
Designing the future of OHP

Oregon's next 1115 Medicaid Waiver

May 26, 2021

Waiver Workshop



Waiver 101

Jeremy Vandehey, Director of Health Policy and Analytics, OHA

Oregon Health Authority

Vision

A healthy Oregon

Mission

Ensuring all people and communities can achieve optimum physical, mental, and social well-being through partnerships, prevention, and access to quality, affordable health care.

OHA includes most of the state's health care programs, including [Public Health](#) and the [Oregon Health Plan](#).

10-year strategic goal

Eliminate health inequities in Oregon by 2030

Definition of Health Equity



Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

- Oregon Health Policy Board, 2019

What is Medicaid and the Oregon Health Plan?

- ✓ Medicaid is a federal program that is administered by each state.
- ✓ The Oregon Health Plan (OHP) is Oregon's Medicaid Program.
- ✓ Coordinated Care Organizations (CCOs) are local OHP health plans that cover medical, dental, and mental healthcare.
- ✓ More than 1 in 4 people in Oregon get health care coverage from OHP.



Free health coverage
offered by the state of Oregon

What's a waiver?



People are eligible for the Oregon Health Plan based on their income or for other reasons.

Federal rules set minimum standards related to eligibility and required benefits. But **states can ask to WAIVE some federal rules** to have more flexibility and offer the Oregon Health Plan to more people and cover more services than usually allowed.

Every five years, Oregon must renew its agreement with the federal government around the Oregon Health Plan – proposing new changes and continuing existing programs. The federal government can accept or reject these proposals.

Waiver renewal: A recurring process



1115 Medicaid Waivers are not:

1. The **only way** to change how care is delivered
2. For fixing **all parts** of the health care system
3. For **filing a complaint** about a specific provider or service



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.



Getting to “yes” with CMS



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Today's Agenda



Housekeeping



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



You can also email your input at any time to 1115Waiver.Renewal@dhsosha.state.or.us.

Opening Remarks

Jeremy Vandehey, Director of Health Policy and Analytics, OHA

Timeline



Waiver Development Approach

Feb-May



Analyze problems and identify **potential** waiver solutions

May-Jun



Develop **strategies** and program **details**

Jul-Dec



Draft the waiver application

Get stakeholder input at every step and update based on feedback

Waiver Framework

Vision, goals, and problems to address

Our waiver will advance health equity by:

Ensuring access to
coverage for all
people in Oregon



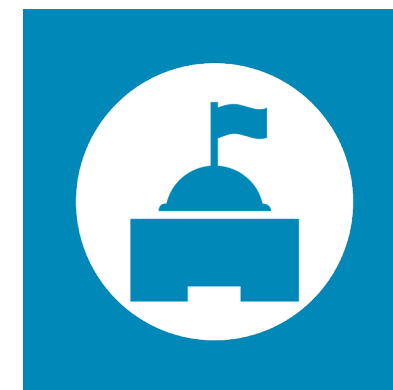
Creating an
equity-centered
system of health



Encouraging
smart, flexible
spending



Reinvesting
gov't savings
across systems



Ensuring access to coverage for all people in Oregon

Tim Sweeney, Office of Health Policy, OHA





What we've heard:

People struggle with coverage and eligibility

“

I'm one check away
from being
overqualified for OHP,
and I'm not able to
afford healthcare, and
that really worries me.

You can't just provide
them services
and then just toss
them out there.
They don't have a
place to go.
They're lost.

