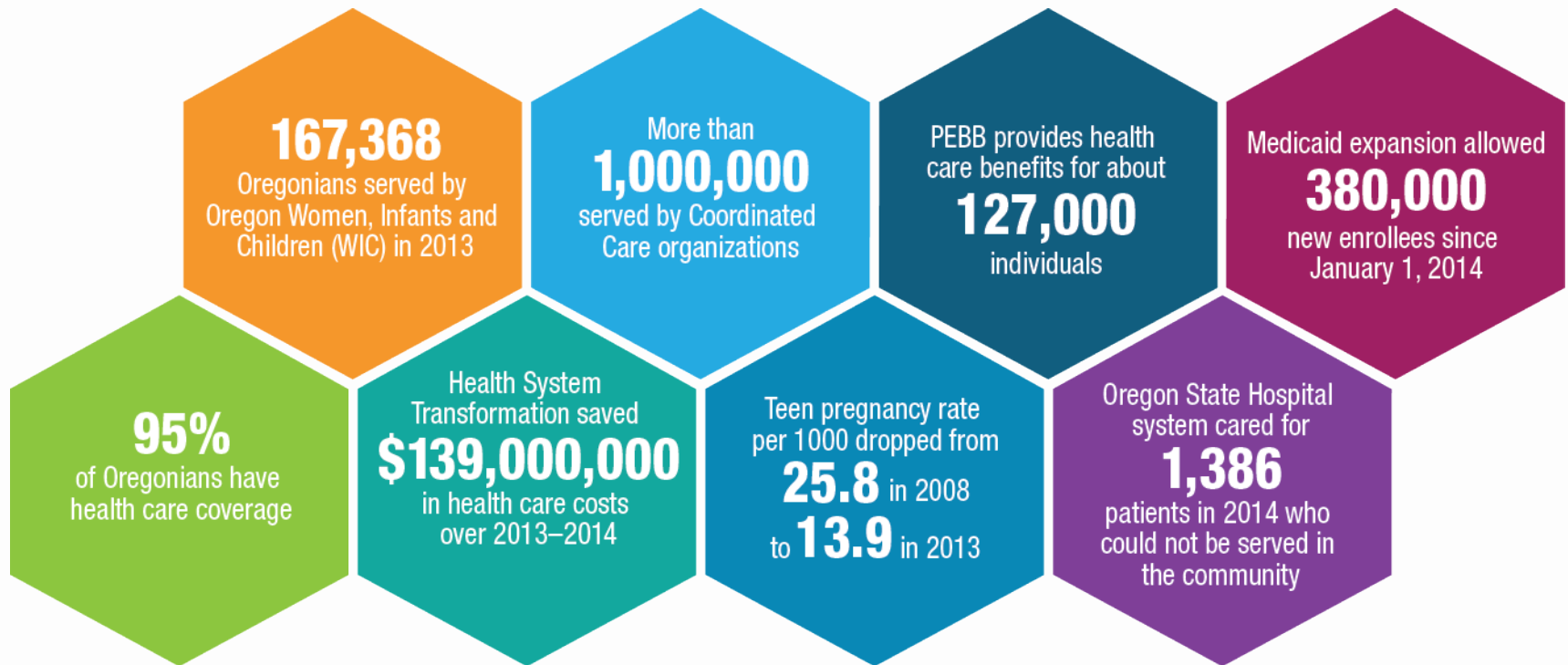

Oregon Health Authority 2015–2017 Agency Wrap Up

Oregon Health Authority
Presented to the Human Services Legislative Subcommittee
on Ways and Means
April 7, 2015

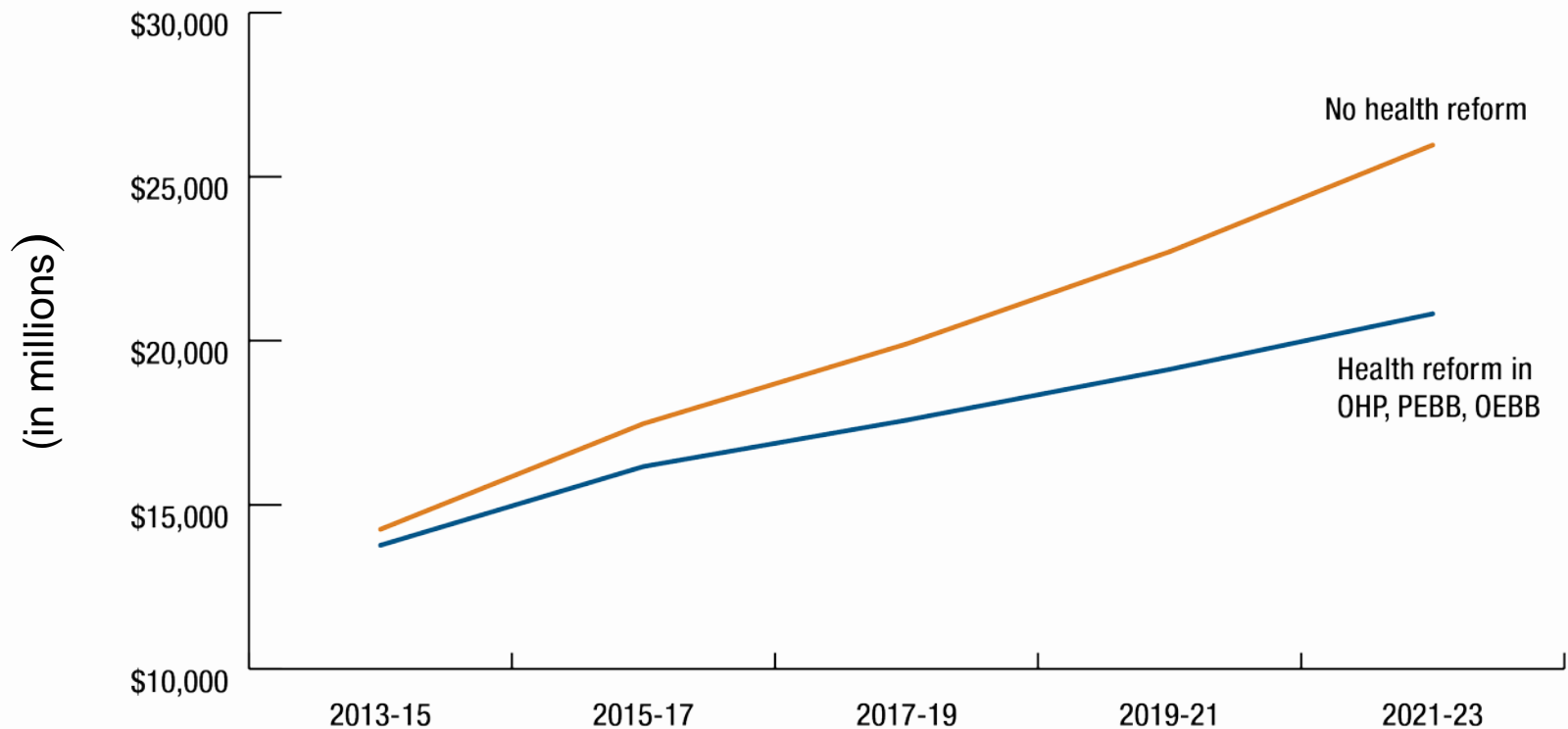
Lynne Saxton, OHA Director
William J. Coulombe, Budget Director



