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# Oregon Health Authority COVID-19 and CCO Updates

Presented to  
Senate Interim Committee On Health Care  
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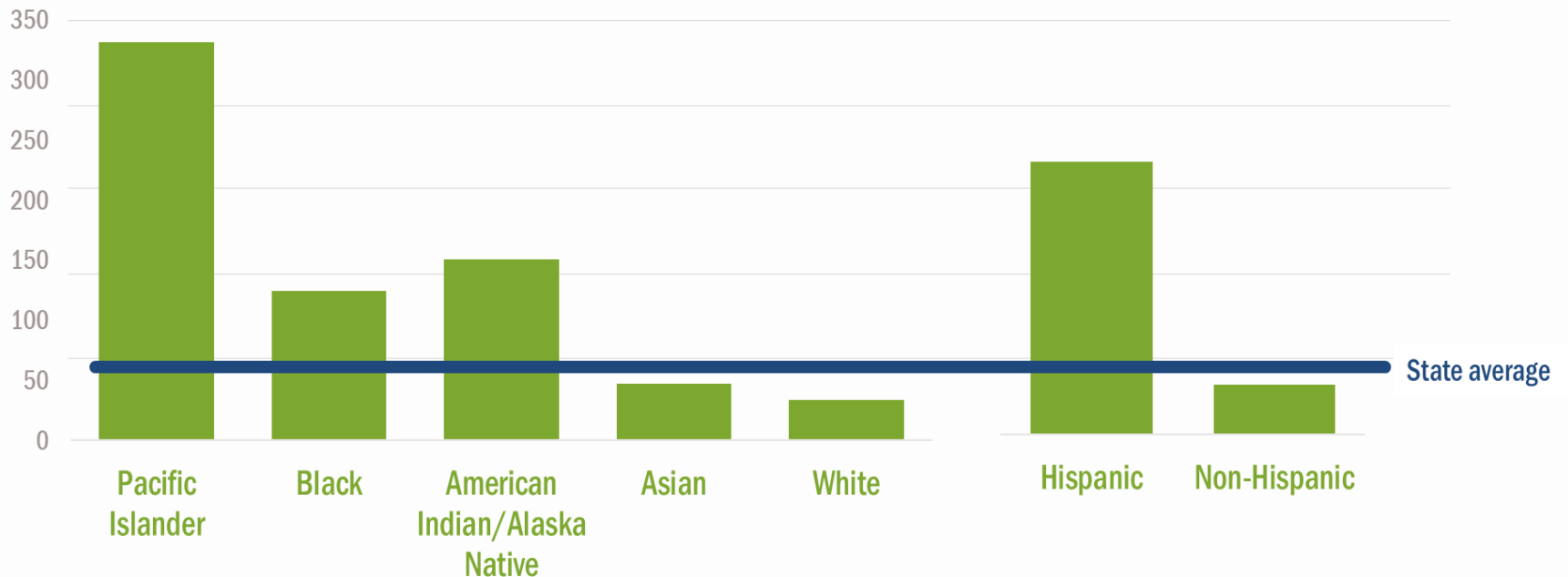
# COVID-19 in Oregon

- 724 cases per 100,000 population
  - 4<sup>th</sup> lowest among states
  - US median: 1,873 cases (New York)
- 12 deaths per 100,000 population
  - 6<sup>th</sup> lowest among states
  - US median: 37 deaths (Virginia)

