

Oregon Health Plans

Section 1115 Quarterly Report



4/1/2024 – 6/30/2024

Demonstration Year (DY): 22 (10/1/2023 – 9/30/2024)

Federal Fiscal Year: 2024



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I. Introduction

A. Letter from the State Medicaid Director

Oregon Health Authority (OHA) continues working with our partners to meet our program and statewide health equity goals. There has been significant progress toward implementation goals for this quarter including:

- More than four hundred applications were received for the Community Capacity Building Funds (CCBF) Grant Program, which will disburse DSHP Infrastructure dollars across the state. These critical DSHP infrastructure dollars will be disbursed across the state support organizations that will become new health-related social needs (HRSN) provider networks.
- OHA hosted extensive work sessions with CCOs and HRSN partner organizations to foster a collaborative HRSN implementation approach and inform the development of contracts, rules, and guidance related to HRSN services.
- The reentry team continued critical work toward program design, decision-making and implementation approach to expand limited Medicaid benefits to carceral settings, including established standard outreach strategy for external SMEs, including from Oregon Youth Authority (OYA), Dept. of Corrections (DOC) and county jails.
- OHA continued collaboration with Tribes toward DSHP Infrastructure / (CCBF) set aside, to support provisions of HRSN services.

Oregon is pleased with the significant progress made during this reporting period and continues to develop critical relationships with partners to implement the authorities of this demonstration waiver.

Vivian Levy, Interim State Medicaid Director

B. Demonstration description

On September 28, 2022, the Centers for Medicare & Medicaid Services (CMS) approved Oregon's renewed 1115 Demonstration waiver, effective October 1, 2022 to September 30, 2027. This most recent approval included significant eligibility expansion authority, as well as new services for individuals who have health-related social needs (HRSNs) and are experiencing life transitions. Collectively, these reforms are expected to further OHA's goal to eliminate health inequities by 2030 through connecting underserved populations with effective health care and supports.

Several of Oregon's proposals are still being negotiated with CMS. These provisions include Tribal-related requests, a limited Medicaid benefit package for individuals in a state hospital or a carceral setting, and community investment collaboratives to fund local health equity efforts.

Voluminous and complex changes are included in the waiver, impacting many populations and creating new opportunities to address historical health inequities. Children who are enrolled in Medicaid any time prior to their sixth birthday will remain enrolled until age six. People over age six will automatically remain enrolled for two years (instead of one). These eligibility changes help members remain covered longer and be less likely to lose coverage because of short-term changes in eligibility, e.g., temporary income fluctuations.

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The approved waiver also includes some benefit changes for youth. All federally required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children and youth to age 21 will be available. Additionally, for youth with special health care needs, eligibility criteria will allow access to expanded benefits, including EPSDT, until age 26.

Additionally, the waiver includes significant and nationally innovative service expansions for target populations. Effective 2024, Oregon will provide HRSN benefits (such as housing and nutrition services) to people who are experiencing specific transitions in their lives. Eligible populations include:

- Youth with special health care needs aged 19 – 26
- Youth who are child welfare involved, including leaving foster care at age 18
- People who are experiencing homelessness or at risk of homelessness
- Older adults who have both Medicaid and Medicare health insurance
- People being released from custody
- People at risk of extreme weather events due to climate change

Under the new waiver, OHP members will get increased care and social supports in more situations. OHA is committed to working collaboratively with Tribal governments, communities of color and members of other historically underserved populations to design a benefit and implementation approach that expands health care access, quality and improves the lifelong health of everyone in Oregon.

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II. Title

Oregon Health Plan (OHP)
Section 1115 Quarterly Report
Reporting period: 4/1/2024 – 6/30/2024
Demonstration Year (DY): 22 (10/1/2023 – 9/30/2024)
Federal Fiscal Year: 2024

III. Overview of the current quarter

During this reporting period, OHA continued to work with our partners in the health care and social services delivery system to meet our program and statewide health equity goals. Implementation progress continued and advanced significantly. A few highlights include:

- Applications for the community-capacity building funds (CCBF) grant program, which will disburse DSHP Infrastructure dollars across the state, closed during this period. Coordinated Care Organizations (CCOs) began a collaborative review and approval process to award funds and support organizations that will make up their new HRSN provider networks.
- OHA hosted work sessions (with both CCOs and HRSN partner organizations) and office hours to discuss the design and implementation of the HRSN Housing-Related Services. These sessions fostered a collaborative approach and informed the development of contracts, rules, and guidance related to HRSN Services
- EPSDT communications, provider education materials and webinar under development to launch fall 2024; continued work with the Behavioral Health Management Committee to build a clinical team to do the required individual level of review; extensive work across the 1115 waiver streams to ensure consideration of the EPSDT population.
- Reentry team continued developing Whitepapers to inform the program design, decision-making, and implementation approach to expand limited Medicaid benefits to carceral settings; established standard

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outreach strategy for external SMEs, including from Oregon Youth Authority (OYA), Dept. of Corrections (DOC), and county jails.

