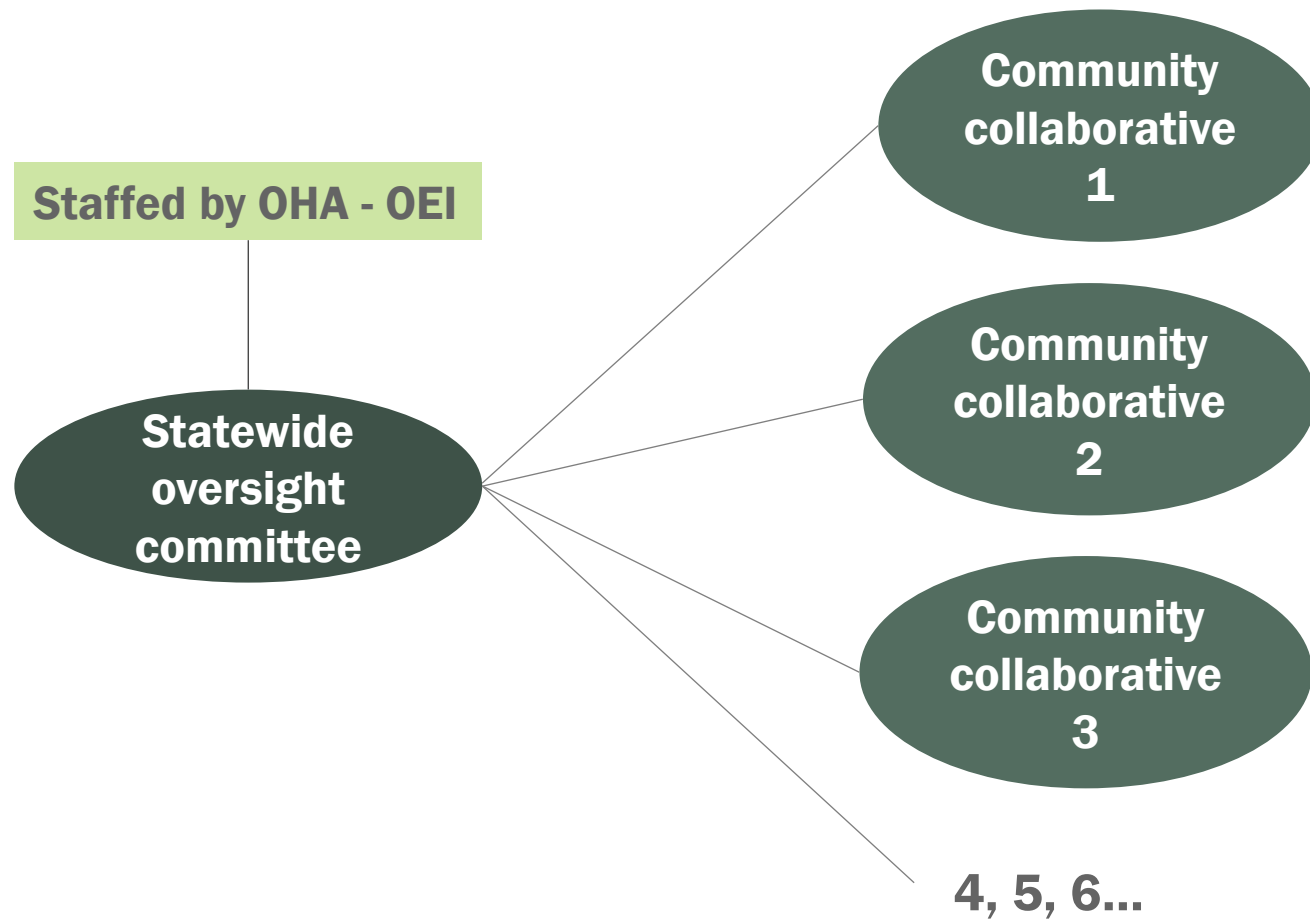


Support community leadership development



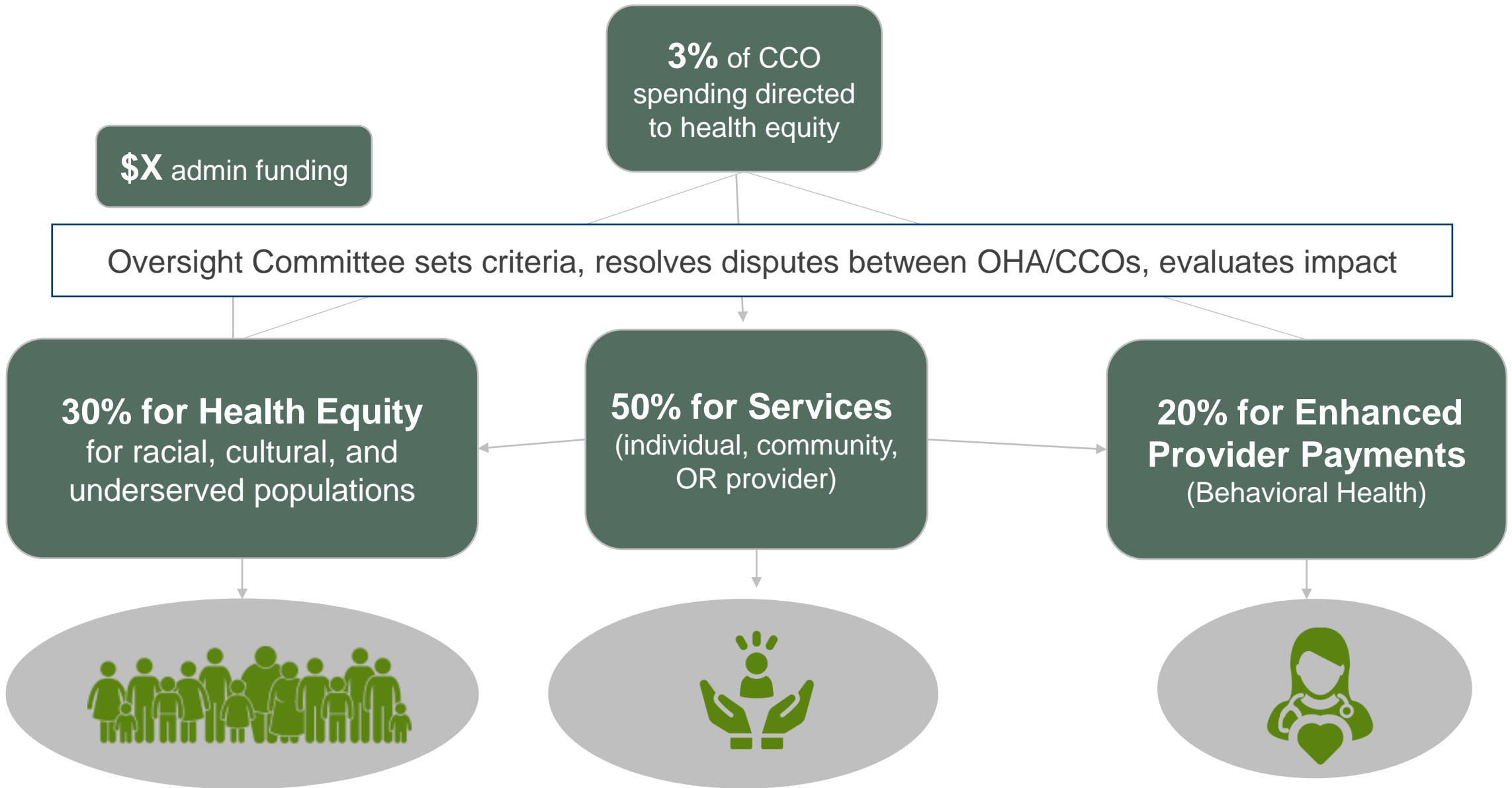
Build and rebuild **trust** between health systems and community

# Governance structure



Each community collaborative to include:

- 1 **Lead entity** must represent and serve priority populations
- 2 **Community council** includes community and health system, with stronger community voice in decision making.
- 3 **Fund/reporting manager**



# We need to shift power and resources to community

- ✓ Community based organizations are under resourced compared with health care
- ✓ Community input consistently highlights the need for training, organizations supports
- ✓ Success of RHEC model includes a backbone organization with ongoing infrastructure supports

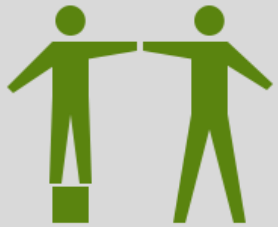
*The people who are already doing the work and have been doing the work for so long... I think it needs to bring everybody to the table who already has plans going on and be like, "Okay, how can we uplift y'all who are already doing the work?"*

