Medicaid Waiver Update

Oregon Health Policy Board
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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

2021

January
Identify vision and goals
Public engagement

June
Begin drafting application
Public engagement

December
Submit final application

2022

January
Negotiations with CMS

June
Target approval for 5-year renewal
Implementation
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
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

Staffed by OHA - OEI

Statewide oversight committee

Community collaborative 1
Community collaborative 2
Community collaborative 3
4, 5, 6...

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**
$X$ admin funding

Oversight Committee sets criteria, resolves disputes between OHA/CCOs, evaluates impact

3% of CCO spending directed to health equity

30% for Health Equity
for racial, cultural, and underserved populations

50% for Services
(individual, community, OR provider)

20% for Enhanced Provider Payments
(Behavioral Health)
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

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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