- Continued collaboration with Tribes toward DSHP Infrastructure / (CCBF) set aside, to support provisions of HRSN services.

Oregon is pleased with the significant progress made this reporting period and remains ready to partner with CMS to complete needed deliverables for implementation.

A. Enrollment progress

1. Oregon Health Plan eligibility

The majority of Public Health Emergency (PHE) unwinding period renewals are now complete. Anticipated attrition has occurred, as individuals are redetermined and found to no longer qualify or fail to respond to renewal requests. The PHE unwinding period has been extended to allow some additional time to complete renewals for certain households whose renewals had to be delayed.

Oregon still has pending State Plan Amendments (SPAs) that will change its CHIP designation from SCHIP to MCHIP (Medicaid expansion) effective January 1, 2024. All children receiving CHIP were systematically moved to MCHIP as of January 1, 2024, but they are currently still being reported under Title XXI and any other relevant reporting will be adjusted accordingly.

After a few years of operating in large workload backlogs following the implementation of a new integrated eligibility system and restructuring of the statewide eligibility processing business model, staff are now processing applications, renewals, and reported changes within required timeframes.

2. Coordinated care organization enrollment

Total coordinated care organization (CCO) enrollment for April 2024 through June 2024 decreased across all CCOs compared to prior months, down -2.1% in 2024. Membership decreases ranged from 0.0% with Eastern Oregon Coordinated Care Organization, which experienced the fewest reduction in members, to Trillium Community Health Plan, serving Lane County and parts Douglas County, which experienced the largest drop in enrollment at -6.2%.

Across the 16 CCOs, there are 48 unique CCO county service areas. The following table provides context for geographic variability in membership growth trends.

DY24 Q3 (April-June 2024) Member Growth Zone	CCO Service Areas
Greater than 5.0%	1
3.00-4.99%	1
0.00-2.99%	8
Reduction in enrollment	38

Enrollment decreased for the first time, compared to prior quarters. The table below demonstrates the difference from prior quarters.

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4/22- 6/22	7/22- 9/22	10/22- 12/22	1/23- 3/23	4/23- 6/23	7/23-9- 23	10/23- 12/23	1/24- 3/24	4/24- 6/24
1.4%	2.9%	2.5%	2.4%	1.8%	3.8%	1.9%	0.8%	-2.1%

Due to reductions in eligible and enrolled members, no CCOs had their enrollment maximums increased during this quarter.

B. Benefits

Health Evidence Review Commission (HERC): A change log and errata for the 1/1/2024 prioritized list were published on May 9 and May 13, 2024.

Pharmacy & Therapeutics (P&T) Committee: For the recent period of April 1, 2024 – June 30, 2024, the P&T Committee developed new or revised Prior Authorization (PA) criteria for the following drugs: Oncology Agents; Orphan Drugs; Tepezza® (teprotumumab-trbw); Weight Management for Youth; Ophthalmic Complement Inhibitors; Attention Deficit Hyperactivity Disorder (ADHD) Safety Edit; Weight Management Drugs; Agents for Pompe Disease; Pregabalin; Exagamglogene Autotemcel; Lovotibeglogene Autotemcel; Tricyclic Antidepressants; and Fezolinetant (Veozahâ).

The Committee also recommended the following changes to the preferred drug list (PDL): make tiotropium capsules non-preferred; add the “Bowel Preparations” class to the PDL and designate MoviPrep® powder pack, SuTab® tablet, and Clenpiq® solution non-preferred, and all other bowel prep agents preferred; add the “COVID-19 Antivirals” class to the PDL and designate Paxlovid™ (ritonavir-boosted nirmatrelvir) and Veklury® (remdesivir) preferred; add the “Ophthalmologic Complement Inhibitors” class to the PDL and designate Syfovre® (pegcetacoplan) and Izervay™ (avacincaptad pegol) non-preferred; revise PDL class name to “Phosphate Binders and Absorption Inhibitors” and make sevelamer HCL tablet non-preferred; make Qvar Redihaler® (beclomethasone dipropionate HFA) and Asmanex® HFA (mometasone furoate) preferred, and fluticasone propionate HFA non-preferred; make extended-release 12-hour clonidine tablets and extended-release guanfacine tablets preferred; assigning voluntary non-preferred status to trazodone, Zulresso® (brexanolone) and Symbyax® (olanzapine/fluoxetine HCL); add Veozah™ (fezolinetant) to the PDL and designate non-preferred.

C. Access to care (ANNUAL)

D. Quality of care (ANNUAL)

E. Complaints, grievances, and hearings

1. CCO and FFS complaints and grievances

OHA is working on setting up improved data infrastructure (e.g., SQL server, programming code, dashboard development, etc.) to be able to import and analyze future Appeal and Grievance system data submissions from the contracted MCE's.

