

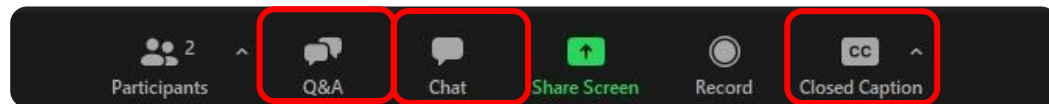


August 19, 2024

Oregon Health Plan Benefit Update Project Member Proxy Information Session #1

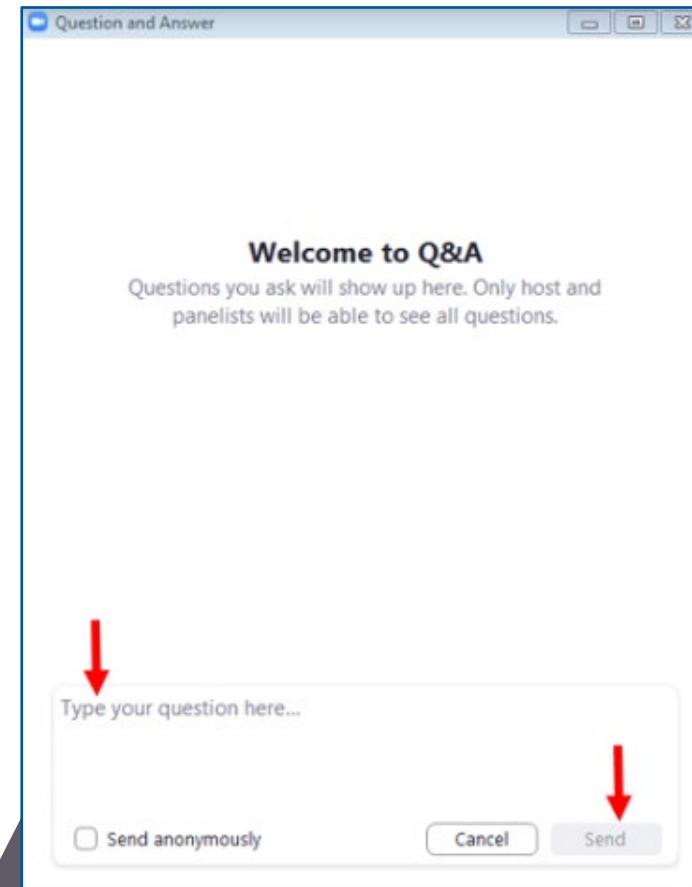
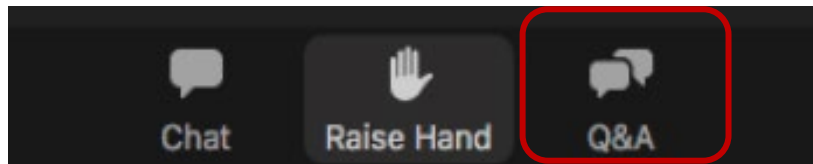
Zoom meeting tip: Captions

- At the bottom middle of your screen, you should see a menu of options. If you can't see the menu, hover your mouse over the bottom middle of the screen.
- Click on the “CC” icon and a separate window with captions will appear.



Zoom meeting tip: Asking questions

- Click on the “Q&A” icon in your tool bar.
- A box will pop up with a text box.
- Type your question into the text box and then hit “send”.
- If you’d like to be anonymous click the “send anonymously” box in the lower left corner.



Project objectives



Reorganize benefits from Prioritized List to the State Plan



Include members in benefit decision processes



Establish a compliant, accessible fee-for-service appeals process



Note: State leadership advises minimal changes for this project.

Poll

- Do you know what the Prioritized List is?
- How familiar are you with the Prioritized List?
- Do you know about the Benefit Update Project?
- How familiar are you with the Benefit Update Project?
- From what region of Oregon are you participating?
- What types of communities does your organization serve?

Introductions

Oregon Health Authority (OHA)

- **Lea Forsman**, Project Lead
- **Jason Gingerich**, HERC Director
- **Satyasandipani Pradhan**, Project Engagement Lead
- **Dawn Mautner**, Medicaid Medical Director
- **Daphne Peck**, HERC Communications & Outreach Analyst
- **Jessica Carroll**, FFS/Open Card Contracts

Kearns & West

- **Madeline Kane**, Facilitator
- **Nicole Metildi**, Facilitation and Tech Support



Session goals

1

Explain the need to change how we define covered Medicaid benefits. Describe how we're making the change.

