

Oregon is working to renew its Medicaid Demonstration, or waiver, with the Centers for Medicare and Medicaid Services (CMS). This waiver allows for Oregon's health system transformation. Oregon's vision for the waiver renewal is to build on the foundation of Oregon's existing health system transformation.

This will include:

- Expanded focus on integration of physical, behavioral, and oral health care through a performance-driven system that makes continual improvements to health outcomes and continues to bend the cost curve.
- Focus on social determinants of health and health equity across all low-income, vulnerable Oregonians with the goal of improving population health outcomes.
- Commit to continuing to hold down costs through an integrated budget that grows at a sustainable rate and promotes improved value and outcomes, with additional federal investments at risk for not hitting the target for bending the cost curve.
- Continue to expand the coordinated care model, including innovative strategies for ensuring better outcomes for Medicaid and Medicare dual-eligible members.

Request for waiver renewal

Through this waiver renewal, Oregon will be making several new requests to the Centers for Medicare and Medicaid Services. These new requests will build on the foundation of the current waiver and allow Oregon to move health system transformation to the next level, furthering our work toward the triple aim: better health, better care, and lower costs. The requests for 2017-2022 include:

- A commitment to reach a high-level agreement on the waiver renewal by this summer. Oregon would like to finalize the waiver renewal in 2016.
- A continued federal investment in the amount of \$250 million per year over the five-year extension period. This would amount to a \$1.25 billion total. This would further health system transformation.

- Additionally, we'd like to continue \$150 million per year to continue the Hospital Transformation Performance Program.
- Making some clarifications and providing additional flexibility within the waiver on issues that were always part of the design. Oregon would like to further advance key pieces, including:
 - **Integration of behavioral health services**
 - Pilot a psychiatric telephonic consultation line for adults, leveraging existing partnerships with Oregon Health & Science University.
 - Continue to promote a recovery-based model of care and strengthen substance use diversion services through a future 1115 Demonstration amendment (likely 2017).
 - **Move to outcome-based metrics for measuring performance and quality incentives**
 - Maintain robust measurement and evaluation, quality improvement efforts, and transparency.
 - Ensure that high quality and access to care for Oregon Health Plan members is maintained with health system transformation and the continued effort to bend the cost curve. This will be done by maintaining a quality and access test, with some modifications.
 - The measurement strategy will further advance priorities such as behavioral health and oral health integration; CCO collaboration; and coordination with other systems. Other systems include, but are not limited to: early learning hubs and hospitals, health equity, and specific populations of interest, such as members with severe and persistent mental illness. Measures for those dually eligible for Medicare and Medicaid, and for early childhood will be selected for adults and children.

- Continue the incentive programs for both coordinated care organizations and hospitals, using pay-for-performance programs as levers to drive focus on quality improvement efforts across the health system.
- Improve coordination and alignment of quality activities across the state with other programs and state agencies, community partners, and external quality organizations.
- **Continued investment in Hospital Transformation Performance Program**
 - Continued support of this program for additional years over the five-year renewal period.
 - Proposing a shift to measures that integrate collaboration between hospitals and CCOs throughout their communities, which will be facilitated by moving to a core and menu measure set approach.
- **Expanded focus on the Patient-Centered Primary Care Program, health information technology infrastructure, and the Transformation Center**
 - Build on the success of the Patient-Centered Primary Care Program (PCPCH) and continue using the model and its standards to improve primary care for the Oregon Health Plan population. Revised standards and recommendations from the PCPCH Standards Advisory Committee will guide the future implementation of the program.
 - Continue exploring and leveraging federal Medicaid Health Information Technology funding to support Oregon's providers, leveraging new federal funding to support Medicaid behavioral health, long-term care, and other social services providers to connect to health information technology and health information exchange.
 - Continue the Transformation Center's role to provide more focused and targeted supports to meet CCOs' evolving needs through the use of learning collaboratives, clinical innovation fellows, stakeholder convening, and technical assistance.

