
Oregon Health Authority Health Systems Division Part 1: Oregon Health Plan

Presented to
Joint Ways & Means Subcommittee on Human Services
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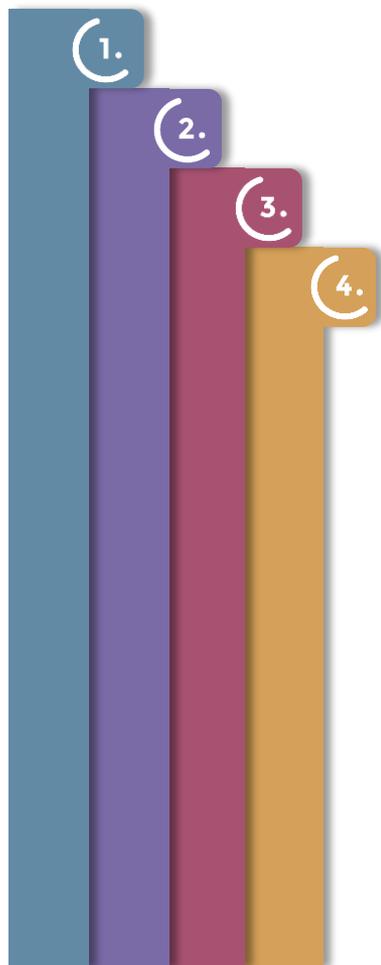
OREGON HEALTH AUTHORITY
Health Systems Division

Health Systems Division

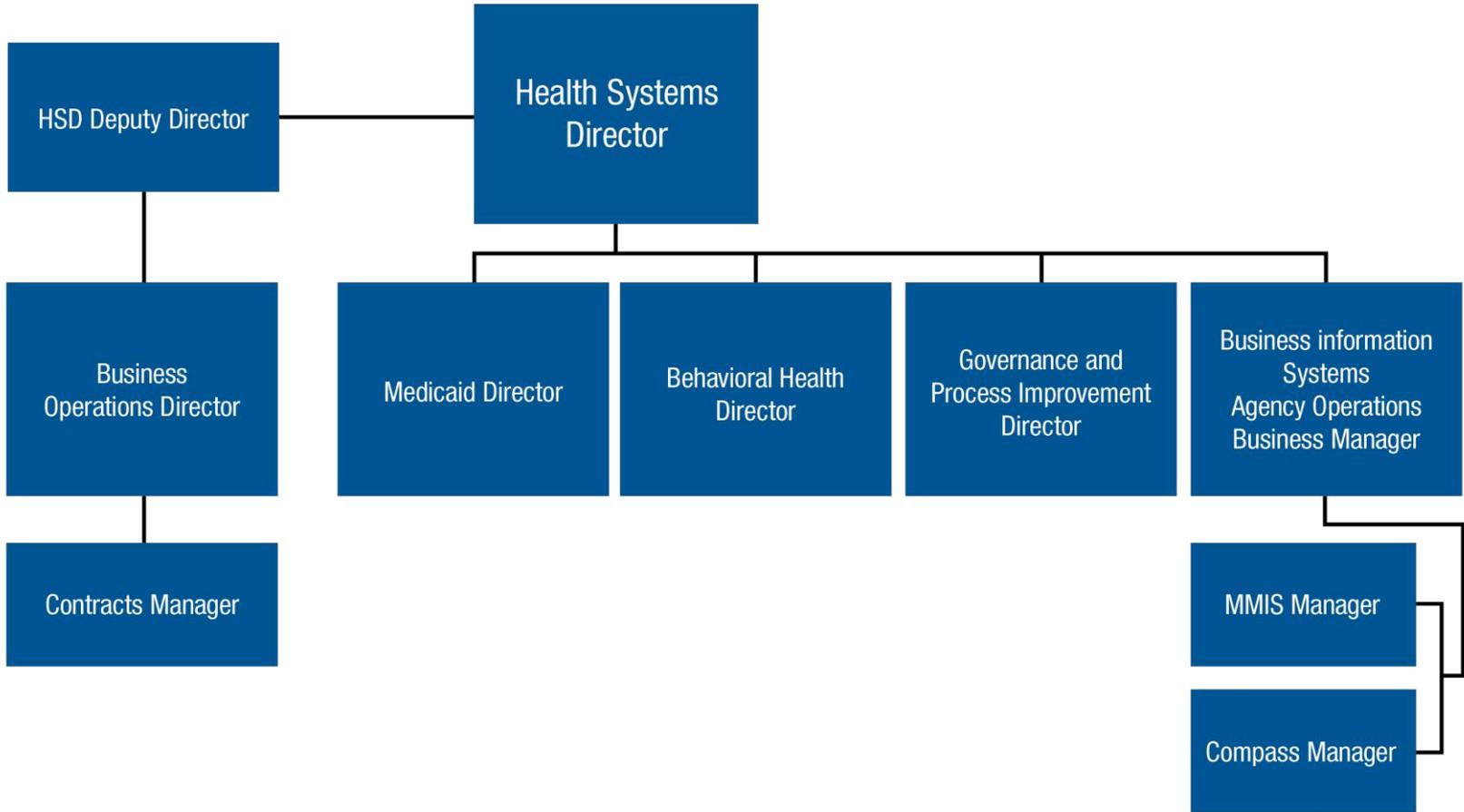
Oregon Health Plan

Behavioral Health Services

Proposed Budget



Health Systems Division



OHA's Strategic Goal

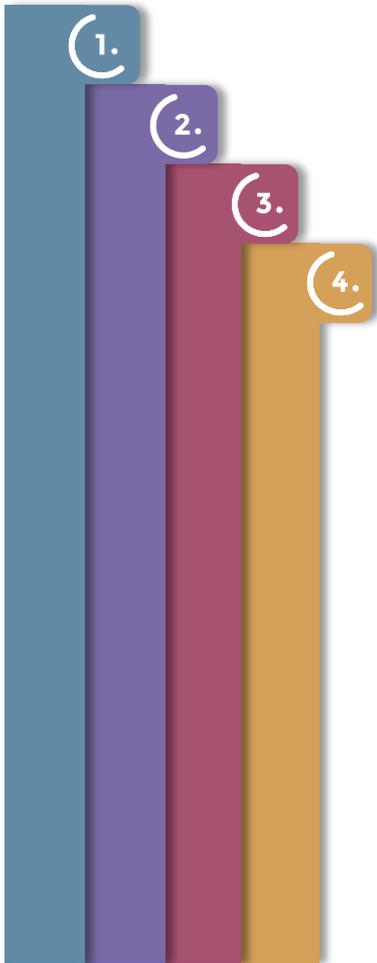
**Eliminate Health Inequities in
Oregon by 2030**

