Oregon Health Plan

Section 1115 Quarterly Report

10/1/2023 – 12/31/2023

Demonstration Year (DY): 22 (10/1/2023 – 9/30/2024)

Federal Fiscal Year: 2024

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I. Introduction

A. Letter from the State Medicaid Director

During this reporting period, Oregon Health Authority (OHA) continued to work with our partners in the health care and social services delivery system to meet our program and statewide health equity goals. Implementation progress continued and advanced significantly. Highlights include:

- Development and refinement of definitions of Community Information Exchange (CIE) and closed loop referrals to support health-related service needs (HRSN) service providers with adoption and use of CIE, while increasing requirements for CIE use over time.
- Submission of a state plan amendment for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) to CMS to capture the robust program Oregon is building.
- Significant progress on the design of the HRSN Services, specifically Climate-related supports. Progress included developing the coordinated care organization (CCO) HRSN Contract Amendment, Third-Party Contractor (TPC) HRSN Contract for fee-for-service (FFS), Oregon Administrative Rules, an HRSN Guidance Document, and a template for HRSN eligibility screening.
- Implementation of community capacity building funds (CCBF) grant processes, to be administered via CCOs, to disperse DHSP infrastructure funds to support eligible community partners develop capacity to provide HRSN services.

Oregon is pleased with the significant progress made this reporting period and remains ready to partner with CMS to complete needed deliverables for implementation.

Vivian Levy, State Medicaid Director

B. Demonstration description

On September 28, 2022, CMS approved Oregon's renewed 1115 Demonstration waiver, which is effective October 1, 2022 to September 30, 2027. This most recent approval included significant eligibility expansion authority, as well as new services for individuals who have HRSN needs and are experiencing life transitions. Collectively, these reforms are expected to further OHA's goal to eliminate health inequities by 2030 by connecting underserved populations with effective health care and supports.

Several of Oregon's proposals are still being negotiated with CMS. These provisions include Tribal-related requests, a limited Medicaid benefit package for individuals in a state hospital or carceral settings, and community investment collaboratives to fund local health equity efforts.

Voluminous and complex changes are included in the waiver, creating new opportunities to address historical health inequities. 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 because of short-term changes in eligibility, e.g., temporary income fluctuations.

The approved waiver includes some benefit changes for youth. All federally required EPSDT services for children and youth to age 21 will be available. Additionally, for youth with special health care needs, eligibility criteria will allow access to expanded benefits, including EPSDT, until age 26.

The waiver also includes significant and nationally innovative service expansions for target populations. Effective 2024, Oregon will provide HRSN benefits (such as housing, climate and nutrition services) to people who are experiencing specific transitions in their lives. Eligible populations include:

- Youth with special health care needs aged 19 – 26
- Youth who are child welfare involved, including leaving foster care at age 18
- People who are experiencing homelessness or who are at-risk of homelessness
- Older adults who are covered by both Medicaid and Medicare
- People being released from custody
- People at risk of extreme weather events due to climate change

Under the new waiver, OHP members will get increased care and social supports in more situations. OHA is committed to working collaboratively with Tribal governments, communities of color and members of other historically underserved populations to design benefit and implementation approaches that expand health care access and quality and improves the lifelong health of everyone in Oregon.

C. State contacts

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II. Title

Oregon Health Plan
Section 1115 Quarterly Report
Reporting period: 10/1/2023 – 12/31/2023
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III. Overview of the current quarter

During this quarter, OHA continued to work with partners in the Medicaid system to meet program goals and statewide health equity goals. Community and partner engagement meaningfully informed implementation and program design work. Major milestones were achieved, and progress continues to advance toward implementation goals. Highlights include:

- Advancement of the HRSN Services design, specifically climate-related supports.
- Development of the CCO HRSN Contract Amendment, Third-Party Contractor (TPC) HRSN Contract for FFS, Oregon Administrative Rules, an HRSN Guidance Document, and a template for HRSN eligibility screening.
- Development and refinement of definitions of CIE and closed loop referrals to support HRSN Service Providers with adoption and use of CIE while increasing requirements for CIE use over time.
- Submission of a state plan amendment for EPSDT to CMS to capture the robust program Oregon is building.
- Implementation of the community capacity building funds (CCBF) grant, to be administered via CCOs, to disperse DHSP infrastructure funds to support eligible community partners develop capacity to provide HRSN services.

Oregon has made significance progress this period and remains poised and ready to engage with CMS and partners to further waiver implementation activities.

A. Enrollment Progress

1. Oregon Health Plan eligibility
Oct.-Dec. 2023 Quarter 1

Oregon is about half-way through its Public Health Emergency (PHE) unwinding period, where all recipients are being renewed. Overall, 88 percent of the state's 1.5 renewals are complete and more than 82 percent of Oregonians are keeping their OHP or other Medicaid benefits. Some individuals who maintained continuous coverage during the PHE no longer qualify when they renew and are losing coverage, thus Title XIX enrollment is showing decline each month.

Overall, Title XXI enrollment numbers are remaining steady. Although some Title XXI individuals are also losing coverage at renewal, some Title XIX children are being moved to Title XXI coverage at renewal due to changes in household income. Additionally, once approved at renewal, children are now eligible for continuous eligibility for at least two years. Kids under age six get continuous eligibility until they turn age six. This means that many Title XIX kids, once renewed and approved for a continuous eligibility period, will move to CHIP (Title XXI) for the remainder of their continuous eligibility period if an increase in income makes them otherwise ineligible for Title XIX programs. The seeming stability in Title XXI enrollment can be partially explained by the new continuous eligibility policies.

