

1115 Medicaid Waiver Overview and Recommendations

December 16th, 2021

Coalition of Local Health Officials



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Background and Timeline

1115 Medicaid Waiver is the application to the Federal Government for the Coordinated Care Organization demonstration project to allow for a “waiver” from the federal requirements to allow for innovation. This application is for July 1, 2022 - June 30, 2027

The draft application will be completed at the beginning of December and will be posted on the OHA website. Starting December 7, OHA will have a public comment period on the application, with a series of public December/ January meetings (see below). The public comment period will close on January 7th, 2022.

- 7 – Oregon Health Policy Board
- 9 – Health Equity Committee
- 15 – Medicaid Advisory Committee
- 16 – Designing the future of OHP - Workshop 3.
- 4 – Oregon Health Policy Board

Maximizing OHP Coverage

Goals:

- Reduce the state's current uninsured rate of six percent to below two percent
- Eliminate the racial and ethnic inequities in uninsured rates that currently exist.

Strategies:

- Continuous Oregon Health Plan (OHP) enrollment age 0-5
- 2 year continuous OHP enrollment for people 6+
- Expedited OHP enrollment path for people applying for Supplemental Nutrition Assistance Program (SNAP) benefits.

Stabilizing Transitions to Minimize Disruptions in Care

Goals:

- Ensuring Oregon Health Plan (OHP) coverage across life transitions and changes in coverage
- Addressing the full set of factors that impact health, both medical and non-medical during life transitions.

Strategies

- Allow people in custody (juvenile, OSH, jail/local correctional facilities) to access Medicaid benefits
- Keep benefit package for Youth with Special Health Care Needs up to age 26
- SDOH services for vulnerable populations during transitions (services include housing, medical transportation, food assistance, employment support, and climate-related needs)
- Support services from providers outside of the medical model (THWs)
- Obtain expenditure authority to support implementation capacity at the community level (through CBOs and Community Investment Collaboratives)
- Obtain expenditure authority to allow Child Welfare to pay for reserved Psychiatric Residential Treatment Services (PRTS) and prioritize youth in Child Welfare custody for these services.

Flexible, Value-based Global Budget/ Paying for Population Health

Goal: Create (CCO) value-based global budgets that will better

- Drive investments in health equity
- Incentivize spending on health-related services
- Cover all reasonable, appropriate costs of CCO programs while increasing at a predictable growth rate

Strategies:

- Calculate a capitation rate that is reasonable and adequate for covered services and risk of the population, and is based on multiple years of historical utilization and spending, recent trends, and spending on health-related services
- Trend the base rate forward in a predictable way over five years, without resetting base budgets each year
- Increase predictability of costs through closer management of pharmacy costs, by allowing a commercial style closed formulary approach that may exclude drugs with limited or inadequate evidence of clinical efficacy

Incentivizing Equitable Care

Goal: to restructure the CCO Quality Incentive Program so that equity is the primary organizing principle

Strategies:

- Restructure the Quality Incentive Program into two complementary components:
 - Set of upstream metrics for supporting health equity (p. 35)
 - Set of downstream metrics for quality, access, and outcomes with a particular emphasis on reducing inequities
- Redistribute decision-making power among communities
 - Health Plan Quality Metrics Committee --> Health Equity Quality Metrics Committee (HEQMC) with members representing the interests of those most affected by health inequities
- Rethink the incentive structure to better advance equity
 - HEQMC will select incentivised upstream and downstream metrics to best improve health equity

Focused Equity Investments

Goal: Fund community-driven initiatives through upfront federal investment that is focused on eliminating health inequities among OHP members.

Strategies:

- Invest federal funds toward infrastructure to support health equity interventions
 - Build capacity and fund statewide infrastructure to support community-led health equity investments (i.e. support Community Investment Collaboratives - CICs - in handling large investments)
- Invest federal funds in community-led health equity interventions and statewide initiatives
 - HB 3353 requires CCOs spend at least 3% of global budget on programs and services that improve health equity. Of this, $\frac{1}{3}$ should go to CICs.
- Grant community-led collaboratives resources to invest in health equity
 - (HEI) grants made available directly to CICs through a process managed by the state.
 - Invest in statewide health equity initiatives

Align with Tribal Partners' Priorities

Goal: Work with the nine federally recognized Tribes of Oregon, and the Urban Indian Health Program (UIHP) on achieving Tribal health care objectives while honoring traditional Tribal practices and upholding the government-to-government relationship between the sovereign nations and the state.

Strategies:

- Removing prior authorization requirements for American Indian/Alaska Native patients
- Extending of the current Uncompensated Care Program
- Converting the Special Diabetes Program for Indians (SDPI) to a Medicaid Benefit
- Reimbursement for tribal-based practices
- Payment for currently unreimbursed social determinants of health services

Legislative Committee Recommendation

Support: Generally supportive of goals and strategies laid out in this application.

Concern: Local public health authorities are not explicitly named as a partner.

- Crossover into public health work (population health, upstream metrics) when LPHAs and CBOs just received large PHM investments
- LPHAs are members of their communities, have valuable relationships and knowledge, and are trusted messengers.

Recommendation: That CCOs and the Oregon Health Authority work collaboratively with LPHAs and align efforts when implementing these strategies

- Include LPHAs on the Community Investment Collaboratives to align efforts for investing in health equity
- While restructuring the Health Equity Quality Metrics Committee, add a seat for an LPHA representative