

Transforming the Oregon Health Plan Through Coordinated Care And Shared Accountability For Long Term Care

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What we will cover

- OHP Health System Transformation: Moving forward
- Coordinated Care Organizations: Basics
- Timeline
- Shared Accountability for Long Term Care – The role of the local office

CCOs moving forward

- “Request of Application” available for potential Coordinated Care Organizations.
- On April 30, OHA received the first wave of technical applications from potential CCOs.
- New CCOs certified May 28
- First CCOs will be up and running in August

CCO Applications Received

CCO Applicant Name	Proposed Service Area by County
Mid Rogue Independent Physician Association, Inc., abn AllCare Health Plan, Inc.	Curry, Josephine, Jackson, Douglas (partial)
Cascade Health Alliance, LLC	Klamath (partial)
Columbia Pacific CCO, LLC	Clatsop, Columbia, Coos (partial), Douglas (partial), Hood River, Tillamook, Wasco
Eastern Oregon Coordinated Care Organization	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler (partial)
FamilyCare, Inc.	Clackamas, Marion (partial), Multnomah, Washington
Eastern Oregon Health Authority, Inc.	Umatilla, Morrow
Greater Oregon Behavioral Health, Inc., abn Greater Oregon Better Health Initiative	Klamath, Deschutes (partial)
Intercommunity Health Network Coordinated Care Organization	Benton, Lincoln, Linn
PacificSource Community Solutions, Inc.	Crook, Deschutes, Jefferson, Klamath (partial), Harney, Grant, Lake (partial), Wheeler (pending)

CCO Applications Received cont.

CCO Applicant Name	Proposed Service Area by County
Trillium Community Health Plan, Inc.	Lane
Tri-County Medicaid Collaborative	Clackamas, Multnomah, Washington
DCIPA, LLC, abn Umpqua Health Alliance	Douglas
Western Oregon Advanced Health, LLC	Curry, Coos, Douglas (partial)
Willamette Valley Community Health, LLC	Marion, Polk

Senate Bill 1580

Launched Coordinated Care Organizations

- Follow up to 2011's HB 3650
- Strong bi-partisan support
- A year of public input – more than 75 public meetings or tribal consultations
- Built on 1994's Oregon Health Plan that covers 600,000 Oregonians today

Partnering with Centers for Medicare and Medicaid Services

Governor Kitzhaber reached an agreement with the federal government that will help us reduce the growth of state and federal health care spending on Medicaid by \$11 billion over ten years. The agreement is for a five-year, \$1.9 billion demonstration project to transform how care is delivered through the Oregon health plan.

Dollar details – The agreement is for a federal front end investment into Oregon's health system transformation - \$1.9 billion over five years. These dollars are specific to support new models of care through Coordinated Care Organizations to improve health and lower cost for the long term.