2

Show how members and communities can get involved. Introduce the Health Evidence Review Commission (HERC).

3

Hear from you about possible impacts to members.



Today's agenda

1.

Opening and Introductions

Learn who's in the room and share session goals

2.

Oregon Health Plan (OHP) Benefits Update Project (BUP)

Review background information on OHP	Give an overview of OHP-BUP	Discuss anticipated changes
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3.

Listening Session

Gather feedback

4.

Closing

Next steps and upcoming sessions

Session topics

TODAY



The background
behind the OHP
benefits
reorganization

SEPTEMBER



Detailed look at
how benefits will
be organized in
the future

OCTOBER



What benefits will
be covered in the
State Plan

Definitions

Oregon Health Plan (OHP)

Oregon's Medicaid and Children's Health Insurance Program. They offer free health coverage to children, teens and adults who live in Oregon and qualify.

State Plan

Oregon and the Centers for Medicare and Medicaid Services (CMS) plan for benefit coverage.

CMS

The Centers for Medicare and Medicaid Services. A federal agency within the United States Department of Health and Human Services that administers the Medicare program.

1115 Medicaid Waiver

The federal government has rules for what benefits get Medicaid funding. The 1115 Waiver allows the Oregon to customize Medicaid rules to better serve residents.

Definitions (continued)

Prioritized List

- How OHP currently organizes covered Medicaid benefits.
- Guideline Notes describe detailed coverage requirements for some services.

Benefit Update Project

Team that's working on reorganization of benefits from Prioritized List to state plan.

