OREGON DEMONSTRATION
FACTSHEET
January 12, 2017

Name of Section Demonstration/Waiver: Oregon Health Plan

Date Proposal Submitted: June 6, 2002
Date Proposal Approved: October 15, 2002
Date Implemented: November 1, 2002

Date Extension Submitted: August 15, 2016
Date Extension Approved: January 12, 2017
Extension Expiration: June 30, 2022

Number of Amendments 7

SUMMARY

The Centers for Medicare & Medicaid Services (CMS) initially approved a section 1115 demonstration for the Oregon Health Plan (OHP) for a five-year period, beginning on February 1, 1994. The OHP demonstration program had three goals:

- Expand eligibility
- Prioritize the health services to be delivered
- Implement managed care.

The Oregon Health Services Commission, with CMS approval, developed a prioritized list of health services (PL) covered under OHP. This list is updated every 2 years (biennial review), whereby services are added, deleted, or moved to a different ranking within the list.

In July 2012, CMS approved an amendment and an extension to Oregon's demonstration. The amendment and extension of OHP created a coordinated care model and sought to demonstrate the effectiveness, through extensive measurement and monitoring, of approaches to improving the delivery system for Medicaid beneficiaries in Oregon to achieve a three-part aim: improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations through such improvements.

In January 2017, CMS approved another extension to continue and enhance Oregon's Health System Transformation.

The extension of OHP seeks to continue demonstrating the effectiveness, through extensive measurement and monitoring, of approaches to improving the delivery system for Medicaid beneficiaries in Oregon. Oregon will utilize community-driven, innovative practices aimed at promoting evidence-based, coordinated, and integrated care with the goal of improving the health of affected communities and populations, as well as an active commitment to data and measurement.

The demonstration seeks to improve the coordinated care model to meet the following goals:

1. Enhance Oregon's Medicaid delivery system transformation with a stronger focus on integration of physical, behavioral, and oral health care through a performance- driven system aimed at improving health outcomes and continuing to bend the cost curve;

2. Increase the state's focus on addressing the social determinants of health and improving

health equity across all low-income, vulnerable Oregonians to improve population health outcomes;

3. Commit to ongoing sustainable rate of growth and advance the use of value-based payments;

4. Expand the coordinated care model by implementing innovative strategies for providing high-quality, cost-effective, person-centered health care for Medicaid and Medicare dual-eligible members; and

The extension of the demonstration also includes the following targeted changes:

- Extending the Hospital Transformation Performance Program through June 30, 2018.
- Converting the Tribal uncompensated care payments to a Medicaid benefit.
- Clarifying that health-related services that meet the requirements as specified at 45 C.F.R. 158.150 or 45 C.F.R. 158.151 will be included in the numerator of the Medical Loss Ratio as required under 42 C.F.R. 438.8 and 42 C.F.R. 438.74.
- Allowing passive enrollment of Medicare and Medicaid dually eligible individuals into CCOs with the option to opt out at any time.
- Specifying the demonstration will not impact American Indian and Alaska Natives (AI/AN) rights to exemption from managed care, or the requirements to comply with the Medicaid Managed Care Regulations published April 26, 2016, including the AI/AN specific provisions at 42 C.F.R. 438.14.
- Providing incentive payments for Patient Centered Primary Care Homes and Comprehensive Primary Care Plus providers that reflect provider performance in these programs for Medicaid beneficiaries who are served through the state's fee-for-service delivery system.
- Establishing minimum requirements, such as inclusion of the Model Medicaid and CHIP Managed Care Addendum for Indian Health Care Providers, and Model CCO Tribal Engagement and Collaboration Protocol for the CCOs to collaborate and communicate in a timely and equitable manner with tribes and Indian Health Care Providers.

