

Interpretation

- Para ingresar al canal de interpretación utilizando:

- **Computadora de escritorio/portátil**

Haga clic en el ícono del globo terráqueo que dice interpretación situado en la parte inferior derecha de su pantalla.

○

- **Teléfono o tableta:**

Presione los 3 puntos que dicen ("... más") en la parte inferior derecha o superior derecha de su pantalla y seleccione interpretación en el nuevo menú.

- To join the interpretation channel using:

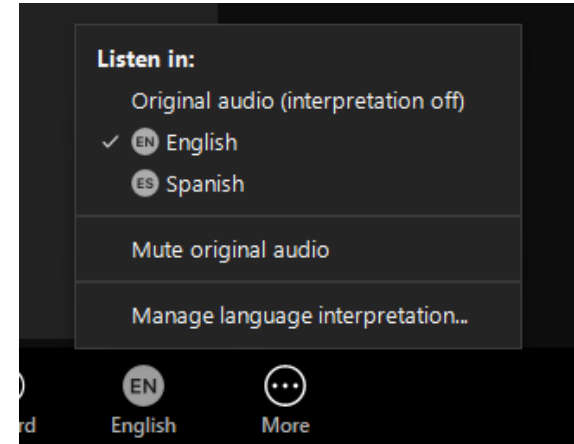
- **Desktop/Laptop computer:**

Click the globe icon that says interpretation located at the bottom right of your computer screen.

Or

- **Phone or Tablet:**

Press the 3 dots that say ("... more") at the bottom right or upper right hand side of your screen and select language interpretation in the new menu.





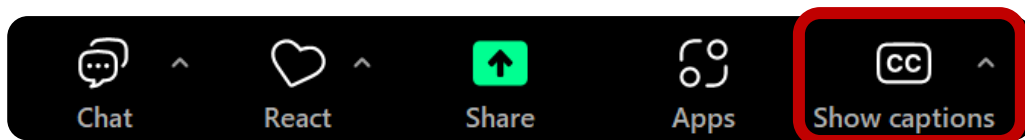
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September 23, 2024