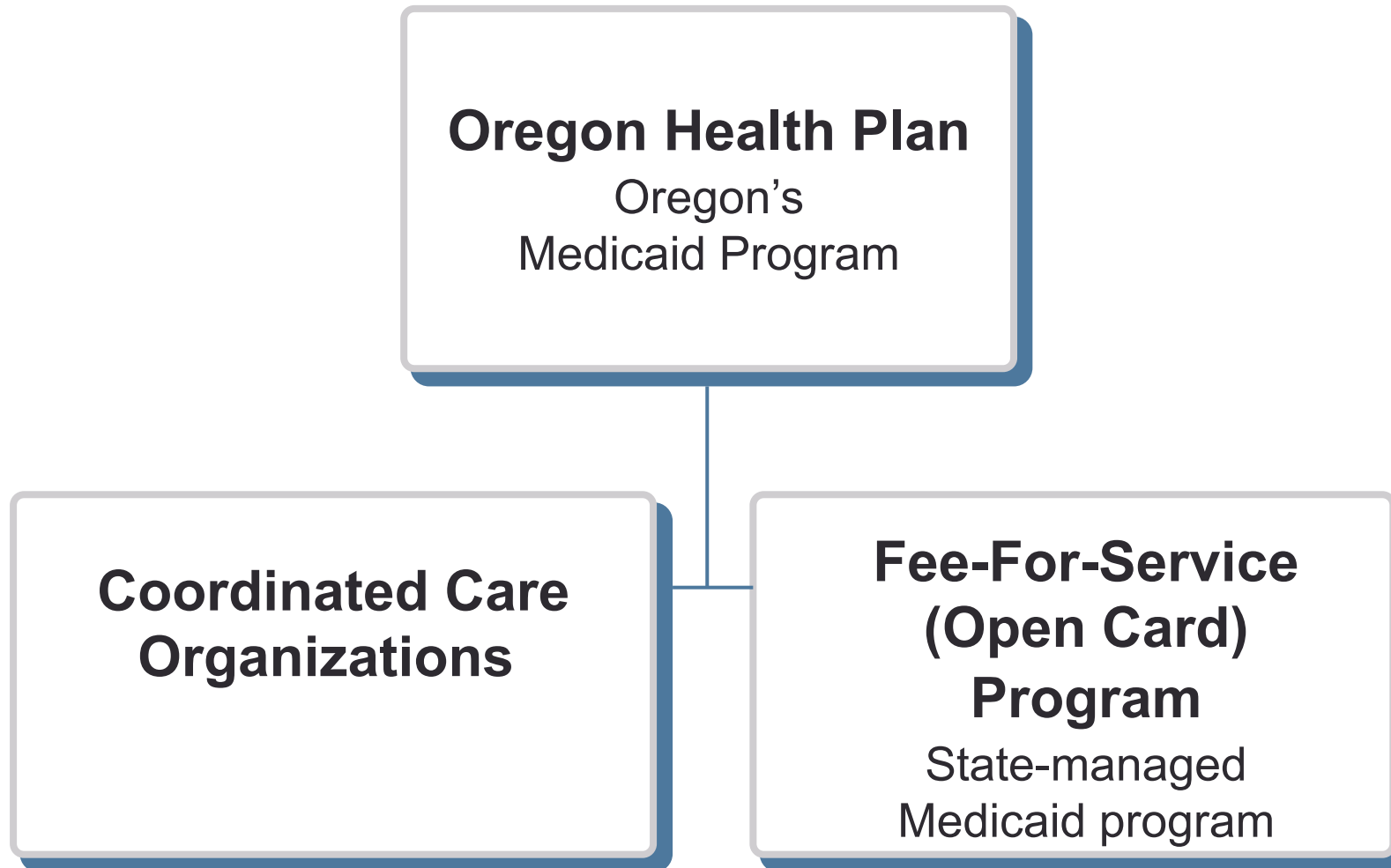
HERC

The Health Evidence Review Commission. They use medical evidence, expertise and public input to decide which services to cover on the Oregon Health Plan.

Fee-for-service (Open Card)

State managed Medicaid providers for members not enrolled in coordinated care organizations (CCO). Oregon Health Authority pays for their care directly.

Oregon Health Plan, Fee-For-Service and CCOs



Health Evidence Review Commission (HERC)

HERC makes decisions about Oregon Health Plan (OHP) covered services.

Common questions:

- What services will OHP cover?
- Is a benefit medically necessary and cost-effective?

HERC process:

- Works as an independent commission
- Makes decisions in public meetings
- Offers listening sessions and community engagement
- Invites public comments

About the OHP Benefit Update Project

Oregon currently uses the Prioritized List for benefit decisions. Starting 1/1/2027, Oregon will use State Plan service categories for benefit decisions instead.

