Oregon Health Plan
Section 1115 Quarterly Report

10/01/2024 through 12/31/2024

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

Federal Fiscal Year: 2025

Table of contents

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.

The state continued to build the community infrastructure necessary to deliver health-related social needs (HRSN) services. Analysis of initial critical investments provided through the Designated State Health Program (DSHP) HRSN Infrastructure funds via 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”) was conducted during this period. This analysis will inform the 2025 CCBF Grant Program.

OHA began its phased implementation of HRSN housing benefits to begin delivering a new set of HRSN housing benefits to qualifying members. OHA engaged with housing partners across the state to ensure statewide access to these critical and new benefits for all eligible members.

As of November 1st, available housing supports included:

- Rent and utility assistance for up to six months
- Tenancy support services
- Storage fee assistance
- Home modifications for health and safety (e.g., ramps, grip bars, door and cabinet handle) and climate devices, which launched in March 2024)
- Home remediations for health and safety (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 the reporting period, OHA implemented and maintained a Continuous Eligibility (CE) policy, allowing most medical assistance recipients to receive an ensured continuous enrollment period of 24 months or, for children, through the end of the month of the child’s sixth birthday, whichever produces a longer enrollment period.

The state continued to define and plan for the benefits expansion for youth with special health care needs (YSHCN), including by building the technical solutions necessary to support this expansion and finalizing administrative rules in preparation for the January launch.

Since the approval of the state’s Re-entry demonstration initiative in July 2024 and Traditional Health Care Practices in October 2024, the state has undertaken several coordinated planning measures to support implementation in 2026 and 2025 respectively. Planning measures include initiating readiness assessments and developing operational guides.

OHA looks forward to a continued partnership with the Centers for Medicare & Medicaid Services (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.

C. State contacts

State Medicaid Director

Emma Sandoe, Medicaid Director
(503) 302-5396 phone
503-945-5872 fax

Deputy Director

Vivian Levy, Deputy Medicaid Director
503-519-3512 phone
503-945-5872 fax

Demonstration and Quarterly and Annual Reports

Tom Wunderbro, 1115 Medicaid Waiver Manager
503-510-5437 phone
503-945-5872 fax

State Plan

Jesse Anderson, State Plan Manager
503-945-6958 phone
503-945-5872 fax

Coordinated Care Organizations

David Inbody, CCO Operations Manager
503-756-3893 phone
503-945-5872 fax

Quality Assurance and Improvement

Veronica Guerra, Quality Assurance and Contract Oversight Manager
503-437-5614 phone
503-945-5872 fax

For mail delivery, use the following address:

Oregon Health Authority
Health Policy and Analytics
500 Summer Street NE, E54
Salem, OR 97301-1077

II. Title

Oregon Health Plan (OHP)
Section 1115 Quarterly Report
Reporting period: 10/01/2024–12/31/2024
Demonstration Year (DY): 23 (10/1/2024–9/30/2025)
Federal Fiscal Year: 2025

III. Overview of the current quarter

During this quarter, OHA continued to work with our partners in the health care and social services delivery system to make significant progress on implementing this OHP 1115 Demonstration Waiver across all initiatives.

OHA launched a new set of HRSN housing benefits to qualifying members. OHA engaged with housing partners across the state to ensure statewide access to these benefits for all eligible members.

As of November 1st, available housing supports included:

- Rent and utility assistance for up to six months
- Tenancy support services
- Storage fee assistance
- Home modifications for health and safety (e.g., ramps, grip bars, door and cabinet handles), as well as climate devices, which launched in March 2024

- Home remediations for health and safety (e.g., pest eradication, installation of curtain or blinds, chore services)

These critical benefits are designed with the goal of preventing homelessness and to assist members at risk of homelessness who need support to maintain their current housing.

During the reporting period, OHA implemented and maintained CE policy, allowing most medical assistance recipients to receive an ensured continuous enrollment period of 24 months or, for children, through the end of the month of the child's sixth birthday, whichever produces a longer enrollment period.

