2027 Significant Change Guidance

What is a significant change?

Consistent with prior years, the basic definition for "significant change" is:

> *"Significant changes" are (1) new programs or requirements or (2) changes that may be objectionable, burdensome, or costly to CCOs or OHA (e.g., capitation rates; provider compensation or selection; CCO staffing, operations, or finances; how CCOs deliver care).*

To elaborate: A significant change is a change in the CCO contract(s) that is likely to be perceived by CCOs and/or OHA as having a major impact on either or both of the parties. The impact may be one-time or ongoing. The change may affect clinical, administrative, operational, or financial activities, or any combination of these.

Below is a list of concepts to prompt your thinking about whether a change may be "significant" based on what it affects. The list is based on themes from prior years' significant changes; it is not exhaustive.

- Services CCOs are responsible for
- How CCOs deliver services to members
- Administrative, operational, or financial activities CCOs are responsible for
- How CCOs carry out administrative, operational, or financial activities
- Amounts or methods for OHA payments to CCOs
- Amounts or methods for CCO payments to providers or other parties
- Information, documents, or data CCOs collect or submit
- Performance expectations or requirements for CCOs, their providers, or other parties

The definition for "significant change" should be applied liberally. Promptly contact OHA's CCO Contracts Team (CCO.Contracts@oha.oregon.gov) if there's any uncertainty about whether the change fits the definition. If a significant change is miscategorized as non-significant, it is at risk of not being considered for the 2027 restatement.

What kinds of significant changes are prioritized for the 2027 restatement?

Below are the categories for significant changes prioritized for the 2027 restatement, with examples of what's included in each category. The priorities will be adjusted as necessary as a result of the forthcoming engagement between the Governor's Office and CCOs as well as additional direction from OHA executive leadership.

The SmartSheet survey used for submitting possible significant changes has an "Other" category for changes that don't align with the prioritized categories but nonetheless have a compelling reason to be considered for the 2027 restatement.

1. **CCO deliverables and performance & quality incentive measures**
   - Scope and content of deliverables

- Templates and models for deliverables
- Better alignment between deliverables, CCO performance measures, and quality incentive measures

2. **CCO table considerations** (not already covered in other categories; does not include table items only under consideration for CY 2026)
   - *Care Coordination:* Care plans, IDTs for LTSS, HRA for health status change, risk stratification parameters
   - *Traditional Health Workers:* Better define service delivery and scope of billable services
   - Dental co-pays
   - Carve out dental benefits from CCOs
   - Lower Medicaid FFS behavioral health rates for parity with commercial rates
   - Utilization management for low-acuity outpatient behavioral health services
   - Examine lowering fidelity program requirements for IIBHT and ACT services with a focus on rural areas
   - Remove CCO responsibility for civil commitment patients in inpatient psych units
   - *Provider network:* Accelerate Certificate of Approval reviews and processes with CCOs
   - HERC clarification of coverage guidelines for Applied Behavior Analysis services
   - *New benefit protocol:* Establish requirements in advance of any new benefit implementation
   - Evaluate reinsurance and other risk mitigation strategies
   - Evaluate current directed payments and reduce/eliminate where possible

3. **1115 Medicaid waiver**
   - Benefit Update Project, including comprehensive benefit evaluation
   - Other changes covered by current waiver (ends 9/30/2027) including Health-Related Social Needs Services
   - Changes in preparation for next waiver

4. **Non-discretionary federal and state changes, such as:**
   - Federal House Resolution 1 aka HR 1 (Public Law 119-21)
   - Federal managed care, interoperability, and other rules affecting CCOs
   - Changes from prior state legislative sessions including Enrolled House Bill 2208 (2025) relating to CCO Community Health Improvement Plans
   - Non-Emergent Medical Transportation audit
   - Language access audit