
Oregon Health Authority Health Systems Division Oregon Health Plan

Presented to
Joint Committee on Ways and Means
Subcommittee on Human Services
March 7, 2019

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Why HSD and OHP

What OHP Does

Strategies and Successes

Challenges

Proposed Budget

HSD Serves Everyone in Oregon

Mission:

- To build and advance a system of care to create a healthy Oregon

HSD includes both Oregon Health Plan (OHP) and Behavioral Health

- Today's presentation is on Oregon Health Plan
- Behavioral Health will be presented on Monday

The Triple Aim Vision for Oregon

1 Better health

2 Better care

3 Lower costs

Why HSD and OHP

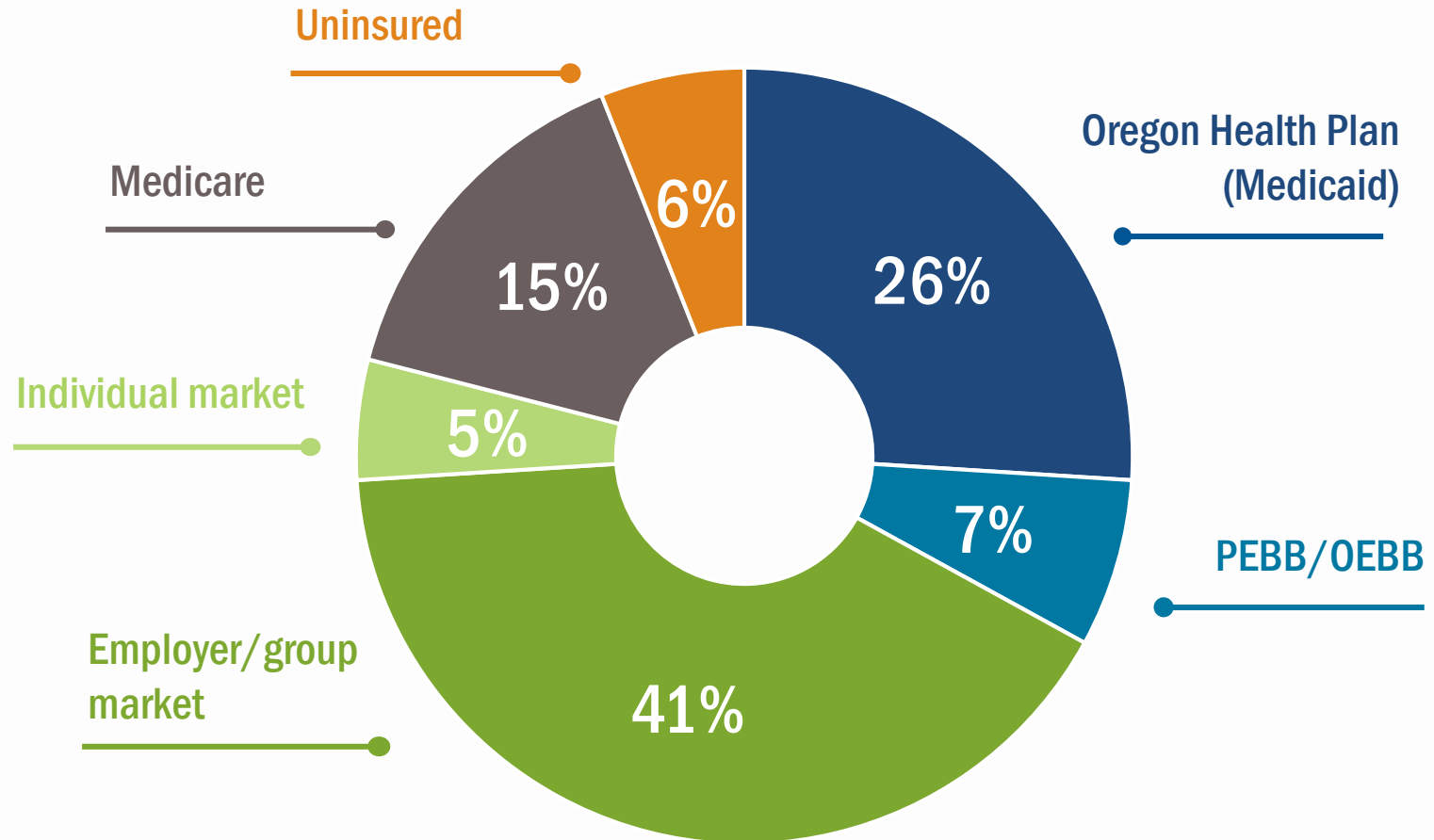
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Oregon Health Plan



Health Coverage for One Million Oregonians

OHP provides:

- Physical, oral, and behavioral health care
- For about **one million** Oregonians
- Of which 43% are children

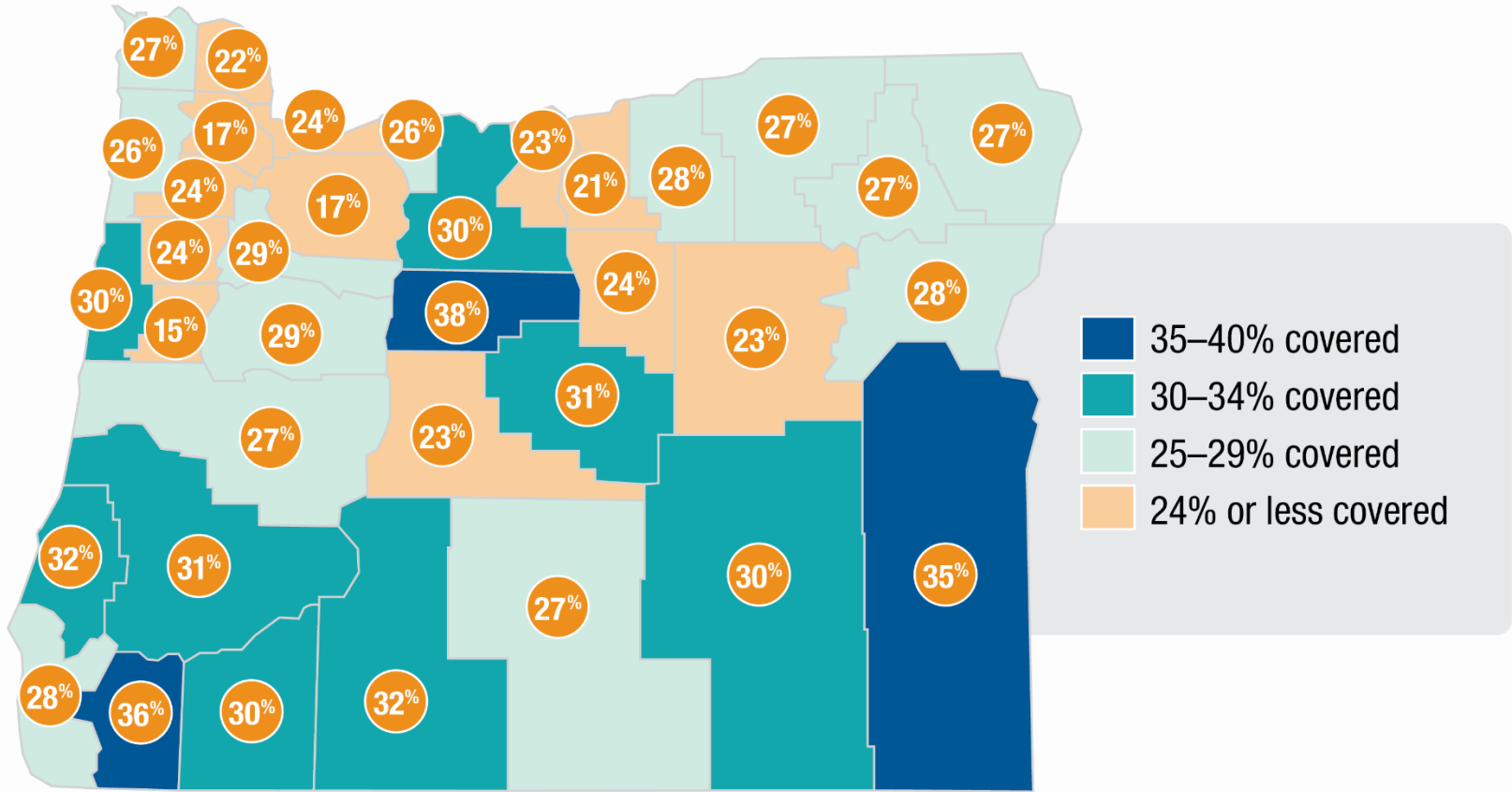
OHP includes:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Cover All Kids
- Reproductive Health Equity Act (RHEA)
- Other related services