2. Coordinated care organization enrollment
Total Coordinated Care Organization (CCO) enrollment for October 2023 – December 2023 grew by 1.9%, across all plan levels (CCOA, CCOB, CCOE, CCOG). Specific CCO membership growth ranged between 1.3% – 2.8%, except for Trillium Community Health Plan in the Portland metro tri-county area, which continued to experience greater enrollment growth at 6.3% as it continued to expand enrollment in this new market.

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

DY22 Q1 (Oct-Dec 2023) Member Growth Zone	CCO Service Areas
Greater than 5.001%	1
3.00 - 4.99%	0
2.00 – 2.99%	6
0.00 – 1.99%	9
Reduction in enrollment	0

Overall enrollment growth was lower than the previous quarter, but slightly higher than the same period in 2021. The table below shows a comparison of enrollment growth across all quarters.

DY20EP 10/21-12/21	DY20EP 1/22-3/22	DY20EP 4/22-6/22	DY20EP 7/22-9/22	DY21EP 10/22-12/22	DY21EP 1/23-3/23	DY21EP 4/22-6/22	DY21EP 7/23-9/23	DY22EP 10/23-12/23
2.4%	2.6%	1.4%	2.9%	2.5%	2.4%	1.8%	3.8%	1.9%

As noted in previous reports, on May 1, 2020, OHA waived the requirement to limit each CCO's enrollment to the county limit(s) and grand total limit listed in its contract to mitigate enrollment challenges during the pandemic. This requirement was initially established for CCO contract year 2020, extended for contract year 2021 and has since been extended through contract year 2023. This requirement will be reinstated as of January 2024.CCOs will need to request enrollment increases when they reach capacity and will be evaluated on criteria such as provider network adequacy.

During 2021, 14 CCO county service areas – representing three distinct CCOs –required adjustments above their 2021 contract limits to sustain auto-enrollment algorithms. New enrollment limits have been established for 2022. Between October 2022 and December 2022, six CCOs required adjustment above their 2022 contract limit in twenty-seven county service areas in order to sustain auto-enrollment algorithms. This was mostly due to adding a significant number of members to the CCOs, with many members transitioning from Fee for Service to CCOF (dental services). Between October 2023 and December 2023, five CCOs required adjustment above their 2023 contract limit in twelve service areas to sustain auto-enrollment algorithms.

B. Benefits

Health Evidence Review Commission (HERC): The October 1, 2023, prioritized list went into effect on that same date and was reported in a Notification of Interim Changes. The January 1, 2024, prioritized list went into effect on that same date and was reported in a Notification of Interim Changes. A change log and errata for the January 1, 2024 prioritized list were published on December 18, 2023, and January 8, 2024.

Pharmacy & Therapeutics Committee (P&T): During the period of October 1, 2023 – December 31, 2023 the P&T Committee developed new or revised Prior Authorization (PA) criteria for the following drugs: Oncology Agents; Orphan Drugs; Respiratory Syncytial Virus; Gene Therapies for Hemophilia A and B, & Beta Thalassemia; Sodium-Glucose Co-Transporter 2 Inhibitors; Alzheimer's Disease; Vesicular Monoamine Transporter 2 Inhibitors; Nexletol® (bempedoic acid); Topical Moisturizers; Erythropoiesis Stimulating Agents; Zurzuvae™ (zuranolone); Filspari™ (sparsentan); Oral and Topical Antifungals Classes.

The committee also recommended the following changes to the preferred drug list (PDL): designate Zynteglo® (betibeglogene autotemcel), Hemgenix® (etranacogene dezaparvovec), and Roctavian™ (valoctocogene roxaparvovec-rvox) non-preferred; make Nyvepria™ (pegfilgrastim-apgf) non-

preferred; make Opvee® (nalmefene) nasal spray and naloxone cartridges preferred; make Brixadi® (buprenorphine extended-release (ER)) injection preferred and Sublocade® (buprenorphine ER) injection voluntary non-preferred; make Uzedy ™ (risperidone ER) injection preferred; maintain Leqembi® (lecanemab) as non-preferred; cover creams, lotions and ointments, but not cover other OTC formulations or OTCs that cost more than $1 per gram or milliliter (mL); make moisturizers preferred if they cost less than $0.05 per gram or mL and make all other moisturizers non-preferred; and designate new products as non-preferred or non-covered based on current recommendations until they are reviewed; maintain Jesduvroq™ (daprodustat) as non-preferred; make Filspari™ (sparsentan) non-preferred; maintain Vivjoya™ (oteseconazole) as non-preferred; make terconazole suppositories, butoconazole, miconazole 1 kits and miconazole 3 kits, miconazole suppositories (Miconozole 3) and clotrimazole (Vaginal 3-day) non-preferred; and all other vaginal antifungal formulations preferred.

C. Access to care (ANNUAL)

D. Quality of care (ANNUAL)

E. Complaints, grievances, and hearings

CCO and FFS Complaints

The information provided in the charts below is a compilation of data from the current 16 CCOs and fee-for-service (FFS) data. This quarterly report covers the time period of October 1, 2023 through December 31, 2023.

