State of the State: Bridging Healthcare and Community Services

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Oregon **Health** Authority

Social determinants can be **more impactful** than clinical care or lifestyle choices on a person's health.

Nearly half of Oregon Health Plan (Medicaid) members have one or more social needs, and **communities of color are disproportionately affected**.

Addressing social determinants of health – requires a broad coordinated effort
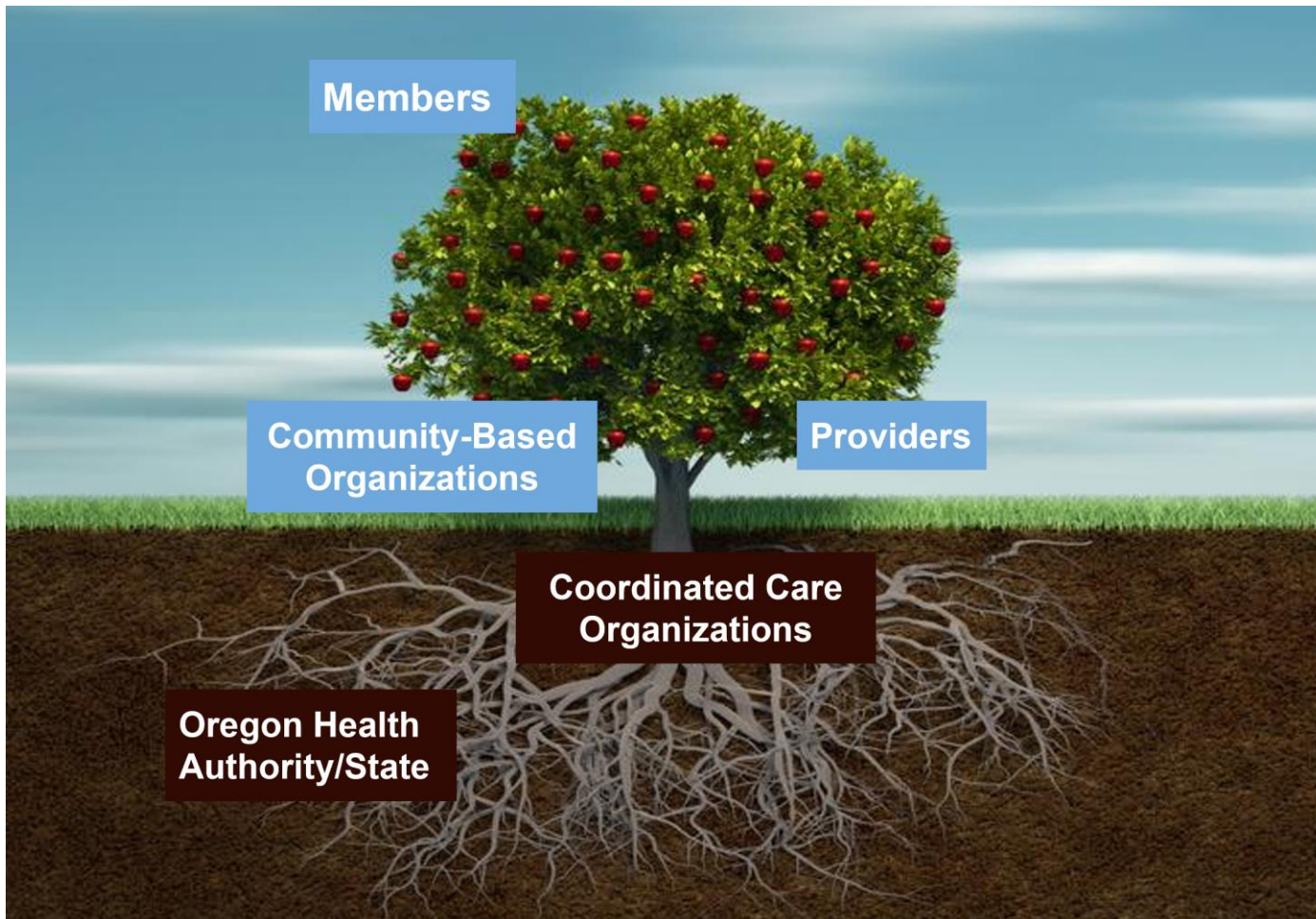
- Collaboration across sectors to provide wrap-around care

