

Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-004
Q6. Provide a short name for possible change	Benefit update project
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	Amending contract language to comply with 1115 Waiver STCs related to the transition away from the waiver authority for the Prioritized List of Health Services.
Q3. Which prioritized restatement category applies?	(c) 1115 Medicaid Waiver
Explain how change fits into "1115 Medicaid Waiver" category	Pursuant to the current 1115 Waiver STC 13.9, Phase-out of Waiver Authority Related to the Prioritized List, "The state's waiver of amount, duration, and scope related to the Prioritized List, authorized in the original 1994 approval, will be phased out of the OHP demonstration by January 1, 2027." As a result, the CCO contract needs to be amended to update references to the Prioritized List and replace with updated terminology (e.g., removing references to "funded condition/treatment pairs). https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-OHP-STCs101824.pdf
Q4. Could entire change be deferred to later contract year?	No
Consequence(s) if not included in 2027 contract	Pursuant to the current 1115 Waiver STC 13.9, Phase-out of Waiver Authority Related to the Prioritized List, the state's waiver related to the Prioritized List will be phased out effective January 1, 2027. The 2027 CCO contract must be amended to comply with the 1115 Waiver STCs.
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Executive Sponsor OHA Division/Program/Unit	Health Policy and Analytics

Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-004
Short name	Benefit update project

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

The current contract language references funded condition/treatment pairs and condition/treatment pairs above the funding line on the Prioritized List. With the end of the waiver authority for the Prioritized List in December 2026, there will no longer be a "funding line" or "funded" condition/treatment pairs on the Prioritized List. Contract language needs to be amended to reflect this change.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

The contract language should be updated to remove references to the funding line and funded condition/treatment pairs on the Prioritized List.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

CCOs should consider involving their medical directors and other staff who have been involved in the Benefit Update Project over the last few years.

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

There is not an existing forum dedicated to this work.