Trends

	Jan – Mar 2023	Apr – Jun 2023	Jul -Sep 2023	Oct – Dec 2023
Total complaints received	5,103	4563	4970	4543
Total average enrollment	1,537,181	1,621,449	1,664,830	1,539,494
Rate per 1,000 members	3.32	2.81	2.99	2.95

Barriers

The number of complaints CCOs reported for the quarter October 1, 2023 to December 31, 2023 shows a 8.59% decrease in the total number of complaints from the previous quarter. The Access to Care category continues to have the highest number of complaints; however, there was a 7.35% decrease from the previous quarterly reporting period. The Interaction with Provider or Plan category also decreased 9.87% compared to the previous quarter. Quality of Care continues to be the third highest category of complaints with a slight decrease of 1.65% from the previous quarter. FFS data shows the highest number of complaints this annual reporting period remains the Quality of Care category and Billing issues are the next highest category.

Interventions

CCOs: NEMT and dental issues continue to see the highest numbers of complaints. CCOs report they are working closely with their NEMT providers, adding additional staff, monitoring NEMT data and meeting with NEMT providers. One CCO reports having one on one training for NEMT staff to improve the service. CCOs report they are continuing to work with dental offices to help resolve

scheduling and communication issues to improve services. Some CCOs say they are actively working to assist their dental providers to hire staff in their areas and report the loss of medical and dental providers in their areas continues to create access to care issues. CCOs are continuing to monitor trends and working to find ways to improve services to the members.

Fee-For-Service: The number of complaints from members who were on FFS coverage during the October 1 through December 31, 2023 reporting period was 190 complaints. During the reporting period, 412 records were identified as calls received from members enrolled in CCOs. These calls were referred to the appropriate CCO. There were also 8,082 informational calls received during this reporting period asking for a variety of information, such as information about member coverage, CCO enrollment and request ID cards.

Statewide rolling 12-month complaints totals

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

Complaint category	Jan – Mar 2023	Apr – Jun 2023	Jul – Sep 2023	Oct – Dec 2023
Access to care	1,894	1,588	1,687	1,563
Client billing issues	435	397	457	434
Consumer rights	376	419	399	334
Interaction with provider or plan	1,585	1,475	1,561	1,407
Quality of care	610	473	605	595
Quality of service	203	211	261	210
Other	0	0	0	0
Grand Total	5,103	4,563	4970	4543

Related data

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

CCO Notices of Adverse Benefit Determinations 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, 2023 through December 31, 2023. 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 highest number of NOABDs issued were in diagnostics, outpatient, pharmacy, mental health, primary care and dental. CCOs are working directly with providers to reduce the number 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 2023**	**Apr – Jun 2023**	**Jul – Sep 2023**	**Oct – Dec 2023**

a) Denial or limited authorization of a requested service.	58,595	32,277	29,722	29,559
b) Single PHP service area, denial to obtain services outside the PHP panel	1,455	1,028	1,157	921
c) Termination, suspension, or reduction of previously authorized covered services	136	67	61	57
d) Failure to act within the timeframes provided in § 438.408(b)	6	3	6	11
e) Failure to provide services in a timely manner, as defined by the State	60	99	144	72
f) Denial of payment, at the time of any action affecting the claim.	83,280	125,305	133,919	163,969
g) Denial of a member's request to dispute a financial liability.	0	0	0	0
Total	143,532	158,779	165,009	194,589
Number per 1000 members	107.8	117.7	117.9	139.5

CCO Appeals

The table below shows the number of appeals CCOs received over the past four quarters.

Data was unavailable at time of reporting.

CCO Appeals	Jan – Mar 2023	Apr – Jun 2023	Jul – Sep 2023	Oct – Dec 2023
a) Denial or limited authorization of a requested service.	1,045	Data unavailable	Data unavailable	Data unavailable
b) Single PHP service area, denial to obtain services outside the PHP panel.	14	Data unavailable	Data unavailable	Data unavailable

c) Termination, suspension, or reduction of previously authorized covered services.	0	Data unavailable	Data unavailable	Data unavailable
d) Failure to act within the timeframes provided in § 438.408(b).	0	Data unavailable	Data unavailable	Data unavailable
e) Failure to provide services in a timely manner, as defined by the State.	0	Data unavailable	Data unavailable	Data unavailable
f) Denial of payment, at the time of any action affecting the claim.	243	Data unavailable	Data unavailable	Data unavailable
g) Denial of a member's request to dispute a financial liability.	0	Data unavailable	Data unavailable	Data unavailable
Total	1,302	Data unavailable	Data unavailable	Data unavailable
Number per 1,000 members	.98	Data unavailable	Data unavailable	Data unavailable

Number overturned at plan level	602	Data unavailable	Data unavailable	Data unavailable
Appeal decisions pending	19	Data unavailable	Data unavailable	Data unavailable
Overturn rate at plan level	46.24%	Data unavailable	Data unavailable	Data unavailable

2. CCO and FFS Contested Case Hearings

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

During the first quarter OHA received 271 hearing requests related to the denial of medical, dental, and behavioral health services, including Non-Emergent Medical Transportation (NEMT). Of those received, 250 were from CCO-enrolled members and 21 were from FFS members. Of those, 287* 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 157 cases that were determined not hearable cases. Of the not-hearable cases, 129 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 a NOAR. One case was dismissed as not hearable because the hearing request was not submitted within the timelines identified in rule.

Of the 130 cases that were determined to be hearable:

- 36 were approved prior to hearing.
- 32 cases were withdrawn after an informal conference with an OHA hearing representative.
- 36 cases went to hearing, where an administrative law judge upheld the OHA or CCO decision
- 32 cases were dismissed for the members failure to appear.
- An administrative law judge reversed the decision stated in the denial notice in 1 case and set aside the decision stated in the denial notice in 2 cases.

