

OREGON MEDICAID FACTS

Who is covered in Oregon's Medicaid Program?

ELIGIBILITY GROUPS

FFS 1-3 MCO 4-6

Incarcerated**

Undocumented

Children (0-18 years)

Current & Former Foster Care Children

Caretaker Relatives

Pregnant Women

Aged, Blind, and **Disabled Adults**

Dual Eligibles

Disabled Children



Newly Eligible Adults



Alaskan Natives



Qualified Non-Citizens*



Intellectual and Developmental Disabilites

- children up to 19 years of age.

 ** Inpatient hospital services only.

 + Emergency Medicaid services only.

Important News

January 2017 - After 3 years of transitioning the state's managed care organizations from carved-out services (dental, behavioral, physical) into one all-encompassing system, Coordinated Care Organizations, Oregon has saved \$900 million.⁷

March 2017 - Harvard researchers followed the health quality of 10,000 Oregon residents who were randomly chosen to receive Medicaid in 2008. They concluded that Medicaid coverage led to a decrease in depression, improvement in their health.8

January 2018 - Oregon held a vote to decide whether or not to continue a temporary "provider tax" on insurers, hospitals, and managed care organizations to fund the portion of the Medicaid expansion population that Oregon is over the next two years for the program.9



Do Medicaid health plans provide coverage?*10





- AllCare Health Plan
- Columbia Pacific CCO, LLC
- Eastern Oregon CCO, LLC
- FamilyCare CCO
- Health Share of Oregon
- Jackson Care Connect
- Cascade Health Alliance
- PacificSource Community Solutions - Columbia Gorge
- PrimaryHealth Josephine County CCO
- Trillium Community Health Plan
- Umpqua Health Alliance, DCIPA
- Western Oregon Advanced Health • Willamette Valley Community Health
- Yamhill Community Care
- Intercommunity Health Network
- PacificSource Community Solutions-Central Oregon

*State-defined Coordinated Care Organizations (CCOs).

How has Oregon's Medicaid program engaged in Managed Care? SECTION 1115 WAIVERS1

The Oregon Health Plan was created to integrate managed care into Oregon's Medicaid program and expand eligibility to higher income levels and additional populations. It provides coordinated care for the majority of Oregon's Medicaid population and emphasizes the need for value-based models.



APPROVAL: 2/1/1994

EFFECTIVE: 2/1/1994

EXPIRATION: 6/30/2022

Oregon Contraceptive Care was created to provide family planning services to men and women of childbearing age up to 250% of the federal poverty level (FPL) who are otherwise ineligible for Medicaid, are uninsured, or are underinsured.



APPROVAL: 10/14/1998

EFFECTIVE: 1/1/1999

EXPIRATION: 12/31/2021





OREGON MEDICAID FACTS

How is Oregon meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Oregon developed a patient-centered primary care home (PCPCH); providing high-quality, patient-centered care and fostering strong relationships with patients and their families to better treat the whole person.¹²

Oregon's health homes serve Medicaid enrollees with serious mental illness, two chronic conditions, or one chronic condition and at-risk of developing a second. Oregon expanded the health home definition of "chronic disease" from Section 2703 of the Affordable Care Act to include Hepatitis C, HIV/AIDS, chronic kidney disease, and cancer. 12

Oregon began experimenting with Accountable Care Organizations (ACOs) in 2013 after establishing the Coordinated Care Organization. The ACO is working to contain costs through improvements in health care delivery and realignment of financial incentives.13



Family Planning

Covered family planning services for men and women

- Annual exams
- Laboratory tests
- Radiology services
- Medical and surgical procedures, including tubal ligations
- All FDA-approved contraceptive methods and supplies
- Emergency contraception (EC)

Oregon ContraceptiveCare (CCare) only covers services related to pregnancy prevention, including:11

- FDA-approved methods of contraception
- Laboratory tests done during an initial family planning visit for contraception, including Pap smears, screening tests for STIs/STDs, blood count, and pregnancy tests
- Drugs, supplies, or devices related to women's health services described above
- and counseling
- Vasectomies for men 21 years of age and older

Women's Health

- Women's annual exams

ScreenWise breast and cervical cancer (BCC) screening services provides low-income and medically needy women with access to breast and cervical cancer screening services. To be eligible, women must have an income at or below 250% of the federal poverty level (FPL) and not have current insurance that covers screening services. However, patients of the program self-declare their eligibility without a requirement to prove eligibility. The same eligibility can be applied to ScreenWise cardiovascular services, as long as the patient is between 40 and 64 years old. 17

The maternity case management (MCM) program aims to lower risks for women and their babies by ensuring access to prenatal care by a health care provider such as a doctor, nurse practitioner, or midwife. Covered services include:¹⁸

- Educational training specific to eight pregnancy and delivery-related topics: 18
- Alcohol, tobacco, and other drug exposure
- Maternal/fetal HIV (human immunodeficiency virus) and Hepatitis B transmission
- Breastfeeding promotion
- Nutrition, healthy weight, and physical activity

- Provide education, counseling, and referrals as needed
 Goal setting for making healthy lifestyle choices and fostering personal growth
 Identify pregnancy problems or illnesses that clients may have had in the past and might

- The "5 As" are brief interventions to help pregnant women quit using tobacco Pregnant women are eligible for MCM services if they have identifiable risk factors such as using alcohol, tobacco, or other drugs

The nurse-family partnership (NFP) links women with registered nurses early during pregnancy and



- Perinatal mood disorders - Intimate partner violence (IPV)





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Mental Health and Substance Use Disorder 15

Mental health care services covered by OHP include:

- Care coordination
- Emergency services
- Evaluations and consultations
- Hospital stays
- Medication management
- Medication
- Residential treatment

The program **Choice Model** is intended to provide adults with mental illness with more holistic treatment options and supporting options to keep individuals in their communities while receiving care; as opposed to being institutionalized.

Substance use disorder can be treated by these drugs without a referral:15

- Methadone
- Buprenorphine
- Vivitrol
- Other medications that allow you to stop using alcohol or

Substance use disorder services include:

- Screening, assessment, and physical examination (including urine tests)
- Detoxification
- Individual, group, and family/couple counseling
- 24-hour care facilities

Oral Health 15

Dental care services include:

- 24-hour emergency care
- Crowns:
 - Stainless steel on back teeth for adults 21 years
 - younger and pregnant women
- Preventive services:

 - Sealants for children only
- Root canals on back teeth for members age 20 and younger and pregnant women
- - Check-ups

 - X-rays Tooth removal
- Specialist care









Timeline



