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.

  O

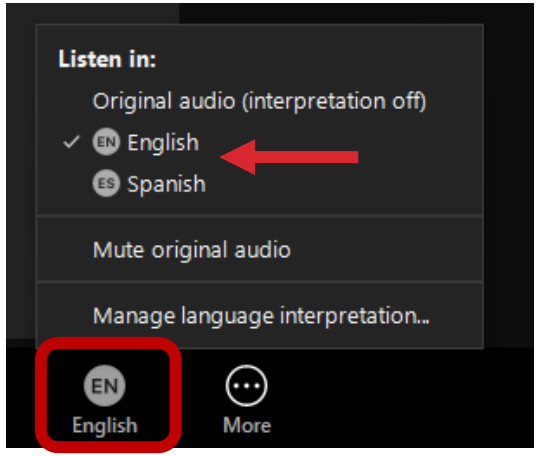
- **Teléfono o tableta:**
  Presione los 3 puntos que dicen ("... más") en la parte inferior derecha o superior derecha de su pantalla y seleccione interpretación en el nuevo menú.

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.



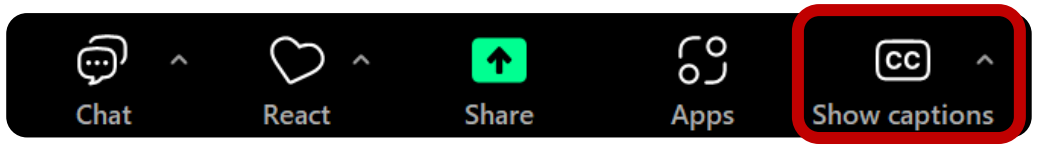
OREGON HEALTH AUTHORITY

November 7, 2024

Oregon Health Plan Benefit Update Project Information Session #3

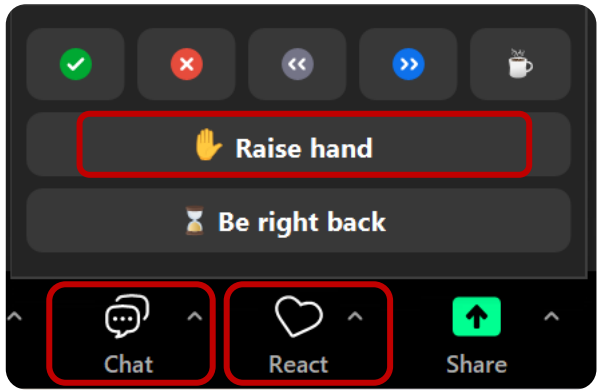
Zoom meeting instructions

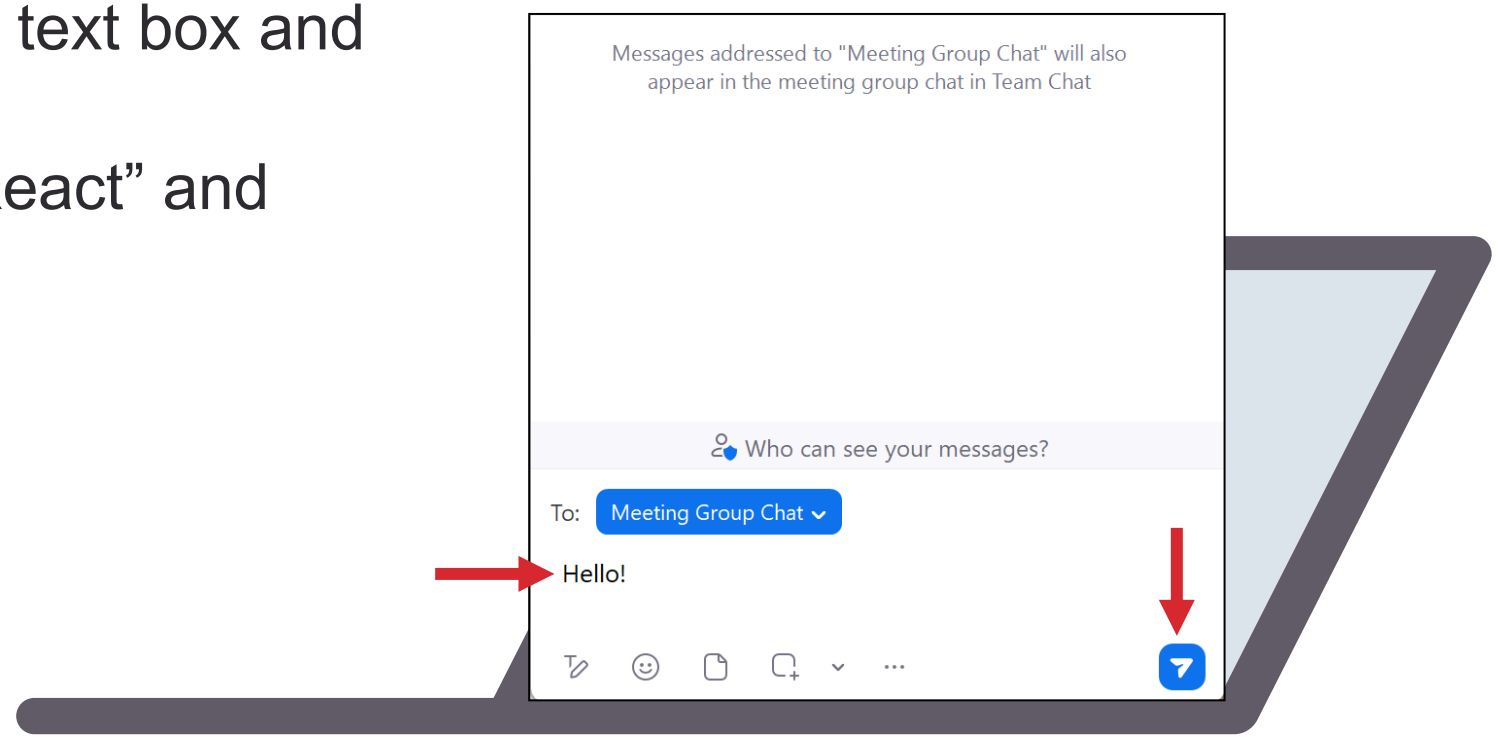
- At the bottom middle of your screen, you should see a menu of options. If you can't see the menu, hover your mouse over the bottom middle of the screen.
- Click on the "CC" icon and a separate window with captions will appear.



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)

- By January 1, 2027, the state will no longer deny services because of the funding line on the Prioritized List. Services in the benefit plan will be covered based on medical necessity.
- A project to update OHP to cover all medically necessary and appropriate services in the benefit package.

Session goals

1

- Oregon Health Plan Benefit Update Project need and background.

2

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

3

- Share the processes for determining newly covered services and medical necessity

4

- Hear from you

Introductions

Oregon Health Authority (OHA)

- **Lea Forsman, PhD**, Project Lead
- **Jason Gingerich**, Health Evidence Review Commission (HERC) Director
- **Satyasandipani Pradhan, MHA, PhD,** Project Engagement Lead
- **Dawn Mautner, MD, MS**, Medicaid Medical Director

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 | Changes to covered services | Medical Necessity determination
3.	**Listening Session** Gather feedback
4.	**Closing** Next steps and upcoming sessions

Poll 1

- From what region of Oregon are you participating?
- What types of communities does your organization serve?
- Were you able to participate in either of the past two sessions?
- What kinds of services do you or your organization offer?

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What We've Heard

What we've heard through these sessions

Concerns about members not being able to access care

Questions about medical necessity and the newly covered services and reorganization

Recommendations about educational and outreach efforts

Recommendations for the new Fee-For-Service appeals process

Responses to feedback

- **Concerns about members not being able to access care:**
  Provider and specialist availability is out of scope for this project. We are working to limit impacts on Prior Authorization.

- **Questions about medical necessity and the newly covered services and reorganization:**
  This session will cover how coverage policy decisions will continue to be made.

- **Recommendations about educational and outreach efforts:**
  These recommendations will inform our outreach strategy going forward.

- **Recommendations for the new Fee-For-Service appeals process**:
  OHA will use these recommendations to guide planning for a member-focused appeals process.

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Background

How Medicaid works in Oregon

Oregon Health Plan (OHP):

Oregon's Medicaid program; free coverage for people in Oregon who meet eligibility criteria.

