
Medicaid Waiver Update

Oregon Health Policy Board meeting

May 4, 2021

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Agenda

- Engagement Opportunities
- Policy Deep Dive: Global Budget

2021 Policy and Engagement Calendar

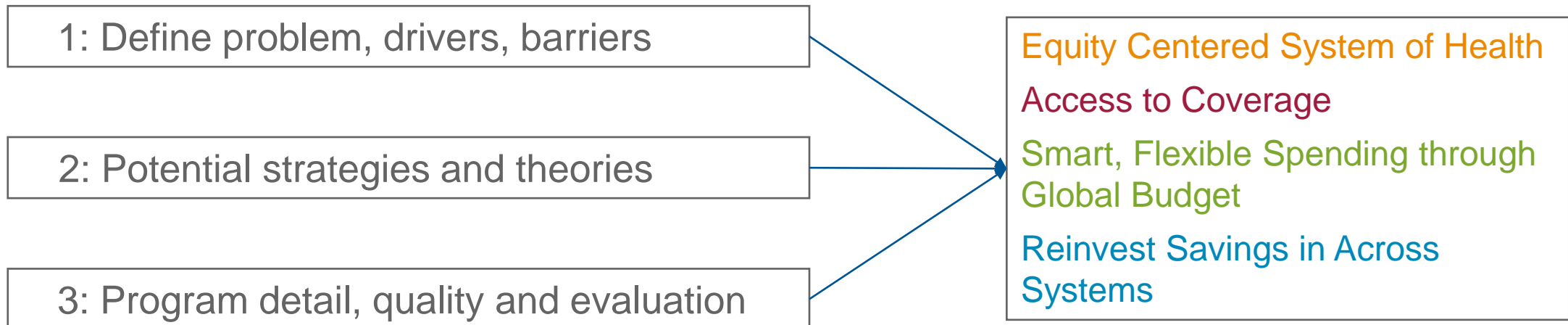
Waiver Major Tasks		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Feb – Apr	Waiver 101	■									
Vision and Goals	Policy Framework	■									
Apr – Jul	Define problem, drivers, barriers		■								
	Potential strategies and theories			■							
	Program detail, quality and evaluation				■						
Jul – Oct	Draft Application					■					
Oct – Dec	Final-Draft Application									■	
		Key Timeframes Apr – May: Draft concept papers Jun: Detailed concepts ready for input Jul – Aug: Tribal consultation Sep: Public Comment period begins <i>Oct: Public Comment at MAC</i> Dec: Draft application to CMS									

Future Waiver Workshops

- Starting in late **May**, OHA will convene focused work groups to help OHA integrate experiences with the delivery system and identify what changes are needed
- Sessions will be divided into a three-part technical work group series that aligns with OHA's timeline of waiver content development and covers a deep dive into each of the goal areas

Content Development Stages

Goal Areas



Community Engagement Waiver Timeline

From May through September 2021, convene community partners in a dedicated waiver webinar series

May

Series 1

- May 10th – English
- May 13th - Spanish

September

Series 3

- TBD – English
- TBD - Spanish

June

Series 2

- TBD - English
- TBD - Spanish



Waiver Timeline

Oregon is applying to the Centers for Medicare & Medicaid Services (CMS) for a new five-year Medicaid 1115 Demonstration waiver



Overarching Waiver Goal: *Advance Health Equity*

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



Creating an equity-centered system of health



Ensuring access to coverage for all people in Oregon



Encouraging smart, flexible spending



Reinvesting gov't savings across systems

Encourage *smart, flexible spending* that supports health equity

- The global budget framework in Oregon has a strong record of providing **flexibility** in the way Medicaid dollars are spent toward improving outcomes:

Future State

- ✓ CCOs have **greater flexibility** in spending through their global budgets, with **consumer protections**.
- ✓ Decisions about **community investments** are held by the community itself.
- ✓ People will get the care and supports they need to **stay healthy**.



