
Oregon Health Authority and the COVID-19 Public Health Crisis

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Patrick Allen
Oregon Health Authority Director



COVID-19 Update in Oregon

- Cases in Oregon: 4,029
- Cases per 100,000 people: 101
 - 4th lowest state
- Deaths in Oregon: 151
- Deaths per 100,000 people: 4
 - 6th lowest state
- Positivity rate: 3.3%
 - 6th lowest state
 - Positivity rate in last week: 1.7%

As of May 29; confirmed plus presumptive cases; state rankings compiled by Washington Post.

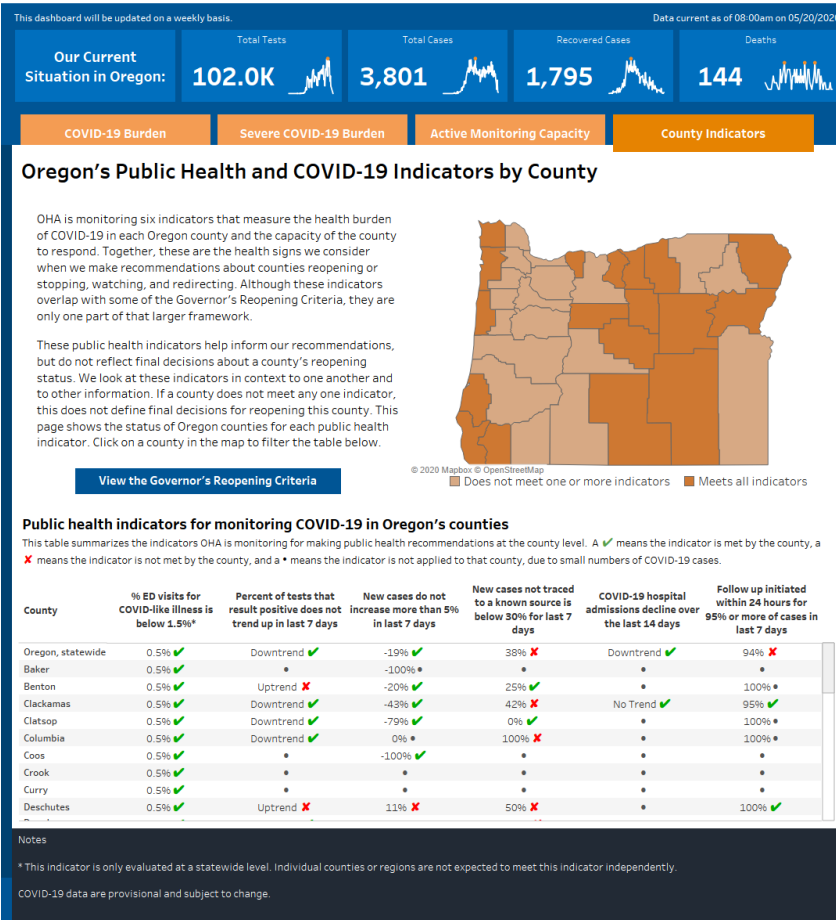
Reopening Oregon Dashboard



OHA is part of the statewide response working to address and reduce the effects of COVID-19 on the lives of Oregonians. Data presented here are from the OHA Public Health Division.
OHA COVID-19 Website

Contact Us

Oregon Health Authority (OHA) is monitoring six indicators to measure the health burden of COVID-19 in Oregon and our public health capacity to respond. The data shown in this dashboard are separate from Governor Brown's reopening criteria. These public health indicators help OHA understand the health impact of COVID-19 in communities across the state and make recommendations as appropriate.



The Public Health Response

- Strategy shifting from containment to mitigation to suppression
- Test, trace, isolate
- Public communications
- Community resources
- Data and modeling
- Guidance and support for health care
- Guidance for reopening

