

Oregon's Counties & Coordinated Care Organizations

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What we'll talk about today

- Timelines for Coordinated Care
- Basics of Coordinated Care Organizations
- How CCOs & Counties work together
 - Mental Health
 - Public Health
- The Global Budget – What is included and what isn't
- Q & A

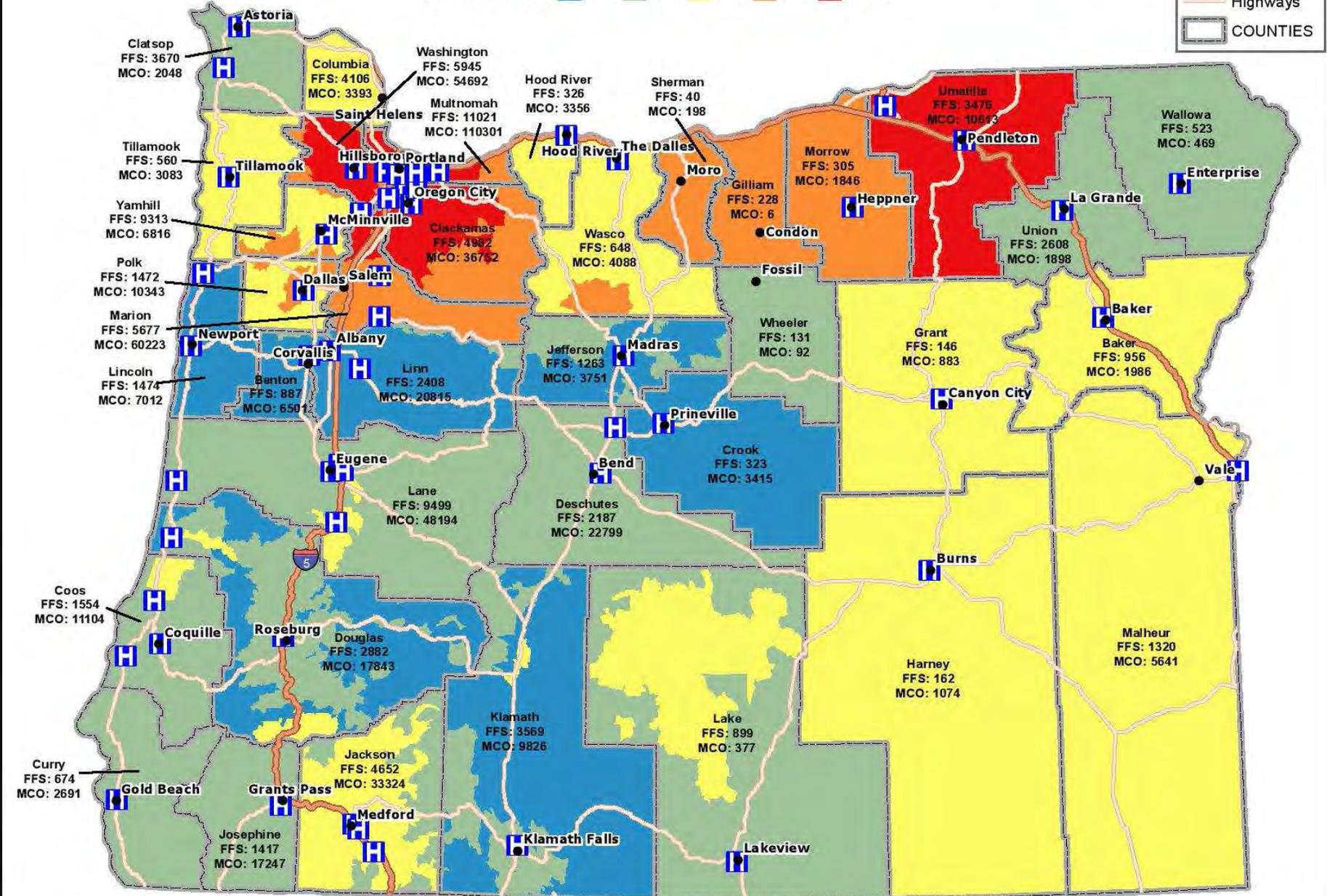
Timeline to August 1, 2012

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|---|------------|
| Technical Applications from CCOs due (Wave one) | April 30 |
| 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 |