The state continued to define and plan for the benefits expansion for YSHCN in preparation for the January 2025 launch.

Since the approval of the state's Re-entry demonstration initiative in July 2024, and Traditional Health Care Practices in October 2024, the state has undertaken several coordinated planning measures to support implementation in 2026 and 2025 respectively. Planning measures include initiating readiness assessments and developing operational guides.

A. Enrollment progress

1. Oregon Health Plan eligibility

All scheduled waves of Public Health Emergency (PHE) period unwinding renewals have been initiated with most decisions nearing completion.

On July 1, 2024, Oregon implemented a Basic Health Program (BHP) for adults ages 19 through 64 with income between 138 and 200 percent of the federal poverty level. Concurrently, Oregon also launched a "Basic Medicaid" program to cover American Indian/Alaska Native members who are within the BHP income and age ranges so they can keep the choice between coverage through fee-for-service (FFS) or enrollment in a Coordinated Care Organization (CCO). Although the BHP is not Medicaid-funded, the addition of both programs has helped to reduce the number of individuals who lose coverage due to being over-income at renewal.

Oregon's CE rules are allowing people to remain eligible longer. The rules were effective April 1, 2023 when the PHE unwinding renewals began. They allow children to keep coverage until age six and most all others to keep coverage for two years.

Further, in May 2024, Oregon adjusted renewal processes to ensure that renewals are performed on an individual basis rather than a case basis and to ensure that non-responses to pre-populated forms do not negatively impact individuals in a household who can be passively renewed. Previously, if one individual on a case needed to provide information, no one on the case would be passively renewed. Additionally, if there was no response to the pre-populated renewal form, all household members would be closed for failure to respond, even if they otherwise could have been passively renewed. This change is also reducing the number of people who lose coverage at renewal.

2. CCO enrollment

Total CCO enrollment for October 2024-December 2024 grew by 0.9% across all plan levels (CCOA, CCOB, CCOE, CCOG, and CCOG). Five CCOs experienced decreases to their membership, on average by -0.8%. Seven experienced growth up to 1%, three between 1-2% and one, Trillium Community Health Plan in the Tri-County area, experienced a 5.7% growth in enrollment.

Across the 16 CCOs, there are 48 unique CCO county service areas. The following table provides context for geographic variability in membership growth trends.

Oct-Dec 2024 Member Growth Zone	CCO Service Areas
Greater than 5.001%	2
3.00 – 4.99%	2
2.00 – 2.99%	2
0.00 – 1.99%	19
Reduction in enrollment	23

Only one CCO region, Klamath County, had its enrollment maximum increased.

B. Benefits

1. Health Evidence Review Commission

Each meeting discussed issues related to the coverage of health services and the criteria for medical necessity to be reflected in the Prioritized List of Health Services. Complete agendas, materials and minutes for each meeting are available here.

HERC

October 10, 2024

Verbal comments:

No verbal comments were received.

Written comments

No written comments were received.

November 14, 2024

Verbal comments:

Three comments were heard about gender-affirming treatment—one advocating for a new technology review of the topic, and two expressed their support for WPATH 8 as the standard of care noted in the guideline.

Two comments were heard in favor of covering automated home blood pressure monitors for pregnancy.

Written comments

There were no written comments for this meeting.

Value-based Benefits Subcommittee

October 10, 2024

Verbal comments:

An industry representative employed by a laboratory performing the test commented in favor of expanded carrier screening.

Written comments

A medical provider commented in favor of covering deep brain stimulation for dystonia. Nine medical providers wrote their support for covering Ehlers-Danlos Syndrome (EDS) and 54 OHP members or caregivers expressed the same sentiment.

Written comments

November 14, 2024

Two comments were heard in favor of covering automated home blood pressure monitors for pregnancy.

Written comments

Two medical providers, two advocates and seven OHP members wrote their support for covering Hypermobile Ehlers-Danlos Syndrome (HEDS). Three medical providers, 43 OHP members/caregivers and six advocates offered their support for coverage of EDS.