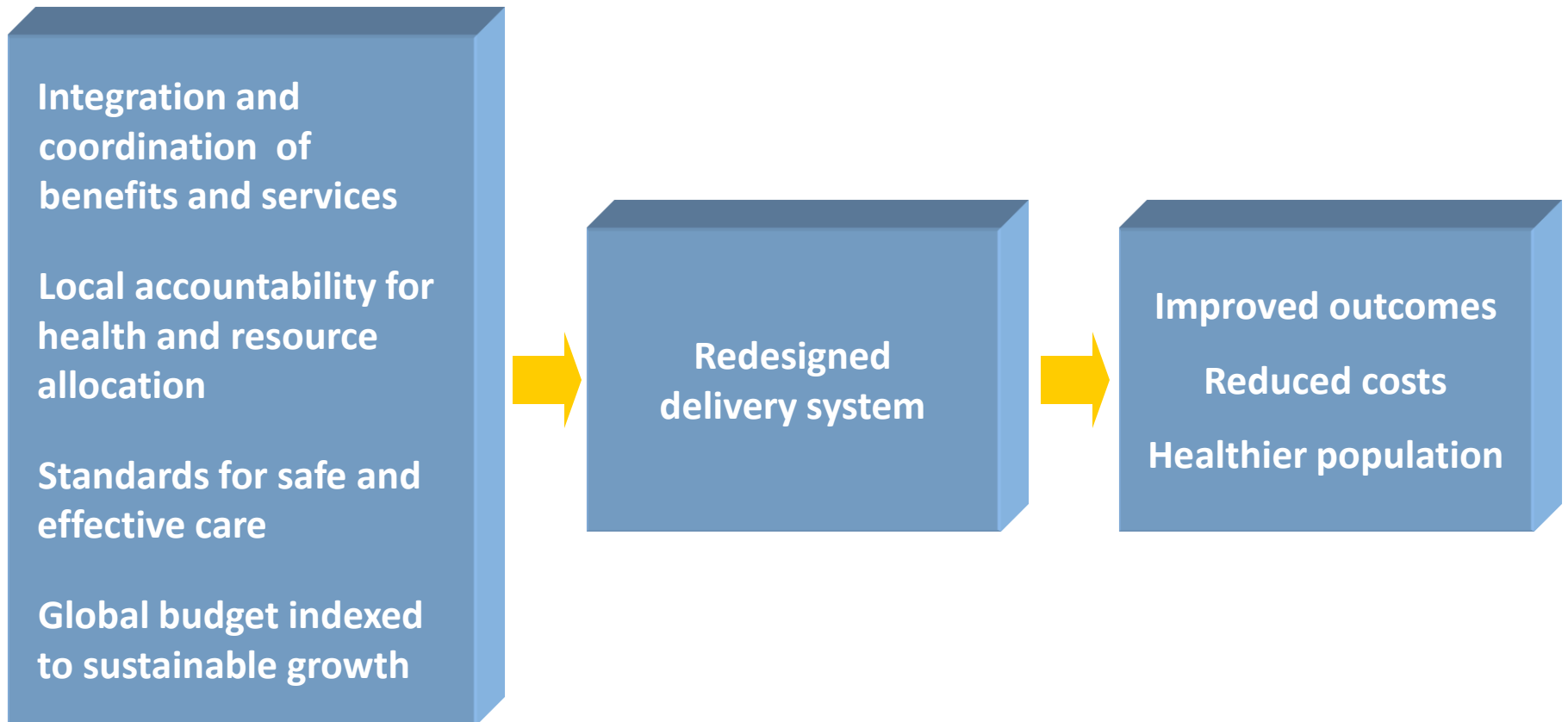
We can do better:
Coordinated Care

GOAL: Triple Aim

A new vision for a healthy Oregon

- 1 **Better health.**
- 2 **Better care.**
- 3 **Lower costs.**

Vision of Coordinated Care



Coordinated Care Organizations

Replace today's MCO/MHO/DCO system

Local health entities that deliver health care and coverage for people eligible for Medicaid (the Oregon Health Plan).

- ✓ Local control
- ✓ One point of accountability
- ✓ Global (single) budget
- ✓ Expected health outcomes
- ✓ Health Equity
- ✓ Integrate physical and behavioral health
- ✓ Community health workers
- ✓ Patient-centered primary care homes
- ✓ Focus on prevention
- ✓ Reduced administrative overhead
- ✓ Electronic health records

CMS Medicare/Medicaid Alignment Demonstration

- 3-year demonstration project in many states
- Oregon's way will be through CCOs
- Key features:
 - Align Medicaid and Medicare requirements
 - Passive enrollment of dually eligible individuals in CCOs (with opt out option)
 - Blended Medicare/Medicaid funding and flexibility around spending
 - Integrated Medicare/Medicaid benefits

Ted Hanberg, 83, was in and out of the hospital until a coordinated care team helped him get congestive heart failure under control

Since then he hasn't had a return to the hospital in six months and is living independently with his wife and daughter.



For Oregon Health Plan Members

- Nothing is changing today
- The first CCOs will be up and running in August 2012
- OHP Members will receive **at least** 30 days notice if care is moved to local CCOs
- Most OHP members will likely not see much change
- Members with chronic illnesses will have more support to help them manage their care
- CCOs are required to have a Community Advisory Council and public information sessions
- OHA staff are ready to help with any questions

What isn't changing

- Oregon Health Plan medical benefits, co-pays or premiums will not change. CCOs will administer OHP as part of their contracts.
- The Prioritized List of Oregon Health Plan Benefits will not change