Oregon Health Plan Benefit Update Project Information Session #2

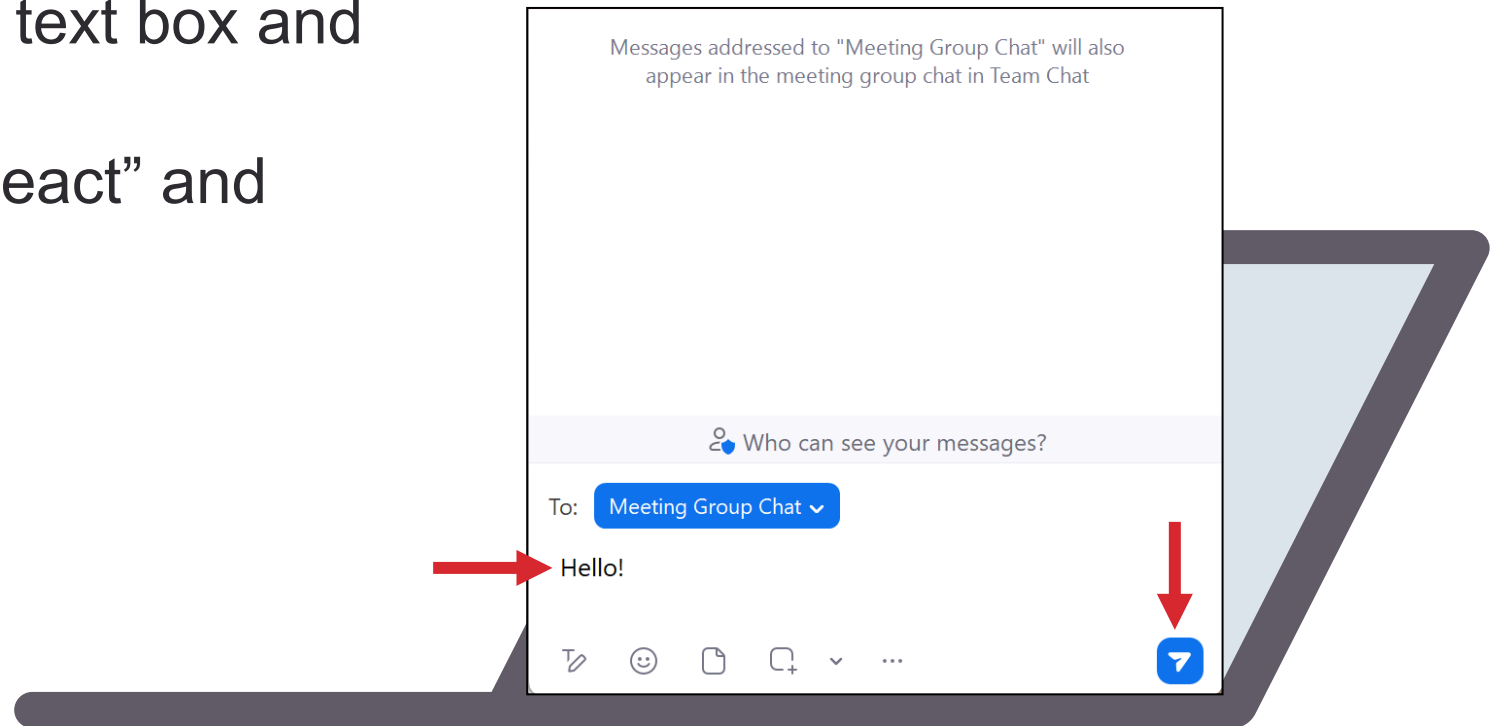
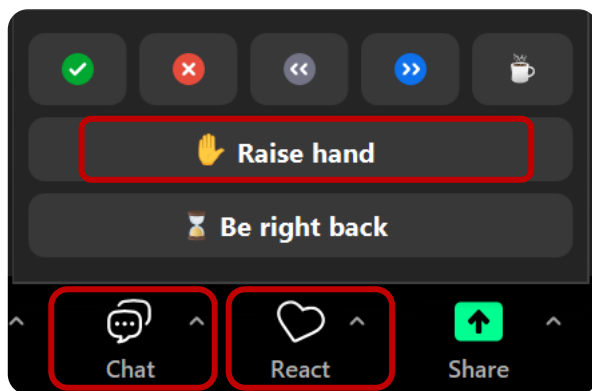
Zoom meeting instructions

- 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 “Chat” icon in your tool bar.
- The chat will open on the right-hand side of the Zoom window.
- Type your question into the text box and press “Enter” to send.
- To raise your hand, click “React” and then “Raise hand.”



Oregon Health Plan (OHP) - Benefit Update Project (BUP)

- A project to design how benefits are determined under the Oregon State Plan (the agreement between the State and the federal government about what benefits are covered in the Oregon Health Plan).



Session goals

1

- Oregon Health Plan Benefit Update Project need and background.

2

- Share the feedback we've heard to date.
- Answer common questions.
- Address concerns.

3

- Introduce the goal for the new Fee-For-Service (FFS) appeals process.
- Discuss how to make the process work best for members.



Introductions

Oregon Health Authority (OHA)

- **Lea Forsman**, Project Lead
- **Jason Gingerich**, Health Evidence Review Commission (HERC) Director
- **Satyasandipani Pradhan**, Project Engagement Lead
- **Dawn Mautner**, Medicaid Medical Director
- **Daphne Peck**, Health Evidence Review Commission (HERC) Communications & Outreach Analyst
- **Brenden Magee**, Provider Clinical Support Services

Kearns & West

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

Today's agenda

1. Opening and Introductions

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

Background		Feedback to date		Introduce goal for new Fee-For-Service appeals process
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3. Listening Session
Gather feedback

4. Closing
Next steps and upcoming sessions

Poll 1

- 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?
- How familiar are you with the Oregon Health Plan appeals and hearings processes?
- From what region of Oregon are you participating?
- What types of communities does your organization serve?