Health Systems Division

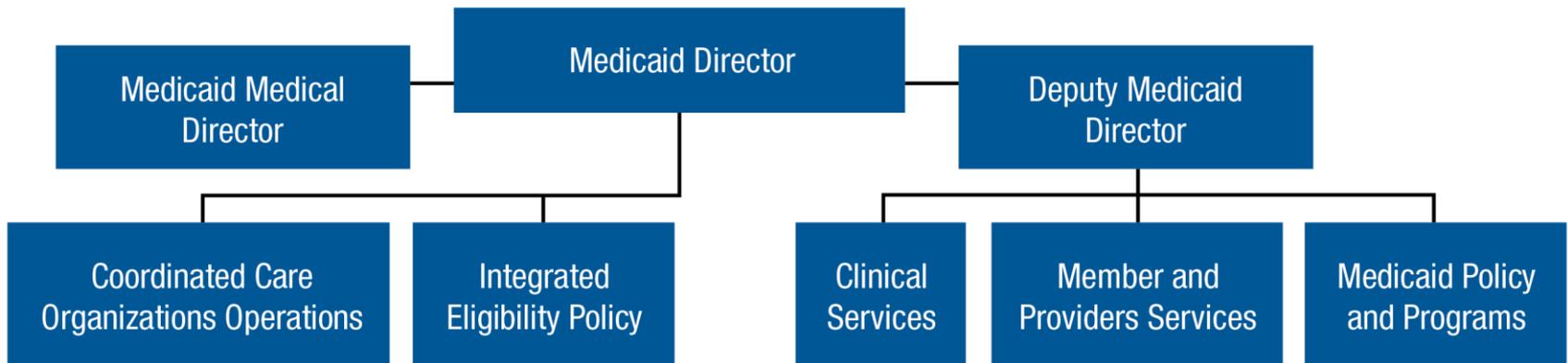
Oregon Health Plan

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Health Systems Division: Medicaid/Oregon Health Plan



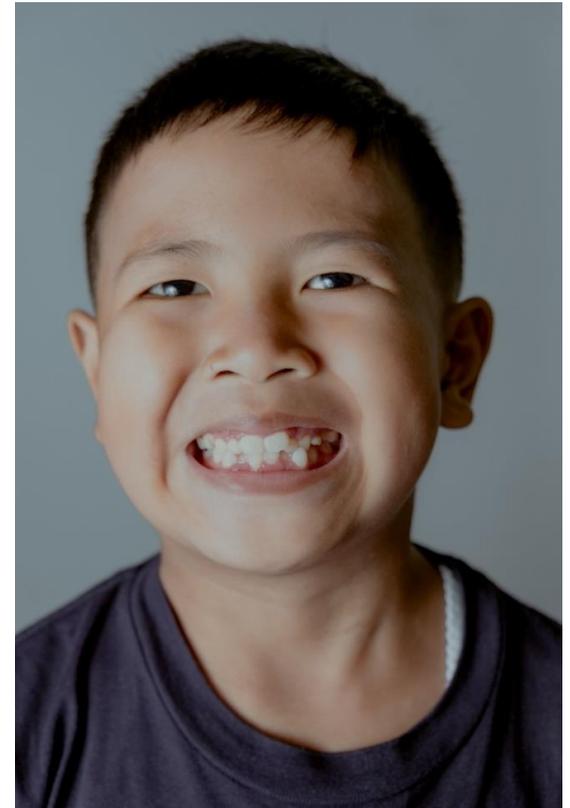
Oregon Health Plan

Oregon Health Plan provides:

- Physical, oral, and behavioral health care
- For more than **one million** Oregonians
- Of which 41% are children

Oregon Health Plan includes:

- Medicaid
- Children's Health Insurance Program (CHIP)
- Cover All Kids
- Reproductive Health Equity Act (RHEA)
- Other related services

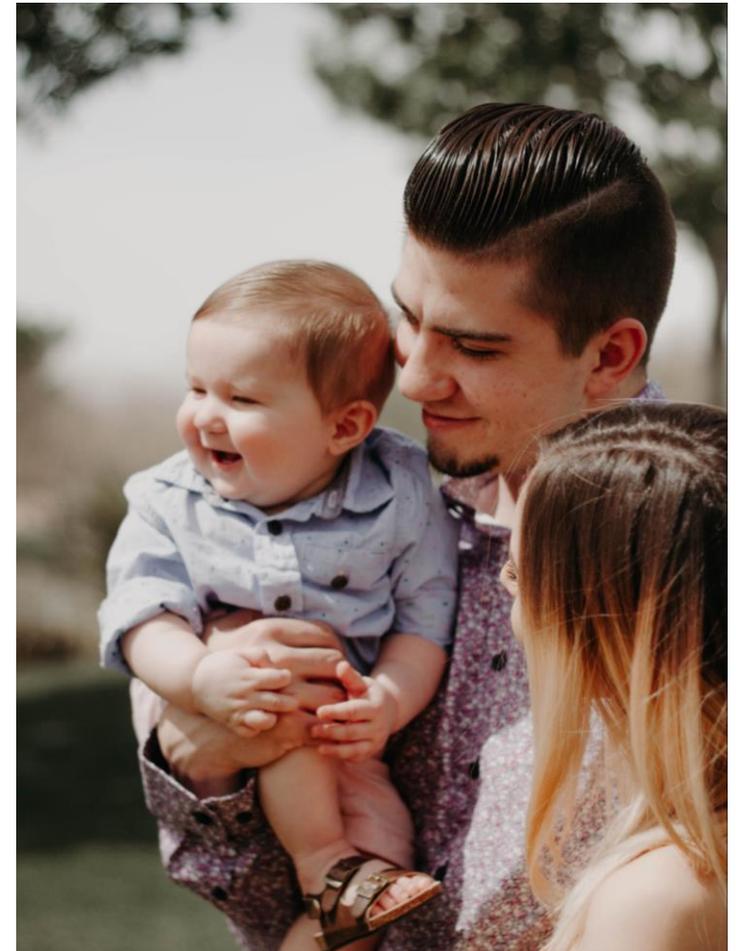


1 in 4 Oregonians are Oregon Health Plan members

41% of OHP members are children

145k Oregonians use state mental health services each year

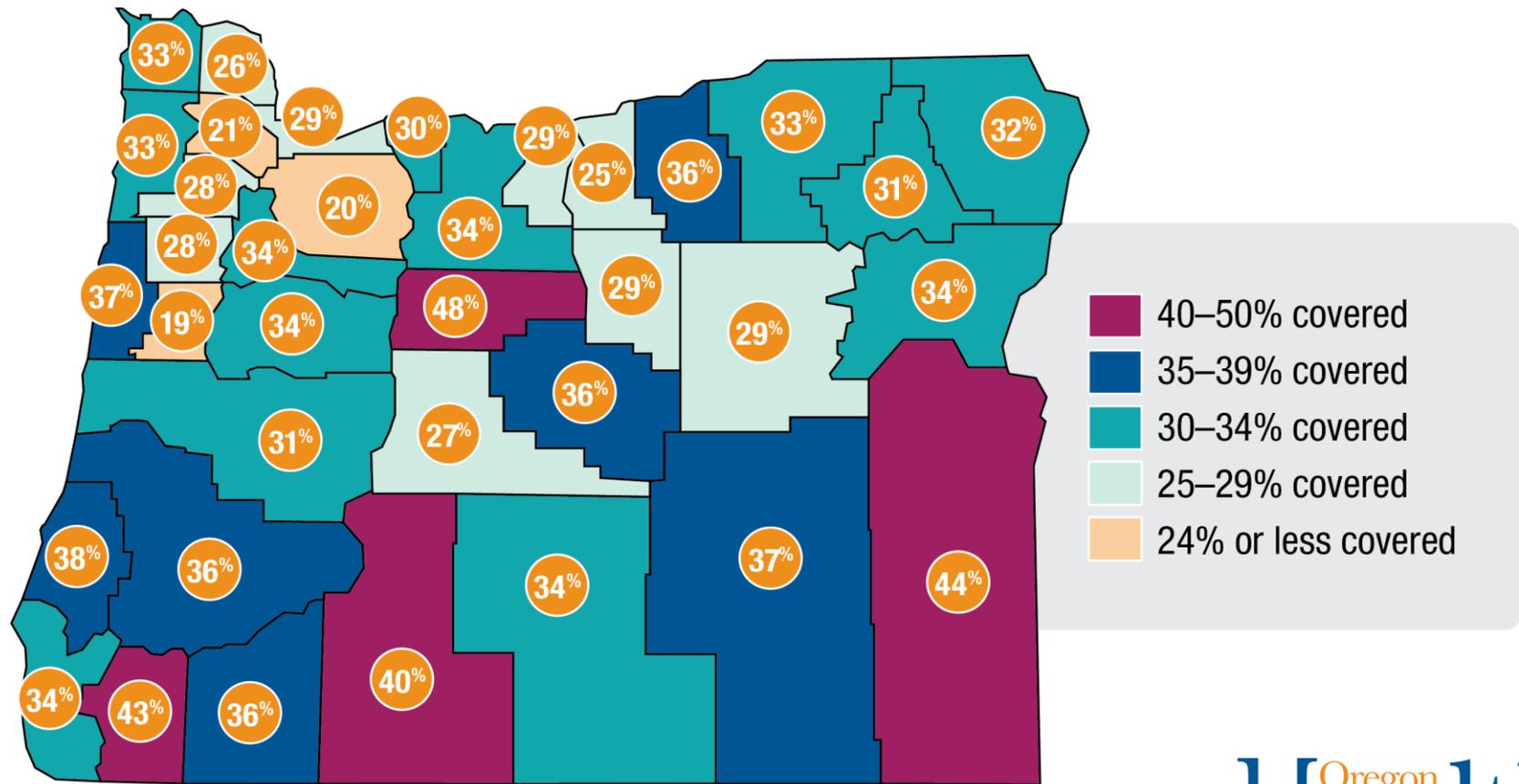
The number of Oregonians we help annually with substance use disorder is **48k**