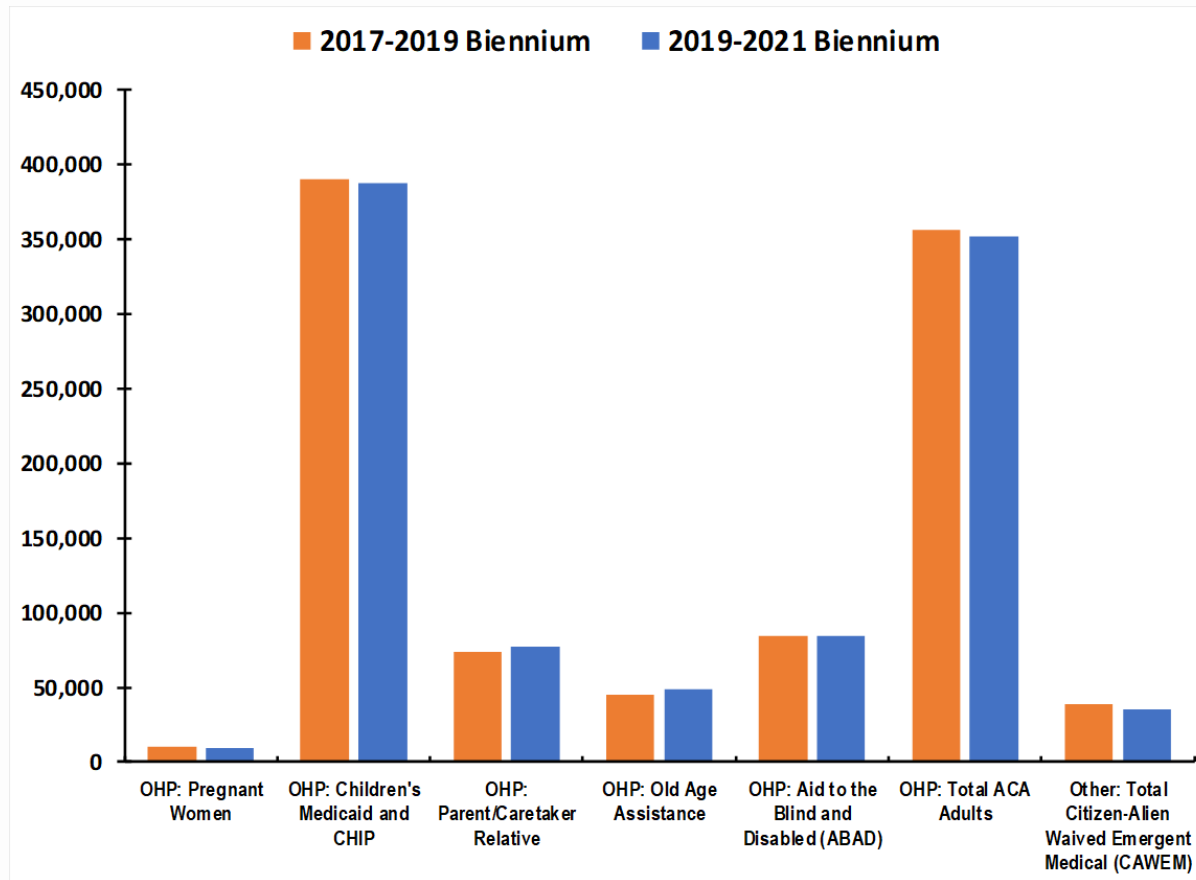
Oregon Health Plan Enrollment

Percentage of county population receiving Medicaid benefits



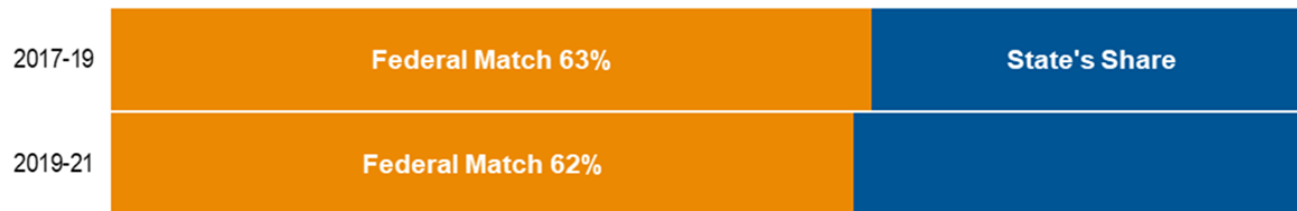
OREGON HEALTH AUTHORITY
Health Systems Division

Biennial Average Caseloads



Oregon Health Plan Financing Biennial Averages

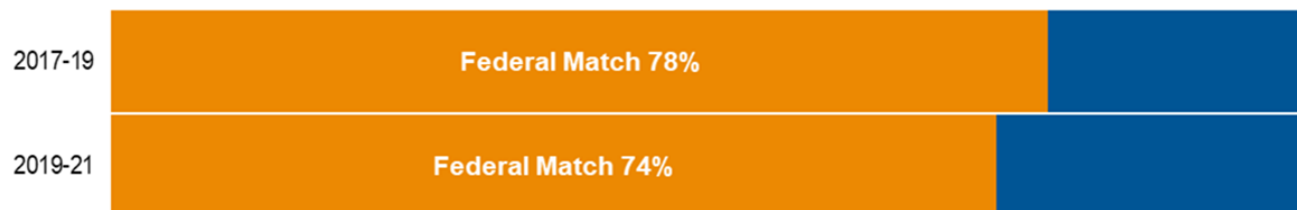
Non-ACA Rate Groups (i.e. Children, Disabled Adults, Foster Children, etc.)



