

Weekly COVID-19 Updates for Coordinated Care Organizations

OHA is now posting the [CCO Weekly Updates](#) online. For questions about the CCO Weekly Update, contact OHA’s CCO Operations Manager, David Inbody at David.G.Inbody@dhsosha.state.or.us.

Contents

Operational Updates.....	2
Health System Division announcements for the week of 6/22/2020-6/26/2020	2
Changes to ACA Section 1557 do not affect Oregon Health Plan coverage of gender transition services.....	2
Disaster State Plan Amendment (SPA)	3
2021 Contract Restatement	3
Temporary Waivers & Flexibilities.....	3
Guidance to CCOs	4
PPE for Non-Emergency Medical Transportation (NEMT) Providers.....	4
Interim Investigative Guidelines -COVID-19	4
County Specific Mask, Face Shield, Face Covering Guidance	4
Other Updates	5
Oregon State Hospital Update	5
Newest Modeling Suggests Considerable Rise in COVID-19 Transmission.....	5
Understanding the Short-Term Financial Situations of Oregon’s Health Care Providers since COVID-19	6
Medicaid Enrollment Report.....	12
Oregon Health Authority Meeting Schedule.....	13

Operational Updates

Health System Division announcements for the week of 6/22/2020-6/26/2020

- Find all OHP announcements at www.oregon.gov/OHA/HSD/OHP/Pages/Announcements.aspx.
- For COVID-19-related updates, visit www.oregon.gov/OHA/HSD/OHP/Pages/COVID-19.aspx.

Date	Topic
6/25/2020	Changes to ACA Section 1557 do not affect Oregon Health Plan coverage of gender transition services.pdf

Changes to ACA Section 1557 do not affect Oregon Health Plan coverage of gender transition services

On June 19, 2020, the federal Department of Health and Human Services published changes to regulations adopted under [Section 1557 of the Affordable Care Act](#) (Section 1557). One of the changes was to remove gender identity and sexual orientation from the definition of “sex” in the nondiscrimination requirements of Section 1557.

The Oregon Health Authority (OHA) wants to clarify questions and concerns about this change.

- This federal change does not change Oregon Health Plan (OHP) coverage for gender-diverse members.
- OHP currently covers gender transition services, such as hormone therapy, counseling and some surgeries. Changes to Section 1557 do not change this coverage.
- OHP coverage guidance is provided by the [Health Evidence Review Commission](#) (HERC). Transgender OHP coverage is outlined in [HERC Guideline 127](#).

Why is this happening?

[Oregon Revised Statute \(ORS\) 659.875\(1\)](#) prohibits discrimination based on the sexual orientation or gender identity of individuals who receive medical assistance as defined in [ORS 414.025](#). The changes to Section 1557 regulations do not supersede this protection.

What should you do?

Coordinated care organizations (CCOs) and providers should continue to provide OHP-covered services in accordance with [HERC Guideline 127](#) and [ORS 659.875\(1\)](#).

Questions?

- Providers: Contact the [member's CCO](#). For members not in a CCO, contact OHP Provider Services at dmap.providerservices@dhsosha.state.or.us or 1-800-336-6016.
- CCOs: Contact OHA's CCO Operations Manager, David Inbody at David.G.Inbody@dhsosha.state.or.us

This memo can be viewed at the following links, a member fact sheet in pending:

<https://www.oregon.gov/OHA/HSD/OHP/Pages/Announcements.aspx>

<https://www.oregon.gov/OHA/HSD/OHP/Pages/Plan-Tools.aspx>

<https://www.oregon.gov/OHA/HSD/OHP/Pages/Providers.aspx>

<https://www.oregon.gov/OHA/HSD/AMH/Pages/Tools-Providers.aspx>

Disaster State Plan Amendment (SPA)

On June 18, 2020, CMS approved Oregon's Disaster State Plan Amendment (SPA). The provisions of the Disaster SPA include:

- Allows Contracted Community Partner organizations as qualified entities to make presumptive eligibility determinations and allows 2 eligibility periods per year;
- Allows COVID-19, test conducted in non-office settings such as parking lots are covered;
- Adds coverage also includes laboratory processing of self-collected test systems that the FDA has authorized for home use, if available;
- Allows prescription Early refill, Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions, waive prescription drug day supply limits when appropriate to reduce exposure risk;
- Allows exceptions to their published Preferred Drug List if drug shortages occur.

