2013-15 Budget
&
Legislative Highlights

August 21, 2013

Bruce Goldberg, MD
OHA Director

OHA Budget 2013 - 2015

- Lowers cost of Oregon Health Plan
- Funds OHP to targeted and sustainable growth that meets agreement with CMS
- Eliminates a tax on insurance premiums
- Increases access to health care coverage to approximately 180,000 through Affordable Care Act
- Increases community mental health investments
- Increases investments in School Based Health Centers (SBHC)
- Invests Master Settlement Agreement funds in health care (OHP) and also in tobacco cessation and prevention

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Oregon Health Authority – Budget summary

- **$15.32B Total Funds**
  - $1.97B General Fund
  - $7.59B Federal Funds
  - $5.75B Other Funds
  - $10.54M Lottery Funds

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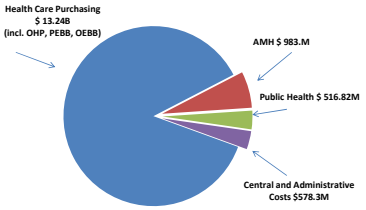
Total Funds by OHA Program



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Oregon Health Plan - $9.7 Billion

Funds OHP and lowers costs per agreement with CMS
- 4.4% increase in per capita expenses in year one
- 3.4% increase in per capita expenses in year two

Strategic investments
- $ 4.0M – GF loan repayment program
- $ 4.6M - G/F rural malpractice coverage
- $ 30M - GF Health System Transformation Fund
- $ 1.6M – GF for Medical Liability reform (SB 483)

More Oregonians receive health care coverage in Jan. 2014 –
ACA expansion health care costs are 100% federally funded in 2013 -15

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Addictions and Mental Health

43% increase in total funds

for Oregon's community mental health system

Community mental health Investments
- $ 21.80M – Children's mental health investment
- $ 46.27M – Community Mental Health Capacity
- $ 5.71M – Supported Employment, Supported Housing and Peer Delivered Services
- $ 7.60M – CMH Provider COLA
- $ 5.50M – Case Management- ACT (assertive community treatment)

Addictions and Treatment Investments
- Increases room and board rates for adolescent alcohol and drug residential treatment from $30 to $90 per day
- Funding "set aside" for potential rate increases in room and board for adult alcohol and drug residential treatment system

Comparison of Addictions and Mental Health Budget

	11 - 13 Biennium Total Funds	13 - 15 Biennium Total Funds	Change from 11-13 to 13-15	Percent Change
Community Mental Health	250,437,431	358,063,836	107,626,405	43%
Alcohol and Drug	84,920,585	87,729,690	2,809,105	3%
Institutions (including SDSRTF)	382,679,263	383,751,056	1,071,793	0%
Block Grant to Counties	7,031,218	7,031,218	0	0%
Gambling	7,619,144	7,862,185	243,041	3%
Program Support & Admin.	41,020,569	38,361,137	(2,659,432)	-6%
Totals	773,708,210	882,799,122	109,090,912	14%

Both biennium are net of transfer to DMAP & DSHP limitation

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Addictions and Mental Health, continued

Oregon State Hospital (OSH)

- Closure of Blue Mountain Recovery Center by January 1, 2014 (60 beds)
- Closure of leased Portland campus of OSH in Spring 2015 (90 beds)
- Closure of one geriatric ward at the OSH in Salem (24 beds)
- Opening of the OSH Junction City Campus in Spring 2015 – (174 beds that replace closed beds)
- Continues reductions in non-direct care services that Oregon State Hospital implemented during 2011-13 biennium and enacts further cost-reduction measures

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Public Health - $516.82M

- $ 4M – Invests Master Settlement Agreement funding to tobacco cessation and prevention
- $ 4M - Increased funding for school-based health centers
- $ 100K – Increased funding for EMS- EMT program
- $300K – Additional funding for Farmer's Market (Senior & Direct)
- $ 179K – Additional funding for EMS Trauma Advisory Board
- $700K – Additional funding for breast and cervical cancer screening

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Better health, better care, lower costs

As part of the 2013-15 budget, Gov. Kitzhaber and the Oregon State Legislature approved opening the Oregon Health Plan to more people as allowed by the federal Affordable Care Act.

4 additional pieces of legislation will bring Oregon into compliance with ACA and allow for implementation.

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ACA Overview

- **Coverage and Access in 2014**
  - Opening Medicaid to more people
  - Cover Oregon
  - Health Insurance Market Reforms

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Overview: Coverage and Access to Care

- **Medicaid/Children's Health Insurance Program (CHIP)**
  - Coverage for low income adults up to 138% of poverty in 2014. (Maintain current children's coverage up to 300%)
  - Enhanced federal funding for new eligibles
    - 100% in 2014-16
    - 95% in 2017
    - 94% in 2018
    - 93% in 2019
    - 90% in 2020 and beyond

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Overview: Coverage and Access to Care

- **Insurance Regulation**
  - Guaranteed issue and renewability (starts 2014)
  - Pre-existing conditions exclusions prohibited (for children 6 months from enactment and for adults by 2014)
  - Prohibits lifetime limits, allows certain annual limits until 2014
  - Eliminates waiting periods of more than 90 days for group coverage (starts 2014)

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Overview: Coverage and Access to Care

- **Cover Oregon**
  - Guaranteed issue and renewability
  - Standard levels of coverage
  - Ability to shop for, compare plans and enroll
  - Tax credits for those under 400% poverty

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www.coveroregon.com

Projections - by 2016

240,000
Oregon Health Plan

250,000
Cover Oregon: non-group

Today: 83%
of Oregonians have health care coverage

By 2016: 95%
of Oregonians could have health care coverage.

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A more sustainable health care system

New OHP enrollees will join local coordinated care organizations.

- Benefits and services are integrated and coordinated
- One global budget that grows at a fixed rate
- Metrics: standards for safe and effective care
- Local accountability for health and budget
- Local flexibility

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2014 timeline

October 1, 2013
Open Enrollment Begins

January 1, 2014
Coverage begins

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Reaching all Oregonians

OHA and Cover Oregon are working together to create an outreach program for:

- Hard-to-reach,
- Non-English speaking,
- Geographically isolated, and
- Underserved populations.

OHA and Cover Oregon are working with local community partners and other key stakeholders for on-the-ground outreach and application assistance for individuals and families.

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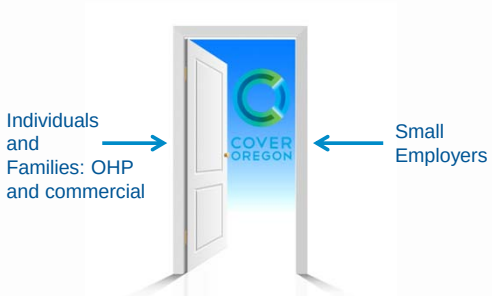
One house, one door



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2013 LEGISLATION HIGHLIGHTS

(see accompanying handout)

2013 Legislation

- ACA Implementation
  - HB 5030 - OHA budget bill includes federal funding for new eligibles
  - HB 2240 - syncs insurance code with new federal requirements
  - HB 3458 - establishes reinsurance program to help stabilize premiums
  - HB 2859 – syncs medical assistance statutes with new federal requirements. Establishes Task Force on Individual Responsibility and Health Engagement
  - HB 2091 – ends Healthy Kids Connect and transfers children to OHP.