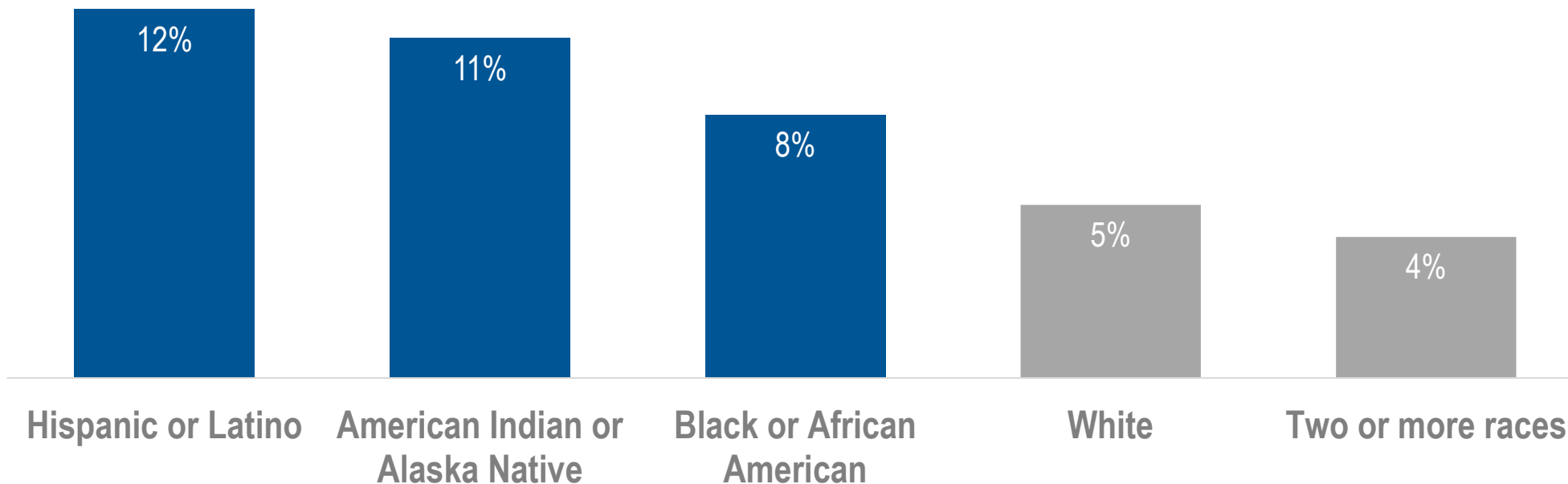
Current challenges across markets

- People continually cycle (or “**churn**”) in and out of eligibility or coverage
- Many people without insurance are in fact eligible for OHP or the Marketplace **but aren’t enrolling**.
- Some people have been left out historically **due to immigration status**
- People who are **most vulnerable** sometimes fall through the cracks
- Even those who have insurance (outside of OHP) **struggle with affordability**





Communities of color are more likely to be uninsured



Source: Oregon Health Insurance Survey (2019)

Our goals

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



Role of the waiver

1115 Medicaid waivers can **adjust eligibility** for the OHP/Medicaid program – but is just **one piece of the puzzle**

Other ongoing efforts to address other aspects of the challenges related to universal access to coverage, such as:

- Current and prior public option bills & 2019 report
- Cover All People bills
- Task Force for Universal Access
- Other efforts to improve access to coverage for specific populations, circumstances or conditions