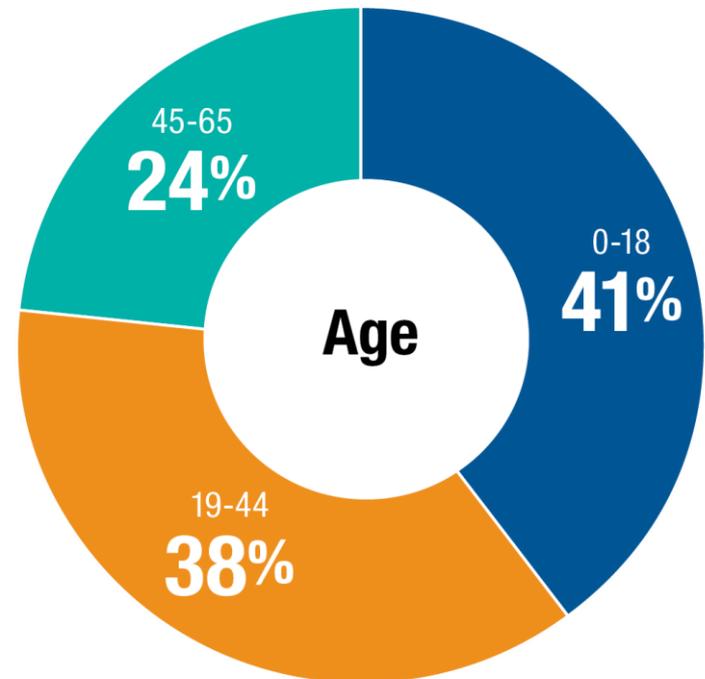
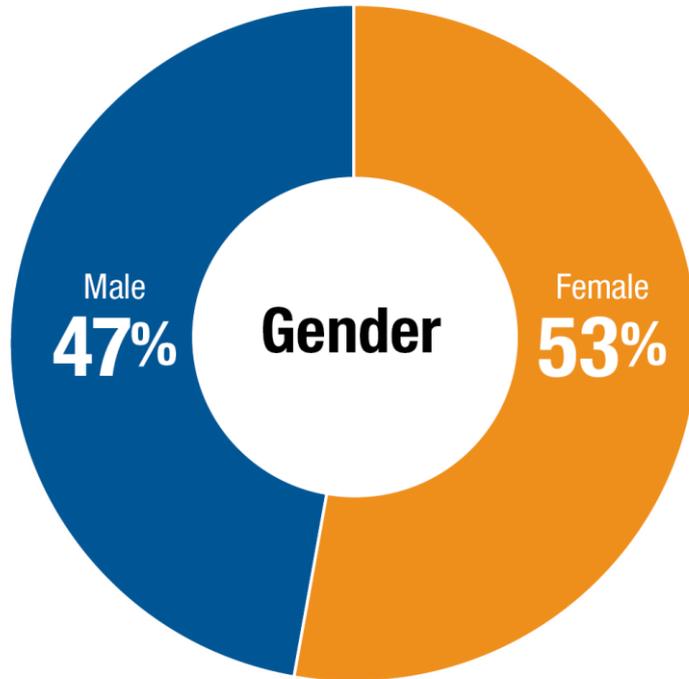
Source: Monthly Medicaid Population Report – Health Analytics; DSSURS – Health Analytics, FY19/20

Oregon Health Plan

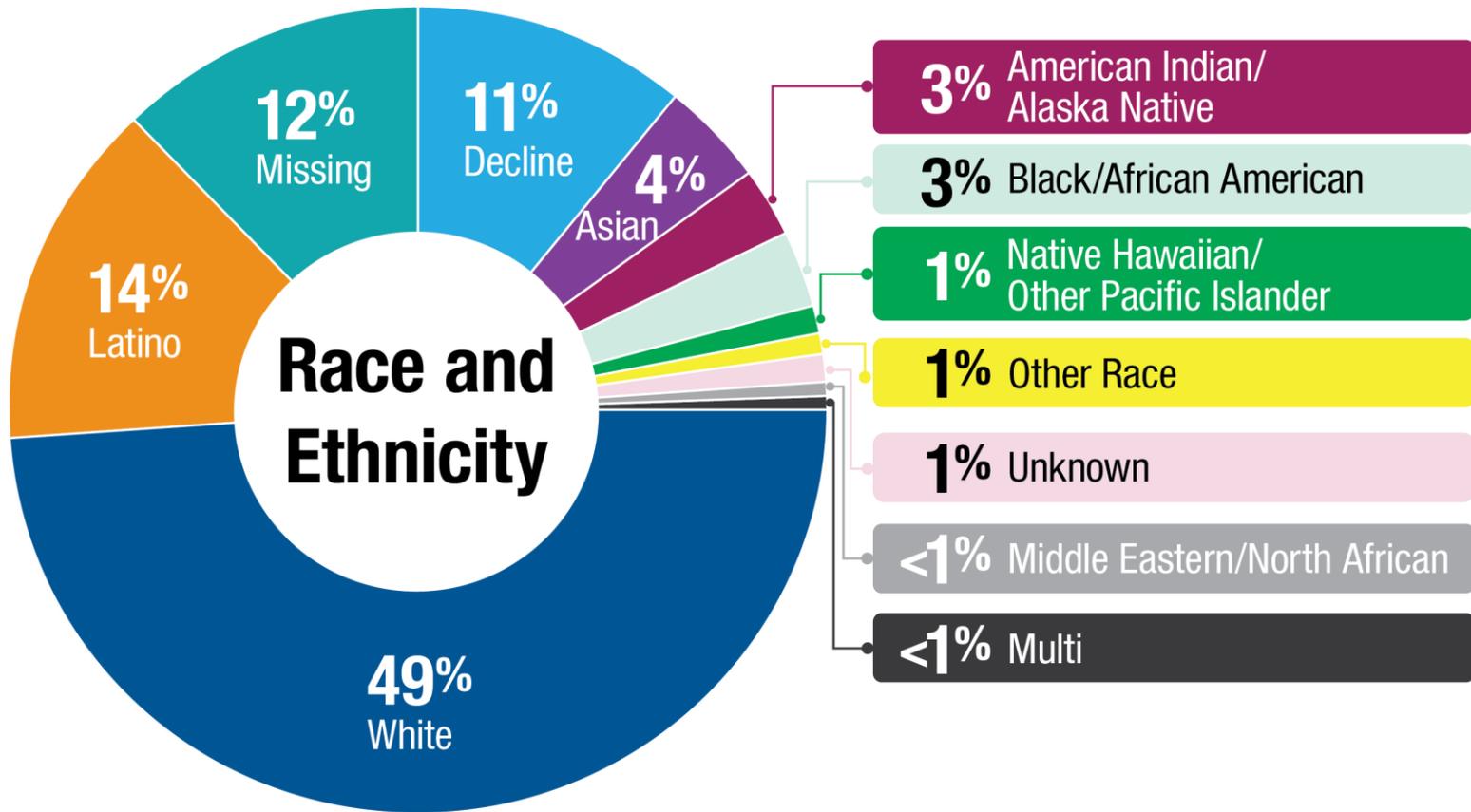
- Percentage of county populations receiving Medicaid benefits