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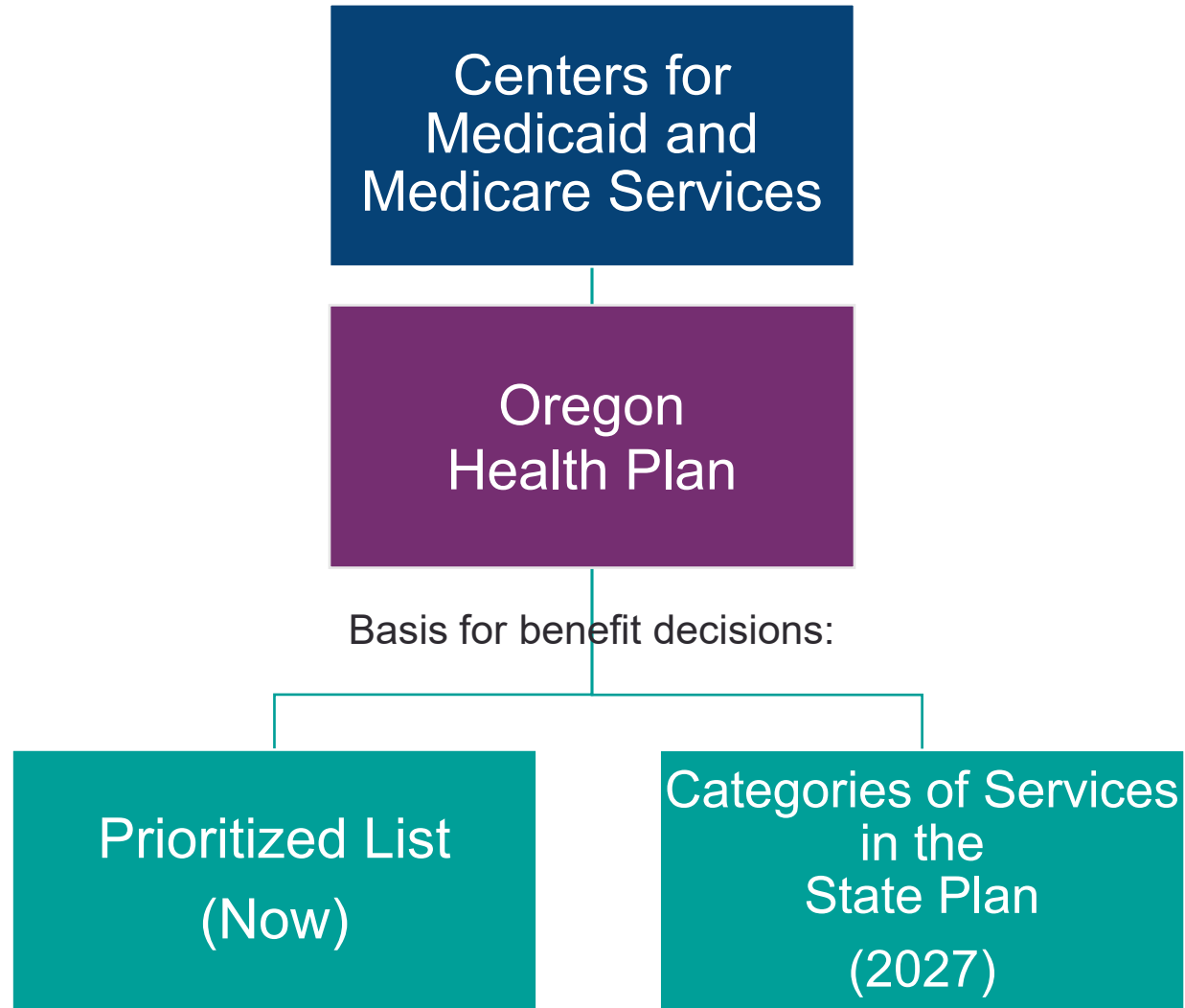
Background

Medicaid in Oregon

Oregon Health Plan (OHP): Oregon's Medicaid program; free coverage for people in Oregon who meet eligibility criteria.

