Oregon Health Plan
Section 1115 Quarterly Report

1/1/2025 through 3/31/2025

Demonstration Year (DY): 23 (10/1/2024 through 9/30/2025)

Federal Fiscal Year: 2025

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I. Introduction

A. Letter from the State Medicaid Director

The Oregon Health Authority (OHA) continued to work with our partners in the health care and social services delivery system to make significant progress on implementing the Oregon Health Plan (OHP) waiver across all initiatives.

Health Related Social Needs

The state continued to build the community infrastructure necessary to deliver health-related social needs (HRSN) services. The next and final year of the Community Capacity Building Funds (CCBF) Grant Program (OHA's terminology for the state's HRSN Infrastructure funding, authorized under STC 9.3 "HRSN Infrastructure") to distribute critical investments provided through the Designated State Health Program (DSHP) HRSN Infrastructure funds, was launched during this period. The CCBF grant program built upon the successful completion of the initial year when OHA and coordinated care organizations (CCOs) awarded a combined $37 million to 161 community organizations across the state to help social service providers and organizations to develop what they need to be able to participate in the Medicaid delivery system and provide HRSN benefits.
During this reporting period, OHA engaged with partners to understand success and challenges – on the ground, of delivering HRSN housing benefits, launched in November of 2024, and develop programmatic improvements to best serve members to improve overall health outcomes.

OHA launched the following HRSN Nutrition Supports on January 1, 2025:

- Assessment for Medically Tailored Meals
- Medically Tailored Meals
- Nutrition Education

To support the launch of these services, OHA engaged with partners bi-weekly and provided monthly HRSN Provider technical assistance sessions to facilitate HRSN provider peer-to-peer learning. Concurrently, the state continued implementation planning for the launch of additional HRSN Nutrition Supports, including Fruit and Vegetable and Pantry Stocking benefits.

Youth with Special Health Care Needs (YSHCN)

On January 1, 2025, the Youth with Special Health Care Needs (YSHCN) program launched and will provide coverage along with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage to those who are aged 19 through 25 with income up to 200% of the Federal Poverty Level (FPL) and who have chronic or complex medical needs. The program is being phased in by age groups each year. To be eligible in 2025, individuals must be age 19 or 20. Once eligible, they can keep YSHCN coverage through age 25, if they continue to meet eligibility requirements.

OHA looks forward to a continued partnership with CMS.

Emma Sandoe, State Medicaid Director

B. Demonstration description

On September 28, 2022, CMS approved Oregon's renewed 1115 Demonstration waiver, effective October 1, 2022 to September 30, 2027. This most recent approval builds on the successes of Oregon's previous 1115 waivers and included significant eligibility expansion authority, as well as new benefits for individuals who have HRSNs and are experiencing life transitions. This most recent approval advances the work conducted under the state's prior waivers, including those approved in 2012 and 2017, to provide care through the state's CCOs and to provide integrated, whole-person care to members. Collectively, these reforms are expected to further OHA's goal to eliminate health inequities by 2030 through connecting underserved populations with effective health care and supports.

Voluminous and complex changes are included in the waiver, impacting many populations and creating new opportunities to provide coordinated care. Children who are enrolled in Medicaid any time prior to their sixth birthday will remain enrolled until age six. People over age six will automatically remain enrolled for two years (instead of one). These eligibility changes help members remain covered longer and be less likely to lose coverage due to administrative issues. The approved waiver also includes some benefit changes for youth. All federally required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children and youth to age 21 will be available. Additionally, for YSHCN, eligibility criteria will allow access to expanded benefits, including EPSDT, until age 26.

Additionally, the waiver includes significant and nationally innovative service expansions for select populations. Beginning in 2024, Oregon will provide HRSN benefits (such as housing and nutrition services) to people who have a demonstrated clinical and social need. This includes individuals who:

- Are at risk of becoming homeless
- Are experiencing low food security
- Have a clinically appropriate need for a home modification device

Under the new waiver, eligible OHP members will get increased care and social supports, which will support members upstream and, ultimately, prevent more costly care including emergency and urgent services. OHA is committed to working collaboratively with partners to design a benefit and implementation approach that expands health care access, quality and improves the lifelong health of everyone in Oregon.

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II. Title

Oregon Health Plan (OHP)
Section 1115 Quarterly Report
Reporting period: 1/1/2025–3/31/2025
Demonstration Year (DY): 23 (10/1/2024–9/30/2025)
Federal Fiscal Year: 2025

III. Overview of the current quarter

This reporting period included continued and extensive operational planning to support the successful launch of waiver initiatives, including engaging with key partners in the health care and social services delivery system. This work is further detailed throughout the report but has informed critical aspects of successful launch of all HRSN benefits.
The next phase of distributing critical financial resources launched during this period via the CCBF Grant Program. These investments will support social service providers and organizations to develop what they need to be able to participate in the Medicaid delivery system and expand the critical HRSN provider network across the state and vital to the success of delivering HRSN benefits.

- Additional highlights include:
- Select HRSN nutrition benefits and YSHCN program launched January 2025.

- Received a final report at the beginning of this reporting period that identified the CIE-related needs of CBOs and HRSN Service Providers and launched the CCO CIE HRSN Work Session series.
- Convened internal systems teams including with the Oregon Eligibility (ONE) Information Exchange, Medicaid Management Information System (MMIS), and Mainframe groups to map out technological pathways to coverage and care.
- Re-entry planning measures including readiness assessments, developing operational guides and contracts, and planning for the release of authorized capacity building funding to qualifying entities.

The Oregon Health Authority (OHA) continued to work with our partners in the health care and social services delivery system to make significant progress on implementing the Oregon Health Plan (OHP) waiver across all initiatives.

A. Enrollment progress

1. Oregon Health Plan eligibility

On January 1, 2025, a new 1115 Waiver program was launched called Youth With Special Health Care Needs (YSHCN). This program provides OHP Plus coverage along with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage to those who are aged 19 through 25 with income up to 200% of the Federal Poverty Level (FPL) and who have chronic or complex medical needs. The program is being phased in by age groups each year. To be eligible in 2025, individuals must be age 19 or 20. Once eligible, they can keep YSHCN coverage through age 25, as long as they continue to meet eligibility requirements. The program is either added as a supplemental benefit to those who are eligible for a Medicaid or CHIP program or can exist as a standalone OHP Plus program, with the enhanced EPSDT coverage, for those up to 200% of the FPL who don't qualify for any other program.

