
1115 Medicaid Waiver Presentation for Community Advisory Councils

November 17, 2021

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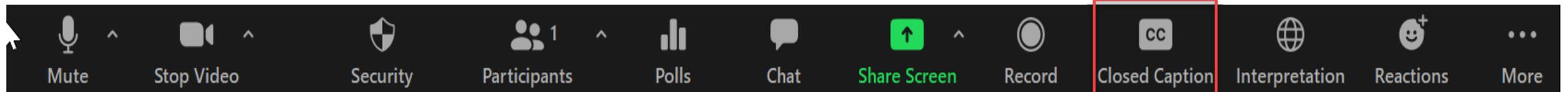
Chris DeMars, Delivery Systems Innovation Office Interim Director &
Transformation Center Director

Tom Cogswell, Project Coordinator, Transformation Center

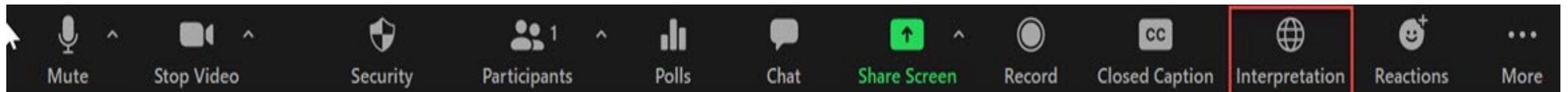


Webinar Logistics

- This session will be recorded
- Private chat or email Tom Cogswell (thomas.cogswell@dhsosha.state.or.us) with any Zoom technical issues
- Closed captioning is available:



- American Sign Language (ASL) interpretation is available. Pin the ASL interpreter's video by clicking on the "More" button next to their name.
- Todos los participantes de habla hispana deberán seleccionar el botón Interpretación y luego el canal en español para que aparezca el sonido durante la conferencia.
- English-speaking participants will need to select the Interpretation button and then "English" to hear the full audio of the presentation.



Agenda



1115 Waiver Overview



Focused Equity Investments

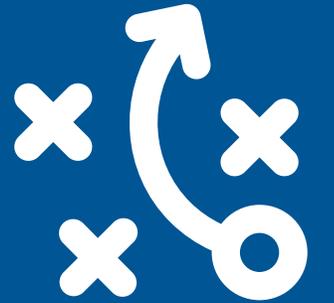


Public Engagement



Questions & Discussion

1115 Medicaid Waiver Overview



Waiver Renewal: A recurring process



1115 Waivers allow states to achieve greater flexibility than is otherwise allowed under Medicaid rules

Oregon's waiver has been renewed and expanded many times since 1994, most recently in 2017.

- The 2012 renewal established **Coordinated Care Organizations (CCOs)** and initiated Health System Transformation.
- Our 2017 renewal built upon that model and included goals that were reflected in CCO 2.0.

Our current waiver will expire in June 2022.

What is a 1115 Medicaid Waiver?

An **1115 Demonstration** waiver is the broadest type of waiver available under Medicaid.

Under an 1115, states may propose to waive many of the key parts of the Medicaid statute, including but not limited to:

- ✓ Who is covered
- ✓ What benefits are provided
- ✓ How much individuals may be charged for cost sharing
- ✓ How providers will be paid
- ✓ Must include a formal evaluation of impact.

Example: CCOs were created via Oregon's 1115 waiver.



1115 Medicaid Waivers must:

1. Be “budget neutral” to the federal government
2. Require **formal evaluation** of the waiver’s outcomes and periodic reports to CMS.
3. Will generally **last 3-5 years** and may be renewed and amended.