Medicaid benefit examples: Doctor visits, hospital care, mental health services, prescription drugs and some dental/vision care

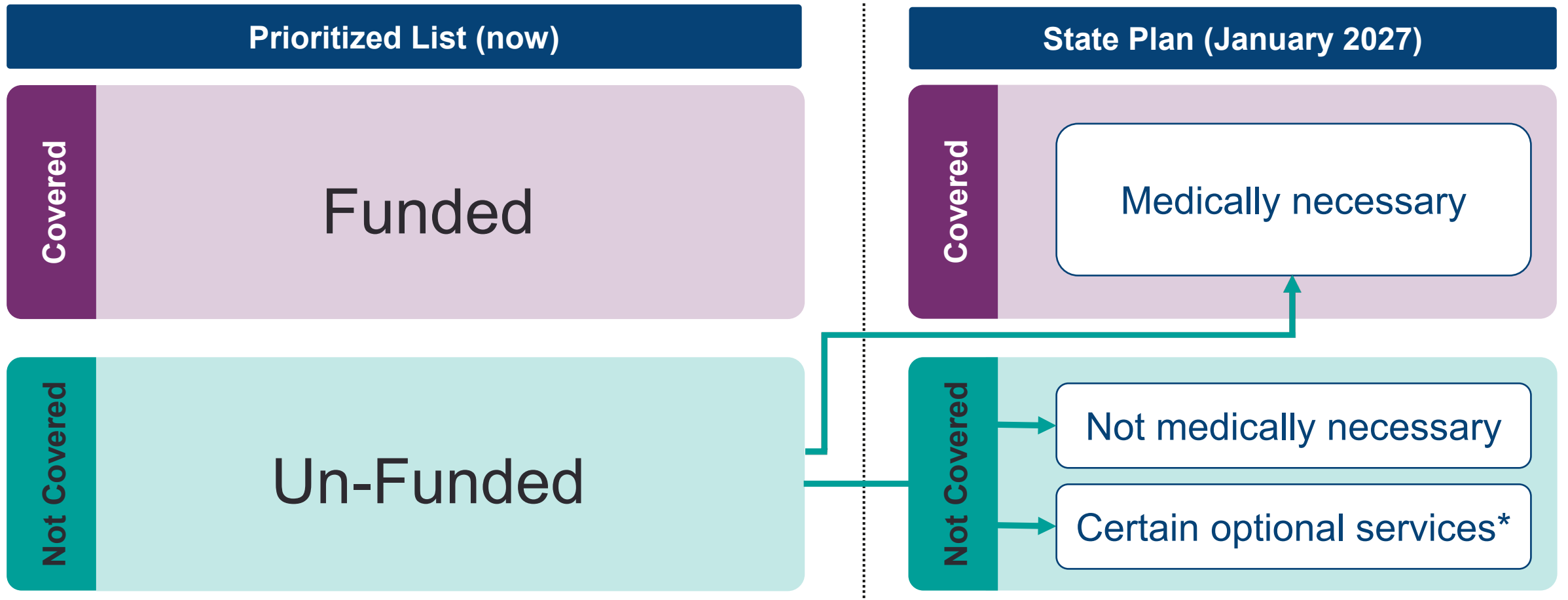
How most benefits are determined in Oregon Health Plan



Selected Mandatory and Optional services

- State plan will continue to include all Mandatory services and some Optional services
- Current plan includes:
 - **Mandatory** services like physician services, lab and x-ray, family planning, hospital
 - **Optional** services like dental services (optional), chiropractic, physical therapy, occupational and speech therapy, prosthetics and other practitioner services
 - Some optional services are not covered for budget reasons (eyeglasses and some dental services)

How services within the benefit are reviewed



***Not anticipated to be covered in state plan (unless added by Legislature to OHP budget):**
Adult eyeglasses, crowns, root canals, weight loss medications, certain other optional services (regardless of medical necessary)

Health Evidence Review Commission's (HERC's) role



Public process for deciding which health care services to cover.