* In every quarter there is an overlap of processed cases with those received. For instance, cases processed and resolved in October of 2023 may be cases OHA received as far back as August and September of 2023.

Outcomes of Contested Case Hearing Requests Processed

Outcome Reasons	Count	% of Total
Decision overturned prior to contested case hearing	36	19%
Client withdrew request after pre-hearing conference	32	11%
Dismissed by OHA as not hearable	157	55%
Decision affirmed*	36	13%
Client failed to appear*	32	11%
Dismissed as non-timely	1	0%
Dismissed because of non-jurisdiction	0	0%
Decision reversed*	1	0%
Set Aside	2	1%
Total	287	

* Resolution after an administrative hearing.

Related data

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

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. Current CCOs are previously existing plans, and one expanded 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 –serves Lane County and applied to expand into Clackamas, Multnomah, and Washington counties (the Tri-County). OHA denied the request and gave Trillium until June 30, 2020, to demonstrate a sufficient provider network. OHA's denial informed that without further action, the Tri-County service area would be removed from Trillium's 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.

In the spring of 2023, the state legislature extended existing CCO contracts by two years. The new end date for the contracts is December 31, 2026.

2. Provider networks

There were no significant changes to the provider networks for the current quarterly report.

3. Rate certifications

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 CY24 CCO rates package to CMS, which included the Oregon CY24 rate certifications and contract rate Sheets.

4. Enrollment/disenrollment

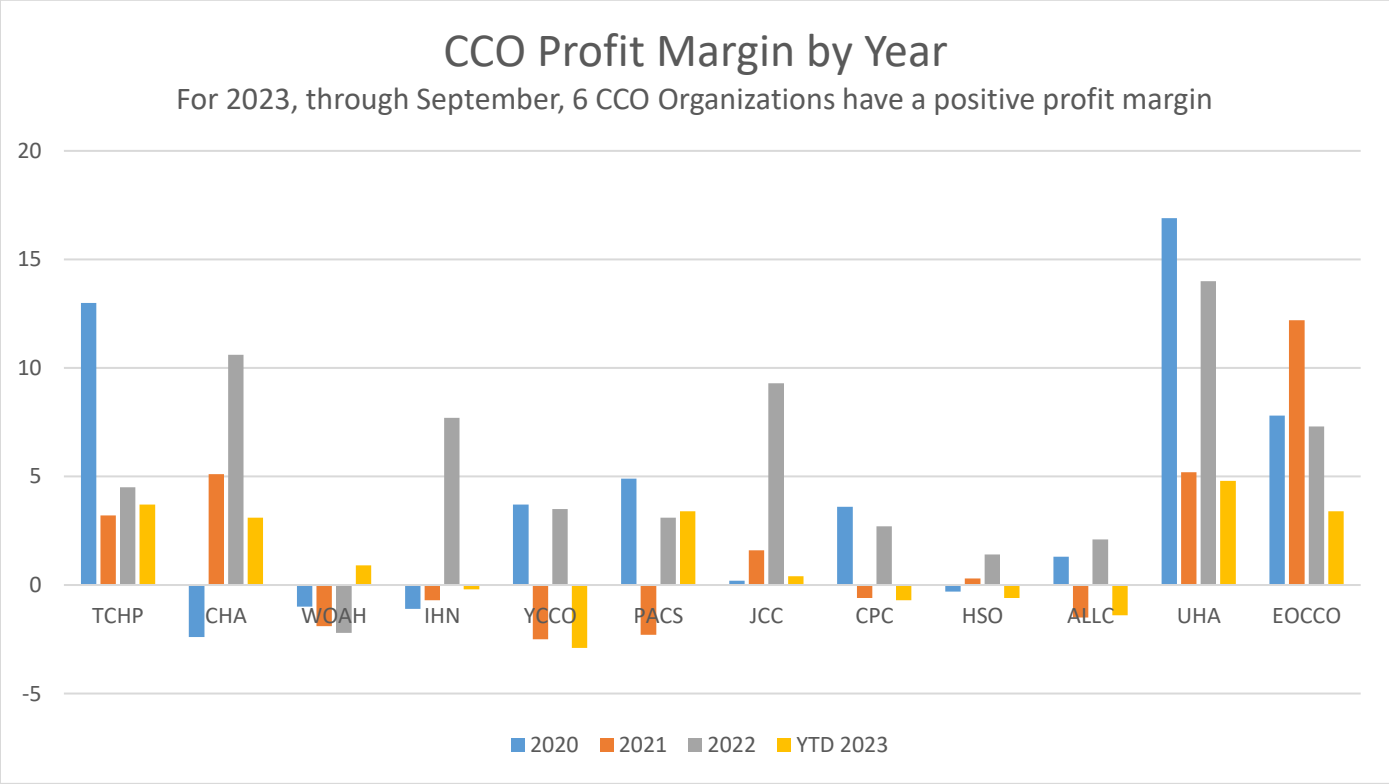
All significant changes are included in other sections of this report.

5. Contract compliance

There are no issues with CCO contract compliance other than as described in the Corrective Action Plans section.