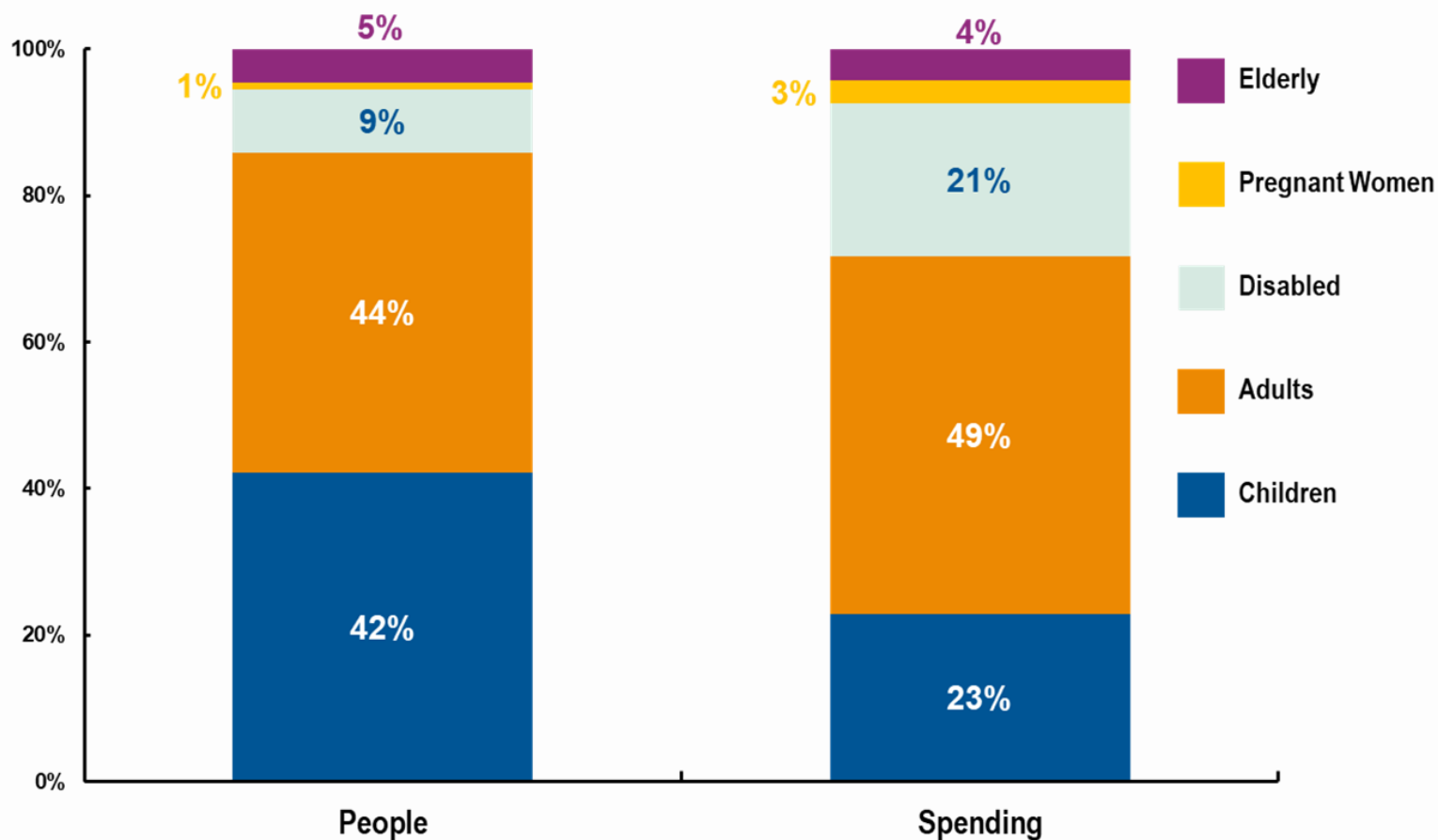
ACA Rate Group (i.e. Newly Eligible ACA Adults)



Total (Weighted)



OHP Spending by Population



Why HSD and OHP

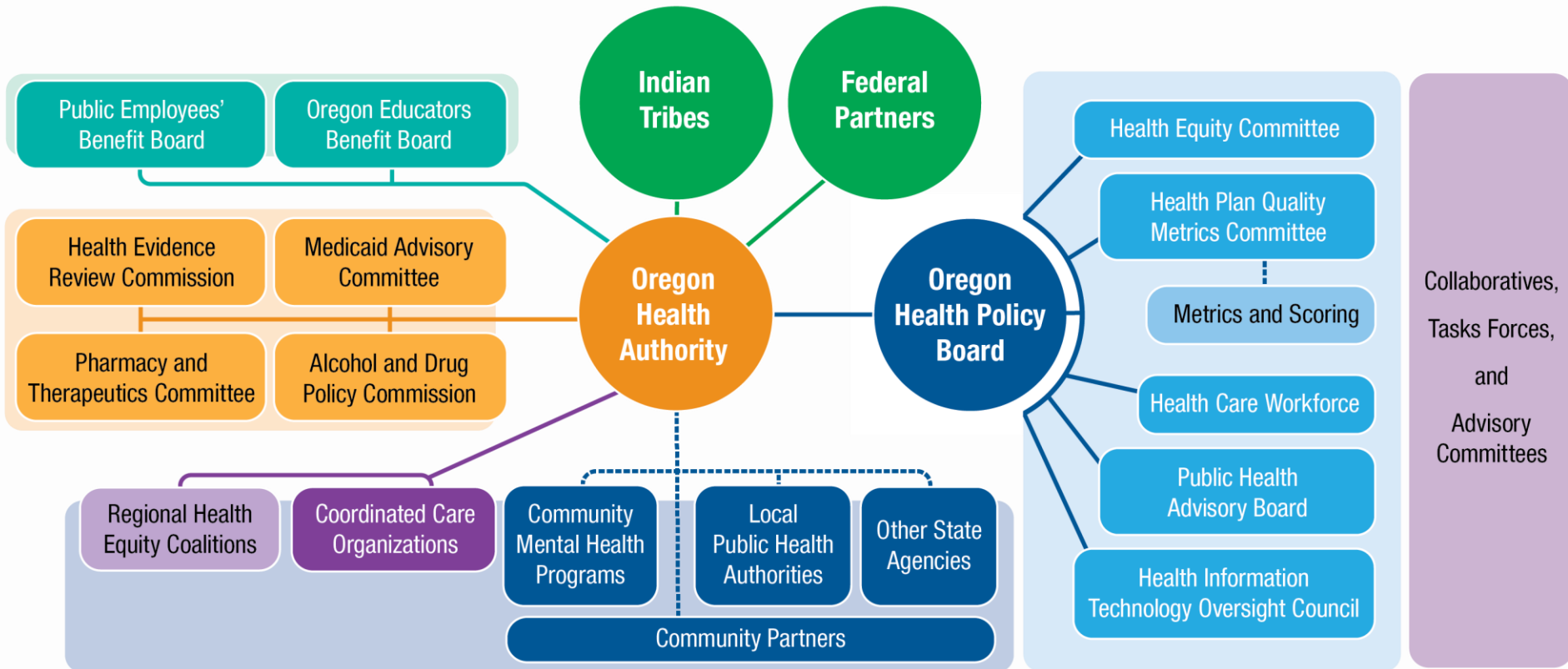
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OHP Partnerships and Collaboration