Prioritized List

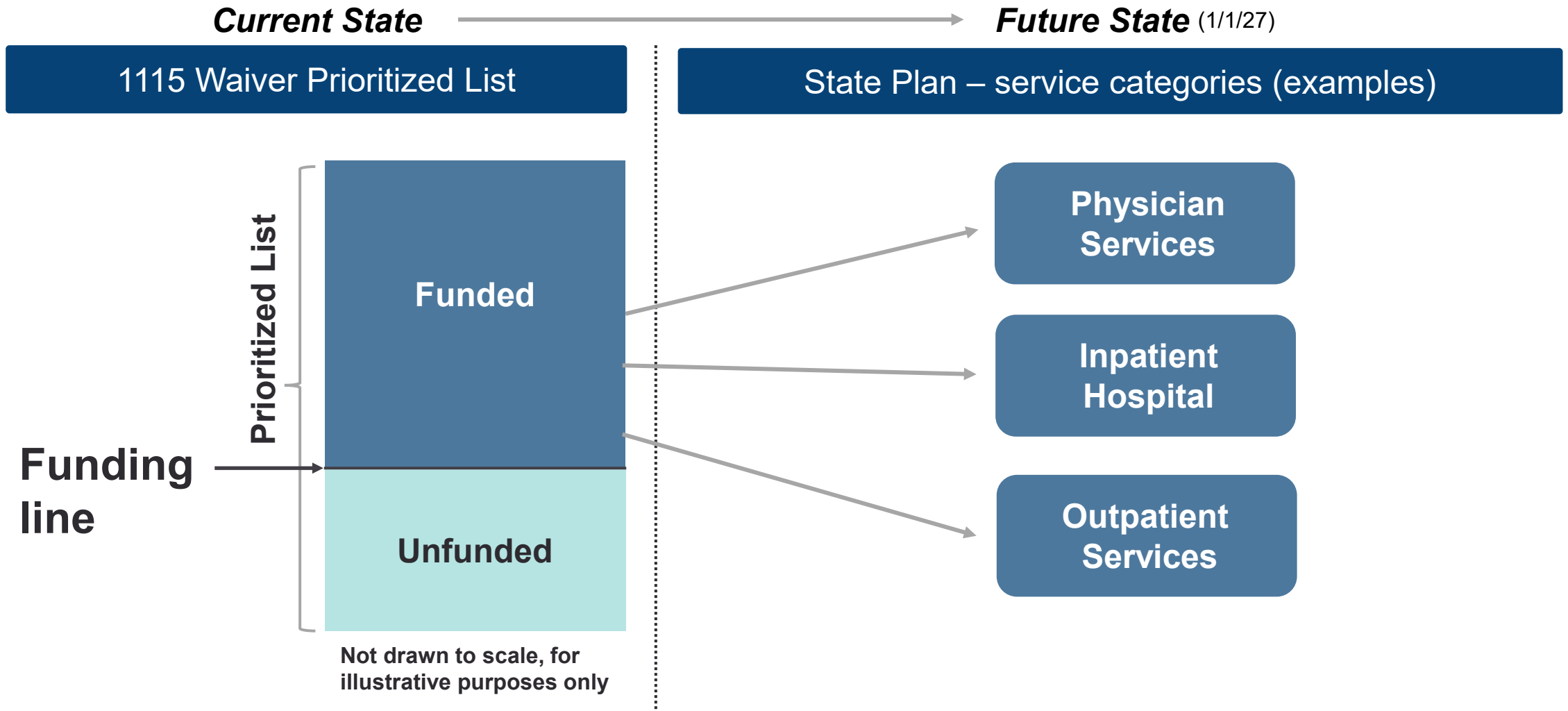


- Health conditions and their treatments have been ranked by priority.
- Conditions above a funding line are approved by legislature.
- Conditions below funding line are usually not covered.