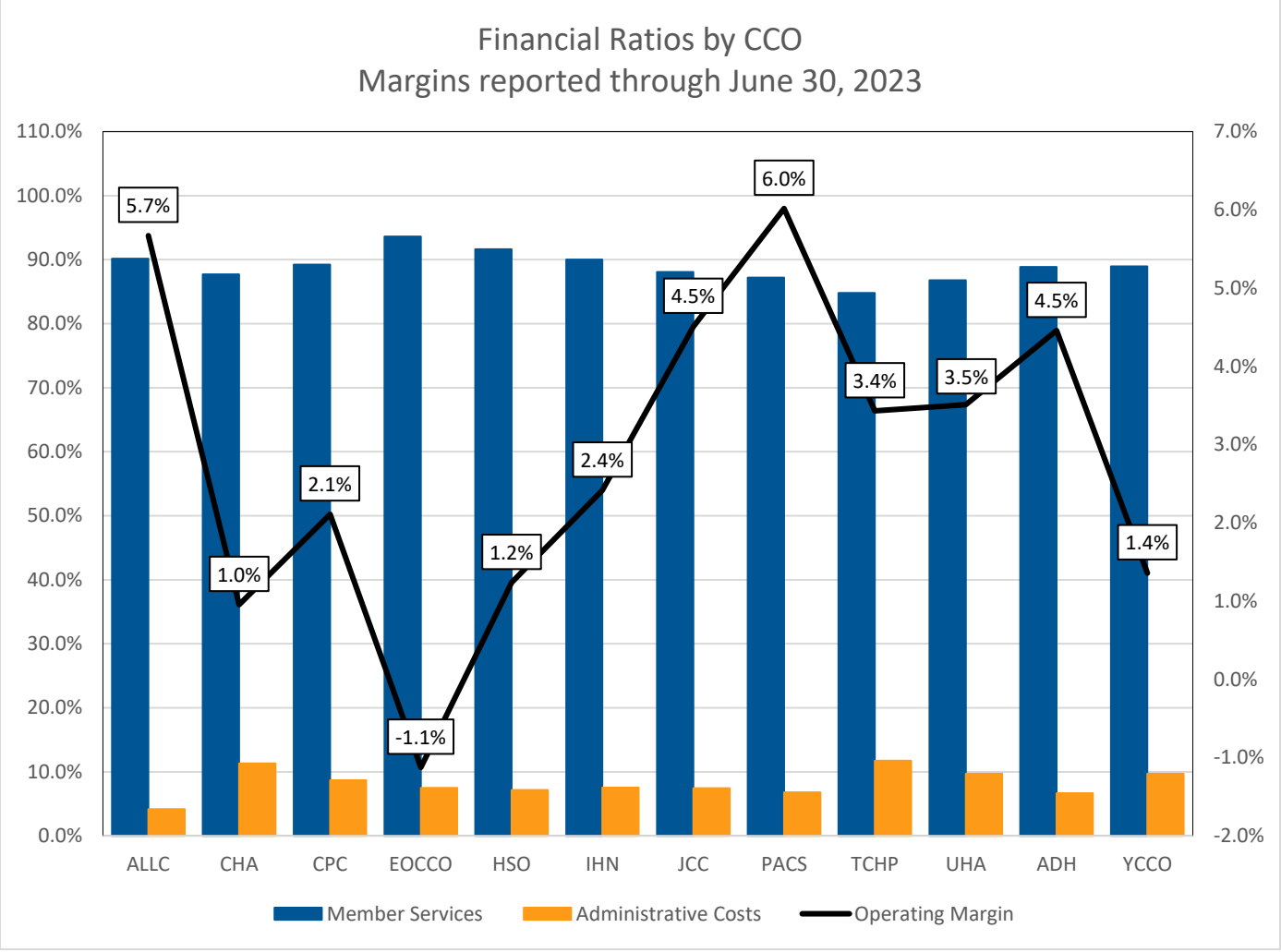
6. Relevant financial performance

CCOs have reported a variety of profit/losses through the nine months ending September 30, 2023. Through September 30, 2023, CCOs received revenues of $6 billion. In comparison to 2022, all but one CCO had a positive profit margin by the end of the year, and received revenue of $7.3 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 2023, spending on Member Services was at 89.5%. Administrative costs of 7.5% through the first half of 2023 is in line with the 2022 CCO-wide average, which was 7.5%.



For the 6-months ended June 30, 2023, 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 4 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

For the current quarter, OHA does not have any Corrective Action Plans in place with any CCO.

8. One-percent withhold

This quarterly report is for data from October 1, 2023, through December 31, 2023. OHA analyzed encounter data received for completeness and accuracy for the subject months finalized for March 2023 through May 2023.

Oregon Health Authority

Health Systems analyzed encounter data received for completeness and accuracy for the subject months of March 2023 through May 2023. All CCOs met the Administrative Performance (AP) standard for all subject months and no 1% withholds occurred.

G. Health Information Technology

OHA's health IT team spent October 2023-December 2023 preparing for 1115 waiver activities, primarily around the closed loop referral requirement through community information exchange (CIE).

To address inquiries from CCOs and ensure a shared understanding of terminology, OHA developed and refined definitions of CIE and closed loop referrals that are included in the 2024 CCO contract amendment and 2024 HRSN guidance document. Included is a plan to support HRSN Service Providers with adoption and use of CIE while increasing requirements for CIE use over time.

To support the 2022-2027 1115 OHP waiver and meet the CMS requirement of closed loop referral functionality, OHA finalized a seven-year budget plan which includes the procurement and implementation of CIE state-wide for Fee-for-Service and OHA and Oregon Department of Human Services' use as it relates to HRSN. OHA will be requesting CMS Medicaid Enterprise Systems (MES) funding to support these activities.

OHA engaged CCOs on CIE in various forums, including the Health Information Technology Advisory Group (HITAG) on October 26, 2023. OHA also engaged CCOs at an October 19, 2023 HRSN work session on plans for closed loop referrals and CIE resulting in modifying 2024 CCO contract definitions and requirements.