All scheduled cycles of Public Health Emergency (PHE) period unwinding renewals have been completed, with a couple thousand remaining clean-up cases scheduled to finish renewing by the end of 2025. Additionally, the Marketplace's open enrollment period concluded during this quarter, and some renewing members may have been referred to Oregon's new OHP Bridge Program which is non-Medicaid coverage for individuals with annual income between 133 to 200% of the FPL and who aren't covered by Medicare or affordable employer-sponsored insurance. These individuals are required to be enrolled in a managed care plan. If any OHP Bridge members have a qualifying tribal status, they are placed in OHP Bridge-equivalent coverage under a Medicaid category to allow for freedom of enrollment or disenrollment in managed care.

2. CCO enrollment

Most coordinated care organizations experienced slight increases to enrollment from January through March 2025. Only one CCO, Advanced Health, serving Coos and Curry counties, experienced a slight reduction (-0.6%) in enrollment. Trillium Community Health Plan in the Tri-County area experienced the largest increase to enrollment at 1.2%. All other CCOs were below 1% growth.

Across 16 CCOs, there are 48 unique CCO county service areas. Most areas experienced slight increases to enrollment in January (47 regions) and February (all 48 regions) with enrollment remaining at a slight increase to plateau across much of the state (39 regions) and even decreasing in some areas (9 regions) in March.

Capacity Zone	January	February	March
>5%	0	0	0
3-5%	0	2	0
0-3%	47	46	39
Negative	1	0	9

No changes were made to CCO enrollment regions or limits.

Of 227 requests for disenrollment from CCOs, 160 (70%) were for out-of-hospital births, 7 (3%) for transplants, and the remaining 36 included requests to retain current behavioral health and primary care providers and acquire specialty care from out-of-network providers.

B. Benefits

1. Health Evidence Review Commission

Between 1/1/25-3/31/25, the January 1, 2025 Prioritized List of Health Services was published on 1/1/25. A change log and errata for the 1/1/25 prioritized list were published on 1/8/25.

2. Pharmacy & Therapeutics (P&T) Committee

The P&T Committee developed new or revised **Prior Authorization (PA) criteria** for the following drugs: Oncology Agents; Orphan Drugs; Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitors; Rifaximin & Rifamycin; Antidiarrheal Drugs; Drugs for Constipation; Parkinson's Disease Drugs; Cobenfy™ (xanomeline/trospium chloride); Skyclarys® (omaveloxolone); Vafseo® (vadadustat); retire the Daprodustat PA criteria; and revise the Veozah® (fezolinetant) PA criteria.

The Committee also recommended the following changes to the **Preferred Drug List (PDL):** make canagliflozin non-preferred; rifaximin non-preferred; alosetron, attapulgite, difenoxin/atropine, and telotristat etiprate non-preferred; Vyalev™ (foscarbidopa-foslevodopa) non-preferred; ropinirole preferred; and Cobenfy™ (xanomeline/trospium) voluntary non-preferred.

C. Access to care (reported annually only)

D. Quality of care (reported annually only)

E. Complaints, grievances and hearings

1. CCO and fee-for-service (FFS) complaints and grievances

The information provided in the charts below is a compilation of data from the current 16 coordinated care organizations (CCO) and fee-for-service (FFS) data. This quarterly report covers the time period of October 1, 2024 through December 31, 2024.

CCOs must submit Grievance and Appeal Log information 45 days after the end of the quarter. Additional time is necessary to perform data quality checks and to receive CCO resubmissions of Grievance and Appeals log information with corrections. These corrections can greatly change the quality of the data. Due to the need to perform data quality checks before submitting each report, Oregon will be revising each quarterly report to submit the previous quarter's data to allow processing time to improve data quality.

Trends

	Jan – Mar 2024	Apr – Jun 2024	Jul – Sep 2024	Oct – Dec 2024
Total complaints received	4,834	4,891	4,843	4,528
Total average enrollment	1,605,776	1,583,231	1,415,232	1,647,359
Rate per 1,000 members	3.01	3.09	3.42	2.75

Barriers

The number of complaints CCOs reported from October 1, 2024 to December 31, 2024 shows there is an overall decrease of 6.49% from the previous quarterly reporting. The Interaction with Provider or Plan category showed the highest number of complaints for the quarter. There was a decrease of 9.87% from the previous quarter for this category. The Access to Care category was the next highest number of complaints and shows there was a decrease of 11.6% from the previous quarterly reporting period. Quality of Care continues to be the third highest category of complaints with a decrease of 9.09% from the previous quarter. FFS data shows the highest number of complaints this quarterly reporting period remains the Quality of Care category and the Quality of Service category received the second highest number of complaints.

Interventions

CCOs –NEMT issues continue to receive the highest number of complaints. Complaints about Primary Care Providers was the next highest. CCOs report they are continuing to work with providers to improve access to primary care services. Some CCOs in rural areas continue to work on encouraging a higher rate of provider participation.

Fee-For-Service – The number of complaints from members who were on Fee for Service coverage during the October 1, 2024 through December 31, 2024 quarterly reporting period was

131 complaints. This is a 23% decrease from the previous reporting period. During this reporting period, 348 records were identified as calls received from members enrolled in CCOs. These calls were referred to the appropriate CCO. In addition, there were 8,017 informational calls received asking for a variety of information, such as information about member coverage, CCO enrollment, request ID cards, etc.

Statewide rolling 12-month Complaints totals

This chart includes the total of all complaints reported statewide by CCOs and FFS.

Complaint category	Jan – Mar 2024	Apr – Jun 2024	Jul – Sep 2024	Oct – Dec 2024
Access to care	1,648	1,703	1,689	1,493
Client billing issues	438	411	336	392
Consumer rights	349	350	318	302
Interaction with provider or plan	1,589	1,583	1,732	1,561
Quality of care	612	626	605	550
Quality of service	198	218	163	229
Other	0	0	0	1
Grand Total	4,834	4,891	4,843	4,528

Related data

Reports are attached separately as Appendix B – Complaints and Grievances.