AMENDMENTS

Amendment #7: Adds an additional year for the Hospital Transformation Performance Program.
Amendment Submitted: September 14, 2015
Amendment Approved: May 19, 2016

Technical Correction: Edits made to special terms and conditions to include Attachment J, Hospital Metrics and Incentive Payment Protocols," which was inadvertently omitted from the previous version of the STCs.
Technical Correction Approved: September 4, 2015

Amendment #6: Adds a Tribal Health Facility Payment Program for Uncompensated Care.
Amendment Submitted: June 18, 2013
Amendment Approved: August 30, 2013

Technical Correction: Edits made to special terms and conditions to clarify claiming terms and conditions.
Technical Correction Approved: June 21, 2013

Amendment #5: Extends the demonstration to 2017 and establishes coordinated care organizations as a part of the state's health transformation efforts.
Amendment Submitted: March 1, 2012
Amendment Approved: July 5, 2012

Amendment #4: Extends an inpatient hospital benefit to individuals covered under OHP-standard plan. The state has reduced the funding line on the PL.
Amendment Submitted: August 26, 2011
Amendment Approved: December 27, 2011

Amendment #3: Update the Prioritized List of Health Services for 2010-2011.
Amendment Submitted: October 8, 2009
Amendment Approved: December 23, 2009

Amendment #2: Limit OHP Plus adult dental and vision services for all OHP Plus non-pregnant adults, age 21 years and older.
Amendment Submitted: August 21, 2009
Amendment Approved: December 23, 2009

Amendment #1: Modify the reservation list as an approach to manage the enrollment of adults on a waiting list for the OHP-Standard insurance program so that individuals are randomly selected to apply for coverage, rather than on-a first-come, first-served basis.
Amendment Submitted: August 12, 2009
Amendment Approved: December 23, 2009

ELIGIBILITY

Within OHP, the state provides health care to Oregonians who have applied and been determined eligible with incomes up to 185 percent FPL. This includes specified Medicaid mandatory and optional groups under the Oregon state plans, as well as specified expansion groups included under this demonstration.

Medicaid state plan and optional groups are served in the component known as OHP Plus. Expansion adult populations (adults with income up to 100 percent of the FPL) are provided with OHP standard benefits. The mandatory and optional Medicaid state plan populations derive their eligibility through the Medicaid state plan and are subject to all applicable laws and regulations in accordance with the Medicaid state plan, except as expressly waived by the demonstration. Medicaid mandatory and optional state plan groups are subject to all applicable Medicaid laws and regulations except as expressly waived. Those groups made eligible by virtue of the expenditure authorities expressly granted in this demonstration are not subject to Medicaid laws or regulations except as expressly waived by the demonstration.

The CHIP program in Oregon is a separate program from Medicaid, and is governed by a CHIP state plan. CHIP eligible children with access to employer sponsored insurance, including optional groups under the state plan, are incorporated into OHP, in a similar fashion to the Medicaid populations. This group is subject to all applicable CHIP laws and regulations in accordance with the state plan, except as expressly waived. Income limits for the CHIP population are from 0-300 percent of the FPL.

In January 2014, the state transitioned populations and began providing benefits that are consistent with the requirements under the Affordable Care Act.

DELIVERY SYSTEM

The majority of health care services in the OHP Plus and OHP Standard are provided through managed care organizations. The MCO services take four basic forms in the OHP Medicaid Program, which include medical, dental, chemical dependency, and mental health services. Fully capitated health plans, physician care organizations, mental health organizations, dental care organizations, chemical dependency organizations, or primary care manager.

BENEFITS

Medicaid in Oregon provides preventive care, primary care, acute care, and prescription drugs. Additionally within the State, benefits are based on the use of a Preferred List (PL). The list was developed by the Oregon Health Services Commission, a governor-appointed group of physicians and consumers.

What is covered on the Prioritized List

The following services are examples of what may be covered by your benefit package:

- ☐ Diagnosis (services to find out what is wrong)
- ☐ Physician services
- ☐ Check-ups (medical and dental)
- ☐ Family planning services
- ☐ Maternity, prenatal, and newborn care
- ☐ Prescription services
- ☐ Hospital services
- ☐ Comfort care and hospice
- ☐ Dental services

- ☐ Alcohol/drug treatment
- ☐ Mental health services

What is not covered on the Prioritized List

- ☐ Treatment for conditions that get better on their own, like colds
- ☐ Conditions that have no useful treatment
- ☐ Treatments that are not generally effective
- ☐ Cosmetic surgeries
- ☐ Gender changes
- ☐ Services to help women get pregnant
- ☐ Weight loss programs

COST SHARING

There are some cost-sharing requirements under the demonstration. Cost-sharing under OHP Plus are nominal.

Contacts

Central Office:
Contact: Linda Macdonald
Telephone: (410) 786-3872
E-Mail- Linda.Macdonald@cms.hhs.gov

Regional Office:
Contact: Gary Ashby
Telephone: (206) 615-2333
E-Mail:- gary.ashby@cms.hhs.gov