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OHA will provide the data for this reporting period in the upcoming, "Demonstration Year 22 Annual Monitoring Report," covering October 2023 through September 2024.

2. CCO and FFS appeals and hearings

The following information is a compilation of data from 16 Coordinated Care Organizations (CCOs), and Fee-for-Service (FFS).

During the third quarter (April 1, 2024 to June 30, 2024), OHA received 363 hearing requests related to the denial of medical, dental, and behavioral health services, including Non-Emergent Medical Transportation (NEMT). Of those received, 328 were from CCO-enrolled members and 34 were from FFS members.

Overall, 395* cases were processed and resolved. The table below shows the outcomes of these cases, some of which were decided after an administrative hearing.

OHA dismissed 250 cases that were determined not hearable cases. Of the not-hearable cases, 214 were forwarded to the member's respective CCO to process as an appeal. Per Oregon Administrative Rule, OHP members must exhaust their appeal rights at the CCO level and receive notice of appeal resolution (NOAR) before they can request a contested case hearing at the state level. Hearing requests received by OHA prior to the appeal being exhausted are dismissed as not hearable with a letter to the member explaining their appeal rights through the CCO and their hearing rights after receiving the NOAR. Three cases were dismissed as not hearable because the hearing request was not submitted within the timelines identified in rule.

Of the 152 cases that were determined to be hearable, 43 were approved prior to hearing. Members withdrew from 44 cases after an informal conference with an OHA hearing representative, and 38 cases went to hearing, where an administrative law judge upheld the OHA or CCO decision. There were 16 cases dismissed for the members failure to appear. The administrative law judge reversed the decision stated in the denial notice in one case.

* In every quarter there is an overlap of processed cases with those received. For instance, cases processed and resolved in April of 2024 may be cases OHA received as far back as January or February of 2024.

Outcomes of Contested Case Hearing Requests Processed

Outcome Reasons	Count	% of Total
Decision overturned prior to contested case hearing	43	11%
Client withdrew request after pre-hearing conference	44	11%
Dismissed by OHA as not hearable	250	63%
Decision affirmed*	38	10%
Client failed to appear*	16	4%
Dismissed as non-timely	3	1%
Dismissed because of non-jurisdiction	0	0%
Decision reversed*	1	0%
Set Aside	0	0%
Total	395	

* Resolution after an administrative hearing.

Related data

Reports are attached separately as Appendix C – Contested Case Hearings.

F. CCO activities

1. New plans

Oregon awarded 15 CCO contracts under a procurement conducted in 2019. Current CCOs are previously existing plans, and one expanded into two new service areas. CCOs began serving members under the terms of the new contract, effective January 1, 2020.

One of the previously existing plans – Trillium Community Health Plan – serves Lane County and applied to expand into Clackamas, Multnomah, and Washington counties (the Tri-County). OHA denied the request and gave Trillium until June 30, 2020 to demonstrate a sufficient provider network. OHA's denial informed that without further action, the Tri-County service area would be removed from Trillium's contract. On August 14, 2020, OHA approved Trillium's expansion into the Tri-County, effective September 1, 2020. This expansion was subject to a Corrective Action Plan (CAP) effective March 5, 2021; the CAP was closed on May 31, 2022.

In the spring of 2023, the state legislature extended existing CCO contracts by two years. The new end date for the contracts is December 31, 2026.

2. Provider networks

There were no significant changes to the provider networks for the current quarterly report.

3. Rate certifications

OHA has contracted with CCOs to manage and deliver health care for most of the individuals eligible for Medicaid. OHA pays for CCOs to cover these individuals with capitation rates. Capitation rates are a predetermined payment that depends on an individual's OHP eligibility status and is paid to CCOs monthly, for each member enrolled with them.

These capitation rates are developed and certified by OHA's contracted actuaries on a yearly basis. The process and methodology used to develop capitation rates are governed by federal and state regulations.

OHA's planning efforts around HRSN services implementation for 2024 and 2025 has included developing HRSN fee schedules.

CCOs submitted completed Exhibit Ls to OHA to begin the CY2025 rate development and data validation process. OHA met with each individual CCO to discuss the data validation process of the CCOs' financial data for their CY2024 rates. The purpose of these data validation meetings was to discuss CCO financial, rate setting and encounter data to cross-compare and ensure there is a consensus on the starting point of the base data. In addition to developing the CY2025 rates OHA in collaboration with Mercer, OHA is simultaneously developing the CY2025 Behavioral Health Program (BHP).

OHA also met with CCOs in June 2024 to discuss CY2024 rate development progress. The CY2025 rates are projected to be delivered to CCOs in August 2024.

4. Enrollment/disenrollment

All significant changes are included in other sections of this report.

