#### **Oregon's 1115 Medicaid Waiver**

## All Come Webinar

July 9, 2025









## **Zoom Meeting Tips**

#### Use chat to ask questions.

- We'd like this session to be interactive, so we'll be saving the chat.
- If you want to ask a question verbally, feel free to raise your hand.



#### This webinar is being recorded.

We'll share it with participants after the presentation.

For live captioning, please click on the "cc" button at the bottom of your screen.



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## Today's Agenda

- 1 1115 Medicaid Waiver Background
- **2** Reentry Health Care Program Update
- **3** Benefit Update Project
- 4 HRSN Implementation Updates & Data
- **5** 1115 Medicaid Evaluation Updates
- 6 Closing

## 1115 Medicaid Waiver Background



## What is the Oregon Health Plan?

#### Medicaid

Medicaid is the nation's public health care program. In Oregon we call it the Oregon Health Plan (OHP).

#### **Oregon Health Plan**

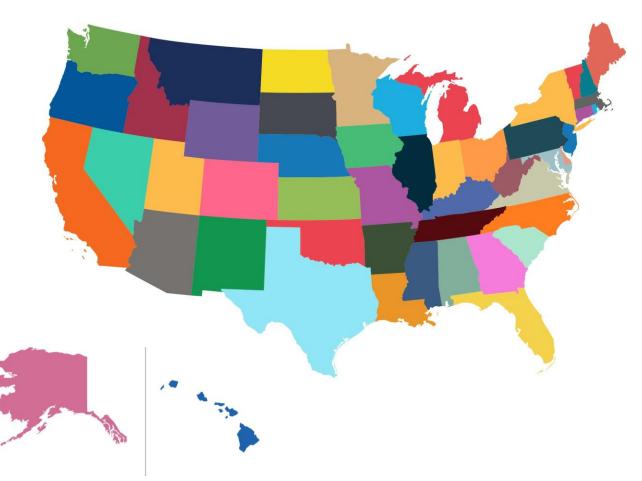
The Oregon Health Plan (OHP) is free health care coverage for low-income children, teens, and adults who live in Oregon. You can apply for OHP at any time during the year.



### What is a Medicaid Waiver?

 States must follow federal rules to get Medicaid funding.

 States can ask to change their Medicaid rules. These changes are called a Medicaid waiver.



## Oregon 1115 Waiver key changes



#### **Extended Oregon Health Plan (OHP) eligibility and benefits**

- 1) Expanded Medicaid coverage (more people enrolled for longer):
- Continuous OHP eligibility and enrollment for children up to age six\*†
- Two years of continuous enrollment for OHP members ages six and older\*†
- Coverage for young adults with special health care needs up to age 26\*
- 2) Expanded Medicaid benefits and services include:
- Health-related social needs (HRSN) supports including housing, nutrition, climate supports and outreach and engagement services\*
- A limited set of services for people in a carceral setting 90-days prior to release
- Tribal Traditional Healing practices
- New appeals system for OHP Open Card/FFS members (by Jan 1, 2027)
- A few currently uncovered OHP services will become covered (starting Jan 1, 2027)

## Reentry Health Care Program



## Reentry Health Care Program Update

OHA is rescheduling the launch for the Oregon Health Plan (OHP) Reentry Health Care program, previously planned to begin rolling out January 1, 2026.

**1115 Waiver Reentry Demonstration** – there is no updated launch date at this time for 1115 Waiver services.

**Federal Consolidated Appropriations Act (FCAA)** – Oregon plans to go-live with FCAA services in 2026, working with CCO/FFS providers as individuals are released from incarceration.

#### **Additional Resources**

Visit the Reentry Health Care website for more info: <a href="https://www.oregon.gov/oha/hsd/medicaid-policy/pages/reentry-info.aspx">https://www.oregon.gov/oha/hsd/medicaid-policy/pages/reentry-info.aspx</a>

Questions? Email the Reentry Team:

OHPCarceralPrograms@oha.oregon.gov

## **Benefit Update Project**



## Oregon Health Plan (OHP) - Benefit Update Project (BUP)

- A project to change how OHP benefits are organized so that OHP covers all the services that federal law says are mandatory and that Oregon says are medically necessary (needed for health reasons).
- This change is mostly administrative rather than a change to how OHP services are delivered.
- No members will lose services as a result of this transition.
- Some services not covered today will be added to the benefit package.