– OHA Strategic Plan Listening Session Participant

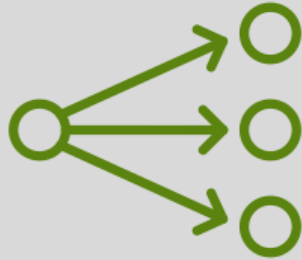


# Health Equity Investments

# Principles driving the model focus on shifting power and resources to community



Target investments to populations **most impacted** by health inequities



**Shift power and decision-making** to community



Create opportunities to build sustainable infrastructure



Support community leadership development



Build and rebuild **trust** between health systems and community

# Health Equity Investments

**Vision:** Reinvest Oregon-generated federal savings into communities to reduce health inequities.

## Goals

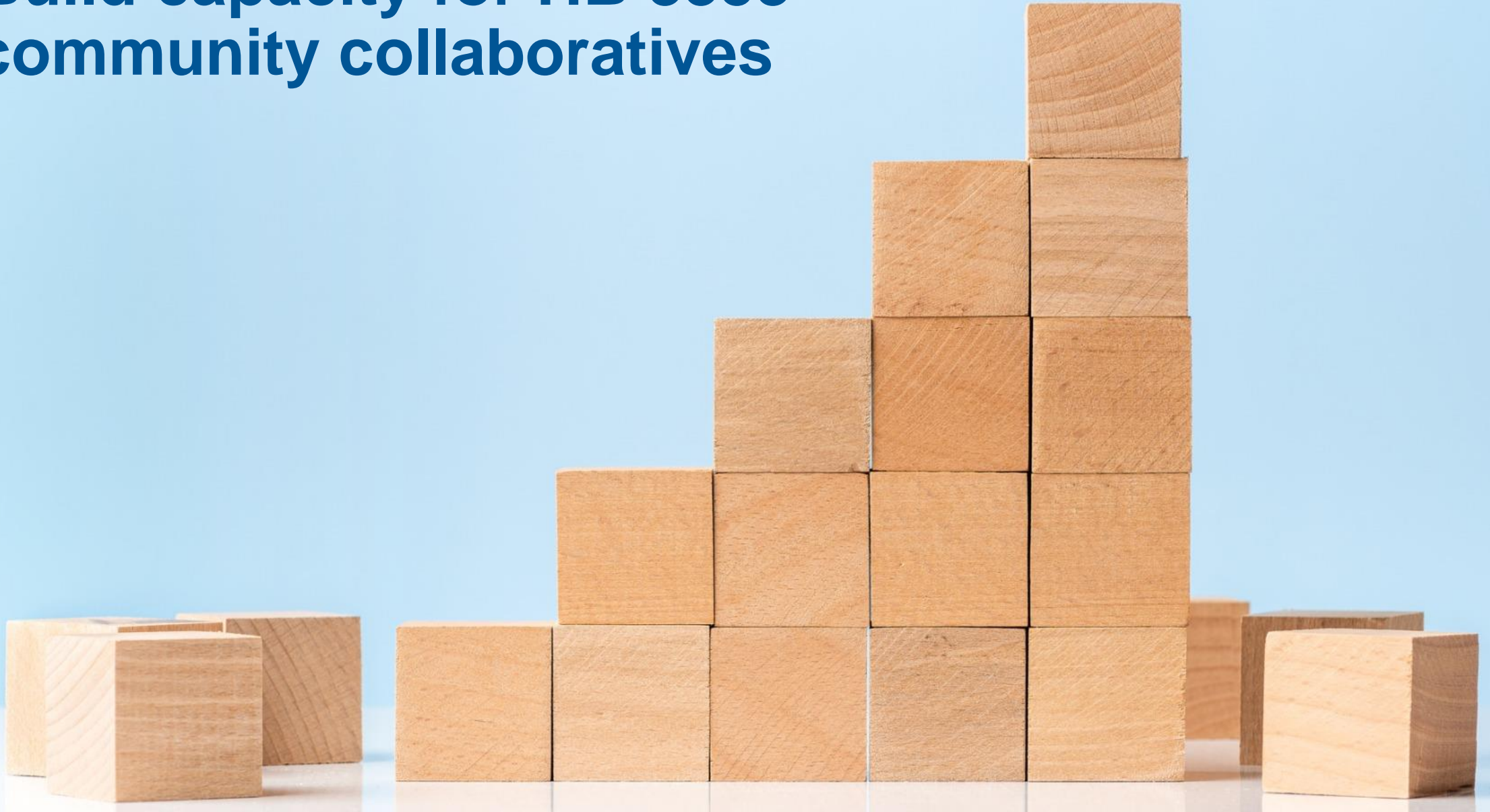
- Reinvest savings generated through health reform toward communities to improve the social, economic and physical environment.
- Focus on large-scale investments that are targeted towards eliminating health inequities.
- **Partner with community leaders to identify and operationalize strategies to eliminate health inequities.**

Step 1:

**Retain the savings achieved through slowing the rate of health care cost growth**



Step 2:  
**Build capacity for HB 3353  
community collaboratives**



### Step 3:

## Focus on community-identified health equity investments

Allow community-based collaboratives to identify investments that align with community needs at the intersection of equity and health.

### *Examples of investments:*

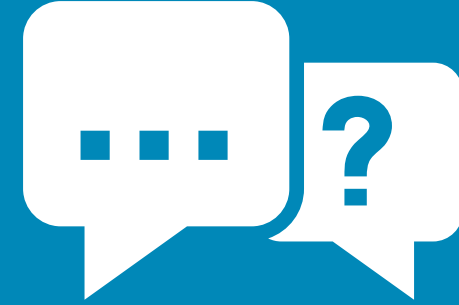
- ✓ Culturally responsive health care workforce
- ✓ Outdoor opportunities and green spaces
- ✓ Affordable, high-quality childcare
- ✓ Housing and housing-related services

Step 4:

# Community collaboratives direct funds to address health inequities



**Questions? Feedback?**







**Stabilizing transitions  
to minimize disruptions in care**

# Our goal

- ✓ **OHP members experience coordinated, and integrated care across health and social systems.**
- ✓ There are no language, cultural, or economic barriers to care.
- ✓ OHP enrollment is preserved as patients transition between systems.



The problem we want to solve:

**The health system is complicated and hard to navigate through times of transition.**



















**Questions? Feedback?**



---

# Thank You

