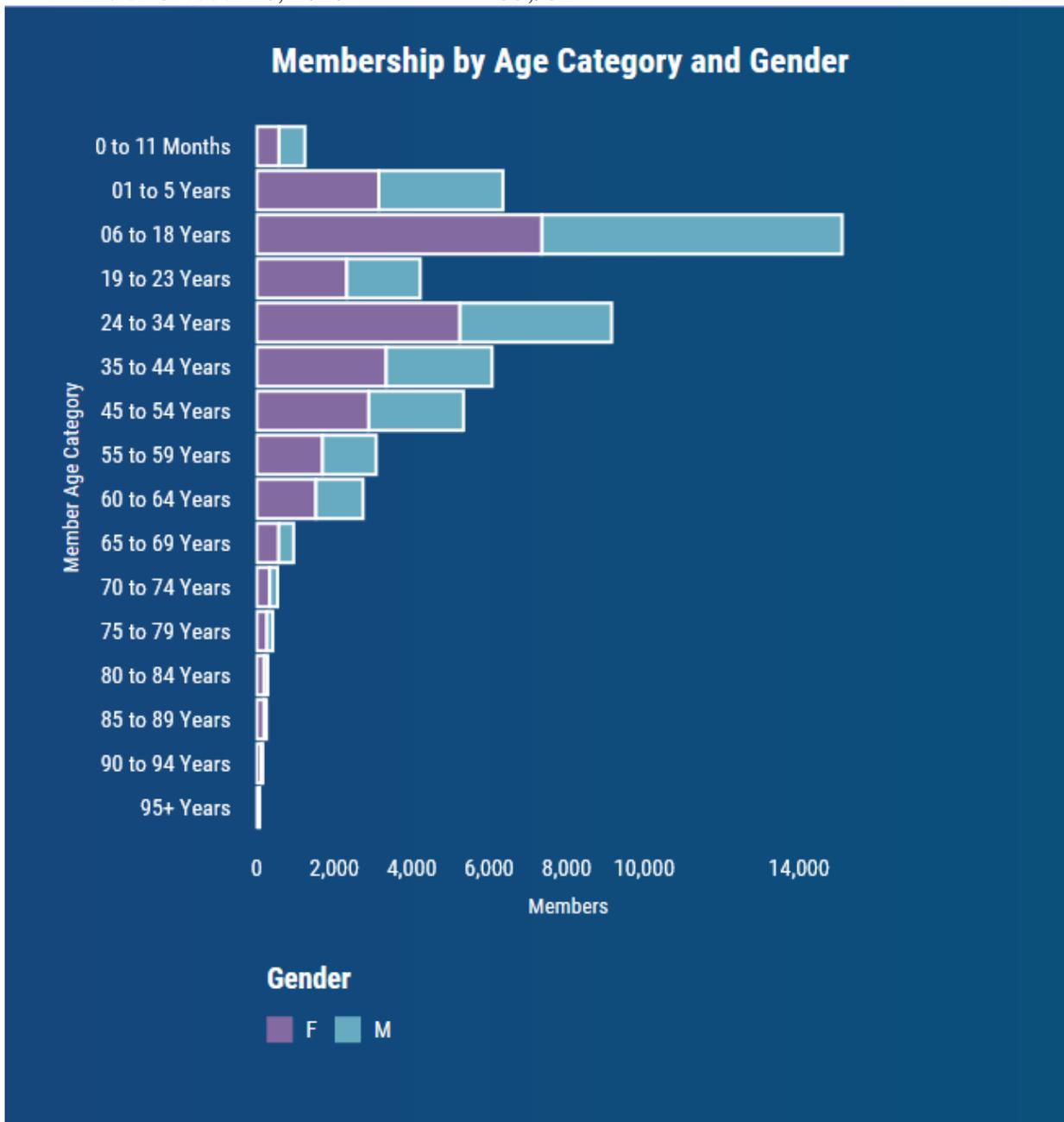


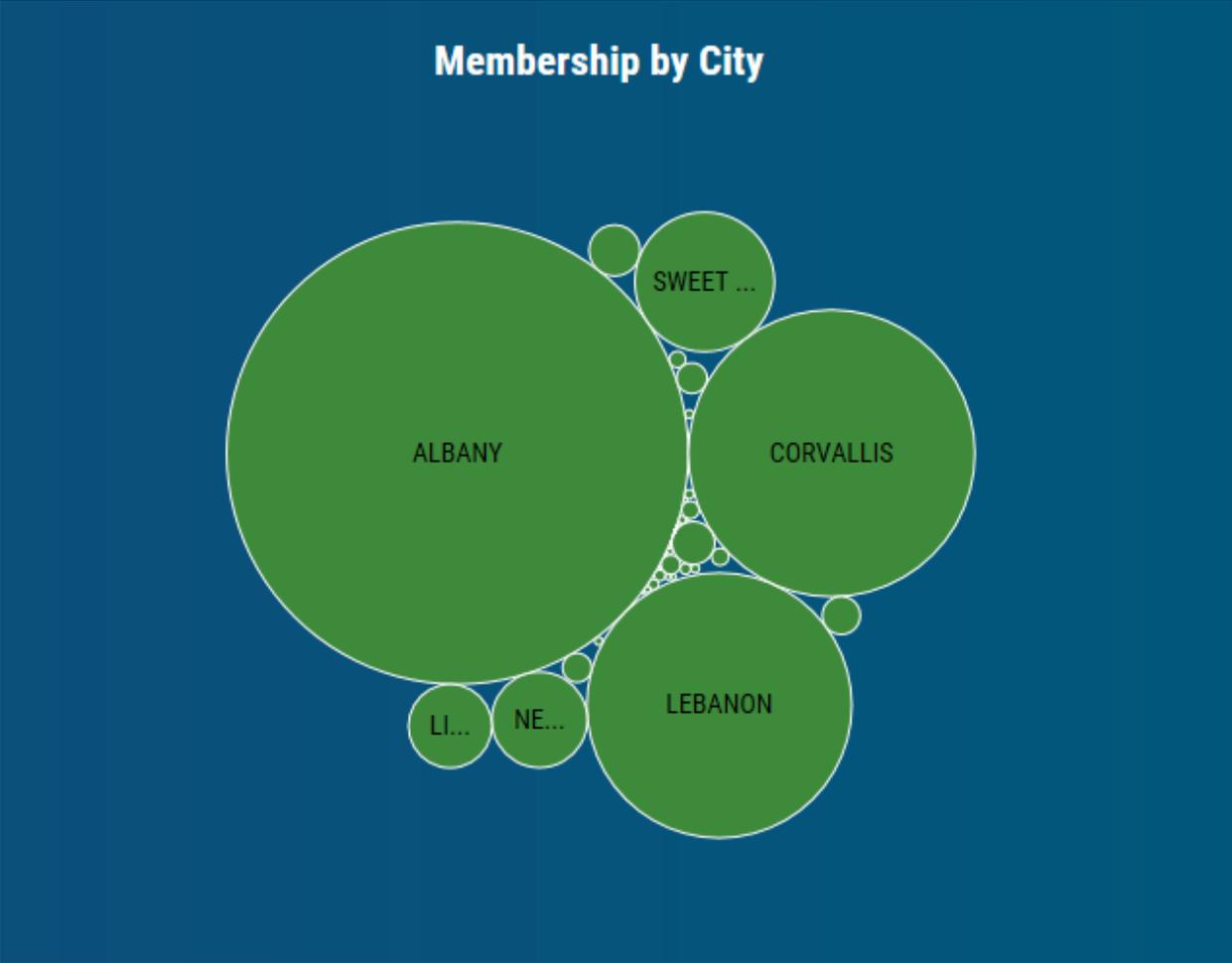
IHN-CCO  
Operations Report  
November 2018

**IHN-CCO Total Enrollment**

As of October 26, 2018

55,952





**Highlights**

**Health Policy Board to finalize CCO 2.0 plan in October**

The Oregon Health Policy Board (OHPB) will receive the final policy recommendations for CCO 2.0 at its meeting on October 15. The proposals will define the requirements OHA includes in the next contracts it issues to coordinated care organizations (CCOs), beginning in 2020. OHA will issue a request for proposals in early 2019.

The health policy board reviewed a draft CCO 2.0 policy report at its September meeting. The draft report describes how CCO 2.0 would advance health transformation and tackle Oregon’s biggest health problems through 4 major priorities:

1. Improve behavioral health and streamline access to care for consumers by a) improving gaps in care between doctors and behavioral health providers, b) making CCOs more accountable for behavioral health benefits and c) expanding and diversifying networks of care in underserved areas.
2. Address social factors that affect health and reduce health disparities by giving CCOs more financial incentives to target upstream problems (such as poor housing, food insecurity and lack of transportation) that contribute to poor health. Encourage CCOs to improve coordination with local public health departments and non-profit partners.
3. Increase value and pay for performance by setting statewide and CCO targets for provider payments that are based on outcomes, not volume. Increase the amount of value-

based payments across state-managed public employee and educator health plans, as well as commercial plans.

