
Medicaid Waiver Update

Oregon Health Policy Board

September 7, 2021

Jeremy Vandehey, HPA Division Director

Lori Coyner, Senior Medicaid Policy Advisor



Oregon
Health
Authority

Agenda



Feedback and engagement



Scope and timeline updates



Incentivizing equitable care

Feedback and Engagement

Background & Principles

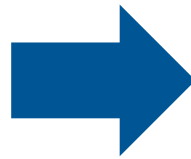
- ✓ Acknowledge realities of COVID-19 in Oregon
- ✓ Be accountable and responsive to community
- ✓ Educate, inform, listen
- ✓ Incorporate waiver feedback
- ✓ Re-route non-waiver feedback appropriately

Engagement Approach

Existing strategic plans & community voice



**Draft Waiver
Concepts**



Solicit feedback on concepts through:

- ✓ Legislative work group
- ✓ OHPB
- ✓ Workgroup on 3353 with RHECs
- ✓ Community partners through CPOP
- ✓ Public 1115 Waiver Workshops
- ✓ Meetings with CCOs
- ✓ Public inbox
- ✓ And more...

Engagement Audiences and Avenues



General Public / Community

Public Inbox

RHEC Work Sessions

Waiver Days

2 sessions w/ 264 total participants

CPOP

2 sessions in English, 2 in Spanish



State Policymakers

Monthly Meetings:

OHPB, HEC, MAC

Ongoing Engagements:

- Health Equity Committee Waiver Workgroup
- OHP Waiver Renewal Legislative Workgroup



Tribal Partners

Discuss tribal priorities:

- Feb 12,
- March 12
- May 7
- May 14,
- June 11

SB 770 Health and Human Services Cluster meeting

Tribal Consultation (upcoming)



Industry

Discuss strategies and implementation:

- CCO CEO Workgroup
- CCO GR Workgroup
- CCO Waiver Renewal Work Group
- CCO BH Directors
- QHOC
- Oregon Primary Care Assoc

479 comments have been collected, analyzed, and presented in a feedback summary report



Nearly **half** of comments were from **community**

Accountable to our commitments

In-scope feedback

Incorporate or



*Demonstrate why not
incorporated*



Out-of-scope feedback

Re-route appropriately





Public Comment

- A 30-day public notice and **comment period**.
- A **comprehensive description** of the proposed waiver “that contains a sufficient level of detail to ensure **meaningful input** from the public.”
- A **current website** to share these materials and allow for any interested parties to sign up for an email list to be kept apprised of the application.
- Hold **at least two public hearings** on separate dates in separate locations that offer the public an opportunity to learn about the application and comment on it.



How to stay involved (public)

Stay informed about progress and review concept paper drafts at our website:

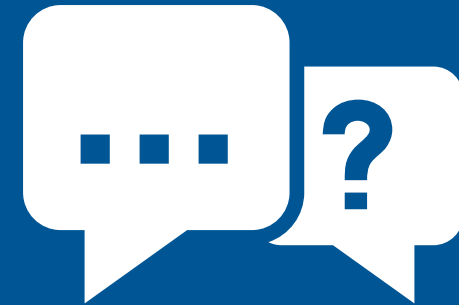
oregon.gov/1115waiverrenewal

Submit comments and questions related to the waiver

1115Waiver.Renewal@dhsoha.state.or.us



Questions? Feedback?



Incentivizing equitable care

Overarching Waiver Goal: *Advance Health Equity*

To achieve this, our policy framework breaks down the drivers of health inequities into four actionable sub-goals:



**Maximizing
OHP
coverage**



**Stabilizing
transitions to
minimize
disruptions in care**



**Encouraging
smart, flexible
spending for
health equity**



**Focused
health equity
investments**

We will ensure all OHP members can equitably access and receive quality care

- Oregon has had robust quality measurement for CCOs since 2013
- Financial incentives have been strongly associated with performance improvements
- Although care quality has improved in aggregate, inequities by race/ethnicity, language, and disability persist

Our waiver renewal will seek to restructure the Quality Incentive Program so that equity is the primary organizing principle.