- Connection of patients to needed services, improved individual health

- Patient and population-level data to inform broader community solutions

Overarching goal: *Advance Health Equity*

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

Ensuring people can maintain their health coverage

Improving health outcomes by addressing health related social needs
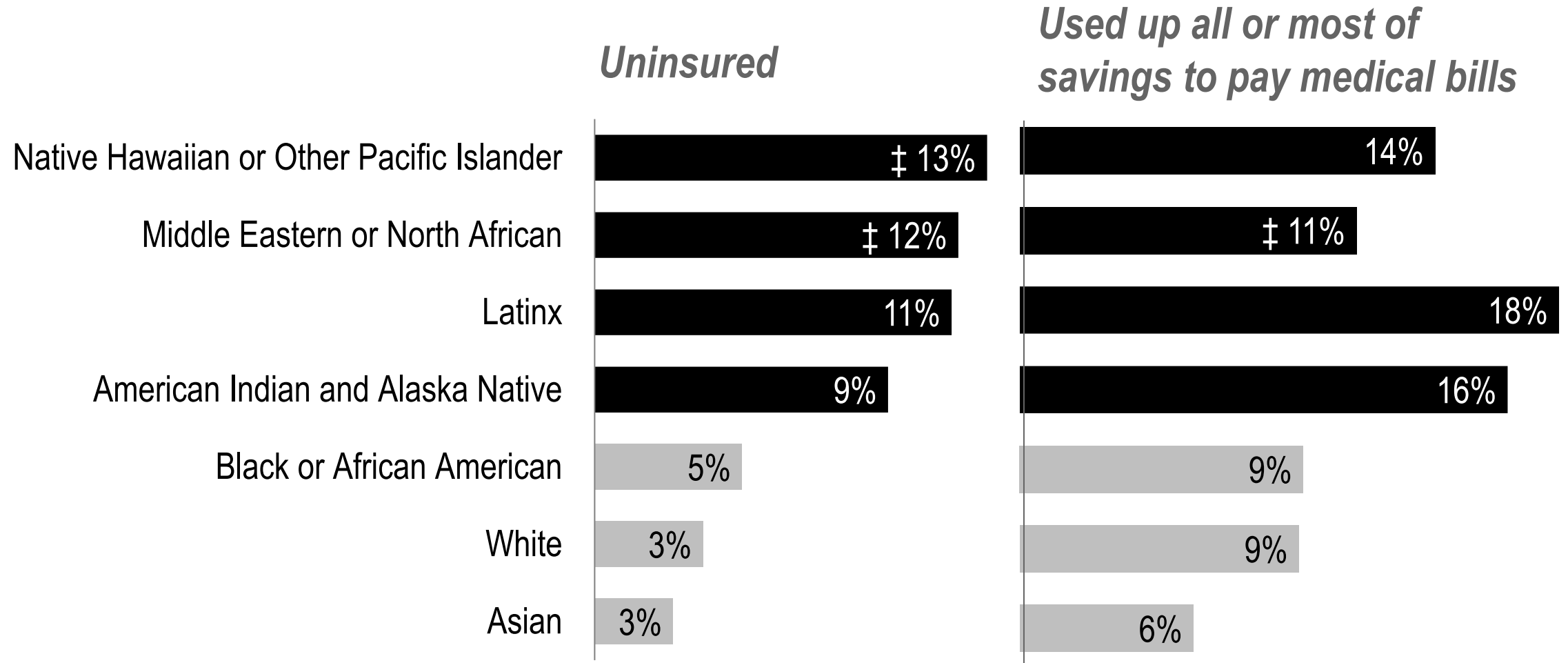
Ensuring smart, flexible spending for health-related social needs and health equity

Creating a more equitable, culturally and linguistically responsive health care system

Coverage and cost inequities in Oregon

Uninsured

Used up all or most of savings to pay medical bills

	Uninsured	Used up all or most of savings to pay medical bills
Native Hawaiian or Other Pacific Islander	‡ 13%	14%
Middle Eastern or North African	‡ 12%	‡ 11%
Latinx	11%	18%
American Indian and Alaska Native	9%	16%
Black or African American	5%	9%
White	3%	9%
Asian	3%	6%

‡ May be statistically unreliable due to small numbers; interpret with caution
Data source: Oregon Health Insurance Survey (2021), Note: Data shown are calculated using rarest race methodology
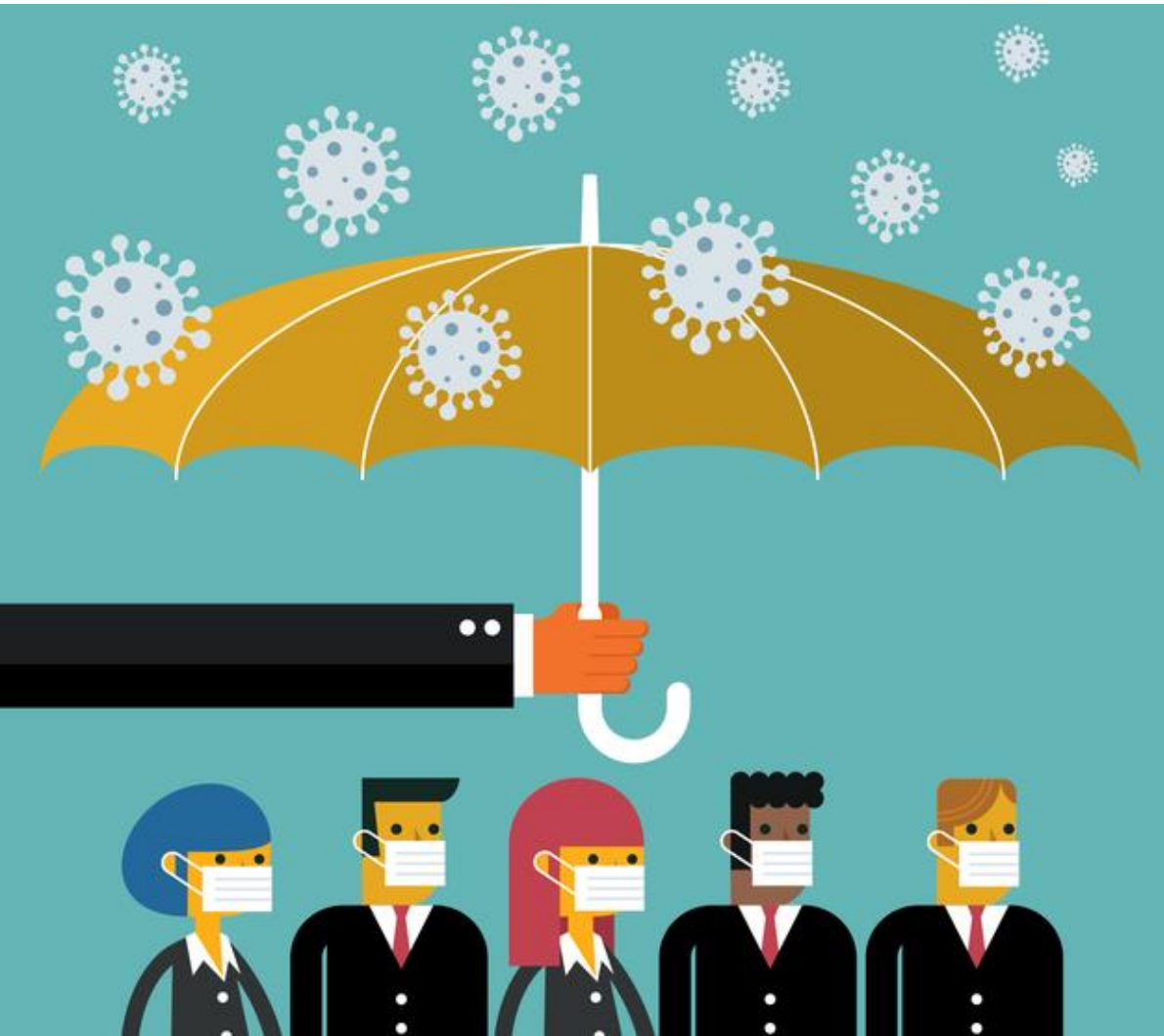
Oregon Health Plan today

