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CareOregon
315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4100 or 800-224-4840
800-735-2900 (TTY/TDD)
www.careoregon.org

Testimony for HB 4018 and Amendments
Chair Greenlick and Members of the Committee:

Thank you for this opportunity to comment on HB 4018 and a few of the amendments that have been introduced. CareOregon continues to support the intent of HB 4018, as we believe that Coordinated Care Organizations (CCOs) should be transparent, community based entities. Further, to achieve the Triple Aim and broader goals of the CCO model, we must provide value-based health care while working to address the Social Determinants of Health (SDoH) of those eligible for the Oregon Health Plan (OHP).

CareOregon is a 501(c)(3), public benefit nonprofit that has been offering OHP services for more than twenty years. We now support the administrative and/or risk management services for 4 CCOs in Oregon, ensuring access to care and managing health services for more than 250,000 Oregonians enrolled in OHP. While CareOregon supports the intent of this legislation, and remains supportive of "CCO 2.0" efforts in general, we have the following concerns about the proposed amendments:

-9 Amendment

- CCOs are already working with the Oregon Health Authority (OHA) to broadly define and report Alternative Payment Methodologies (APMs) through the Primary Care Collaborative and the SB 934 Rule Advisory Committees.
- We have broadened the scope of APMs, and significantly increased the adoption of APMs across provider types over the past five years. However, it is too early to set arbitrary targets for APM adoption.
- We work to make sure our CCOs are community-based, and community-focused. We know that there are differences in each community that change how our CCO may plan to address community-specific social determinants, or build the capacity to implement innovative APMs.
- CareOregon supports and will continue to engage in the effort to identify the challenges that accompany statewide APM adoption, but would caution against a "one size fits all" approach that ignores the variable barriers to APM implementation present within each community. We look forward to working with the OHA and the Oregon Health Policy Board (OHPB) to assess these barriers, and work towards meaningful progress in this area.

-10 Amendment

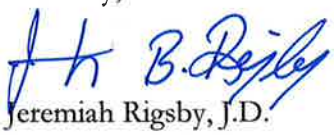
- CareOregon supports transparency, however we already report much of this data to the OHA. We are open to working with the OHA to make what we currently report easily available to the public.

-16 Amendment

- CareOregon is in support of a more intentional approach to how equity is addressed within each community served by a CCO. Two suggestions for this amendment:
    1. Include more of the community voice on health equity metrics subcommittee.
    2. Add more clarity around how the Oregon Health Authority will incorporate the measures into CCO contracts and how these metrics will work within the current Quality Incentive Pool program. Today CCOs can earn back a portion of their total budget by successfully achieving certain quality metrics, the specific metrics are not included in CCO contracts. Contractually obligating CCOs to achieve certain metrics would represent a significant shift away from our current structure which allows CCOs to earn back a portion of their total budget with quality performance.

Again, thank you for this opportunity to comment on this important piece of legislation, and please do not hesitate to call upon us if we can be of any help in the future.

Sincerely,



Jeremiah Rigsby, J.D.
Director, Public Policy & Regulatory Affairs
CareOregon