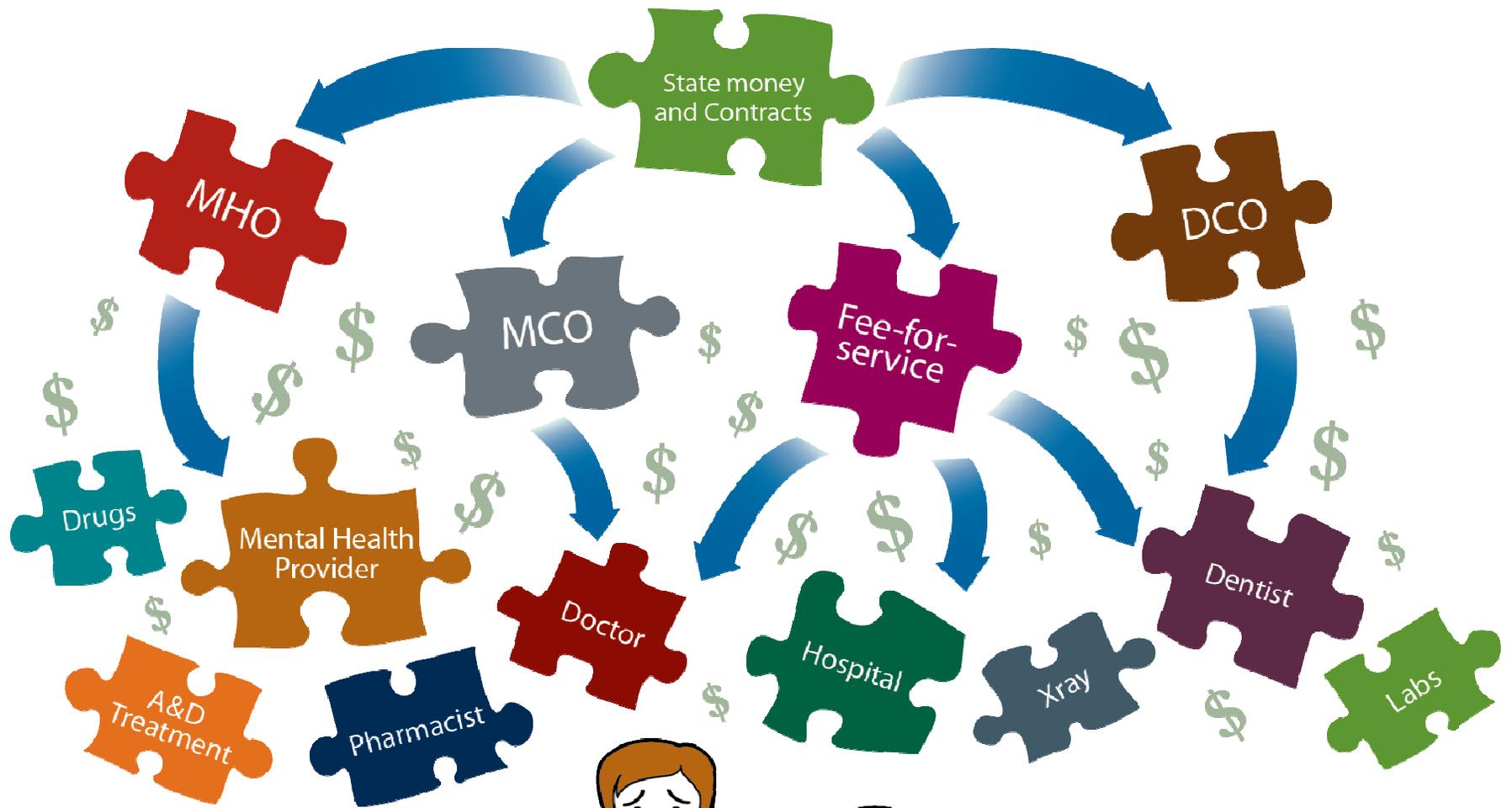
Coordinated Care Organizations Letter of Intent Density with OHP Total Client Counts by County