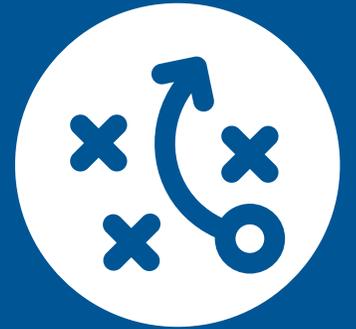


1115 Medicaid Waivers are not:

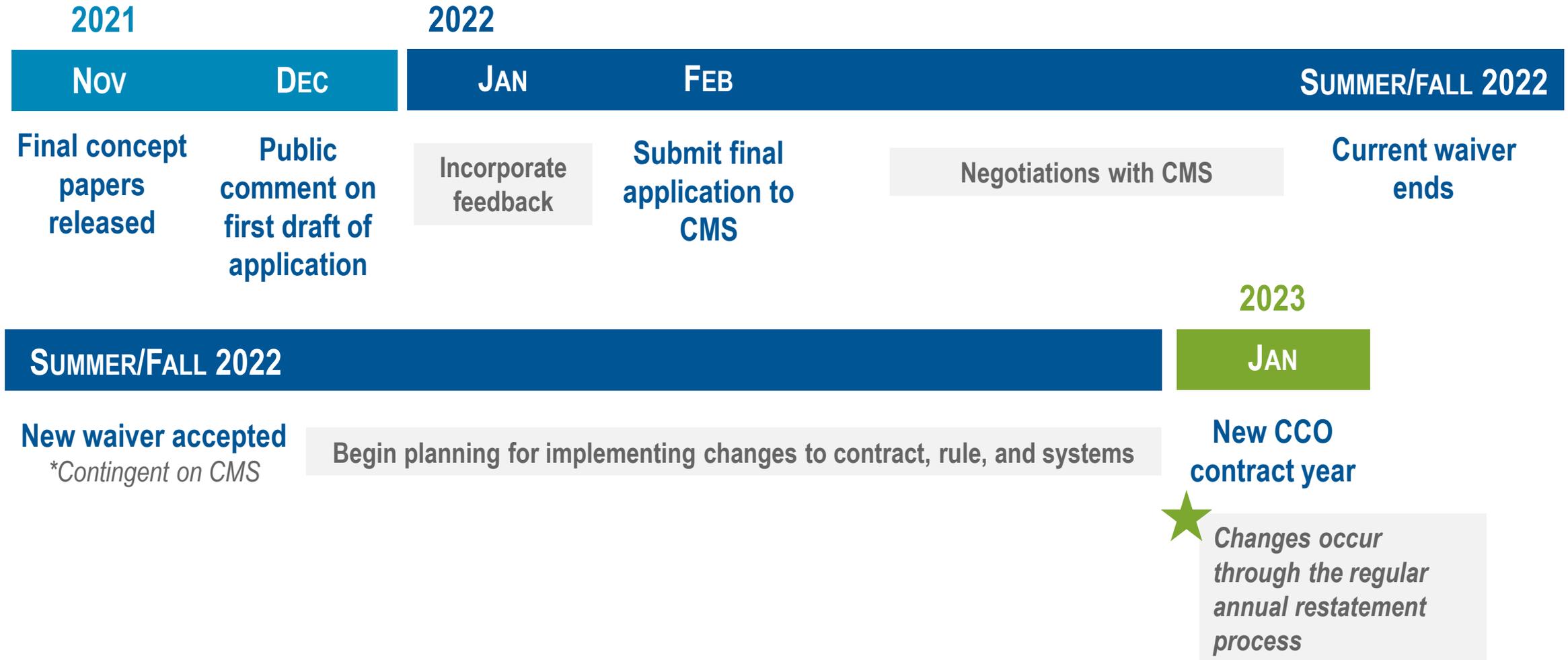
- X Applicable to the Medicaid **fee-for-service** population
- X **The only way to transform our health system** (State legislation, Administrative Rules, OHA Guidance)