H. Metrics development

In the October meeting of the Metrics and Scoring, the committee finalized the 2024 CCO Incentive Measures and Benchmarks. The committee selected the measures in June 2023 and had discussed the benchmarks over the past few meetings. Benchmarks and improvement targets for each measure were finalized in October 2023. There are now 14 measures in the 2024 CCO Incentive Measure Set. Measures in bold are also part of the challenge pool.

Childhood Immunization Status (Combo 3)

Immunizations for Adolescents (Combo 2)

Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness)

Prenatal & Postpartum Care - Postpartum Care

Screening for Depression and Follow-Up Plan

Health Aspects of Kindergarten Readiness: CCO System-Level Social-Emotional Health

Cigarette Smoking Prevalence

Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT)

Oral Evaluation for Adults with Diabetes

Assessments for Children in ODHS Custody

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

The final version can be found here: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2024%20CCO%20Incentive%20Measures%20and%20Benchmarks_10.23.2023.pdf

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#a990ed04-a843-426e-b790-dbc458a6cca9

In the November meeting, the committee reviewed the changes to and study of the CCO Quality Incentive Program that will be occurring through Senate Bill 966.

Structural changes will be made to the incentive program that separate incentive measures into two categories:

Upstream measures will address the root causes of health inequities. These metrics focus on things like socio-economic factors and discriminatory beliefs. For example, Meaningful Language Access to Culturally Responsive Care. At least four upstream measures must be included in the incentive program. The following measures must be prioritized for the duration of the current Medicaid Waiver (2022-2027):

• Health assessments for children in ODHS custody

• Kindergarten readiness: CCO system-level social/emotional health

• Meaningful language access to culturally responsive health care services

• Social determinants of health: Social needs screening & referral

Downstream measures relate to medical care. These metrics focus on things like screenings, trending chronic disease and immunizations. For example, Controlling High Blood Pressure. These measures must be chosen from the CMS Medicaid Core Measure Sets.

S966 also directs OHA to study the CCO Quality Incentive Program to ensure it focuses on addressing health inequities. OHA must work with Oregon Health Plan (OHP) members and community members who health is affected by OHP and metrics experts, health care providers, and CCOs. A report with recommendations for structural and programmatic changes is due to the Oregon Legislature in September 2024.

Oregon Health Authority

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In the December meeting, the committee heard a presentation about the role of dental therapists in the oral health workforce. The committee also went over the dental measures in the CMS core set.

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

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I. Budget neutrality

Oregon Health Authority is unable to report on the current waiver new Budget Neutrality Workbook template. The agency is working to have 1115 system configurations implemented by 7/1/24 to align with the current waiver reporting requirements. However, system configuration data is dependent on other system change request including Continuous eligibility (CE) indicators and may not be ready by 7/1/24. We hope to submit the report by September 2024 with available data retroactive to the beginning of the waiver.

J. Legislative activities

There were no significant legislative activities during this reporting period.

K. Litigation status

Connecticut v. Generic Drug Manufacturers and Wisconsin v. Indivior

These are multi-state antitrust suits that include the state of Oregon in its enforcement capacity (not the agency specifically). Among other claims, the suits allege pharmaceutical manufacturers illegally colluded to raise prices on certain drugs. There is potential for recovery for the agency for purchases/reimbursements of the drugs at issue; the state is working with the agencies to collect the applicable data. States are pursuing settlements with some of the manufacturers, and were successful in getting a change of venue which may accelerate the cases.

L. Public forums

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

Health Evidence Review Commission

November 9, 2023

Verbal comments:
None received

Written comments:

Four written comments received; two in support of WPATH standards of care 8 for Gender Affirming Care, one for canalith reposition pairing with vertigo and one in support of additional dental coverage.

Written comments

Value-based Benefits Subcommittee

November 9, 2023

Verbal comments:
None received

Written comments:

Four written comments received; two in support of WPATH standards of care 8 for Gender Affirming Care, one for canalith reposition pairing with vertigo and one in support of additional dental coverage.

Written comments

Evidence-based Guidelines Subcommittee

December 7, 2023

Verbal comments:
An advocate voiced support for community-centered peer-led self-management programs (SMP).

Written comments:
None received

Medicaid Advisory Committee

- 10/25/2023 – Jessi Wilson, 1115 Waiver Strategic Operations Director, presented an update on progress on implementation design of the HRSN benefits and the community capacity building funding opportunity. MAC members asked
    - Who determines the medical need? Is it the provider or the CCO or someone else? Is there an appeals process
    - Is OHA putting a special plan for the IDD population? Many people are not aware that these services are available or how to get them.

MAC members also expressed excitement about HRSN services and disappointment that it affects only a small bucket of people.

Public testimony included concern about expanding to covering rental assistance when people covered by the Oregon Health Plan face delays getting in for primary care visits.

- 12/6/2023 - The contracted independent evaluator shared an overview of the plans for developing the 1115 Waiver evaluation design. The evaluation team shared general evaluation considerations and discussed evaluation questions related to specific policy areas including HRSN benefits, continuous enrollment and eligibility, and YSHCN.
- Questions and comments from MAC members include concerns about how CCOs will engage their members on enrollment and extended eligibility, who is involved in evaluation listening sessions, how stopgap nutrition and housing services will be sustainable, the gap between public perception of the availability of the new benefit and the reality, the challenges in communicating about what benefits are available, the burden on physicians to meet these new expectations when the infrastructure to do so is not in place.