LOI DENSITY 2-3 4-5 6-7 8-9 10-12

- County Seat
- HOSPITALS
- Interstates
- Highways
- COUNTIES



Number of Clients on the Oregon Health Plan by County, 15 February 2012; Data extracted from the DMAP MMIS/DSS Warehouse 3/5/2012 9:23:47 AM



High cost of today's system

- Cost to health
 - Untreated mental and behavioral health conditions are associated with poor physical health outcomes
 - Leading causes of death, disease and injury (tobacco, obesity and overweight, suicide, cancer, heart disease) in Oregon are all highly preventable
 - Uncoordinated approach that create barriers to managing care for chronic conditions
- Cost to clients
 - Lost wages and lost time caring for others
 - Years of life lost
- Cost to state and counties
 - Leading health care cost drivers are preventable or screen-able conditions
 - Most ER or acute care can be prevented with access to primary care
 - Unnecessary administrative costs in health care system

Triple Aim: A new vision for Oregon

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

Better health = lower costs

Savings from better health would reduce projected costs by **\$1 billion in three years** and more than **\$3 billion in five years**.

Source: Health Management Associates

Elements of Coordinated Care Organizations

Benefits and services are integrated and coordinated

One global budget that grows at a fixed rate

Local flexibility

Local accountability for health and budget

Metrics: standards for safe and effective care

Definition: Coordinated Care Organizations

A local network of all types of health care providers working together to deliver care for Oregon Health Plan clients.

Care is coordinated at every point – from where services are delivered to how the bills are paid.

Benefits & services are integrated and coordinated

- Physical health, behavioral health, dental health
- Focus on chronic disease prevention and management
- Focus on primary care
- Get better outcomes:
 - Health equity
 - Prevention
- Community health workers/non-traditional health workers
- Electronic health records

What OHP Providers should know

Providers will contract directly with CCOs

Fee-for-service will be phased into CCOs

OHP medical benefits are not changing

Metric will be phased in

What OHP clients should know

Nothing is
changing today

Oregon Health
Plan medical
benefits are **not**
changing

Most clients won't
see much change

Exception: better
managed care for
chronic illness

Clients will receive
at least 30 days
notice prior to any
changes

Legislation is clear: Counties are at the table

HB 3650 requires:

- Written agreements w/ CCOs unless county opts out
 - Includes agreed upon outcomes
 - Maintains mental health safety net
 - Lays out management of mental health crisis system
 - Maintains care coordination of residential services

Global budget – Medicaid only

- Current system
 - Managed Care Organizations/Mental Health Organizations/Dental Care Organizations/ Fee for Service
 - Payments based on actions
 - No incentives for health outcomes
- CCO Global Budget
 - One budget
 - Accountable to health outcomes/metrics
 - Local vision, shared accountability, shared savings
 - Flexibility to pay for the things that keep people healthy

Legislative intent for CCO global budget

- Cover broadest range of funded services for most beneficiaries possible
- CCOs to fully integrate and coordinate services and achieve economies of scale and scope
- Allow maximum local flexibility to invest in care that may decrease costs and achieve better and more equitable outcomes

Things are changing for counties with Medicaid/OHP

- Funding for mental health and addiction services will be different.
- CCOs will assume the direct authority to administer Oregon Health Plan funds for mental health and addiction services.
 - It's up to the CCOs and counties to establish the relationship, if any, for providing Medicaid mental health and addiction services
- Counties will continue to directly administer state-contracted funds and county general funds