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2013 Legislation

- Medical Liability Reform – SB 568 adopts dispute resolution process.
- Hospital Assessment - HB 2216 extends hospital assessment two more years
- Primary Care Loan Repayment – SB 440 establishes $4million program for loan repayment
- Streamlined Credentialing – SB 604 establishes single statewide database for credentialing information
- Reducing Disparities
  - HB 2134 establishes uniform data standards
  - HB 2611 improves cultural competency training for 21 categories of health professionals

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Learn more:

www.health.oregon.gov

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2013-2015 Budget Summary

Oregon is keeping our promise to reduce the growth of health care costs while improving the quality of care in our state. Combined with new options for Oregonians through Cover Oregon, our state's insurance marketplace, up to 95% of Oregonians could have health care coverage by 2016.

The 2013-2015 budget:

- Based on a public-private partnership where health care is delivered through local coordinated care organizations (CCOs).
- Supports better access to health care in local communities, including a loan repayment program for new primary care providers.
- Substantially increases funding for community mental health for children and young adults so they don't slip through the cracks and face more serious problems later in life.
- Provides more investment in tobacco prevention and cessation to help improve health and lower costs.

Reduces wasteful spending

The budget lowers the growth of health care spending by 2 percentage points per capita in Medicaid, reducing waste and inefficiency, while making substantial new investments in community mental health to improve lives and reduce costs into the future.

Brings healthcare to more people

The budget makes it possible for more low-income Oregonians to receive health care coverage through the Oregon Health Plan (OHP). This will bring financial stability to hundreds of thousands of people and families, and lower medical debt to local providers. It will end today's "health care lottery" that creates winners and losers depending on whether they were lucky enough for their name to be drawn.

Legislative Highlights

More access to health care

In 2010, the federal government enacted the Affordable Care Act (ACA). The ACA aims to decrease the number of uninsured Americans and reduce the overall costs of health care. During the 2013 Legislative Session, five key pieces of legislation passed to bring Oregon into compliance with the provisions of the ACA, update related programs and help reduce premium costs to consumers.

HB 5030

The Oregon Health Authority (OHA) budget for 2013-15 includes federal funding for coverage of approximately 180,000 new low-income adults who will qualify for the Oregon Health Plan under the new ACA guidelines for Medicaid. This will bring people into physical, mental and dental health care who have never been qualified before.

The 2013-2015 budget ends the so-called “Oregon Health Care Lottery,” for adults who are qualified for care even under current income limits. Beginning in 2014 through 2016, coverage for those newly eligible for OHP will be funded by the federal government.

Additionally, income limits are changing and OHP will be open to adults who earn up to 138 percent of the Federal Poverty Level. That's about $15,800 a year for a single person or $32,500 a year for a family of four.

In Oregon, we are doing things differently than other states. New Medicaid enrollees will join local coordinated care organizations, which are designed to provide better care while holding costs down.

House Bill 2240-A

This bill implements federal requirements in the Oregon insurance code and abolishes the Oregon Medical Insurance Program (OMIP) and the Federal Health Insurance Assistance Program (FHIAP), which become obsolete with the provisions of the ACA.

House Bill 3458-A

This bill establishes the Oregon Reinsurance Program, which will help to stabilize rates and premiums for in the health insurance market by providing supplemental reinsurance for insurance carriers.

House Bill 2859-A

This bill updates Oregon's medical assistance programs to reflect federal Medicaid and Children's Health Insurance Program changes. It allows OHA, the Department of Human Services (DHS) and Cover Oregon to share information for purposes of processing eligibility for medical assistance, health insurance exchange, premium tax credits and cost-sharing reductions.

Additionally, this bill establishes an 11-member Task Force on Individual Responsibility and Health Engagement charged with developing recommendations to improve patient engagement and accountability when it comes to their own health, disease prevention and wellness activities.

House Bill 2091-A

The bill also ends the Healthy Kids Connect program and allows children to be quickly transferred to the OHP. Families will be notified of the change and there will be hands-on transition planning.

Other Key Initiatives

Hospital Assessment Renewal

The hospital assessment is a revenue stream created by the Legislature in 2003 to finance OHP services. House Bill 2216 extends the hospital assessment for two more years and also appropriates an additional one percent of the assessment for a hospital transformation and performance fund. It's expected that much of the savings anticipated by the shift to CCOs will come from reduced utilization of hospital services. The fund will help hospitals reduce unnecessary hospital utilization and improve client outcomes.

Additionally, House Bill 2216 extends the long term care facility assessment through June 30, 2020 and requires DHS to take steps to reduce overall nursing facility bed capacity by 1,500 beds by December 31, 2015.

Primary Care Loan Repayment

Senate Bill 440
This bill establishes the Primary Care Provider Loan Repayment Program within OHA, a requirement of the state's CMS waiver. The program invests $4 million this biennium for a loan repayment program for primary care physicians who agree to work in rural or underserved communities and to serve Medicaid patients. The new program will help address the need for primary care providers in parts of the state where they are in short supply.

Medical Liability Reform

Senate Bill 568
This bill requires OHA to adopt a dispute resolution process to resolve disagreements involving termination, extension or renewal of contract between health care entities and CCOs.

Cultural Competency
Limited access to health care disproportionately affects minority communities, creating racial and ethnic health disparities. In order to address these issues, we must develop health-promoting strategies designed to meet the unique needs of the various population groups.

Today the way we gather data from our clients and the general population – about people's ethnicity, race, language preference and disabilities – is inconsistent and insufficient.

House Bill 2134
This bill creates a uniform standard for demographic data collected by both OHA and DHS. That includes the vital statistics unit in public health, Oregon Health Plan and DHS clients, and grant recipients for OHA agencies.

Accurate data collection will increase our understanding of different populations so that we can do a better job serving them.

House Bill 2611
This bill requires the 21 health boards that license health professionals to report to OHA how many of those professionals are taking cultural competency trainings every two years. This includes nurses, doctors, chiropractors, massage therapists and home care workers.

The Legislature also gives medical boards the right to include cultural competency education as a prerequisite for licensure.

Streamlined Credentialing
Senate Bill 604, the product of a workgroup consisting of hospitals, insurers, and health care providers, directs OHA to establish a single database that organizations seeking to credential providers must access to obtain the information. This will reduce duplicative efforts by hospitals, doctors, insurers, and health care providers.

Public Health Initiatives

SB 375A creates a Stroke Advisory Committee in the Oregon Health Authority and **SB 728B** creates the State Trauma Advisory Board (STAB) in statute. This bill also provided funding for a full-time position to collect and analyze data related to the state's emergency medical services and trauma system, and to provide the information to the board. The data will enable STAB to make evidence-based decisions in suggesting improvements to the system.

The Legislature allocated $700,000 General Fund for breast and cervical cancer screening services in **HB 5008**, the budget reconciliation bill. Of this total, about $400,000 is needed to backfill funding shortfalls in the first year of the biennium, related to reductions in funding from the Komen Foundation, as well as reductions resulting from federal sequestration. The Breast and Cervical Cancer Program currently serves more than 5,000 women a year.