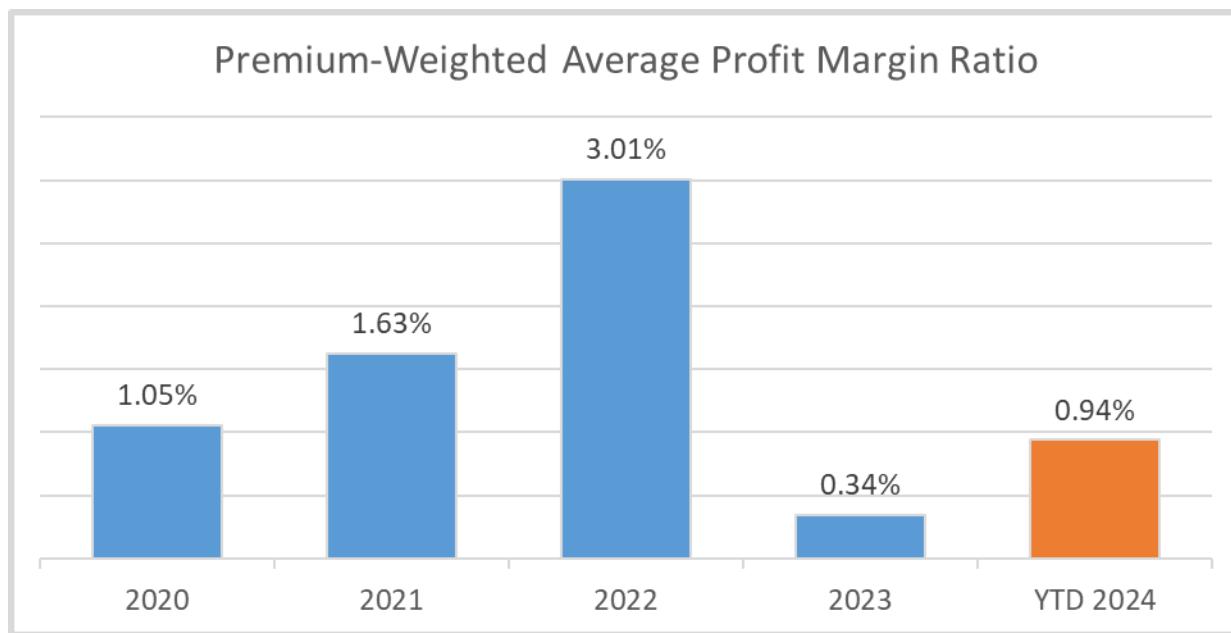
5. Contract compliance

OHA initiated improvement plans with four CCOs – Trillium Community Health Plan, Intercommunity Health Network, Eastern Oregon CCO and Pacific Source Community Solutions – related to the implementation of member notice templates for Notices of Adverse Benefit Determination.

6. Relevant financial performance

In 2021, CCOs were required to file their financial statements based on Statutory Accounting Principles (SAP). This change from Generally Accepted Accounting Standards (GAAS) recognizes that CCOs are structured and operate more similarly to the registered insurers that are also required to file on SAP through the National Association of Insurance Commissioners (NAIC). NAIC statements also provide an analysis of the member services ratio (MSR). This change, while important for the long-term analysis of CCO operations, means that the historical comparative data is only available since the second quarter of 2020.

CCOs achieved a premium-weighted statewide operating margin of 0.94% through the three-months ending March 31, 2024. CCOs are achieving this margin during the redetermination of Medicaid members eligibility, and the introduction of new non-Medicaid programs in 2024 that are aimed to continue medical coverage for Oregonians exceeding 138%, but no more than 200% federal poverty level (FPL) on the OHP Bridge program.



CCO member services ratio (MSR) is a key financial metric that calculates the cost of services a CCO provides to its members (this includes medical, behavioral, dental and health-related services, reinsurance premiums and recoveries, and other adjustments) as a percentage of total revenue. A breakdown of key statewide financial ratios by year indicates that the Member Services component as a percent of the payments that CCOs received, has remained relatively consistent over the last two years.

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Through calendar year 2022, CCOs spent an average of their premiums on Member Services using the SAP standards of 85.01%. Administrative costs of 10.84% were also reported for the 2022 calendar year. For the first three months of 2023, Member Service expenses using SAP standards, the average MLR was 86.42%, an increase of 1.41% from the prior calendar year. The Administrative costs averaged 10.71%, a very small decrease from the prior calendar year.

Additional CCO financial information and audited financials can be found [here](#).

7. Corrective action plans

There are no corrective action plans in place for the reporting period.

8. One percent withhold

This quarterly report is for data from April 1, 2024 through June 30, 2024. OHA analyzed encounter data to ensure it was received for completeness and accuracy for the subject months of September 2023 through November 2023.

Health Systems analyzed encounter data received for completeness and accuracy for the subject months of September 2023 through November 2023. All CCOs met the Administrative Performance (AP) standard for all subject months and no 1% withhold occurred.

