

500 Summer Street NE, E49
Salem, Oregon 97301-1079
Voice – (503) 945-5772
FAX – (503) 373-7689
TTY - (503) 378-6791
www.oregon.gov/OHA

April 8, 2016

**REQUEST FOR COMMENTS
EXTENDED THROUGH
JUNE 1, 2016!**

To: Oregon Health Plan Stakeholders

From: Lori Coyner
Medicaid Director
Oregon Health Authority

Subject: Opportunity to comment on Oregon Health Plan (OHP) renewal request to the Centers for Medicare and Medicaid Services (CMS)

This letter is to give you information and an opportunity to comment on the state's upcoming request to the federal Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) to extend the Oregon Health Plan Demonstration under Section 1115(a) of the Social Security Act for an additional five years, and to amend the OHP, as appropriate, to incorporate specific measures that will serve to further transform and improve the health care delivery system for low-income Oregonians.

Specifically, the State will request approval of a five-year extension of the 1115 Demonstration (Waiver) under Section 1115(a) of the Social Security Act, beginning July 1, 2017 and continuing through June 30, 2022.

Oregon will seek to continue to build on the State's long history of providing the state's most vulnerable residents with effective, efficient, evidence-based health care, and to meet several key goals:

1. Continue to transform Oregon’s Medicaid delivery system to focus on prevention, integration and coordination of health care across the continuum of care with the goal of continuing to improve outcomes and bend the cost curve by containing the growth in Medicaid expenses;
2. Continue to promote the three goals of better health, better health care, and lower costs; and
3. Continue to partner with CMS, Oregon’s Tribes, counties and stakeholders statewide to implement innovative strategies for providing high-quality, cost effective, person-centered health care to all of Oregon’s medical assistance populations.

Background

Since January 2014, approximately 400,000 Oregonians have become newly eligible for Medicaid with the implementation of the Affordable Care Act (ACA) and federal health reform. These newly eligible individuals, as well as those who were already covered by the OHP, are served by a coordinated care system through entities called coordinated care organizations (CCOs) that focus on prevention, primary care and the needs of their particular communities.

Accountability for each aspect of the three goals – better health, better care, and lower costs – is a central tenet of Oregon’s health system transformation. CCOs are held accountable for performance on outcomes, quality and efficiency measures identified by OHA through a public process and in collaboration with stakeholders. CCO accountability metrics will continue to function both as an assurance that CCOs are providing quality care for all of their members and as an incentive to encourage CCOs to transform health care delivery.

Infrastructure at the State level, including the Transformation Center, serves to back up and support the CCO system with specialized training, information, learning collaboratives, assistance with Community Health Improvement Plans and technical assistance to address a wide range of implementation and service delivery needs. Innovator Agents are assigned to each CCO. The State would like to continue and expand these highly successful efforts.

Since the 2012 renewal, the State has further expanded access to the State’s nine federally recognized Tribes through the Uncompensated Care Program and

developed outcome and incentive strategies through the Hospital Transformation Performance Program.

Renewal request and potential amendments

With this renewal, Oregon will request that CMS continue to approve all of the State's existing waiver authorities. These authorities will allow the State to continue implement and deliver coordinated care system services, including contracting with CCOs; enrolling individuals in managed care; ensuring Tribal members can opt out of managed care; establishing integrated benefit packages; establishing global budgets; utilizing alternative payment methodologies that reflect client outcomes; prevention and a range of person-centered care services, including patient-centered primary care homes and comprehensive care coordination.

In addition, the State would like to build on the successes of the past five years by continuing the Tribal Uncompensated Care and Hospital Transformation Performance programs, aligning and integrating them into the transformation efforts and enhancing coordinated care for all populations.

The State would also like to focus on a continuing positive investment strategies, including quality reinvestments, flexible services and the beneficial use of state and federal funds for community behavioral health integration.

OHA appreciates your interest in the OHP and in its impact on Tribal members and Tribal entities. The State will consider all feedback as we develop the requests for these changes. Please share this information with any individuals or groups who may be interested in or affected by the changes. Copies of the draft request and additional information on the 1115 Demonstration waiver can be found at: <http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>.

Please send written comments **by JUNE 1, 2016** to Janna Starr; Health Policy and Analytics; Oregon Health Authority; 500 Summer St. NE; Salem, OR 97301-1079 or Janna.Starr@state.or.us.

Thank you for helping OHA to present the best request possible to the federal government in order to continue the Oregon Health Plan and all of its benefits to Oregonians.