The components of the Disaster SPA related to payment includes the following:

- Behavioral Health Residential: Expand definition of reserve capacity payments to include paying for vacant beds at behavioral health residential facilities due to COVID-19
- Tribal Reimbursement: Allow retroactive adjustment for rates for Indian Health Service, Tribal 638 and Urban Indian Health providers to match revenue received in the analogous calendar month in 2019
- Fully Reconciled Interim Payments: Allow OHA to offer interim payments to providers by application based on previous revenue that will be fully reconciled to billed claims by the end of the quarter following the end of the public health emergency
- Nursing Facilities (DHS item): Increase rates for nursing facilities, assisted living facilities and residential long-term care facilities by 10%
- Private Duty Nursing (DHS item): Increase private duty nursing providers for medically fragile children hourly rate

2021 Contract Restatement

Draft #1 of the 2021 CCO contract restatement is being sent to CCOs' contract administrators on Friday, June 26.

This is the first of two drafts that will be sent to CCOs for review and feedback.

- Draft #1 will be accompanied by an Excel file that lists the requested contract changes submitted by CCOs and by OHA units/programs, and the disposition of each requested change. Please remember that the restatement process is different this year than in prior years due to COVID-19. This year's process is limited to changes that are "technical corrections" and a small number of "added services" approved by OHA's Director.
- The deadline to submit feedback about draft #1 is Friday, July 10.

Feedback should be submitted to Cheryl Henning, CCO Contracts Administrator, at Cheryl.L.Henning@dhsosha.state.or.us using the form provided with the email.

Temporary Waivers & Flexibilities

CMS has provided multiple avenues to States in seeking federal flexibilities for existing regulations. To help encourage transparency and engagement, HSD has created a website for [Temporary Waivers and Flexibilities during the COVID-19 Emergency Declaration](#). OHA will continue to post FAQs and Guidance documents related to the COVID-19 response on HSD's [COVID-19 Guidance for CCOs and Oregon Health Plan providers](#) site.

Guidance to CCOs

PPE for Non-Emergency Medical Transportation (NEMT) Providers

The Oregon Health Authority provided direction the week of June 22nd to county emergency operations around PPE equipment guidance for NEMT providers. CCO's may want to consider sharing this with their NEMT providers.

Here is the communication:

PPE for Non-Emergency Medical Transportation (NEMT) Providers –

In response to various Emergency Managers asking if non-emergency medical transport providers are eligible to receive medical grade face masks, we are providing the following guidance:

- NEMT providers are deemed providers of “similar health care services” and as such are eligible to be issued PPE.
- In the context of their role as providers it is unlikely that their service would require them to participate in a high risk procedure or clinical interaction. Therefore, providing a level 1 or 2, 3-ply mask is recommended.

Interim Investigative Guidelines -COVID-19

June 24, 2020 Interim Investigative Guidelines.

The guidelines include:

- Disease Reporting
- The disease and its epidemiology
- Case definitions, diagnosis, and laboratory services
- Case investigation
- Controlling further spread
- Managing special situations
- Glossary of Terms
- References
- Update log
- Appendices
 - Interpreting Test Results
 - Contact and Case Letters
- Flow Charts

View the document [here](#)

County Specific Mask, Face Shield, Face Covering Guidance

Face coverings are required for indoor public spaces for Multnomah, Clackamas, Washington, Marion, Polk, Hood River, and Lincoln counties, effective June 24.

Children under 12 years of age, as well as people with a disability or a medical condition that prevent them from wearing a face covering, are not required to wear one.

Additional information: [Mask Guidance for Required Counties..](#)

Face coverings required in seven counties -[Guidance and business signs](#)

Other Updates

Oregon State Hospital Update

Protecting the health and safety of patients and staff is a top priority for the Oregon State Hospital. The OSH website provides weekly updates on the comprehensive and necessary [safety measures that have been taken](#) to protect patients and staff by preventing the spread of COVID-19 within the hospital.

Newest Modeling Suggests Considerable Rise in COVID-19 Transmission

New modeling of the COVID-19 virus shows that COVID-19 is spreading more rapidly in Oregon, according to the latest model released today by the Oregon Health Authority and the Institute for Disease Modeling.

The model, which is based on data through June 18, offers three projections -- optimistic, moderate and pessimistic -- predicting that daily case levels could rise as much as 20 percentage points.

The modeling assumes that hospitalizations from COVID-19 remain stable and testing remains at its present level of approximately 4,000 a day:

- The optimistic scenario with those assumptions suggests the previous modeling increase of June 11 was the result of higher testing and that case counts would remain stable at about 180 per day over the next month. This is the least likely scenario to occur because it assumes diagnosis of all new cases and presently about one-third of new infections cannot be traced to a known source.
- The moderate scenario suggests the rise in cases in the last modeling report was due to increased transmission and expanded testing -- and that daily infections of COVID-19 could rise over the next month to more than 900 per day, with daily hospitalizations rising from 8 to 27.
- The most pessimistic scenario suggests the rise in cases in the last modeling report was due entirely to increased transmission and not expanded testing -- and that infections could rise to more than 4,800, and hospitalizations could increase to 82 per day.