Source: CDC, <https://covid.cdc.gov/covid-data-tracker>, 9/19/20

# Disproportionate Impacts

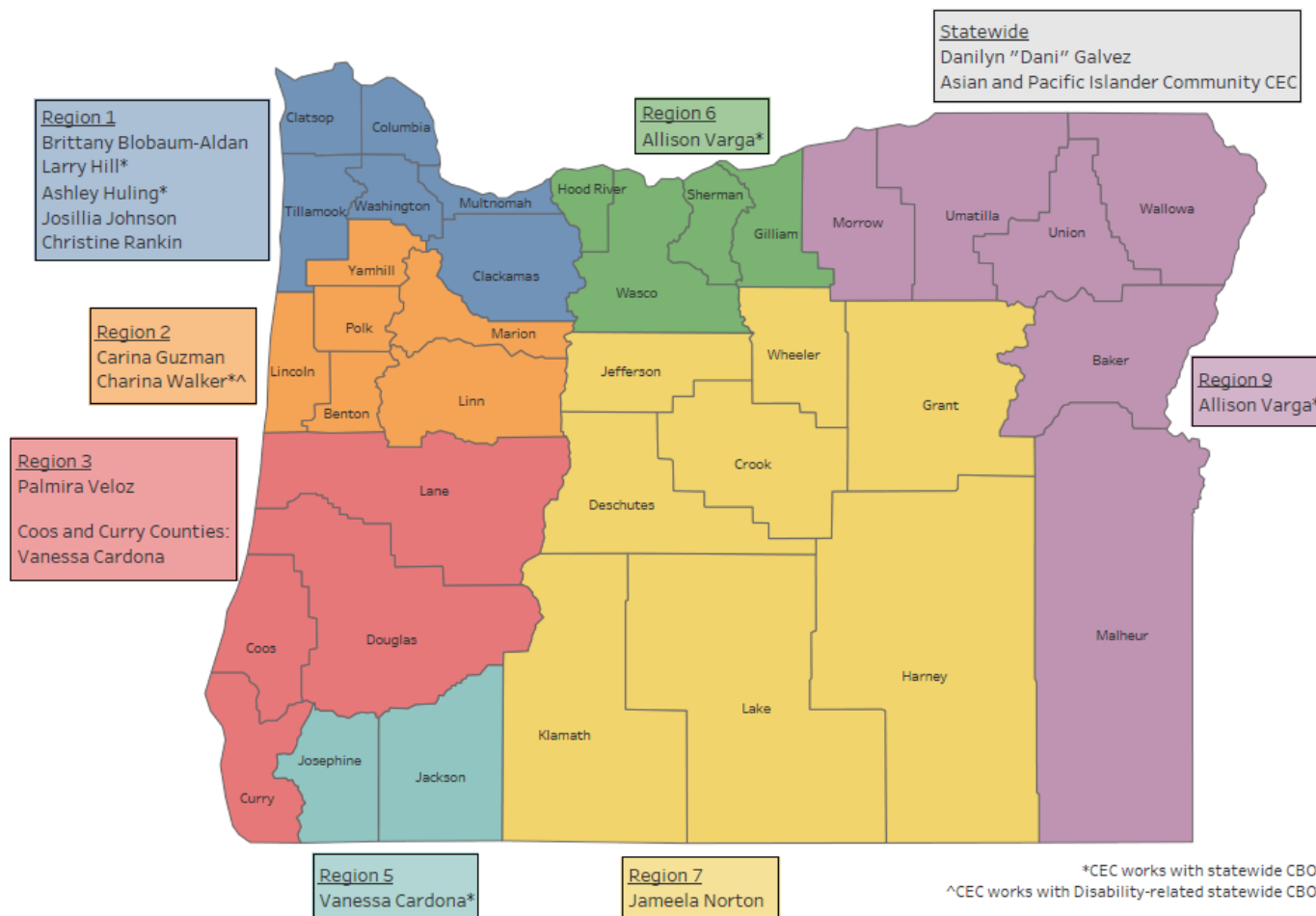
- Cases per 10,000 population, by race and ethnicity



# Health Equity Grants

- Distributing \$45 million in CFR funds
- Examples of services funded:
  - Health and economic: personal protective items, wage relief, childcare support
  - Food insecurity and housing: food, shelter, transportation, home heating and cooling costs
  - Safety and violence prevention: emergency motel vouchers, domestic violence services, programs to address stress and depression
- 213 organizations funded
  - Prioritizing tribal communities and communities of color

# Oregon Community Engagement Regions



9/1/2020

# Children and COVID-19

- Children comprise 11% of cases reported in Oregon
  - Disproportionately Hispanic
  - Most commonly contracted through household transmission
- Children display milder disease than adults and are rarely hospitalized or die from COVID-19
  - More likely to be asymptomatic, and thus evade detection
  - 1.2% hospitalized, compared to 8.5% of adults
  - No child deaths in Oregon to date

# COVID-19 and Flu Season

- With the possibility of influenza and COVID-19 patients competing for medical resources, flu vaccination will be a key strategy to fight both illnesses
- OHA is working with partners to expand our efforts
  - Enhance existing flu vaccination system, including additional funding for local and tribal public health, and for DOC and OYA to vaccinate people in custody
  - New system to work through community organizations, to focus on disproportionately impacted communities of color
- Aim to increase vaccination rates among older adults, and to reduce disparities faced by African American and Latinx populations

# Testing

- Tested over 610,000 Oregonians to date
  - 32,000 per week in August
  - Declines in testing in September due to fires
- Most testing occurs through health care systems
  - Decision to order a test lies with the health care provider
  - OHA recommends anyone with symptoms, plus selected testing for members of communities disproportionately impacted by COVID-19
- Our ultimate goal is 17,000 tests per day
  - To test all symptomatic Oregonians and their contacts, plus conduct surveillance testing, especially among at-risk populations