Strategy: Expand Access to Health Care

Everyone should have access to affordable, equitable health care coverage

Success: Cover All Kids

Immigration status is no longer a barrier to health coverage for children and teens in Oregon

- Over 5,000 more children and teens now have full OHP benefits
 - 3,600 kids transferred from limited program into full OHP coverage (“OHP now covers me!”)
 - 1,600 more uninsured kids newly enrolled in OHP in 2018
- OHA is increasing outreach to get more kids enrolled

Success: Oregon Reproductive Health Equity Act (RHEA)

Free reproductive services are now available to OHP members who were previously only eligible for emergency services because of their immigration status

- Includes services like contraception, screenings for sexually transmitted infections, pregnancy testing, well woman visits, postpartum care, and more
- 4,400 uninsured women enrolled in 2018

Strategy: Transform Health Care

The coordinated care model (CCO 1.0):

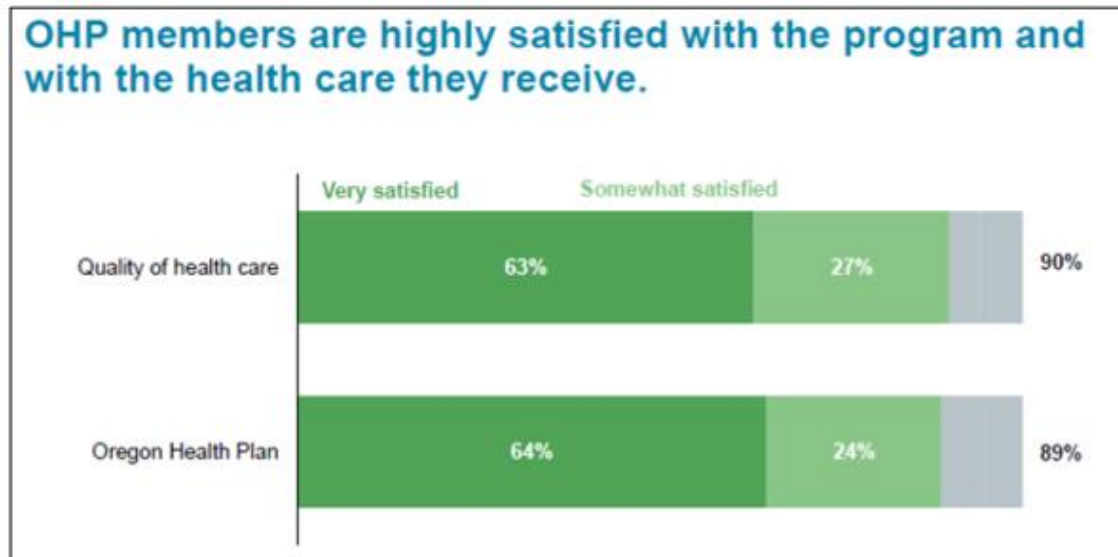
- Has linked more OHP members to primary and preventive care
- Drives down unnecessary emergency room use and preventable hospital readmissions
- Holds down costs, so Oregon's health system can chart a financially sustainable path forward
- Began integration of physical, behavioral, and oral health



Success: OHP Survey Results

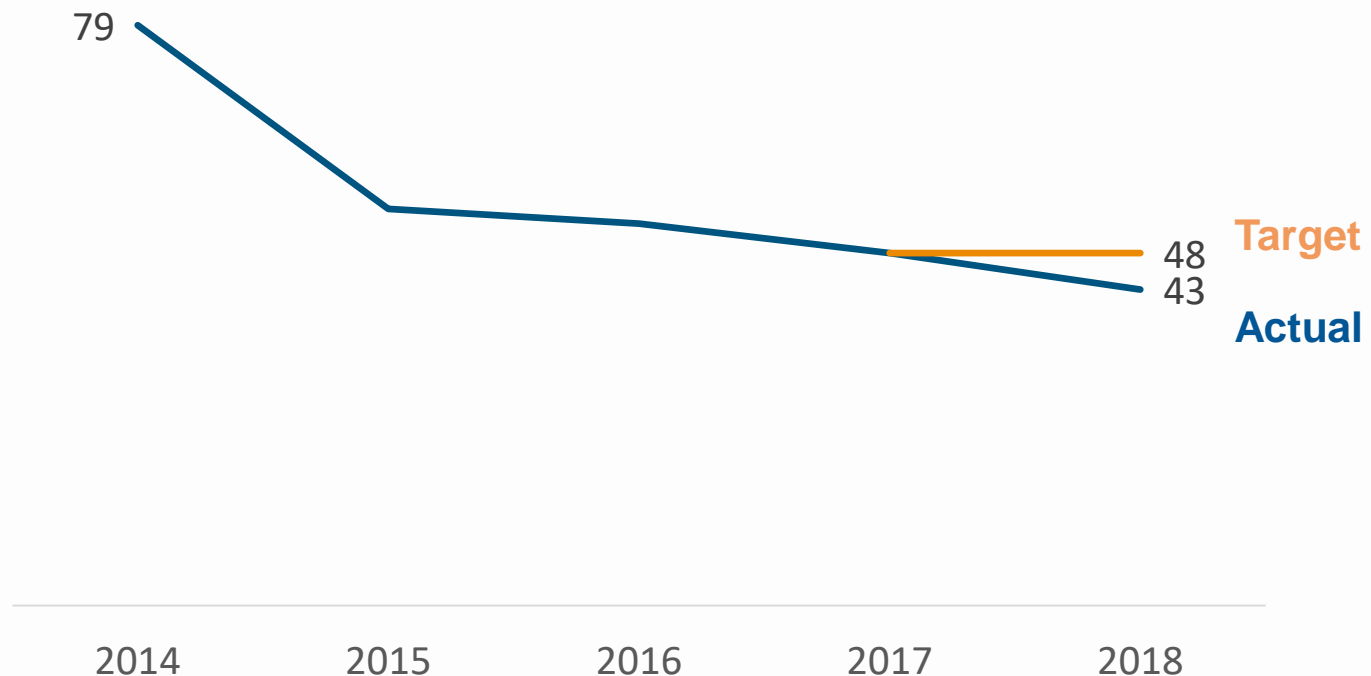
OHP members:

- Are satisfied with OHP and the care they receive,
- Trust the state for information about their health, and
- Support CCO 2.0