Global budget: What is included and what isn't

| | |
|--|--|
| Will be in Global Budget beginning 2012 | <ul style="list-style-type: none"> • Physical health services provided through OHP fully capitated health plans • Mental health services provided through MHOs • Adult mental health coordination portion of AMHI |
| Optional services in 2012 | <ul style="list-style-type: none"> • Those provided through managed dental care organizations • Adult and youth residential chemical dependency |
| Services that can be included by agreement | <ul style="list-style-type: none"> • All Medicaid target case management that use local matching funds. Counties and CCOs must work out funding and service relationships • CAWEM prenatal |
| Not included initially but will be in future (not before 2013) | <ul style="list-style-type: none"> • Non-emergent transportation • Nurse home visiting targeted case management • HIV/AIDS targeted case management |
| Not included | <ul style="list-style-type: none"> • Non-Medicaid services • Mental health drugs • Long-term care • Tribal targeted case management • Categorical public health grant funds |

CCOs: governed locally

State law says governance must include:

- Major components of health care delivery system
- Entities or organizations that share in financial risk
- At least two health care providers in active practice
 - **Primary care** physician or nurse-practitioner
 - **Mental health or chemical dependency** treatment provider
- At least two community members
- At least one member of **Community Advisory Council**

Community Advisory Council

- Must include representative from each county government in service area
- Majority of members must be consumers
- Duties include Community Health Improvement Plan and reporting on progress
 - The intent is that the health improvement plan will serve multiple purposes and eliminate multiple community assessments: will serve as CCO plan, as hospital plan, and as public health plan needed for local accreditation

Input into CCO applications happens at the community level

- There will local public presentations from each CCO applicant
 - Check www.health.oregon.gov for information on presentations near you
- Applications may include local statements of support

OHA Coordinating and Streamlining

- Eliminating duplicative structures between physical and mental health divisions
- Eliminating duplicate review and approval processes
- Eliminating separate quality monitoring process and rules



For behavioral health and public health, CCOs bring the **opportunity** to help drive the change that is coming.

Opportunities – Behavioral Health

- Talk with forming CCOs. Be at the table.
- Put behavioral health front and center
 - SBIRT – **S**creening for **B**rief **I**ntervention and **R**eferral to **T**reatment
 - EASA – **E**arly **A**ssessment and **S**upport **A**lliance

Opportunities – Public Health

- Put prevention and community health promotion health front and center
 - Tobacco cessation
 - Obesity prevention
 - Stroke and heart disease prevention
 - Suicide prevention
 - Screenings for family violence
 - Family planning
- Use public health infrastructure to promote community health
 - Integrated approaches to health assessments and health improvement planning
 - Focus on health equity
 - Nurse or other home visiting
 - Build on programs like Women Infants and Children (WIC)

Questions we've been hearing from County Officials

How can counties get involved in selecting local CCO?
What if there is more than one CCO in each county? Do counties have to contract with each?

CCOs will work best if everyone is working together.

Protections in Statute and Request for Application put counties in the position to be part of the CCO if they want to be. Counties can work with any or all CCOs that cover their service area.

What if a CCO doesn't cover an entire county?

If a county operates a community mental health program and part of the county is not covered by a CCO, state would likely contract with the county for Medicaid services.

How will things be different for county budgets?

Counties providing Medicaid-funded mental health and addictions services would contract with CCOs, rather than MHOs.

Today funding for mental health services covered by OHP go to mental health organizations (MHOs). In addition, current funding for the adult mental health care coordination portion of AMHI will be routed through CCOs.

Local Public Health Authorities will still receive public health funding, with the option of collaborating with CCOs for certain preventive healthcare services paid for by public health.

How can local public health departments ensure that public health is part of the conversation?

Start talking with people. Prevention strategies and public health will be key to success for CCOs but there is no statutory guidelines on how those collaborations will work.