"We know that COVID-19 is in our communities," said Dean Sidelinger, MD, Oregon state health officer. "This latest model provides us with a sobering reminder that we all need to guard against continued spread, especially as we continue to reopen and the weather gets warmer."

Dr. Sidelinger said, "Think hard about your choice of activities, especially as we get close to the Fourth of July holiday. Ask yourself: how can I reduce my risk and the risk I might pose to people around me?" Do what you can to suppress the virus: Stay 6 feet away from other people. Wear a mask. Avoid large gatherings, and if you are in a group setting -- like a holiday barbeque -- stay outside, keep your distance and use a face covering when you're not eating. Wash your hands frequently and stay home if you're sick.

OHA uses this modeling for data analysis and planning purposes and releases it on a bi-weekly basis. The entire report can be found [here](#).

[View this and all OHA news releases.](#)

Understanding the Short-Term Financial Situations of Oregon’s Health Care Providers since COVID-19

A summary of the cross-agency short-term provider financial sustainability workgroup’s findings through early June 2020.

The Short-Term Provider Financial Sustainability Workgroup

Health care providers, hospitals and health systems across Oregon may be at risk of closure due to lost revenue as a result of COVID-19 (social distancing, elective procedures halted, etc.), potentially jeopardizing access to services.

The Oregon Department of Consumer and Business Services (DCBS), Department of Human Services (DHS), and Oregon Health Authority (OHA) convened an internal, cross-agency staff working group in April to monitor the landscape of available state and federal financial resources for providers, identify provider needs and providers at risk of closure, and provide information to agency leadership.

This information may also be useful for Coordinated Care Organizations (CCOs) and other health plans who are making decisions about financial supports and strategies for their contracted provider networks as well as help to inform other health system partners and policymakers of the financial supports and expressed needs of providers.

This Document

This document summarizes the Short-Term Provider Financial Sustainability (STFS) Workgroup’s findings on the current state of federal and state financial supports for providers, and stakeholder perspectives on remaining needs.

This document is organized by provider type:

- Hospitals
- Medical providers
- Behavioral health providers
- Dental providers
- Other providers

Provider typology used to organize this document is not mutually exclusive.

Published June 19, 2020.

For more Information: Provider Financial Supports: CCO Strategies and Federal Funding Summaries

<https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

In Development

Agencies are pursuing additional strategies to gain federal funds in providing financial support for Oregon providers. These strategies are not included in the table below, although many would apply to multiple provider types if approved / implemented.

For more information about these strategies, please contact Lori Coyner, Medicaid Director Disaster Relief Fund (1115 waiver): If approved by CMS, this waiver would authorize OHA to create a provider relief fund and provide flexibilities to financially support Oregon’s changing healthcare landscape.

Provider types called out in the waiver application include pediatricians, behavioral health, rural and safety-net hospitals, dentists, home and community-based care agencies, residential facilities, and tribal health facilities. Dependent on approval of 1115 waiver application and availability of general fund match.

This information is a snapshot in time (early June 2020) and is not representative of all providers, hospitals and health systems in Oregon.

This information may not reflect the most current available financial resources for providers or provider needs.

This document does not provide analysis of health care providers’ financial needs or solvency or provide a complete picture of provider finances.

Disaster Relief State Plan Amendment (SPA): If approved by CMS, providers with high percentage of fee for service (FFS) (Open Card) revenue (e.g. tribal clinics, adult mental health residential) would receive adjusted payments to offset decreases in utilization due to COVID-19. Other providers may receive some amount of advance payment subject to full or partial reconciliation of actual FFS claims.

Summary of short-term financial situations, by provider type

The table below summarizes funding for health care providers as of early June 2020, organized by source (federal, state, and other) and by provider type. The table also includes information compiled from conversations with stakeholders, local and national survey data, public testimony and more that helps describe providers' financial situations. This table does not include strategies that are still under development (see page 2 for more details), nor does the table include the Paycheck Protection Program or other state or federal small business relief that providers may be eligible for.