Proposal

Restructure the Quality Incentive Program into two complementary components

- Downstream metrics
- Upstream metrics focused on equity

Redistribute decision-making power

Rethink the incentive structure to better advance equity

Waiver concepts: Refocusing CCO metrics

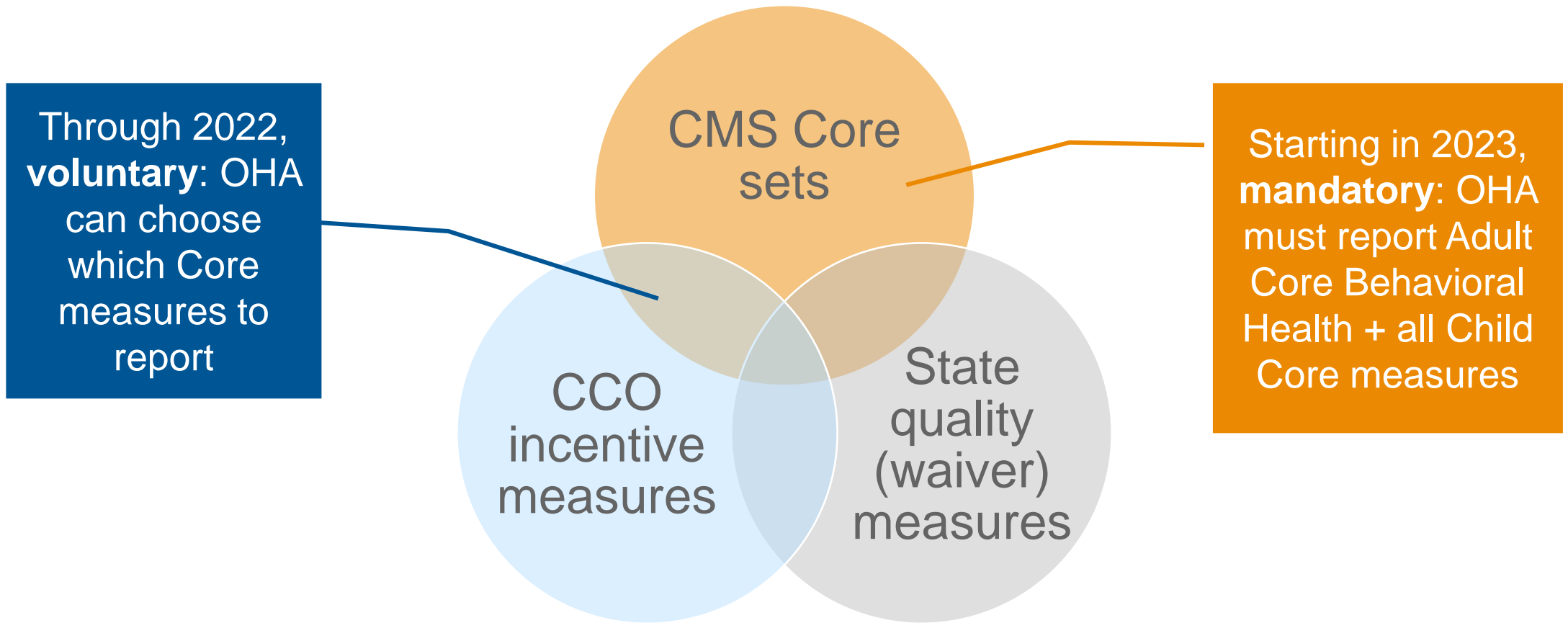
Upstream

Root causes of health inequities. These metrics focus on things like socio-economic factors and institutional racism. For example: *Meaningful Language Access to Culturally Responsive Care.*