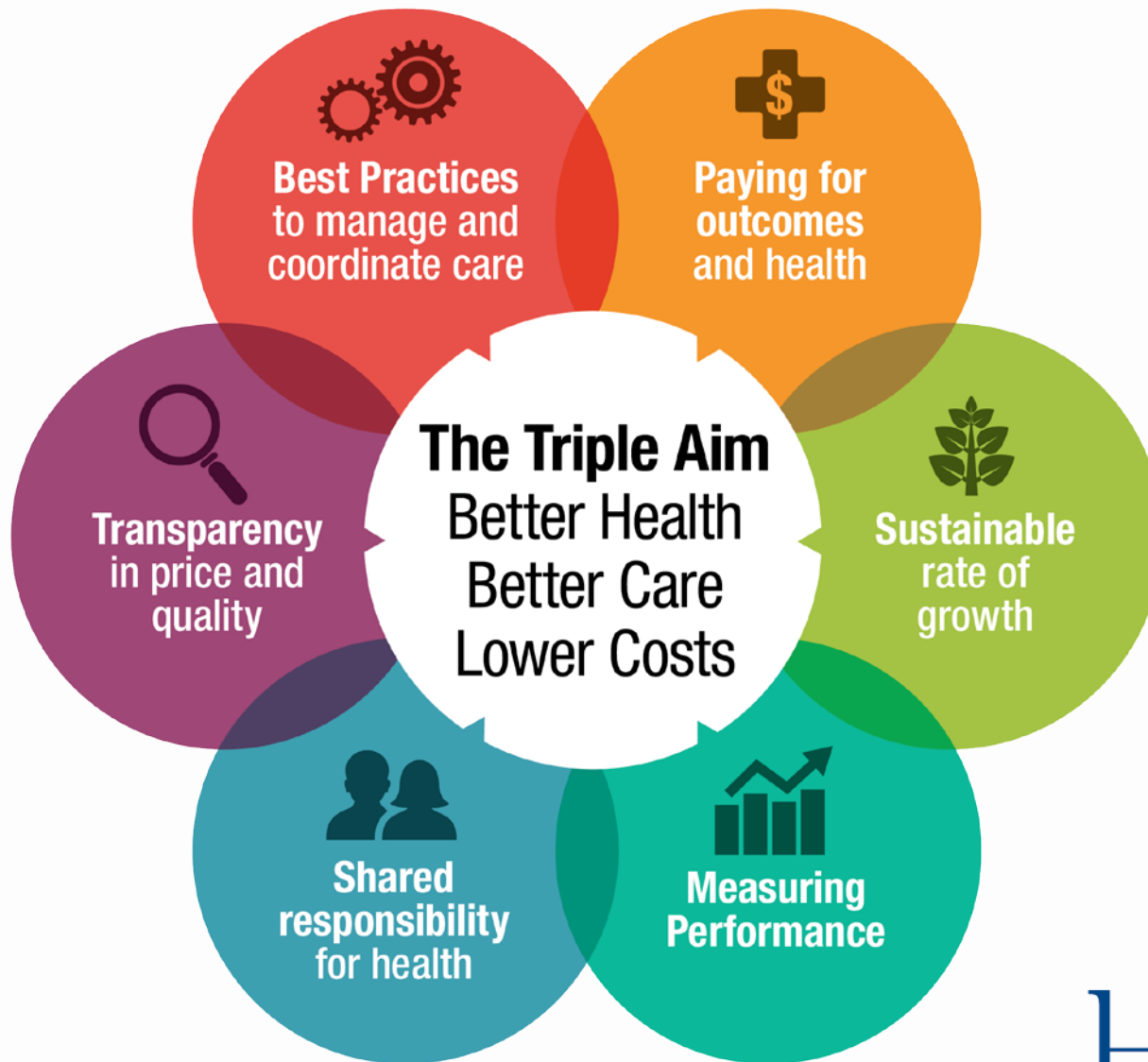
Results for Oregonians



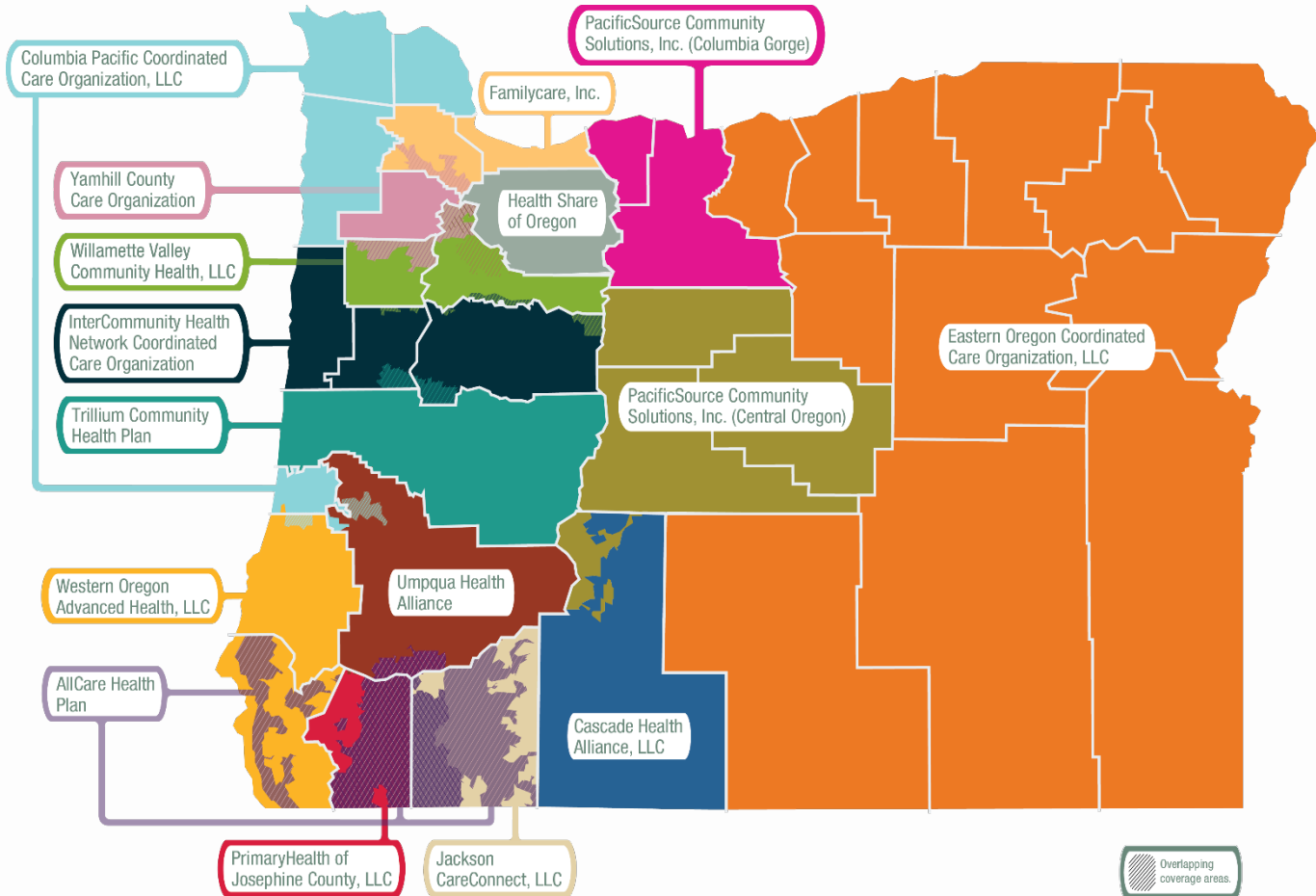
Oregon's health system transformation (agreement with Medicaid)