#### **HERC** review of services

- Oregon's Health Evidence Review Commission (HERC) reviews medical evidence to make sure services are safe and proven to work.
- As part of the Benefit Update Project, HERC is reviewing select services not covered by the Oregon Health Plan to see if coverage should be added after 1/1/2027.
- The work plan for HERC's review of services is available online:
   Oregon Health Authority: Benefits Update Project Workplan (BUP)
   : Health Evidence Review Commission: State of Oregon

## Highlights of anticipated new OHP services starting 1/1/2027

HERC is recommending coverage changes for the following examples to OHP starting 1/1/2027 as part of the Benefit Update Project. HERC will continue reviewing services through August.

Coverage area	Details
Primary care office visits and medications for currently non-covered conditions	<ul> <li>Check-ups and reasonable testing are already covered</li> <li>Many low-cost and safe medications already covered</li> </ul>
	Medications and equipment: no more denials because a condition is unfunded
Allergy treatment & testing	Newly covered conditions such as seasonal allergies and some rashes
Sports Medicine (treating injuries and illnesses related to physical activity)	Physical & occupational therapy for more conditions
Ophthalmology (Eye diseases)	Newly covered eye and eyelid conditions

OHP = Oregon Health Plan

## All coverage areas reviewed to-date

HERC has reviewed services in the following coverage areas so far to see if coverage should be added after 1/1/2027. The Commission will continue reviewing services throughout 2025.

#### **Coverage Areas HERC Has Reviewed**

- Uncovered Breast Surgeries
- Preventive Services not shown to benefit people
- Behavioral Health conditions
- Fibromyalgia and chronic pain syndrome
- Conditions requiring only evaluation, medical management, equipment and supplies
- Diseases of the veins and arteries, including chronic lower-extremity venous disease
- General surgery
- Gastrointestinal conditions
- General Headaches

- Sports medicine and orthopedic surgeries (other than of the back and spine)
- Procedures and surgeries of the back and spine
- Visit limits for noninvasive back pain treatments
- Ophthalmology Diseases of the eye
- Allergies
- Podiatry Foot care
- Oral Health conditions
- Urologic conditions affect the bladder & kidney
- Women's health (Gynecology)

- Conditions of the rectum and colon -Problems causing like pain, bleeding, or trouble with digestion
- Temporomandibular Joint disorders (TMJ) - Pain or discomfort in the jaw area
- Chiropractic and osteopathic manipulative treatment
- Dermatology Skin treatments
- Ear nose and throat (otorhinolaryngology)

For more information on HERC review and decisions as part of the Benefit Update Project, visit: <a href="https://www.oregon.gov/oha/HPA/DSI-HERC/Pages//BUP-Workplan.aspx">https://www.oregon.gov/oha/HPA/DSI-HERC/Pages//BUP-Workplan.aspx</a>

## How can you get involved?

- Questions or suggestions? Email: <a href="mailto:herc.info@oha.oregon.gov">herc.info@oha.oregon.gov</a>
- Participate in HERC public meetings to review services
  - How to participate in the HERC
  - HERC work plan to review services for BUP
- Review the Pharmacy and Therapeutics (P&T) Committee work plan for reviewing drug coverage:
  - P&T work plan to review drug coverage for BUP
  - P&T website with meeting information
- Visit the <u>BUP webpage</u> for more information and resources
  - BUP Factsheet
  - BUP FAQs

# Health-Related Social Needs (HRSN) benefit implementation update



#### What are Health-Related Social Needs?

Health-Related Social Needs (HRSNs) are social and economic needs that affect people's ability to stay healthy and well. Eligible OHP members may get these services meant to help improve their health outcomes.

#### **HRSN Benefits include:**

- Housing supports
- Home changes for health during extreme weather
- Outreach & engagement services
- Nutrition benefits









## Nutrition-Related Supports: Fruit & Vegetable

The HRSN Fruit and Vegetable benefit allows an eligible OHP Member to purchase or receive fruits and vegetables from certain food stores and farms.

These fruits and vegetables can be bought or delivered. This includes fresh, frozen, dried, pureed and canned fruit and vegetables. Herbs are also included.

Fruit and Vegetable benefits are planned to launch later in 2026.



## **Nutrition-related supports: Pantry Stocking**



#### **Pantry Stocking**

The HRSN Pantry stocking benefit allows an eligible OHP Member to purchase or receive groceries from approved grocery stores or retailers.

These groceries can be bought or delivered. This includes fresh, frozen, dried, pureed and canned foods.