Department of Human Services / Oregon Health Authority

SB 770 Quarterly Health Services Cluster

August 21, 2013
9:00 PM-2:30 PM
Seven Feathers
146 Miwaleta Lane, Evergreen Room
Canyonville, OR 97417

Agenda

Conf. Line: 888-808-6929	Participant code: 604851	Host: 243488

Agenda Item	Presenter(s)	Time
Welcome and Introductions	Richard Acevedo, OHA	**9:00-9:10**
Meeting Review	Richard Acevedo, OHA	**9:10-9:15**
OHA and Legislative Update	Judy Mohr Peterson, DMAP	**9:15-9:45**
Health Care Update	Judy Mohr Peterson, DMAP	**9:45-10:15**
Eligibility SPAs and Waivers Relating to 2014	Judy Mohr Peterson, DMAP	**10:15-10:30**
Break		**10:30-10:45**
Story Telling Project	Caroline Cruz, Warm Springs	**10:45-11:15**
Treatment of Income for Home and Community-Based Services	Chris Pascual, APD	**11:15-11:30**
AmeriCorps VISTA Program	Patricia McCrystal, AmeriCorps VISTA	**11:30-12:00**
Lunch	Sponsored by the Cow Creek Band of Umpqua Tribe of Indians	**12:00-1:00**
Tribal Updates	Open forum for all Tribes	**1:00-1:45**
State Agency Liaison Updates	State Agency Tribal Liaisons	**1:45-2:30**
Next Meeting and Adjourn		**2:30**

Next Meeting: In conjunction with the Government-to-Government Summit, TBD

Contact Information:

Richard Acevedo, Tribal Affairs Manager, OHA
503-945-7034 / richard.e.acevedo@state.or.us

Diana Woods, Executive Assistant, DHS
503-945-6843 / diana.woods@state.or.us

Department of Human Services & Oregon Health Authority

SB 770 Quarterly Health Services Cluster

May 29, 2013

9:00 AM - 2:30 PM

Native American Rehabilitation Association of the Northwest
12360 E Burnside
Portland, OR 97233

Meeting Summary

Attendees			
Richard Acevedo	Melody Baker	Caroline Cruz	Lisa Griggs
Bruce Goldberg (phone)	Iliana Kazmierczak	Ruth Kemmy	Allyson Lecatsas
Kelle Little	Jackie Mercer	Eric Metcalf	Judy Mohr Peterson
Cynthia Prater	Jim Roberts	John Spence	Sharon Stanphill
Michael Stickler	Jim Wallis	Diana Woods (notes)	Jason Yarmer

Guests

Sande Bea Allman, Melissa Bennett, Sherri Berdine, Sonciray Bonnell, Mike Chapman, Dennis Eberhardt, Emily Elman, Linda Fanning, Sabrina Freewynn, Sarah Hout, Jo Ann Kauffman, Kevin Keefe, Luci Longoria, Shane Lopez-Johnson, Amelia Mainard, Tresa Mercer, Peggy Ollgaard, Natasha Pineda, Jeff Puterbaugh, Sandra Sampson, Philips Shambo(?), and by phone Deborah Sousa.

Agenda Item

Welcome and Introductions

Rick Acevedo welcomed everyone to the meeting and thanked NARA for hosting. Roundtable introductions were made.

Health Care Update

Judy Mohr Peterson gave a Medicaid state plan amendment update which DMAP will be submitting to the Centers for Medicare and Medicaid Services (CMS). The state plan amendments pertain to eligibility changes under the Affordable Care Act of 2010, NEMT- volunteer transports and tobacco cessation. A CHIP state plan amendment around the eligibility changes under the Affordable Care Act of 2010 will also be submitted. For questions about these state plan amendments, please contact Jesse Anderson by email at jesse.anderson@state.or.us or by phone at 503-945-6958.

Jim Roberts asked if the state will be training for targeted case managers and others who are involved with outreach and enrollment and to what extent will the training apply to tribes? Also, what happens if people don't file taxes?

Extensive training is being developed and will be rolled out in July. There will be a web portal. We won't start using them until October. The expanded part of the Affordable Care Act won't be in effect until January 2014; however the new rules go into effect in October, 2013. A tribal specific training is also being developed.

It is based on the way the taxes are calculated, but we will be using existing information. Even if a person does not file taxes, the eligibility will hit against the federal databases, and if there is no information, it will use wage statements. If there are no wage statements, self-declaration.

An update on the Uncompensated Care waiver, DMAP is finalizing the last pieces before submission to CMS. Oregon notified CMS last month that we will be pursuing a waiver separate from Washington state.

An update on the Coordinated Care Organization, OHA is very close to giving a notice to proceed to the CCO in Klamath County. They are the last county without an active care organization. The hope is they will become operational by September 1.

State-Tribal Consultations: A Selected Case Study Review

Jo Ann Kauffman, Kauffman & Associates, Inc. is a consulting firm that has a contract with the Centers for Medicare and Medicaid Services to identify, document and share best practices for effective state / tribal consultation regarding the Medicaid and CHIP programs. The process is to go out and have semi-structured, open ended conversations with tribal health leaders and state health officials in Oregon, Washington and Minnesota. The conversations will be summarized describing what constitutes excellent tribal consultation and reported back to CMS. The findings will be shared with all stakeholders who participate in the study and posted on the CMS Tribal Affairs Group website. For questions, please contact Adrienne Wiley by email at Adrienne.wiley@kauffmaninc.com or Kevin Keefe at Kevin.keefe@kauffmaninc.com.

OHA and Legislative Update

Bruce Goldberg welcomed Rick Acevedo back to OHA and thanked him for agreeing to return for a few months until his position is hired. The Tribal Liaison job announcement should be posted soon. Tribal involvement will be sought for the selection process.

Legislative: Heading into the last few weeks of the legislative session.

Health: How to implement federal health reform (Affordable Care Act). The bills passed out of the House with strong majorities and are headed to the Senate. This will set the ability, with the approval of the budget, for OHA to move forward with the Affordable Care Act. Specifically, this means the Oregon Health Plan will cover individuals up to 138 percent of poverty, kids eligible up to 300 percent, and pregnant women up to 105 percent of poverty. For those with incomes higher than 138 percent of poverty, they will be able to purchase insurance through the health insurance exchange.

OHA has been working with the Legislators on investments in mental healthcare and are hopeful some of those investments will make it in to the Legislatively Approved Budget.

Pam Martin has been hired as the director of the Addictions and Mental Health Division. Rick Acevedo is setting up times for Pam to come out and meet the tribes. Pam comes from New Mexico and has a long history of working with tribes.

Bruce met with the Commission on Indian Services updating them on health reform and two issues came up. 1) Could we look at creating a hybrid CCO where there would be some ability to manage more of the specialty and hospital care for tribal members and assure access. Bruce would like to meet and plan for this possibility and suggested using the tribal consultation meetings for these discussions. 2) The second issue was being able to get some flexibility from CMS to pay for non-traditional services for tribal members that we currently have approval for through the CCOs. The CCOs can now use Medicaid funds flexibly, as long as they are able to demonstrate they can improve health. Things CCOs could pay for would be for instance, traditional tribal healing ceremonies. The discussion at the commission meeting was around the possibility to cover those non-traditional services with Medicaid funds outside the CCO. It will ultimately be the decision of the federal government. OHA would need to submit a request for this. If there is tribal interest in doing this, please let Bruce know.

Cover Oregon

Sonciray Bonnell, Cover Oregon, discussed the Affordable Care Act (ACA) and the health insurance exchanges.