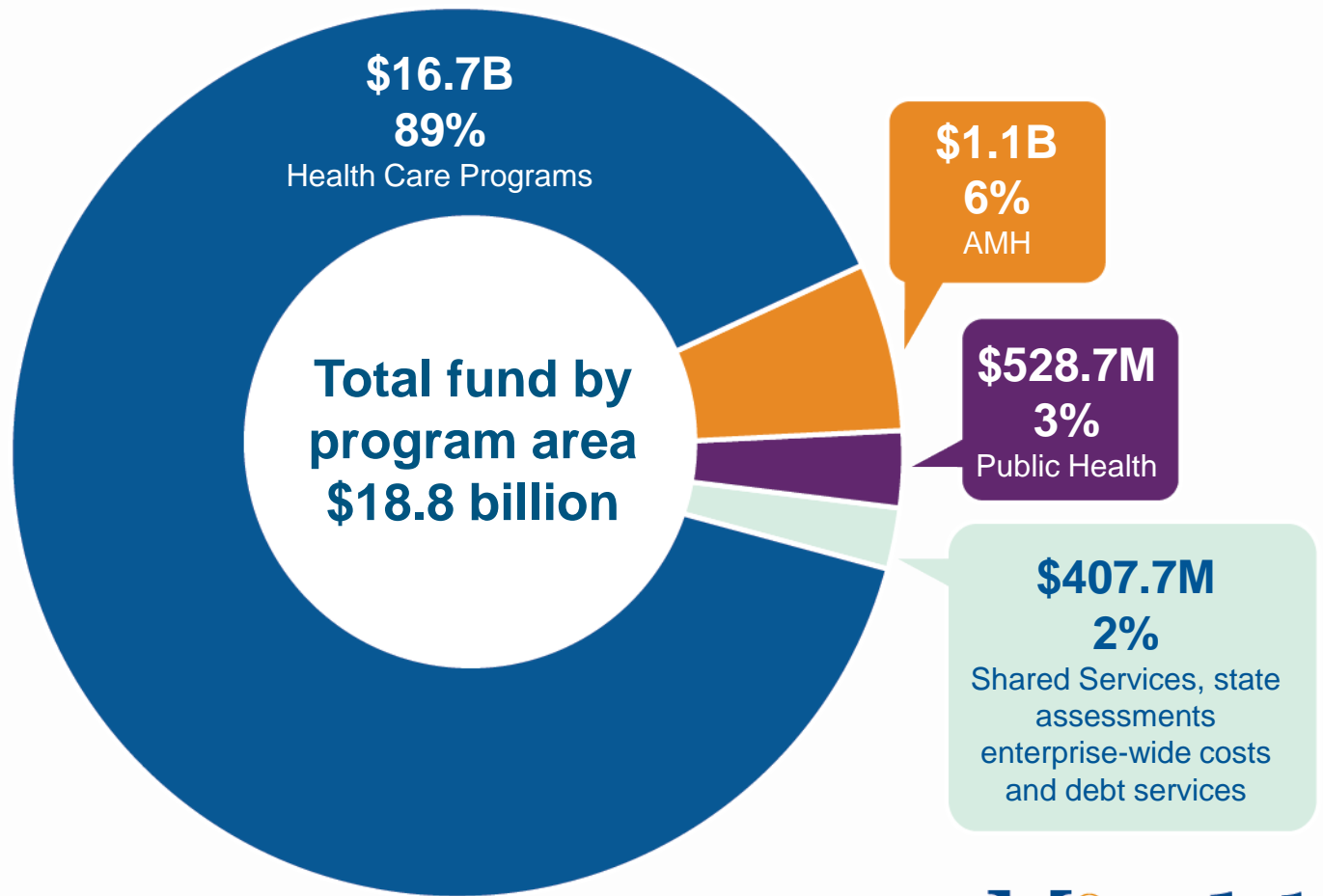
Oregon's Coordinated Care Model



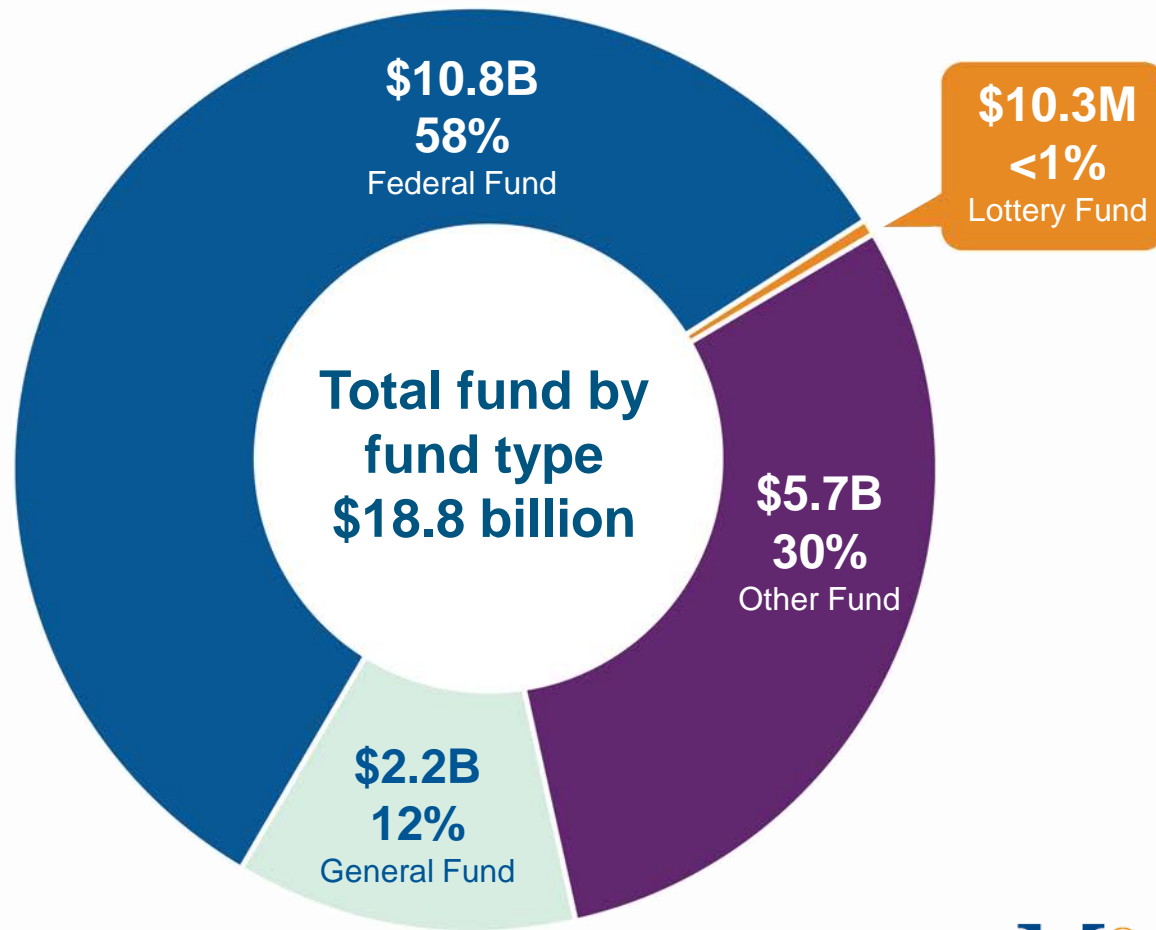
Coordinated care organization service areas