Pantry Stocking benefits are planned to launch later in 2026.

## Challenges in HRSN rent benefit delivery

- The demand for rental assistance is high and HRSN service provider capacity is a challenge
- Members in some regions are experiencing long wait times to get the benefit or get details about their case

I have spent hours on the phone just to hear that there are no payers or that my case has been escalated

-OHP member

## OHA is working with partners to improve the rent benefit

- Quick grants to increase provider capacity
- Clarifying guidance on eligibility
- Encouraging more organizations to become providers
- Improving messages to members in OHA and CCO materials
- Working with CCOs and HRSN service providers to improve workflows

## Statewide HRSN rent impact: Nov '24 – April '25



**158** HRSN community housing providers\*

3 CCOs acting as direct payers



At least\* **2,698** members received HRSN rent/utilities supports

Your support has given me hope and strength. I truly believe it will help me in the long run, providing a stable home for my kids and helping me work towards reuniting with them.

-OHP member

<sup>\*</sup>Number reflects data pulled on 5/2/2025.

## You can now access the most recent HRSN data on our webpage!

#### At Oregon.gov/HRSN-data you can find information such as:

- A data brief with information on home changes for health devices
- Links to HRSN's publicly available data presentations



# Update on the independent evaluation of the 1115 Medicaid Waiver



#### Who we are

#### The 1115 Medicaid Waiver Monitoring & Evaluation Team:

- Is part of the Health Policy & Analytics division
- Supports required evaluation of the 2022–2027 1115 Medicaid Waiver by:
  - Selecting, contracting and managing independent evaluator
  - Providing evaluation reports to Centers for Medicare & Medicaid Services (CMS)

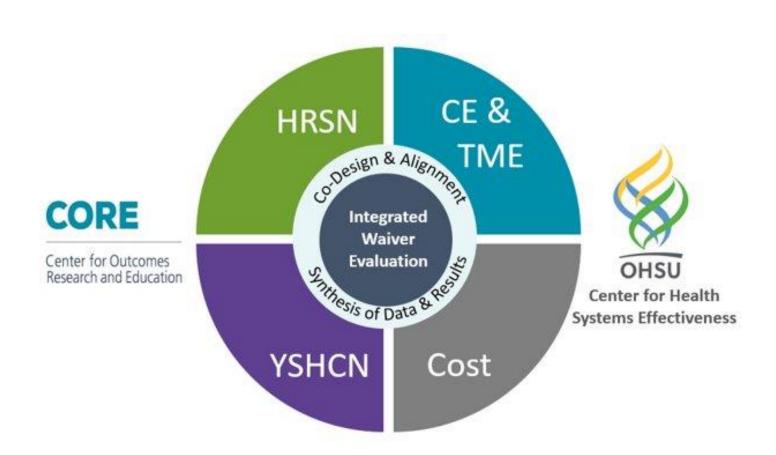
#### What is the 1115 Medicaid Waiver evaluation?

### CMS requires that all waivers have an independent evaluation.

#### The goal is to explore and assess:

- Implementation of waiver policies
- Impacts on:
  - Coverage
  - Access and use of care
  - Members' health and wellbeing
  - Health differences among specific populations
  - Costs and sustainability

## Waiver programs with evaluation designs



Evaluation designs for Reentry and Traditional Healthcare Practices are still being developed.

The Northwest Portland Area Indian Health Board is leading the evaluation design for Traditional Healthcare Practices.

## How was the evaluation developed?

- The evaluation team used CMS requirements and input from community partners in Oregon to design evaluations
- They hired the Center for Outcomes Research & Education (CORE) to design and implement the evaluation
- Evaluation design was approved by CMS in December, 2024

## **Examples of evaluation questions**

For all programs: How were the policies implemented?

**CE/TME:** What were the impacts on reducing gaps in coverage and improving healthcare access and quality?

Young Adults with Special Health Care Needs (YSCHN): What were the impacts on continuity of coverage, continuity of care, and self-reported health care access and utilization?

Health-related Social Needs (HRSN): What are members' experiences with HRSN? What are the impacts on members' social needs and social service use, health care utilization, and self-reported health?

Costs: What were the administrative costs of implementing new policies? How did costs for health services and uncompensated care change?