G. Health Information Technology

Community Information Exchange (CIE) (also known as Closed Loop Referral Technology for social services)

Federal Funding: CMS Medicaid Enterprise Systems approved an Implementation Advance Planning Document (IAPD) on 03/11/2024 to support the remainder of the federal fiscal year 2024 – federal fiscal year 2025. The IAPD supports the design and implementation of CIE to meet closed loop referral requirements for Oregon's 2022-2027 1115 OHP waiver.

Health IT Strategic Plan - *Strategy to support, accelerate, and improve statewide CIE efforts:* The Health Information Technology Oversight Council's (HITOC) five-year health IT strategic plan received support from the Oregon Health Policy Board, the citizen policy-making oversight body for OHA, on May 7, 2024. The Strategic Plan provides direction to OHA and partners and includes a strategy to advance CIE with four activities:

1. Provide support for community-based organizations (CBOs) and additional partners to participate in CIE.
2. Support and participate in statewide CIE efforts (including using CIE where appropriate and participating in/supporting governance).
3. Aggregate CIE data so it can be used for policy recommendations and resource allocation.
4. Align privacy and security efforts with principles of community/individual decision-making.

Governance: Portland State University's (PSU) Oregon Consensus Program continues the CIE governance readiness assessment. PSU is functioning as a neutral party to assess readiness for statewide CIE governance among community and healthcare partners to help ensure alignment,

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transparency and accountability. An interview guide and outreach list were finalized in June and interviews and focus groups are occurring this summer.

Executive Steering Committee: OHA's CIE Executive Steering Committee (ESC) launched on April 30, 2024, and includes state agency representatives from OHA, ODHS, the Department of Administrative Services and the Legislative Fiscal Office. The CIE ESC provides oversight of CIE technology procurement and supports focused on Medicaid 1115 waiver use cases for OHA to successfully support delivery of HRSN services and meet CMS requirements for waiver implementation. Additionally, the ESC focuses on improving health equity and reducing disparities.

H. Metrics development

At the April meeting of Metrics & Scoring, the committee heard presentations about the feasibility of equity-centered benchmarking for incentive measures in the future and equity benchmarking in other state incentive programs. The committee also reviewed the structure of the Challenge Pool in preparation for selection of the 2025 incentive measures.

For more information about the meeting, including a video link to the meeting and minutes, please visit the committee's website: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx#a990ed04-a843-426e-b790-dbc458a6cca9>.

At the May meeting of Metrics & Scoring, the committee began selecting the draft 2025 incentive measure set for the CCO incentive measure program. The committee decided to include the following measures in the draft 2025 incentive measure set:

1. Health assessments for children in ODHS custody
2. Equity: Meaningful language access
3. Child-level social emotional health
4. SDOH: Social needs screening & referral
5. Postpartum care
6. Child and adolescent well-care visits
7. Immunizations for adolescents (Combo 2)
8. Childhood immunization status (Combo 3)
9. Diabetes: HbA1c poor control
10. Depression screening and follow-up
11. Oral evaluation for adults with diabetes

For more information about the meeting, including a video link to the meeting and minutes please visit the committee's website at: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx#a990ed04-a843-426e-b790-dbc458a6cca9>

At the June meeting of Metrics & Scoring, the committee continued to select measures for the draft 2025 incentive measure set. In addition to the measures chosen at the May meeting, the committee decided to add:

1. Initiation and engagement of substance use disorder services
2. Preventive dental and oral health services, ages 1-5

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- a. The committee initially planned to not include this measure in the 2025 set, as it is not a CMS Core Set measure and therefore cannot be considered for the downstream measure component of the set; however, the committee decided to classify this measure as upstream and include it in the draft 2025 incentive set.

The committee will finalize the 2025 incentive measure set and choose the draft Challenge Pool at the July meeting.

For more information about the meeting including a video link to the meeting and minutes please visit the Committee's [website](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx#a990ed04-a843-426e-b790-dbc458a6cca9), at: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx#a990ed04-a843-426e-b790-dbc458a6cca9>

I. Budget neutrality

OHA is unable to report on the new waiver Budget Neutrality Workbook template with the current reporting systems configuration. The agency is working to have 1115 system configurations implemented to align with the current waiver reporting requirements by July 1, 2024; however, system configuration data is dependent on other system change requests, including Continuous Eligibility (CE) indicators. We hope to submit the report by December 2024 with available data retroactive to the beginning of the waiver.

J. Legislative activities

Although there was no formal legislative activity during this reporting period, OHA continues to update legislators on demonstration waiver project status via monthly meetings. The July meeting focused on updates to the HRSN climate rollout and addressed the launch plan for the HRSN housing benefit. From March to May 31, nearly 1,000 climate devices were distributed. The housing benefit is on course for a launch in November 2024. The August meeting focused on the Benefits Update Project. Pursuant to current waiver terms, OHA will be transitioning the prioritized list of covered/non-covered services to fit into categories based on medical necessity. OHA will submit a state plan amendment to CMS by the [end of 2025, and](#) [end of 2025 and](#) implement in 2026.