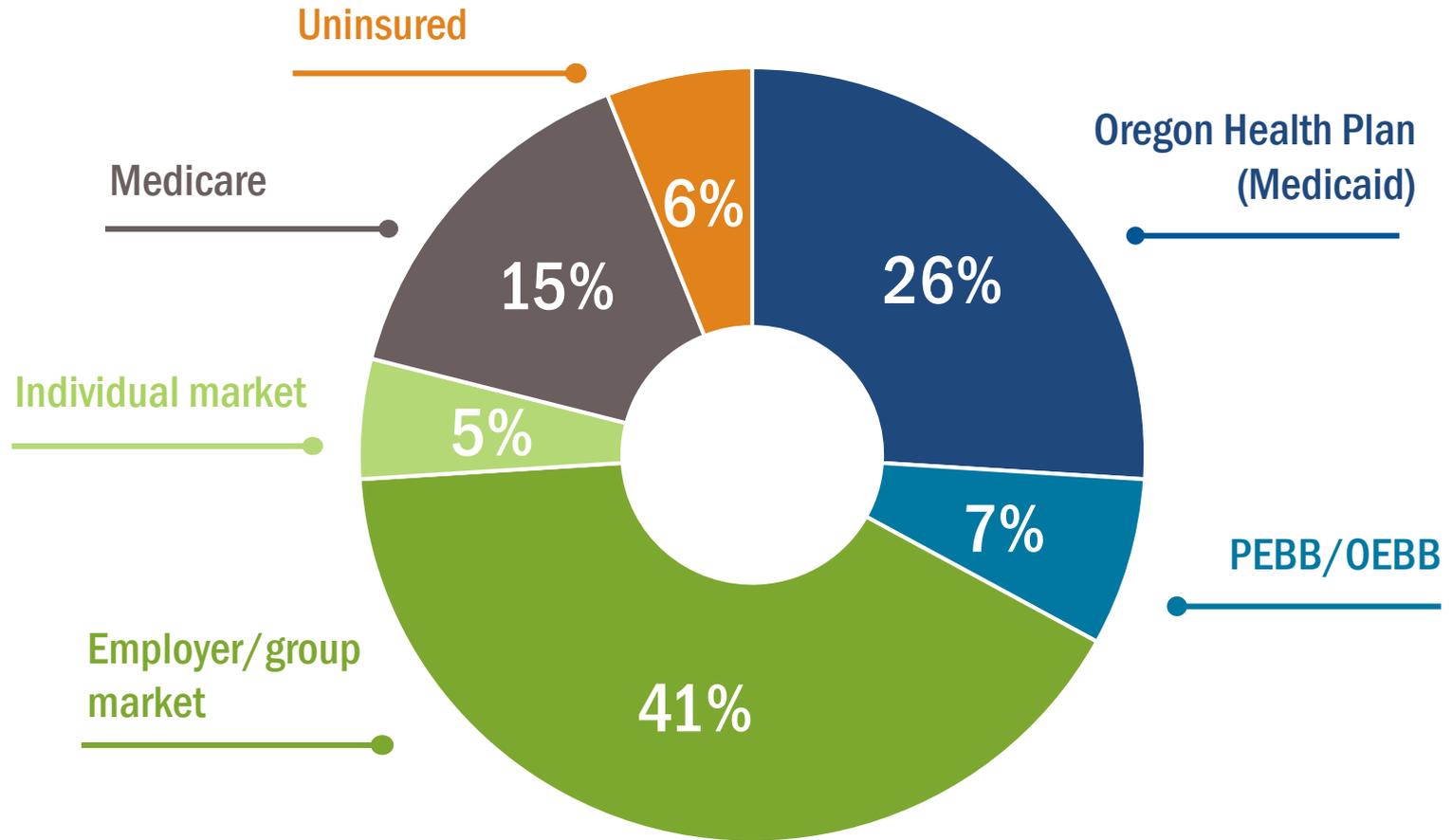
Oregon Health Plan



Oregon Health Plan



Oregon Health Insurance Coverage



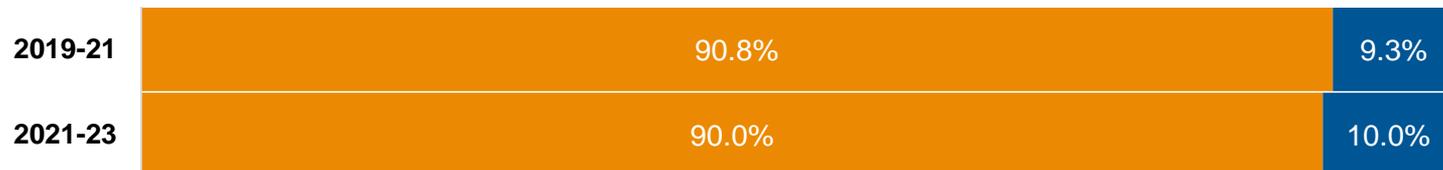
Oregon Health Plan Financing

- Biennial averages

Non-ACA Rate Groups (i.e., Children, Disabled Adults, Foster Children, etc.)