Written comments

2. Pharmacy & Therapeutics (P&T) Committee

For the period of **October 1, 2024 – December 31, 2024** the P&T Committee developed new or revised **Prior Authorization (PA) criteria** for the following drugs: Oncology Agents; Orphan Drugs; retired the Pegylated Interferons and Ribavirins PA criteria; Immunoglobulins (Ig); Injectable Multiple Sclerosis (MS) Drugs; Testosterone; Budesonide Oral Suspension; Duchenne Muscular Dystrophy (DMD); Potassium-Competitive Acid Blockers; Proton Pump Inhibitors (PPIs); move Uplinza® (inebilizumab-cdon), Ultomiris® (ravulizumab-cwvz), Enspryng® (satralizumab-mwge), Soliris® (eculizumab), Bkemv™ (eculizumab-aeeb), Epysqli® (eculizumab-aagh), Empaveli® (pegcetacoplan), and PiaSky® (crovalimab-akkz) into the Orphan Drug class, retire their dedicated PA criteria and apply the Orphan Drug policy; Alzheimer's Disease (Monoclonal Antibodies); Pulmonary Arterial Hypertension Agents, Injectable (IV/SC); Pulmonary Hypertension Agents, Oral/Inhaled; Oral Roflumilast; Ensifentrine; Targeted Immune Modulators for Severe Asthma and Atopic Dermatitis; Bone Metabolism Agents; and to retire the Platelet Inhibitors PA criteria.

The Committee also recommended the following changes to the **Preferred Drug List (PDL):** make Levemir® preparations (insulin detemir), Novolog® and generics preparations (insulin aspart), Apidra® preparations (insulin glulisine), and Novolog® mixes and generic preparations (insulin aspart mix) non-preferred; Hizentra®, Privigen®, and Gammagard Liquid® preferred, and to make Gamunex-C® and all other immunoglobulins without current PDL status non-preferred; add Tarpeyo® (budesonide 4 mg DR caps) and Eohilia™ (budesonide oral susp) as non-preferred in the oral glucocorticoids class; make mesalamine delayed-release (DR) tablets preferred; Emflaza® (deflazacort) tablets (brand only) preferred, but still subject to the clinical PA; esomeprazole magnesium delayed-release (DR) capsules and Talicia® (omeprazole/amoxicillin/rifabutin) DR capsules preferred, and dexlansoprazole DR capsules non-preferred; dextroamphetamine ER capsules, amphetamine tablets and methylphenidate ER tablets preferred; remove the PDL coding for Uplinza® (inebilizumab-cdon), Ultomiris® (ravulizumab-cwvz), Enspryng® (satralizumab-mwge), Soliris® (eculizumab), Bkemv™ (eculizumab-aeeb), Epysqli® (eculizumab-aagh), Empaveli® (pegcetacoplan), and PiaSky® (crovalimab-akkz); designate Kisunla™ (donanemab-azbt) non-prefered); make tadalafil tablets preferred; add the Urea Cycle Disorders drug class and make Pheburane® (sodium phenylbutyrate granules), Buphenyl® (sodium phenylbutyrate tablets and powder) and generics preferred, and Ravicti® (glycerol phenylbutyrate liquid) and Olpruva® (sodium phenylbutyrate pellet pack) non-preferred; and make Brilinta® (ticagrelor) preferred.

C. Access to care (ANNUAL)

D. Quality of care (ANNUAL)

E. Complaints, grievances and hearings

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.