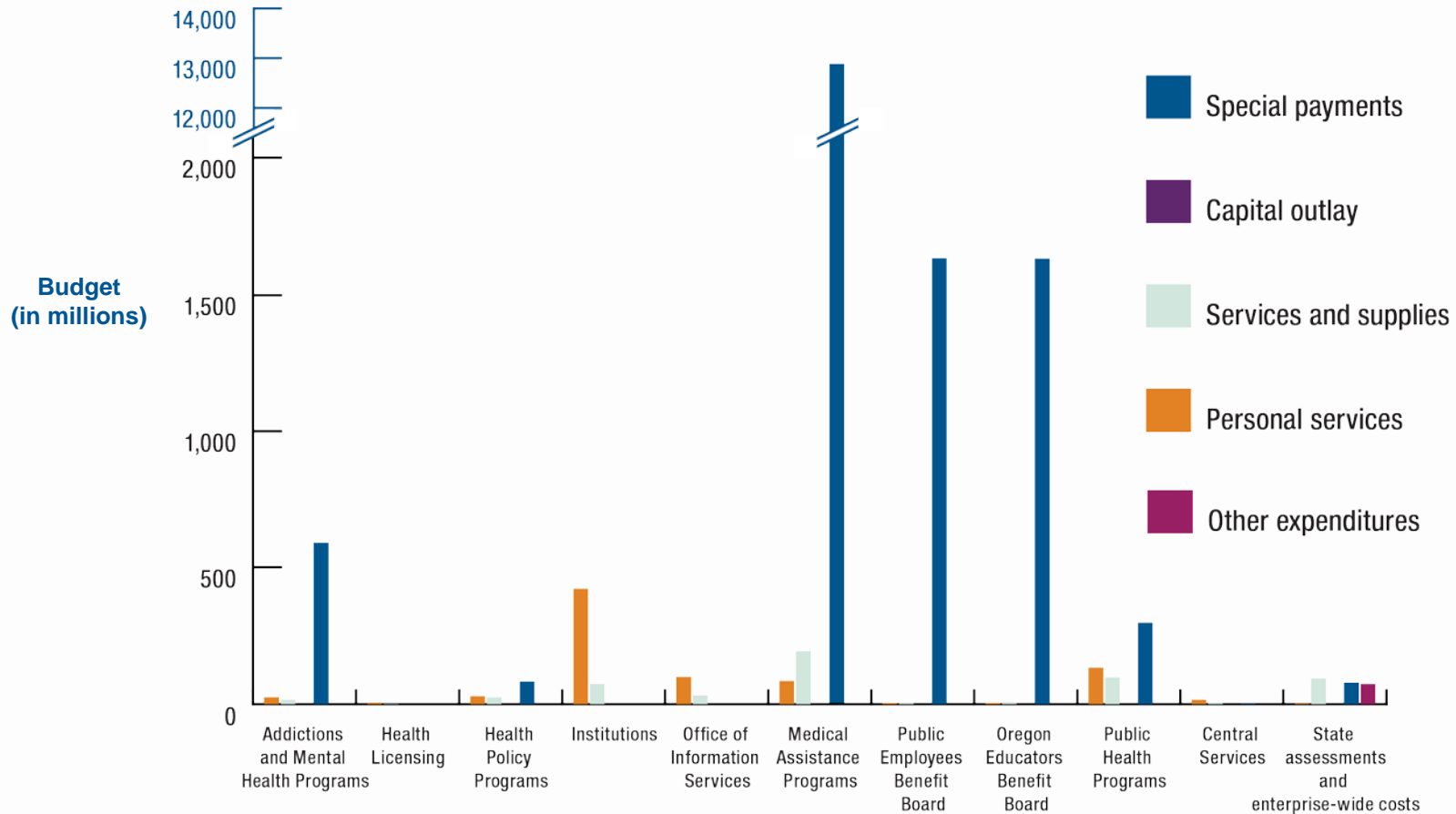
Oregon Health Authority 2015–17 Governor's budget



Oregon Health Authority 2015–17 Governor's budget



2015–17 OHA Governor’s budget by program and category



Where the OHA budget is spent

Ninety-eight percent goes to direct provision of health services:

- Eighty-nine percent ensures services are provided through doctors, nurses, pharmacists, dentists, hospitals, mental health providers and other health/health care providers in every community throughout Oregon.
- Nine percent goes to direct services provided by the state in public health and Oregon State Hospital.
- Less than two percent is used for Shared Services, state assessment and debt service.

OHA significant budget issues