13 appointed members.



The commission chooses services most likely to:

- Help prevent disease
- Treat illnesses and injuries
- Manage chronic conditions
- Improve members' ability to function



Encourages public comment & participation

Transition process

Oregon currently uses the Prioritized List for benefit decisions. Starting 1/1/2027, decisions will be based on medical necessity as defined by OHA and the HERC and summarized in the State Plan.

Prioritized List

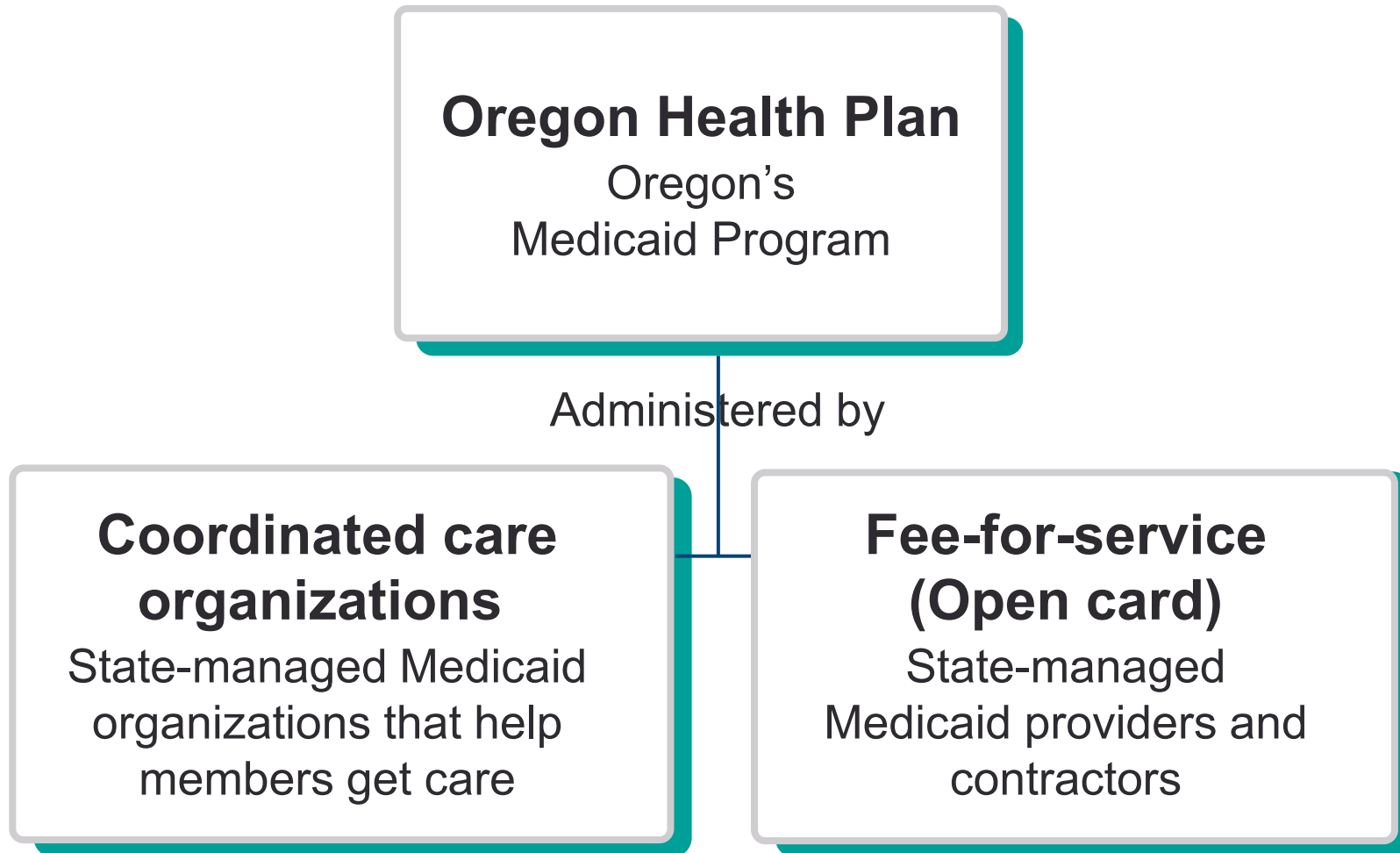


- Priority ranking for conditions and treatments.
- Conditions above a funding line are approved by legislature.
- Conditions below funding line are usually not covered.