Trends

	Jan – Mar 2024	Apr – Jun 2024	Jul – Sep 2024	Oct – Dec 2024
Total complaints received	4834	4891	4843	4338
Total average enrollment	1,605,776	1,583,231	1,415,232	1,565,666
Rate per 1,000 members	3.01	3.09	3.42	2.8

Barriers

The number of complaints CCOs reported from October 1, 2024 to December 31, 2024 shows there is an overall decrease of 10.4% 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 16% 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 14.4%% from the previous quarterly reporting period. Quality of Care continues to be the third highest category of complaints with a decrease of 10.6% 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 FFS 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	1648	1703	1689	1445
Client billing issues	438	411	336	381
Consumer rights	349	350	318	292

Interaction with provider or plan	1589	1583	1732	1455
Quality of care	612	626	605	541
Quality of service	198	218	163	224
Other	0	0	0	0
Grand Total	4834	4891	4843	4338

Related data

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

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	32,497
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	170
d) Failure to act within the timeframes provided in § 438.408(b)	6	11	5	83
e) Failure to provide services in a timely manner, as defined by the State	146	170	283	62
f) Denial of payment, at the time of any action affecting the claim.	206,658	233,448	207,349	186,055
g) Denial of a member's request to dispute a financial liability.	0	6	5	6
Total	238,868	267,642	240,111	220,085

Number per 1000 members	176.9	199.3	184.1	167.1

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	1098	1437	1413
b) Single PHP service area, denial to obtain services outside the PHP panel.	53	54	42	43
c) Termination, suspension, or reduction of previously authorized covered services.	3	3	7	1
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	6
f) Denial of payment, at the time of any action affecting the claim.	836	887	722	698
g) Denial of a member's request to dispute a financial liability.	0	0	1	0
Total	1,855	2,043	2,212	2,162
Number per 1000 members	1.3	1.5	1.7	1.6
Number overturned at plan level	583	804	796	811
Appeal decisions pending	17	34	27	0
Overturn rate at plan level	31.4 %	39.4 %	36%	37.5 %

*EOCCO was not able to submit their data for this report. We will provide updated information in the next quarterly reporting period.

For CCOs, refer to CCO logs in Appendix B.

1. CCO and FFS appeals and hearings

CCO and FFS Contested Case Hearings

The following information is a compilation of data from 16 CCOs and FFS.

During the first quarter (October 1, 2024 to December 31, 2024), the OHA received 308 hearing requests related to the denial of medical, dental, and behavioral health services, including Non-Emergent Medical Transportation (NEMT). Of those received, 282 were from CCO-enrolled members and 26 were from FFS members.

272* 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 169 cases that were determined not hearable cases. Of the not-hearable cases, 118 were forwarded to the member's respective CCO to process as an appeal. Per Oregon Administrative Rule, 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. One case was dismissed as not hearable because the hearing request was not submitted within the timelines identified in rule.

Of the 103 cases that were determined to be hearable, 19 were approved prior to hearing. Members withdrew from 50 cases after an informal conference with an OHA hearing representative. 34 cases went to hearing, where an administrative law judge upheld the OHA or CCO decision in 24 cases and eight cases were dismissed for the members failure to appear. The administrative law judge reversed the decision stated in the denial notice in two cases.

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

Outcomes of Contested Case Hearing Requests Processed

Outcome Reasons	Count	% of Total
Decision overturned prior to contested case hearing	19	7%
Client withdrew request after pre-hearing conference	50	17%
Dismissed by OHA as not hearable	169	62%
Decision affirmed*	24	9%
Client failed to appear*	8	3%
Dismissed as non-timely	0	0%
Dismissed because of non-jurisdiction	0	0%
Decision reversed*	2	1%

Set Aside	0	0%
Total	272	

* Resolution after an administrative hearing.

Related data

For CCOs, refer to CCO logs in Appendix C.

F. CCO activities

For each of the following areas, the narrative should describe the specific change, the effect on the delivery system and members, the number of CCOs affected, and the number of members affected.

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

The OHP is our state Medicaid program. It provides health coverage for low-income Oregonians, including working families, children, pregnant women, single adults, seniors, and more. The OHA has contracted with managed care entities, known as 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.

These 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.

OHA delivered the final calendar year (CY) 25 CCO rates package to CMS, which included the Oregon CY25 rate certifications and contract rate Sheets.