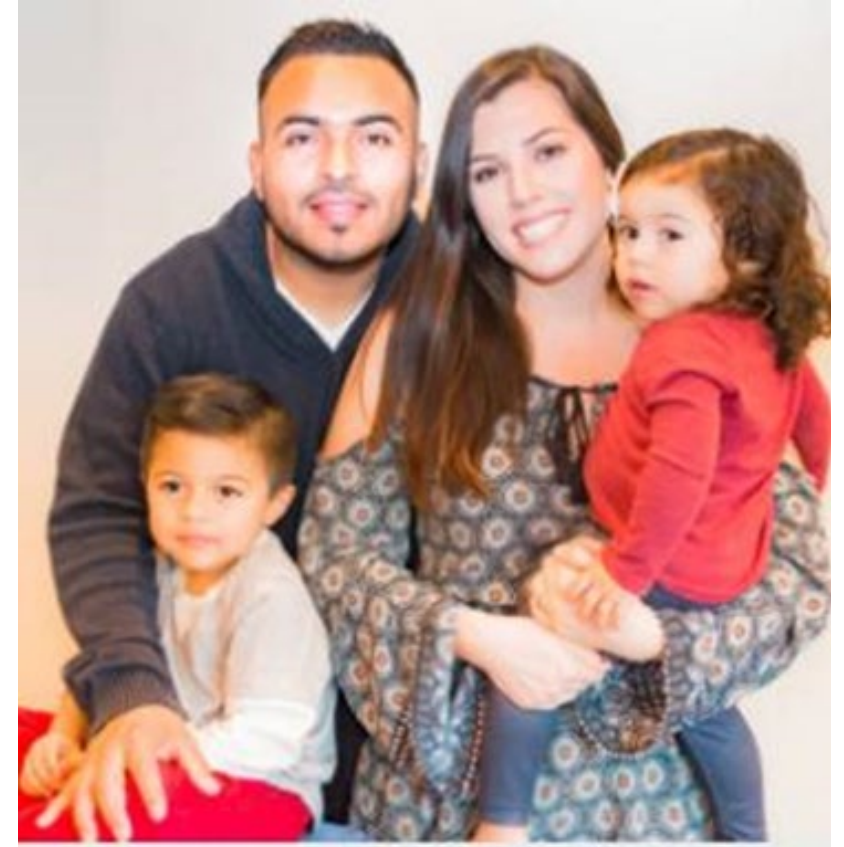
Promising strategies

Make it easier to get and stay enrolled in OHP:

- Self-attestation of income
- 5-year continuous coverage for kids

Explore ways to keep families covered together as income fluctuates

Expand coverage for low-income Oregonians currently not eligible for OHP



Questions?



Your thoughts & experiences

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

What would help the most?



Remember: You can also email your input at any time to 1115Waiver.Renewal@dhsosha.state.or.us.

Goals

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

Creating an Equity-Centered System of Health

Jon Collins, Health Systems Division, OHA





What we've heard:

People identify the racism in our system which prevents them from being healthy.

“

It's not just the language, it's the culture. Although someone is bilingual, **if they don't know about this culture then they won't connect to us on a deep level.**

Since we are migrant people, we do not have any kind of papers to be able to look for better housing to live in.

It's a surprise if I am treated well (at the doctor).

What is an *equity-centered system of health*?

A system providing health services in an environment where all people can reach their **full health potential and well-being and are not disadvantaged** by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, age, social class, intersections among these communities or identities, or other socially determined circumstances.

It requires:

- The equitable distribution or redistributing of resources and power
- Recognizing, reconciling and rectifying historical and contemporary injustices
- **A waiver from CMS' institutional rules**

To create an *equity-centered* system of health...

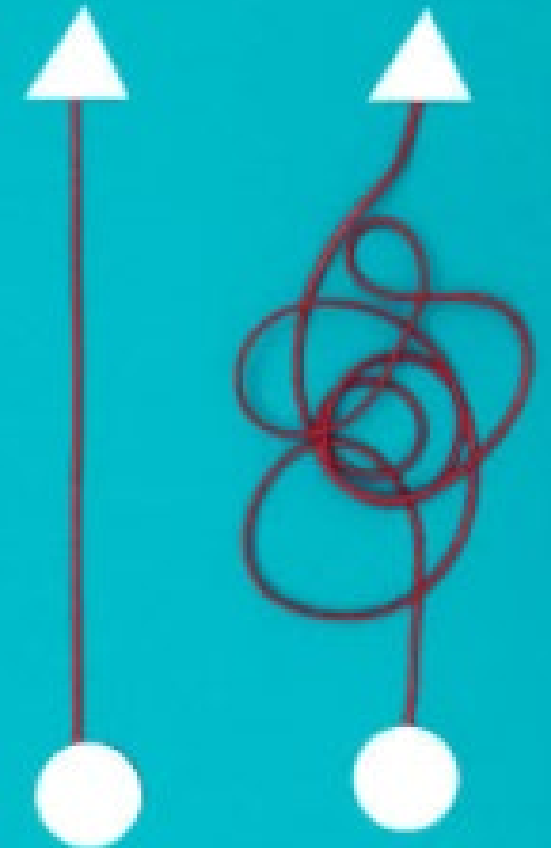
We must:

- ✓ Ensure the health system **works for communities of color** in Oregon.
- ✓ **Address the needs resulting from inequities** and barriers which lead to health disparities.
- ✓ Understand the **lived experiences** of members and fix what is not working.
- ✓ Change the Oregon Health Plan to help members with complex needs stemming from **systemic racism**.