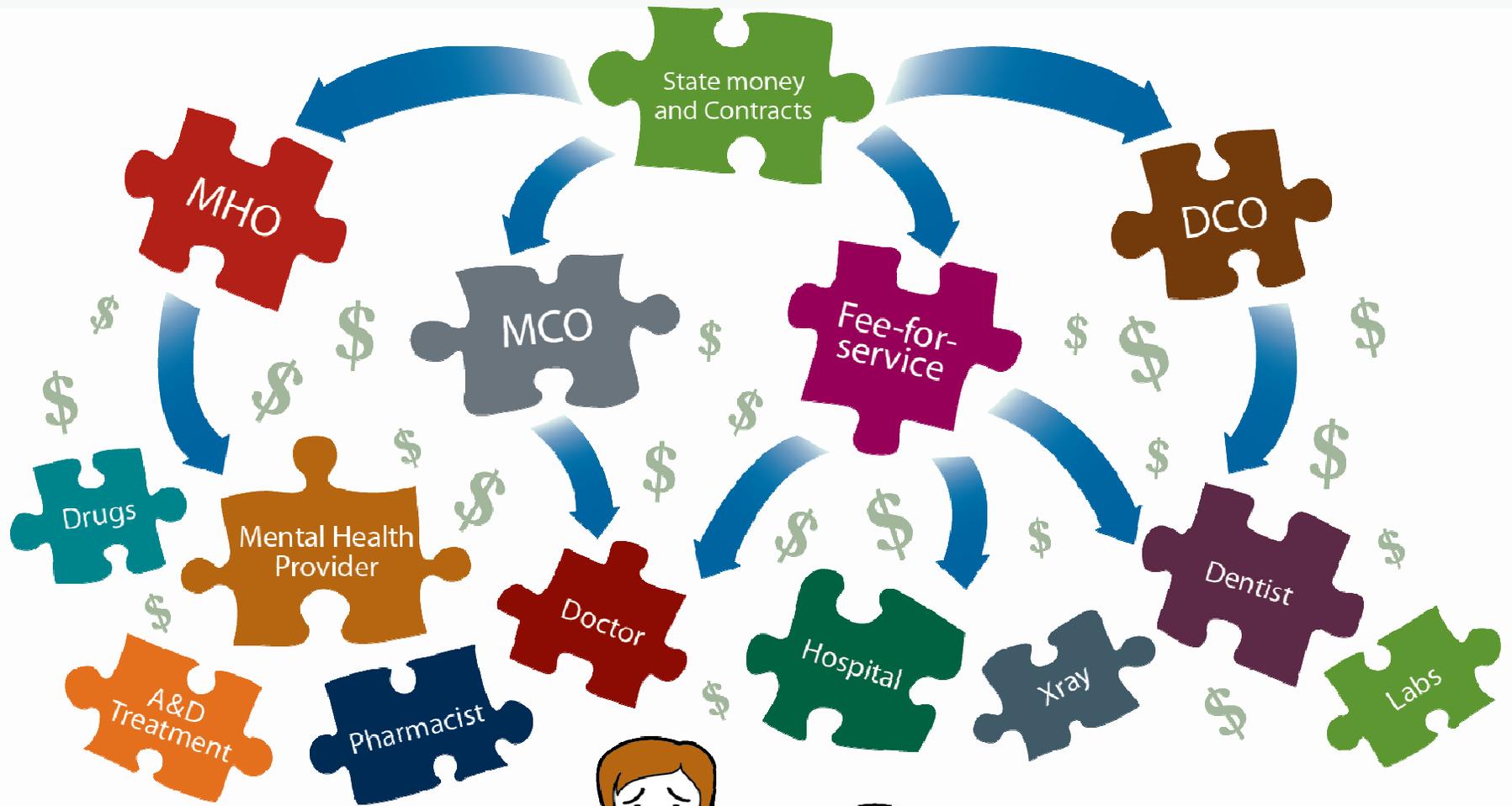
CCOs provide local health departments new opportunities to be integrated at the front end to bring better health to the community.

