
1115 Demonstration Waiver Renewal Application

Community Partner Meeting 3 of 3

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Agenda



Presentation:

- **Waiver 101**
- **What's changing?**

Questions during the presentation are welcome.

Please be aware these are not official public comments.



Public Comment

Today's Public Comment Process

- ✓ OHA will be taking **public comment** at today's meeting.
- ✓ Public comments on the Waiver draft application will be **documented and reported**.
 - ✓ We will need: Your **full name**, your **statement**, and (if relevant) your **organization**
- ✓ Questions during the presentation are **welcome**. Please be aware these are **not official** public comments.
 - ✓ We will consider **all feedback** when revising the application for submission.



Reporting Public Comments

OHA will report to:

- ✓ Centers for Medicare and Medicaid Services (CMS) in the final Waiver application
- ✓ The public through the website: oregon.gov/1115waiverrenewal

What will be reported?

- ✓ Public comments (exactly as written or stated)
- ✓ Name and, if relevant, organization of the individual who provided the comment
- ✓ How the comment was incorporated into the final application, or why it wasn't

Waiver 101

What is Medicaid and the Oregon Health Plan?

- ✓ Medicaid is a federal program that is administered by each state
- ✓ The **Oregon Health Plan (OHP)** is Oregon's Medicaid Program
- ✓ Coordinated Care Organizations (CCOs) are local OHP health plans that cover medical, dental, and mental healthcare
- ✓ More than 1 in 4 people in Oregon get health care coverage from OHP



Free health coverage
offered by the state of Oregon

What's a waiver?



People are eligible for the Oregon Health Plan based on their income or for other reasons.

Federal rules set minimum standards related to eligibility and required benefits. But **states can ask to WAIVE some federal rules** to have more flexibility and offer the Oregon Health Plan to more people and cover more services than usually allowed.

Every five years, Oregon must renew its agreement with the federal government around the Oregon Health Plan – proposing new changes and continuing existing programs. The federal government can accept or reject these proposals.

Waiver renewal: A recurring process



What is a 1115 Medicaid Waiver?

An **1115 Demonstration** waiver is the broadest type of waiver available under Medicaid.

Under an 1115, states may propose to waive many of the key provisions of the Medicaid statute, including but not limited to:

- ✓ Who is covered
- ✓ What benefits are provided
- ✓ How much individuals may be charged for cost sharing
- ✓ How providers will be paid
- ✓ Must include a formal evaluation of impact.



1115 Medicaid Waivers must:

1. Be “budget neutral” to the federal government
2. Require formal evaluation of the waiver’s outcomes and periodic reports to CMS.
3. Will generally last 3-5 years and may be renewed and amended.



1115 Medicaid Waivers are not:

1. The **only way** to change how care is delivered
2. For fixing **all parts** of the health care system
3. For **filing a complaint** about a specific provider or service



Getting to “yes” with CMS

APPROVED



Timeline: Where we've been

Late 2020-present

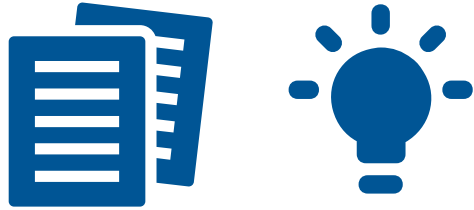
- ✓ Established vision for waiver renewal: Advancing health equity
- ✓ Reviewed existing public comment and strategic plans
- ✓ Developed draft concepts
- ✓ Engaged stakeholders and Tribes for input
- ✓ Revised concept papers based on public input

Timeline: What's to come



From *concept papers* to *application*

First, OHA drafts **concept papers**



Purpose: To begin *discussions* with the federal government about our upcoming application.

Concept papers are **high level**, strategic, and more informal.

Next, OHA drafts the **waiver application**.



Purpose: To begin *formal negotiations* with the federal government.

The waiver application is very **detailed** and formal and includes changes outside the concept papers.



Concept paper strategies

Our policy concepts break down the drivers of health inequities into four actionable sub-goals:



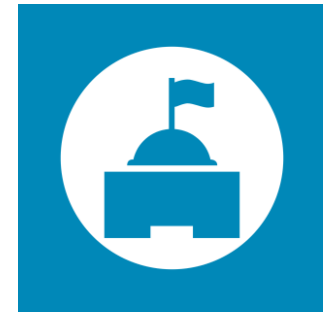
Maximizing coverage through the Oregon Health Plan



Improving health outcomes by streamlining transitions



Encouraging smart, flexible spending for health equity



Focused health equity investments



Waiver application topics

Eligibility – Who can be covered by OHP

Covered services – What types of things OHP can pay for

Delivery system and payment – Who delivers services and how CCOs and providers are paid