Medicaid covers things like:

Doctor visits, hospital care, mental health services, labs and x-rays, dental care, routine vision care, physical therapy, prescription drugs.

Prioritized List:

Health Evidence Review Commission (HERC) ranks services on the List; Legislature funds only a portion of the Prioritized List; services "below the line" are not covered.

Oregon has a special waiver that allows it to use the List. That ends 12/31/2026

What is staying the same for members?

- Members won’t lose benefits because of this change.
- All services covered today will still be covered on and after Jan. 1, 2027, unless new evidence shows they are harmful or not effective.
- OHP still won’t cover treatments that are cosmetic or that are not medically necessary and appropriate.
- OHA or the member's coordinated care organization (CCO) may still need to approve some services.

What is changing for members?

- Starting in January 2027, OHP will cover medically necessary treatments for a small number of additional health conditions, like fibromyalgia and nasal allergies, when treatments are medically necessary and appropriate.

- There will be a new process for member-initiated appeals for Fee-For-Service/Open Card.

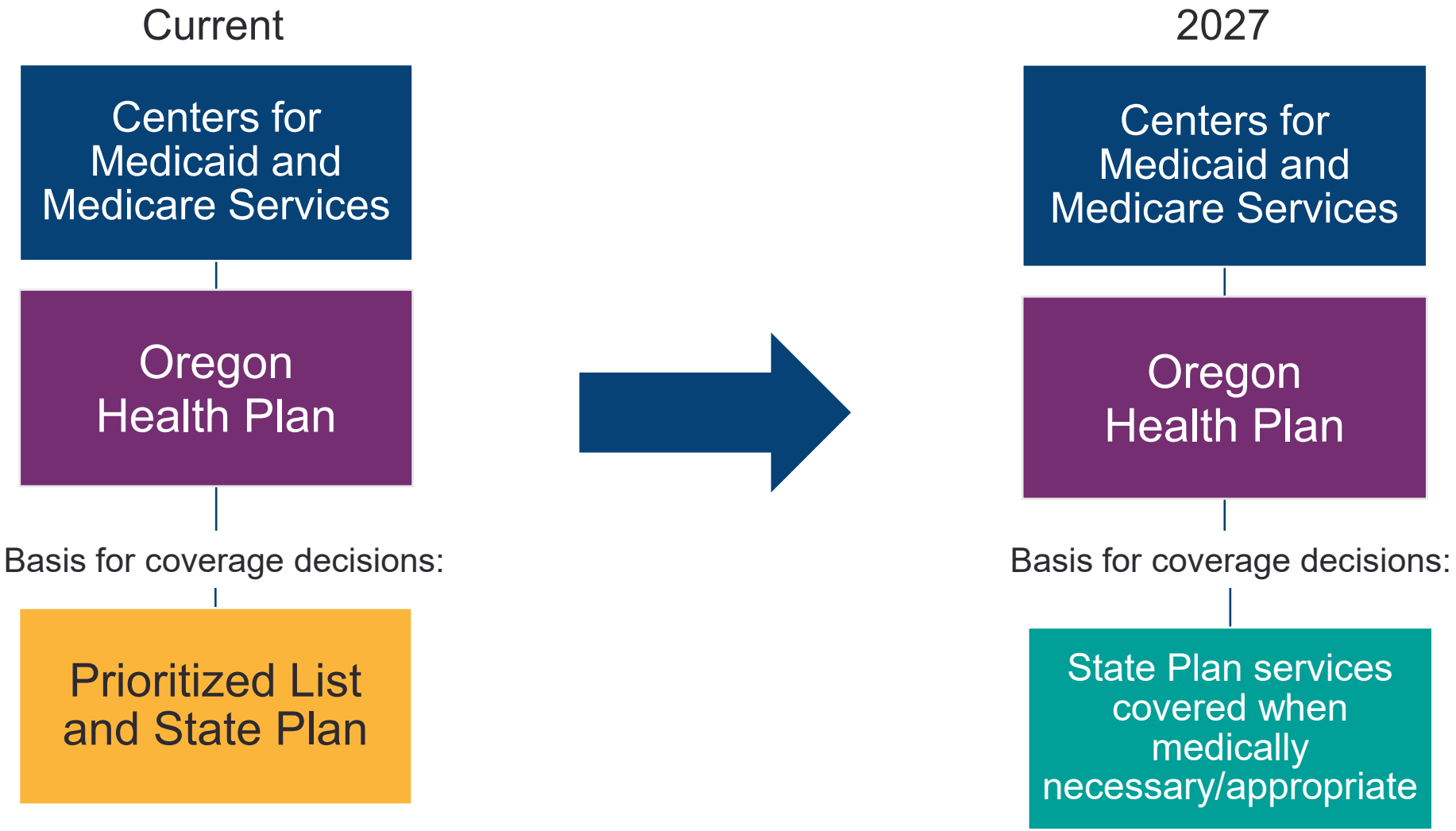
Structure of Typical State Plan

- State Plan is an agreement between any state and the federal government

- It includes Mandatory and Optional benefits:
  - **Mandatory** services like physician services, lab and x-ray, family planning, hospital care
    - States must cover these... when the state determines them medically necessary

  - **Optional** services like dental services, chiropractic, physical therapy, occupational and speech therapy, prosthetics and other practitioner services
    - Federal law allows states to limit optional benefits for budget reasons
    - **Examples:** In Oregon, eyeglasses and some dental services for adults are not covered

How most benefits are determined in Oregon Health Plan



Benefit limitations

- Federal law allows states to limit Mandatory benefits in a few ways, including:
  - Medical necessity
  - Utilization management
- Each state defines its own medical necessity policy
- In Oregon, most of the medical necessity policy is currently a part of the Prioritized List (in the funded and unfunded region)
- HERC develops these policies by deciding which specific codes to cover, which diagnosis codes pair with which treatment codes, and by creating 'guideline notes'

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

Public process for deciding which health care services are medically necessary and should be covered.

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

Role of the Health Evidence Review Commission (HERC)

- The Health Evidence Review Commission (HERC) serves Oregon residents by ensuring that certain medical procedures, devices and tests paid for with Medicaid health care dollars are safe and proven to work.