Open enrollment for purchasing health insurance through the exchange begins October 2013 and coverage begins January 1, 2014. Initially the exchange will be open to individuals and small businesses with 50 or fewer employees. Individuals can still purchase health insurance outside the exchange, but special benefits are available to those who choose to purchase through Oregon's health insurance exchange, Cover Oregon. Cost is based on income; most Oregonians will receive some assistance from the federal government to help pay the premiums. That federal assistance is only available however, for those who choose their health insurance carrier through Cover Oregon.

Cover Oregon's web portal has been developed to be consumer friendly. Paper applications will still be available, but Cover Oregon wants everything to be electronic. Consumers will be able to search for health plans by provider, carrier or price. Cover Oregon will also be doing quality ratings for each of the carriers.

There are many provisions in the ACA that pertain to Americans Indians and Alaska Natives (AI/AN) who are enrolled members of a federally recognized tribe. Since the beginning of 2012, Cover Oregon has been meeting collaboratively with the nine Oregon tribes and NARA to create the program and talk about policy decisions. Each state that has a federally recognized tribe must have a tribal consultation policy in place. Sonciray is also doing a lot of outreach with the tribes.

Some of the benefits for AI/AN included in the ACA are no cost sharing (no deductibles or co-pays) for incomes under 300% federal poverty level; no cost sharing for services furnished through tribal health clinics or NARA; and Cover Oregon has special monthly enrollment for tribal members to join or change plans at anytime. American Indians and Alaska Natives are also exempt from the mandated to carry insurance by 2015 or suffer the penalty. Also part of the ADA, Indian tribes, tribal organizations and urban Indian organizations will be able to purchase QHP premiums on behalf of qualified individuals.

The question was asked if a descendent member would be covered.

Descendent members are not part of the Indian exemption. The cost sharing and penalties apply. Many people will fall into this category. In order to access any of the provisions of the Act, a person must be an enrolled member of a federally recognized tribe.

A person does not have to be member of a federally recognized tribe for the tribe to sponsor that individual and purchase coverage on their behalf. Tribes can pay premiums for anyone they want.

Cover Oregon is also working on a training curriculum for customer service representatives and community partners to learn how to use the Cover Oregon web portal. The next monthly tribal technical workgroup meeting on June 4 will be dedicated to training, so the tribes and NARA will get the three-hour training. This is Cover Oregon's opportunity to get input from the tribes on content. Cover Oregon is already providing this training throughout the state.

Each of the nine tribes will receive Tribal Community Partner funds to help with outreach and enrollment. In addition, each tribe and tribal organization may apply for competitive grants from the Oregon Health Authority.

Cover Oregon has been meeting with the insurance carriers since last fall. The NPAIHB will host a two-day meeting with the carriers interested in contracting with the tribes and to discuss basic contracting language. The dates of this meeting have not yet been set. The hope is to have the contract template language done by the end of June. If tribes need to move faster than what's scheduled, contact Jim Roberts directly.

Regarding the definition of Indian in reference to the ACA, would require a legislative fix to align with the definition. The NPAIHB was able to get the endorsement from Secretary Sebelius to use the Medicaid definition to align the various definitions of Indian in health programs. The northwest congressional delegation will be also addressing this issue.

Introduction of Linda Fanning, DMAP

Dennis Eberhatdt introduced Linda Fanning to the group. Linda comes to DMAP from ChristieCare with a lot of experience.

Linda has been with DMAP for five weeks so far and already has a list of issues to work on. If anyone has questions, please contact Linda by phone at 503-945-6490 or by email at linda.fanning@state.or.us.

Linda will be scheduling meet and greet visits with each of the nine tribes very soon.

Introduction of Lydia Muniz

Lydia Muniz introduced herself and briefly discussed her role with the department as the director of the Office of Equity and Multicultural Services (OEMS) with DHS. Part of what OEMS does is around community engagement, going out to the communities to hear what is important in terms of services DHS provides and gather feedback on how DHS can improve. Lydia will be gathering contact information and how best to reach out to the tribes. Lydia can be contacted by phone at 503-945-5700 or by email at lydia.muniz@state.or.us.

Tribal Updates

Jim Roberts, NPAIHB, discussed his work around implementation of the Affordable Care Act. The NPAIHB has begun outreach and education training on tribal health programs, CFOs, General manager, clinicians and others working in tribal health programs. An area-wide training was scheduled for May 21, but due to the sequestration, the training was canceled. There is statewide training scheduled in Washington state, and in Medford or Eugene, Oregon in August, and in Idaho in June and August as well.

Jim has also been working with Dennis Eberhardt on the uncompensated care waiver and hopes to have it done soon. At the last conference call with CMS, they recommended Oregon use the approved California model. The waiver would expire on December 31, 2013, but can resubmit for approval again. Another request was for all Medicaid related services based on the ability of a tribal health program to provide those services. California limited it to the services currently in the states' Medicaid program up to 133 percent. In addition, the administrative claiming cost process (CPE) must be negotiated with CMS after the approval.

Jim Collins, Umatilla, recently attended a meeting on the insurance plans and was intrigued by the insurance premium subsides for high risk patients by the plans. Also working on an MOA with the Veterans Administration (VA) and also part of electronic billing. Changing to a different processing that works with the VA. Finalizing the eligibility training on June 18, 2013. Will then begin electronic billing and processing for those patients that have coverage with the VA.

Grand Ronde representative gave an update, but transcription was not possible due to poor quality recording.

SandeBea Allman, NARA, discussed the Wellness Center upstairs being the second clinic for NARA. The main clinic in north Portland has been operating since 1996? (check date) The youth program has been at this location for a year and they began seeing mental health clients about a year ago. NARA follows the primary medical home model by providing wraparound services for health, mental health, behavioral health and alcohol and drug counseling. NARA has had integrated services for many years. If anyone has Native American clients that would benefit from any of NARA's programs, please contact NARA.

Shayne Lopez Johnson, Youth Program Manager, Youth Wellness Center, NARA, two suicide prevention grants help fund the prevention program and will be receiving funds from DHS to add an A&D Youth Engagement Specialist position and possibly another prevention person. Reducing risk factors for youth by engaging youth mentally, emotionally, physically through the clinic upstairs as well as activities downstairs like painting and beading, a youth night is held every Thursday doing activities tradition and non-traditional. Two Spirit Council and Project Venture are two successful programs through the youth wellness center. A recording studio and computer lab are available to the youth.

Mike Chapman, Youth Services Director, NARA, have three and one-half A&D counselors in this building, and also a mental health therapist. The wellness center covers all aspect of wellness.

Caroline Cruz, Warm Springs, gave an up date on the new tribal council. Tribal Chairman is Austin Greene, the new Secretary/Treasurer Jake Suppah starting on June 10, and a new Chief Operating Officer JB Hat, Jr. who started last week. Warm Springs is building a new CPS center and decided to seek new grant opportunities and to design more of a home together with staff. Jefferson County is the most diverse county in the state. St. Charles Hospital has bought up most of the hospitals in Central Oregon and recently purchased the hospital in Madras. Warm Springs has been working with them on diversity training.

Caroline attended the ICRC consortium for the process of certification of prevention specialists. Caroline was involved with writing new test questions. Starting in December, they will adopt the new format. The Oregon Administrative Rule mandates prevention specialists must be certified within two years.

Action Item:

There is a new reading list that Caroline will email to Diana Woods to forward to the group.