Incentive metrics – The description of the Quality Incentive Program

Budget neutrality – How the changes impact the state and federal budget

Evaluation – How we will evaluate progress

What's changing

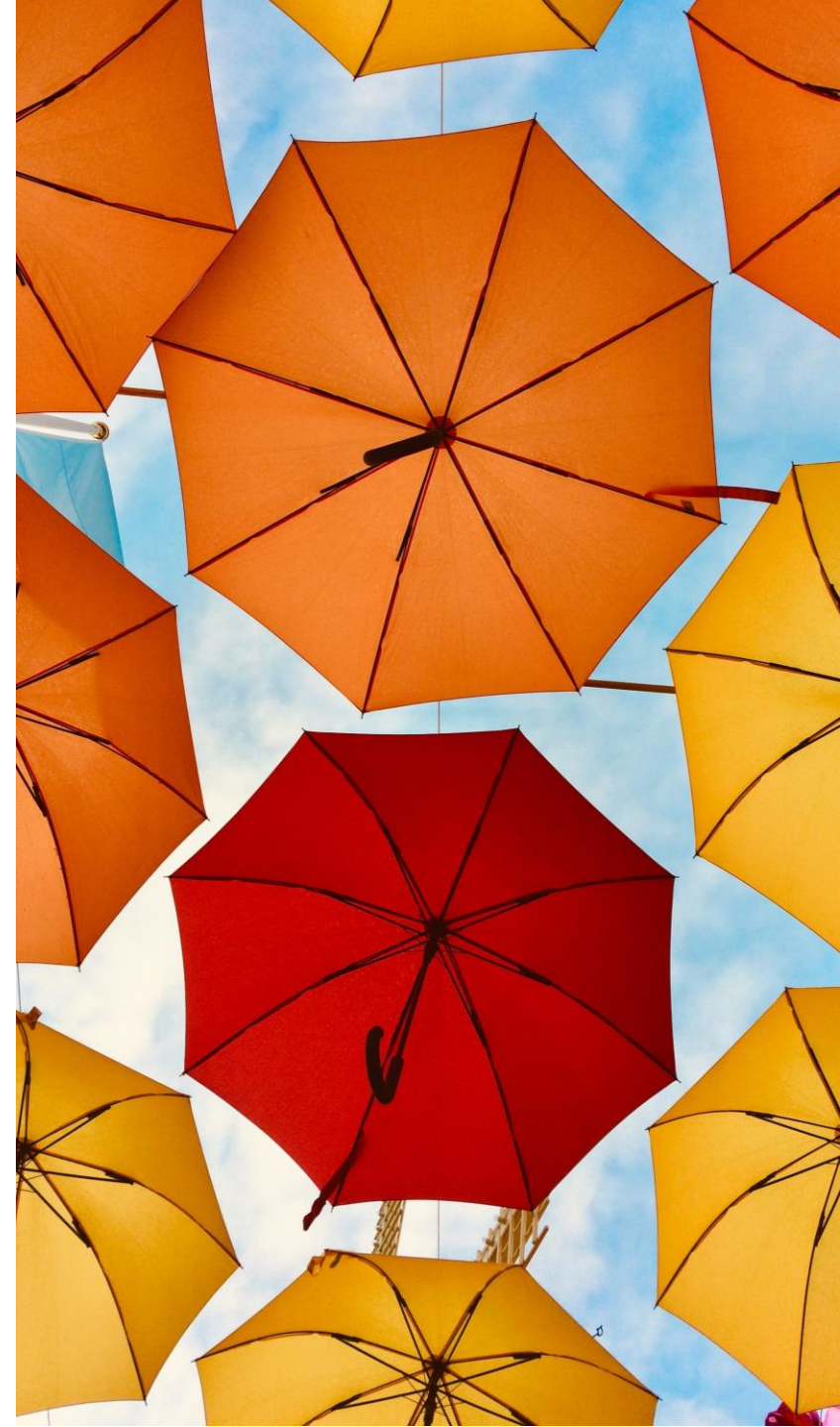
Proposed changes in the draft application