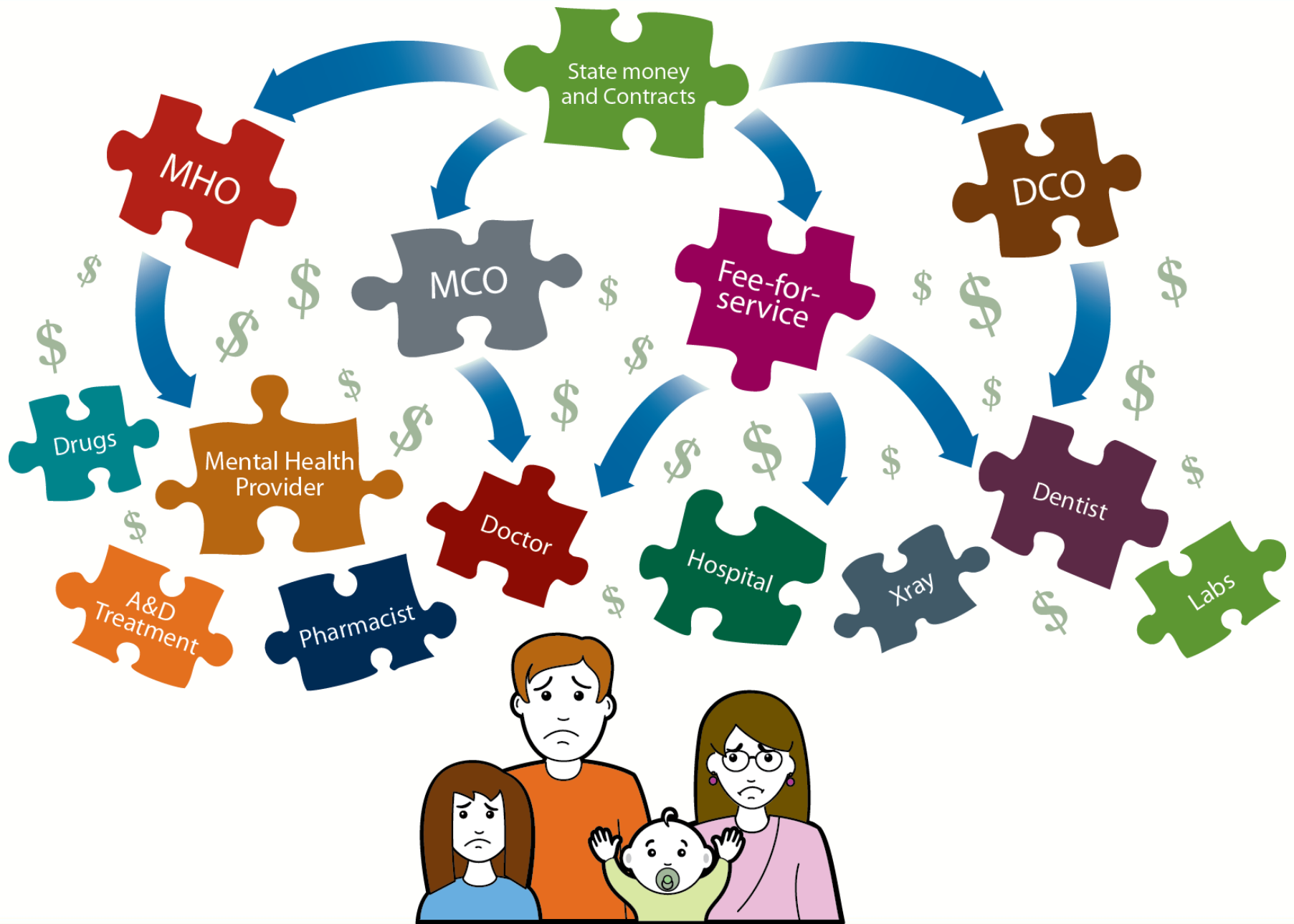
Next steps

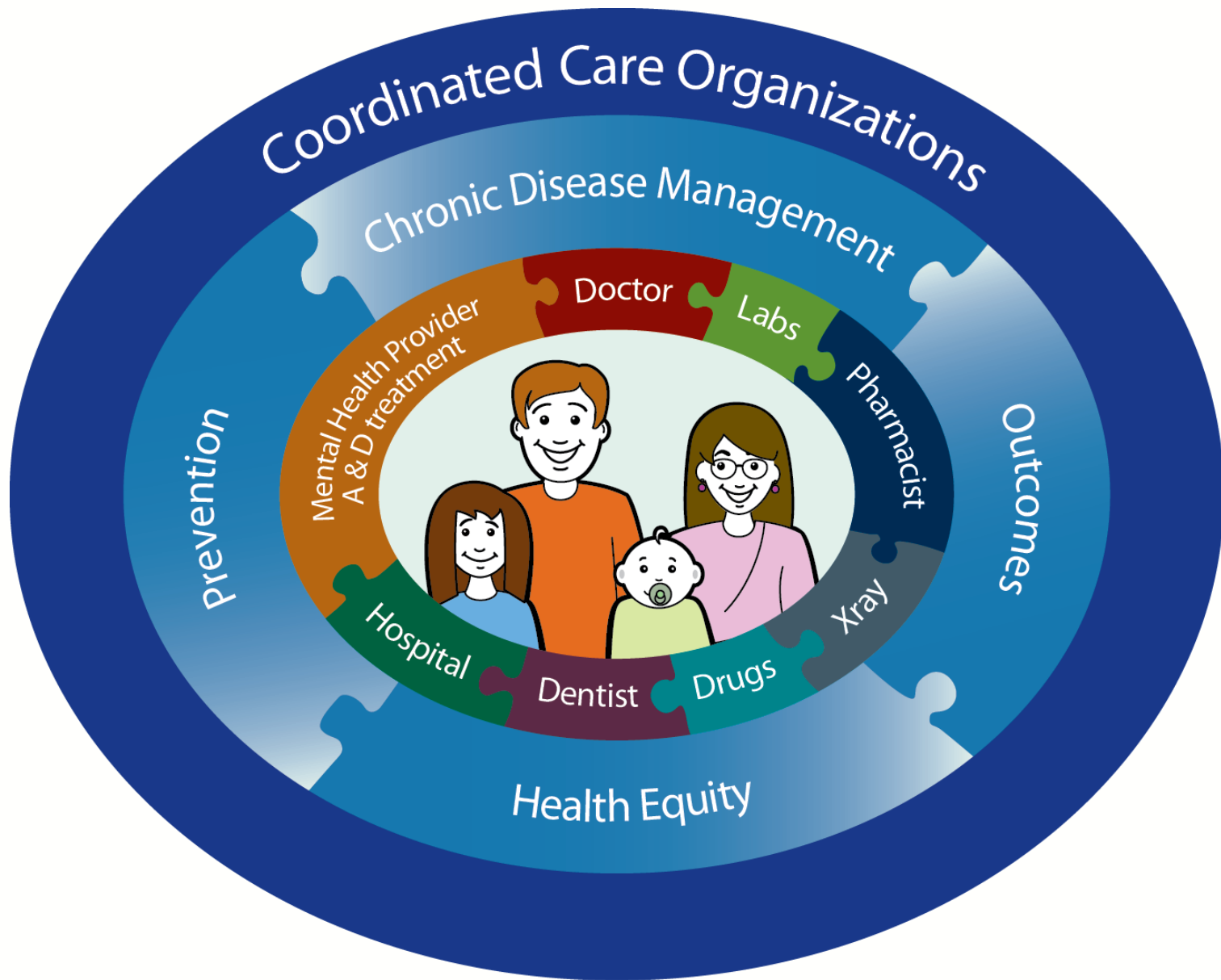
Timeline – CCOs

As of May 1, 2012

Financial Applications from CCO due (Wave one)	May 14
New CCOs Certified	May 28
Medicaid Contracts signed with new CCOs	By June 29
CCO-Medicaid Contracts to CMS	By July 3
Medicaid Contracts effective for new CCOs	August 1

In 2014 - CCOs will have the Medicare option for those individuals who are dually eligible





Shared Accountability – an overview

Preserving the goals of both systems

Oregon's Policy Goals for Health System Transformation:

- Promote the triple aim of better health, better health care, and lower costs

Oregon's Department of Human Services Policy Goals for Long Term Care Placement Decisions:

LTC placement decision should balance;

- The preferences and goals of the person
- The right of the person to live as independently as possible, in the least restrictive setting; and
- The cost of the living arrangement.

Memorandum of Understanding

- Required between all Coordinated Care Organizations (CCOs) and local AAA and APD local offices.
- A framework for shared accountability between the health system and the long term care system

MOU is one part of shared accountability...

The four strategies for shared accountability are:

1. The MOU outlining how the CCO and the local office will coordinate and communicate;
2. Requirements to coordinate;
3. Reporting key metrics; and
4. Shared financial accountability, including incentives or penalties related to performance on key metrics.