Met with the University of Washington and put together a survey on historical trauma. Now starting to get results. The intent is to have a survey that tribes could administer to young people to see if they are still experiencing historical trauma. Caroline will keep this group updated.

Warm Springs used Native Aspiration dollars from Kauffman to develop Photo Voice for the middle school. Thanks to Native Aspiration for this opportunity. The photos were displayed in two locations. Warm Springs is recruiting for a community health nurse, nutritionist and a medical social worker.

Sharon Stanphill, Cow Creek, discussed their new health clinic in Canyonville and is pleased to now have two clinics, the other being in Roseburg, available to patients. The Wellness Center now has 42 employees. Just hired a new medical director to start in August. Behavior health is available at both clinics. They are now able to offer exercise sessions, such as strength training, Zoomba and yoga, three times a week in Canyonville.

Note for next meeting:

Sharon Stanphill offered to host the next Health Services Cluster meeting in Canyonville.

Behavior Health is offering two assist trainings, announcements were sent to the tribes already. One was held in Medford a couple of weeks ago and was well received. The other training will be in Canyonville.

Other programs Cow Creek is actively involved in are Family Camp, Journey Club, working with the tribal gardens and looking at food sustainability activities. The biggest thing is the clinic will be starting the health home teams. Thanks to Umatilla for a great webinar.

Kelle Little, Coquille, are recruiting for a community health nurse. Recently receive their 5th HHHC accreditation. Contract Health Services has implemented a mandatory mail order program with the Grand Ronde pharmacy for maintenance medication for tribal members. Preparing the continuing application for their 8th year of the diabetes prevention consortium with Cow Creek and Klamath and will be submitted the application on May 30, 2013. Preparing for the restoration celebration in June. Recruiting for a community center coordinator to oversee the head start and prevention programs. Coquille has a Visa volunteer this year who will be working on a variety of projects.

Iliana Kazmierczak, Coos, Lower Umpqua and Siuslaw, recently hired a second dental assistant. Now fully staffed in the dental clinic for the first time in ages. Conversion to Electronic Dental Records is happening. The Indian Health Director started yesterday, is a tribal member from Alaska. Also hiring for contract health specialist. The position was posted but didn't receive any applicants, so the position description was rewritten and reposted. Preparing for the School-to-Work, culture camp, canoe journey, and the Biggest Looser contest through the diabetes grant.

State Agency Liaison Updates

Michael Stickler, ICWA Unit, DHS, gave an update on the ICWA manager position. Third round interviews are scheduled for June 3. There were 42 applicants and seven were interviewed. Of those, it was narrowed down to two for final round. Tribal participation for the selection process has been great.

The ICWA Unit has set up appointments to meet with eight of the nine tribal social service directors, so far, around Differential Response with Stacy Lake, the differential response manager. Visited with Umatilla last week. Michael can be reached by email at michael.d.stickler@state.or.us or by phone at 503-947-5413.

Lydia Muniz, Office of Equity and Multicultural Services, DHS, gave information around the "Real-D," a House bill that was signed by the Governor about two weeks ago. The bill will start collecting data on the race, ethnicity and language needs of people coming into the health care system. It will allow us to focus in on the specific needs of a community. We are hoping this will be a significant improvement in targeting healthcare services and for DHS to target our services around the state. Lydian can be reached by email at lydia.muniz@state.or.us or by phone at 503-947-5700.

Action Item:

Lydia will send the House Bill to Diana Woods to forward on to the group.

John Spence, currently working part-time for Warm Springs on tribal best practices, and contracted with Cedar Bough and finishing up with tribal best practices process and the BADD tournament in Umatilla. Doing many things on equine therapy with the tribes. Specifically Cow Creek, over spring break, had about 100 kids in attendance go to the holistic horsemanship workshop. A week ago, held a staff retreat for NICWA staff at a ranch near Hopewell, Oregon. Next will be a horsemanship workshop with Jillene Joseph at her annual leadership and sports camp. In July will be doing equine therapy workshop with Native veterans. Grand Ronde hosts an annual Veterans Powwow in July and this will be the first time for doing workshops to assist veterans in the healing process. Then in August, John will be going to Burns for a summer native youth suicide camp, sponsored by NARA with the Burns-Paiute Tribe hosting this year.

Sande Bea Allman discussed her role at NARA. She works with the Community Advisory Committee. Planning for the Respect campaign kick-off. They have created a placemat that talks about being respectful, can be colored on, and have been used at meal sites at NARA, residential and at Elder meals. NARA is also planning "Respect" campaign training. Everyone will be invited and will involve youth and Elders to participate. Sande Bea also helps support the NARA staff with events such as the sobriety powwow and the annual spirit giving conference which is scheduled for October 28-31, 2013 and a Save-the-Date flyer will be out soon.

Dennis Eberhardt, Division of Medical Assistance Programs, OHA, is working on two initiatives, one being uncompensated care and the other is CCO and tribal contracting. Dennis is working with Jim Roberts at NPAIHB and coordinating with Sonciray Bonnell at Cover Oregon on the uncompensated care. Dennis can be reached by email at dennis.eberhardt@state.or.us or by phone at 503-945-7002.

Sarah Hout, Aging and People with Disabilities, DHS, the Money Follows the Person program is re-launching and DHS will be contacting CMS for approval. Money Follows the Person is a program that assists in getting people out of institutions like the Oregon State Hospital, skilled nursing facilities, acute care hospitals, and psychiatric residential treatment facility for Medicaid patients and over who have been in institutions for 90 days that could go to a community-based setting. For additional questions, please contact Sara Hout by email at sarah.d.hout@state.or.us or by phone at 503-947-5104.

Sabrina Freewynn, Public Health, currently working with NPAIHB on future collaboration projects. If anyone has ideas on tobacco prevention or healthy community issues, please let Sabrina know. A grantees and contractors meeting will be held in July in Portland for all tobacco prevention and healthy communities coordinators. Additionally, in-person training will be held during the next grant year that will be a full day session hosted by the Siletz Tribe in February, 2014. Sabrina Freewynn can be reached by email at sabrina.l.freewynn@state.or.us or by phone at 971-673-0984.

Emily Elman, Public Health Division, OHA, The Family Planning and Contraceptive Program is looking toward 2014 and how Medicaid expansion and the insurance marketplace will change the program and the population that they serve. There is a real need for safety net services under Title X. Interested in opening up C-Care program to any providers interested in the program. For questions, please contact Emily Elman by email at emily.l.elman@state.or.us or by phone at 971-673-0219.

Jason Yarmer, Addictions and Mental Health Division, OHA. Dr. Pam Martin was hired as the new AMH director. Rick Acevedo will be scheduling meetings with the nine tribes and Dr. Martin. AMH is developing an RFP for prevention funds around specialty populations. The RFP will be open to tribes, counties and other providers who meet the needs of those populations. AMH continues to support the tribal best practices effort. We are almost finished with the CADC one cohort; this will help increase the number of Tribal Certified Alcohol and Drug Counselors. Thank you to NARA for hosting all the trainings. Jason can be reached by email at Jason.d.yarmer@state.or.us or by phone at 503-945-6190.

Cynthia Prater, Oregon State Hospital. Over the last year, the state hospital has been able to offer regular smudging ceremonies and talking circles in all programs. In Salem, the state hospital holds a sweatlodge twice a month and also has intergenerational trauma groups in two programs. A new chaplain resident has been hired at the state hospital, Melissa Bennett.