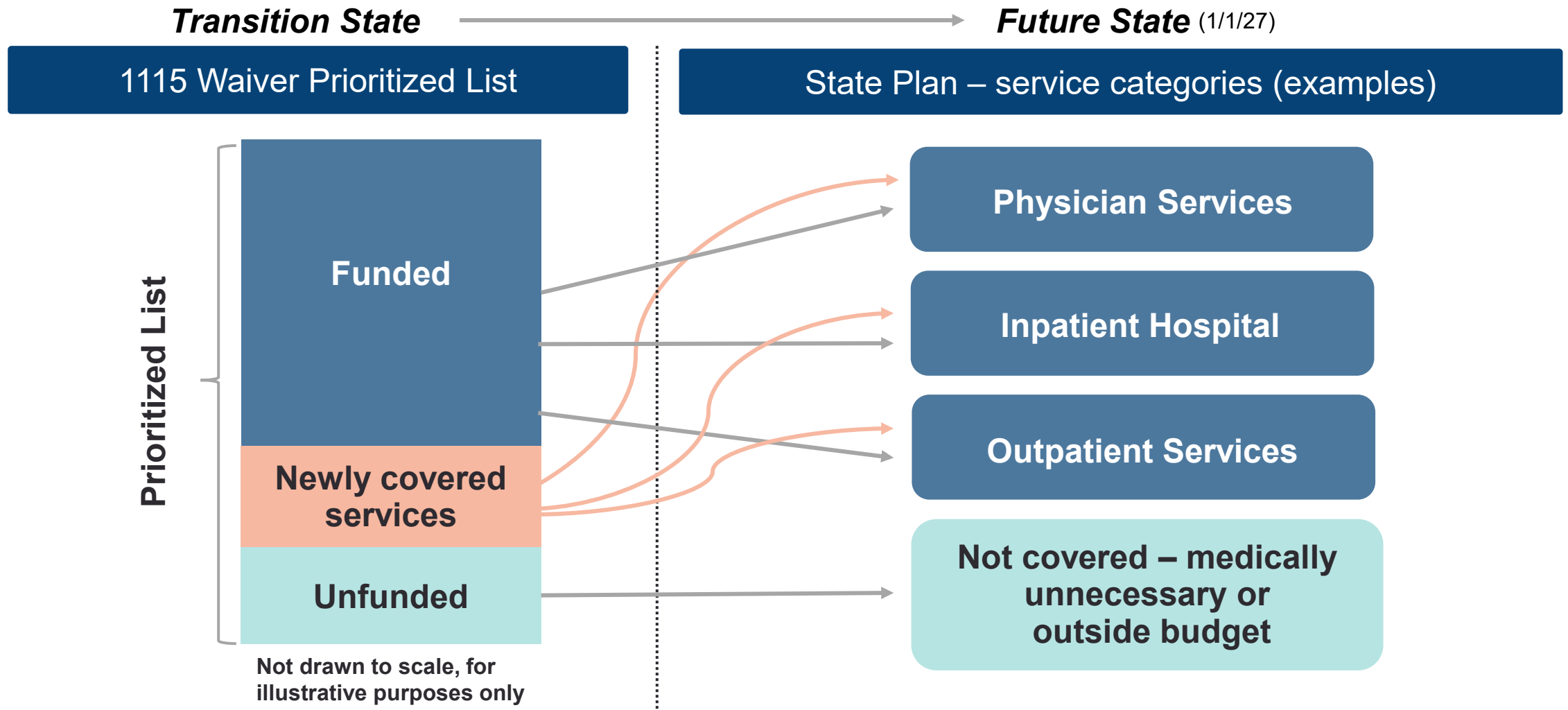
State Plan service categories

- CMS defines categories and which are Mandatory or Optional.
- Some services must be covered when medically necessary; others are Optional.
- HERC will define which services are medically necessary.
- This change will help OHP meet the medical needs of individuals.

Prioritized List compared to State Plan



Transition State compared to State Plan



What members should know



Some previously unfunded services will now be covered



HERC will determine medical necessity policy



“Not medically necessary” services will remain uncovered



For some services, OHP-defined medical necessity criteria must be met, and sometimes other treatments have to be tried first

What's staying the same for members

- **This transition will not cause members to lose services**
- **HERC will continue to:**
 - Review evidence
 - Offer guidance on medical necessity criteria
 - Maintain categories of covered treatments and the conditions they are covered for
 - Host public, transparent meetings where anyone can provide input

What we've heard

Members want services they believe will help them

Members want a fair, equitable, responsive decision process

Utilization management (like prior authorization) creates delays and barriers to receiving care

How HERC is getting input from members

- **Public meetings where member and provider input is welcome and taken into account**
 - Plain language summaries added to meeting materials
 - 6-week (rather than 1 week) advance posting of most coverage change recommendations for review, formal comment period and response
 - Communications and Outreach Analyst Daphne Peck available for questions and assistance
- **Quarterly check-ins between HERC and Ombuds Office for additional member input**
- **Planned improvements 2024-2025 include:**
 - Establish Disabilities Health Advisory Panel to add additional member voice to HERC's process
 - Review and update decision-making standards

Poll

From today's presentation, which will be of most interest or will require the most education for the communities you work with?

- How decisions are made about covered services
- How the small increase of covered services will impact members
- How to ensure members are being meaningfully included in benefit decision processes