Shared Goals of MOUs

Discussion about shared goals may assist in creating strong MOUs. Shared goals may include:

- Creating better experiences for the consumer;
- Preventing or avoiding unnecessary costs;
- Providing better care and services;
- Reducing disparities based on race, ethnicity, or limited language proficiency;
- Creating better health outcomes;
- Lowering costs; and
- Pursuing innovative and transformational approaches to care.

MOU: Required Domains

All MOUs must address:

- Prioritization of high needs members;
- Development of individualized care plans;
- Transitional care plans;
- Member engagement and preferences; and
- Establishing member care teams.

Other, Voluntary Domains

- Use of best practices
- Use of health information technology
- Member access and provider responsibilities
- Outcome and quality measures
- Governance structure
- Learning collaboratives
- Role of primary care home
- Safeguards for members of a CCO

MOU Time Line

MOU guidance posted on line	Mid-April
Areas with CCO applicants identified; local offices begin process of MOU internally, with central office support	April
CCO and AAA/APD offices define process for completing MOU and meet as needed to complete process	May
MOUs due to DHS and OHA for review	June 15
APD/OHA review completed	June 30
MOU finalized	July 1
Monitoring and evaluation	Ongoing

Information resources:

www.health.oregon.gov

**[https://cco.health.oregon.gov/Pages/
Public-Presentations.aspx](https://cco.health.oregon.gov/Pages/Public-Presentations.aspx)**