ACA Rate Group



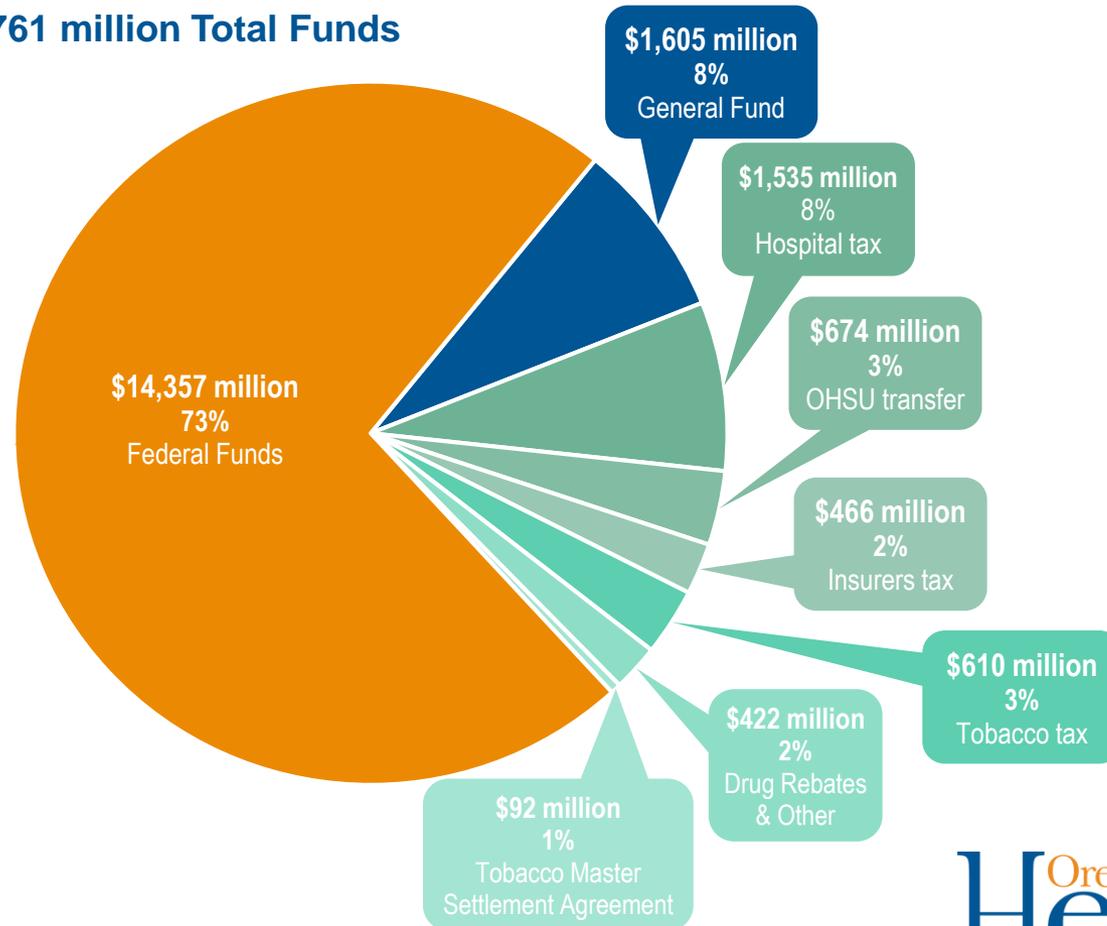
Total (Weighted)