Expanded ACA eligibility to over 380,000 adults with incomes at 133 percent of the federal poverty level and below.

- Receiving 100 percent federal funding through calendar year 2016
- Federal funding for ACA adults scales down as follows:
 - Calendar year 2017 – 95 percent
 - Calendar year 2018 – 94 percent
 - Calendar year 2019 – 93 percent
 - Calendar year 2020 and all subsequent years – 90 percent



Risks/Concerns

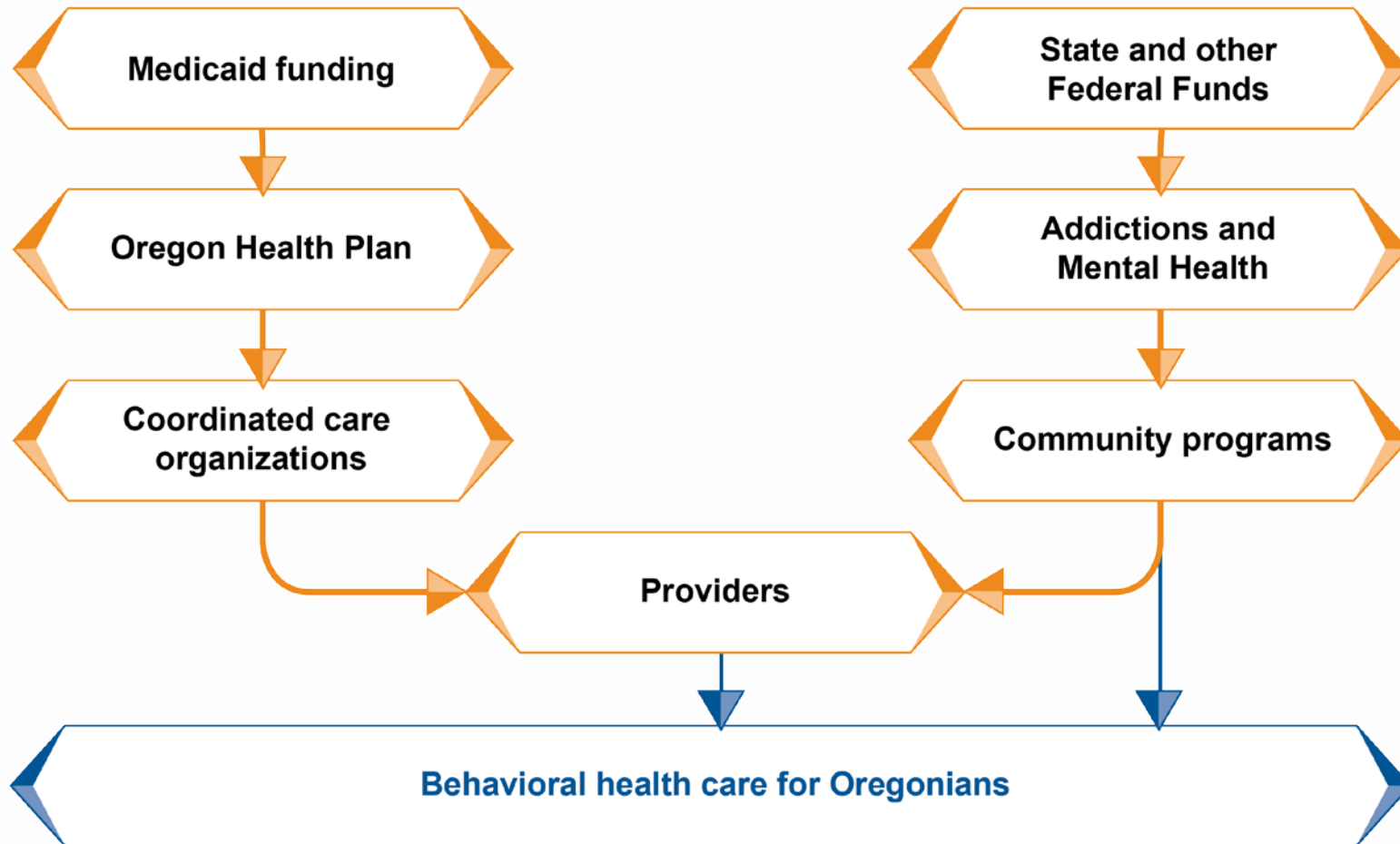
- Changes in federal policy
- \$1.9B Waiver agreement
- Designated State Health Program (DSHP)
- 3.4% Targets to leverage \$68M per year
- Financially sustainable model
- Achieving health systems transformation
- Ongoing mechanics of enrollment
- The march to Kentucky (conversion)
- Expensive treatment advances