2. CCO and FFS NOABDs and appeals

Notices of Adverse Benefit Determination (NOABD)

The following table lists the total number of notices of adverse benefit determinations (NOABD) issued by CCOs between October 1, 2024 through December 31, 2024. The NOABDs are listed by reason, as per 42 CFR 438.400(b)(1-7) and are the total number of NOABDs issued, regardless of whether or not an appeal was filed. The three highest number of NOABDs issued were in the diagnostics, outpatient and pharmacy categories. CCOs are working directly with providers to reduce the numbers of denials and improve services to members. CCOs continue to monitor NOABDs to ensure written notices are sent to members in easily understood language and includes the appropriate citations. Tracking for timeliness, as well as reviewing for utilization and appropriateness of care are processes CCOs report they are doing to ensure NOABDs are issued appropriately and timely.

Notice of Adverse Benefit Determination (NOABD)	Jan – Mar 2024	Apr – Jun 2024	Jul – Sep 2024	Oct – Dec 2024
a) Denial or limited authorization of a requested service.	29,981	31,857	31,233	34,624
b) Single PHP service area, denial to obtain services outside the PHP panel	1,914	1,987	1,127	1,212
c) Termination, suspension, or reduction of previously authorized covered services	163	163	109	173
d) Failure to act within the timeframes provided in § 438.408(b)	6	11	5	9

e) Failure to provide services in a timely manner, as defined by the State	146	170	283	180
f) Denial of payment, at the time of any action affecting the claim.	206,658	233,448	207,349	208,144
g) Denial of a member's request to dispute a financial liability.	0	6	5	6
Total	238,868	267,642	240,111	244,348
Number per 1000 members	176.9	199.3	184.1	174.7

CCO Appeals

The table below shows the number of appeals the CCOs received during the October 1, 2024 through December 31, 2024 quarter. OHA implemented a new process requirement for reporting appeals with the appropriate NOABD identified. The three highest categories of appeals for this reporting period were Pharmacy, Dental and Imaging.

CCO Appeals	Jan – Mar 2024	Apr – Jun 2024	Jul – Sep 2024	Oct – Dec 2024
a) Denial or limited authorization of a requested service.	963	1,098	1,437	1,621
b) Single PHP service area, denial to obtain services outside the PHP panel.	53	54	42	36
c) Termination, suspension, or reduction of previously authorized covered services.	3	3	7	2
d) Failure to act within the timeframes provided in § 438.408(b).	0	0	1	1
e) Failure to provide services in a timely manner, as defined by the State.	0	1	2	5
f) Denial of payment, at the time of any action affecting the claim.	836	887	722	721
g) Denial of a member's request to dispute a financial liability.	0	0	1	0
Other	0	0	0	257
Total	1,855	2,043	2,212	2,643
Number per 1000 members	1.3	1.5	1.7	1.9
Number overturned at plan level	583	804	796	889

Appeal decisions pending	17	34	27	34
Overturn rate at plan level	31.4%	39.4%	36%	33.6%

3. CCO and FFS Contested Case Hearings

The following information is a compilation of data from the Oregon Health Plan's 16 Coordinated Care Organizations (CCOs), and Fee-for-Service (FFS).

During the second quarter of the 1115 Waiver reporting period (January 1, 2025, to March 31, 2025), the Oregon Health Authority (OHA) received 356 hearing requests related to the denial of medical, dental, and behavioral health services, including Non-Emergent Medical Transportation (NEMT). Of those received, 327 were from CCO-enrolled members and 29 were from FFS members.

During this same period, 351* cases were processed and resolved. The table below shows the outcomes of these cases, some of which were decided after an administrative hearing.

OHA dismissed 208 cases that were determined not hearable cases. Of the not-hearable cases, 158 were forwarded to the member's respective CCO to process as an appeal. Per Oregon Administrative Rule, Oregon Health Plan (OHP) members must exhaust their appeal rights at the CCO level and receive notice of appeal resolution (NOAR) before they can request a contested case hearing at the state level. Hearing requests received by OHA prior to the appeal being exhausted are dismissed as not hearable with a letter to the member explaining their appeal rights through the CCO and their hearing rights after receiving an NOAR. 3 cases were dismissed as not hearable because the hearing request was not submitted within the timelines identified in rule.

Of the 140 cases that were determined to be hearable, 33 were approved prior to hearing. Members withdrew from 50 cases after an informal conference with an OHA hearing representative. 57 cases went to hearing with an Administrative Law Judge (ALJ). The ALJ upheld the OHA or CCO decision in 44 of those cases. In 12 cases the member failed to appear, and the ALJ dismissed the case. The ALJ reversed the decision stated in the denial notice in 1 case.

* In every quarter there is an overlap of processed cases with those received. For instance, cases processed and resolved in January of 2025 may be cases OHA received as far back as November and December of 2024.

Outcomes of Contested Case Hearing Requests Processed

Outcome Reasons	Count	% of Total
Decision overturned prior to contested case hearing	33	9%
Client withdrew request after pre-hearing conference	50	14%
Dismissed by OHA as not hearable	208	59%
Decision affirmed*	44	13%
Client failed to appear*	12	3%
Dismissed as non-timely	3	0%
Dismissed because of non-jurisdiction	0	0%
Decision reversed*	1	1%
Set Aside	0	0%

Total	351	

* Resolution after an administrative hearing.

Related data

Reports are attached separately as Appendix C – Contested Case Hearings.

F. CCO Activities

1. New plans

Oregon awarded 15 CCO contracts under a procurement conducted in 2019. Every CCO is a previously existing plan, one of which was approved to expand into two new service areas. CCOs began serving members under the terms of the new contract effective January 1, 2020.

One of the previously existing plans—Trillium Community Health Plan—had applied to continue in its historical Lane County service area and to expand into Clackamas, Multnomah, and Washington counties (the Tri-County). OHA denied Trillium a notice to proceed in the Tri-County and gave Trillium until June 30, 2020 to demonstrate a sufficient provider network in the Tri-County or that service area would be removed from its contract. On August 14, 2020, OHA approved Trillium's expansion into the Tri-County, effective September 1, 2020. This expansion was subject to a Corrective Action Plan (CAP) effective March 5, 2021; the CAP was closed on May 31, 2022.