## **Evaluation process**

- Interviewing many people and organizations:
  - OHP members
  - Groups implementing and managing waiver benefits Oregon Health Authority, coordinated care organizations (CCOs), and HRSN providers for example
- Setting up discussion boards about the implementation of the waiver
- Analyzing CCO & OHA reports, Medicaid enrollment, and claims
- Surveying people getting HRSN benefits
- Reporting on financials and cost data
- Reviewing other administrative data

## What to expect in the next year

#### **Oregon Health Plan members**

- Interviews about Temporary Medicaid Expansion begin early summer 2025
- Interviews of OHP members getting HRSN benefits begin late summer 2025
- YSHCN member interviews begin fall 2025
- Survey of OHP members getting HRSN benefits begins early 2026

#### **HRSN** service providers

Interviews and discussion boards begin fall 2025

## What to expect in the next year - continued

#### Coordinated care organizations

- Continuous Eligibility and Temporary Medicaid Expansion interviews begin early summer 2025
- Interviews about HRSN and YSHCN begin summer/fall 2025
- HRSN discussion boards begin fall 2025

#### **OHA** and other state agency staff

- Continuous Eligibility and Temporary Medicaid Expansion interviews begin spring 2025
- Interviews about HRSN and YSHCN begin summer 2025
- HRSN discussion boards begin fall 2025

## **Equity**

#### Data will be collected using equitable evaluation practices by:

- Including underrepresented groups and diverse experiences
- Offering interviews in several languages and providing interpretation
- Translating materials with cultural consideration
- Using plain language
- Engaging in multiple forms of outreach
- Paying OHP members for participation to value their time and knowledge

#### Full evaluation timeline overview

#### 2025 and 2026

- Primary data collection (interviews, online discussion boards, cost data) with OHP members, CCOs, HRSN providers, and state agency staff
- Survey of people getting HRSN benefits
- Receive first batches of quantitative data and begin analysis
- Interim report to CMS (Q3)

#### 2027 and 2028

- Conclude primary data collection
- Continue receiving quantitative data; continue and finalize analysis

#### 2029

Final report to CMS (Q1)

#### **Connect with the Evaluation Team at CORE**

Questions about evaluation of HRSN or YSHCN, or general evaluation inquiries



CORE

OR1115WaiverEval@providence.org

Maggie Weller:

margarette.weller@providence.org

Questions about **CE/TME** or **Cost** evaluation



**CHSE** 

Willie Frazier: <a href="mailto:frazierwi@ohsu.edu">frazierwi@ohsu.edu</a>





www.providenceoregon.org/CORE

## **Question & Answer**

What questions do you have?



## **Stay Connected!**

Email questions related to today's presentation to:

- Reentry Health Care <u>OHPCarceralPrograms@oha.oregon.gov</u>
- HRSN <a href="mailto:hrsn.program@oha.oregon.gov">hrsn.program@oha.oregon.gov</a>
- Evaluation <u>OR1115WaiverEval@providence.org</u>
- BUP/HERC <a href="mailto:herc.info@oha.oregon.gov">herc.info@oha.oregon.gov</a>

Check our website for updates and information: <a href="https://www.oregon.gov/1115waiverrenewal">www.oregon.gov/1115waiverrenewal</a>

Subscribe to updates that will be sent out in the coming months: <a href="https://public.govdelivery.com/accounts/ORHA/signup/37696">https://public.govdelivery.com/accounts/ORHA/signup/37696</a>

## **Upcoming 2025 Sessions**

### One more webinar this year!

October 8









# Thank you for your collaboration and ongoing partnership!



## **HRSN Data Resources**

## Plans by the 3 different workflows

#### **Model 1 Standard**

- Cascade Health Alliance
- Columbia Pacific
- Eastern Oregon CCO
- Health Share
- InterCommunity Health Network
- Jackson Care Connect
- Open-Card (Acentra)
- Yamhill Community Care

#### **Model 2 Referral First**

- PacificSource Central
- PacificSource Gorge
- PacificSource Lane
- PacificSource Marion Polk
- Trillium Community Health
- Trillium Community
   Health Plan Tri-County

#### **Model 3 Direct Pay**

- AllCare
- Advanced Health
- Umpqua

### Learn about the data

- Data covers rent & utility requests, authorizations, referrals, and service delivery from November 2024 - April 2025.
- Many plans track this information in different systems, some internally and some in Unite Us or Findhelp Community Information Exchange software.
- Some plans were unable to produce all data in the required timeline due to the need for complex analytics and manual work.
- Member stories come from public testimony during the <u>Medicaid</u> Advisory Committee's April 30<sup>th</sup> meeting.