1.48 million
Oregon Health Plan members
(About 1 in 3 Oregon residents)

36% Children

187 Spoken languages

91% Enrolled in Coordinated Care
Organizations (CCOs)

Oregon Health Authority
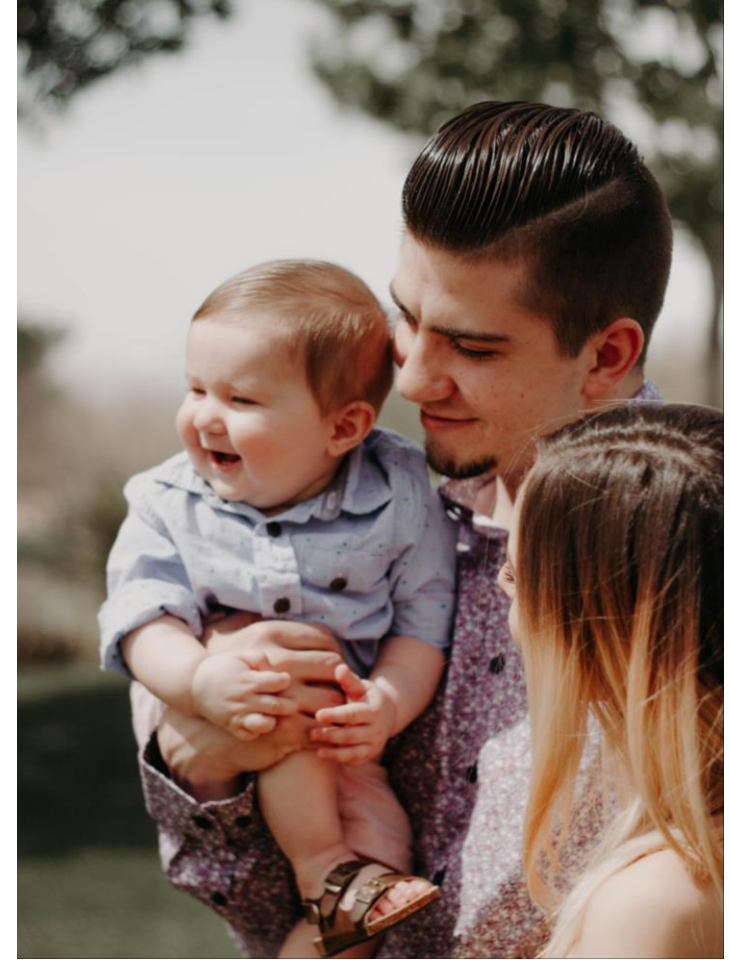
Through the Public Health Emergency, people have had continuous Medicaid coverage

Family First Coronavirus Recovery Act

What this means: People have kept Oregon Health Plan benefits even if their income goes up

Since the pandemic, Medicaid enrollment has increased by **more than 400K people**

Continuous Medicaid coverage led to the highest rate of health care coverage in the state's history: **95.4% in 2021**

Keeping people covered after the Public Health Emergency ends

Redeterminations will establish whether members remain eligible for Medicaid.

- Oregon will have 14 months to complete the redeterminations process for all OHP members.

- Current projections are that **300K people will no longer be eligible** for OHP benefits.

- Oregon's goal is to preserve coverage for as many individuals as possible.

- **Oregon Health Insurance Marketplace** coordination with redetermination efforts

- **Basic Health Program, mid-2024:** Temporary Medicaid program that expands coverage for those who earn up to 200% of the federal poverty level (FPL).

- **New Medicaid waiver coverage expansions**

- **Healthier Oregon Program**

Healthier Oregon Program

Medicaid coverage for people who previously did not qualify for OHP **due to immigration status**

- Expanded Cover All Kids to include some adults (19-25 **or** 55+)

Launched in July 2022 - includes:

- Full Oregon Health Plan (OHP) benefits

- Long-term care and other assistance

More than **25,000 adults and children are now covered**

> *This program is helping me to continue living and with its help, I'm able to manage my disease.*
>
> – Healthier Oregon member

Oregon's 1115 Medicaid Waiver

Jessi Wilson

What's a waiver? 👋

- People are eligible for the Oregon Health Plan based on their income or for other reasons.

- Federal rules set minimum standards related to eligibility and required benefits. But **states can ask to WAIVE some federal rules** to have more flexibility and offer the Oregon Health Plan to more people and cover more services than usually allowed.

- Every five years, Oregon must renew its agreement with the federal government around the Oregon Health Plan – proposing new changes and continuing existing programs. The federal government can accept or reject these proposals.

Oregon's historic waiver was approved by CMS in September 2022.

- With this approval, Oregon will receive $1.1 billion in federal funds for new Health-Related Social Needs services and related investments

Continuous eligibility and OHP enrollment for increased access to care and improved health outcomes

- Oregon will provide continuous enrollment for children through age 6, regardless of when they first enroll in the Oregon Health Plan, and regardless of changes in circumstances that would otherwise cause a loss of eligibility.

- OHP can provide two-years of continuous enrollment for people age six and up even if their eligibility status changes.

Comprehensive investments in Children's Health to Advance Health Equity

- Oregon will provide continuous enrollment for children until they reach age six.

- OHP will include all Early Periodic Screening, Diagnosis, and Treatment (EPSDT) required services for children and youth to age 21.

- The Youth with Special Health Care Needs (YSHCN) eligibility criteria will allow these youth to have expanded benefits, including EPSDT, until age 26.

- Health-related social needs benefits will be available for YSHCN, children and youth who are welfare involved, and youth involved in criminal justice and their families.