Corrective Action Plans: Rates & Financial:

There are no issues with CCO contract compliance that warranted a CAP during this reporting period.

4. Enrollment/disenrollment

Any significant changes are reported in other sections.

5. Contract compliance

During the reporting period, several CCOs continued to face challenges with implementation of the NOABD Notice requirements. CCOs are slowly adopting these templates and continue to face challenges adhering to the requirements for NOABDs. Lengthy timeframes to update grievance and appeal systems are the most common reason cited by CCOs preventing them from achieving compliance. In addition, CCOs face numerous challenges overseeing subcontractors to ensure they adopt the most recent NOABD template that includes updated NOABD requirements.

6. Relevant financial performance

Due to financial reporting timelines, OHA will not receive information for Oct – Dec 2024 until April 2025. Additional CCO financial information and audited financials can be found here

7. Corrective action plans

There are no issues with CCO contract compliance that warranted a CAP during this reporting period.

This quarterly report is for data from October 1, 2024, through December 31, 2024. OHA analyzed encounter data received for completeness and accuracy for the subject months finalized for March 2024 through May 2024.

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

G. Health information technology

Governance: In November, OHA executed a contract amendment with Portland State University (PSU), and they completed the final deliverable, Governance Readiness Assessment. The assessment included information collected from interview and focus groups participants. Results show interest among partners in community-driven Community Information Exchange (CIE) governance that centers the perspectives and priorities of community-based organizations; scope and structure of a community-driven governance process would need to be developed collaboratively and a workshop is recommended.

Technical Assistance: In October, Oregon Health and Science University's Oregon Rural Practice-based Research Network completed interviews with CCOs about the needs of CBOs and HRSN Service Providers related to CIE, particularly for gaps in technical assistance and areas OHA could provide support generally. They then facilitated a discussion with CCOs during a CCO CIE HRSN Work Session (see below) and brought together all input into a final draft report submitted in December. Top needs include integration (e.g., of CIE with Homeless Management Information System (HMIS) and Electronic Health Records (EHRs)), standardization (e.g., data collection, screening tools, workflows), guidance and best practices from OHA, and technical assistance on topics including privacy and security and data and reporting. A final report is expected in early 2025.

CCO CIE HRSN Work Sessions: OHA continued the CCO CIE HRSN Work Session series, hosting meetings in October and December. Topics included discussion of HRSN processes within CIE, data, reporting, documentation related to closed loop referrals, and supporting CBOs in CIE engagement. These meetings will continue in 2025, functioning as a dedicated space to share CIE information relevant for HRSN services with CCOs, to obtain CCO input and feedback, and for OHA staff to address CIE questions.

Procurement of Closed Loop Referral Technology: The Department of Administrative Services State Procurement Services, 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 members like county and local governments. Negotiations for the Statewide Price Agreements are anticipated to be completed early 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, FFS contractors, and tribes to participate in sending and receiving closed loop referrals as well as using data for evaluation and analytics.

H. Metrics development

At the October meeting of Metrics & Scoring, the Committee finalized 2025 benchmarks for all incentive measures except for the social needs screening & referral (SDOH) measure. The committee requested more information on the minimum reporting threshold for this measure, which OHA will provide at the November meeting.

At the November meeting of Metrics & Scoring, the Committee finished finalizing the 2025 benchmarks for all incentive measures. A list of the 2025 incentive measures and benchmarks can be found here. The Committee also heard a presentation on the findings of the quality incentive program study conducted by PSU's Regional Research Institute.

At the December meeting of Metrics & Scoring, an abbreviated meeting was held to give input and share experiences on successes and challenges with CCOs, at the request of the Oregon Health Policy Board.

For more information about the Metrics & Scoring Committee, including video recordings of the meetings and minutes please visit the Committee's webpage.