2021-2023 Governor's Budget

- Health Services Division: **Oregon Health Plan**

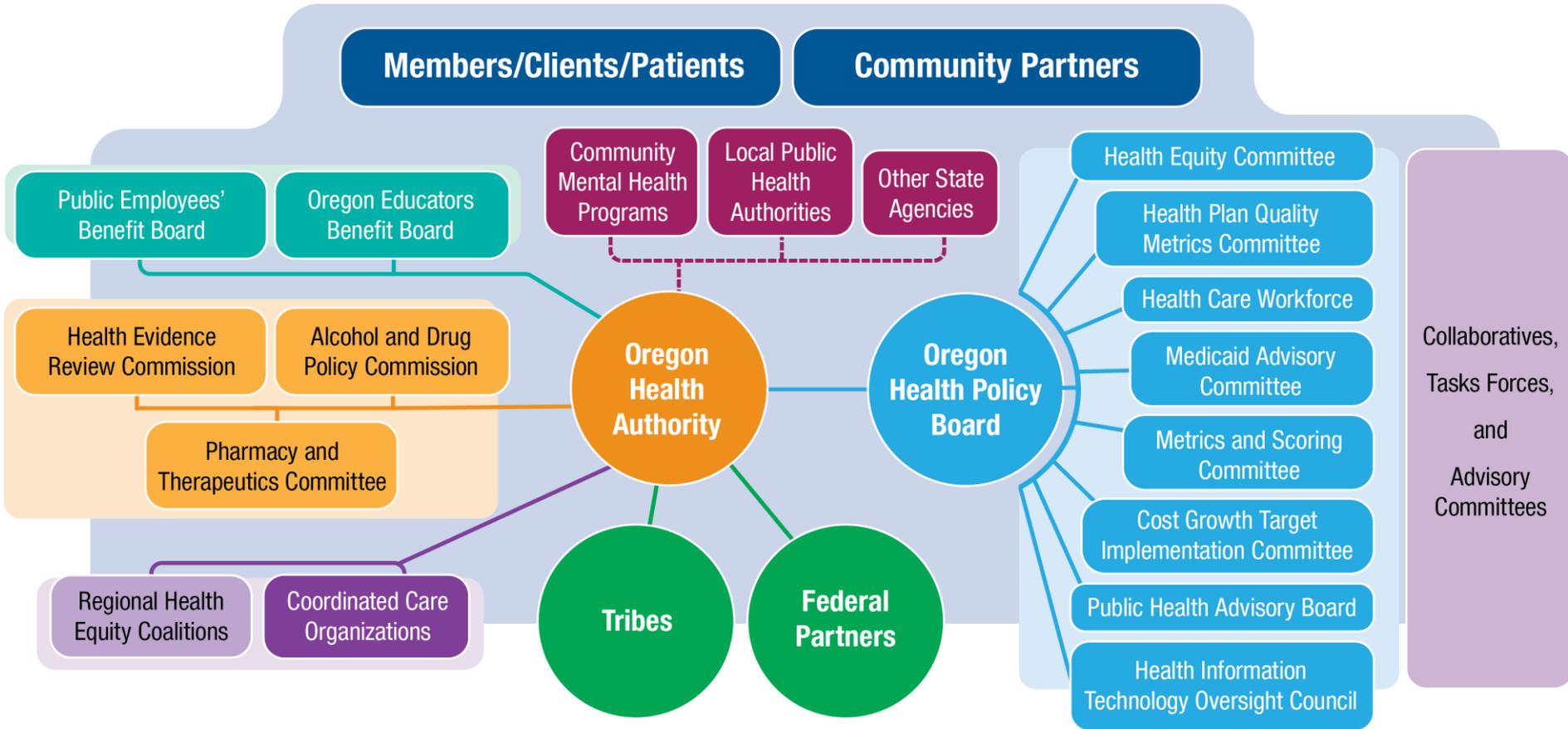
\$19,761 million Total Funds



Oregon Health Plan

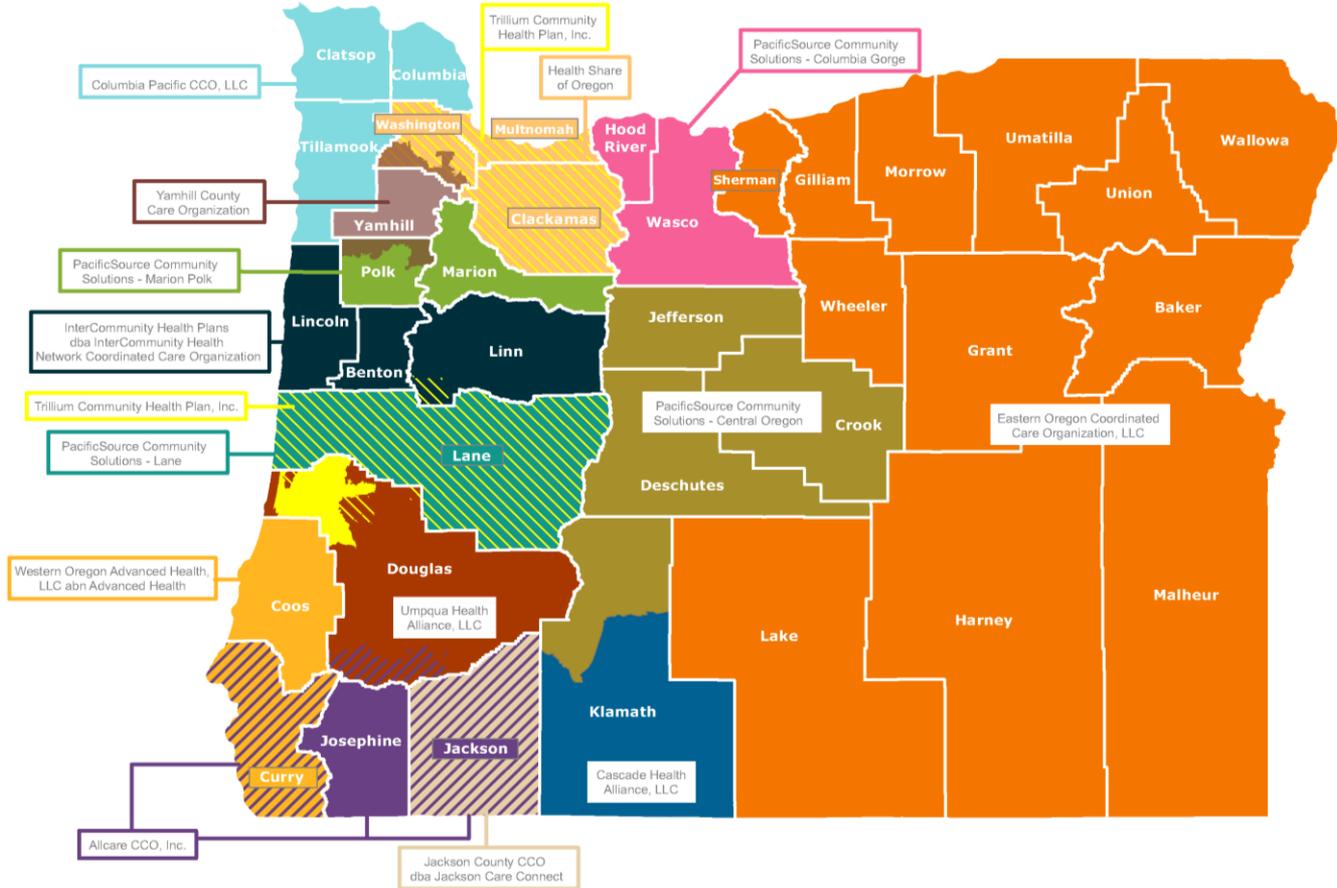


OHA Partnerships and Collaborations



Oregon Health Plan: CCOs

Coordinated Care Organization 2.0 Service Areas



Community Partnerships

- Collaboration with community partners is critical for meeting local health needs
- OHA's hundreds of community partners include:
 - Community advocacy groups
 - Faith-based and charitable organizations
 - Local health clinics
 - Regional health equity coalitions
 - Local and tribal public health and social service agencies
- CCOs play a critical role in working with community partnerships within their communities

Strategy: Transform Health Care

The coordinated care model

(CCO 1.0)

- Has linked more OHP members to primary and preventive care
- Drives down unnecessary emergency room use and preventable hospital readmissions
- Holds down costs, so Oregon's health system can chart a financially sustainable path forward
- Begins to integrate physical, behavioral, and oral health



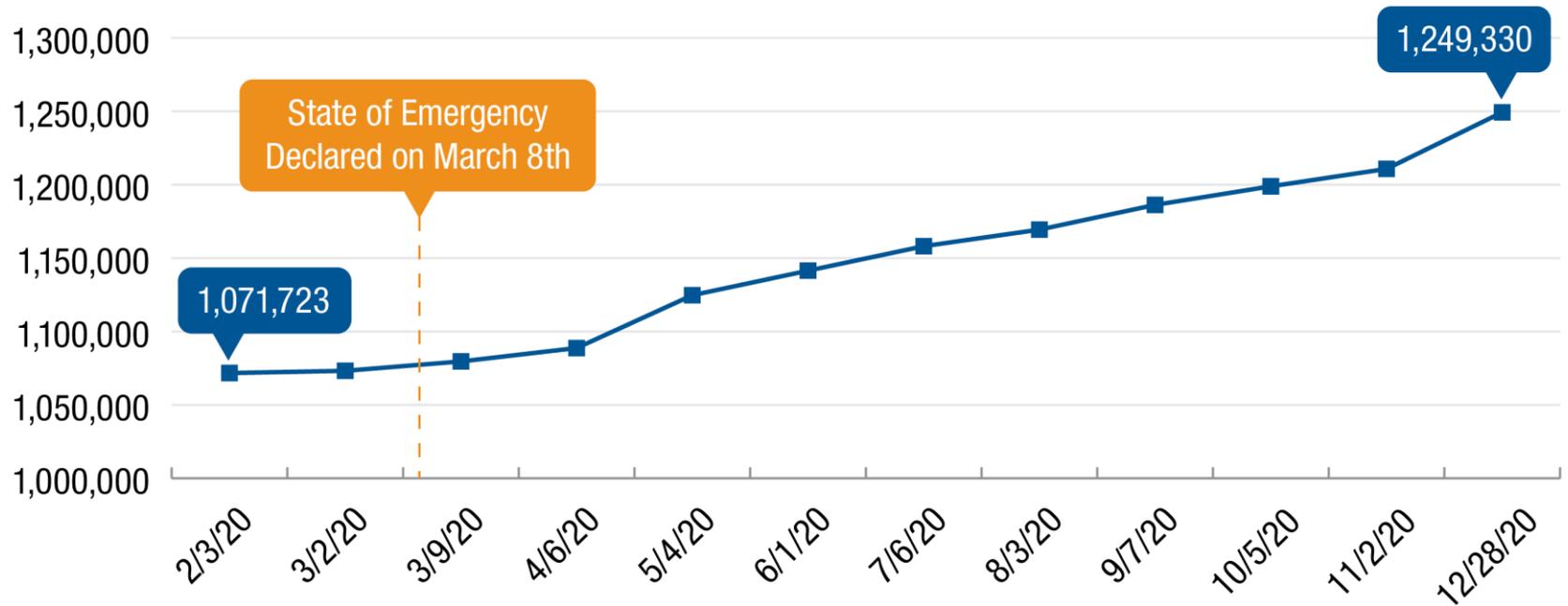
Strategy: CCO 2.0

To address challenges in our health care system, CCO 2.0 focuses on four key areas that further transform health care:

- Focus on social determinants of health and health equity
- Improve the behavioral health system
- Increase value and pay for performance
- Maintain sustainable cost growth