Health-related social needs (HRSN) benefits for people and families experiencing critical life transitions

Currently: limited supports for housing, nutrition and climate-related needs

Under the new waiver, these social supports will be a covered benefit in OHP for FFS and CCO members

CMS approved reimbursing certain health-related social services

Housing supports

Rental and utility assistance, one-time moving costs, navigation services, etc.

Nutrition supports

Nutrition counseling, medically tailored meals, fruit and vegetable prescriptions, etc.

Case management

Outreach and education including links to other state and federal benefit programs and application assistance

Climate supports

Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators and refrigerators

Transition populations eligible for HRSN services

- Youth with Special Health Care Needs ages 19-26;

- Adults and youth discharged from an IMD (Institutions for Mental Disease);

- Adults and youth released from incarceration;

- Youth involved in the child welfare system, including youth transitioning out;

- People transitioning from Medicaid-only to dual eligibility status (Medicare and Medicaid);

- People who are homeless or at risk of becoming homeless; and,

- People with a high-risk clinical need who reside in a region experiencing extreme weather.

People in the populations above must have a documented need for the services based on clinical and social risk factors

Continuing negotiations with CMS

- Pre-release coverage for justice-involved populations

- Pre-release coverage for state hospital patients

- Community Investment Collaboratives

- Tribal related request

Health-related social needs – Target timeline

HRSN implementation will implement in phases and expand over time, starting with a meaningful and measurable plan that is scalable.

- HRSN Climate Benefit: January 2024

- Housing and Nutrition Services: July 2024 begin phase-in

Health-related social needs implementation will require:

- Alignment with the ongoing work of the homeless services delivery system and the providers who deliver those services.

- Authentic collaboration with partners outside of OHA:
  - Coordination with CCOs and fee-for-service care coordination entities
  - Local coordination between housing and Medicaid systems

- Coordination with other major policy initiatives, including Continuous Eligibility and the Basic Health Program

Medicaid and the housing systems are very different in terms of infrastructure, technology and eligibility requirements.

OHA Health IT Strategy

Susan Otter, OHA

Medicaid Waiver: Stabilizing transitions to minimize disruptions in care

OHP members often lose access to health care providers or care when going through major transitions.

- Under the waiver, we will **close gaps in coverage and care**, and **provide supports for health-related social needs**.

Sharing health and social needs information across organizations is a key support to this work.

- Technology can help ensure that an individual's information is in the **right place at the right time**, and that information **follows the person** as they transition.
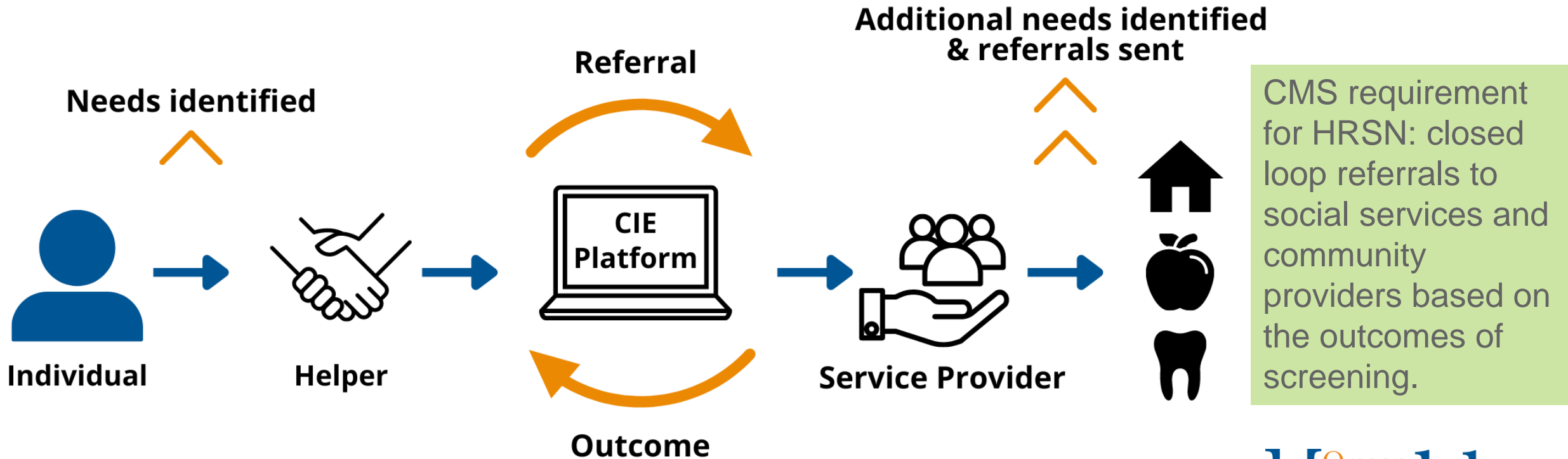
Health IT Oversight Council (HITOC): Strategic Plan Update (2023-2027)

Opportunities:

- Addressing digital divide and connecting across sectors
- Community information exchange and social determinants of health
- New use cases and drivers for health information exchange
- Patient access to health information via apps, patient portals
- Evolving health IT governance and role for the state
- Collecting race, ethnicity, language, and disability (REALD) and Sexual Orientation Gender Identify (SOGI) data allows for inequities to be identified and addressed

- HITOC meetings
- HIE Workgroup
- CIE Workgroup
- Community Based Organization survey and interviews
- Community engagement in 2023

Oregon Health Authority

What is Community Information Exchange (CIE)?

A network of collaborative partners using a multidirectional technology platform to connect people to the services and supports they need.

Needs identified

Referral

Additional needs identified & referrals sent

CIE Platform

Outcome

Individual

Helper

Service Provider

CMS requirement for HRSN: closed loop referrals to social services and community providers based on the outcomes of screening.