Some of the challenges have been around contractors not being reimbursed several for months, which have created some problems. Cynthia discussed some of the difficulties she is experiencing with the state hospital around the native patients. One of the issues discussed was around patients who discuss some of their spiritual beliefs in treatment teams, only to have their medication increased as a result. Education around tribal spirituality and native culture to the Oregon State Hospital staff at all levels is an on-going need. Cynthia has made the decision to document an accurate count of Native Americans at the state hospital. Cynthia can be contacted by email at cynthia.a.prater@state.or.us or by phone at 503-945-2862.

Melissa Bennett, Oregon State Hospital, is finishing her residency. In order to become board certified as a chaplain, she needs to have a year of clinic work and must have a faith endorsement. Her goal is to become endorsed as the first traditional native chaplain. She does spiritual assessments with patients, offers one-on-one spiritual counseling, helps with groups and talking circles, and sits on interdisciplinary teams. Melissa can be reached by email at melissa.bennett@state.or.us or by phone at 503-947-2499.

Next Meeting: August 21, 2013 at Cow Creek, Canyonville

Contact Information:

Richard Acevedo, Tribal Relations Liaison
503-945-7034 / richard.e.acevedo@state.or.us

Diana Woods, Executive Assistant
503-945-6843 / diana.woods@state.or.us

Native American/American Indian
Response to the State of Equity Report
Story Telling Project Request for Proposals

Proposal Outline:
Submission Deadline: Submissions will be accepted by rolling deadline on the following dates: ~~July 29, August 26, and September 30.~~

Proposer's Conference: An informational proposer's conference will be held, featuring a presentation from Tony Looking Elk who implemented a multicultural storytelling project in conjunction with the Minnesota County Health Department to support Native communities in influencing policies related to health equity.

Deliverables:

- Host storytelling listening session/s with local American Indian community advocates, service providers and service recipients to better understand how the Oregon Health Authority and Department of Human Services can build trust, support existing community strengths and close the gaps in outcomes and satisfaction identified in the State of Equity Report.
- Develop a plan for digitally recording the event or another mode for capturing what is discussed
- Identify representative/s to present findings at a meeting with OHA/DHS leadership and other Native leaders

Proposal Outline:
Proposals should not exceed 2-pages single spaced in Times New Roman font, 12 point.

Proposals should outline the process by which the proposer will convene the story telling listening session including:

- A plan for outreaching to community to participate
- The event's structure, including potential guiding questions that will be used to facilitate the story telling process;
- A plan for digitally recording the story telling sessions and/or a plan for capturing what is covered at the event and;
- A budget for the proposal, not to exceed $5,000
- A timeline for project implementation

Questions can be emailed to Rachel.B.Gilmer@state.or.us

Overview:

Purpose:

To build and strengthen relationships and create community accountability and inclusivity in OHA/DHS programs that currently report disparities for Native American communities by fostering relationships between agency leadership, Coordinated Care Organizations, Tribal Leaders, Urban Native Leaders and Native community members and creating a process for seeking and implementing community feedback and identifying and supporting community-based best practices.

Project Plan:

The Office of Equity and Inclusion will provide grants of up to $5,000.00 to each of Oregon's nine federally recognized tribes and to urban Indian communities throughout the state. Groups may choose to collaborate if they feel it would be beneficial in engaging their communities.

The purpose of the funding will be to support the convening of local community engagement storytelling sessions with local American Indian community advocates, service providers and service recipients to better understand how the Oregon Health Authority and Department of Human Services can build trust, support existing community strengths and close the gaps in outcomes and satisfaction identified in the State of Equity Report. Groups may choose to facilitate a story telling process in any way that best meets the needs of their community. Some suggested guiding questions, include:

1. What was a time when your community was healthy and everything was right? What is currently working well for your community? What programs are currently successful in your community? What challenges exist?
2. How has your community adapted traditional practices when your community has been faced with oppressive interruptions to healthy cultural norms?
3. What should the OHA/DHS do to support existing community strengths and close the disparities outlined in the State of Equity Report (available at http://www.oregon.gov/OHA/oei/Pages/soe/index.aspx)
4. How would you like to see OHA/DHS improve relationships with your community?

Each community will develop their own project plan and process for engaging the community. OEI and NA/AI SOE Steering Committee members will provide technical assistance in organizing and implementing the events if needed.

Each community will be strongly encouraged to capture their process through digital film that will be available to them individually and aggregated into a joint-production with the other communities. Some communities may choose to film the entire process/story telling event. Others may prefer to identify specific individuals who would like to have their story filmed. Groups will have the opportunity to develop a plan that will best meet the specific needs of their local community. If desired, Wisdom of the Elders film producers are available to support tribes in filming story telling sessions and/or providing technical assistance to local individuals interested in doing the filming. In addition, communities will have the opportunity to utilize other artistic formats, such

as visual note-taking. Awardees will need to determine if and how they plan to capture their story telling and provide a plan for how they will ensure a quality product.

At the conclusion of the listening sessions, representative/s of funded projects will present the findings at a meeting with OHA/DHS leadership and other Native leaders. This will be an opportunity for Native Communities and Tribes to not only speak to State leadership about best practices but to share success stories with one another.

OHA/DHS leadership will commit to reconvening tribal and urban Indian leaders every six months to discuss the progress of implementing community recommendations.

Benefits of Participating:

- Gain opportunities to partner with local Coordinated Care Organizations and Oregon Health Authority/Department of Human Services Leadership using a strength-based approach
- Participate in a process for holding state agencies accountable to improving service delivery and relationships with Oregon's Native Communities
- Learn best practices for improving health outcomes used by other Native communities across Oregon
- Develop a plan for digitally recording stories for your community's use and to support learning by OHA/DHS leadership

Tentative Timeline (Each tribe/urban community will identify a timeline that will best meet their specific needs):

~~July~~ 2013-September2013 Proposals due to OEI (rolling deadline)
August-October 2013 Community listening sessions held
October 2013 Event with OHA/DHS leadership and Native leaders

Division of Medical Assistance Programs

John A. Kitzhaber, MD, Governor

Oregon Health Authority

500 Summer Street NE, E49
Salem, Oregon 97301-1079
Voice – (503) 945-5772
FAX – (503) 373-7689
TTY - (503) 378-6791
www.oregon.gov/OHA

August 1, 2013

To: Oregon Tribal Representatives

Subject: Opportunity to comment on Oregon Health Plan (OHP) changes

This letter is to give you information and an opportunity to comment on the state's upcoming request to the federal Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) for approval to change Post-Eligibility Treatment of Income calculations in the Aging and People with Disabilities and People with Developmental Disabilities waivers.

Currently, certain individuals receiving waiver services must contribute a portion of their income toward the cost of care. The amount the individual must contribute is based on their total income after deductions for a maintenance allowance, a spousal allowance, a family allowance and an allowance for medical and remedial care expenses. The change to the calculation increases the maintenance allowance for individuals living in their own homes.

OHA does not foresee any direct or indirect impact on Indians, Indian health programs, or Urban Indian Organizations. This submission does not change or reduce payment rates or payment methodologies, reduce covered services, change current practices of Tribes or make any changes to eligibility.

OHA appreciates your interest in the OHP and its impact on tribal members and entities. We will consider all feedback as we develop the State Plan request for this change. Please share this information with any individuals or groups who may be interested in or affected by the changes.