K. Litigation status

There are no open lawsuits during this reporting period.

L. Public forums

Health Evidence Review Commission

HERC: Each HERC meeting in this reporting period discussed issues related to coverage of health services and medical necessity criteria to be reflected in the Prioritized List of Health Services. Complete agendas, materials and minutes for each meeting are available [here](#).

May 16, 2024

Verbal comments:

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One advocate and one provider asked for a technology review of Gender Affirming Treatment based on new evidence.

Written comments:

One advocate asked for a technology review of Gender Affirming Treatment based on new evidence. One OHP member supported coverage of treatment of Basivertebral Nerve Ablation.

[Written comments – A](#)

[Written comments – B](#)

Value-based Benefits Subcommittee

May 16, 2024

Written comments:

One provider wrote in support of continuous glucose monitoring for management of cystic fibrosis-related diabetes. One industry representative wrote in support of covering posterior tibial nerve stimulation. One OHP provider and one industry representative wrote in favor of covering deep brain stimulation for essential tremor.

Evidence-based Guidelines Subcommittee

April 18, 2024

Written comments

One provider supports coverage of surgical treatments for obstructive sleep apnea.

Medicaid Advisory Committee

The Medicaid Advisory Committee (MAC) met on April 17, May 29, and June 26, 2024. Aspects of the 1115 waiver were discussed in all three meetings. Members heard from OHA about the plan and process for HRSN listening sessions with a focus on understanding potential needs and barriers that members might face when applying for HRSN services, as well as the development of the Member Journey tool. In addition, OHA presented about HRSN services that will become available soon for the Youth with Special Health Care Needs (YSCHN) population. Members also discussed the waiver in deliberations about their strategic direction for the year, some calling it central to the work. Finally, members shared with the new OHA director their strong interest in the implementation of the 1115 waiver and ensuring that HRSN services are effective.

Members commented on:

- OHA's role in oversight of how CCO's are facilitating outreach regarding the distribution of HRSN services, especially as services are opened to new populations.
- Considerations of which "provider" (CCOs, medical providers, community health workers or someone else) can best accomplish the goal of getting these tools to community members.
- Making HRSN screening and delivery less administratively burdensome to front-line providers.
- Appreciation for additional information regarding HRSNs and that many members will be able to access climate related devices such as AC units.
- Alignment with CCOs and public health around delivery of HRSN services.

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- Broadening HRSN reach to capture folks who are losing something on the Medicare side.
- The availability of data: How do we get it? How do we know that it is working and changing outcomes? Assuming it works, how do we expand it to other populations/regions that might have shrinkage of access in other places? How can the MAC get enough data at the right frequency to advise the agency meaningfully?
- For YSCHN, whether there a list of the included chronic conditions that can be referenced.
- Balancing getting the word out to narrow, eligible populations, without creating confusion among members about the broad availability of HRSN.

There was no testimony from the public regarding the 1115 waiver during this period.

Oregon Health Policy Board

During this reporting period there were no significant presentations on OHP to the Oregon Health Policy Board.

Public webinars

4/17/24: Steph Jarem, 1115 Waiver Policy Director, presented at the All Come 1115 Medicaid waiver webinar. The presentation focused on Community Capacity Building Funds (CCBF) and the steps HRSN providers take to help OHP members access HRSN services. Summary of comments: Participants were concerned that smaller and rural CBOs, which culturally and linguistically specific organizations often are, may struggle to receive CCBF funding. Participants wanted more information on how to become an HRSN provider. Potential HRSN providers had questions about billing and reimbursement for HRSN services, including Outreach & Engagement.

4/17/24: Kristty Polanco, OHA Innovator Agent, presented at the Para Todos 1115 Medicaid Spanish-language waiver webinar. The presentation focused on CCBF and the steps HRSN providers take to help OHP members access HRSN services. Summary of comments: Participants requested more information and clarity about the Medicaid ID number in reference to the Healthier Oregon eligibility expansion and had general questions about HRSN benefits. Participants asked about the administrative process for CCO billing and reimbursement. Partners were concerned about the accessibility of CCBF funding, especially for smaller CBOs.

5/15/24: Steph Jarem, 1115 Waiver Policy Director, presented at the All Come 1115 Medicaid waiver webinar. The presentation focused on CCBF and a new website and resources for HRSN providers. Summary of comments: Participants had several questions about applying for and accessing CCBF funds. Partners want more information on how to become an HRSN provider. Partners shared concerns that capacity building is difficult due to the eligibility limitations of services.

5/15/24: Kristty Polanco, OHA Innovator Agent, presented at the Para Todos 1115 Medicaid Spanish-language waiver webinar. The presentation focused on CCBF and a new website and resources for HRSN providers. Summary of comments: Partners were concerned about the accessibility of CCBF funding, especially for smaller CBOs. Participants request more information about HRSN and presentation resources.