Document will be available to view the week of 6/29/20 [here](#)

See Tables below

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
Hospitals				
All Hospitals	CARES Act Provider Relief Fund (PRF) distributions to hospitals ¹ CARES Act COVID-19 High Impact Allocation – no \$ for Oregon hospitals ² Hospital Preparedness Program distributions: \$1.8M to OHA and \$2.2M to OAHHS ³ CARES Act PRF Allocations for Safety Net Hospitals – few, if any, Oregon hospitals expected to qualify ⁴	\$51M in accelerated Disproportionate Share Hospital (DSH) three program payments to 16 qualifying hospitals		<ul style="list-style-type: none"> Oregon Association of Hospitals and Health Systems (OAHHS) requested \$200M from the state legislature to cover COVID-19 revenue loss⁵ Over \$600M in operating losses in March and April; 41% reduction inpatient revenue (aggregate); CARES Act funding to date covered approximately one month's revenue loss – Oregon was disadvantaged because of its high percentage of Medicare Advantage enrollees.⁶
Rural Hospitals	CARES Act PRF Allocations for Rural Providers includes \$172M for Oregon, including critical access hospitals and sole community hospitals in rural areas ⁷	OHA released \$1.84M Rural Hospital Sustainability & Transformation COVID-19 Grant	Moda Health advancing payment of \$3.8M to participating hospitals ⁹	Rural hospitals have been disproportionately impacted ¹⁰

1 \$291M went to 3,454 providers in Oregon, including hospitals in the first distribution, and \$103M for 141 providers in the second distribution <https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6> and <https://www.oregon.gov/oha/FOD/Documents/Hospital-PRF-Allocations-051420.pdf>

2 <https://www.hhs.gov/sites/default/files/covid-19-high-impact-allocation.pdf>

3 <https://www.phe.gov/emergency/events/COVID19/HPP/Pages/overview.aspx>

4 Approximately \$10 B available nationally for hospitals that qualify. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicare-chip-providers.html>

5 <https://www.oahhs.org/press-releases/hospitals-need-federal-state-help-to-cover-covid-19-revenue-loss/>

6 OAHHS presentation to House Health Care Committee on May 22, 2020:

<https://olis.oregonlegislature.gov/liz/201911/Downloads/CommitteeMeetingDocument/221928>

7 <https://www.hhs.gov/sites/default/files/covid-19-high-impact-allocation.pdf#page=5>

9 https://www.oregon.gov/oha/FOD/CCO%20Spending%20Plans/Financing_Information_Request_EOCCO.pdf

10 <https://www.opb.org/news/article/oregon-hospitals-respose-coronavirus-covid-19/> and

<https://www.kgw.com/article/news/health/coronavirus/oregons-rural-hospitals-hurting-during-coronavirus-pandemic/>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
		\$50M for rural hospitals from the state Coronavirus Relief Fund ⁸		
Medical Providers				
All providers, including primary care and pediatrics	CARES Act Provider Relief Fund (PRF) distributions to Medicare ¹¹ and Medicaid ¹² providers \$716,479 for three Oregon providers for investment in telehealth from \$200M CARES Act COVID-19 Telehealth Program ¹³ \$105M CDC funding to support COVID-19 testing capacity ¹⁴	Early release of \$98M for CCO Quality Pool Suspended 2020 CCO withhold April – December (\$17M/month to CCOs)	Many CCO activities to support providers ¹⁵ M.T. Murdock Charitable Trust COVID-19 Support grants by invitation ¹⁶	Over 50% of Oregon respondents (national physician survey) report financial stress at an all-time high and more than 80% of Oregon respondents report high to severe strain in their practice related to COVID-19 ¹⁷ Pediatricians have experienced sharp decrease in utilization/ revenue with no specific funding available ¹⁸ Multiple provider associations have state or national surveys in progress, including the Oregon Medical Association, the Oregon Pediatric Society, and the Oregon Rural Practice-based Research Network – results expected soon

8 <https://pamplinmedia.com/pt/9-news/469367-379903-oregon-lawmakers-approve-280-million-for-pandemic-recovery>

11 \$291M went to 3,454 providers in Oregon, and \$103M for 141 providers in the second distribution

<https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>

12 Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chipproviders.html>

13 \$716,479 went to three OR providers as of 5/28/20. Providers must be non-profit/public. <https://www.fcc.gov/covid-19-telehealth-program>

14 <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/funding-update.pdf>

15 For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

16 <https://murdocktrust.org/>

17 Oregon results from Larry Green Center and Primary Care Collaborative survey of primary care physicians <https://www.green-center.org/>