Our goal

- ✓ **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.



Scope of current waiver, which we will build upon

Our current waiver provides a framework for promising strategies to truly move the needle on creating an equity-centered system of health through:

- **Care Coordination**, including ICC, which compels CCOs to address healthcare on a holistic level for those with qualifying "triggers" by coordinating healthcare as well as addressing social needs and complimentary care strategies
- Robust **evidence-based benefits** for those already covered by the OHP package
- The potential to utilize in-lieu of services to provide care that is better suited to those who may need something **outside of traditional benefits** or benefit providers to thrive.

Promising strategies

Better serve populations in transition between settings

How do we use OHP eligibility and CCO enrollment to **support populations who move across settings and system** and lose coverage and access to benefits?



Promising strategies

Housing and other social needs



- Utilize screening for Homelessness, Transitions of care, and other social needs to **qualify OHP Members for a suite of benefits** that address Health Related Social Needs.
- Create a suite of benefits that address health related social needs.

Promising strategies

Behavioral health access

Capacity and workforce are being approached by working on investments of state dollars to strengthen those issues.

But what Medicaid system changes would allow those investments to truly work?



Promising strategies

Tribal-specific strategies



Through monthly meetings, tribes have begun to identify priorities the 1115 waiver renewal. Examples include:

- Including definitions and additional coverage for tribal-specific practices
- Reduce administrative burden around billing and reimbursement
- Continue existing programs that work well

**Do these changes
lead us toward an
*equity-centered
system of health?***

Transitions



Housing and social needs



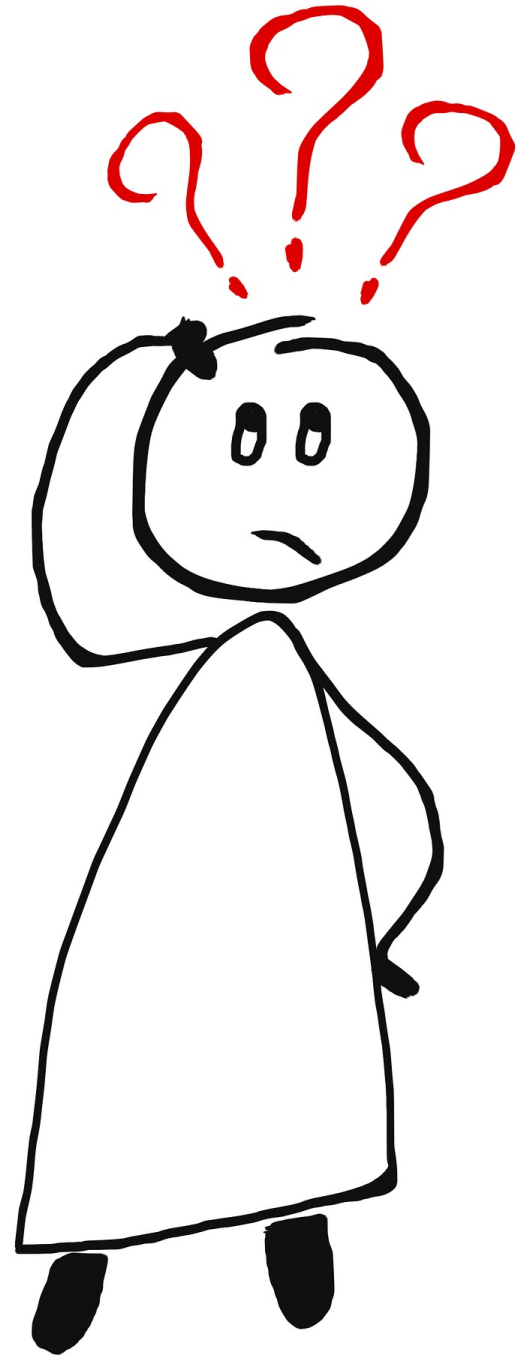
Behavioral health access



Tribal-specific strategies



Questions?