State Plan and Medical Necessity

- No more denials for "below the line" or "unfunded region."
- State plan will define broad categories of services using CMS definitions.
- Within these, HERC will define which services are medically necessary.
- This change will help OHP meet the medical needs of individuals.

Administration of benefits: CCOs and fee-for-service





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What We've Heard

What we've heard

Concerns about members not being able to access care due to:

- Providers or specialists availability
- Transition resulting in not covering pre-authorized services, or delays in receiving them
- Complicated processes for securing services

Questions about the determination of optional services:

- "What services are considered optional?"
- "How will decisions be made relating to how the budget is used?"

Recommendations about educational and outreach efforts:

- Creating accessible, easy to understand materials
- Continuation of informational sessions
- Partnering with regional organizations

How members will likely be impacted

Small increase in covered services

Some services will remain not covered or not medically necessary (ex. some dental and vision, and weight loss prescriptions)

New process for member initiated appeals for FFS/Open Card



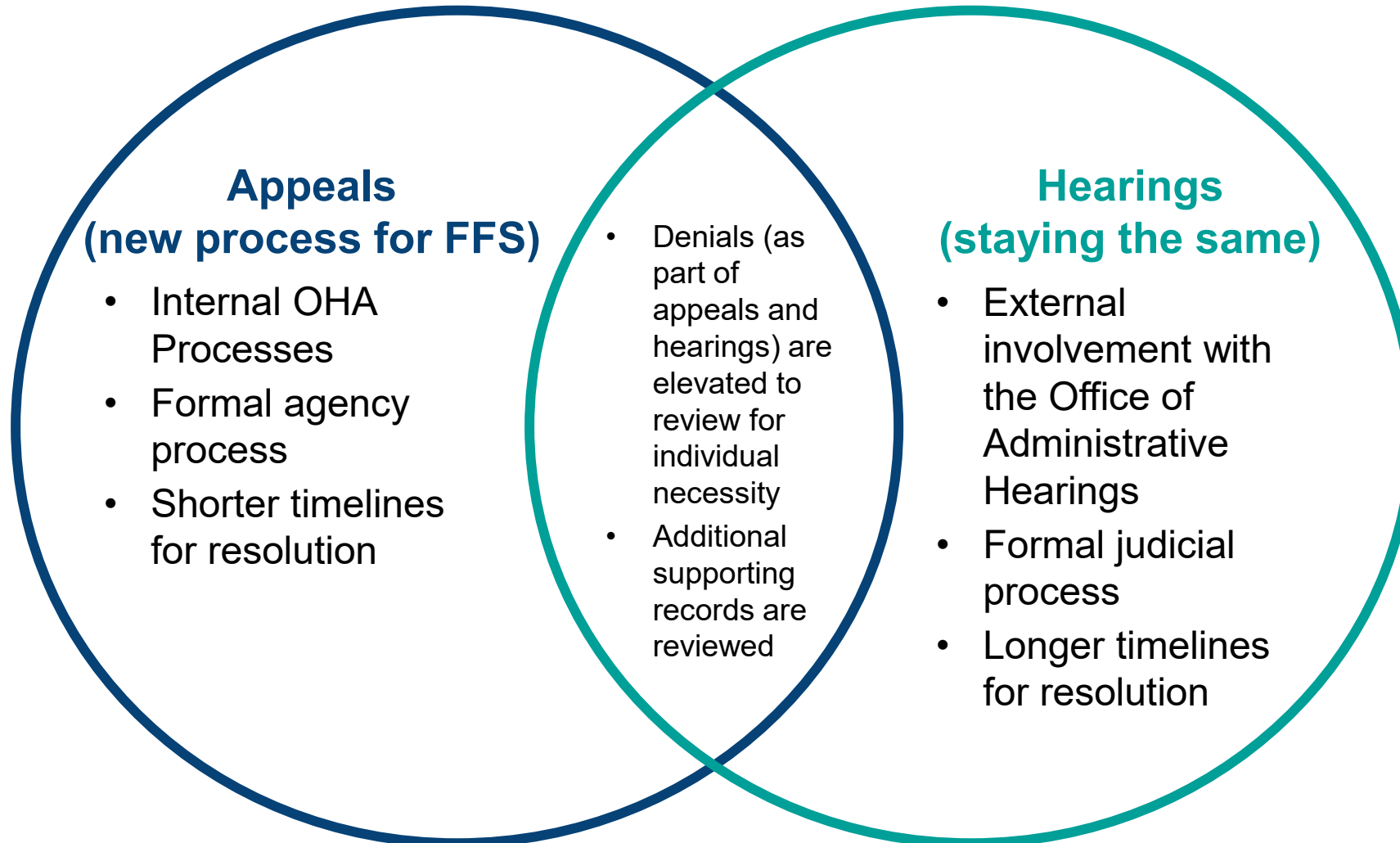
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Introduction to Goal for Fee-For-Service Appeals Process

