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# Designing the future of OHP

## Oregon's next 1115 Medicaid Waiver

June 22, 2021

Waiver Workshop



# Welcome



## MUTE

All lines were muted at login for this session



## QUESTIONS

Use the chat feature to ask questions and provide comments.

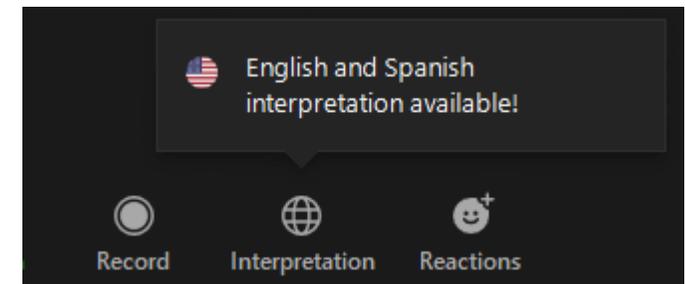


## RECORDING

This session is being recorded



## INTERPRETATION



You can also email your input at any time to [1115Waiver.Renewal@dhsoha.state.or.us](mailto:1115Waiver.Renewal@dhsoha.state.or.us).

# Today's Agenda



Opening  
Remarks &  
Orientation



Concept Paper Overview and  
Discussion



Q&A

# Draft concept papers - process

Jeremy Vandehey, Director of Health Policy and Analytics, OHA



**Step 1**  
**Comb through existing community engagement and strategic plans**

- ✓ Action Plan for Health (2017-2019 refresh)
- ✓ Alcohol and Drug Policy Commission Statewide Strategic Plan
- ✓ *Breaking New Ground: Oregon's Statewide Housing Plan: 2019-2023 (OHCS)*
- ✓ CCO 2.0 Public Input (2018-2019)
- ✓ Governor's Behavioral Health Advisory Council Final Recommendations
- ✓ Health Equity Committee COVID-19 Recommendations to OHPB
- ✓ Health Promotion and Chronic Disease Prevention: 2017-2025 Strategic Plan
- ✓ OHA 2019 Strategic Plan Community Engagement Listening Sessions
- ✓ OHPB COVID-19 Listening Sessions
- ✓ Ombuds 2020 Annual Report
- ✓ RHECs waiver proposal to OHA Oct 2020
- ✓ State Health Assessment 2018
- ✓ State Health Improvement Plan 2020: Healthier Together Oregon
- ✓ State of Oregon Equity Framework in COVID-19 Response and Recovery
- ✓ *The African American Community and COVID-19: A Framework for Action*
- ✓ Tribal Consultations 2019

# Prior Public Input Informing OHA's 1115 Waiver Policy Development 2021



**Step 2**  
**Identify salient themes within each source**

- ★ **Inequities and Structural Barriers**  
 People identify racism in our system and how it prevents them from being healthy
- ★ **Access**  
 People have trouble accessing the right care at the right time, especially from culturally and linguistically appropriate providers
- ★ **Coverage**  
 People find transitions between systems or providers difficult to navigate.
- ★ **Social Determinants of Health**  
 People's health is impacted because their basic needs are not met. (Particularly, *housing.*)
- ★ **Cost and funding**  
 People want investment in the programs that support their health.
- ★ **Behavioral health**  
 Integration with the physical health system is important to people.



**Step 3**  
**Integrate themes from community engagement throughout waiver concepts**

- 1 **Creating an equity-centered system of health**
- 2 **Ensuring access to coverage for all people in Oregon**
- 3 **Encouraging smart, flexible spending**
- 4 **Reinvesting government savings across systems**

# Q: What are concept papers? What purpose do they serve?

Discussion *draft* papers describe the vision, goals, steps and possible policy strategies to share with:

- ✓ Stakeholders
- ✓ Community Partners
- ✓ OHP Members
- ✓ **CMS**



# What type of feedback are we seeking at this stage?

- Are we on the right track?
- Are there barriers to equitable health that are not addressed?