Oregon CIE Landscape: Status of sponsored efforts

Connect Oregon (powered by Unite Us)

Sponsored efforts available all counties
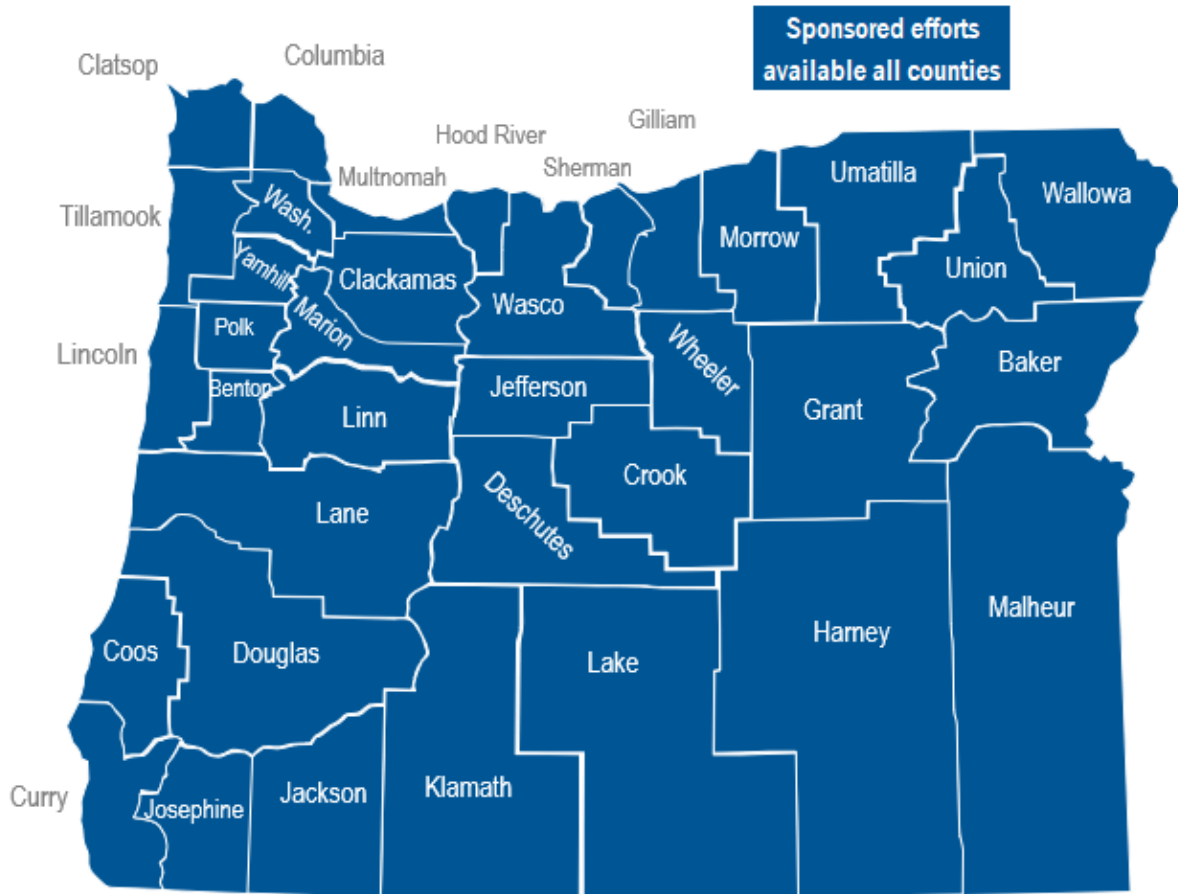
findhelp (formerly Aunt Bertha)

Sponsored efforts Tools available

Status as of March 2023. These maps do not reflect level of CIE adoption by organizations. At this time, OHA is not a participant in CIE

HITOC & CIE Workgroup: Recommendations to the legislature:

1. **CIE requires sustainable investment in systems change,** as well as building trust and relationships.

2. **Support for community-based organizations (CBOs) is** paramount for success.

3. **CIE efforts should promote equity** and be accessible and person-centered and directed.

4. **Inclusive and neutral statewide governance is needed**.

5. **Prioritize privacy and security of data,** as well as transparency and accountability.

"No matter how complicated or sophisticated or fancy that system is, the platform is, it's always going to depend on relationships." – CBO Interviewee

Source: www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/HB4150FinalReport.SupportingStatewideCIE.pdf

Thank You!

Medicaid Waiver Resources:

- 1115 Waiver Updates and information: oregon.gov/1115waiverrenewal
- Reach out to us anytime: 1115waiver.renewal@odhsoha.oregon.gov

HITOC Resources and Community Information Exchange:

- HITOC website: www.oregon.gov/oha/HPA/OHIT-HITOC
- CIE Workgroup: www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/CIEworkgroup.aspx
- susan.otter@oha.oregon.gov

Medicaid coverage after Public Health Emergency:

- www.oregon.gov/oha/phe

Changing the Game
CIE in PacificSource's CCO Regions

PacificSource
Community Solutions

CIE Success Story

"I got a desperate call from a member who shared that she was recently diagnosed with an unknown disease that was rapidly taking away her ability to see. She lived on her own and didn't have a single family member or friend who lived closer than 2 hours. I knew she needed a lot of assistance in a wide range of areas. Because she was not able to see her phone to call me back, nor able to see her phone to accept a phone call, I had one shot to get as many resources set in place with this one phone call. I immediately logged on to Unite Us and sent out a referral for every need she had. The referrals ranged from organizations that provide equipment for the blind and nearly blind to assistance with SSI, since she was no longer able to work.

During this phone call, using Unite Us, I was able to successfully submit a referral for all her needs and check on the status, which helped put both of us at ease. We also came up with a way for her to make and answer phone calls. Earlier this month, I received a call from her wanting to thank me and let me know that she was doing amazing, received equipment that allowed her to utilize what was left of her eyesight, received her SSI benefits, promptly, and was doing better than expected. This is one of many success stories I've personally experienced using Unite Us".