Who uses Fee-For-Service/Open Card

- People not covered or only partially covered through a coordinated care organization (CCO). For example:
 - Newly eligible OHP members awaiting enrollment into CCOs
 - People with CCO enrollment exemptions
 - Federally Recognized Tribal Members who choose Open Card

FFS/Open Card Appeals and Hearings

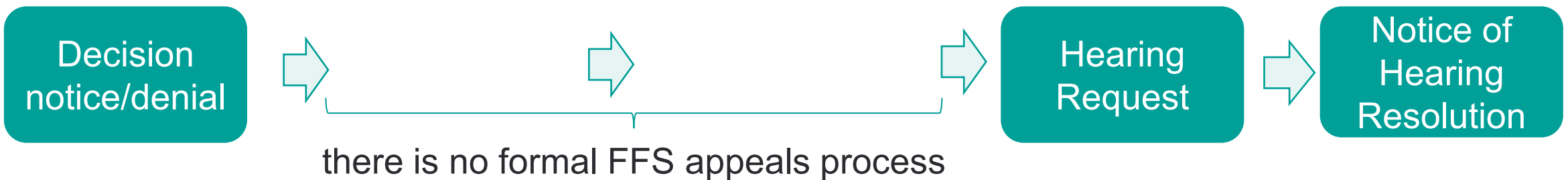


Current Medicaid appeals process

CCO Process



Fee-For-Service Process



New Fee-For-Service (FFS) appeals process

- CMS has directed Oregon to review its appeals processes to ensure that FFS clients have full access to all their appeal rights
- OHA is developing a new, formal process that enables FFS members to take an active role in requesting appeals.
 - Pre-service (prior authorization) denial appeals.
 - Post-service (claims) denial appeals.
- FFS Appeals will be:
 - Optional.
 - Independent of administrative hearings process.
 - Able to run concurrently with any administrative hearings request.
 - Opportunities to provide additional health records that support approvals.

Focus of the New FFS appeals process

- FFS Appeal processes will be focused on:
 - Centering member experiences throughout each step.
 - Minimizing member burden and promoting ease of use.
 - Minimizing barriers to the pursuit of appropriate health care.
 - Promoting provider engagement.
 - Providing objective, equitable and timely appeal determinations.
 - Utilizing available technology and processes.