18 70% decrease in revenue measured at some clinics in early weeks of COVID-19: Children's Health Alliance testimony at March 19th Metrics & Scoring Committee <https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/2020-03-public-comment-CHA.pdf>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
FQHCs and RHCs	\$23M for 30 health centers ¹⁹ \$1.9M for 30 health centers ²⁰ \$172M allocated for rural providers including RHCs ³	21 clinics receive monthly capitation payments from Medicaid Alternate Payment Model program, and may be better positioned than those relying on fee for service \$	Oregon Community Recovery Fund (Oregon Community Foundation) small grants (\$10-50k) ²¹ \$300K Cambia Health Foundation funds to Oregon Primary Care Association to support COVID-19 response ²²	\$23M in supplemental funding does not go very far, especially given need for infrastructure (e.g. telehealth) ²³ Health center weekly visits are down by ~66% and 43 health center sites temporarily closed due to COVID-19. ²⁴
Tribal Clinics	\$600M for IHS (nationally) ²⁵			On April 15 th , tribal health directors submitted to OHA Leadership a letter requesting stability payments to address severe financial shortfalls as a result of the public health emergency.
Behavioral Health Providers				
All behavioral health providers	SAMHSA BH supplemental for Tribes (\$0.39M) ²⁶ SAMHSA Emergency Response (\$1M) ²⁷ FEMA Crisis Counseling grant (pending Oregon application) ²⁸	Early release of \$98M for CCO Quality Pool Suspended 2020 CCO withhold April – Dec. (\$17M/month to CCOs)	Many CCO activities to support providers ³³	Residential providers have expressed that they are experiencing decreases in utilization based on low referrals, staffing shortages, physical distancing. We have had a couple of providers close or temporarily halt operations due to COVID-19. Some were in financial distress prior to COVID-19. Several facilities have indicated that staff retention is a concern and they have had to provide financial incentives to ensure staff retention.

19 <https://bphc.hrsa.gov/emergency-response/coronavirus-cares-FY2020-awards/or>

20 <https://bphc.hrsa.gov/emergency-response/coronavirus-covid19-FY2020-awards/or>

21 <https://oregoncf.org/covid/grants-loans/>

22 <https://www.cambiahealthfoundation.org/posts/news/2020-05-05/cambia-health-foundation-commits-3-million-to-address-c.html>

23 Oregon Primary Care Association communication with OHA, April and May 2020

24 ORPCA presentation to House Health Care Committee on May 22, 2020:

<https://olis.oregonlegislature.gov/liz/201911/Downloads/CommitteeMeetingDocument/221947>

25 Unclear how much of this is directed to tribal clinics in Oregon; As of 5/1/2020, no IHS, Tribal 638 or Urban Indian Health Program in Oregon had received federal funding.

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_04032020.pdf

26 <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa.pdf>

27 Four Tribes recipients to date <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa.pdf>

28 <https://www.fema.gov/news-release/2020/05/02/fema-administrator-authority-approve-crisis-counseling-during-coronavirus>

33 For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
	SAMHSA Suicide Prevention grant (pending Oregon application) ²⁹ CDC Suicide Prevention grant (pending Oregon application) ³⁰ CARES Act Provider Relief Fund (PRF) distributions to Medicare ³¹ and Medicaid providers ³²			70% of Oregon respondents to a survey conducted by the National Council for Behavioral Health indicated they didn't think they could survive past three months.
County behavioral health	SAMHSA CCBHC Expansion Grants (\$7.2M for three Oregon sites) ³⁴	Three months advance payments made through County Financial Assistance Agreements \$11M for community mental health programs from the state Coronavirus Relief Fund ³⁵	National Council for Behavioral Health COVID-19 Relief Fund for members ³⁶	<ul style="list-style-type: none"> Counties have expressed concern about reduced utilization due to reductions in non-essential services and physical distancing. Much support for telehealth. Concern about access to CCO health-related services funding or other resources for things like phones, services plans, temporary lodging, hotel vouchers, etc. Concern about getting reimbursements for unlicensed clinicians/peers providing COVID-related counseling and mental wellness checkups, especially from commercial insurers. Concerns about lawsuits as result of lack of access to PPE, inability to meet physical distancing guidelines, OSHA complaints from local staff

29 <https://www.samhsa.gov/grants/grant-announcements/fq-20-007>

30 <https://www.cdc.gov/injury/fundedprograms/comprehensive-suicide-prevention/index.html>

31 \$291M went to 3,454 providers in Oregon, and \$103M for 141 providers in the second distribution

<https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6>

32 Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chipproviders.html>

34 <https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa.pdf>

35 <https://pamplinmedia.com/pt/9-news/469367-379903-oregon-lawmakers-approve-280-million-for-pandemic-recovery>

36 <https://www.thenationalcouncil.org/member-relief-application/>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
Dental Health Providers				
All dental providers	CARES Act Provider Relief Fund (PRF) distributions to Medicaid providers ³⁷		ADA Foundation Charitable Assistance Fund Grant Program for dentists	Nationally, 74% of dentists applied for an SBA 7(a) PPP loan. Among those, 50% had their application approved, 34% were waiting on a decision and 15% were not approved. Of the dentists whose applications were approved, 58% had received funds. ³⁸ As of April 20: 71.6% of Oregon respondents report volume of collections at 5% or less what is typically and 39.4% are not paying any staff; 56% paying partially. ³⁹ As of May 18 th : 32.1% of Oregon respondents report volume of collections at 5% or less what is typical, and 15.4% are not paying any staff (26.5% paying staff partially). ⁴⁰ There is significant disagreement in the dental community on the topic of re-opening. Dentists, in many cases, feel they can re-open. Hygienists feel that it is too soon to re-open dental practices and cannot be done safely.
DCOs / oral health subcontractors			Many CCO activities to support oral health subcontractors ⁴¹	
Other Providers				
Developmental Disabilities	Enhanced federal match rate in CARES Act	Contingency/retainer funding for 100% average revenue (1 month), plus 75% of average revenue (two weeks) for congregate adult day		Most adult day service and employment providers participated in the financial support plan (approximately 40+ providers). CMS