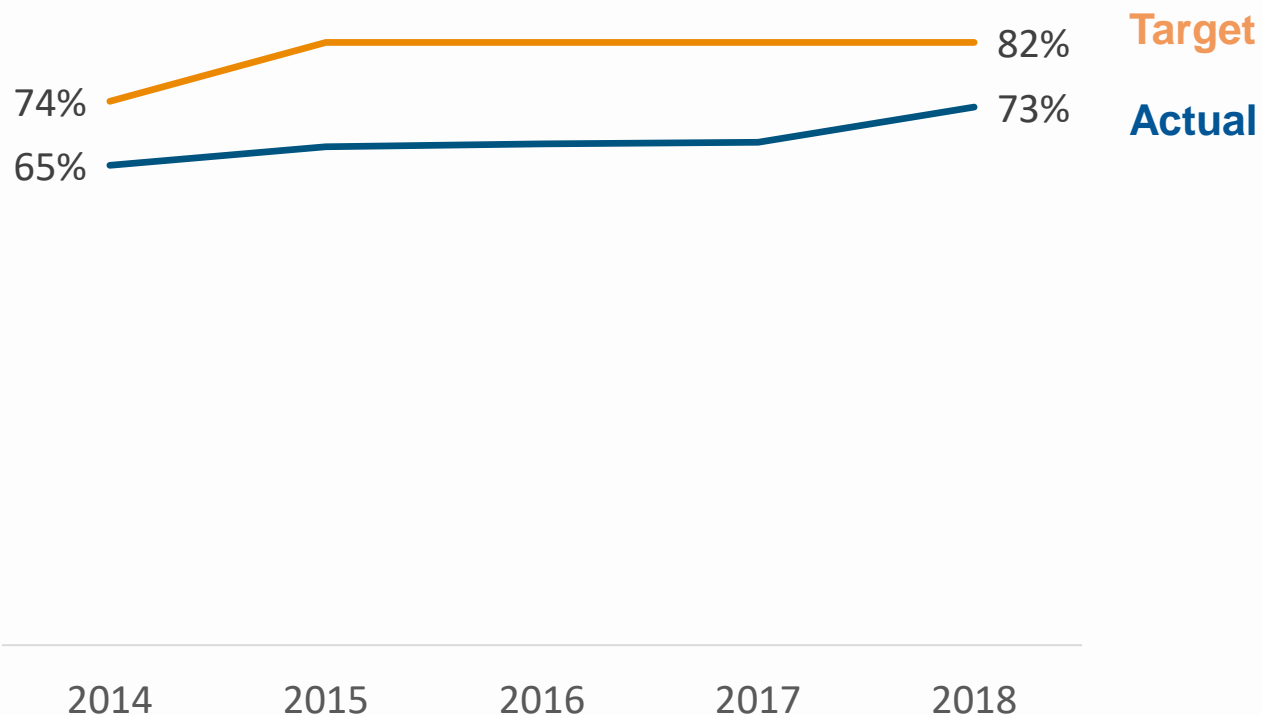
KPM 19: PQI 15 – Asthma Admissions

Hospital admissions of younger adults for asthma, per 100,000 member years



KPM 29: Child Immunization Rates

Percentage of children on Medicaid who are adequately immunized



2017-19 Successes: Safe and Supported Maternity and Newborn Care

- Updated coverage criteria and approval process for planned out-of-hospital births, to ensure safe and clinically appropriate care
- Doulas can enroll and bill for services, to provide culturally competent support to mothers during labor and delivery
- All OHP newborns are now automatically enrolled in CCOs for full coordinated care

2017-19 Successes: Oral Health

- Improved fee-for-service dental access
 - New program offers financial incentives for Oregon dental providers to serve Oregon Health Plan members
- Fee-for-service rate increase, in conjunction with the dental incentive program above
- Inclusion of Teledentistry as a covered dental benefit
 - Allows for greater provider access throughout the state, particularly rural and frontier areas
- To come in 2019: In-office HbA1c (blood sugar levels) testing
 - Further integration with physical health partners
 - Helps oral health providers better serve patients with diabetes

2017-19 Successes: System Improvements

- ONE and MMIS updated for Cover All Kids, Hospital Presumptive Eligibility and REAL-D
- Streamlined monthly renewal process
- MMIS updated for Reproductive Health Equity Act (HB3391)
- MMIS completed work on the Social Security Number Replacement Initiative (SSNRI) for the new CMS required Medicare Beneficiary Identifier (MBI)
- MMIS updated to accommodate data exchanges between the ONE and new Integrated Eligibility System (IE)

2017-19 Successes: Benefit Expansions

- Diabetes Prevention Program lifestyle change programs
- Expanded treatment options for back and spine pain provide drug-free alternatives to pain management
- Medication-Assisted Treatment promotes outpatient treatment
- Human donor breast milk for high-risk infants

2017-19 Successes: Value-based Payments to Reduce Rural Health Costs

- 19 safety net clinics are paid a per-member rate rather than fee-for-service rate, and are held accountable to incentive metrics
- From 2013-2015, overall costs for members were \$17 million lower than the trend
- More than 170,000 OHP members get care through these clinics

2017-19 Success: Investments in Oregon's Tribes

- Behavioral health contracts
- Care Oregon Care Coordination for 17,000 fee-for-service OHP members
- Diabetes prevention program through tribal health clinics
- Savings and Reinvestment Program
 - Health services offered by tribal health clinics are now eligible for 100% federal matching funds.
 - Oregon has become the first state in the nation to issue payment of these state savings back into the tribal health system and issued the first payments to tribes in 2018.