2. Provider networks

There were no significant changes to CCO networks during the reporting period.

3. Rate certifications

OHP is the state Medicaid program. It provides health coverage for low-income Oregonians including working families, children, pregnant women, single adults, seniors, and more. The Oregon Health Authority (OHA) has contracted with managed care entities, known as Coordinated Care Organizations, or CCOs, to manage and deliver health care for most of the individuals eligible for Medicaid. OHA pays for CCOs to cover Physical, Behavioral, Dental and Transportation needs for these individuals. CCO's receive capitation rates that are a predetermined payment that depends on an individual's OHP eligibility status and is paid to CCOs monthly, for each member enrolled with them.

The capitation rates are developed and certified by OHA's contracted actuaries on a yearly basis. The process and methodology used to develop capitation rates are governed by federal and state regulations. CMS requires Oregon's capitation rates be Actuarially Sound and follow applicable Actuarial Standards of Practice, which are developed by the Actuarial Standards Board. OHA delivered the final CY25 CCO rates package to the Centers for Medicare & Medicaid Services (CMS) in October 2024.

In preparation for the CY26 Rate Development year during Q1 2025, OHA is preparing the 2024 claims and financial data that will be the basis for the 2026 capitation rates.

4. Enrollment/disenrollment

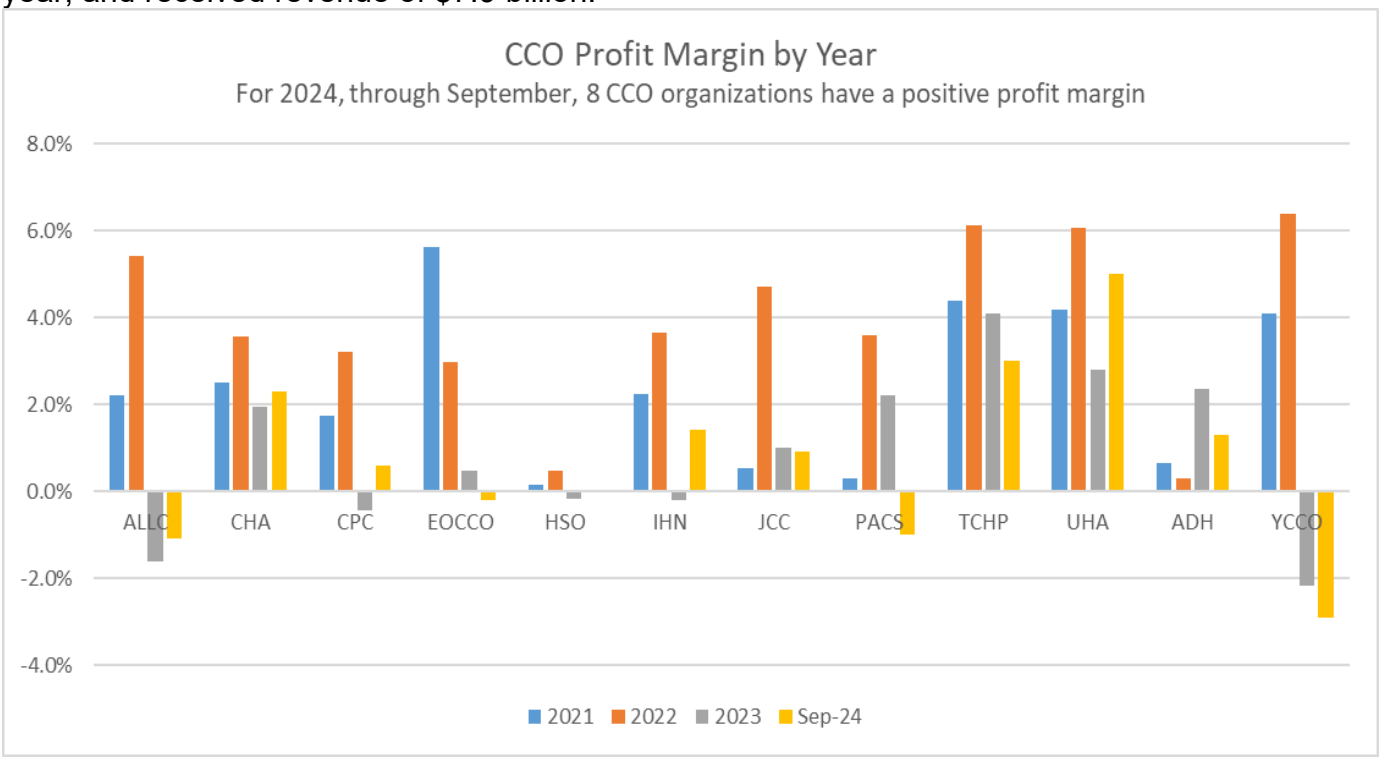
All significant changes reported in other sections.