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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.

Time for a 10-minute break



Encouraging smart, flexible spending

Chelsea Guest, Office of Actuarial and Financial Analytics, OHA





What we've heard:

People's health is impacted because their basic needs are not met

“

People do not earn enough money to eat healthy.

Then, we provide the food we can to our children.

What is that? Rice, beans. In the second place, carbs...

And who better to say what's needed in the community than the community?



What we've heard:

Finding affordable housing is a barrier to health



Folks don't have stable housing, it becomes so much harder to do everything else, keep an appointment, keep a regular physician, stay on mental health meds, or any type of medical routine. Housing's probably a cornerstone.

Probably the single social determinant that affects people the most is whether or not you're housed.

Encourage *smart, flexible spending* looks like...

- Providing **flexibility** in the way services are provided and what's covered.
- Encouraging CCOs to **focus beyond the medical system** and pay for things that truly keep people healthy.

Our waiver renewal will continue to push for ways to improve the value of health care spending.



Our goals

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



What was the intention of the CCO Global Budget in 2012?



Since 2012, CCOs have had a **global budget**, built from **capitation rates**



Global Budget

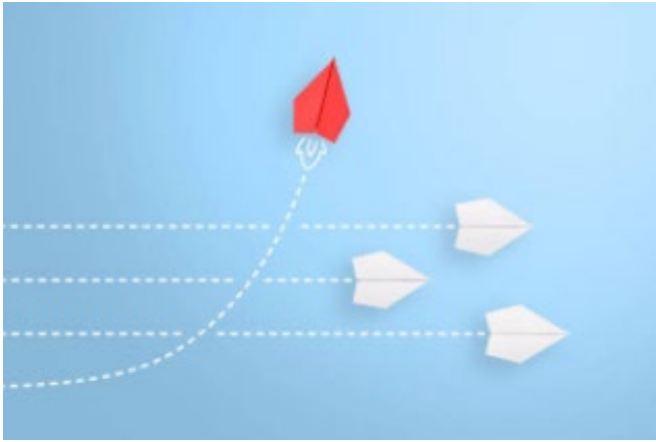
A budget given to CCOs to cover integrated service delivery for OHP members to achieve optimal health



Capitation rates:

Per-member, per-month rates that are paid monthly to CCOs and vary based on characteristics of member
(for example: Children ages 1-5, Medicare status, etc.)

Challenges remain



Incentives are not aligned with goal of eliminating health inequities and promoting long-term, upstream investments.



In many CCOs, power and decision-making on community investments and health equity is still centralized within the CCO.



Inefficiencies and waste in the system persists. But changes must protect member care needs.

Strategies we are exploring

- 1 Flexible, sustainable global budgets
- 2 Increased Accountability
- 3 Shift Power to Community



1 *Promising strategies* **Flexible, Sustainable Global Budgets**

- ✓ Continue sustainable rate of growth commitment.
- ✓ Set expectation with CCOs to invest upstream.
- ✓ Increase flexibility on the ground alongside predictability.



2 *Promising strategies* **Increased Accountability**

- ✓ Strengthen quality metrics program to incentivize health equity and ensure access and quality.
- ✓ Reinforce CCO responsibility to provide core benefits.
- ✓ Create more feedback mechanisms.
- ✓ Streamline access to pharmacy benefits, particularly for those with behavioral health conditions.



3

Promising strategies

Shift Power to Community

- Eliminating inequities will require centering community voice in decision-making
- Identify opportunities for community to lead resource distribution or redistribution to improve the health of priority and underserved communities
- **Process matters.** Strategy will be co-created in partnership with the Regional Health Equity Coalitions



Questions?



Your thoughts & experiences

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

What would help the most?