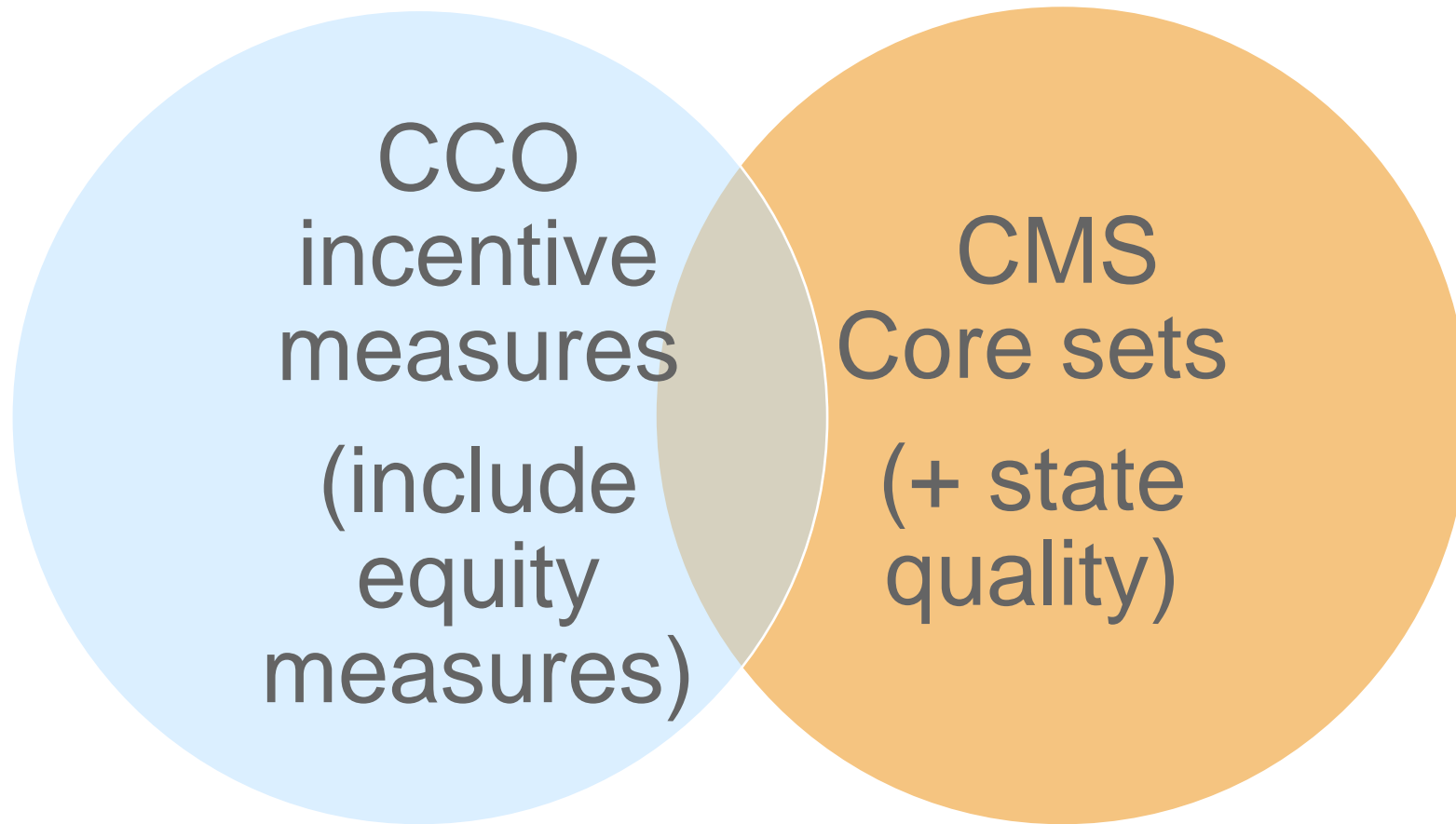
Downstream

Medical model. These metrics focus on things like injury and disease. For example: *Controlling High Blood Pressure or Emergency Department Utilization.*

CMS Medicaid Core sets - Current



CMS Medicaid Core sets – New Proposed



Comparison summary

Current

One metric set → CCOs earn bonus by meeting benchmark or target on percentage of all measures

HPQMC picks menu → M&SC picks metrics and benchmarks

New waiver

Upstream and downstream sets → greater focus on specific metrics; incentivize work on root causes of inequities *and* maintaining basic quality

Greater role for communities and members in setting priorities for metrics

Redistribute decision-making power with a focus on equity

Work with Oregon legislature to change Health Plan Quality Metrics Committee to Health Equity Quality Metrics Committee

- Oversight and approval of downstream metrics selected by Metrics & Scoring Committee
- Advise on operationalizing measures to address member and community concerns and priorities
- Incorporation of community engagement and member voice

Rethink the incentive structure to better advance equity

- OHA will work with new Health Equity Quality Metrics Committee and Metrics and Scoring Committee to decide how upstream and downstream metrics are incentivized to best improve health equity
- Incentive payments for upstream and downstream metrics will use a withhold structure

Questions? Feedback?



Thank you!

You can email your input at any time to
1115Waiver.Renewal@dhsoha.state.or.us

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon
Health
Authority