Getting to “yes” with CMS



Timeline: What's to come

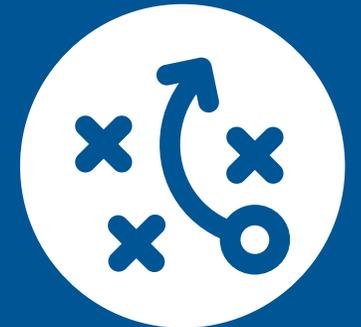


Timeline: Where we've been

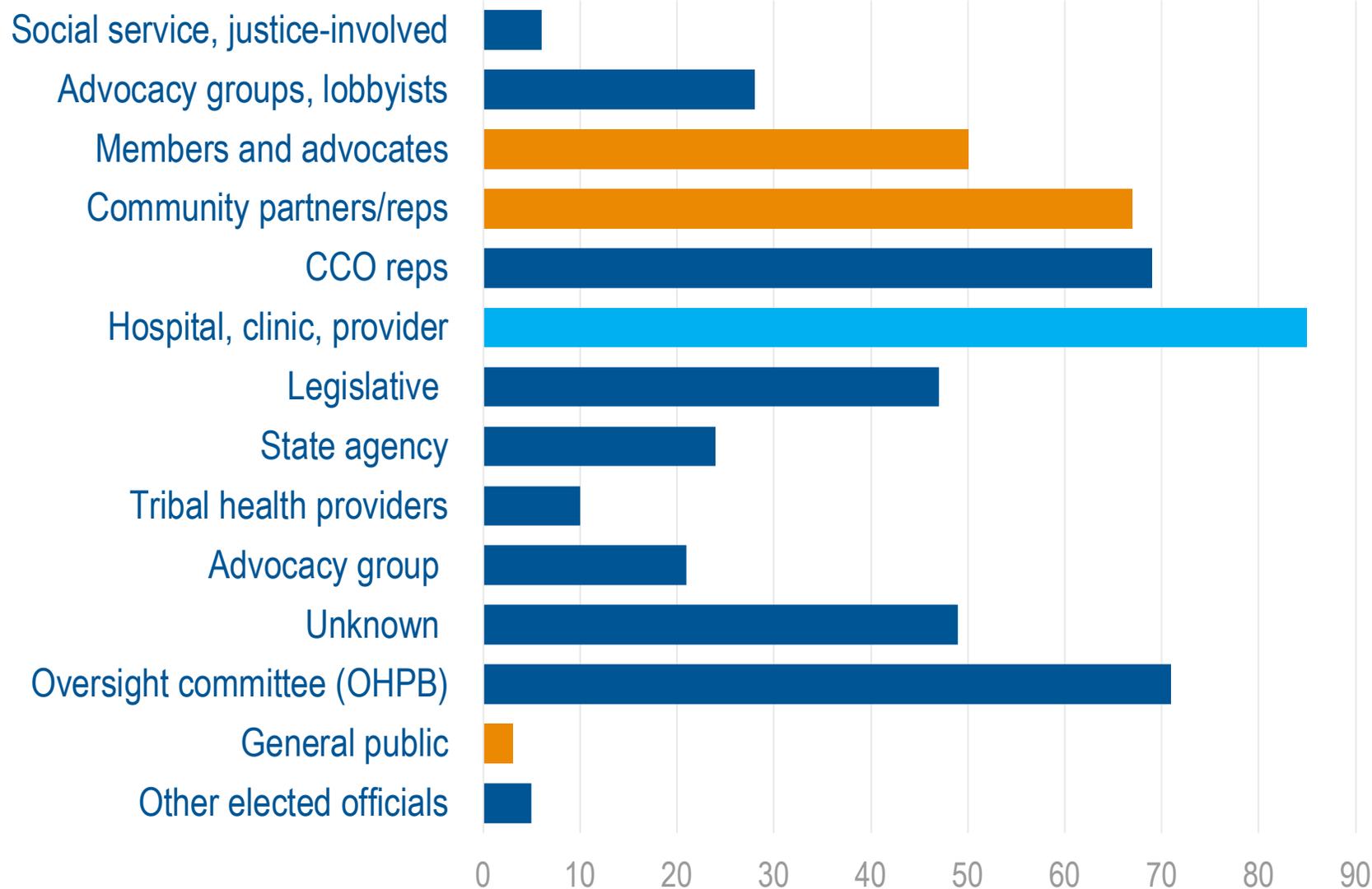
Late 2020-present

- ✓ Established vision for waiver renewal: Advancing health equity.
- ✓ Reviewed existing public comment and strategic plans
- ✓ Developed draft policy concepts
- ✓ Engaged stakeholders and Tribes for input
- ✓ Revised policy concepts

OHA is currently preparing the draft application for public comment in December.



514 comments have been collected, analyzed, and presented in a feedback summary report

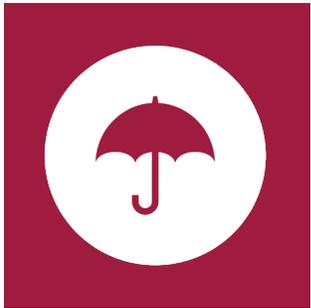


120 comments were from community, OHP members and patient advocates

Providers and representatives from hospitals and clinics provided 85 comments

Overarching Waiver Goal: *Advance Health Equity*

To achieve this, our policy framework breaks down the drivers of health inequities into four actionable sub-goals:



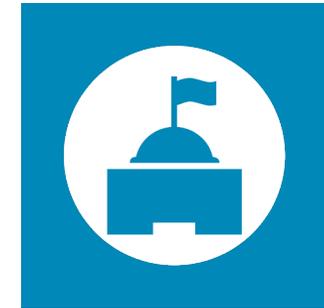
**Maximizing
coverage
through the
Oregon Health
Plan**



**Improving Health
Outcomes by
Streamlining Life
and Coverage
Transitions**



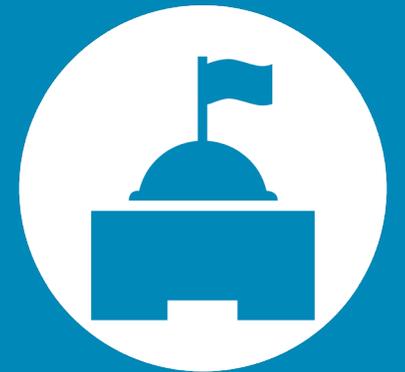
**Encouraging
smart, flexible
spending for
health equity**



**Focused
health equity
investments**

Questions?