Strategy: CCO 2.0

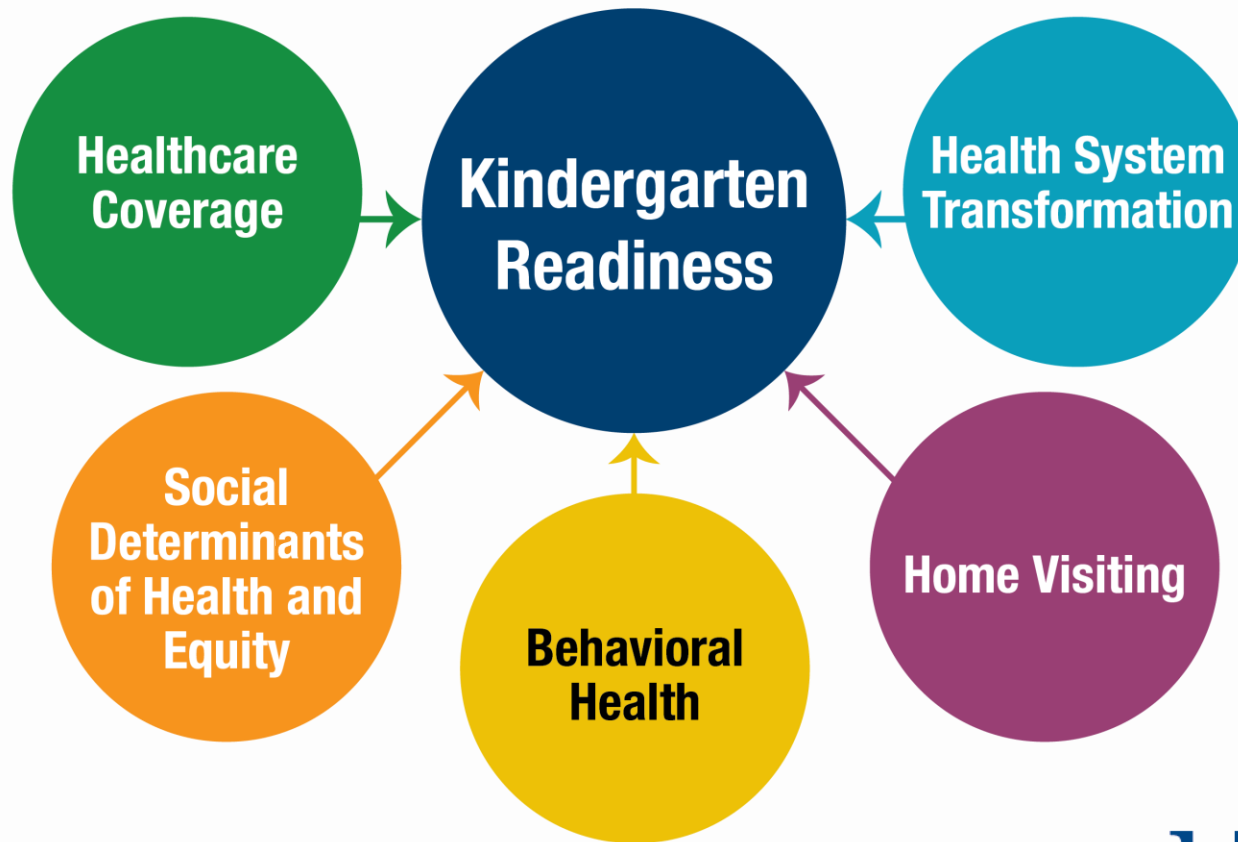
To address challenges in our health care system, CCO 2.0 focuses on four key areas:

- Improve the behavioral health system
- Increase value and pay for performance
- Focus on social determinants of health and health equity, and
- Maintain sustainable cost growth.

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Challenge: Healthier Starts

How do we help families give their children a healthier start in life?



Challenge: Healthier Starts – Behavioral Health

- Lack of community-based behavioral health supports for children creates wait lists for more expensive, out-of-area treatment
- Limited intensive services capacity diverts youth to inappropriate settings

Challenge: Healthier Starts – Neonatal

- The neonatal period, just after an infant is born, is critical for establishing lifelong health
- Many parents are not connected to community services that could benefit their new baby and them

Challenge: Hepatitis C

- Oregon has highest mortality rate from Hepatitis C in the country
- Expensive to treat

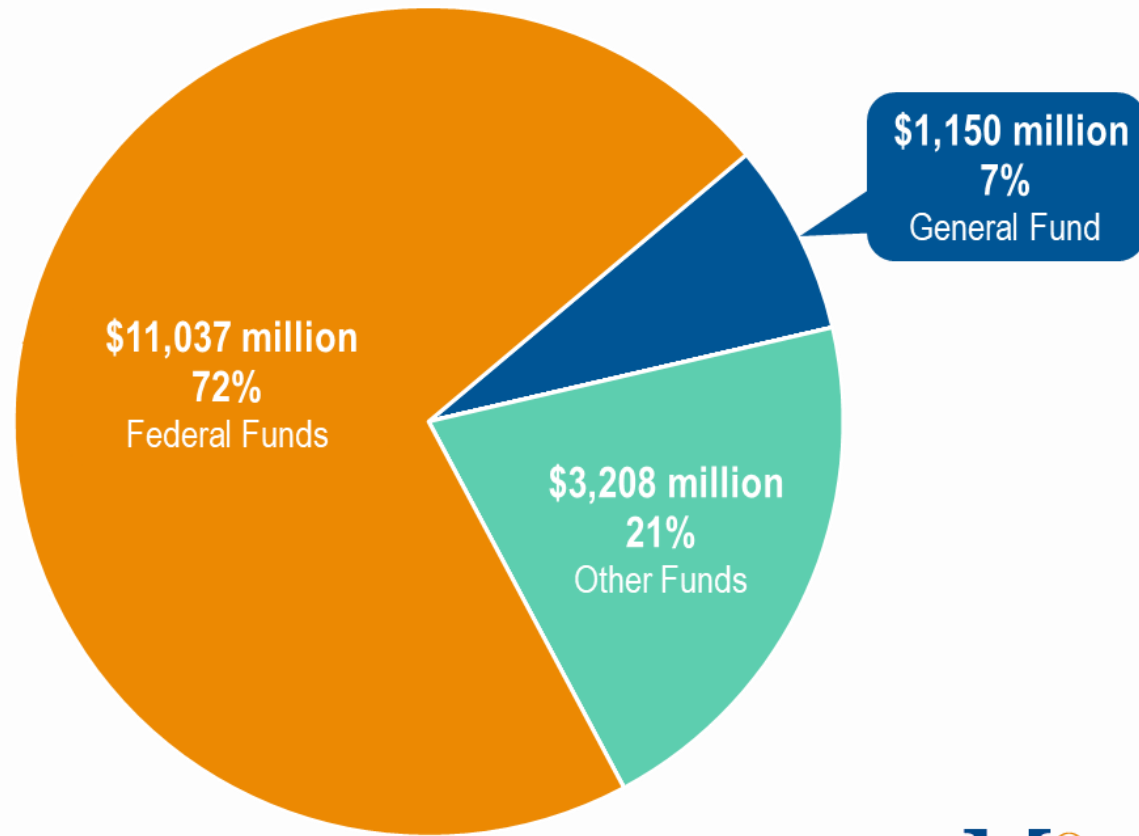
Challenge: Information Systems

- Need to continue implementing the ONE system, a single eligibility determination system for Medicaid and other benefits
- Centers for Medicare and Medicaid Services (CMS) requires all states to plan for and implement modular solutions supporting Medicaid using a competitive process
 - CMS seeks to support states in shifting away from reliance on a single solution provider and toward renewable, modular components for long-term support of Medicaid