5. Contract compliance

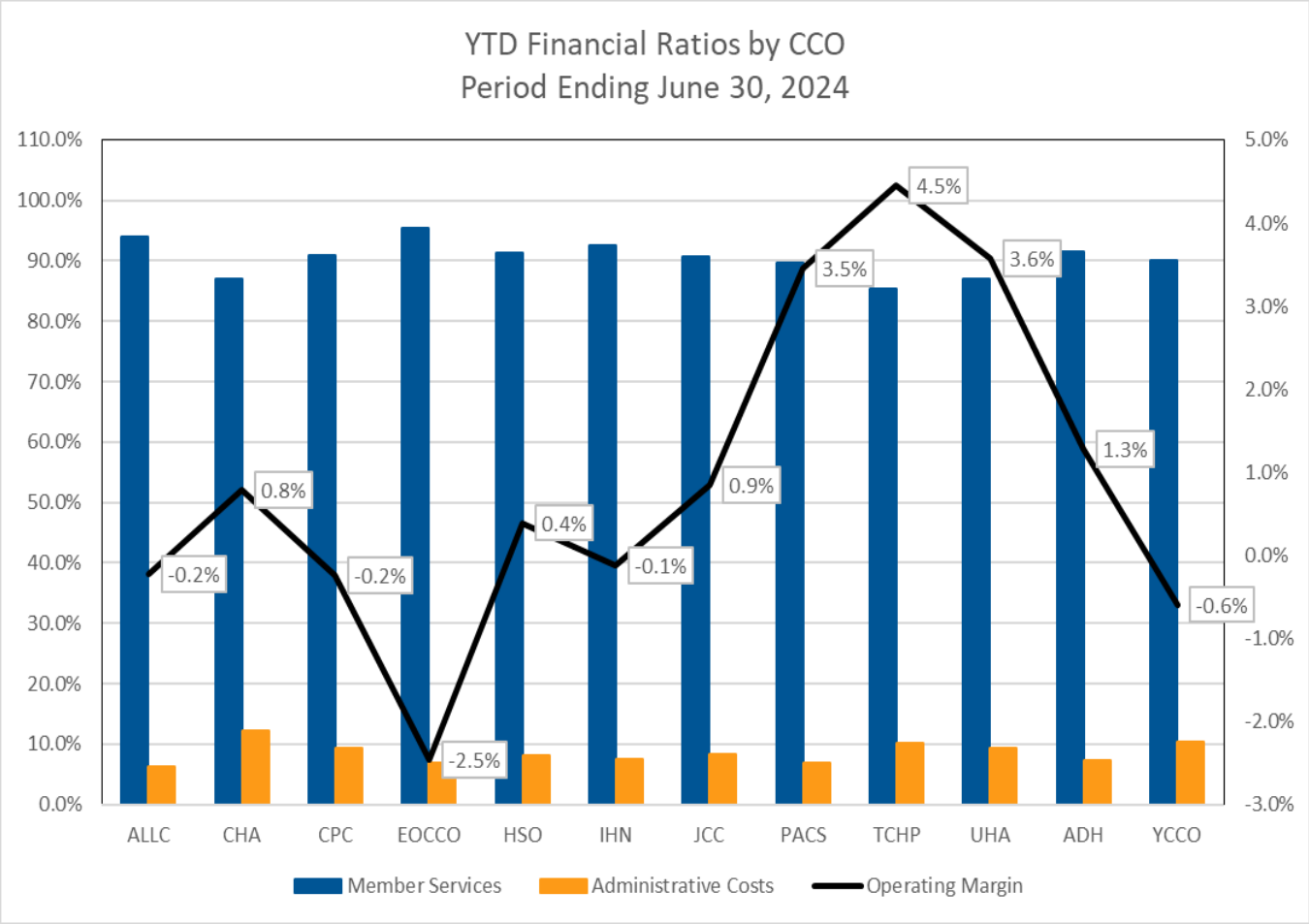
As reported in the previous quarterly submission, several CCOs continued to face challenges with implementation of the NOABD Notice requirements. CCOs and their subcontractors are slowly adopting these templates and continue to face challenges adhering to the requirements for NOABDs. OHA has been working with CCOs to provide technical assistance through the evaluation of NOABD samples to identify opportunities for improvement.

6. Relevant financial performance

CCOs have reported a variety of profit/losses through the nine months ending September 30, 2024. Through September 30, 2024 the CCOs have received revenues of $6.3 billion. In comparison to 2023, 7 of the 12 CCO organizations had a positive profit margin by the end of the year, and received revenue of $7.9 billion.



CCO member services ratio (MSR) is a key financial metric that calculates the cost of services a CCO provides to its members (this includes physical, behavioral, and dental health, substance use services and other adjustments) as a percentage of total revenue. A breakdown of key statewide financial ratios by year indicates that the Member Services component as a percent of the payments which CCOs received has remained relatively consistent over the last two years. Through the first six months of 2024, spending on Member Services was at 90.8%. Administrative costs of 7.9% through the first half of 2024 is in line with the 2023 CCO-wide average, which was 7.94%.



For the 6-months ended June 30, 2024, the majority of the 16 CCOs met or exceeded the 85% target for MSR, a key indicator for MLR (1 CCO was below the 85% MSRs, and 10 of the CCOs had MSRs above 90%).

For additional CCO financial information and audited financials please follow the link below -

http://www.oregon.gov/oha/FOD/Pages/CCO-Financial.aspx

7. Corrective action plans

In conducting its 2024 evaluation of HSO's FWA program, OHA found HSO's 2024 FWA Prevention Handbook, FWA Prevention Plan, and FWA Assessment insufficient. The deficiencies in all three documents were initially identified in calendar years 2022 or 2023 (or both) and remain unresolved. OHA has advised HSO of its failure to resolve OHA's CY 2022 and CY 2023 findings on numerous occasions.

- CCO Name: Health Share of Oregon
- Purpose/Action: Correct breach of Fraud, Waste, and Abuse requirements under the Code of Federal Regulations and the CCO Contract. In accordance with Secs. 6 and 8 of Exh. B, Pt. 9 and Sec. 9, Para. a, Sub.Para. (4) of Exh. D of the CCO Contract.
- Start date of CAP: February 7, 2025

- Progress during current quarter: Corrective Action Plan, actions, and root cause analysis is currently being drafted by Health Share of Oregon.

8. One-percent withhold

One percent withhold - This quarterly report is for data from January 1, 2025, through March 31, 2025. OHA analyzed encounter data received for completeness and accuracy for the subject months finalized for June 2024 through August 2024.

Health Systems analyzed encounter data received for completeness and accuracy for the subject months of June 2024 through August 2024. All CCOs met the Administrative Performance (AP) standard for all subject months and no 1% withholds occurred.

G. Health information technology

Community Information Exchange (CIE) (also known as Closed Loop Referral Technology for social services)

Technical Assistance and OHA Support

Oregon Health and Science University's (OHSU) Oregon Rural Practice-based Research Network (ORPRN) submitted a final report in January summarizing findings from CCO interviews and group discussion about CIE-related needs of CBOs and HRSN Service Providers, particularly for gaps in technical assistance and general areas in which OHA could provide support. Top needs include integration (e.g., of CIE with HMIS and EHRs), standardization (e.g., data collection, screening tools, workflows), guidance and best practices from OHA, and technical assistance on topics such as privacy and security, and data and reporting. The CIE team led a follow up discussion with CCOs to build on these findings in a CCO CIE HRSN Work Session (see below).