-PacificSource Member Support Specialist

PacificSource Medicaid: Coordinated Care Organizations (CCOs)

PacificSource CCO Service Areas
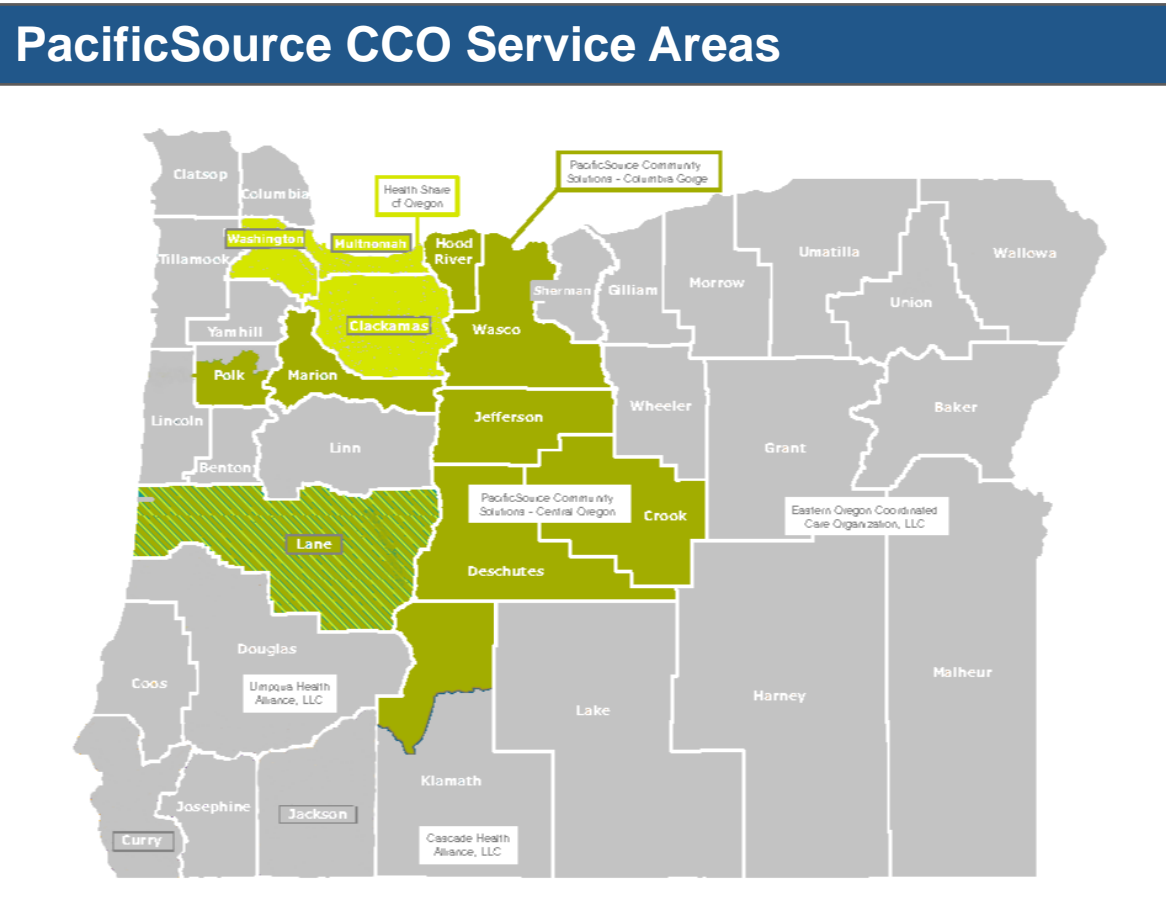
PacificSource holds 4 out of 15 CCO Contracts in Oregon

- **Central Oregon** (2012)
  Deschutes, Jefferson, Crook and northern Klamath Counties
  74,036 members

- **Columbia Gorge** (2012)
  Hood River and Wasco Counties
  16,785 members

- **Lane** County (2020)
  89,902 members

- **Marion and Polk** Counties (2020)
  138,903 members

Total Membership: 339,629

PacificSource is also a subcontractor of HealthShare of Oregon CCO (2020)

- **Legacy-PacificSource Integrated Delivery System (IDS)**
  Clackamas, Multnomah and Washington Counties
  20,003 members
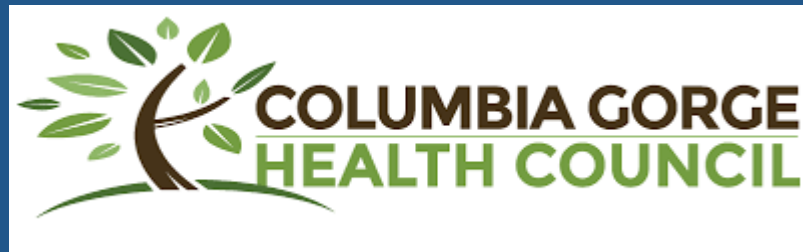
PacificSource CCO-Health Council Community Governance Model

- Community Governance
  - Oversight and strategic direction
  - Operational and financial transparency
  - Collaboration

- Joint Management Agreement
  - Creates administrative payment support for community governance structure
  - Defines roles and responsibilities between parties
  - Outlines shared savings terms

- Health Council Structure
  - Independent, 501(c)(3) organization
  - Health Council board service as the CCO's governing board
    - Representatives from all key health care entities and community organizations
    - PacificSource holds one seat on each Health Council Board

COMMUNITY

Oregon Health Authority

PacificSource CCO – Health Council Model

BOARD OF DIRECTORS

Clinical Advisory Panel

Community Advisory Council

Finance Committee

Other Subcommittees

Regional Health Council

Joint Management Agreement (JMA)

