Columbia Pacific CCO™ CareOregon Jackson Care Connect™

CareOregon Testimony re: Equitable Access to Health Care
May 7, 2019

Chair Salinas and Members of the Committee:

Thank you for this opportunity to testify about CareOregon's experience using data to help address the health disparities that we see within the Oregon Health Plan (OHP) population, and specifically, within communities of color. We know that Oregon's health care system has room to improve how data is produced, analyzed and shared; we also know that we must work in partnership with the Oregon Health Authority (OHA) to make all data available to those working towards meaningful health care interventions for OHP members. CareOregon would like to acknowledge the work of the agency to elevate issues of equity, and we thank the OHA for continuing to be open to new suggestions to improve this work going forward. We offer the following comments in an effort help resolve these data integrity issues in a collaborative way, and we accept our role in responsibility in this initiative.

CareOregon, a nonprofit that this year celebrates its 25th anniversary serving the OHP, is a founding member of Health Share of Oregon, the Coordinated Care Organization (CCO) that contracts to manage Medicaid benefits in the Portland Metro area. CareOregon manages physical health benefits for 200,000 of Health Share's 300,000 members, and dental health benefits for 70,000. Additionally, CareOregon manages OHP benefits for 30,000 members in Jackson County through ownership of Jackson Care Connect, and 25,000 members in Clatsop, Columbia and Tillamook counties through ownership of Columbia Pacific CCO.

Through our work within the CCOs that we support, CareOregon continues to use the data currently available to make population-specific health care interventions. Unfortunately, the data that we use for population-specific work is often incomplete and inaccurate. Statewide, we believe that the OHA may be missing up to 40% of race and ethnicity data from the OHP population. At CareOregon, we re-analyze the member information that we receive from the OHA, and supplement this information with our own internal data to help resolve some of the data integrity issues; this work lowers the percentage of uncategorized members to approximately 20%. In addition to ongoing issues with missing race/ethnicity data, we also have data integrity issues with the preferred language information received from the OHA.

Oregon's current member information system, both within the agency and mapped back to

the CCO, make it difficult to simply locate and identify populations that speak a language other than English. Without accurate information on the OHP population that we serve, it is extremely difficult to target outreach efforts and positive health initiatives to these populations which have historically been marginalized and underserved. We believe that these issues can be traced back to recent problems with OHP enrollment and re-enrollment; it appears ongoing fall out from Cover Oregon had a significant impact on the state's ability to collect accurate, real time information on OHP membership. We applaud the OHA for being transparent and diligent in working to resolve OHP reenrollment issues, however, we believe that previous reenrollment problems may have intensified existing data integrity issues by forcing the agency to rely on outdated information about the OHP population.

The absence of accurate, member-level data does not stop CareOregon from working to reach individuals in communities that have historically lacked access to quality, coordinated health care. However, data integrity issues limit our ability to build the right initiatives, or track the success of these initiatives; we also spend too much time fixing the inaccurate data that we receive from the state. We know that the cause of these health care problems, and the appropriate treatment for the individual, should be informed by and aligned with the population specific trends that we collect from our members through support from our provider network and the OHA. With incomplete data on our population, it is hard to effectively target, accurately measure, or reasonably predict the outcome of our work in a way that can truly move the needle on equitable health care transformation. The system must continue to work towards addressing the health disparities that impact specific populations in different ways; however, these data integrity issues must be resolved so that we move towards more rigorous accountability in a truly transformative way.

From our perspective, there may be many reasons for the missing and/or inaccurate data; unfortunately, it is also clear that there are a number of consequences to CCOs working in this space without accurate data. Each CCO's member-level data is dependent on the member files that we receive from the OHA; these files contain actionable information that should accurately identify an individual member's race, ethnicity, contact information and more. We know from experience that these data files are often incomplete or inaccurate. Furthermore, CCOs are currently unable to update any of this information with data that we receive directly from our member or providers. This means that the CCO cannot help bridge the gap between what the state knew at a static point in time, and what we see happening to our member in real time. Furthermore, when we attempt to update the OHA on member-specific information, the update is often replaced with whatever data OHA previously had on file.

Barriers to data sharing between OHP stakeholders has a detrimental impact on more than just efforts to address health disparities within communities of color; inaccurate and incomplete data makes it hard for CCO's to protect continuity of care for members transferring in from another CCO, or from open card status. Inaccurate data also creates the need for CCO's to develop parallel systems of data management to store information we

get from our members, and to process the information we get from the OHA so that we can actually use the data in a meaningful way.

The work to resolve this issue can only be accomplished through ongoing partnership between CCOs and the OHA. We are appreciative of the work that the OHA has already put into elevating equity issues within CCO 2.0, and we are grateful for the work of Director Pat Allen and his leadership team towards building better relationships between the agency and CCOs. We are also thankful for the leadership of Speaker Kotek, who has been actively engaged in this issue with both the agency and CCOs.

We do not believe that there are easy solutions to this issue, nor do we think that this issue presents an easy fix that could be swiftly accomplished through a single piece of legislation. However, CareOregon believes that progress towards resolution would benefit from a significant improvement in two-way communication between community stakeholders and the agency.

Thank you again for this opportunity to testify on this important effort, and please do not hesitate to call upon us should you need our assistance in the future.

Sincerely,

Jeremiah Rigsby, JD
Chief of Staff
CareOregon