I. Budget neutrality

OHA is unable to report on the current waiver Budget Neutrality Workbook template for the following reasons:

- Schedule C (CMS Report) and Budget Neutrality Workbook template (CMS template) are not in alignment. These reports/template need to be in alignment to complete the Budget Neutrality Report. We have requested to get an updated 1115 Waiver Budget Neutrality Workbook template from CMS. CMS received the request. There are two additional groups on the Schedule C: “CE ACA Adults” and “Expand Adults Except From MC”. For example, Schedule C has the expenditures line with the descriptor “Expand Adults Exempt from MC” while the Budget Neutrality template does not have that descriptor. The reports/template also breaks down administrative costs by each group, whereas the CMS Template consolidates them into three. These misalignments are causing the Budget Neutrality template to not recognize the reported expenditures on the Schedule C and therefore will not pick it up.

- While the agency has 1115 system configurations implemented to align with the current waiver reporting requirements from DY23 and forward, there is still a substantial backlog of claims that continue to undergo system reclassifications for DY21 and DY22. We estimate to complete this work by quarter ending March 2025 with a Budget Neutrality submission of May 2025.

The request for the Budget Neutrality report extension has been communicated with CMS and the Agency is awaiting response.

J. Legislative activities

OHA continued to hold monthly meetings to update legislators on the progress related to the demonstration waiver. The October meeting focused on the launch of the housing benefit covering eligibility, application process, and resources for community partners. The November meeting continued discussion on the housing launch and included key information related to the Benefit Update Project—OHA’s transition away from the use of a prioritized list. Finally, information was provided on the Young Adults with Special Healthcare Needs program, scheduled to start 1/1/25. December’s meeting was canceled as many of the legislative committees were engaged in interim work sessions in preparation for the 2025 legislative session. OHA will be working this session to secure passage of a legislative concept and policy option package focused on supporting the carceral reentry aspect of the demonstration. An update will be provided in the forthcoming quarterly report.

K. Litigation status

No lawsuits or legal actions occurred during this reporting period.

L. Public forums

The state facilitated several public forums related to the implementation of the state’s 1115 waiver. The state provided updates on progress at various state committees, including the Oregon Health Policy Board, the Metrics and Scoring Committee and the Medicaid Advisory Committee. OHA also

continued a regular cadence of meetings with CCOs to provide critical updates on HRSN implementation and provide a forum for questions.

Comments and questions received across public forums this quarter were largely focused on the following topics:

- Eligibility for various HRSN benefits
- Service authorization approach for all HRSN benefits
- Process for serving as an HRSN provider
- How to access HRSN community-capacity building funding

IV. Progress toward demonstration goals

For each of the topics in this section, provide a brief overview of implementation progress & milestones, including community/systems engagement, information technology (IT) configuration, etc. Specific items include the following (as appropriate to the topic):

1) Expanding social service organization (SSO) capacity as part of HRSN infrastructure investments. SSOs include any government, private, for-profit, or nonprofit organizations that provide social services.
2) Making planned IT infrastructure enhancements.
3) Establishing data-sharing agreements with its HRSN partners.
4) Funding SSOs to develop business or operational procedures.
5) Providing workforce development opportunities.
6) Conducting outreach, engagement, and convening.
7) Expanding Medicaid beneficiaries' enrollment in SNAP, WIC, and TANF.
8) Establishing partnerships with health care providers and SSOs.

A. Improvement strategies

1. Continuous Eligibility for Adults and Children

The Implemented CE policies as approved via Oregon's 1115 Demonstration Waiver. CE 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 provides coverage for children 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.

2. Early and Periodic Screening, Diagnostic and Treatment

The EPSDT team developed an executive summary of a State Health Official (SHO) Letter (SHO# 24-005) that was released by CMS in September. The SHO provides examples of options that states have to meet federal implementation requirements of EPSDT, as well as examples of

best practice. The executive summary is available upon request. The EPSDT communications plan has been developed and submitted. It will be the functional action document for 2025 but also a foundation for future years. The EPSDT monitoring and evaluation plan has been finalized and will be used throughout 2025 and beyond for this work. As part of the OHA strategic plan and to meet federal compliance requirements of EPSDT there has been cross divisional work between the Public Health Division and Medicaid to increase childhood lead screening in OHP enrolled population. Continue work with the Re-entry team on 5121 and Oregon's 1115 waiver.