OHA Progress

Where we've been	Where we are going
Divisions and programs with separate missions and visions	One mission, one vision, restructure designed to achieve measureable results
Grant oriented	Outcomes oriented
Policy and program focused	Customer focused
Dysfunctional technology services	Reliable technology services
Managers define solutions	Staff are empowered to lead
Crisis driven, reactive	Proactive, innovative and responsive
Government services operate in relative isolation	Collaborative partner

How funding turns into behavioral health services

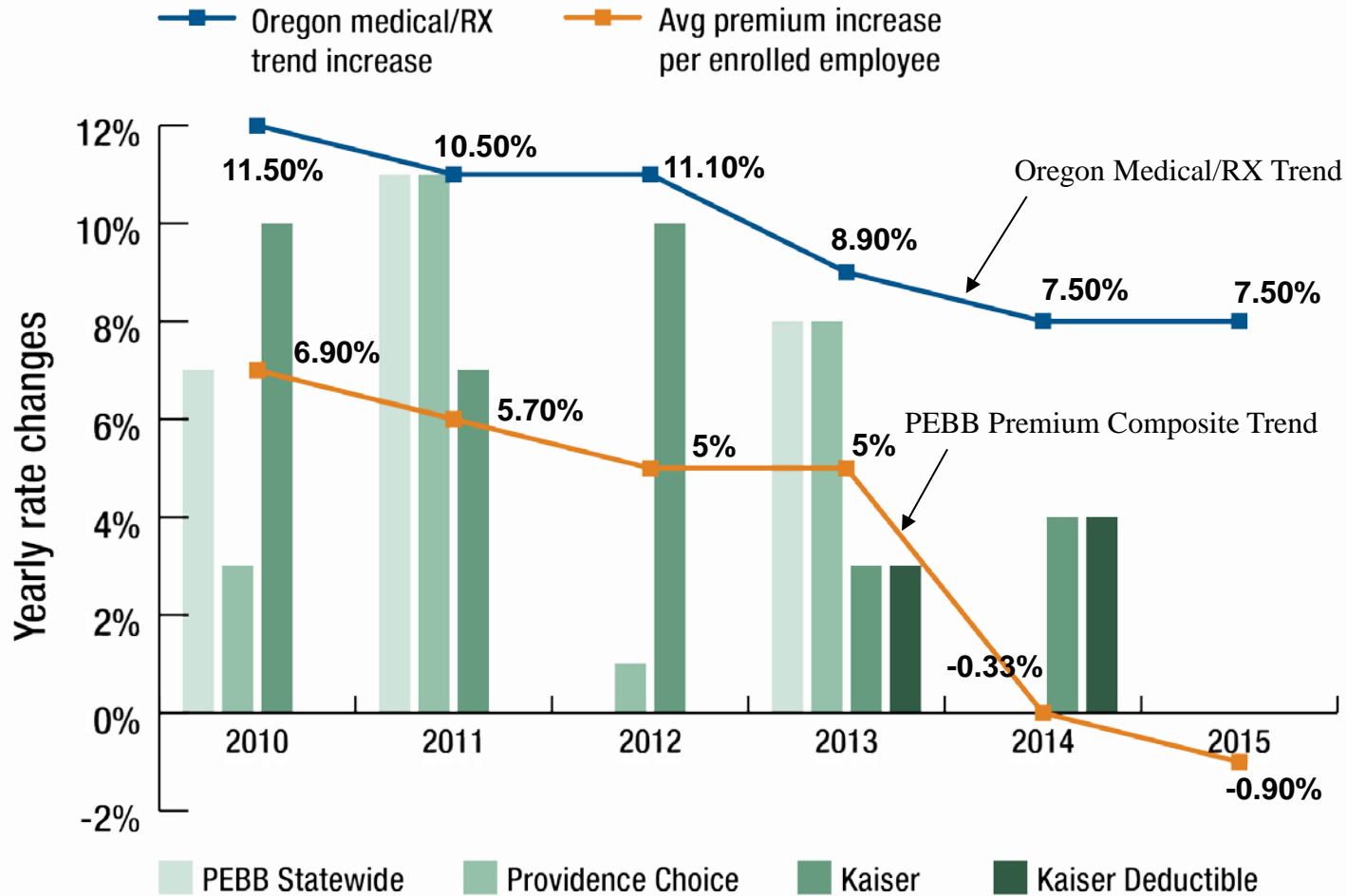


Behavioral Health Services

Included in Medical Assistance Program
and Addictions & Mental Health (total funds in millions):