Increased OHP Enrollment with Public Health Emergency

Total Oregon Health Plan (OHP) Enrollment

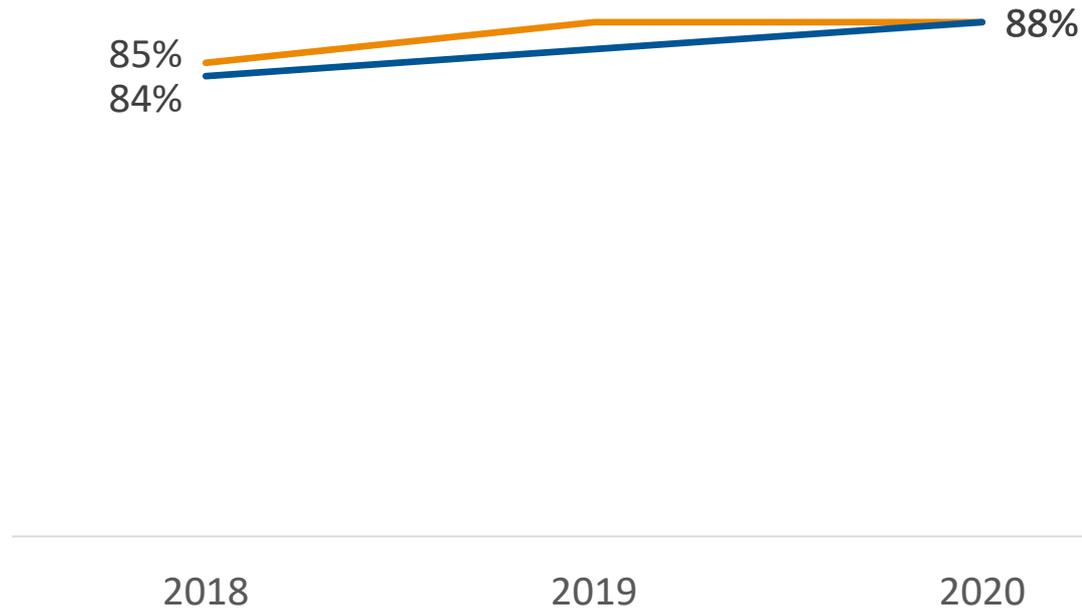


Success: Streamlined Enrollment

- Automated renewal process allows renewal of a large number of OHP members **without any action needed from the members**
- Implemented policy changes that allows fully remote enrollment assistance, making the application process much easier for new members
- Implemented an integrated eligibility system that allows members to enroll in multiple service programs and report changes in one place for all programs

Success: CCO Enrollment

- Percent of OHP members enrolled in CCOs



Success: Focus on Health Equity and Improved Access



- Improved access to Interpreter Services provided for members needing language access assistance
- Removed prior-authorization requirements for Physical, Occupational and Speech therapies, allowing quicker access to these services
- Improved access to community health workers
- Provided more comprehensive care coordination services to members
- Successfully transitioned Member Services Call Center staff to OHA

Success: Tribal Health Programs and Priorities

Support Tribal Health Programs by providing resources for improving services to best meet the health care needs of tribal members

- Support the creation of Indian Managed Care Entities to improve tribal care coordination in tribal communities
- Create and sustain a Tribal Traditional Health Worker program
- Increase access and quality of Behavioral Health Services and supporting the Tribal Behavioral Health workforce
- Support the Dental Health Aid Therapy Program to become authorized permanently

Success: Telehealth

- Telehealth opportunities were expanded, giving members and providers flexibility to use telehealth visits to ensure healthcare needs are being met
- Medicaid-covered services provided via telehealth that are similar to in-person services are reimbursed at the same rate as in-person services
- OHA offers an audio only option, for members who have documented barriers to accessing in-person or audio/video services
- Advocate that members work with their providers to determine the best way to receive care, in-person or via telehealth



Success: CCO 2.0 Implementation

- New CCO contracts in Jan 2020 with increased contract oversight
- CCOs developed comprehensive health equity plans in partnership with their communities
- Created enhanced care coordination for CCO members waiting to enter Oregon State Hospital
- Comprehensive tracking of CCO deliverables and reporting performance

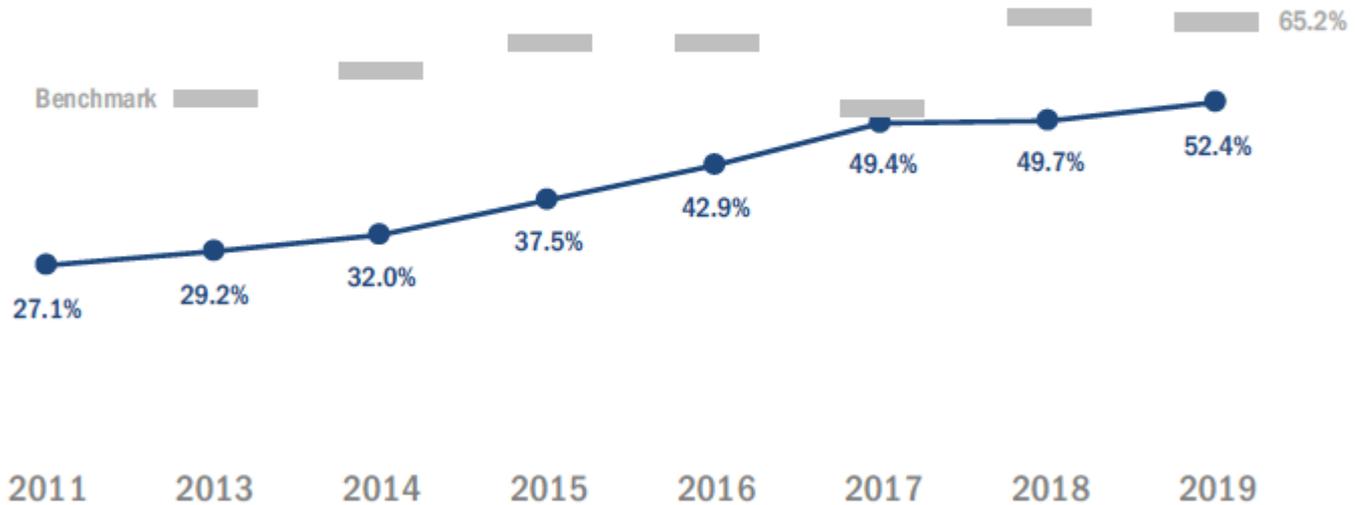
Success: CCO Response to Public Health Emergency and Wildfires

- AllCare partnered with providers and Josephine County to provide supportive housing for families who lost housing during wildfires
- Yamhill CCO has coordinated several volunteer efforts to facilitate COVID-19 vaccination efforts
- UHA engaged their CAC for immediate action to determine community funding to ensure Douglas County residents had access to fresh, healthy foods and to keep local farms operating.
- Columbia Pacific CCO implemented several efforts for additional housing supports
- PacificSource made significant payments to providers helping with their stability during the pandemic