3. Expanded Access to Supports that Address HRSNs

HRSN Overview

Between October and December of 2024, the state made substantial progress on the design and implementation of Oregon's Health Related Social Needs (HRSN) Supports, including launching a new set of Housing Supports on November 1, 2024. OHA's continued partnership with the Housing and Community Services Department (OHCS) and the Department of Human Services (ODHS) has been critical to the successful launch and supporting CCOs and HRSN service providers since launch.

Following the launch of the Housing Supports in November, OHA worked closely with CCOs to iterate on program design in response to implementation challenges. As part of this work, OHA drafted and filed an update to the Oregon Administrative Rules (OARs) to refine the program requirements and facilitate access to care.

Housing Supports

In November 2024, OHA launched a new set of HRSN Housing Supports, expanding access to housing-related services for eligible OHP members. As of November 1st, available housing supports included:

- Rent and utility assistance for up to six months
- Tenancy support services
- Storage fee assistance
- Home modifications for health and safety (e.g., ramps, grip bars, door and cabinet handles), as well as climate devices, which launched in March 2024
- Home remediations for health and safety (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.

In preparation for launching these services, OHA conducted a readiness assessment with CCOs and Open Card (FFS), including evaluating systems readiness and provider network capacity to implement housing supports. CCOs and Open Card demonstrated strong engagement through workflow development and hiring in preparation for these HRSN Housing Supports go-live. The most common readiness challenges related to developing sufficient provider network capacity and ensuring the capacity to intake a high volume of requests for support. In response to these and other challenges, the state extended service authorization timelines, refined service design, and provided direct technical assistance to support CCOs through various mechanisms.

Nutrition Supports

This quarter, OHA prepared for the January 2025 launch of the following HRSN Nutrition Supports:

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

To prepare for the launch of these services, OHA addressed design and implementation questions from CCOs during Work Session and Office Hours. Concurrently, the state continued preparing for launching additional Nutrition Supports, including Fruit and Vegetable Benefit and Pantry Stocking The state updated its modeling for Nutrition Supports take-up and budget impact and initiated revisions to the OARs necessary to implement these new services.

HRSN Infrastructure investments

This quarter, OHA focused on assessing survey feedback data from CCOs and community partners, as well as application data from the 2024 CCBF grant program (Oregon's nomenclature for "HRSN Infrastructure investments, authorized under STC 9.3) to inform improvements to the 2025 CCBF grant program. Revisions were made to the CCO grant agreement and program application and budget templates to reflect these improvements. Revisions included adjustments to timeline for funding evaluation and award, clarifications to the application and budget templates, and additional resources for applicants regarding HRSN provider expectations. Proposed program changes were shared with internal and external stakeholders for input and feedback before finalization. 2025 funding allocation amounts for each CCO were also finalized. These changes build on the success of the initial round of CCBF funding which awarded a combined $37 million to 161 community organizations across the state to help support the delivery of HRSN benefits.

During this quarter, Oregon continued to meet with CMS as needed to discuss questions related to external 1115 waiver evaluation requirements and additional CMS deliverables.

4. 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 contract template in preparation to administer CCBF awards. Tribes are expected to execute CCBF contracts and receive their CCBF awards in early 2025 and make further progress on implementing HRSN services within their communities in the spring of 2025.

5. Reentry Demonstration Initiative

During Q4 2024, OHA led the following planning activities related to the Reentry Demonstration:

i. Administered baseline readiness assessments to all state and local correctional facilities to determine current capabilities for implementation, as well as to inform internal planning for technical assistance.

ii. Planned for disbursement of capacity building funding to qualifying entities.

iii. Initiated updates of Medicaid ONE and MMIS systems to support new/updated enrollment and suspension processes to allow for the limited reentry benefit package and to ensure full OHP enrollment upon release.

iv. Began developing policy and operational guidance (including CCO contracts, administrative rules and service standards manuals for correctional facilities) to support implementation.

