Upcoming Oregon Health Plan changes

The Affordable Care Act (ACA) requires all Medicaid alternative benefit plans (ABPs) to provide essential health benefits.

- As part of Oregon's ACA implementation, the Oregon Health Plan adopted an ABP as the single benefit package for all OHP populations.
- For Oregon, any required changes to ABPs mean changes to OHP.

This fact sheet summarizes the changes the Oregon Health Authority (OHA) and contracted coordinated care organizations (CCOs) will make to meet ABP requirements for 2017.

Benefit changes

Recent federal changes require the following changes to the OHP Plus benefit plan. OHA will update the Prioritized List and related administrative rules to add these benefits effective January 1, 2017:

- A wig benefit of at least $150 per year for patients with hair loss related to chemotherapy or radiation therapy.
- Separate limits for habilitative and rehabilitative services under Guideline Note 6, which covers physical, occupational and speech therapy for adults with physical health conditions.
- Guideline Note 106 on Preventive Services has been modified to account for future changes in the federally-required preventive services which must be provided to all recipients including:
    - Services with A and B recommendations from the United States Preventive Services Task Force
    - Immunizations recommended by the Advisory Committee on Immunization Practices
    - The Health Resources & Services Administration's Women's Preventive Services guidelines, and
    - The American Academy of Pediatrics Bright Futures Guidelines.

Removal of OHP copayments

Copays will be removed from all OHP services, including pharmacy, professional, and outpatient hospital services.

Additional requirements for coordinated care organizations

In addition to the new benefit and copayment changes, coordinated care organizations must also adopt the following changes:

Posting drug formularies

CCOs will be required to post their formulary or preferred drug lists on the Internet, to provide retail access (as opposed to mandatory mail-order pharmacy) and to have a Pharmacy and Therapeutics Committee that meets at least quarterly and keeps written records.

Birth control coverage

CCOs are required to cover one form of contraception within each method approved by the Food and Drug Administration (FDA). Additional related requirements regarding medical management of contraception are outlined in a separate letter, which is effective immediately. Requirements include prohibitions on cost sharing and step therapy, and patient choice of provider.

This does not change existing guidance about OHP birth control coverage and reimbursement.