Focused Equity Investments



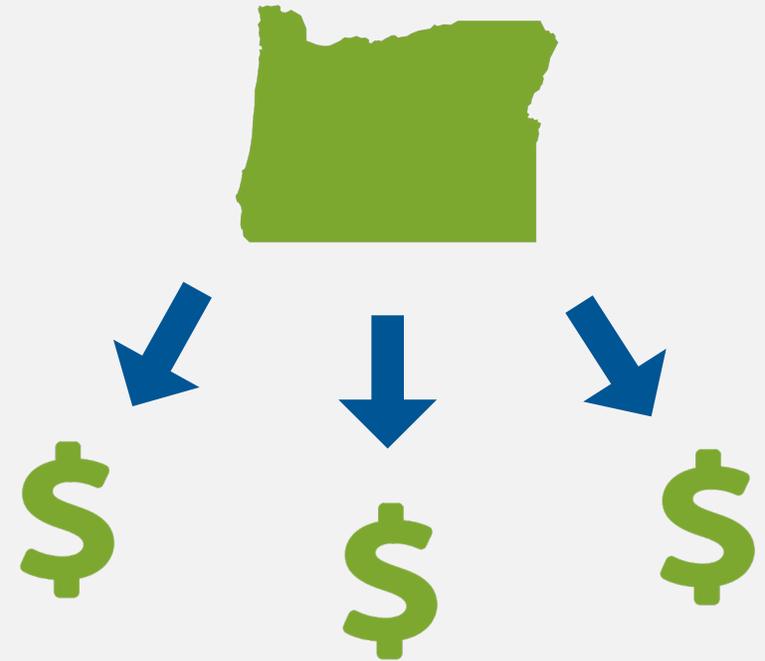
Vision

**Community-led solutions
for health inequities** based
on community-led
investments



Why?

- Eliminating health inequities requires changes in funding, and in how funding decisions are made.
- HB 3353 set up a way for greater investment in the community, led by the community.

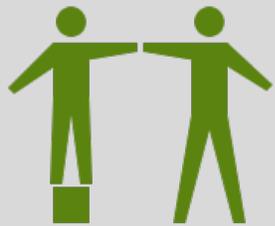


OHA and Regional Health Equity Coalition (RHEC) workgroup developed Proposal

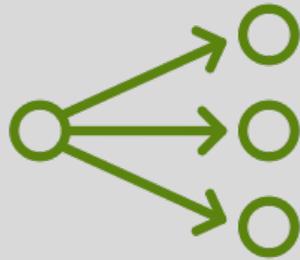
- RHECs worked closely with legislature to design concepts in HB 3353
- **OHA in partnership with RHECs:**
 - Trust and relationship building
 - OHA staff and RHEC leadership met ~12 times between May and July
- Proposed model to build out **intent of HB 3353** and **increase accountability to community**



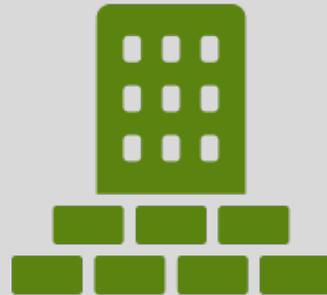
OHA and RHEC workgroup guiding principles for shifting power and resources to community