# Our waiver will advance health equity by:

Ensuring access to coverage for all people in Oregon



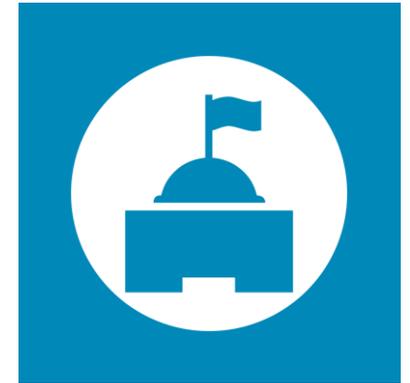
Creating an *equity-centered* system of health



Encouraging smart, flexible spending



Reinvesting savings in communities



# Expanding access to coverage

Tim Sweeney, Office of Health Policy, OHA

# Ensuring access to coverage for all people in Oregon

**Vision:** Oregon has a low uninsured rate with no racial or ethnic inequities in coverage.

## Goals

- Stabilized coverage for those at risk of becoming uninsured
- Flexible, streamlined eligibility processes that preserve coverage across markets
- Eligible people get enrolled and stay enrolled



# REVIEW:

## Pathway – How do we achieve these goals?



1. Ensure people who are newly enrolled in OHP due to the COVID-19 pandemic stay in the appropriate coverage (OHP or Marketplace) without interruption.
2. Ensure that people who are eligible for OHP get and stay enrolled.
3. Adjust eligibility to preserve continuity of coverage.





# **NEW:**

## **Some of the proposed strategies**

- ✓ Provide 5-year continuous eligibility for kids
- ✓ Allow applicants to self-attest income
- ✓ Adopt policies that keep families covered together as income changes
- ✓ Expand coverage for low-income Oregonians currently not eligible
- ✓ Seek more flexibility to leverage federal Affordable Care Act funding to enroll eligible people.

# Your thoughts & experiences

What is standing in the way of us getting to these goals?

What would help the most?



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## Goals

- ✓ When people get OHP coverage, they stay covered.
- ✓ People have an easier time enrolling.
- ✓ Eliminate inequities in health coverage.

# Equity-centered system of health

Jon Collins, Health Systems Division, OHA

# Creating an *equity-centered* system of health

**Vision:** Oregon establishes an equity-centered system of health that ensures people have access to the services and supports they need (health care or otherwise) to achieve optimal health and well-being, especially through times of transition.

## Goals

- Enhance care coordination and non-clinical supports for members transitioning across systems to improve outcomes, including flexibility around eligibility and coverage.
- Remove barriers to accessing critical, culturally, and linguistically appropriate health services for OHP members.
- Prioritize groups of people who are currently experiencing inequities so that Oregon's Medicaid program achieves equity in its system of health.



# REVIEW:

## Pathway – How do we achieve these goals?



1. **Identify the destabilizing transitions** that could be most improved by temporary, enhanced care coordination and case management.
2. Define **the Coordinated Transition Support package** of services and supports for each of the identified transitions.
3. **Improve the behavioral health system** to better support members, especially at times of transition.
4. Ensure that providers and partners in non-clinical settings have the infrastructure, training and support **necessary to participate as a care partner** for members .
5. **Improve the screening processes** to ensure that people who are engaged with multiple systems are identified for these enhanced coordination supports and get the care they need.

# NEW: Some of the proposed strategies



- ✓ Waive traditional requirements for the use of clinical-based criteria for some services and payments for the purposes of Coordinated Transition Supports
- ✓ Maintain and initiate early Medicaid enrollment for incarcerated individuals, as well as those in other institutional settings
- ✓ Extend OHP Eligibility to every child at the point of diagnosis of behavioral health needs and for those children, extend OHP eligibility from birth to 26 years of age to support the behavioral health continuum of care for children
- ✓ Use of Peer-based services and Community Health Workers
- ✓ Tribal-specific strategies

# Your thoughts & experiences

What is standing in the way of us getting to these goals?

What would help the most?



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## Goals

- ✓ OHP members experience coordinated, and integrated care across health and social systems.
- ✓ There are no language, cultural, or economic barriers to care.
- ✓ OHP enrollment is preserved as patients transition between systems.

# Encouraging smart, flexible spending

Chelsea Guest, Office of Actuarial and Financial Analytics, OHA

# Encouraging smart, flexible spending

**Vision:** Oregon's global budgets have the **flexibility, incentives, and accountability to community** that is necessary to address medical and social needs of members, invest in community health and well-being, and eliminate health inequities in Oregon.