37 Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chipproviders.html>

38 <https://www.ada.org/en/publications/ada-news/2020-archive/april/third-wave-of-hpi-polling-shows-dentists-response-to-covid-19>

39 <https://www.ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact/survey-results>

40 ibid

41 For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>;

OHA is currently conducting a survey of Dental Care Organizations to learn more about their efforts to support dental practices and will report results when the survey is complete.

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
		<p>program and employment providers.⁴²</p> <p>Temporary 10% rate increase for 24-hour residential service providers⁴³</p> <p>Temporary suspension of service rate reductions in 24-hour residential setting, foster care, employment, and DSA service rates.⁴⁴</p>		determined that additional funding beyond the six weeks would not be possible. ⁴⁵
Aging & People with Disabilities	<p>Enhanced federal match rate in CARES Act. \$13.6M for Area Agencies on Aging for Family Caregiver Support, supportive services, and meals</p> <p>\$4.9B for CARES Act funding for Skilled Nursing Facilities⁴⁶</p> <p>CARES Act Provider Relief Fund (PRF) distributions to Medicaid providers⁴⁷</p>	Sustainability payments of 75% of average revenue for 3 months for Adult Day Service (ADS) providers who were shut down ⁴⁸		Approximately 80% of ADS providers (<20) are participating in the financial support program.
Behavioral Rehabilitative Services (BRS)		Supplemental 3-month payment to cover maintenance costs associated with COVID related to housing and providing basic education and support to BRS clients who would normally be in school (OHA, DHS, OYA joint effort)		

42 <http://www.dhs.state.or.us/policy/spd/transmit/ar/2020/ar20057.pdf>

43 <http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20057.pdf>

44 <http://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20059.pdf>

45 <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/FAQ-Employment-DSA-Billing-Webinar.pdf>

46 <https://www.hhs.gov/about/news/2020/05/22/hhs-announces-nearly-4.9-billion-distribution-to-nursing-facilities-impacted-by-covid19.html>

47 Approximately \$15 B available nationally, pending provider applications. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chipproviders.html>

48 <https://www.leadingageoregon.org/assets/Adult%20Day%20Services%20Providers%20Letter%20re%20Payment%20During%20Suspension-032520.pdf>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
Complementary and Alternative Medicine (CAM)				<p>Oregon Association of Acupuncturists (OAA) surveyed their members and ~25% of the 1,500 OAA licensed acupuncturists in Oregon responded</p> <ul style="list-style-type: none"> • Estimated \$12,000 - \$24,000 loss in income per acupuncturist from mid-March through mid-July considering two months of closure and an estimated and optimistic 50% capacity for the following two months. • As of May 27, 2020 the last day to complete the survey, almost 90% of respondents were at 50% or less capacity, with nearly 50% of respondents at 20-30% capacity. • Many clinics are still not open due to difficulty obtaining PPE and other necessities.
Non-emergent medical transportation (NEMT)		<p>Early release of \$98M for CCO Quality Pool</p> <p>Suspended 2020 CCO withhold April – December (\$17M/month)</p>	CCO activities to support providers ⁴⁹	National information about the impact of COVID-19 on transportation industry ⁵⁰
Traditional Health Workers (THWs)		\$25M community-based organization COVID-19 Response Fund for outreach, contract tracing, and connecting individuals to social services ⁵¹	CCO and foundation grants to community-based organizations (that employ THWs)	<p>Clinics participating in a recent HRS webinar hosted by OHA and ORPRN noted a need for more support of CHWs and other traditional health workers and community paramedics (via HRS) due to the pandemic.</p> <p>Community Health Workers are advocating at the national level</p> <ul style="list-style-type: none"> • For CMS to include guidance for states to reimburse CHWs for the full range of services provided in interim guidance for states (https://chw.upenn.edu/2020/04/17/callstoaction/) • To include CHW workforce in fourth stimulus bill