Please send written comments by September 20 to Jesse Anderson; Division of Medical Assistance Programs; Oregon Health Authority; 500 Summer St. NE; Salem, OR 97301-1079 or jesse.anderson@state.or.us.

2013-2015 Budget Summary

Oregon is keeping our promise to reduce the growth of health care costs while improving the quality of care in our state. Combined with new options for Oregonians through Cover Oregon, our state's insurance marketplace, up to 95% of Oregonians could have health care coverage by 2016.

The 2013-2015 budget:

- Based on a public-private partnership where health care is delivered through local coordinated care organizations (CCOs).
- Supports better access to health care in local communities, including a loan repayment program for new primary care providers.
- Substantially increases funding for community mental health for children and young adults so they don't slip through the cracks and face more serious problems later in life.
- Provides more investment in tobacco prevention and cessation to help improve health and lower costs.

Reduces wasteful spending

The budget lowers the growth of health care spending by 2 percentage points per capita in Medicaid, reducing waste and inefficiency, while making substantial new investments in community mental health to improve lives and reduce costs into the future.

Brings healthcare to more people

The budget makes it possible for more low-income Oregonians to receive health care coverage through the Oregon Health Plan (OHP). This will bring financial stability to hundreds of thousands of people and families, and lower medical debt to local providers. It will end today's "health care lottery" that creates winners and losers depending on whether they were lucky enough for their name to be drawn.

Legislative Highlights

More access to health care

In 2010, the federal government enacted the Affordable Care Act (ACA). The ACA aims to decrease the number of uninsured Americans and reduce the overall costs of health care. During the 2013 Legislative Session, five key pieces of legislation passed to bring Oregon into compliance with the provisions of the ACA, update related programs and help reduce premium costs to consumers.

HB 5030

The Oregon Health Authority (OHA) budget for 2013-15 includes federal funding for coverage of approximately 180,000 new low-income adults who will qualify for the Oregon Health Plan under the new ACA guidelines for Medicaid. This will bring people into physical, mental and dental health care who have never been qualified before.

The 2013-2015 budget ends the so-called “Oregon Health Care Lottery,” for adults who are qualified for care even under current income limits. Beginning in 2014 through 2016, coverage for those newly eligible for OHP will be funded by the federal government.

Additionally, income limits are changing and OHP will be open to adults who earn up to 138 percent of the Federal Poverty Level. That's about $15,800 a year for a single person or $32,500 a year for a family of four.

In Oregon, we are doing things differently than other states. New Medicaid enrollees will join local coordinated care organizations, which are designed to provide better care while holding costs down.

House Bill 2240-A

This bill implements federal requirements in the Oregon insurance code and abolishes the Oregon Medical Insurance Program (OMIP) and the Federal Health Insurance Assistance Program (FHIAP), which become obsolete with the provisions of the ACA.

House Bill 3458-A

This bill establishes the Oregon Reinsurance Program, which will help to stabilize rates and premiums for in the health insurance market by providing supplemental reinsurance for insurance carriers.

House Bill 2859-A

This bill updates Oregon's medical assistance programs to reflect federal Medicaid and Children's Health Insurance Program changes. It allows OHA, the Department of Human Services (DHS) and Cover Oregon to share information for purposes of processing eligibility for medical assistance, health insurance exchange, premium tax credits and cost-sharing reductions.

Additionally, this bill establishes an 11-member Task Force on Individual Responsibility and Health Engagement charged with developing recommendations to improve patient engagement and accountability when it comes to their own health, disease prevention and wellness activities.

House Bill 2091-A

The bill also ends the Healthy Kids Connect program and allows children to be quickly transferred to the OHP. Families will be notified of the change and there will be hands-on transition planning.

Other Key Initiatives

Hospital Assessment Renewal

The hospital assessment is a revenue stream created by the Legislature in 2003 to finance OHP services. House Bill 2216 extends the hospital assessment for two more years and also appropriates an additional one percent of the assessment for a hospital transformation and performance fund. It's expected that much of the savings anticipated by the shift to CCOs will come from reduced utilization of hospital services. The fund will help hospitals reduce unnecessary hospital utilization and improve client outcomes.

Additionally, House Bill 2216 extends the long term care facility assessment through June 30, 2020 and requires DHS to take steps to reduce overall nursing facility bed capacity by 1,500 beds by December 31, 2015.

Primary Care Loan Repayment

Senate Bill 440
This bill establishes the Primary Care Provider Loan Repayment Program within OHA, a requirement of the state's CMS waiver. The program invests $4 million this biennium for a loan repayment program for primary care physicians who agree to work in rural or underserved communities and to serve Medicaid patients. The new program will help address the need for primary care providers in parts of the state where they are in short supply.

Medical Liability Reform

Senate Bill 568
This bill requires OHA to adopt a dispute resolution process to resolve disagreements involving termination, extension or renewal of contract between health care entities and CCOs.

Cultural Competency
Limited access to health care disproportionately affects minority communities, creating racial and ethnic health disparities. In order to address these issues, we must develop health-promoting strategies designed to meet the unique needs of the various population groups.

Today the way we gather data from our clients and the general population – about people's ethnicity, race, language preference and disabilities – is inconsistent and insufficient.

House Bill 2134
This bill creates a uniform standard for demographic data collected by both OHA and DHS. That includes the vital statistics unit in public health, Oregon Health Plan and DHS clients, and grant recipients for OHA agencies.

Accurate data collection will increase our understanding of different populations so that we can do a better job serving them.

House Bill 2611
This bill requires the 21 health boards that license health professionals to report to OHA how many of those professionals are taking cultural competency trainings every two years. This includes nurses, doctors, chiropractors, massage therapists and home care workers.

The Legislature also gives medical boards the right to include cultural competency education as a prerequisite for licensure.

Streamlined Credentialing
Senate Bill 604, the product of a workgroup consisting of hospitals, insurers, and health care providers, directs OHA to establish a single database that organizations seeking to credential providers must access to obtain the information. This will reduce duplicative efforts by hospitals, doctors, insurers, and health care providers.

Public Health Initiatives

SB 375A creates a Stroke Advisory Committee in the Oregon Health Authority and **SB 728B** creates the State Trauma Advisory Board (STAB) in statute. This bill also provided funding for a full-time position to collect and analyze data related to the state's emergency medical services and trauma system, and to provide the information to the board. The data will enable STAB to make evidence-based decisions in suggesting improvements to the system.

The Legislature allocated $700,000 General Fund for breast and cervical cancer screening services in **HB 5008**, the budget reconciliation bill. Of this total, about $400,000 is needed to backfill funding shortfalls in the first year of the biennium, related to reductions in funding from the Komen Foundation, as well as reductions resulting from federal sequestration. The Breast and Cervical Cancer Program currently serves more than 5,000 women a year.

