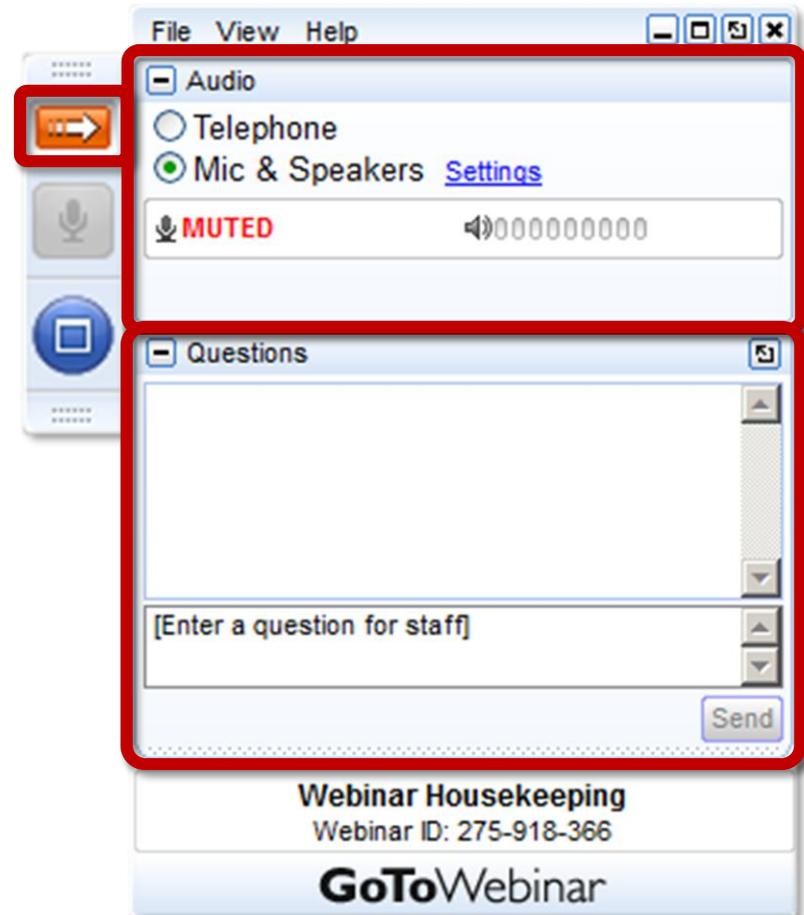

Oregon's Waiver: 1115 Demonstration Renewal with the Centers for Medicare & Medicaid Services

Lori Coyner, State Medicaid Director



Housekeeping

- Join audio using computer mic/speakers or telephone
- All lines are muted
- Webinar is being recorded and will be provided within 48 hours
- Send questions using the “Questions” box in the control pane
- Q&A session at the end



Agenda

- Waiver overview and goals
- Targeted changes under renewal
- Next steps
- Question and Answer

Oregon's Medicaid 1115 Demonstration Waiver Renewal

- **Expedited approval:** preserves Oregon's Medicaid system, continues Oregon's Health System Transformation (HST) momentum, and provides continuity for CCOs
- **Approval period:** five year contract with the federal government from January 12, 2017 through June 30, 2022
- **Federal investment:** Oregon will continue to receive federal match to cover the Medicaid population

Waiver Goals

1. Build on transformation with focus on integration of physical, behavioral, and oral health care through a performance driven system
2. More deeply address social determinants of health and health equity with the goal of improving population health and health outcomes
3. Commit to ongoing sustainable rate of growth, advance the use of value-based payments, and promote increased investments in health related services
4. Continue to expand the coordinated care model

Continuing the Success of the Oregon Health Plan

- The waiver renewal preserves OHP's core tenets:
 - Integrated physical, behavioral, and oral health care
 - Provide services to OHP members through CCOs
 - Advance the coordinated care model
 - Pay for value rather than volume of services
 - Continue to hold down costs to a sustainable rate of growth
 - Offer evidence-based benefits through the state's prioritized list of services

Waiver Renewal Targeted Changes

- Oregon received additional flexibility to:
 - Continue the Hospital Transformation Performance Program (HTPP)
 - Promote increased investments in health related and flexible services
 - Promote primary care and pay for value
 - Expand access to coordinated care
 - Advance Tribal Health Programs

Hospital Transformation Performance Program Extension

- The waiver provides flexibility to:
 - Extend the current HTPP program through June 30, 2018
 - Redesign the program upon expiration of the one-year approval

Increased Investments in Health-Related Services

- The waiver renewal:
 - Provides definitions: in lieu of services and health related services (flexible services + community benefit initiatives)
 - Provides clarity on how non-traditional services that improve health are accounted for in global budgets
 - CCOs encouraged to invest in health related services that improve quality and outcomes
 - CCOs that reduce costs through use of these services can receive financial incentives to offset those cost reductions