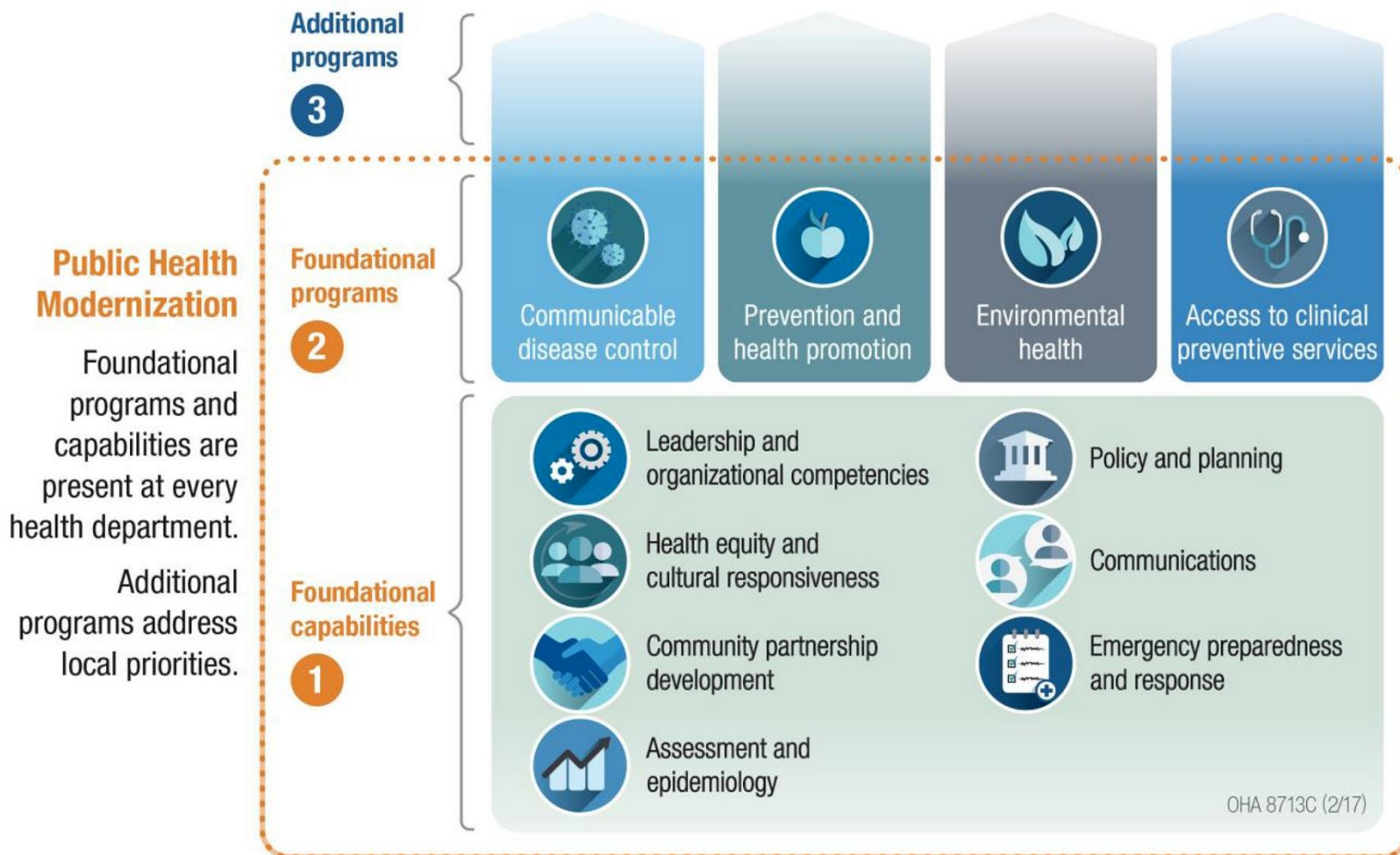
OHA's Focus for the Next 30-90 Days

- Watch for and guard against a rebound of the virus
- Prepare for a second wave in the fall
- Address school issues
- Manage budget cuts
- Plan for the long-term