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6/12/24: Steph Jarem, 1115 Waiver Policy Director, presented at the All Come 1115 Medicaid waiver webinar. The presentation provided updates on the rollout of the HRSN Climate and HRSN Outreach & Engagement benefits, new details about the upcoming HRSN Housing benefit, an overview of expanded benefits for Young Adults with Special Health Care Needs, and reminders about CCBF and the upcoming Rules Advisory Committee. Summary of comments: Partners had questions about member eligibility around accessing housing benefits. Partners wanted clarity about benefit scope and operations, such as duration and coverage of benefits. OHA received feedback from partners that the six-month housing benefit is insufficient to support the long-term need of OHP members.

6/12/24: Kristty Polanco, OHA Innovator Agent, presented at the Para Todos 1115 Medicaid Spanish-language waiver webinar. The presentation provided updates on the rollout of the HRSN Climate and HRSN Outreach & Engagement benefits, new details about the upcoming HRSN Housing benefit, an overview of expanded benefits for Young Adults with Special Health Care Needs, and reminders about CCBF and the upcoming Rules Advisory Committee. Summary of comments: Participants had several questions about HRSN eligibility criteria for members applying for benefits. Participants requested more information on HRSN benefit scope and operations.

IV. Progress toward demonstration goals

A. Improvement strategies

Continuous Eligibility for Adults and Children

Oregon's 1115 Demonstration Waiver for continuous eligibility for adults and children was initially implemented in July 2023. Since then, additional system updates have been performed to support accuracy and usability. Continuous eligibility provides protected coverage for children through age 6 (regardless of when they gained eligibility) or 24 months, whichever is later, and protects coverage for 24 months for most members aged 6 and older, including adults.

Early Periodic Screening, Diagnosis and Treatment

OHA added the Lead Screening rate to the OHA strategic plan and is a CMS EPSDT measure. Childhood lead screening rate is a measure in the OHA Strategic Plan. Lead screening is also a federal EPSDT measure that is reported to CMS every year. The EPSDT team is working with leadership from PHD as well as Medicaid to coordinate these measurement efforts.

The EPSDT team is participating in a review of Notice of Adverse Benefit Determination (NOABD, denial letters) for members under 21 from all 16 CCOs (5-10 notices per CCO) from Q1 2024. The CCO quality assurance team is reviewing for all required elements of the NOABDs, and EPSDT staff are providing additional review for EPSDT-related elements (ensuring that review of medical necessity/medical appropriateness was conducted and that denials were made appropriately based on EPSDT requirements). EPSDT review activities will wrap up by August 9th. This is our first comprehensive review across all CCOs to see how denials are happening under EPSDT requirements.

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Provider education materials and webinars are being worked on for the fall. With a EPSDT communications person on board, we will continue to increase awareness and knowledge about EPSDT throughout fee-for-service and CCO (MCE) members and providers.

OHA will continue working with Behavioral Health to make sure that 17-21 year old members do not fall through gaps in the system, as they continue with their EPSDT benefits, but may be determined to be adults at 18. There will also be continued work with the Behavioral Health Management Committee to build a clinical team to do the individual level of review needed to be in compliance with EPSDT requirements. Collaboration across 1115 waiver streams will be a point of focus, as many of those populations are also EPSDT. Expanded Access to Supports that Address HRSNs

Between April and June of 2024, progress was made related to the implementation of Oregon's HRSN services, namely HRSN housing-related services.

Throughout the quarter, Oregon staff participated in several work sessions and interviews with external partners to discuss the design and implementation of the HRSN housing-related services. Interviews were conducted with each CCO to discuss their housing strategy and provide an opportunity to ask questions and offer input on the benefit design. Additionally, staff facilitated three CCO HRSN work sessions to collaborate on the development of contracts, rules and guidance related to HRSN services.

Beyond collaboration with CCOs, Oregon staff met with Continuum of Care (CoC) organizations to share information about HRSN services and build relationships. CoCs are regionally-based organizations that coordinate homelessness service and will be critical partners in HRSN service delivery. There are eight CoCs in Oregon.

Staff also facilitated eight external engagements to share information about HRSN services and gather feedback. This included one public webinar to provide an update on HRSN implementation, three HRSN partner sessions to gather feedback on proposed policy and use of HRSN tools, and two housing partner sessions to gather additional feedback on what an individual would experience in accessing HRSN services, as well as continued discussions on HRSN housing eligibility and service definitions for the November 2024 benefit launch. Finally, staff conducted two training session for potential HRSN service providers, which included information on how to apply for CCBF, conduct closed loop referrals, and use the HRSN request form to recommend potentially eligible individuals be screened for HRSN services.

To support program development, staff convened a public rules advisory committee (RAC) in June to gather feedback related to proposed rules that will govern HRSN Housing-Related and HRSN nutrition-related supports. Final rules will go into effect November 1, 2024 with the launch of the HRSN housing-related supports.