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Q&A



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Listening Session

Gathering feedback

Prompts

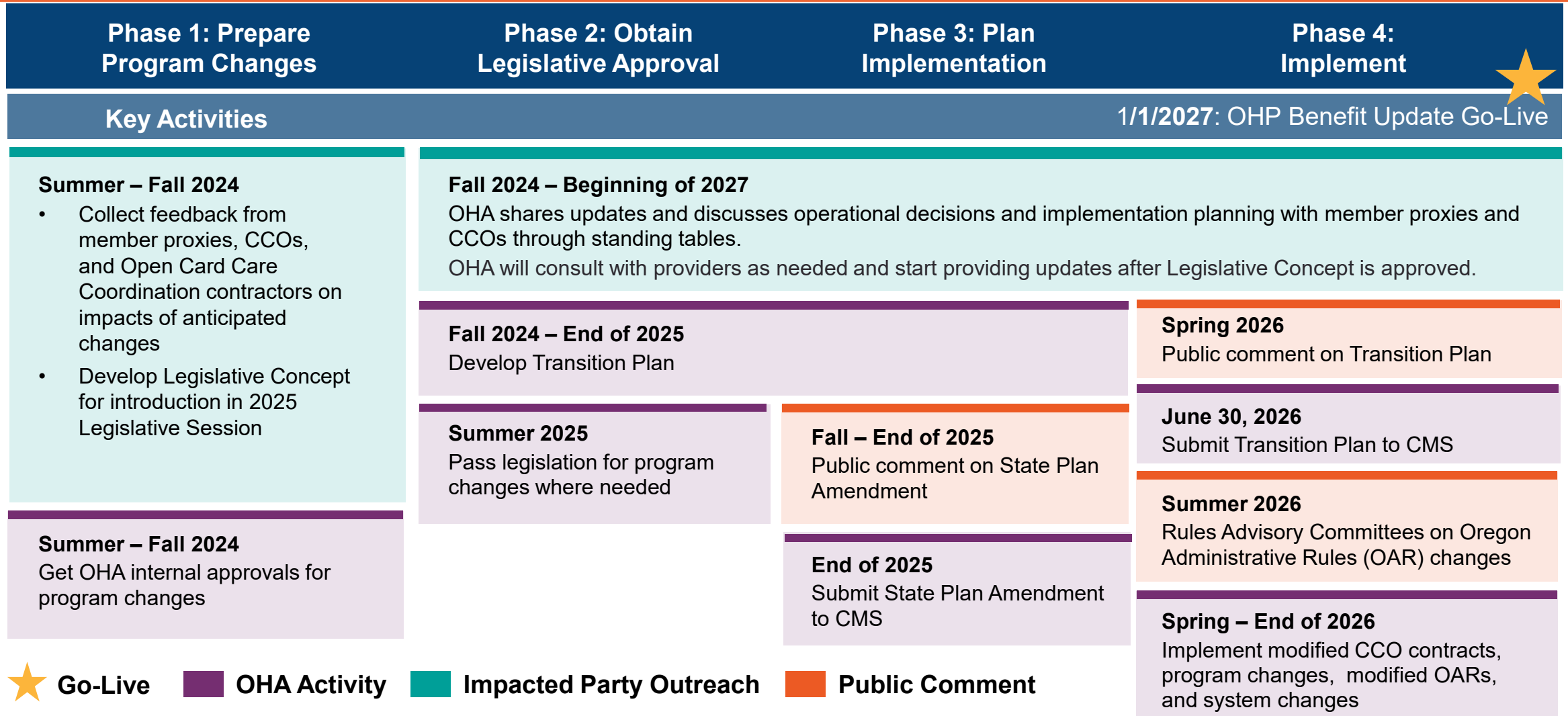
What can OHA do to partner with members and providers to make the FFS appeals process more straightforward?

Members will need to be educated about this change.
How do you think OHA can accomplish this?

What are your networks saying about the transition away from the Prioritized List?

What kinds of topics, related to this project, do you want to learn more about?

Anticipated timeline



Opportunities for community input

- OHA will hold at least one more virtual meeting this fall for community partners to learn more about the project and discuss feedback.
- 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 continue holding community 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 and shape transition plans.

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>

Upcoming Sessions

- Early November: Additional information on the project and feedback discussion