6. Designated State Health Programs

The DSHP allows for limited federal matching funds on approved existing state-funded expenditures. The new funding will be used to help pay for:

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

Between October – December 2024, Oregon claimed a 50% match through the DSHP program on $32.9 million in expenditures, bringing the total claimed to-date to $148.4 million. See the attached CMS Summary Worksheet for details.

On December 16, 2024, CMS issued a response on the remaining subset of programs that had been pending approval.

7. 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 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

8. Evaluation Activities and Interim Findings

Oregon contracted with the Providence Center for Outcomes Research & Education (CORE) as the independent evaluator for the 2022-2027 1115 Medicaid waiver. During this reporting period, CORE and the state focused on finalizing the evaluation design and planning work for implementing the evaluation design. CMS approved Oregon's evaluation design on December 13, 2024, and it is now posted online. Oregon executed a contract with CORE to implement the approved evaluation design shortly thereafter. CORE is subcontracting with two centers at Oregon Health & Sciences University—the Center for Health Systems Effectiveness and the Oregon Center for Children & Youth with Special Health Needs —to work and consult on components of the evaluation. CORE will begin work on the draft evaluation design for Oregon's reentry demonstration in April 2025 and submit for CMS review in September 2025. The state is working closely with the Tribes to identify an independent contractor to develop the draft evaluation design for the Traditional Health Care Practices demonstration initiative, due to CMS in April 2025.

B. Better care and Better health (ANNUAL)

V. Appendices

A. Quarterly enrollment reports

1. SEDS reports

Attached separately

2. State-reported enrollment table

Enrollment	October 2024	November 2024	December 2024
Title XIX funded State Plan Populations 1, 3, 4, 5, 6, 7, 8, 12, 14	1,298,740	1,306,689	1,312,395
Title XXI funded State Plan	139,404	140,825	141,765
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

3. Actual and unduplicated enrollment

Ever-enrolled report

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

Population	Total number of clients	Member months	% change from previous quarter	% change from previous year
Expansion (Title XIX): PLM children FPL > 170%	N/A	N/A	N/A	N/A
Expansion (Title XIX): Pregnant women FPL > 170%	N/A	N/A	N/A	N/A
Expansion (Title XXI): SCHIP FPL > 170%	54,516	145,936	-3%	-12.00%
Optional (Title XIX): PLM women FPL 133- 170%	N/A	N/A	N/A	N/A
Optional (Title XXI): SCHIP FPL < 170%	149,183	412,566	6.55%	0.07%
Mandatory (Title XIX): Other OHP Plus	328,758	933,565	-6.50%	6.20%
Mandatory (Title XIX): MAGI adults/children	974,234	2,793,746	0.40%	-4.90%
Mandatory (Title XIX): MAGI pregnant women	19,983	50,673	-4.80%	0.32%

QUARTER TOTALS	1,472,158

OHP eligible and managed care enrollment

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 eligible		Coordinated care				Dental care	Mental health
Month	**Total**	**CCOA**	**CCOB**	**CCOE**	**CCOG**	**DCO**	**MHO**
October	1,403,907	1,324,760	50	54	8,791	69,962	N/A
November	1,415,048	1,335,095	50	40	8,449	70,845	N/A
December	1,420,768	1,341,417	51	40	8,042	70,768	N/A
Quarter average	1,413,241	1,333,757	50	45	8,427	70,525	N/A

B. Complaints and grievances

Attached separately.

C. CCO appeals and hearings

Attached separately.

D. Neutrality reports and DSHP Summary (reported 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.

Medicaid Division
Federal Policy
500 Summer St NE, E35
Salem, OR 97301

503-945-5772
Oregon.gov/OHP