CCO CIE HRSN Work Sessions

OHA continued the CCO CIE HRSN Work Session series, hosting meetings in February and March. Topics included next steps to support CBO use of CIE, experiences with CIE for HRSN Housing and Nutrition, CIE challenges and solutions, and discussion of a proposed 2026 contract change relating to CIE use. This meeting series will continue in 2025, functioning as a dedicated space to share with CCOs CIE information relevant for HRSN services, to obtain CCO input and feedback, and for OHA staff to address CIE questions.

Procurement of Closed Loop Referral Technology

Department of Administrative Services State Procurement Services (DAS SPS), who provides procurement services for state agencies, continued negotiations with Unite Us and Findhelp to establish two separate Statewide Price Agreements that incorporate all services and pricing for OHA and other state agencies and Oregon Cooperative Procurement Program (ORCPP) members like county and local governments. Negotiations for the Statewide Price Agreements are anticipated to be completed early to mid-2025. OHA intends to execute a work order contract, under each executed Statewide Price Agreement, with each CIE vendor on behalf of

OHA and ODHS users, Fee-for-Service contractors, and Tribes to participate in sending and receiving closed loop referrals as well as using data for evaluation and analytics. Negotiations for OHA's work order will begin in May 2025.

Allowances for CCOs to Require CIE in 2026 and Exceptions Process development

OHA continued work, including internal and external partner engagement, for development of contract changes allowing CCOs flexibility to require technology like CIE for HRSN closed loop referrals with HRSN providers. If CCOs decide to require CIE, they must have an exceptions process for HRSN providers who cannot use CIE. Engagement with CCOs and HRSN providers will continue over the next quarter on this change and guidance for an exceptions process.

H. Metrics development

At the January 2025 meeting of Metrics & Scoring, the Committee reviewed its workplan for the upcoming year and received updates on OHA work relevant to the Committee. The Committee also heard a presentation outlining how the Quality Incentive Program works and how they fit into the overall program. The purpose of this presentation was to create a shared understanding among committee members of the program structure and prepare the Committee for the upcoming 2026 measure and benchmark selection.

For more information about the meeting including a video link to the meeting and minutes please visit the Committee's website at:

https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx

At the February 2025 meeting of Metrics & Scoring, the Committee heard a presentation about the changes made to the 2026 CMS Core Sets and how these changes will affect the Committee's decisions for the 2026 incentive measure set. The Committee also voted to adopt OHA's proposal for a baseline adjustment to the Meaningful Language Access measure performance in 2024.

Finally, preparation for selection of the 2026 incentive measure set began with a presentation explaining a pre-measure selection survey that the Committee would complete prior to the March 2025 meeting. The purpose of this survey was to gauge the Committee's satisfaction with the current incentive measure set and identify any gaps or areas of concern that the Committee would like to explore in depth.

For more information about the meeting including a video link to the meeting and minutes please visit the Committee's website at:

https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx

At the March 2025 meeting of Metrics & Scoring, the Committee revisited to changes made to the 2026 CMS Core Sets and discussed their options for 2026 incentive measure selection based on these changes.

Due to changes to the 2026 CMS Core Sets, two current incentive measures are no longer eligible for the incentive measure set beginning in 2026:

- Oral Evaluation for Adults with Diabetes
- Diabetes: HbA1c Poor Control

To continue incentivizing adult oral health care, the Committee would need to incentivize at least one of the two adult oral health measures on the 2026 Core Set:

1. Oral Evaluation During Pregnancy
2. Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults

To continue incentivizing diabetes care, the Committee would need to incentivize the Glycemic Status Assessment measure or a different diabetes-related measure on the CMS Core Set.

The Committee also reviewed the results of the pre-measure selection survey. High-level results of the survey are below:

- Committee members were most satisfied with 1) the Primary Care Access and Preventative Care measure set and 2) the Upstream measure set.
- Committee members were least satisfied with 1) the Dental or Oral Health measure set and 2) the Care of Acute and Chronic Conditions measure set.
- In particular, Committee members were concerned with the gap in adult dental or oral health and diabetes-related measures.

For more information about the meeting including a video link to the meeting and minutes please visit the Committee's website at:

https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx

I. Budget neutrality

OHA is unable to report on the current waiver Budget Neutrality (BN) Workbook as discussed with CMS on Tuesday, 5/20/2025. OHA submitted a list of BN Workbook issues to CMS prior to this meeting. CMS acknowledges receipt of the list and are expects to provide feedback and/or updated BN Workbook as soon as their review is completed. Additionally, the agency continues to undergo systems work to complete the work on reclassifying expenditures from the old waiver to the new waiver format. Much of this work requires manual reclassifications but is expected to be completed by June 2025 accounting close out.

J. Legislative activities

Oregon's state legislative session began January 21. OHA continues to monitor legislation closely to ensure proposals are supportive of our waiver commitments. A summary of passed legislation that is relevant to the 1115 demonstration will be included in the next reporting period.

K. Litigation status

No lawsuits or legal actions occurred during this reporting period.

L. Public forums

Medicaid Advisory Committee

The Medicaid Advisory Committee met twice during the quarter, on January 29 and February 26, 2025. The January meeting agenda included:

- An introduction to the Oregon Supplemental Income Program – Medical (OSIP-M)
- An overview of network adequacy rules
- Updates from the consumer subcommittee and OHA Ombuds and
- Votes to affirm the MAC's end-of-year letter, guidance to OHA regarding CCO marketing material, and recommendations to the Oregon Health Policy Board about CCO procurement.

Testimony in January touched on OSIP-M, network adequacy, health-related social needs application issues, delays in getting long-term care assessments and the Benefit Update Project.

In February, the MAC discussed:

- Oregon's health care workforce
- Progress toward setting up a Beneficiary Advisory Council
- An overview of the Children's Extraordinary Needs Program
- The Substance Use Disorder 1115 Waiver

Testimony at the February MAC meeting addressed a proposed rule change regarding billing for a category of mental health practitioners, CCO procurement.

IV. Progress toward demonstration goals

Community Information Exchange (CIE) also known as Closed Loop Referral Technology for Social Services

Procurement of Closed Loop Referral Technology: Department of Administrative Services State Procurement Services (DAS SPS), who provides procurement services for state agencies, continued negotiations with Unite Us and Findhelp to establish two separate Statewide Price Agreements that incorporate all services and pricing for OHA and other state agencies and Oregon Cooperative Procurement Program (ORCPP) members like county and local governments. Negotiations for the Statewide Price Agreements are anticipated to be completed early to mid-2025. OHA intends to execute a work order contract, under each executed Statewide Price Agreement, with each CIE vendor on behalf of OHA and ODHS users, Fee-for-Service contractors, and Tribes to participate in sending and receiving closed loop referrals as well as using data for evaluation and analytics. Negotiations for OHA's work order will begin in May 2025.