OREGON
HEALTH
AUTHORITY

Listening Session

Gathering feedback

Prompts

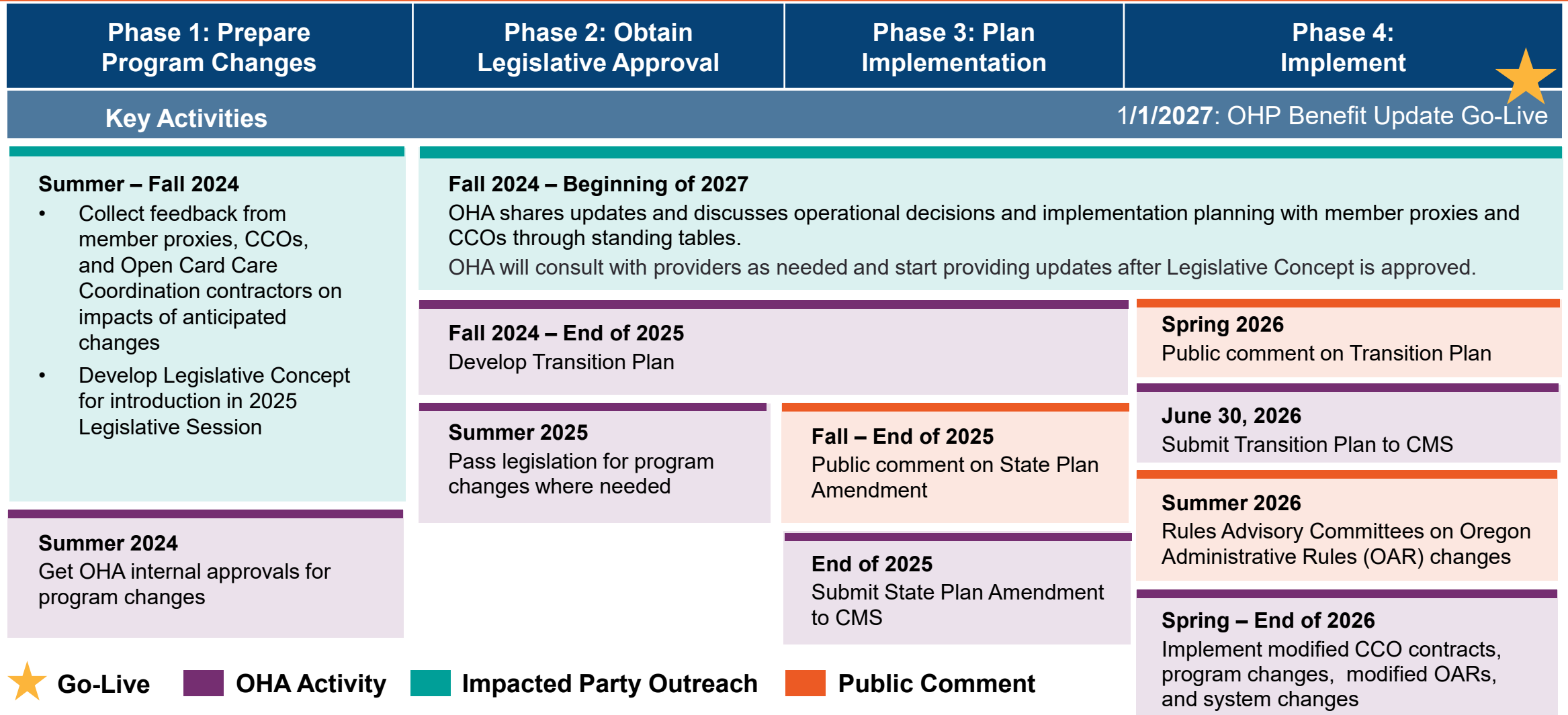
How do you think this transition will affect members?

What kind of **education** will your organization and the communities you work with need to navigate this transition?

Do you have thoughts on **changing the name of the Health Evidence Review Commission (HERC)**?

Do you have any other thoughts, suggestions, concerns or questions?

Anticipated timeline



 **Go-Live**
 **OHA Activity**
 **Impacted Party Outreach**
 **Public Comment**

Opportunities for community input

- OHA will hold at least two more virtual meetings this summer/early fall for community partners to:
 - Offer details about the future state of OHP benefits coverage
 - Explain covered benefits in the State Plan
- You can request to have coverage for specific benefits reviewed by HERC. Suggestions can be emailed to: 1115Waiver.Renewal@odhsoha.oregon.gov
- Information will also be shared online (a web page is in development)
- OHA will share updates with groups that support members, including the Community Partner Outreach Program (CPOP)
- OHA will consider member input during transition planning
- HERC will hold listening sessions

Thank you

How will this be used? Input from these sessions will be shared with the project team. They'll use it to identify outreach needs, shape transition plans and inform the work.

Upcoming Sessions

- **Late September:** Detailed look at the future state of OHP covered benefits
- **Late October:** Covered benefits in the State Plan

Questions or Comments?

- Email: 1115Waiver.Renewal@odhsoha.oregon.gov
- Visit the [OHP Benefit Update Project web page](https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Benefit-Update.aspx)
<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Benefit-Update.aspx>



What HERC reviews

HERC makes sure that Medicaid covered treatments and equipment are safe and proven to work.

Services HERC regularly reviews:

- Medical procedures
- Laboratory tests and imaging
- Acupuncture, physical and behavioral health therapy
- Dental services

Services HERC doesn't review:

- Medical equipment and supplies
- Medical transportation, anesthesia and inpatient hospital services
- Prescription drugs
- Services for social determinants of health (things like housing, income, education)