⁴⁹ For more information about CCO activities to support providers: <https://www.oregon.gov/oha/FOD/Pages/Provider-Financial-Supports.aspx>
⁵⁰ <https://www.blackcarnews.com/article/how-transportation-providers-can-survive-the-covid-19-pandemic-prepare-for-economic-recovery>
⁵¹ <https://www.oregon.gov/oha/ERD/Pages/COVID-19-Funding-Opportunity.aspx>

	FEDERAL FUNDING	STATE FUNDING	OTHER FUNDING	FINANCIAL SITUATION
Health Care Interpreters (HCIs)			Deploying HCIs as contact tracers to replace part of their income loss. ⁵²	<p>COVID-19 has compounded the financial stress on the Interpreting industry and is “decimating” the state’s interpreter workforce. The transition to telehealth and shortage of PPE have displaced in-person interpreting services and payments, made communication more difficult, and impacted service quality across interpreting modalities.</p> <p>Income for interpreters (the majority of whom practice as independent contractors) has dropped by about 75%(average)⁵³ A top ten interpreting service company in Oregon confirmed that the volume of in-person appointments has dropped by 75%, telephonic appointments have increased by about 10%, but pay significantly less per appointment.⁵⁴</p> <p>Since interpreters are not classified as essential workers, a drastic reduction in procedures has resulted in reduced work appointments and layoffs⁵⁵</p>

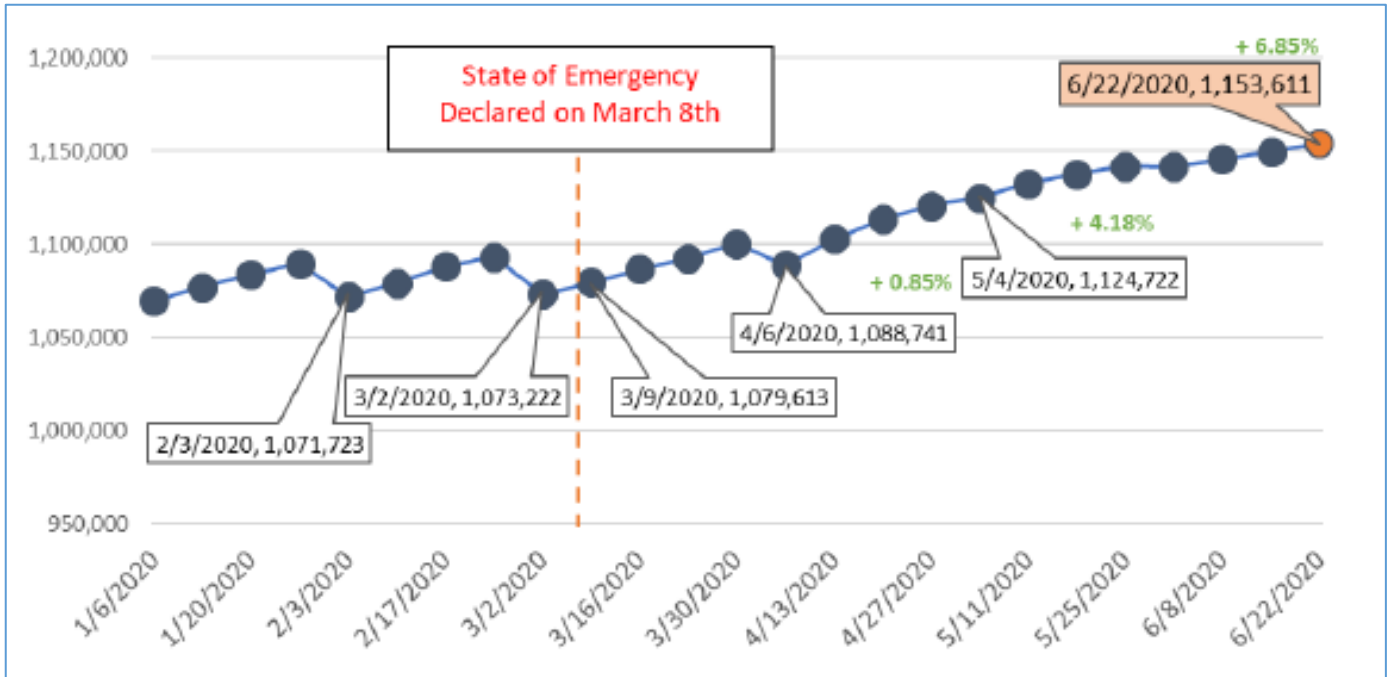
⁵² AllCare and some communities in Central Oregon.
⁵³ A flash poll of a random sample of interpreters on the state’s HCI Registry
⁵⁴ Phone interview with David Brackett, President of Linguava.
⁵⁵ <https://www.opb.org/news/article/oregon-coronavirus-medical-health-interpreters/>

Medicaid Enrollment Report

The Oregon Health Authority posts [a weekly Medicaid enrollment report](#). The report, posted on Tuesdays on [OHA's COVID-19 page](#), lists the increase in Medicaid enrollment over the previous week, as well as the total increase since the COVID-19 emergency declaration March 8.