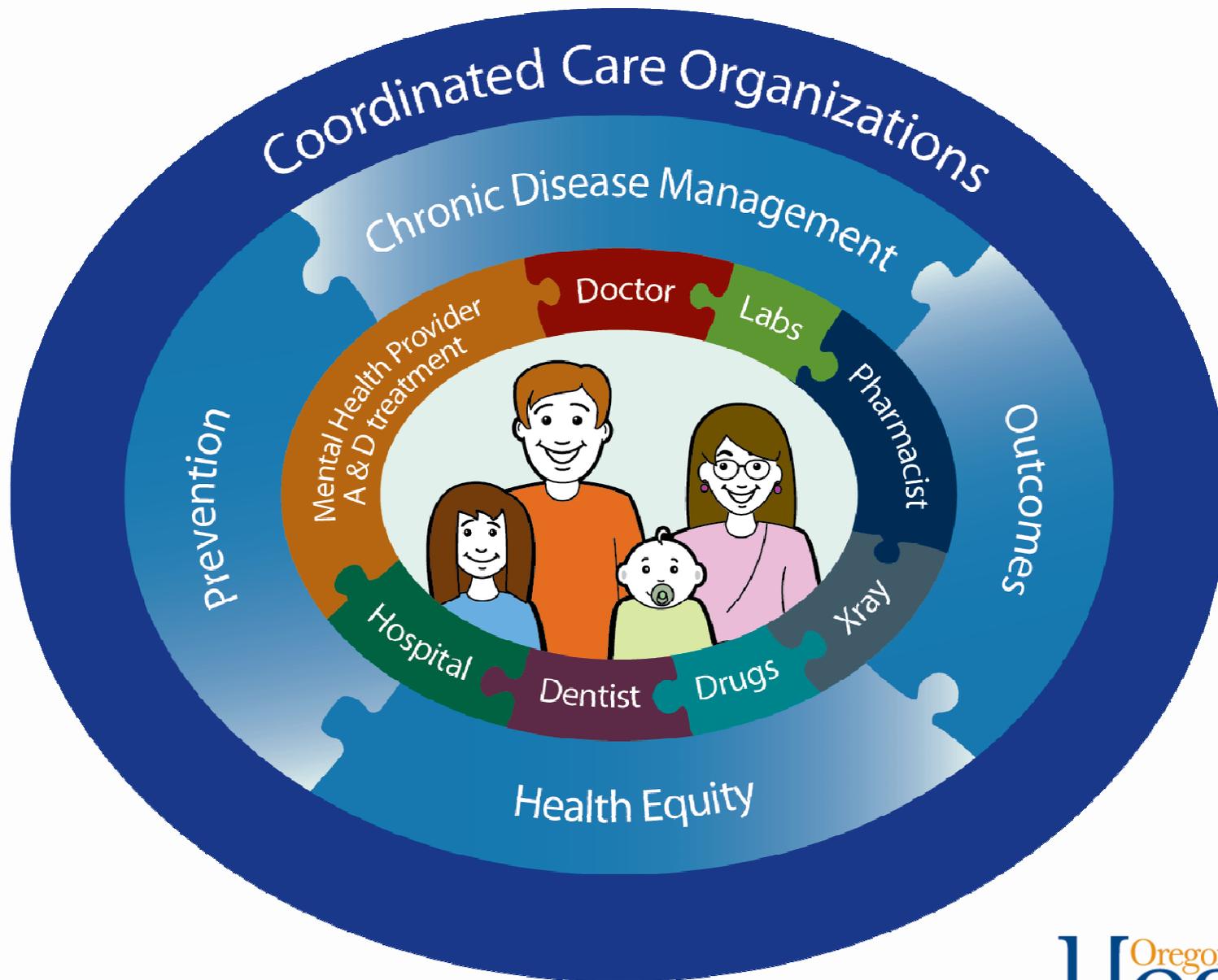
How can counties get involved?

Contact your local emerging CCO today.

You can find contact information at

www.health.oregon.gov





Further questions we don't get to today?

Please send questions about specific applications or procurement:
RFA.Formalquestions@state.or.us.

General questions about CCO, Global Budget:
cco.info@state.or.us