## Goals

- Oregon creates savings that can address health inequities in the state, by maintaining a sustainable rate of growth in the CCO program
- CCOs focus spending on health equity, prevention, care coordination, and quality – because these are smart investments that will help them maintain sustainable cost growth
- Communities have significantly more say in the spending decisions that impact them, especially when it comes to health inequities
- People, especially those experiencing health inequities, get the care and supports they need to stay healthy, including services to address health-related social needs



# REVIEW:

## Pathway – How do we achieve these goals?



1. Hold the CCO program to a **sustainable cost growth target**, in line with statewide efforts to contain health care costs.
2. **Use innovative rate methods** to set global budgets that encourage efficiency and upstream investment and **increase CCO accountability** to delivering care and supports members need
3. Enhance community voice in the CCO model to ensure **community priorities and needs are driving spending decisions**, and that community partners are participating in or leading decision-making around spending
4. **Revamp Oregon's metrics program** so that health equity is the primary organizing principle.

# NEW:

## Some of the proposed strategies



- ✓ Establish flexible, sustainable global budgets that protect member access and target health inequities.
- ✓ Shift power to community to direct community investments
- ✓ Measure whether we are achieving health equity and align quality pool



# Your thoughts & experiences

What is standing in the way of us getting to these goals?

What would help the most?



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## Goals

- ✓ Decisions about community investments are made by the community itself.
- ✓ People will get the care and supports they need to stay healthy.

# Reinvesting savings across systems to promote equity

Lori Coyner, Medicaid Director

# Reinvesting savings in communities

**Vision:** Reinvest Oregon-generated federal savings into communities to reduce health inequities.

## Goals

- Reinvest savings generated through health reform toward communities to improve the social, economic and physical environment.
- Focus on large-scale investments that are targeted towards eliminating health inequities.
- Partner with community leaders to identify and operationalize strategies to eliminate health inequities



# REVIEW: Pathway – How do we achieve these goals?



[Step 0] Implement the Sustainable Health Care Cost Growth Target Program

1. **Retain the savings** achieved through slowing the rate of health care cost growth for Medicaid and Medicare Advantage
2. **Invest those dollars in innovative models** that extend across populations experiencing inequities



# **NEW:**

## **Some of the proposed strategies**

- Establish a methodology for projected savings to Medicaid and Medicare Advantage Programs in Oregon and retain those savings within the state.
- Reinvest savings by piloting new “health equity zones”
- Reinvest savings in statewide equity priorities

# Your thoughts & experiences

What is standing in the way of us getting to these goals?

What would help the most?



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## Goals

- ✓ Savings generated through health reform are reinvested in communities to improve the social, economic and physical environment.
- ✓ Community leaders partner on strategies to eliminate health inequities.

# Q&A

Lori Coyner, Medicaid Director

Jeremy Vandehey, Director of Health Policy and Analytics, OHA

# Questions?



# Waiver Development Timeline

# Timeline for June/July

Date	Activity
June 1 <sup>st</sup>	<ul style="list-style-type: none"><li>• Release Concept Papers to public for comment</li><li>• OHPB meeting to discuss</li></ul>
June/Early July	<ul style="list-style-type: none"><li>• Gather input and feedback</li><li>• Revise papers based on input</li></ul>
July 6 <sup>th</sup>	<ul style="list-style-type: none"><li>• OHPB meeting – summarize public feedback to date and subsequent changes to concepts</li></ul>
Mid-July	<ul style="list-style-type: none"><li>• First conversation with CMS</li></ul>
Late July	<ul style="list-style-type: none"><li>• Submit final drafts and post publicly in all languages</li></ul>

# How to stay involved (public)

- Stay informed about progress and review concept paper drafts on June 1<sup>st</sup> at our website:

[oregon.gov/1115waiverrenewal](https://oregon.gov/1115waiverrenewal)

- Submit comments and questions related to the waiver

[1115Waiver.Renewal@dhsoha.state.or.us](mailto:1115Waiver.Renewal@dhsoha.state.or.us)

**Tell us what you think**

Open [PollEv.com/joyfulplant349](https://PollEv.com/joyfulplant349) or

Text joyfulplant349 to 22333 once to  
join then text your responses

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# Thank you!

You can email your input at any time to  
[1115Waiver.Renewal@dhsoha.state.or.us](mailto:1115Waiver.Renewal@dhsoha.state.or.us).

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon  
Health  
Authority