- As of 6/22/2020, there are 1,153,611 members enrolled in OHP - an increase of 3,991 members over the last week (0.35%) and 73,998 members since the March 8th Emergency Declaration (6.85%)

The report is in the *Additional Data and Projections* section in the *Situation in Oregon* block



Oregon Health Authority Meeting Schedule

As part of our commitment to maintain collaborative communication with the CCOs, we are providing an update on the status of CCO meetings during the COVID-19 crisis.

- Find all OHA meetings at <https://www.oregon.gov/oha/Pages/OHA-Public-Meetings.aspx>
- Find OHP meetings at www.oregon.gov/OHA/HSD/OHP/Pages/Meetings.aspx.

Meeting	Participants	Frequency	Status	Contact
Oregon Health Policy Board	Board Members	Monthly	COVID focus (virtual meeting)	Tara Chetock
OHA/CCO Leadership Meeting	CCO CEOs	Monthly	Virtual Meeting	Lisa Krois
CCO Operations Collaborative	CCO & Operations staff	Monthly	Bi-weekly	Dave Inbody
QHOC	CCO Participation	Monthly	Virtual Meeting; abbreviated July	Lisa Bui
All Plan System Technical	CCO Technical Staff	Monthly	Phone only	Mary Durrant
MEOC	CCO Communications Staff	Quarterly	July	David Ballantyne
Health Plan Quality Metric Committee	CCO Participation	Monthly	Meetings cancelled until further notice	Kristin Tehrani
Metrics and Scoring Committee	CCO Quality/Metrics Staff	3rd Friday of the month	Regular meetings cancelled; Webinars May 15 & July 17	Sara Kleinschmit
Metrics and Scoring Technical Advisory Committee	CCO Quality/Metrics Staff	Every other Month	Cancelled through Aug; Special webinar on June 25	Sara Kleinschmit
Health Evidence Review Commission (HERC)	CCO Medical Director, CCO Providers	5x/year	August 13	Jason Gingerich
HERC Values Based Benefits Subcommittee	CCO Medical Director, CCO Providers	5x/year (same day as HERC)	August 13	Jason Gingerich
HERC Evidence Based Guidelines Subcommittee	CCO Medical Director, CCO Providers	5x/year	Sept 10	Jason Gingerich
Pain Management Commission	No CCO Participation, Medical & Allied Health Providers	2x to 4x/year	September 24 November 19	Mark Altenhofen
Pharmacy & Therapeutics Committee	CCO Pharmacy Directors	1st Thursday of even-numbered months.	Aug. 6 Oct. 1 Phone only (ended biweekly COVID-19 calls)	Dee Weston

Meeting	Participants	Frequency	Status	Contact
CAC Coordinator Meeting and CAC Learning Collaborative	CAC Coordinators and participating CAC members	Monthly	No Change	Alissa Robbins
Rates Advisory	CCO CFO	Monthly		
Medicaid Advisory Committee (MAC)	Board Members	8x/ year	Next meeting July 29	Jackie Wetzel
Mental Health Clinical Advisory	CCO Participation	Bi-monthly	July 2nd regular meeting cancelled	Amanda Parish
Health IT Oversight Council (HITOC)	CCO Participation	Bi-monthly	Likely August 6th mtg (tentative - virtual meeting)	Susan Otter
HIT Commons EDIE Steering Committee	CCO Participation	Bi-monthly	August 28 (virtual meeting)	Brittney Matero
HIT Commons PDMP Integration Steering Committee	CCO Participation	Quarterly	July 9 (virtual meeting)	Brittney Matero
HIT Commons CIE Advisory Group	CCO Participation	Monthly	June meeting cancelled (written updates); July 16 (virtual meeting)	Brittney Matero
HIT Commons COVID-19 Response Leveraging Collective Platform	HIT Commons, Collective Medical, CCO Participation	Weekly since March - moving to biweekly in July	Every other Friday beginning July	Brittney Matero
Provider Directory Advisory Group	CCO Participation	Bi-monthly	Likely July 15 (tentative - virtual meeting)	Karen Hale
Transition of Care Meeting	CCO Participation	Monthly	Phone only	David Ballantyne
CCO Behavioral Health Directors	CCO BH Directors	3 rd Monday, of the month	COVID-19 focus	Jill Archer
Palliative Care and Quality of Life Council	No CCO Participation, Medical, Allied Health & Spiritual providers	2x – 4x/year	September 10 November 5	Mark Altenhofen