On May 31, Oregon closed the application window for the CCBF grant program, which had been open since March 1. The grant program is being administered by CCOs, who will disburse DSHP infrastructure funds to support eligible community partners develop capacity to provide HRSN services. CCOs will be required to report to the state on key elements, which will inform subsequent

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years of CCBF. Tribal Governments will receive a set aside amount of this funding to be administered through a different process.

During this quarter, Oregon continued to meet with CMS on a biweekly cadence to discuss questions related to external 1115 waiver evaluation requirements and additional CMS deliverables.

Designated State Health Programs

DSHP allows for limited federal matching funds on approved existing state-funded expenditures. The new funding may be used to help pay for:

- Medicaid coverage to Young Adults with Special Health Care Needs (YSHCN)
- HRSNs for eligible OHP members
- HRSN capacity building for community partners
- Carceral Capacity Building

In the January-March 2024 quarterly report, it was mistakenly reported that Oregon started claiming on some of the 14 approved programs. The first draw of federal revenue happened in April 2024.

Between April-June 2024, Oregon has claimed a 50% match through the DSHP program on \$56.8 million in expenditures. See the Attachment E – DSHP Source Tracker.

An additional 12 programs are pending CMS approval.

Alignment with tribal partners' priorities

Between April and June 2024, Oregon's staff working on implementing HRSN services continued to partner with OHA's Office of Tribal Affairs to facilitate discussions with Tribes on the design of HRSN Services. During this quarter, Oregon staff participated in one meeting with Tribal Leaders to discuss the status of the HRSN climate-related supports and plan for the design of HRSN housing-related and nutrition-related supports.

On May 9, the OHA Tribal Affairs team sent a Dear Tribal Leader Letter to the Nine Federally Recognized Tribes of Oregon and the Urban Indian Health Program offering consultation and confer on rulemaking related to HRSN housing-related and nutrition-related supports.

During this quarter, one Tribe was consulted on the CCBF Tribal Set Aside, which resulted in the Tribe agreeing to accept CCBF.

V. Appendices

A. Quarterly enrollment reports

1. SEDS reports

Attached separately

2. State reported enrollment table

Enrollment	April/2024	May/2024	June/2024
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Title XIX funded State Plan Populations 1, 3, 4, 5, 6, 7, 8, 12, 14	1,288,661	1,278,249	1,270,129
Title XXI funded State Plan	133,832	133,247	132,619
Title XIX funded expansion Populations 9, 10, 11, 17, 18	N/A	N/A	N/A
Title XXI funded Expansion Populations 16, 20	N/A	N/A	N/A
DSH funded Expansion	N/A	N/A	N/A
Other Expansion	N/A	N/A	N/A
Pharmacy Only	N/A	N/A	N/A

3. Actual and unduplicated enrollment

Ever-enrolled report

POPULATION		Total Number of Clients	Member months	% Change from previous quarter	% Change from previous year
Expansion	Title XIX	PLM children FPL > 170%	N/A	N/A	N/A
		Pregnant women FPL > 170%	N/A	N/A	N/A
	Title XXI	SCHIP FPL > 170%	42,825	127,063	2% 11.56%
Optional	Title XIX	PLM women FPL 133-170%	N/A	N/A	N/A
	Title XXI	SCHIP FPL < 170%	103,238	290,014	2.84% 17.70%
Mandatory	Title XIX	Other OHP Plus	488,314	1,323,159	2.66% 6.32%
		MAGI adults/children	1,010,012	2,804,451	-1.50% 0.17%
		MAGI pregnant women	20,285	51,179	1.80% 1.51%
		QUARTER TOTALS	1,621,849		

** Due to retroactive eligibility changes, the numbers should be considered preliminary*

OHP eligible and managed care enrollment

OHP eligible*		Coordinated Care				Dental Care	Mental Health
		CCOA**	CCOB**	CCOE**	CCOG**	DCO	MHO
April	1,410,945	1,323,443	59	52	9,987	76,879	N/A
May	1,398,890	1,315,816	61	51	9,923	73,697	N/A

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June	1,385,703	1,304,668	59	50	9,637	70,824	N/A
Quarter average	1,398,513	1,314,642	60	51	9,849	73,800	

* Total OHP eligibles include TANF, GA, PLM-Adults, PLM-Children, MAGI Adults/Children, MAGI Pregnant Women, OAA, ABAD, CHIP, FC, and SAC. Due to retroactive eligibility changes, the numbers should be considered preliminary.

**CCOA: Physical, dental and mental health; CCOB: Physical and mental health; CCOE: Mental health only; and CCOG: Mental and dental health

B. Complaints and grievances

As mentioned above, OHA will provide the data for this reporting period in the upcoming, “Demonstration Year 22 Annual Monitoring Report,” covering October 2023 through September 2024.

C. CCO appeals and hearings

Attached separately.

D. Neutrality reports (reported separately)