Public Health System Impacts

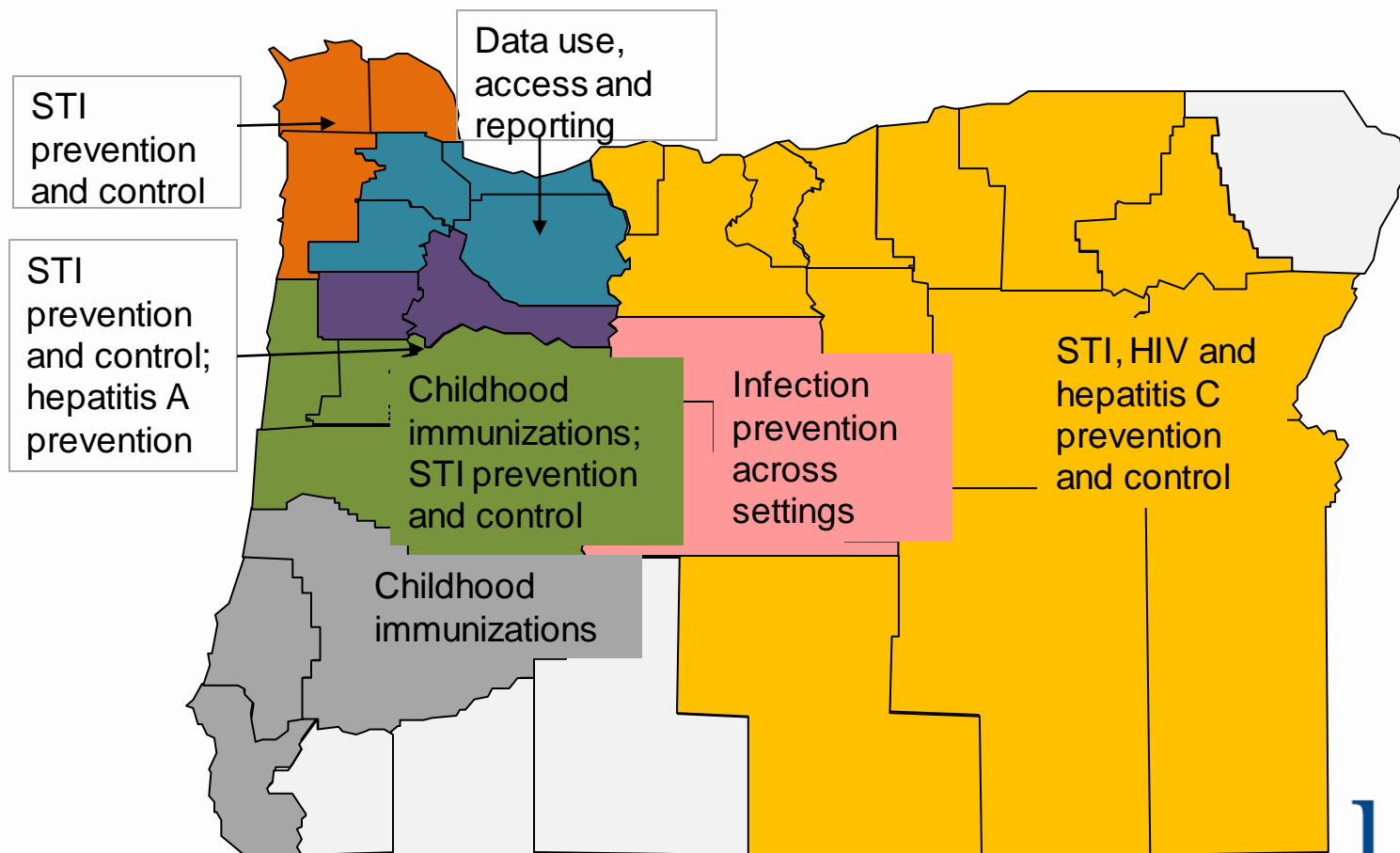


Modernized framework for governmental public health services



Public health modernization regional partnerships

- In 2019-21, all LPHAs are funded to implement strategies to address local priorities for communicable disease control and eliminating health disparities.
- Seven partnerships, covering most counties, are funded to expand regional interventions for communicable disease control.