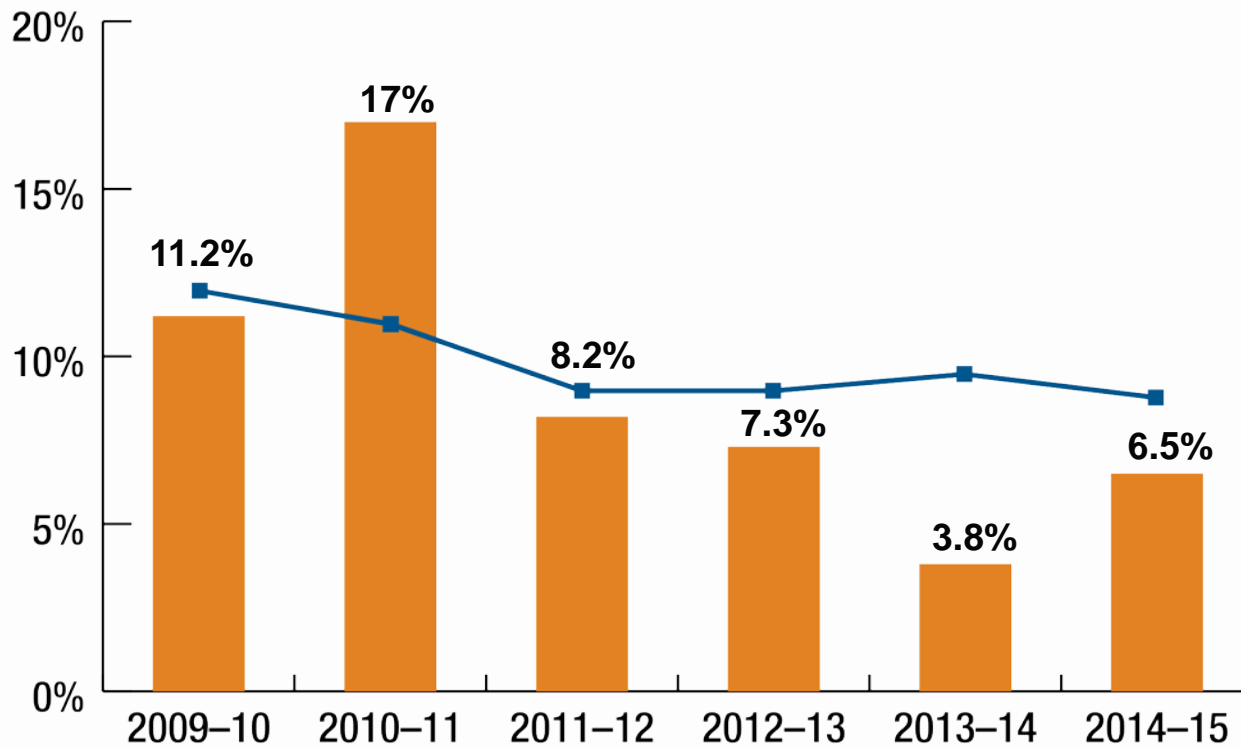
	MAP	AMH
Mental Health Services - Medicaid	\$1,419	
Community Services - Non Medicaid		\$477
Institutions		\$502
Addictions Services - Medicaid	\$218	
Addictions Treatment & Prevention - Non Medicaid		\$106
Gambling Treatment		\$8
Total	\$2,729	

PEBB's Success: beating the trend



OEBB's Success: beating the trend

OEBB has stayed below Oregon's medical trend for all but one of its plan years.



