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

May 8th, 2012

Presented by: Susan Otter and Bob Weir
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

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

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

Integration and coordination of benefits and services
Local accountability for health and resource allocation
Standards for safe and effective care
Global budget indexed to sustainable growth

Redesigned delivery system

Improved outcomes
Reduced costs
Healthier population
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**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Financial Applications from CCO due (Wave one)</td>
<td>May 14</td>
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<tr>
<td>New CCOs Certified</td>
<td>May 28</td>
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<tr>
<td>Medicaid Contracts signed with new CCOs</td>
<td>By June 29</td>
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<tr>
<td>CCO-Medicaid Contracts to CMS</td>
<td>By July 3</td>
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<tr>
<td>Medicaid Contracts effective for new CCOs</td>
<td>August 1</td>
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**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

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

www.health.oregon.gov

https://cco.health.oregon.gov/Pages/Public-Presentations.aspx