Oregon Health Plan Impacts

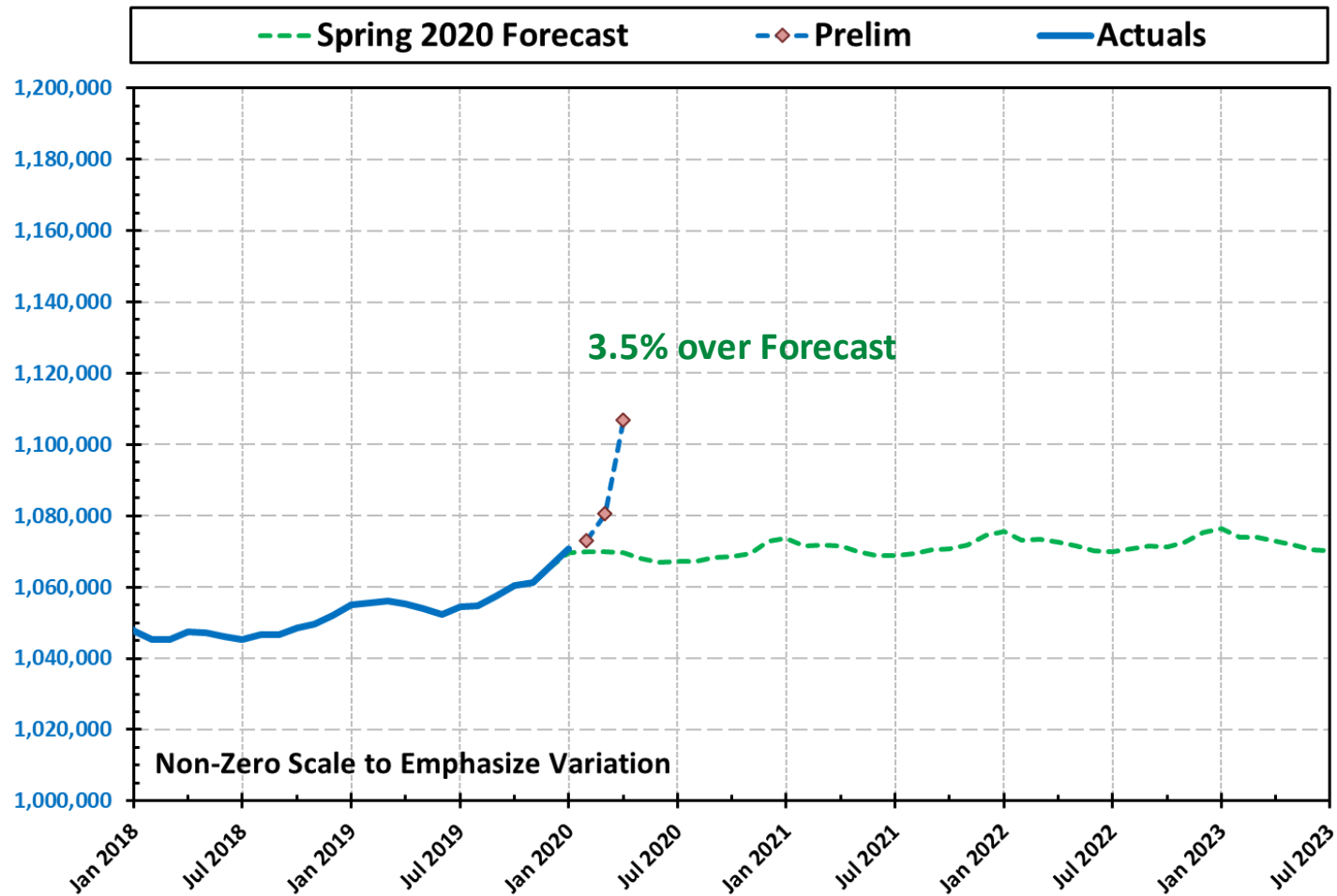


Temporary Emergency Waivers and Flexibilities

- Federal legislation and regulations helped to expand access to Medicaid and telehealth services
- [1135 waivers](#) granted during a public health emergency to help ensure:
 - Sufficient health care items and services for clients, and
 - Protections against sanction or nonpayment for providers who cannot comply with certain requirements due to the emergency
- Two 1115 waivers: 1) Creation of the COVID Disaster Relief Fund, and 2) One on behalf of DHS for the Office of Developmental Disability Services
- Oregon has also submitted State Plan Amendments to request flexibilities that could not be approved using the above options
- For more information see our [Temporary Waivers and Flexibilities during the COVID-19 Emergency Declaration webpage](#)

Medicaid Enrollment Impacts

Total Medicaid, Caseload



Source: [Office of Forecasting Research and Analysis: Monthly Caseload Forecast Variance Report, Oregon Health Authority - Health Systems Medicaid, MAY 2020.](#)

CCO Financial Strategies

- OHA released Quality Incentive Pool funds early to CCOs:
 - 2019 funds:
 - Distributed 60 percent of funds in late March – \$98 million
 - Remaining 40% funds will be paid out in June based on each CCOs 2019 performance, less quality pool funds already released in March
 - Suspended the 2020 Quality Withhold during the emergency (initially ~\$17 million/month beginning in April)
- Currently negotiating with CMS to leverage additional federal match (if general funds are available) to support providers, including submitting:
 - Emergency 1115 waiver to authorize a provider disaster relief fund, and
 - A disaster State Plan Amendment (SPA) to create flexibility with Open Card provider payments.
- For more information see our [Provider Financial Supports – CCO Strategies and Federal Funding Summaries webpage](#)

CCO Provider Payment Strategies

- Requested information from CCOs on provider payment and financial strategies
 - Emphasis on providers who have experienced a sharp decline in revenue
 - All CCOs engaged – and indicate they will continue to monitor - their providers to assess their needs as revenues decline;
 - Value-based payment arrangements have been “protective” and offered stability to providers at this time; CCOs are engaging FFS providers with opportunities to adopt more VBP arrangements, when appropriate;
 - Most CCOs are voluntarily increasing, supplementing, or advancing payments to providers; and
 - Many CCOs are spending greater amounts on community organizations and health related spending

Thank You

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