2013-15 Budget
&
Legislative Highlights

August 21, 2013

Bruce Goldberg, MD
OHA Director

OHA Budget 2013 - 2015

- Lowers cost of Oregon Health Plan
- Funds OHP to targeted and sustainable growth that meets agreement with CMS
- Eliminates a tax on insurance premiums
- Increases access to health care coverage to approximately 180,000 through Affordable Care Act
- Increases community mental health investments
- Increases investments in School Based Health Centers (SBHC)
- Invests Master Settlement Agreement funds in health care (OHP) and also in tobacco cessation and prevention

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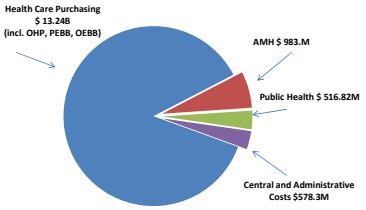
Oregon Health Authority – Budget summary

- **$15.32B Total Funds**
  - $1.97B General Fund
  - $7.59B Federal Funds
  - $5.75B Other Funds
  - $10.54M Lottery Funds

3

Total Funds by OHA Program



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Oregon Health Plan - $9.7 Billion

Funds OHP and lowers costs per agreement with CMS
- 4.4% increase in per capita expenses in year one
- 3.4% increase in per capita expenses in year two

Strategic investments
- $ 4.0M – GF loan repayment program
- $ 4.6M - G/F rural malpractice coverage
- $ 30M - GF Health System Transformation Fund
- $ 1.6M – GF for Medical Liability reform (SB 483)

More Oregonians receive health care coverage in Jan. 2014 –
ACA expansion health care costs are 100% federally funded in 2013 -15

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Addictions and Mental Health

43% increase in total funds

for Oregon's community mental health system

Community mental health Investments
- $ 21.80M – Children's mental health investment
- $ 46.27M – Community Mental Health Capacity
- $ 5.71M – Supported Employment, Supported Housing and Peer Delivered Services
- $ 7.60M – CMH Provider COLA
- $ 5.50M – Case Management- ACT (assertive community treatment)

Addictions and Treatment Investments
- Increases room and board rates for adolescent alcohol and drug residential treatment from $30 to $90 per day
- Funding "set aside" for potential rate increases in room and board for adult alcohol and drug residential treatment system

Comparison of Addictions and Mental Health Budget

	11 - 13 Biennium Total Funds	13 - 15 Biennium Total Funds	Change from 11-13 to 13-15	Percent Change
Community Mental Health	250,437,431	358,063,836	107,626,405	43%
Alcohol and Drug	84,920,585	87,729,690	2,809,105	3%
Institutions (including SDSRTF)	382,679,263	383,751,056	1,071,793	0%
Block Grant to Counties	7,031,218	7,031,218	0	0%
Gambling	7,619,144	7,862,185	243,041	3%
Program Support & Admin.	41,020,569	38,361,137	(2,659,432)	-6%
Totals	773,708,210	882,799,122	109,090,912	14%

Both biennium are net of transfer to DMAP & DSHP limitation

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Addictions and Mental Health, continued

Oregon State Hospital (OSH)

- Closure of Blue Mountain Recovery Center by January 1, 2014 (60 beds)
- Closure of leased Portland campus of OSH in Spring 2015 (90 beds)
- Closure of one geriatric ward at the OSH in Salem (24 beds)
- Opening of the OSH Junction City Campus in Spring 2015 – (174 beds that replace closed beds)
- Continues reductions in non-direct care services that Oregon State Hospital implemented during 2011-13 biennium and enacts further cost-reduction measures

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Public Health - $516.82M

- $ 4M – Invests Master Settlement Agreement funding to tobacco cessation and prevention
- $ 4M - Increased funding for school-based health centers
- $ 100K – Increased funding for EMS- EMT program
- $300K – Additional funding for Farmer's Market (Senior & Direct)
- $ 179K – Additional funding for EMS Trauma Advisory Board
- $700K – Additional funding for breast and cervical cancer screening

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Better health, better care, lower costs

As part of the 2013-15 budget, Gov. Kitzhaber and the Oregon State Legislature approved opening the Oregon Health Plan to more people as allowed by the federal Affordable Care Act.

4 additional pieces of legislation will bring Oregon into compliance with ACA and allow for implementation.

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ACA Overview

- **Coverage and Access in 2014**
  - Opening Medicaid to more people
  - Cover Oregon
  - Health Insurance Market Reforms

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Overview: Coverage and Access to Care

- **Medicaid/Children's Health Insurance Program (CHIP)**
  - Coverage for low income adults up to 138% of poverty in 2014. (Maintain current children's coverage up to 300%)
  - Enhanced federal funding for new eligibles
    - 100% in 2014-16
    - 95% in 2017
    - 94% in 2018
    - 93% in 2019
    - 90% in 2020 and beyond

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Overview: Coverage and Access to Care

- **Insurance Regulation**
  - Guaranteed issue and renewability (starts 2014)
  - Pre-existing conditions exclusions prohibited (for children 6 months from enactment and for adults by 2014)
  - Prohibits lifetime limits, allows certain annual limits until 2014
  - Eliminates waiting periods of more than 90 days for group coverage (starts 2014)

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Overview: Coverage and Access to Care

- **Cover Oregon**
  - Guaranteed issue and renewability
  - Standard levels of coverage
  - Ability to shop for, compare plans and enroll
  - Tax credits for those under 400% poverty

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www.coveroregon.com

Projections - by 2016

240,000
Oregon Health Plan

250,000
Cover Oregon: non-group

Today: 83%
of Oregonians have health care coverage

By 2016: 95%
of Oregonians could have health care coverage.

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A more sustainable health care system

New OHP enrollees will join local coordinated care organizations.

- Benefits and services are integrated and coordinated
- One global budget that grows at a fixed rate
- Metrics: standards for safe and effective care
- Local accountability for health and budget
- Local flexibility

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2014 timeline

October 1, 2013
Open Enrollment Begins

January 1, 2014
Coverage begins

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Reaching all Oregonians

OHA and Cover Oregon are working together to create an outreach program for:

- Hard-to-reach,
- Non-English speaking,
- Geographically isolated, and
- Underserved populations.

OHA and Cover Oregon are working with local community partners and other key stakeholders for on-the-ground outreach and application assistance for individuals and families.

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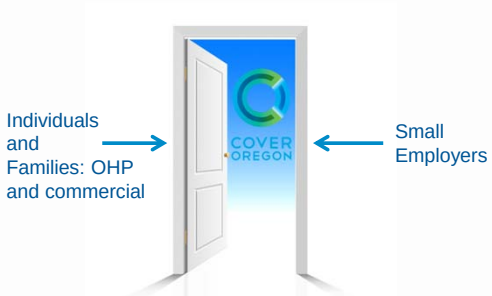
One house, one door



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2013 LEGISLATION HIGHLIGHTS

(see accompanying handout)

2013 Legislation

- ACA Implementation
  - HB 5030 - OHA budget bill includes federal funding for new eligibles
  - HB 2240 - syncs insurance code with new federal requirements
  - HB 3458 - establishes reinsurance program to help stabilize premiums
  - HB 2859 – syncs medical assistance statutes with new federal requirements. Establishes Task Force on Individual Responsibility and Health Engagement
  - HB 2091 – ends Healthy Kids Connect and transfers children to OHP.

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2013 Legislation

- Medical Liability Reform – SB 568 adopts dispute resolution process.
- Hospital Assessment - HB 2216 extends hospital assessment two more years
- Primary Care Loan Repayment – SB 440 establishes $4million program for loan repayment
- Streamlined Credentialing – SB 604 establishes single statewide database for credentialing information
- Reducing Disparities
  - HB 2134 establishes uniform data standards
  - HB 2611 improves cultural competency training for 21 categories of health professionals

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Learn more:

www.health.oregon.gov

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