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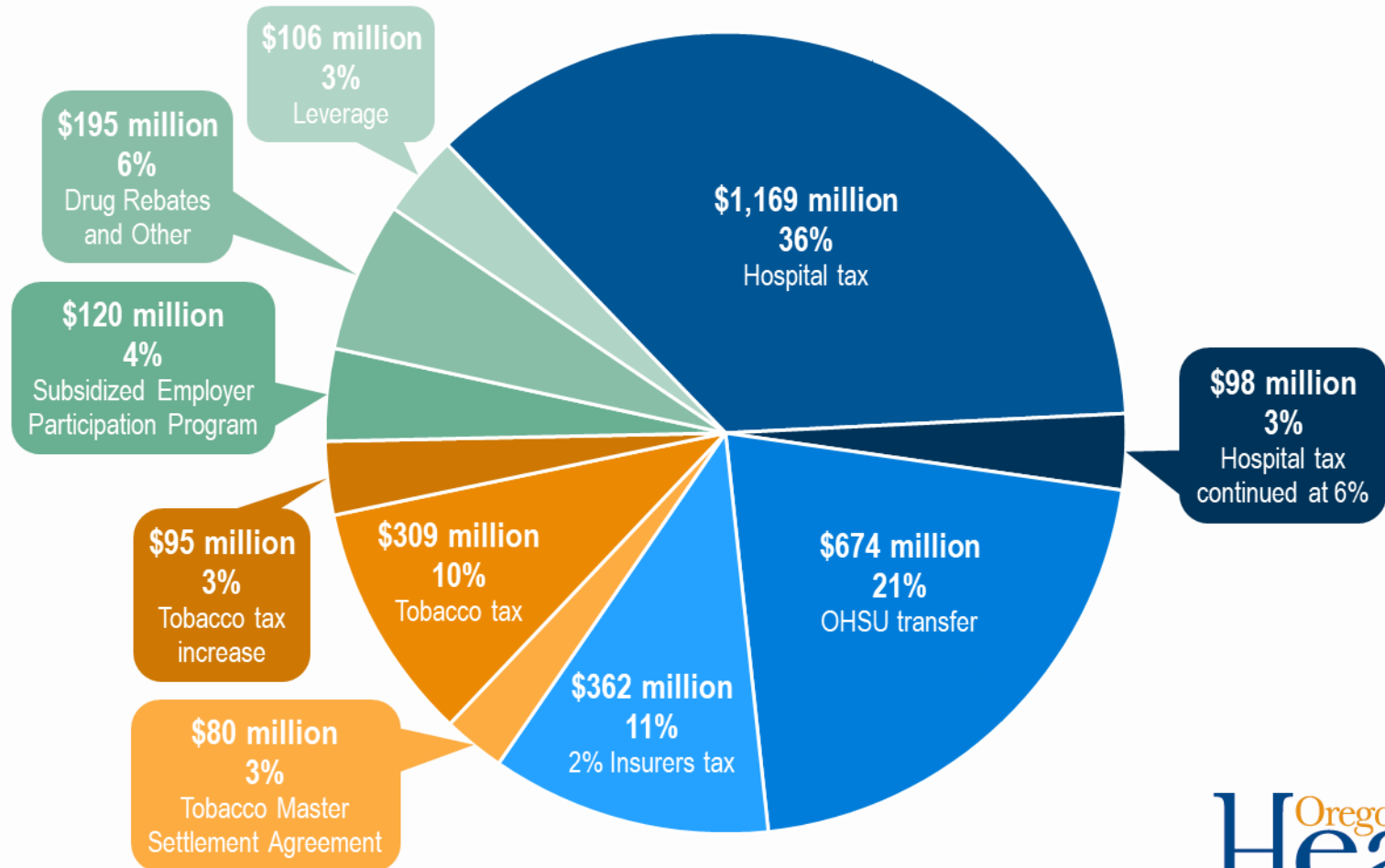
2019-21 Governor's Budget by Fund