- In most states these decisions are made in ways that are less public and transparent, or can rely on each medical director's judgment
- HERC's policies will continue to provide guidance to CCOs on what they must cover as medically necessary
- CCOs can rely on HERC's policies to deny services as not medically necessary. They can also make exceptions.

Transition plan

- **HERC will review unfunded region and develop medical necessity policy for those conditions**
  - HERC will rely on the OHP medical necessity and medical appropriateness rules to make this policy
- **HERC will use medical necessity policy to ensure that covered services:**
  - prevent, treat, or diagnose a disease or condition
  - are proven to be safe and effective
  - are cost-effective
  - meet standards of good medical practice
  - help people reach their full health potential and well being
- **HERC does not make case by case decisions about services**
- **HERC makes policies to guide CCO and FFS/ Open Card decisions**

Transition away from the Prioritized List

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.
- Medical necessity is defined by code pairs and Guideline Notes.

State Plan and Medical Necessity

- No more denials for "below the line" or "unfunded region."
- State plan organizes benefits into broad categories of services using CMS definitions.
- Within these, HERC will continue to define which services are medically necessary with code pairs and Guideline Notes.
- The legislature will no longer be able to raise the funding line to save money.

Effects on members

No benefit reductions or eligibility changes are planned due to this project

Some previously unfunded conditions will be covered (but medical necessity criteria will apply.)

No more denials related to the funding line

CCOs will still need to cover services HERC identifies as medically necessary

CCOs can still deny services that aren't medically necessary

Changes in Appeals and hearings, comorbidity rule

- **New process for Fee-For-Service/Open Card members to start appeals**
  - CCOs already have appeals processes
  - Hearing rights will continue
- **HERC policies (not the funding line) can be referenced in appeals and hearings to support denials**
- **Comorbidity rule will go away—there is no longer an unfunded region**

CCO roles for consistent interpretation

CCOs:

- **must** cover medically necessary and appropriate services as defined by HERC
- **can** deny services HERC has said are not medically necessary/ appropriate.
- **can** rely on HERC policy to support denials and uphold appeals
- **have discretion** to make exceptions based on individual circumstances if appropriate (as they do currently with the Prioritized List)

  Examples: Unique patient circumstances, comorbidities, contraindications, late breaking evidence
- **can use medical judgment and external resources** (and can suggest HERC provide clear policy).