Oregon Health Policy Board

- 10/2/23: Lisa Krois, HPA Waiver Senior Policy Advisor presented background, current and future work of the 1115 Waiver Implementation to help inform the Oregon Health Policy Boards (OHPB) 2024-25 priority discussion. Members highlighted the waiver as one of the areas of focus for future conversations.
- 12/5/23: Steph Jarem, 1115 Waiver Policy Director presented an update on the 1115 waiver. The presentation was focused specifically on the changes to the climate benefit, the rolling out of the Community Capacity Building Funds (infrastructure funds) and future engagement opportunities planned for 2024. Board members expressed disappointment for the extended climate benefit timeline and disappointment that CMS did not accept the broader population definition proposed. They also expressed enthusiasm for the value of these future benefits for OHP members.

1115 Waiver Webinars (Public Forums)

- 10/4/2023 – **All Come Webinar (English):** Megan Auclair, 1115 Waiver Program Director, shared information on HRSN benefit implementation timing, all HRSN benefit and services, especially climate, and the draft member experience for climate benefit service delivery.
    - Public questions largely centered on the member experience and the allowable benefits. Several partners also asked questions to gain clarity on CCOs' role and the processes CCOs will employ to manage the HRSN benefits.
- 10/18/2023 – **Para Todos Webinar (Spanish):** Jaime Nino, OHA Ombuds Specialist, shared information on HRSN benefit implementation timing, all HRSN benefit and services, especially climate, and the draft member experience for climate benefit service delivery. Partners had questions about eligibility relating to the HRSN housing benefit.
- 11/1/2023 – **All Come Webinar (English):** Steph Jarem, 1115 Waiver Policy Director, shared information regarding the goals of community capacity building funds and allowable uses, as well as a review of HRSN provider qualifications.

  - A total of 148 participants logged into the webinar and submitted almost 30 individual questions in the chat or through the Q&A function. Comments indicated a lot of interest around the expectations and processes through which CBOs and CCOs will interact to deliver HRSN services and distribute community capacity funds. Comments and questions indicated interest in how community capacity funds would be distributed, the proportion of distribution throughout the state, and equitable access to the funding opportunity. Partners also wanted to better understand the criteria for evaluating and approving applications for the funds. Additional comments included interest in understanding fee schedules for HRSN services, implementation timelines, and where to find information on the latest decisions. Partners expressed an appetite for additional communications products, such as flyers and videos, and shared positive feedback regarding the development of a newsletter.
- 11/15/2023 – **Para Todos Webinar (Spanish):** Jaime Nino, OHA Ombuds Specialist, presented on the goals of community capacity building funds and allowable uses and reviewed HRSN provider qualifications.
  - Partners expressed interest in how to access CCO funds and in better understanding eligibility for HRSN benefits.
- 12/6/2023 - **All Come Webinar (English):** Steph Jarem, 1115 Waiver Policy Director, shared information on climate benefit updates, overall waiver updates, and what is to come for housing in 2024.
  - Partners continued to have questions about how the HRSN benefits will work, including administrative requirements and opportunities for HRSN providers, how to find information about how to find HRSN providers, how counties will be involved, how the benefits will work for FFS/Open Card members, implications or intersection with Health Related Services, and definitions that have implications for eligibility and availability of services. Other comments and requests were about the timing of community capacity funds, clarification on the reasons for and impacts of the delay in the launch of the HRSN climate services benefit, and how to further participate in the design and implementation of HRSN benefits.
- 12/20/2023 - **Para Todos Webinar (Spanish):** Jaime Nino, OHA Ombuds Specialist, shared information on climate benefit updates, overall waiver updates, and what is to come for housing in 2024.
  - Attendees' comments included a request that timelines and updates are posted in a timely way on the Spanish version of the website. Partners also requested that the OHA team to check the Spanish FAQs, update as needed, and clarify the "Preguntas generales" section.

IV. Progress toward demonstration goals

A. Improvement strategies

Oregon's Triple Aim: Better health, better care, and lower costs

Continuous Eligibility for Adults and Children

Continuous Eligibility (CE) policies approved via Oregon's 1115 waiver were implemented with an effective date of July 1, 2023. Upon initial implementation, CE was applied to all members who had experienced intake or renewal after the end of the COVID-19 Public Health Emergency. Ongoing, CE is applied to all members approved for programs to which CE policy applies.

Due to the complexity of new CE provisions, as well as the need to coordinate eligibility system updates with other changes occurring in parallel, CE functionality is being deployed in 3 phases:

Phase 1: July 2023 – implemented functionality that assigns and protects eligibility for members for whom CE policy applies.

Phase 2: February 2024 – deployed enhancements and system fixes identified post-phase 1 implementation.

Phase 3: TBD – the last phase of ONE system updates to support CE will adjust the functionality by which cases are assigned renewal dates. With CE periods lasting a minimum of 24 months, it becomes unnecessary to perform eligibility evaluations annually. In the meantime of phase 3 implementation, Oregon will ensure that cases that were assigned a 12-month renewal date will not experience unnecessary renewal activities.

Early Periodic Screening, Diagnosis and Treatment

Oregon has submitted a state plan amendment for EPSDT to CMS to capture the robust program the state is building.

Oregon Administrative Rules have been updated and moved to their own division chapter.

Extensive policy work has begun on the intersection of the following waiver initiatives: Youth in Carceral Settings, Youth with Special Health Care Needs and Health Related Social Network – Nutrition.