- **Increase access to housing and housing supportive services for vulnerable populations**
 - Proposal to develop a five-year pilot program (referred to as Coordinated Health Partnerships or CHPs) that funds homelessness prevention, care coordination and supportive housing services for a targeted number of at-risk adults, families, and adults eligible for both Medicare and Medicaid programs.
- **Ensure access to health care services for American Indians/Alaska Natives** (pending review and feedback from tribes and Indian Health Services, and tribal and urban Indian entities)
 - Continue and expand the use of the Tribal Uncompensated Care Program (UCCP), including an evaluation of effectiveness of the program.
 - Work with tribes to identify best practices for developing and funding care coordination at Indian Health Services, and tribal and urban Indian entities and address access to and coordination with specialty care providers.
 - Facilitate care coordination agreements between Indian Health Services; tribal and urban Indian entities; CCOs; and with other providers.
 - Ensure enhanced and effective consultation and collaboration between the state, Indian Health Services, and tribal and urban Indian entities.
 - In partnership with tribes and Indian Health Services, and tribal and urban Indian entities, evaluate the 100 percent Federal Medical Assistance Percentages (FMAP) opportunities and potential barriers and develop a strategy for moving forward.
 - Include tribes and Indian Health Services, and tribal and urban Indian entities as a potential lead entities in the Coordinated Health Partnership pilot program.

- Provide assurance that CCOs will contract Indian Health Services, tribal and urban Indian entities, as appropriate.
- **Expand use of traditional health care workers and develop cultural competence for language interpreters**
 - Continue to support health care interpreters to fulfill CCO training and certification requirements; diversify the health care workforce; provide high-quality health care interpretation; and promote health equity.
 - Waive the federal authority requiring douglas to be supervised by an existing licensed medical provider.
 - Continue to support the training and use of traditional health workers including supporting the Traditional Health Worker Commission.
- **Commit to continuing to hold down costs through an integrated budget that grows at a sustainable rate**
 - Continued Oregon's commitment to a sustainable rate of growth target of 3.4 percent for health care costs.
 - Maintain the 2 percent per-member-per-month calculation; propose to continue using the current base year of 2011 for rate development; and identify expenditures that will be excluded from the test.
 - Request inclusion of flexible health-related services in the medical portion of the CCO capitated rate. CCOs will be required to report on health-related services.
 - Implement a reinvestment requirement for the portion of the savings achieved through health-related services. This would give savings back to the community, allowing for reinvestment in community health.
 - Require CCOs to use value-based payment arrangements for a portion of CCO payments to providers. Oregon will work with CCOs to develop goals for these payment models, including a timeline for phased-in

- implementation, and definitions that include risk sharing and focus on outcomes.
- **Promote improved care coordination and health outcomes for those dually eligible**
 - Move to an opt-out auto enrollment for dually eligible individuals. This would streamline enrollment in CCOs for improved care coordination.
 - Dual eligibles will be eligible for participation in Coordinated Health Partnership pilot projects.
 - **Increase health care workforce in underserved areas and in behavioral health settings**
 - Continue to support existing efforts (e.g., Health Care Workforce strategic plan) to increase the health care workforce and its capacity to deliver culturally competent care.

Tribal goals for 2017-2022 waiver with CMS

- Ensure enhanced and improved effective consultation and collaboration among the state and Indian Health Service (IHS), tribally operated health programs and urban Indian health organizations (collectively known as the I/T/U);
- In year 1, identify best practices for developing and funding care coordination at I/T/U's;
- Facilitate care coordination agreements for I/T/U's between CCOs and other specialty care providers;
- In partnership with tribes during year 1, evaluate the 100 percent FMAP opportunities and potential barriers and develop a strategy for moving forward;
- Include I/T/U's as a potential lead entity or entities in the Coordinated Health Partnership pilot program;

- Continue and expand the use of the tribal Uncompensated Care Program (UCCP);
- Evaluate the effectiveness of the UCCP; and
- Require CCOs to contract with willing I/T/U providers.