CCO Contract

PacificSource Community Solutions

Executive Director

Health Council Functions

PacificSource Functions

Governing Body of CCO

Community Health Needs Assessment

Community Health Improvement Plan

Monitor CCO Performance Metrics

Community Benefit Initiatives

Approve CCO's Annual Budget

Provider contracting principles

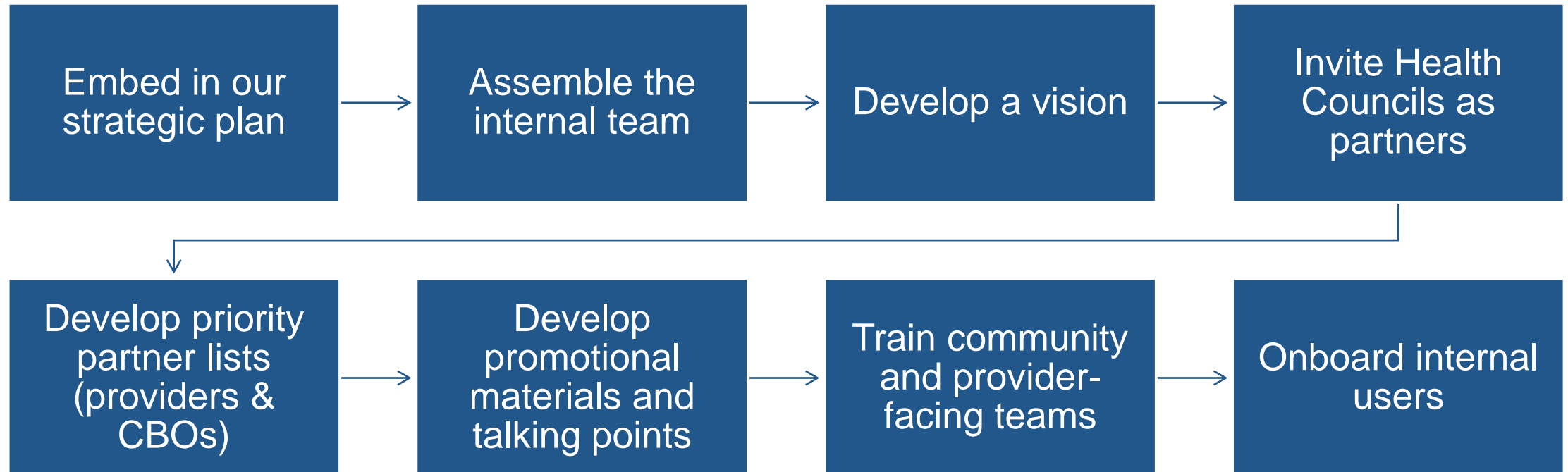Distribution & use of Shared Savings & Quality Incentives

Paying Claims

Provider Network Contracting & Development

Enrollment

Appeals & Grievances

PDL & Pharmacy Processes

Compliance & Contractual Reporting

Encounter Data Processes

Provider Analytics & Risk Reporting

CCO Customer Service

Prior Authorization & Referrals

Credentialing

CCO Financial Reporting & Actuarial Svcs

Care & Utilization Management

Quality & Population Health Strategies

Global Budget Management

Alternative Payment & Value-Based Payment Development

Community and Provider Engagement

Health Related Services

Connect Oregon & PacificSource Year 1 Regional Sequencing

PacificSource CCO Regions	2020							2021				
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Central Oregon (Deschutes, Jefferson, Crook & Klamath Counties)	Central Oregon Health Council Pilot Launch							PacificSource Initial Planning				Kickoff
Marion & Polk Counties		PacificSource Initial Planning				Kickoff						
Lane County				PacificSource Initial Planning				Kickoff				
Columbia Gorge (Hood River & Wasco Counties)					PacificSource Initial Planning							

CIE Initial Planning

Embed in our strategic plan	Assemble the internal team	Develop a vision	Invite Health Councils as partners
Develop priority partner lists (providers & CBOs)	Develop promotional materials and talking points	Train community and provider-facing teams	Onboard internal users

PacificSource Member Support Specialists

Free and confidential support includes the following services:

Basic needs

Housing—Help connecting you with ways to pay rent, mortgage, or other housing-related costs.

Food—Help arranging meal delivery services to keep members from going hungry.

Transportation—Help getting rides to and from doctor's appointments.

Utilities—Help getting clean water, electricity, or heat by connecting you with aid for utility bills, firewood, and more.

Medical help

Finding a doctor—Help finding the right doctor for your medical needs.

Appointments—Working with your doctors to help you schedule appointments and provide helpful reminders.

Follow-through—Arranging home care, prescriptions, and treatment plans.

Equipment—Help getting all the things you need to help with your medical care, from crutches to wheelchairs to CPAP machines to blood glucose monitors.
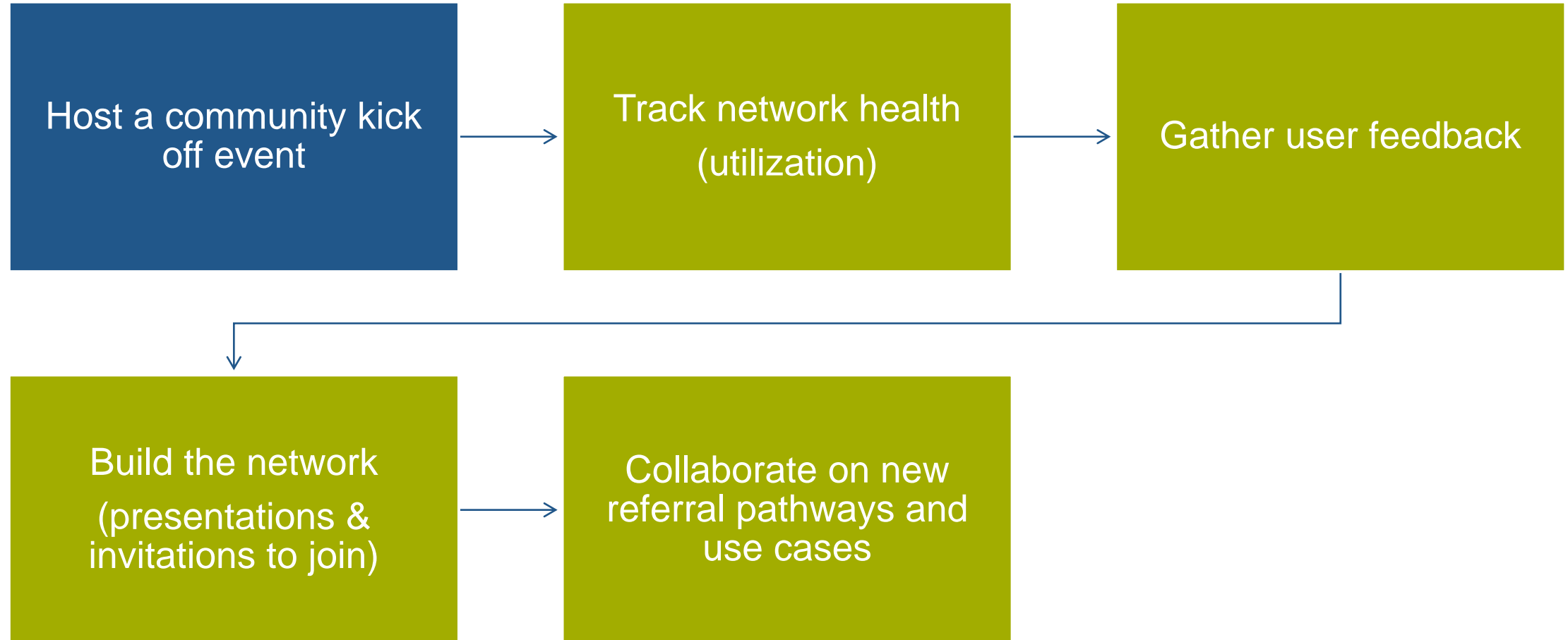
Health-related Services (HRS) Funds
"Flex Funds"