Target investments to populations **most impacted** by health inequities



Shift power and **decision-making** to community



Create opportunities to build sustainable infrastructure

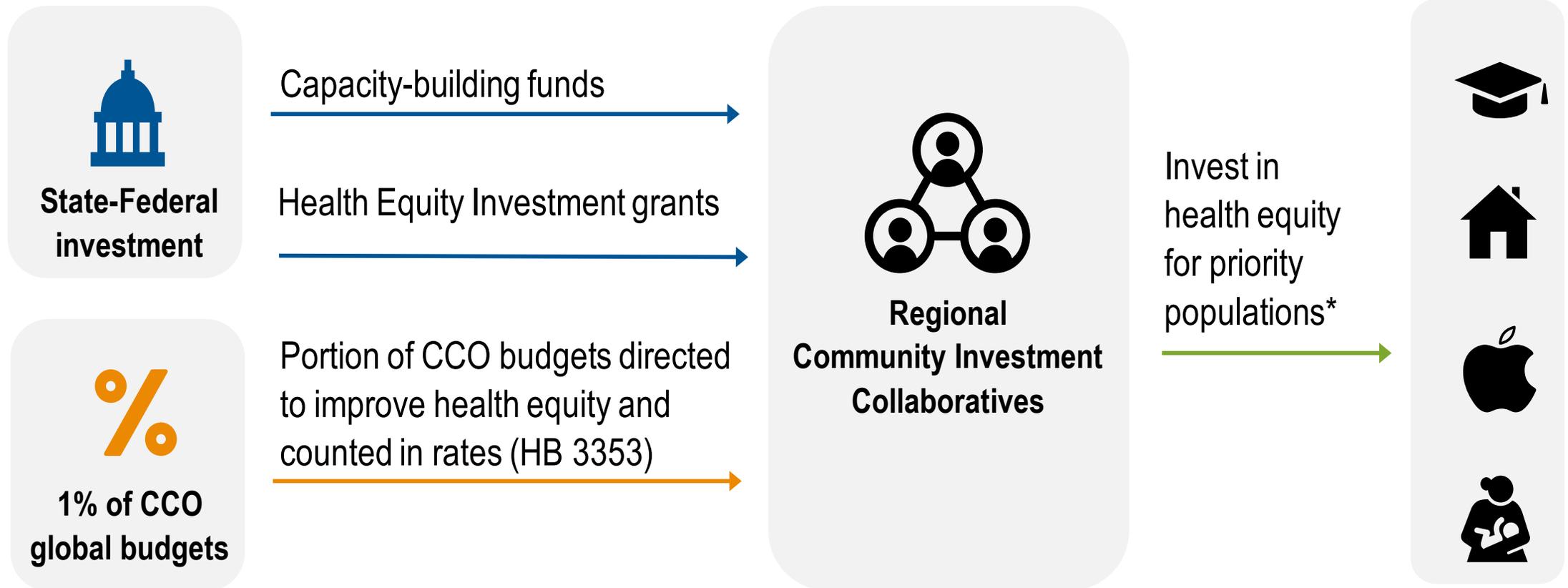


Support community leadership development



Build and rebuild **trust** between health systems and community

Proposed Community Investment Collaboratives could leverage multiple sources of funding



* Populations and communities who have been most harmed by historic and contemporary injustices and health inequities, including but not limited to Oregon's nine federally-recognized tribes and Tribal communities; Latino/a/x, Black/African American, Asian, Pacific Islander, and American Indian/Alaska Native populations, and other communities of color; people with disabilities; people with limited English proficiency; and immigrants and refugee communities.

Regional Community Investment Collaboratives (CICs)

- Would represent diverse groups from local communities:
 - Regional Health Equity Coalitions
 - Culturally specific community-based organizations
 - CCO health councils
 - Community Advisory Councils
 - Local hospitals
 - Local public health authorities
- Each CIC would:
 - Identify a lead entity
 - Set sub-criteria for regional spending on health equity:
 - Include community-led plans such as Community Health Improvement Plans approved by the CACs



What this means for Medicaid members

- **Investments** in health equity led by communities
- Stronger **community voice** in decision-making
- Design of investment **infrastructure** is community-led
- **Improved health** for those most harmed by historic and contemporary injustices

Questions?

Public Comment



Public Comment Period & Opportunities

December 2021	
01	Public notice and draft application released
07	Public comment begins with OHPB presentation
09	Health Equity Committee (<i>pending confirmation</i>) Community Partner Outreach Program webinar – Spanish (<i>pending confirmation</i>)
15	Medicaid Advisory Committee
16	Waiver Workshop #3
17	Community Partner Outreach Program webinar – English (<i>pending confirmation</i>)
January 2022	
04	OHPB
07	Public comment period ends

Incorporating Public Comments

After public comment period

- ✓ Incorporate feedback into final application
- ✓ Explain why some feedback was not incorporated (if relevant)
- ✓ Plan and communicate OHA response to feedback not related to waiver
- ✓ Describe changes from draft to final application

Information will be posted on the 1115 Waiver Renewal website.



Thank you!

You can find information about the Waiver renewal at

oregon.gov/1115waiverrenewal

You can email your input at any time to

1115Waiver.Renewal@dhsoha.state.or.us

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font above the word "Health", which is in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon
Health
Authority

Upcoming CAC member learning sessions

- **How CAC members can prioritize health equity.** 11/30/21, 3-4 p.m.
- **Applying an equity lens when reviewing community spending requests.** 1/7/22, noon-1 p.m.
- **Community Health Assessments (CHAs): Making sense of health disparities.** 1/31/22, 3-4:30 p.m.
- **Community Health Improvement Plans (CHPs): Evidence-based strategies to address the social determinants of health & equity.** 2/24/22, 11:30 a.m.-1 p.m.