May 26 Waiver Workshop

Follow up Questions

Is it the desire or intention of OHA to try to expand on the services available to the Citizen Alien Waived Emergency Medical (CAWEM) population?

Yes, the intent is to explore ways to ensure that individuals currently eligible for only limited benefits/services through CAWEM are instead eligible for the full OHP benefit package. This may not look exactly like expending the array of services covered by CAWEM itself, but the desire is to expand the scope of coverage available to people now covered by CAWEM.

Moving to another CCO area causes difficulty accessing services. Lengthy and difficult process.

This is something we are aware of and are actively exploring solutions. We have flexibility to address this challenge outside of the waiver.

What will be the Fraud Waste and Abuse oversite for self-attestations for enrollment?

OHA still plans to verify income of individuals and families who self-attest during their initial application; the main policy change the State is seeking will be to enroll applicants in the Oregon Health Plan while OHA verifies their income.

The first step in this process will be to use electronic verification databases, including the Federal Data Services Hub. If their reported income is “reasonably compatible” with the information found on electronic sources, their self-reported income will “pass” and the individuals will not need to submit any other proof of income. If OHA does not have the information to verify income electronically or if their income in the database is not “reasonably compatible” with their self-reported income, the State will request additional information from the applicant. If applicants do not respond to this request for additional information, then their eligibility may be terminated.

How much churn is there related to change in eligibility of low-income Medicare and disabled folks for Medicaid (dual eligibility)? Are there opportunities to provide continuous coverage there?

We have not yet performed churn-analysis specific to the Medicare/Medicaid dual-eligible population. We will examine whether this analysis is possible and update this answer in the future.

Is there any talk surrounding opening up eligibility or expanding it into a tiered pay system for those who are in the churn percentages?

Establishing an option for individuals to purchase OHP coverage directly through the State is not part of the 1115 waiver process. However, the Legislature is considering HB 2010 which would direct OHA to develop an implementation plan for a "public option" in Oregon, building on initial analysis completed in 2020 that considered a "Medicaid buy-in" idea. As such, OHA will continue to analyze this idea and other ideas to increase access to affordable, comprehensive coverage to more state residents.

How will the pending recommendations of the SB 770 task force inform, if at all, the waiver proposals? They are due to the Legislature by the end of June.

The focus of the 1115 waiver is far more narrow than the focus of the Task Force on Universal Health Care, which is developing recommendations for how the state could establish a single-payer health care system. Still, many conversations the Task Force has had align well with the direction of the 1115 waiver and the Task Force's deliberations may inform the development of some coverage-focused ideas. The continued development of waiver concepts will utilize information and recommendations from a variety of sources and will attempt to consider the Task Force's recommendations in this development when relevant.

Are their opportunities to optimize access to health information for low income folks as the CURES ACT requires interoperability via third party apps in 2022?

Great question - not necessarily something that needs to be addressed via a waiver but we'll explore alignment.

How do you anticipate communicating what is federally permissible as an expense for Medicaid and community conversations?

Based on conversations and approvals with CMS, OHA will use a variety of tools to communicate what is federally permissible, including rule, contract, and guidance.

The cost of growth committee can excuse growth that exceeds 3.4% if the excess growth is justified. Would that interfere with savings to be recaptured?

Projected savings are based on the assumption that Oregon will meet the cost growth target for the Medicaid market overall. Actual total health care expenditures may or may not meet the cost growth target in a given year. OHA and CMS will have to discuss methodologies for any shared savings arrangements and whether they are based on projected savings, realized savings, or a hybrid approach. The cost growth target program does consider whether payers and provider organizations have exceeded the cost growth target in a given year for a good reason for the purposes of determining if that payer or provider organization is subject to any accountability mechanisms.

So CCOs would not be responsible for these funds? What's the incentive for CCOs to create savings?

Under the next waiver, OHA will hold CCOs and the CCO program accountable to continuing to meet a sustainable cost growth target, which if met, will produce federal and state savings. Additionally, OHA seeks to obtain flexibility in the budgets to enable and incentivize CCOs to spend on high-value, high quality, and upstream services that will help create these cost savings. CCOs will continue to be incentivized to create savings within their budget in an at-risk contract and also financially incentivized to improve and maintain quality.

Have you considered requiring CCOs to spend a small percentage of their global budget on community social determinants impacting health with an emphasis on Health Equity? It would require a Waiver in order to get Federal match.

OHA is closely monitoring proposed legislation (HB 3353) which could include requesting authority from CMS to either require or allow CCOs to spend a portion of their global budgets on investments, including community investments, related to health equity and if passed will be working to integrate aspects of this bill into the waiver renewal request.

In Rural areas there are not enough licensed Social Workers. Need to be able to reimburse other qualified counselors for mental health services, Challenge in community investments and continuity is that community investments are considered administrative expenses rather than Medical Care expensed and thus are artificially capped. Can we get CMS to consider them Medical even if not attributable to a specific member?

OHA will be exploring various mechanisms with CMS to ensure that investments in social determinants of health and health equity (SDOH), including community investments, are adequately accounted for in rate setting. The goal is to have a global budget that has sufficient flexibility and accountability for CCOs to make the investments that will most benefit their members and communities. Additionally, OHA is closely monitoring proposed legislation (HB 3353) which could require OHA to request approval from CMS to count various health equity and SDOH investments as medical costs in rate setting.

How would the model take into account community governance already taking place in CCO service areas?

OHA will be taking into account various existing community advisory and governance structures, including the CCO Community Advisory Councils and CCO regional structures for accountability in building a model for community governance with the goal of coordinating with and building on existing efforts.

What waiver funding and investment opportunities/concepts are being formulated to increase equitable and improved access to SUD and mental health across the lifespan both within fee for service and CCOs?

In addition, OHA is closely monitoring proposed legislation (HB 3353), which could include requirements for CCOs to invest in more culturally responsive services, especially in behavioral health.

Can the waiver include allowing for interpreters to be considered providers for the purposes of billing?

OHA will explore this idea further to see if waiver authority is needed.

Isn't there already rather robust systems in place for community input?

There are existing systems for obtaining community input on a variety of processes, however OHA will continue to explore opportunities to expand how much power is shared with community and those impacted by a decision.

Can Oregon get a waiver to reimburse certified mental health counselors beyond certified Social workers to provide mental health services in rural areas where there is shortage of MSWs?

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