Health-related Services are intended to positively impact an individual's health with access to items and services that are not covered by Oregon Health Plan.

Health-related Services are intended to improve health delivery, advance member health, and lower medical costs.

CIE Regional Implementation

Host a community kick off event

→

Track network health (utilization)

→

Gather user feedback

Build the network (presentations & invitations to join)

→

Collaborate on new referral pathways and use cases

Key Successes

Connect Oregon Providing Social Care Infrastructure

Covid-19 Wrap Around Services

Starting in February 2021 Unite Us has worked with local health departments in Deschutes, Marion and Clackamas counties to provide technology, training and technical assistance in order to securely and effectively connect individuals needed wrap around services to maintains quarantine or isolation with community based organization with the Connect Oregon Network.

" Our staff has enjoyed working on the Unite Us Platform and it's made it easy to streamline COVID referrals that come to our organization. Our staff love that they are able to send texts to the participants and track service data points! It's made our job easier."

– Jackie Vargas, Health Navigation Department Manager at Northwest Family Services

Within four days, we saw an average case resolution rate of **87%** and referral acceptance rate of **98%**, indicating efficient collaboration to help those in need.

Lane County Coordinated Entry (CE) Unite Us Assistance Request Form

Lane CE 211 team has access to both Unite Us and HMIS

In the first 90 days:
- 128 self referrals
- 39 organizational referrals
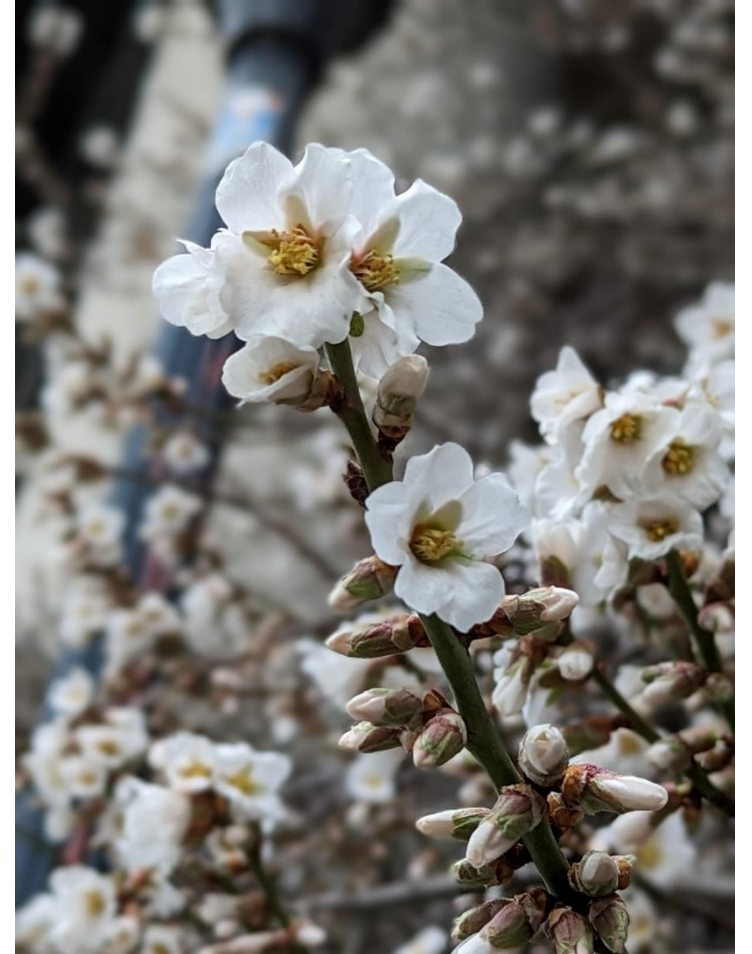
Flex Funds Enhanced Workflow

- Embedded in Unite Us platform
- Allows referrers to track progress
- Ensures all fields are completed
- Greater visibility to this resource

"We are excited about this process and anticipate it will be easier for providers to quickly see if a request was received and where it is in the approval/denial process."

Early Lessons

Move at the speed of the community
(every region is unique)

Listen, listen, listen

Set realistic expectations
(network size, interoperability, features)

Customize the value story
(this starts by listening)

Prioritize both network health and network growth

Early Lessons

Reevaluate priorities, strategies and roles

New technology requires investments

CIE is part of the solution. It is not the full solution.

Develop self referral pathways

Step back from the moment and see the journey

Network Snapshots

PacificSource CCO Regions	Organizations	Programs	Managed Cases
Central Oregon (Deschutes, Jefferson, Crook & Klamath Counties)	100	176	1,702
Marion & Polk Counties	132	266	2,882
Lane County	182	309	848
Columbia Gorge (Hood River & Wasco Counties)	7	9	15

Data through 5/21/23

Thank you

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