Promote Primary Care and Pay for Value

- The waiver provides flexibility to:
 - Require CCOs to enter into value-based payment (VBP) arrangements with network of providers
 - OHA will work with CCOs and stakeholders to develop a framework to advance the use of VBPs
 - Offer new performance incentive payments to Patient Centered Primary Care Homes (PCPCH) and Comprehensive Primary Care Plus (CPC+) providers that reflect provider performance in these programs

Expand Access to Coordinated Care

- The waiver provides flexibility to:
 - Auto-enroll (with opt-out option) individuals dually eligible for both Medicaid and Medicare into CCOs
 - Begin phased in implementation on January 1, 2018
 - OHA will work closely with DHS to ensure alignment and coordination as we prepare for implementation
 - Members will be enrolled in the same CCO as their D-SNP and Medicare Advantage program

Advancing Tribal Health Programs

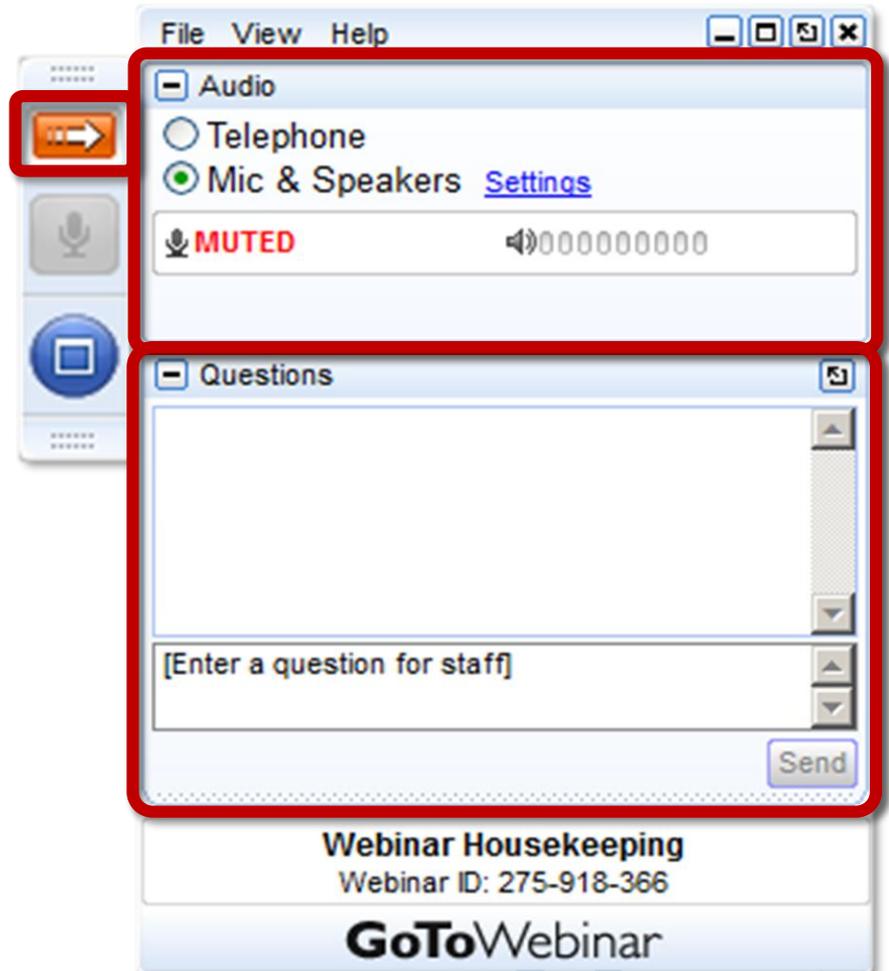
- The waiver provides flexibility to:
 - Transition the Tribal Uncompensated Care Program (UCCP) to become a Medicaid benefit, making the program easier to manage for tribe
 - Establish minimum requirements for CCOs to collaborate and communicate with tribes and Indian Health Care Providers
 - Develop a Model Medicaid and CHIP Managed Care Addendum for Indian Health Care Providers

Next Steps

- Work with CMS to update selected waiver attachments
- Stakeholder involvement needed for various policy areas
 - Continue to explore opportunities to further focus on social determinants of health
 - Input for value based payment framework
- OHA reviewing proposed federal legislation to repeal and replace Affordable Care Act
 - Visit: <http://www.95percentoregon.com/>

Questions and Answers

Please type your questions into the question box



Thank You!



For more information, visit:

<http://www.oregon.gov/oha/hpa/Medicaid-1115-Waiver/Pages/Waiver-Renewal.aspx>