New in 2015 for PEBB

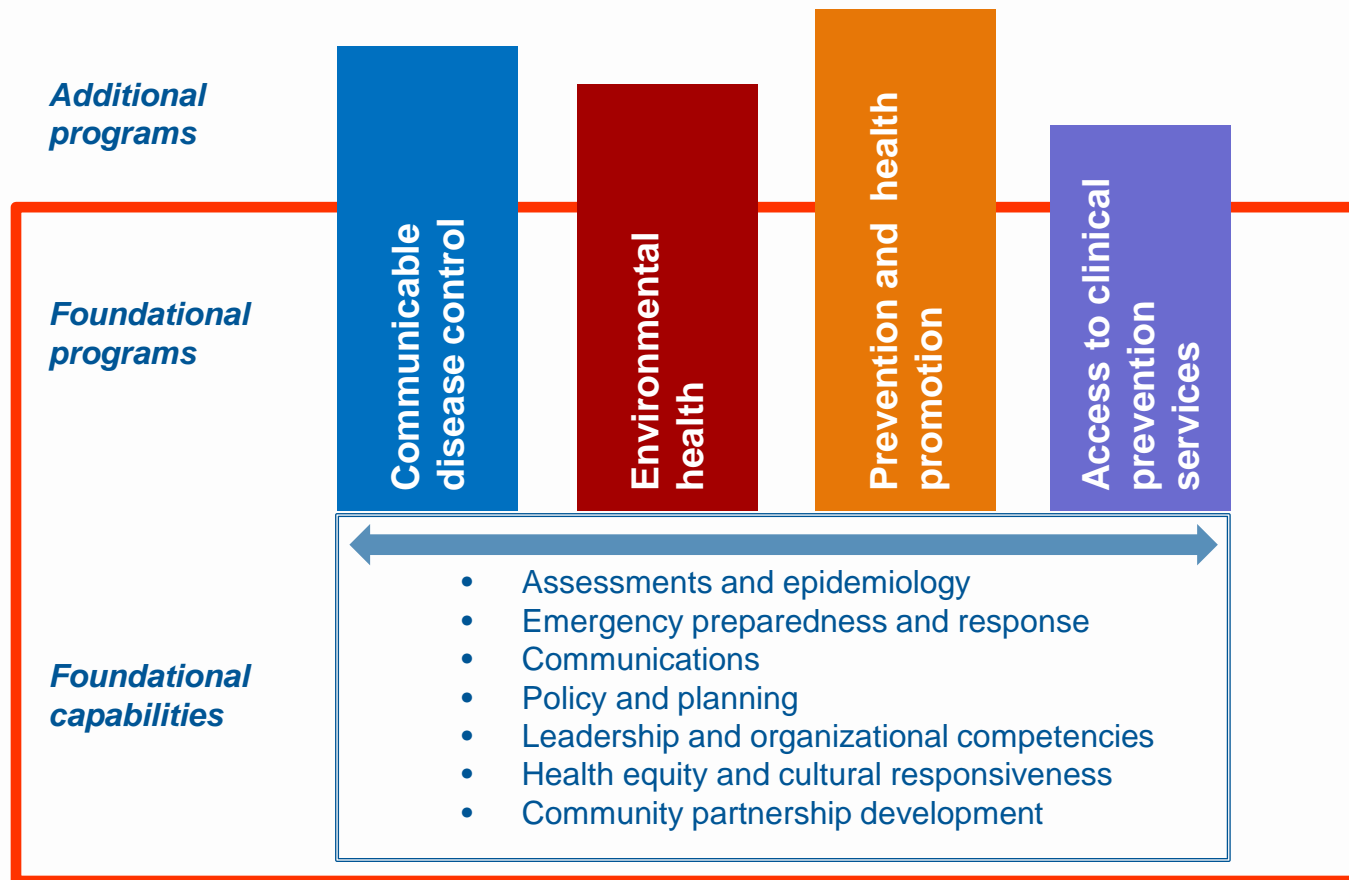
Improved care coordination

- PEBB members now have a choice between two or more medical plans in all 36 Oregon counties.
- Most plan choices are available at a lower cost to both members and the state.
- Plans are required to meet and report high quality measures of care by:
 - Prioritizing health and prevention services
 - Managing costs by cutting waste and requiring health plans and providers to be efficient, coordinated and focused on the patient



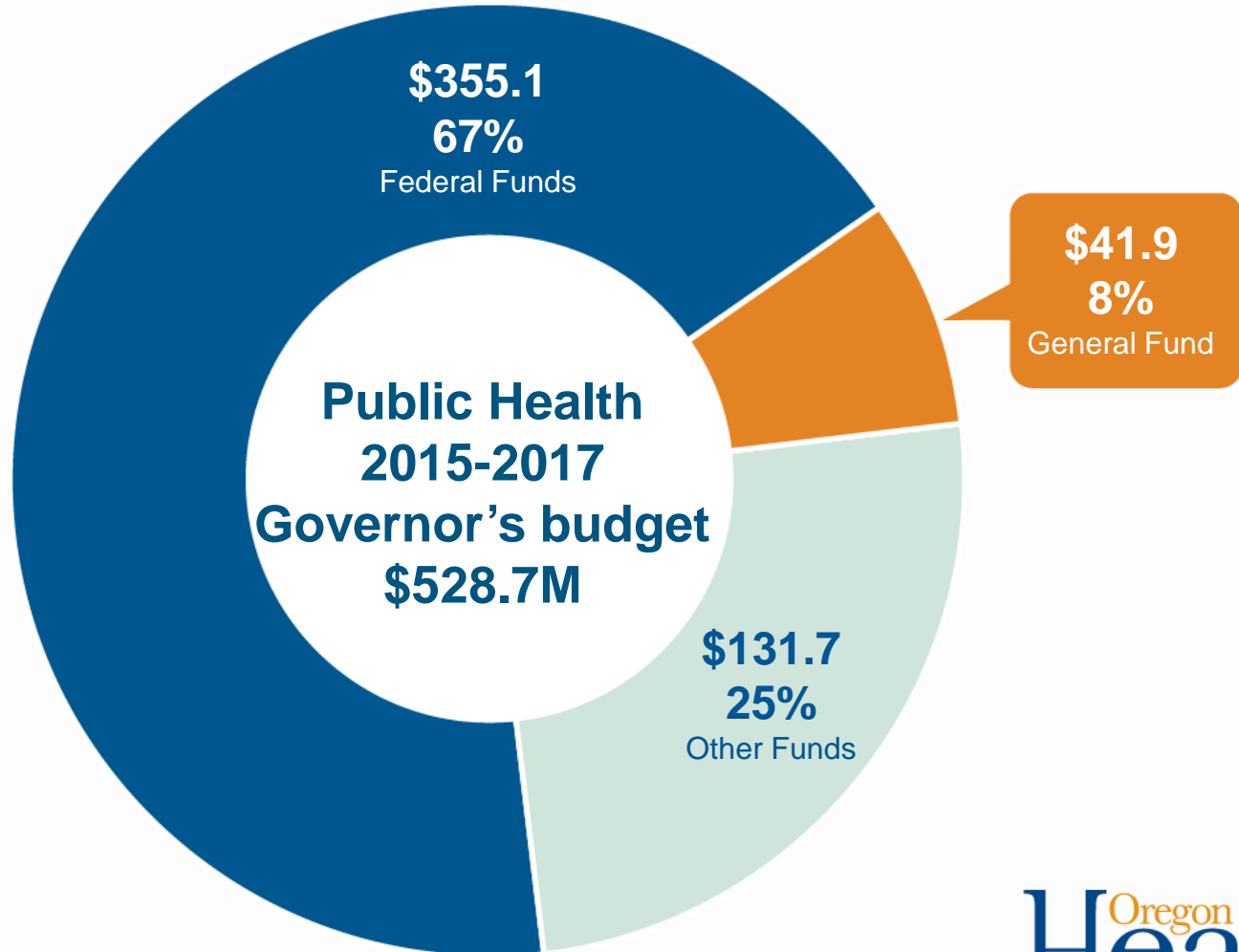
Future of public health

Conceptual framework for governmental public health services



 = Present at every health department

OHA Public Health 2015–17 Governor’s budget



Health policy's role in achieving healthy people outcomes

The offices within Health Policy help:

- define outcomes
- ensure fiscal accountability
- measure the effects of health investment in various health care strategies
- inform decisions for all aspects of health care within OHA

Recent focus has been:

- Reducing per capita costs
- Improving specific health measures tracked by the CCOs

Thank you.

Questions?