Success: CCO Performance

- Adolescent well-care visits

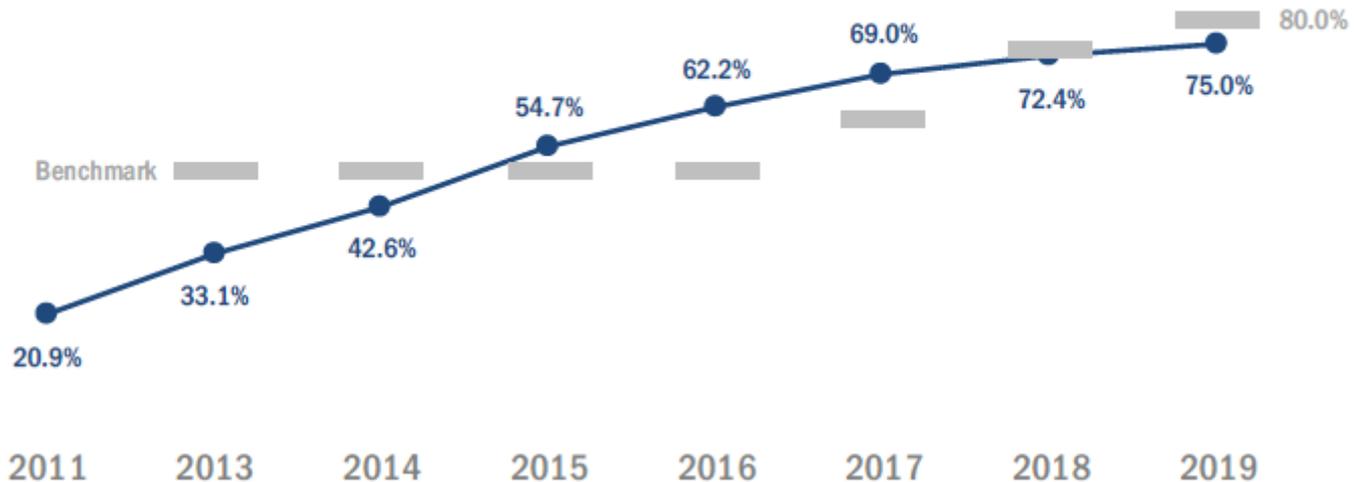
Statewide



Success: CCO Performance

- Developmental Screening

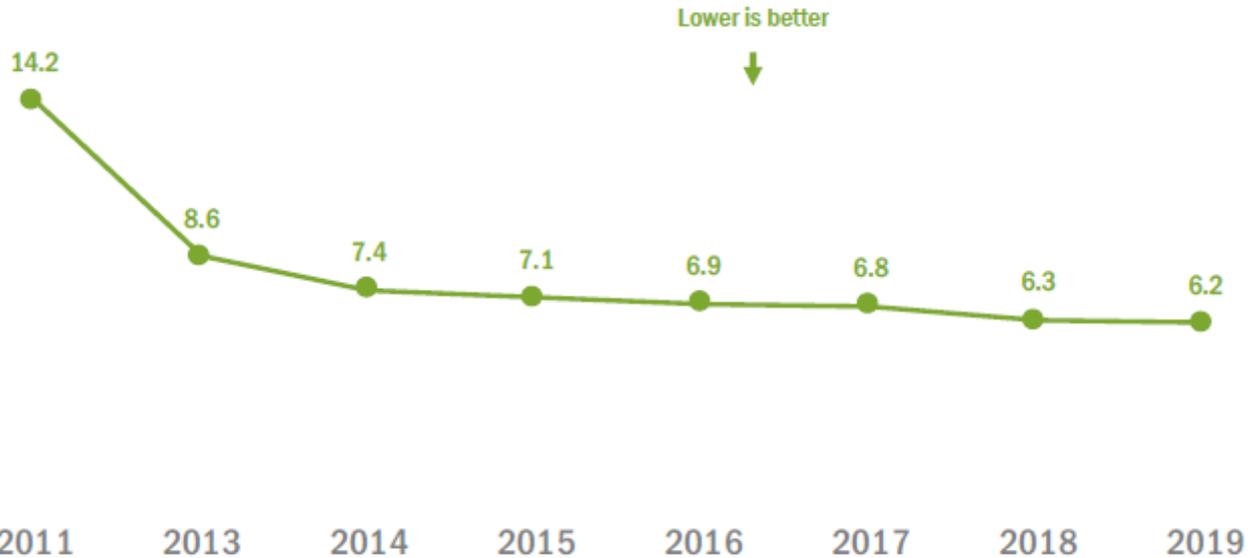
Statewide



Success: CCO Performance

- Avoidable emergency department utilization

Statewide



Opportunity: Expanding Coverage

- In December 2020, the Consolidated Appropriations Act restored Medicaid funding for Compact of Free Association (COFA) individuals residing in the United States
- This change means that Oregonians with a COFA immigration status who are financially eligible for OHP will receive full Medicaid benefits
- OHA is working with community partners and members of the community to develop out-reach that is culturally sensitive and meaningful

Success and Opportunity: COVID and Wildfire Public Health Emergency (PHE) Response Efforts

Requested numerous flexibilities from Center for Medicare and Medicaid Services (CMS)

Examples of **member-focused** flexibilities

- Approved immediate replacement of necessary durable medical equipment and supplies that were destroyed or left behind during wildfires
- Expanded definition of “emergency” for coverage for certain immigrants to include testing, screening, and treatment of COVID-19. These services may be provided outside of hospital settings, i.e. urgent care clinics
- Suspended prior authorization requirements for certain services

Success and Opportunity: COVID and Wildfire Public Health Emergency (PHE) Response Efforts – continued

Examples of **provider-focused** flexibilities

- Increased rates paid to tribal health providers
- Increased the ambulance treat-in-place rate to ease surge burden on hospitals and emergency departments
- Paid interim stability payments and reserve service capacity payments to certain providers

Challenge: Ongoing Public Health Emergency Response

- Eliminating health inequities during the public health emergency
- Members experience barriers to telehealth
- Housing due to wildfires and quarantine requirements
- Maintaining providers (BH, NEMT, residential services) to ensure necessary in-person services
- Providers must invest in HIPAA compliant platforms to perform telehealth services after PHE ends
 - Providers and CCOs have expressed concern with efficacy of audio-only services
- Continued increasing enrollment in the Oregon Health Plan

Future Work: 1115 Demonstration Waiver Guiding Principles

Problems	Guiding Principles
Inequities persist, undermining progress toward population health goals statewide	EQUITY & ANTI-RACISM
Healthcare spending and financial incentives are not aligned to contain costs and eliminate inequities, and growing costs create additional barriers to achieving equity	ECONOMIC SUSTAINABILITY
Despite progress, our system remains complex and challenging to navigate for OHP members, community agencies, and providers	PERSON-CENTERED SYSTEM DESIGN

Future Work: 1115 Demonstration Waiver Development Areas

- Innovative approaches that:
 - Improve behavioral healthcare delivery and outcomes
 - Address social determinants of health and health equity
 - Improve housing stability
- Rate setting methodology that reflects a true global budget, with monitoring strategy to promote quality, access, and equity
- Integration of healthcare, public health, and social services
- Coverage expansion
- Assessment of COVID-19 authorities to retain under waiver

Future Work: Further Improving Experience and Care for Fee-For-Service Members

Roughly 100,000 individuals on OHP are not CCO members but have needs for similar coordinated care, which can improve outcomes and control costs

POP 407 (\$11.1 million GR, \$29.5 million TF):

- Addresses program gaps by aligning fee-for-service (FFS) with coordinated care system
- Specifically addresses the gaps that exist in FFS system of care when compared to the CCO model
- Invests in continually improving health outcomes for FFS members on the same measures as CCOs

Future work: Indian Managed Care Entities

POP 403 (\$1.4 million GR, \$12 million TF):

- Establishes and supports Indian Managed Care Entities at the request of Oregon's Federally recognized Tribes
- Would provide critical care coordination services to American Indian/Alaska Native enrollees in the Oregon Health Plan

Thank You

**Next presentation:
Health Services Division
Part 2: Behavioral Health**

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

**Oregon
Health
Authority**