Definitions



Global Budget: A budget given to CCOs to cover integrated service delivery for OHP member to achieve optimal health



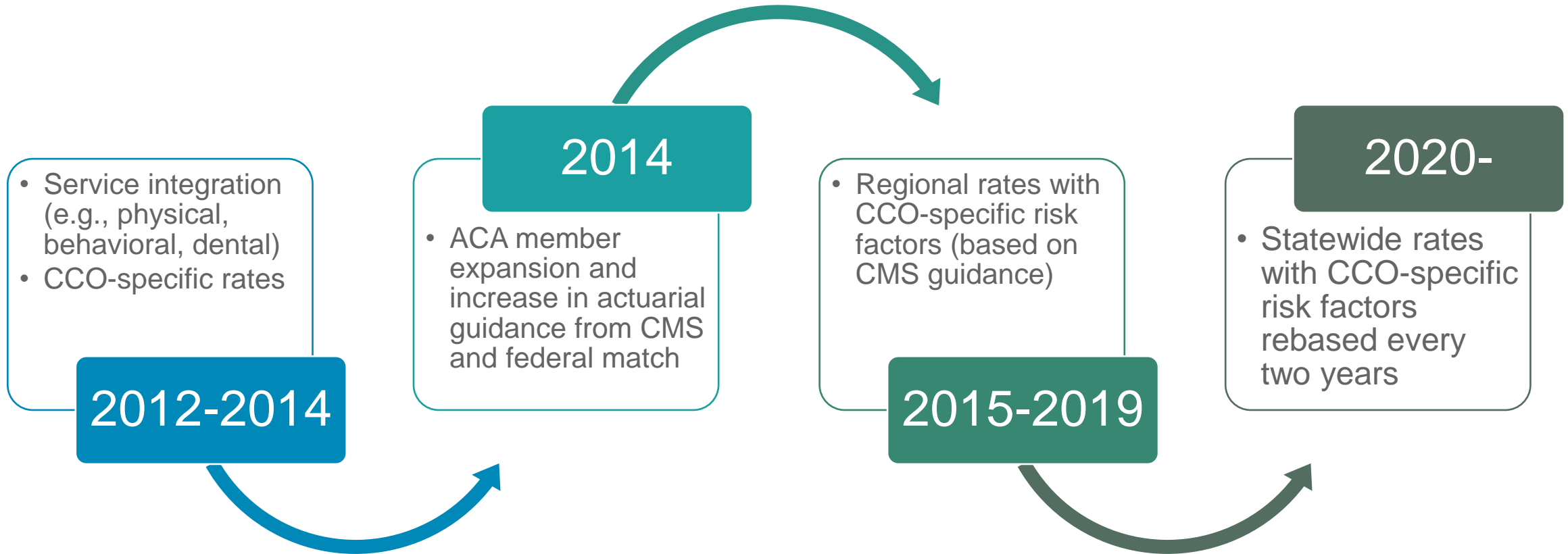
Capitation rates: Per-member, per-month rates that are paid monthly to CCOs and vary based on characteristics of member (e.g., Children 1-5, Medicare status, etc.)



What was the intention of the CCO Global Budget in 2012?

- Integration of services under one contract – Physical, Behavioral, Dental & Non-emergent Transportation
- Increase the tie to quality
- Encourage CCOs to address non-medical needs that impact health (e.g., housing supports)
- Achieve sustainable rate of growth (in exchange for initial federal reinvestment of \$1.9 billion)

Global Budget evolution



What we've achieved so far since CCO 2.0

- ✓ CCOs who achieve a lower rate of growth will not be penalized with lower rates
- ✓ Incentivized health-related services investment through performance-based reward program
- ✓ Sustainable program target continues to be met
- ✓ Continue to maintain a sizeable quality pool payment

Challenges remain

- Incentives are not aligned with goal of eliminating health inequities and promoting long-term, upstream investments
- In many CCOs, power and decision-making on community investments and health equity is still centralized within the CCO
- Federal rules for considering recent health care spending

Role of the waiver in *smart, flexible spending* that supports health equity

Strategies exploring for this waiver:

- End the cycle of historical, inefficient costs driving rates, and build budgets that shift focus to flexible spending to meet member and community needs
- Explore opportunities for bundled payments to target complex needs
- Enhance consumer protections, quality, and equitable outcomes
- Expand community governance, both within and outside of CCOs
- Commit to a sustainable growth rate and negotiate with CMS for targeting reinvestment in eliminating health inequities

Expanded community governance

- Achieving OHA's goal to eliminate inequities will require different but intentional approaches to centering community voice in decision-making
- Identify opportunities for community to lead resource distribution or redistribution to improve the health of priority and underserved communities
- **Process matters:** strategy will be co-created in partnership with the Regional Health Equity Coalitions

Thank You

oregon.gov/1115WaiverRenewal

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