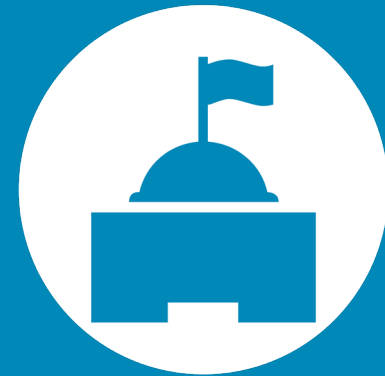
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Goals

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

Reinvesting savings in communities

Chris DeMars, Transformation Center, OHA





What we've heard:

People want investment in the programs that support their health and healthy communities



I think it'd be great if OHA could partner with the parks and recreation department or maybe community centers to give free or reduced-price gym memberships for a more proactive approach to health.

Preventive health is so much cheaper than treating the problems, the conditions, the symptoms. It's so much cheaper, it's just so much better, you don't have to go through a lot of pain.

It costs everyone much less.

Reinvesting savings in communities

Social issues that cause health inequities often extend beyond the scope of the health care system.

Our waiver renewal will seek to reinvest savings to combat health inequities at the community level.



Our 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.



Successful implementation of Oregon's statewide *Sustainable Health Care Cost Growth Target* will result in **substantial savings to the federal government** by slowing the rate of growth in health care expenditures.



Promising strategies

Invest the savings in new “health equity zones”

What’s a Health Equity Zone?

Geographic areas in which **community-based partnerships identify** investments aligned with community needs to improve physical and behavioral health outcomes at the intersection of equity and health.

Examples of investments:

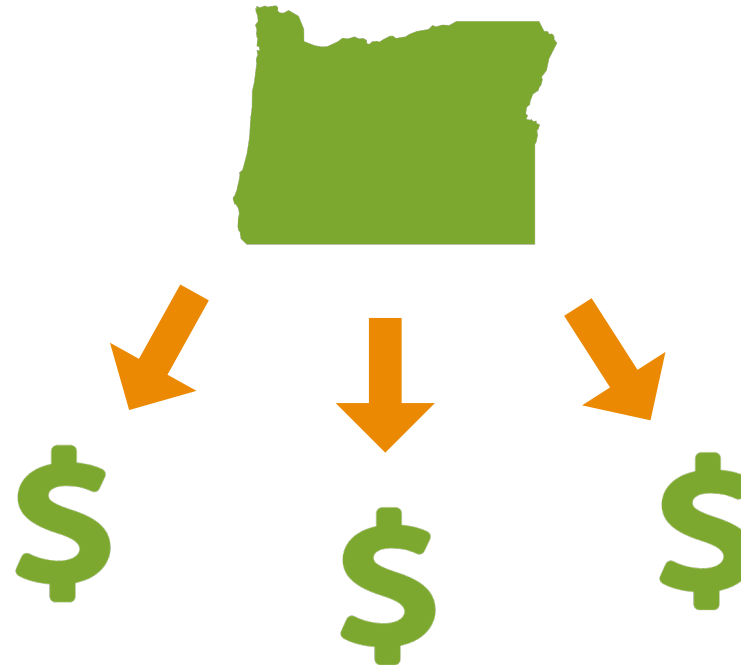
- ✓ Culturally responsive health care workforce
- ✓ Outdoor opportunities and green spaces
- ✓ Affordable, high-quality childcare
- ✓ Housing and housing-related services



Promising strategies

Invest the savings in statewide equity priorities

Collaborate with community partners to identify where **statewide investments** could significantly reduce health inequities on a larger scale.



Questions?



Your thoughts & experiences

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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.

Next steps – how to stay involved

- Stay informed about progress and review concept paper drafts on June 1

oregon.gov/1115waiverrenewal

- Submit comments and questions related to the waiver

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

- Next workshop session

Date will be posted on our website and emailed to all participants on June 2

Wrap up

Jeremy Vandehey, Director of Health Policy and Analytics, OHA

Lori Coyner, Oregon Medicaid Director, OHA

Time for a break – back at 3:35 for Q&A



Q&A

Jeremy Vandehey, Director of Health Policy and Analytics, OHA

Lori Coyner, Oregon Medicaid Director, OHA

Optional feedback session

Jeremy Vandehey, Director of Health Policy and Analytics, OHA

Lori Coyner, Oregon Medicaid Director, OHA