- Establishing data-sharing agreements with its HRSN partners.
- Funding SSOs to develop business or operational procedures.
- Providing workforce development opportunities.
- Conducting outreach, engagement, and convening.
- Expanding Medicaid beneficiaries' enrollment in SNAP, WIC, and TANF.
- Establishing partnerships with health care providers and SSOs.

A. Improvement strategies

Continuous Eligibility for Adults and Children

Oregon's Continuous Eligibility policy, approved the 1115 Demonstration Waiver, allows most Oregonian's receiving OHP benefits to maintain a continuous coverage period of at least 24 months, even if circumstances like income or household structure change. CE also ensures children remain covered through end of the month in which they turn six years old, regardless of when they initially became eligible, or 24 months, whichever produces a longer enrollment period.

Early and Periodic Screening, Diagnostic and Treatment

The EPSDT communications plan was approved and implemented in January 2025. All EPSDT communication material was updated to reflect EPSDT eligibility under the Young Adults with Special Health Care Needs (YSHCN) program that launched in Oregon on January 1, 2025. The EPSDT team conducted several meetings to ensure that Fee-For-Service EPSDT beneficiaries are receiving required communication about their EPSDT benefits. Gaps in these communications were identified and Fee-For-Service staff are working on plans to address these gaps. The EPSDT team is currently accepting feedback on the EPSDT monitoring and evaluation plan that was finalized last quarter. As part of the monitoring work, data gathering tools were developed and are being implemented. The EPSDT team was invited to present at several external meetings on the rules, requirements, and processes of accessing EPSDT covered services through the Oregon Health Plan. The meetings will include partner agencies, providers, healthcare advocates, and Oregon Health Plan beneficiaries.

HRSN Infrastructure Supports

During this reporting period, OHA launched the 2025 CCBF grant program (Oregon's nomenclature for "HRSN Infrastructure investments, authorized under STC 9.3). Final 2025 CCBF grant contract agreements were signed and executed with each CCO to administer the grant to eligible organizations in their service areas. OHA continued regular meetings with CCOs to discuss and finalize the 2025 reporting process steps. Improvements to the reporting process were made based off last years evaluation which included CCOs, community partners and OHA staff. OHA updated the OHA CCBF public facing webpage and public facing materials such as an FAQ and CCBF overview fact sheet which were also translated into multiple languages and

updated with the 2025 CCBF grant program information. In addition, OHA provided an overview of the 2025 CCBF grant program to multiple internal and external partners.

HRSN Housing Supports

In November 2024, OHA launched a new set of HRSN Housing Supports, expanding access to housing-related benefits for eligible OHP members. Available housing supports include:

- Rent and utility assistance for up to six months
- Tenancy support services
- Storage fee assistance
- Home modifications (e.g., ramps, grip bars, door and cabinet handles)
- Home remediations (e.g., pest eradication, installation of curtain or blinds, chore services)

These supports are designed with the goal of preventing homelessness—specifically, to assist Members at risk of homelessness who need support to maintain their current housing.

During this reporting period, OHA engaged with partners to understand challenges – on the ground, within delivery of these benefits and develop programmatic improvements to best serve members to improve overall health outcomes. OHA engaged with partners weekly and conducted a readiness assessment with CCOs and the FFS third-party contractor. In addition, OHA provided monthly HRSN Provider technical assistance sessions.

HRSN Nutrition Supports

OHA launched the following HRSN Nutrition Supports on January 1, 2025:

- Assessment for Medically Tailored Meals
- Medically Tailored Meals
- Nutrition Education

To support the launch of these services, OHA engaged with partners bi-weekly and conducted a readiness assessment with CCOs and the FFS third-party contractor. In addition, OHA provided monthly HRSN Provider technical assistance sessions to facilitate HRSN provider peer-to-peer learning, share effective strategies for engaging and communicating with members, and to support successful implementation of HRSN benefits. Concurrently, the state continued implementation planning for the launch of additional HRSN Nutrition Supports, including Fruit and Vegetable and Pantry Stocking benefits. The state completed revisions to the Oregon Administrative Rules (OARs) necessary to implement these new services.

Alignment with tribal partners' priorities – Health Related Social Needs

Addressing HRSNs is a priority for Oregon's nine Federally Recognized Tribes. To support Tribal HRSN investments, Oregon set aside 10% of the total CCBF authorized amount to support the Tribes' ability to build capacity and invest in the infrastructure needed to deliver HRSN services.

Nine Tribes agreed to accept CCBF awards. During this quarter, Oregon Tribal Affairs staff completed the CCBF budget template to be used to issue funding to the Tribes. Tribes are expected to receive their CCBF awards next quarter and make further progress on implementing HRSN services within their communities in the summer of 2025.

Reentry Demonstration Initiative

Between January and March, OHA worked with county jails, youth juvenile detention facilities, and state correctional departments to finalize Readiness Assessment reports representing all 63 eligible facilities in Oregon. These readiness assessment reports reflected facilities' preferred launch cohort, service level, and requested Capacity Building Funds. OHA also continued to host multiple workgroups with partners including CCOs, FFS contractors, Local Public Safety Coordinating Councils, and state agencies (Department of Corrections, Oregon Youth Authority, Department of Justice) to support planning for reentry design and implementation.

OHA also engaged with our ONE integrated eligibility system contractor and staff to participate in extensive systems design sessions to plan for building the reentry benefit in ONE in coordination with our MMIS system. Design sessions began in January and were still ongoing as of March 31.

Designated State Health Programs

The Designated State Health Program (DSHP) allows for limited federal matching funds on approved existing state-funded expenditures. The funding will be used to help pay for:

- Medicaid coverage to Young Adults with Special Health Care Needs (YSHCN)
- Health-Related Social Needs (HRSN) for eligible Oregon Health Plan members
- HRSN capacity building for community partners
- Carceral Capacity Building

Between January and March 2025, Oregon claimed a 50% match through the DSHP program on $182.3 million in expenditures, bringing the total claimed to-date to $330.7 million. See Appendix E for details.