Maximizing Coverage through the Oregon Health Plan



Vision

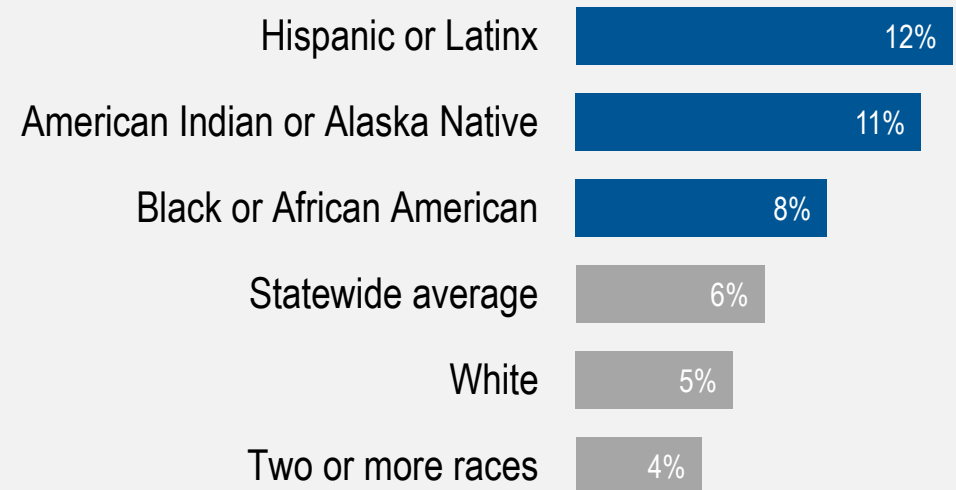
Nearly **all people** in Oregon have insurance coverage, and there are **no differences** depending on your race or ethnicity.



Why?

- About six percent of people in Oregon don't have health insurance – and there are big differences depending on peoples' race and ethnicity.
- When people lose insurance, they miss health care appointments and lose contact with their providers, which means they don't get care when they need it.

People in communities of color and Tribal communities are nearly twice as likely to be uninsured.



Most uninsured people in Oregon *are eligible* for OHP or other lower-cost health insurance



About 60% of kids without insurance are **eligible for OHP**



About 50% of people without insurance could get **help paying for health insurance through the Marketplace**

Proposed waiver strategies:

Waive federal OHP *eligibility* rules so that:

- 1. Kids stay enrolled until their 6th birthday**



Proposed waiver strategies:

Waive federal OHP *eligibility* rules so that:

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2. **People ages 6+ stay automatically stay enrolled for two years (instead of one)**



Proposed waiver strategies:

Waive federal OHP *eligibility* rules so that:

1. Kids stay enrolled until their 6th birthday
2. People ages 6+ stay automatically stay enrolled for two years (instead of one)
3. **When people apply for Supplemental Nutrition Assistance Program (SNAP) benefits, OHA can easily enroll them in OHP if they qualify**





What this means for Medicaid members

Improved enrollment:

- Easier to enroll
- Food assistance includes avenues to OHP enrollment

For current OHP members:

- Stay covered longer
- Re-enrollment is less frequent
- Less likely to lose coverage because of temporary changes in eligibility

Improving Health Outcomes by Streamlining Life and Coverage Transitions



Vision

People have **equitable access** to the services and supports they need to be healthy and well -- **especially through times of transition.**



Why?

- During major life transitions, like leaving prison, being discharged from Oregon State Hospital, or losing housing, **people often lose access** to their health care providers.
- People lose care during these times because they are often left to **navigate “the system”** on their own.
- With appropriate supports, OHP members will experience **fewer gaps in care**, which will mean **better health outcomes**.



Proposed waiver strategies:

Waive federal *eligibility* rules so that people are allowed to have OHP coverage...

1. When they're in prison, jail or local corrections, juvenile corrections, the Oregon State Hospital, psychiatric residential treatment



Proposed waiver strategies:

Waive federal *eligibility* rules so that people are allowed to have OHP coverage...

1. When they're in prison, jail or local corrections, juvenile corrections, the Oregon State Hospital, psychiatric residential treatment
2. Up to age 26 for Youth with Special Health Care Needs



Proposed waiver strategies:

Waive federal *covered services* rules...

3. So that OHP members who are experiencing major life transitions can have social supports

Major life transitions include things like

Becoming homeless

Getting out of jail or prison

Entering or leaving foster care

Leaving the Oregon State Hospital

Social supports include things like

Housing

Transportation

Food assistance

Employment supports



Proposed waiver strategies:

Waive federal *covered services* rules so that...

4. People with OHP can use more types of providers outside the medical model (like Traditional Health Workers and Peer Support Specialists)

And request federal funding so that...

5. Services are available to support people during disruptive transitions
6. Child Welfare can meet medical necessity for psychiatric residential treatment services for children in custody of the state





What this means for **Medicaid members**

Under the new waiver, **OHP members will get to keep coverage, care, and services, in more situations.** Some of these situations include:

- Leaving Oregon State Hospital, other psychiatric residential facilities, jails, juvenile corrections, or prison.
- Youth with Special Health Care Needs will get to keep their coverage until age 26 instead of losing it at 18.
- People who experience extreme weather events will have supports.
- Youth in foster care or who are transitioning out of foster care
- Elderly adults who have both Medicaid and Medicare health insurance

Paying CCOs for population health



Vision

Oregon's way of paying CCOs is **predictable but flexible** and creates an incentive to address a person's medical and social needs and **invest in preventive care and community health.**

Why?