Medical Assistance Programs (OHP/Medicaid)
\$15,395 million Total Funds

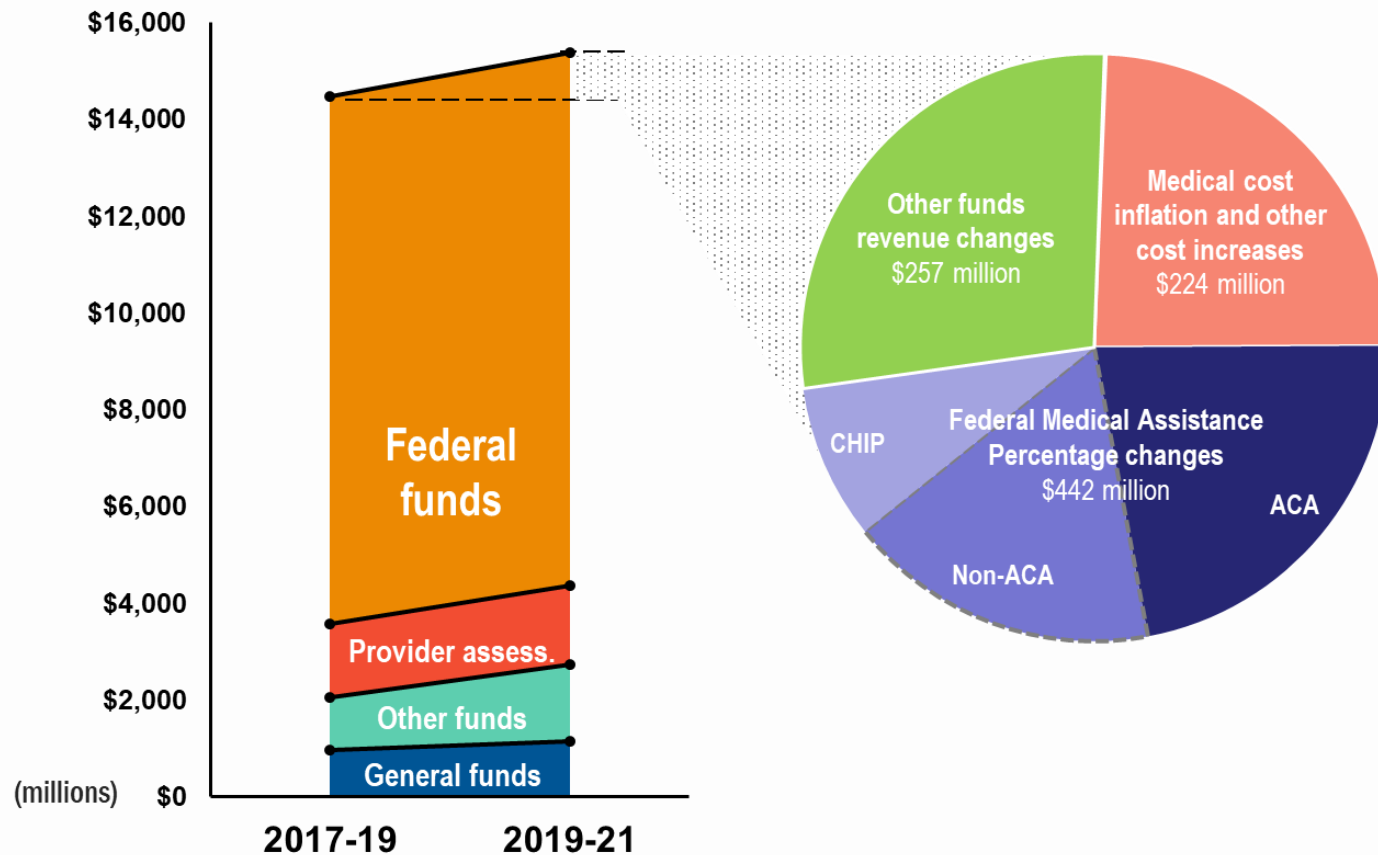


2019-21 Governor's Budget, Other Funds

Medical Assistance Programs (OHP/Medicaid)
\$3,208 million Other Funds



Oregon Health Plan Funding Gap



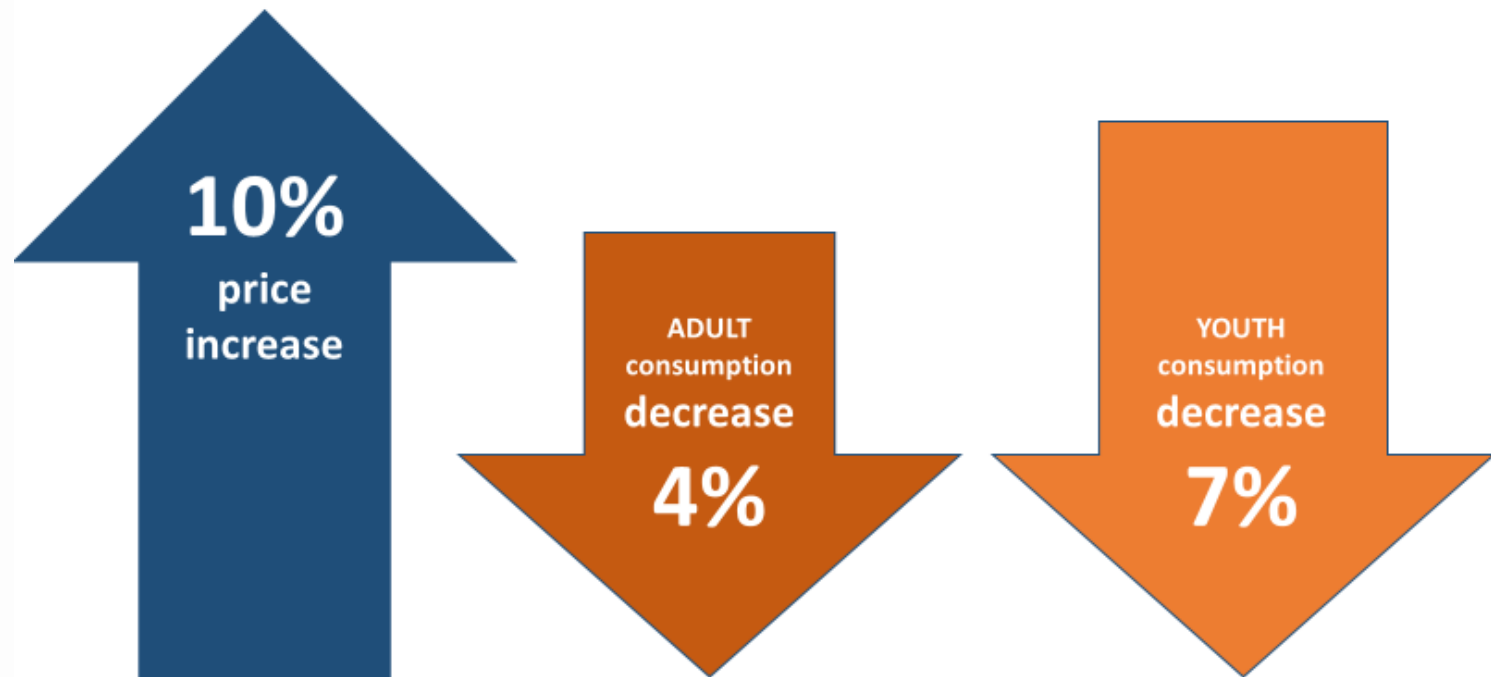
Tobacco Taxes

- The Governor's Budget proposes to increase the price of tobacco to fund the Oregon Health Plan and Public Health Modernization
 - Increase cigarette tax by \$2 per pack
 - Extend existing 65% wholesale tobacco tax to inhalant delivery systems (e-cigarettes)
 - Remove tax cap on cigars
 - Expand definition of cigarettes to include cigarette-like products
 - Establish minimum pack size for cigars under \$3

Biennium	Total	Oregon Health Plan	Public Health
2019-21	\$109 M	\$95 M	\$14 M
2012-23	\$394 M	\$346 M	\$48 M
2023-25	\$402 M	\$354 M	\$48 M

Tobacco Prices and Consumption

Increasing the price of tobacco is the **single most effective tool** to reduce tobacco use



Subsidized Employer Participation Program

- Large employers (50 or more workers) would need to contribute to workers' health care, through either of two options:
 - Spend directly on employees, such as by providing employer sponsored health coverage, or
 - Pay into a state Health Care Access Fund to fund OHP and marketplace subsidies
- Of the 1 million workers in Oregon who are employed by large employers:
 - About 250,000 are either ineligible or not offered health care coverage through their employer
 - Another 150,000 are offered but not enrolled in employer health care coverage

POP 403: Intensive In-Home Behavioral Health Services

- Creates and expands intensive community-based behavioral health care
 - Provides alternatives to residential services for Medicaid-eligible children and youth
 - Increases diversity of services
 - Treats more children at home and in their communities

	General Fund	Total Funds	Positions
POP 403	\$5.4 M	\$5.7 M	4

POP 401: Universal Family Linkages & Home Visiting System

- Creates a preventive system of care for families
- Delivers a universal, voluntary, short-term, postnatal nurse home visiting program for all Medicaid covered/eligible infants whose parents wish it
- Phased-in approach over the next 3 biennia, beginning with communities that are ready

	General Fund	Total Funds	Positions
POP 401	\$4.0 M	\$8.7 M	4

POP 415: Expanding Hepatitis C Coverage

- Funds expanded OHP coverage of Direct Acting Antiviral (DAA) medications to treat Hepatitis C
- Supports OHA's pursuit of innovative approaches to improve Hepatitis C treatment access that involve manufacturers contributing to the solution

	General Fund	Total Funds	Positions
POP 415	\$10.0 M	\$107.4 M	-

POP 202: MMIS Modularity

- Builds a modular MMIS that quickly adapts to current needs, requirements, and technology
- Supports activities to help Oregon find and procure the best MMIS solution and retain 90 percent federal match for MMIS modularization:
 - Planning, assessment, and research
 - Procurement activities

	General Fund	Total Funds	Positions
POP 202 (OHA)	\$0.5 M	\$2.2 M	3

POP 201: Integrated Eligibility/Medicaid Eligibility System Project

- OHA: Supports the ONE IE/ME Project (Integrated ONE)
 - Single eligibility source for most public assistance programs
 - Supports DHS business needs
- DHS: Supports testing and implementation for Integrated ONE, starting Summer 2019
- Leverages enhanced federal match across two federal agencies

	General Fund	Total Funds	Positions
POP 201 (OHA)	\$0.6 M	\$11.9 M	45

2019-21 Governor's Budget Reductions

	General Fund	Total Funds
2019 CCO Quality Incentive Pool is reduced from 4.25% to 3.5%	\$6.7 M	\$31.7 M
Indirect & Direct Medical Education payments to teaching hospitals are eliminated (requires CMS approval)	\$23.8 M	\$62.4 M

Thank You

The logo for the Oregon Health Authority is centered within a light blue, curved rectangular background. The word "Oregon" is in a smaller, orange, serif font, positioned above the "Health" part of the logo. The word "Health" is in a large, dark blue, serif font. A thin dark blue horizontal line runs under the "Health" text, and the word "Authority" is in a smaller, orange, serif font, positioned below the line.

Oregon
Health
Authority