4. Maintain sustainable cost growth and encourage financial transparency by rewarding efficient care delivery, high-value clinical care and cost reduction.

The October OHPB meeting will conclude a two-year public engagement process that shaped the next stage in the evolution of Oregon’s innovative coordinated care system, and the terms of the next five-year CCO contracts. Throughout the process, the policy board and OHA leaders have heard from hundreds of people across Oregon, including OHP members. You can review CCO 2.0 proposals and public input and provide additional comments prior to the deadline at the CCO 2.0 web page.

### **CCOs will be selected through a request for application (RFA) process**

Only current CCOs and companies with an existing Oregon “footprint” can apply. New applicants can apply for designated regions. Returning applicants can apply for designated regions or their current footprint.

October 2018: RFA development begins. OHA will develop legislative concepts, amend rules, develop rates, and hold pre-RFA release conferences.

January 2019: RFA released.

February 2019: Letters of intent due.

April to June 2019: Evaluation, CCO selection, and negotiations.

June 2019: Award CCO contracts.

September to December 2019: Readiness review.

January 2020: New CCO contracts implemented.

### **Most OHP members satisfied with care**

Members of the Oregon Health Plan (OHP) are highly satisfied with the care they receive and trust the state’s Medicaid program for information about their health, according to a new survey conducted by the public opinion research firm DHM Research.

Members also expressed strong support for policy changes the Oregon Health Authority (OHA) is considering for CCO 2.0.

However, proposals that could limit the number of providers who see OHP members were less popular.

The survey was based on telephone interviews with 401 OHP members that were conducted Aug. 22-27. Interviewers spoke to OHP members whose primary languages were English, Spanish, Russian and Vietnamese. The survey has a margin of error of plus/minus 4.9 percent.

According to the DHM survey results:

Satisfaction with OHP: 90 percent of Oregon Health Plan members were satisfied with OHP and the care they receive through the plan. (Sixty-three percent were very satisfied.)

Satisfaction with CCOs: 78 percent of OHP members who were familiar with coordinated care organizations were satisfied with CCOs. (Fifty-five percent were very satisfied.) However, 35 percent of OHP members were unfamiliar with CCOs.

Ways to improve care: When asked what they would change, one-third of OHP members would not change OHP. However, for those who offered responses, the top changes were: expand coverage (23 percent), reduce wait times for care and customer service (12 percent) and improve access to and choice of providers (10 percent).

### **Task force to evaluate additional information regarding chronic pain, opioids**

The Chronic Pain Task Force met Sept. 20 and received a briefing on the public comments received so far on its proposal to expand non-pharmacological treatment for certain chronic pain

diagnoses, while limiting long-term opioid therapy. The task force also received additional in-person testimony.

In response to the concerns heard from patients and providers OHA:

- Amended the makeup of the Chronic Pain Task Force to strengthen its expertise;
- Solicited expert testimony;
- Requested an updated evidence review on opioid tapering by Oregon Health & Sciences University; and
- Will request input from CCOs through a survey.

In December the task force will have the opportunity to receive and consider these new pieces of information and how they may affect their recommendation to the Health Evidence Review Commission.

For more information, please contact the HERC staff at [HERC.info@state.or.us](mailto:HERC.info@state.or.us).

### **OHA, DHS, CCOs gearing up to enroll dual-eligible populations**

As required by Oregon's 1115 Medicaid Demonstration, OHA will begin automatically enrolling individuals who have both Medicare and Medicaid (duals) into coordinated care organizations. Historically, this population has been an opt-in population for enrollment into physical health care with a CCO, although they may already be automatically enrolled in a CCO for behavioral and oral health.

The regional roll-out begins in January 2019 with the first pilot in Eastern Oregon and the Columbia Gorge. The pilot region includes Baker, Gilliam, Grant, Harney, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wasco, Wallowa, and Wheeler counties; these areas are served by Eastern Oregon CCO and PacificSource, Gorge.