Expand Access to Supports that Address Health Related Social Needs

After receiving authority to provide Health Related Social Needs (HRSN) Services to eligible OHP Members in September 2022, Oregon has been preparing for the implementation of the HRSN climate, housing, nutrition, and outreach and engagement services.

Between October and December of 2023, Oregon made significant progress on the design of the HRSN Services, specifically HRSN climate-related supports. Progress included development of the CCO HRSN Contract Amendment, Third-Party Contractor (TPC) HRSN Contract for FFS, Oregon Administrative Rules, an HRSN Guidance Document, and a template for HRSN eligibility screening.

A Rules Advisory Committee was convened on October 18th, where new and revised rules were presented and public feedback was gathered. Progress was also made on identifying changes needed to enhance the Medicaid Management Information System (MMIS) functionality to be able to facilitate service-based payments for HRSN Services. This functionality is expected to be implemented by July 2024.

To support the development of contracts, rules, and guidance, Oregon staff facilitated three CCO HRSN work sessions to gather feedback on HRSN climate-related supports, provider qualifications, clinical risk criteria, eligibility screening, rates, and the plan for distributing HRSN community capacity building funds (also known as HRSN infrastructure funds). Additionally, Oregon staff hosted individual meetings with each CCO to discuss readiness for providing climate-related supports.

Oregon executed the implementation of the community capacity building funds (CCBF) grant program, to be administered via CCOs, to disperse DHSP infrastructure funds to support eligible community partners develop capacity to provide HRSN services. CCBF will support HRSN service providers and organizations that will become HRSN providers to develop what they need to be able to participate in the Medicaid delivery system and deliver HRSN services to qualified OHP members. CCOs will administer these funds to eligible community partners during set funding windows in 2024. CCOs will be required to report to the state on key elements, which will inform subsequent years of CCBF. Tribal Governments will receive a set aside amount of this funding to be administered through a different process.

Additionally, Oregon staff participated in six external engagements (in addition to the public engagements described previously) to share information about HRSN services. Engagements included meetings with the Portland Metro County Commissioners, local public health administrators, the Oregon Law Center, Federally Qualified Health Center (FQHC) directors, the Alliance for Culturally Specific Behavioral Health Providers, and an HRSN partner work session, which included social services agencies and community-based organizations.

To further support the HRSN implementation work, Oregon hired a total of four new staff between October and December 2023 to work full-time on HRSN services.

During this quarter, Oregon continued to meet with CMS on a biweekly cadence to discuss questions related to the HRSN Services Protocol, external 1115 waiver evaluation requirements and additional CMS deliverables.

Oregon will implement DSHP once final approvals are provided by CMS. 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 Youth with Special Health Care Needs (YSHCN)
- HRSN services for eligible OHP members
- HRSN infrastructure (capacity building funds for community partners)

Alignment with Tribal partners' priorities

Addressing health-related social needs is a priority for Oregon's nine Federally Recognized Tribes. Between October and December 2023, Oregon's staff working on implementing HRSN services

continued to partner with OHA's Office of Tribal Affairs to facilitate three Tribal HRSN Work Sessions to design HRSN climate-related supports with Tribal leaders. In addition to the three work sessions, the Oregon staff also met with the Confederated Tribe of Warm Springs to help plan the implementation of HRSN climate-related supports for their community.

B. Lower cost (ANNUAL)

C. Better care and Better health (ANNUAL)

V. Appendices

A. Quarterly enrollment reports

1. SEDS reports
Attached separately

2. State reported enrollment table

Enrollment	October/2023	November/2023	December/2023
Title XIX funded State Plan Populations 1, 3, 4, 5, 6, 7, 8, 12, 14	1,312,558	1,309,016	1,302,938
Title XXI funded State Plan	138,988	139,430	139,213
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
Family Planning Only	N/A	N/A	N/A

3. Actual and unduplicated enrollment

Ever-enrolled report

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
		Pregnant women FPL > 170%	N/A	N/A	N/A	N/A
	Title XXI	SCHIP FPL > 170%	61,961	161,050	0.40%	21.59%
Optional	**Title XIX**	PLM women FPL 133-170%	N/A	N/A	N/A	N/A
	Title XXI	SCHIP FPL < 170%	149,077	399,846	-0.35%	14.98%

Mandatory	**Title XIX**	Other OHP Plus	309,463	864,493	2.76%	16.82%
		MAGI adults/children	1,025,116	2,883,181	1.41%	21.65%
		MAGI pregnant women	19,919	50,091	16.49%	41.08%
		QUARTER TOTALS	1,565,536			
** Due to retroactive eligibility changes, the numbers should be considered preliminary*						

OHP eligible and managed care enrollment

OHP eligible*		**Coordinated Care**				**Dental Care**	**Mental Health**
		CCOA**	**CCOB****	**CCOE****	**CCOG****	**DCO**	**MHO**
October	1,429,37	1,334,558	68	65	11,455	82,456	N/A
November	1,419,57	1,324,904	64	60	10,998	82,824	N/A
December	1,426,37	1,332,765	64	56	10,130	82,807	N/A
Quarter average	1,425,10	1,330,742	65	60	10,861	82,696	N/A

** Total OHP eligible 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*

B. Complaints and grievances

A report will be attached separately that provide a summary of statewide complaints and grievances reported by the CCOs for the relevant quarter. A report will not be attached if there is no activity during the relevant quarter.

C. CCO appeals and hearings

A report will be attached separately that will provide a summary of appeals and hearings for the relevant quarter. A report will not be attached if there is no activity during the relevant quarter.

D. Neutrality reports (reported separately)