

Oregon's Request: Oregon Health Plan Waiver Renewal for 2017-2022

Lock in Oregon's success and take transformation to the next level

Oregon received a five-year demonstration waiver through the Centers for Medicare and Medicaid Services (CMS) in 2012 to provide Medicaid services through a new integrated, coordinated system. Oregon has seen significant success and held to its commitment in the waiver to improve quality, improve patient satisfaction, and lower costs through the new system. Oregon is requesting that CMS renew the waiver until 2022 to allow the state to lock in its success and take transformation to the next level.

Success to-date

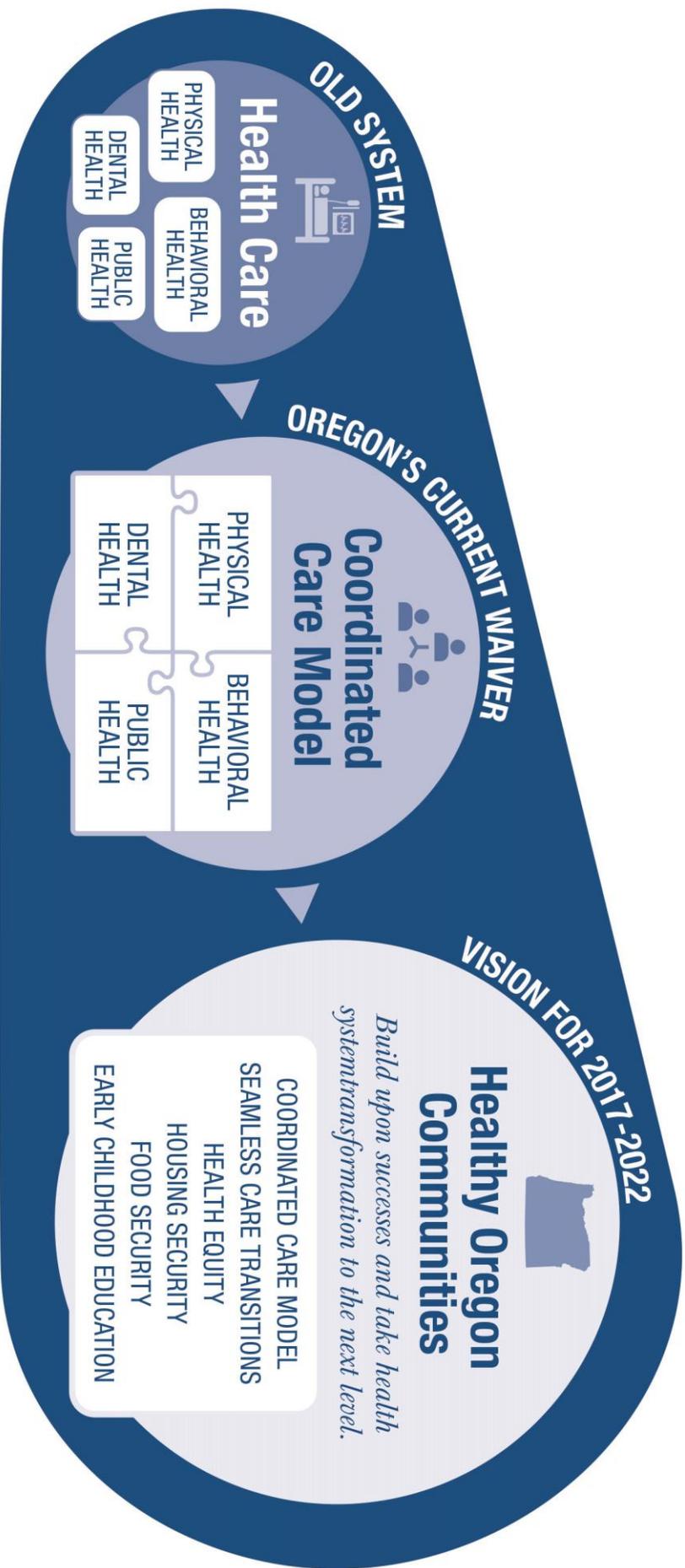
- **Built a new integrated model.** Stood up 16 new Coordinated Care Organizations (CCOs) which cover the entire state and integrate physical, behavioral, and oral health services in an integrated budget, with 5% of CCO budgets dedicated to a quality incentive program.
- **Improved access and expanded coverage.** Maintained access and improved quality while expanding Medicaid coverage to nearly 450,000 more Oregonians. Approximately 90% of OHP members are enrolled in CCOs. Nearly 95% of all Oregonians are now insured.
- **Reduced costs.** Reduced rate of cost growth per capita by two percentage points, saving the federal government more than \$500 million to-date. Expected to save the federal government \$1.4 billion by the end of the current waiver.
- **Improved quality.** Maintained good access and patient satisfaction scores. Satisfaction with health plans customer service increased by 8% -- while making improvements to quality and outcomes:
 - Decreased emergency department visits by 23%.
 - Decreased admissions for short- term complications with diabetes by 32%.
 - Decreased hospital readmissions by 23%.
 - Increased primary care home enrollment by 61%.

2017-2022 Vision: Continue the coordinated care model, build on success, and take it to the next level.

- Further integrate physical, behavioral, and oral health. Expanded behavioral health and substance use diversion services.
- Continue improving outcomes with a heightened focus on equity and reducing disparities by moving further upstream. Focus on health equity across all low-income, vulnerable Oregonians with the goal of improving population health outcomes through use of health-related services and targeting social determinants of health.
- Create coordinated health partnerships that improve transitions of care between systems, such as jails and the state hospital, and by providing housing support services.
- Expand patient-centered primary care and improve workforce and access in underserved areas.
- Improve access and coordination of care for American Indians and Alaska Natives.
- Continue holding down costs through an integrated budget that grows at a sustainable rate and promotes improved value and outcomes. Additional federal investments of \$250 million per year to support infrastructure and new partnerships that target social determinants of health.
- Continue the Hospital Transformation Performance Program to improve quality in hospitals.
- Improve outcomes for Medicaid and Medicare dual-eligible members.

Oregon needs a commitment from the federal government to:

- Prioritize renewing the waiver this year to maintain the momentum of the coordinated care model;
- Provide additional flexibility to allow CCOs to focus on social determinants; and
- Continue investment to support CCOs taking their work to the next level in exchange for the state's continued commitment to holding down costs.



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