Traditional Health Care Practices

Oregon began coordination with the Indian Health Service, Tribal Clinics, Urban Indian Health Program Tribes (I/T/Us) to develop a pathway for reimbursement for Traditional Health Care Practices (THCP). Discussion between Oregon and I/T/Us is ongoing regarding distribution of infrastructure and evaluation funding, administrative rules, provider enrollment, claims submission process and training needs. During the reporting period, OHA began working with the Tribes to develop a workplan to guide the following activities to completion:

- Developing training for the I/T/Us on Oregon Tribal Based Practices
- Working with Tribes to develop lists of reimbursable THCP.
- Developing Oregon administrative rules (OARs) that articulate key features of how THCP are delivered to qualifying members

- Engaging with Tribes to ensure understanding of and compliance with 1115 demonstration requirements
- Determining technical reimbursement pathways for THCP
- Identifying provider enrollment process for providers of THCP
- Drafting evaluation approach for THCP

At this time, OARs governing the program have been published. An operational pathway for claims-based Medicaid reimbursement for THCP is nearly complete. OHA continues to provide trainings to I/T/Us on the program; currently eight of eleven planned trainings have been completed.

Evaluation Activities and Interim Findings

OHA contracted with the Providence Center for Outcomes Research & Education (CORE) as the independent evaluator for this waiver. The primary focus of CORE's work in this quarter has been to begin implementing the evaluation design as approved by CMS, including:

- Partnering with the Center for Health Systems Effectiveness (CHSE) at Oregon Health & Sciences University to carry out specified components of the evaluation
- Subcontracting and collaborating with the Oregon Center for Children & Youth with Special Health Needs (OCCYSHN) for consultation services on the YSHCN evaluation
- Working with key OHA staff to identify appropriate request processes for necessary data elements
- Submitting the overall study protocol for the evaluation and receiving IRB approval
- Drafting, reviewing, and finalizing the TME interview guides and related recruitment materials
- Preparing and circulating draft CE and HRSN interview guides for review and feedback with OHA subject matter experts
- Drafting HRSN beneficiary surveys and circulating with OHA subject matter experts for review and feedback
- Preparing for cognitive testing of the HRSN beneficiary surveys
- Preparing initial drafts of YSHCN interview guides and related recruitment materials for discussion with OCCYSHN
- Investigating necessary tools for implementation of discussion boards such as Qualboard
- Tracking and reporting on operational details through shared workplan with CHSE and detailed bi-weekly progress reports to OHA.

B. Better care and Better health (ANNUAL)

V. Appendices

Quarterly enrollment reports

1. SEDS reports

Attached separately.

State-reported enrollment table

Enrollment	January 2025	February 2025	March 2025
Title XIX funded State Plan Populations 1, 3, 4, 5, 6, 7, 8, 12, 14	1,291,621	1,293,106	1,287,865
Title XXI funded State Plan	142,033	142,971	142,195
Title XIX funded expansion Populations 9, 10, 11, 17, 18	N/A	N/A	N/A
Title XXI funded Expansion Populations 16, 20	N/A	N/A	N/A
DSH funded Expansion	N/A	N/A	N/A
Other Expansion	N/A	N/A	N/A
Pharmacy Only	N/A	N/A	N/A

Actual and unduplicated enrollment

Ever-enrolled report

Quarter: January 1, 2025 – March 31, 2025

POPULATION	TOTAL NUMBER OF CLIENTS	Member Months	Percent change of clients from previous quarter	Percent change of clients from same quarter previous YR
SCHIP FPL > 170%	55,849	143,090	2%	23.50%
SCHIP FPL < 170%	151,097	408,490	1.27%	31.67%
Other OHP Plus	337,136	930,650	2.49%	-40.14%
MAGI Adults/Children	971,431	2,729,488	-0.29%	0.13%
MAGI Pregnant Women	19,652	48,516	-1.68%	6.39%

QUARTER TOTALS 1,479,316

* Due to retroactive eligibility changes, the numbers should be considered preliminary.

Due to retroactive eligibility changes, the numbers should be considered preliminary.Total OHP eligibles include TANF, GA, PLM-Adults, PLM-Children, MAGI Adults/Children, MAGI Pregnant

Women, OAA, ABAD, CHIP, FC, and SAC. Due to retroactive eligibility changes, the numbers should be considered preliminary.

CCOA: Physical, dental and mental health; CCOB: Physical and mental health; CCOE: Mental health only; and CCOG: Mental and dental health

OHP Eligibles and Managed Care Enrollment

January 1, 2025 - March 31, 2025

OHP Month	OHP Eligibles*	CCOA[1]	CCOB[2]	CCOE[3]	CCOF	CCOG[4]
January	1,423,793	1,345,439	52	40	70,333	7,559
February	1,432,034	1,354,551	56	39	69,931	7,028
March	1,423,896	1,348,291	55	36	68,962	6,525
Qtr Average	1,426,574	1,349,427	54	38	69,742	7,037

*Total OHP Eligibles include: TANF, GA, PLM-Adults, PLM-Children, CX Families, Adults & Couples, OAA, ABAD, CHIP, FC and SAC.
Due to retroactive eligibility changes, the numbers should be considered preliminary.
[1] =CCOA Physical, Dental and Mental Health
[2]= CCOB Physical and Mental Health
[3] = CCOE Mental Health only
[4]= CCOG Mental and Dental

CCOF: the Oregon Health Authority (OHA) and DCOs re-examined the current relationship between OHA and DCOs to find a solution to best serve the needs of DCO members.

Through this work, OHA decided to assign DCO members to CCOs through the new CCO-F (dental-only) plan type, effective January 1, 2023.
The CCO-F plan type provides dental services only. As a CCO member, these individuals can also access non-emergent medical transportation (NEMT) and care coordination resources.
Most DCOs had existing contractual relationships with most CCOs, which may facilitate less member disruption.

Appendix B Complaints and Grievances

Attached separately.

DSHP CMS Summary Worksheet

Attached separately.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the [Enter program name here] at [Enter program email here] or [Enter program phone number here]. We accept all relay calls.

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