OHA and the Department of Human Services (DHS) are working together with CCO partners to make sure this process goes smoothly. During September OHA/DHS Central Office and CCO partners met with each of the Aging and People with Disabilities (APD) district offices whose regions will be part of the January 2019 pilot. The purpose of these meetings was to connect the APD districts and their CCO partners, so they can begin building a collaborative relationship and to make sure the APD districts' staff are ready to help members through this transition. During each session, staff reviewed choice counseling training and resources, both duals-specific and general, member notifications, and the duals automated enrollment calendar and regional roll-out plan. Field offices and CCO representatives had an open dialogue regarding this transition and the duals population.

### **Health-Related Services FAQ now available**

OHA has released a new document providing answers to frequently asked questions (FAQ) about health-related services (HRS). The FAQ answers 19 questions about topics such as criteria, evidence, impact on rates, use for housing-related services and reporting requirements. The FAQ will be updated, and notification sent, as additional questions arise and are addressed. Please send any questions about the current answers in the FAQ or new questions to [Health.Related.Services@dhsoha.state.or.us](mailto:Health.Related.Services@dhsoha.state.or.us).

### **Immigration, privacy training available online**

The DHS Community Partner Outreach Program team hosted a statewide training on immigration and privacy, as they relate to the state's health programs, including SB 558 (Cover All Kids). More than 160 partners from the state tuned in. Subject matter experts from DHS and OHA, and state and national experts including Beth Englander of the Oregon Law Center, Elena CaJacob of Causa Oregon and Gabrielle Lessard of the National Immigration Law Center presented the training. The training was recorded and can be accessed on the DHS training

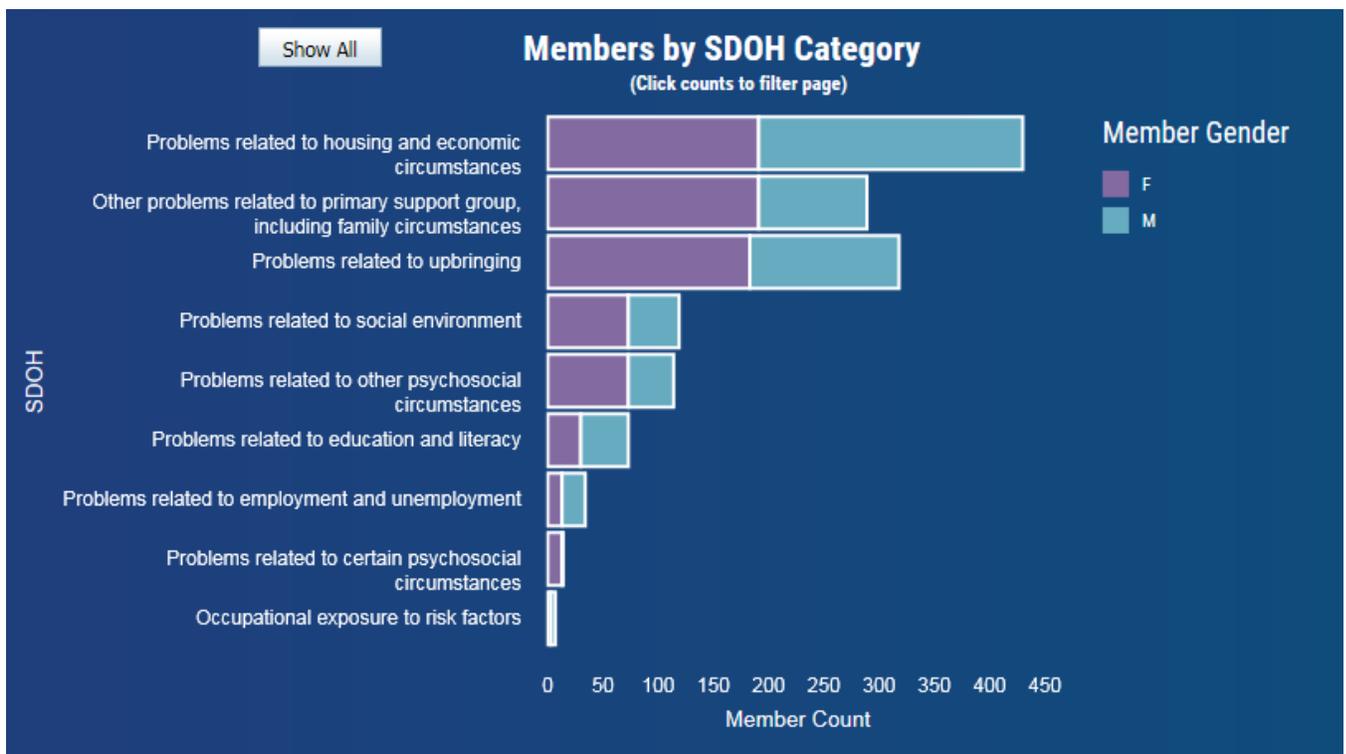
YouTube channel.