  For example, in certain circumstances where HERC and OAR are silent

Communication and operations

- **OHA and CCOs/ Open Card will need to make changes**
  - FFS appeals process
  - Rewriting Oregon Administrative Rules (OARs)
  - Rewriting handbooks, web sites, communications materials
  - Revising systems and correspondence
  - Training staff

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Changes to Covered Services

HERC Workplan

- Hiring additional medical director
- Continuing quarterly listening sessions
- Meeting with specialists
  - So far: Ophthalmologists, Allergists, Behavioral Health Panel, Oral Health Panel, Genetics Panel
  - Planned: Orthopedics, General surgery, vascular surgery, podiatry, urology, sports medicine, ENT, GYN, breast surgery, GI surgery, urology
- HERC staff will prepare proposals and bring to HERC at 2025 meetings
- HERC staff will coordinate with actuaries and budget to ensure they have accurate information to plan necessary funding

HERC Meetings:

- All meetings are public
  - Materials are in plain language and meet accessible requirements
  - Testimony heard at most HERC meetings
- Anyone can make topic suggestions to staff
  - 10-minute presentation if placed on agenda
  - ~3-minute testimony for all others

Your role in the transition

- How can members impact this process?
  - Comment or testify at a HERC community listening session or public meeting

    How to participate in HERC: https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/public-input-opportunities.aspx
  - Suggest a service that isn't currently funded for review by emailing 1115Waiver.renewal@odhsoha.oregon.gov
  - Ask questions at 1115Waiver.renewal@odhsoha.oregon.gov
- HERC often makes changes based on member concerns

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Listening Session

Gathering feedback

Prompts

OHA is considering topics for future engagement with member proxies. What topics would you like input on, and how would you like to be engaged?

Is your network discussing any other topics related to the Prioritized List that were not addressed today?

What suggestions do you have for keeping members engaged and up to date on project updates?

Anticipated timeline

HERC listening sessions and public meetings will continue as usual.

Phase 1: Prepare Program Changes	Phase 2: Obtain Legislative Approval	Phase 3: Plan Implementation	Phase 4: Implement

Key Activities

1/1/2027: OHP Benefit Update Go-Live

Summer – Fall 2024

- Collect feedback from member proxies, CCOs, and Open Card Care Coordination contractors on impacts of anticipated changes
- Develop Legislative Concept for introduction in 2025 Legislative Session

Summer – Fall 2024
Get OHA internal approvals for program changes

Fall 2024 – Beginning of 2027
OHA shares updates and discusses operational decisions and implementation planning with member proxies and CCOs through standing tables.
OHA will consult with providers as needed and start providing updates after Legislative Concept is approved.

Fall 2024 – End of 2025
Develop Transition Plan

Summer 2025
Pass legislation for program changes where needed

Fall – End of 2025
Public comment on State Plan Amendment

End of 2025
Submit State Plan Amendment to CMS

Spring 2026
Public comment on Transition Plan

June 30, 2026
Submit Transition Plan to CMS

Summer 2026
Rules Advisory Committees on Oregon Administrative Rules (OAR) changes

Spring – End of 2026
Implement modified CCO contracts, program changes, modified OARs, and system changes

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

Opportunities for community input

- 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: https://www.oregon.gov/oha/hsd/medicaid-policy/pages/benefit-update.aspx
- 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

Resources: Websites

- **How to participate in HERC**
  - https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/public-input-opportunities.aspx
- **Searchable Prioritized List, Guideline Notes, Multisector Interventions and Services Recommended for Non-Coverage**
  - https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Searchable-List.aspx
- **Benefit Update Project page, fact sheet, and FAQs:**
  - https://www.oregon.gov/oha/hsd/medicaid-policy/pages/benefit-update.aspx
  - https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/BUP-Fact-Sheet-EN.pdf
  - https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/Benefit-Update-Project-Frequently-Asked-Questions.pdf

Thank you

How will this be used? Input from these sessions will be shared with the project team. We'll use it to guide our work, 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

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