CCOs should be paid in a way that encourages spending on the things that really keep people healthy.



Proposed waiver strategies:

Waive federal rules about *rate setting methodology* so that

1. CCOs are encouraged to spend more money on health-related care for members



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2. CCOs' budgets are simpler and predictable



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2. CCOs' budgets are simpler and predictable

Waive what rules Oregon can make about *how drugs are covered* so that

3. The cost of prescription medications can be better controlled





What this means for Medicaid members



Incentivizing Equitable Care



Vision

A Quality Metrics Program that uses **equity** as the primary organizing principle.



Why?

We know that CCO **quality incentive measures** are a good tool to cause change.

We also know that while CCOs have improved on incentive metrics overall, **many measures reveal inequities.**

Proposed waiver strategies:

Change the way the *Quality Incentive Program* is described in the waiver so that:

1. The program is split into two parts: **Upstream** and **downstream 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.*

Proposed waiver strategies:

Change the way the *Quality Incentive Program* is described in the waiver so that:

1. The program is split into two parts: Upstream and downstream metrics
2. **More decision-making power is given to communities**



Proposed waiver strategies:

Change the way the *Quality Incentive Program* is described in the waiver so that:

1. The program can be split into two parts: Upstream and downstream metrics
2. More decision-making power can be given to communities
3. **The program can be redesigned better advances health equity**



What this means for Medicaid members

In the new waiver, OHP members and communities will have a **greater voice** in the quality incentive program.

The result will be that the program will be measuring and rewarding improvements that **matter the most to the community** and have the greatest chance of improving health outcomes.



Focused Equity Investment



Vision

Community-led solutions for health inequities based on community-led **investments**



Why?

People don't have equal **access to important resources** outside medicine that could help keep them healthy — like nutrition, jobs, and green space.

At the same time, Oregon has produced big **savings** through our CCO model.



Proposed waiver strategies:

State and federal **investment** toward **community-driven initiatives** that help eliminate health inequities.



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State and federal **investment** toward **community-driven initiatives** that help eliminate health inequities.

How will the investments be **community-driven**?

New Community Investment Collaboratives (CICs) will **decide** where to spend money in the community to solve inequities.



Proposed waiver strategies:

State and federal **investment** toward **community-driven initiatives** that help eliminate health inequities.

How will the investments be **community-driven**?

New Community Investment Collaboratives (CICs) will **decide** where to spend money in the community to solve inequities.

Where will the money come from?

Some of the money would come directly from the state to CICs.

CCOs would also be required to spend a certain amount of their budget to support CICs.



What do we need to ask for in the waiver?

To implement this strategy, we need permission from the federal government to **spend state money in new ways**.

We also plan to ask the **federal government to provide additional money** toward this effort.





What this means for Medicaid members

- **Investments** in health equity led by communities
- Stronger **community voice** in decision-making
- Design of investment **infrastructure** is community-led
- **Improved health** for those most harmed by historic and contemporary injustices

Parts of our current waiver that we plan to renew, *unchanged*....

Prioritized List of Health Services and Health Evidence Review Commission - A ranked list, based on clinical effectiveness, of what types of treatment are covered by OHP

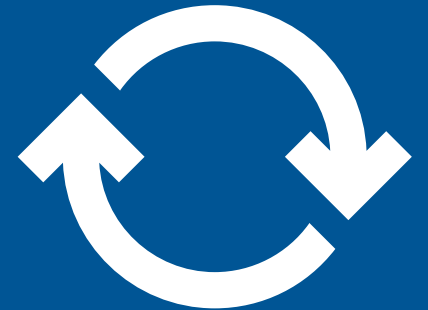
The Coordinated Care Model and physical, behavioral, and oral health integration

Value-based payment methodologies

Commitments to care quality and access

Community Advisory Councils

Tribal Engagement and Collaboration Protocol for CCOs and OHA



Survey

Survey

Purpose:

- ✓ Improve public engagement with focused outreach
- ✓ Understand people and organizations attending

<https://tinyurl.com/OHPWaiverSurvey>

Please also find the survey link in the chat.

Thank you!



Public Comment



Other options to provide comment

Public comments will be accepted December 7, 2021 – January 7, 2022.

1. You can provide an official comment through the Waiver renewal webpage: oregon.gov/1115waiverrenewal
2. You can email your official comment, with your full name, to 1115Waiver.Renewal@dhsoha.state.or.us.
3. You can sign up to provide a public comment at another meeting. Find meetings and register at <https://tinyurl.com/OHPWaiverSurvey>



2-minute timer?

Thank You

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. The entire logo is centered within a light blue, rounded rectangular background.

Oregon
Health
Authority