### Rate Setting

OHA released the final 2019 rates. IHN's rate did not change from the prior version (still down by 1.5% from 2018). The 2019 Quality pool was adjusted down by 18%, moving from a factor of 4.25% of premium to 3.5%. We estimate this will change the pool from \$12.5M to \$10.3M.

High Dollar Cases: IHN-CCO has 0 cases over \$300,000 as of October 2018

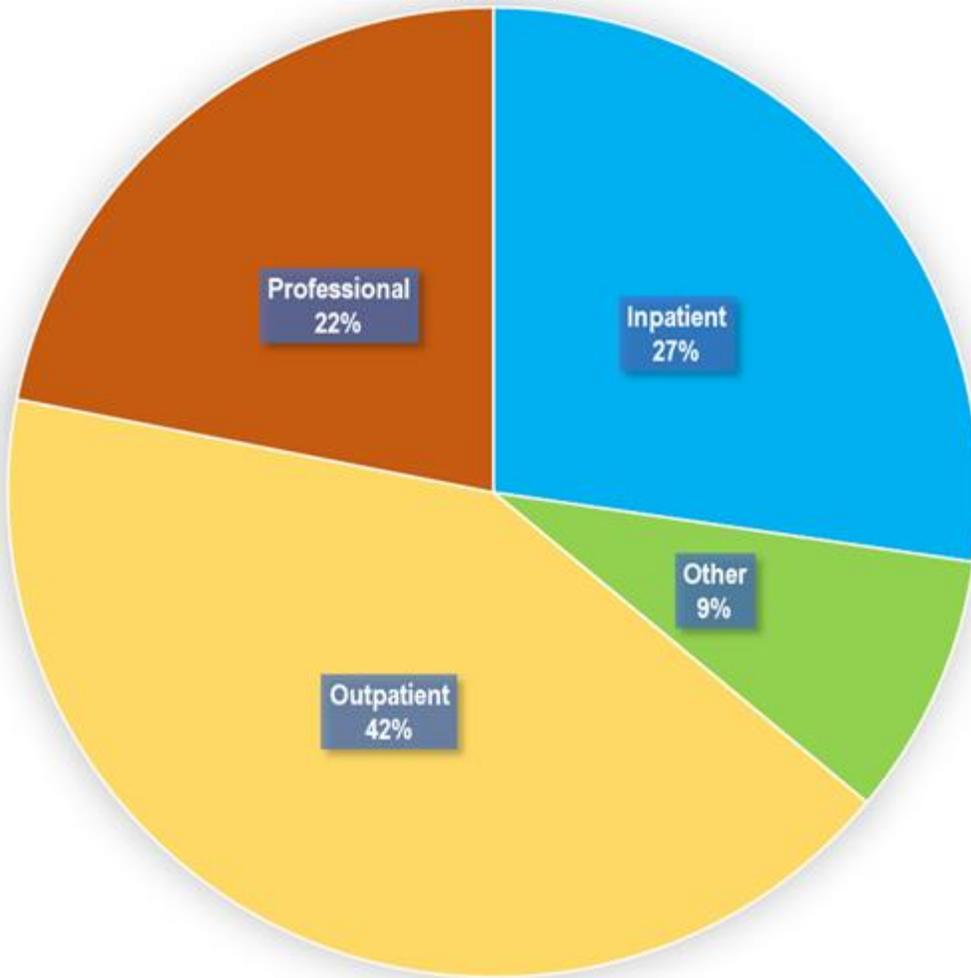
IHNCCO has begun to see SDOH (Social Determinant of Health) data in the claims it receives from providers. Here is a view of the data:



### **Transformation**

The Delivery Systems Transformation committee completed its 2018 RFP process and selected the following pilots for approval. These were then subsequently approved by the Regional Planning Council on 9/20/2018.

2018 YTD - Allowed Amount Percentage by Care Setting (As Of 10/21/2018)



2018 YTD - Allowed Amount Percentage by Physical & Mental Health - All Care Settings (As Of 10/21/2018)