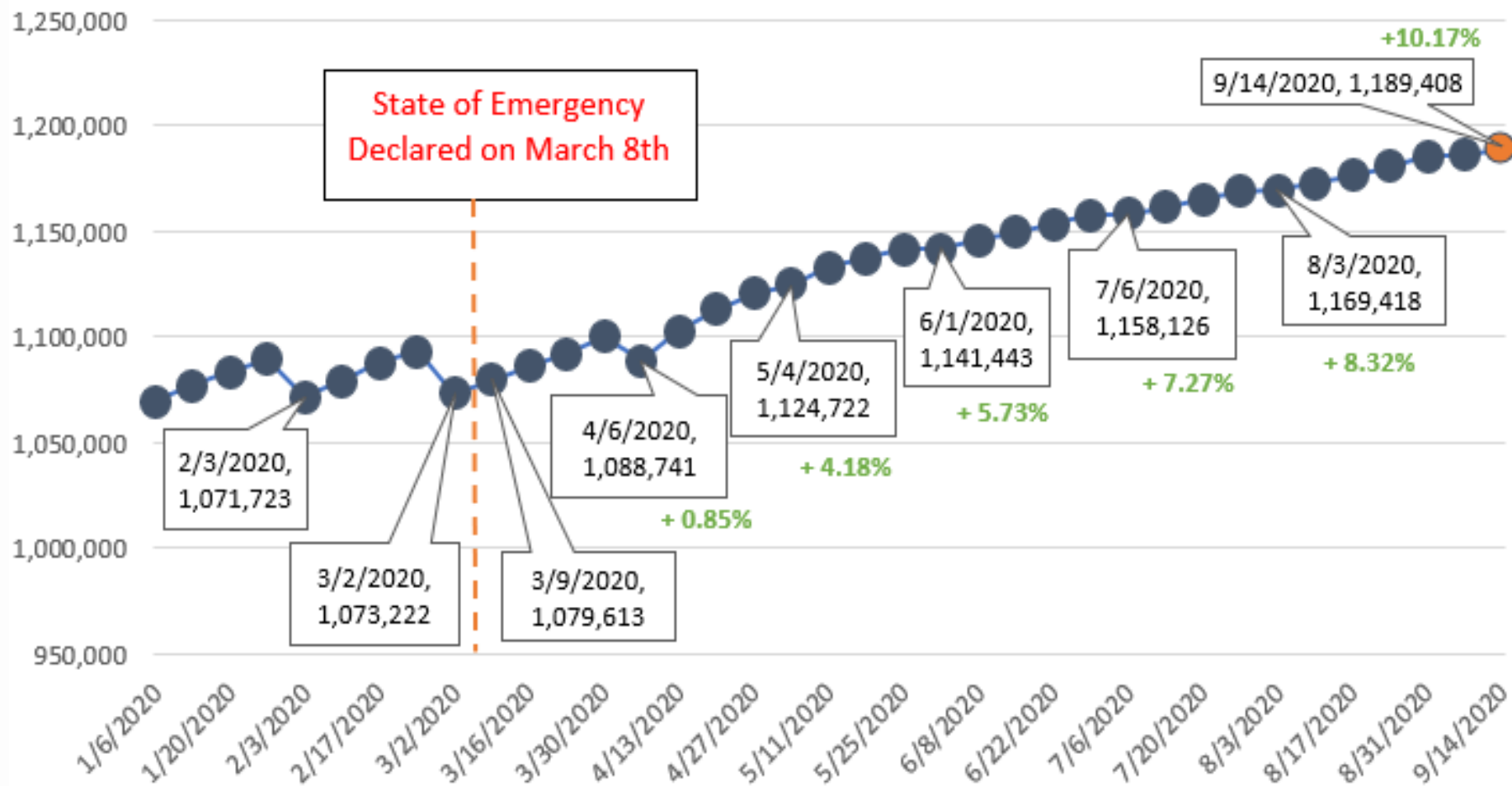
# Case Investigation and Contact Tracing

- A case investigator interviews each person who tests positive for COVID-19
  - Collects information including demographics, risks factors, and close contacts for contact tracing
  - Over 90% contacted and 70% interviewed within 24 hours
- A contact tracer reaches out to close contacts
  - Informs them about the potential exposure, explains how to monitor their health, and works to provide guidance and support, including connecting them to social services
- People who test positive or had close exposure are asked to isolate or quarantine

# Impacts of COVID-19 on OHP Enrollment

- Total OHP enrollment as of September 14 was 1,189,408
  - Increase of 109,795 members, about 10%, since the March 8 Emergency Declaration
  - Experienced a spike in new clients in March and April, about 4,500 above normal each month
  - Roughly normal growth from May through August
- The CARES Act suspended reductions in benefits and closures
  - Exits have decreased from about 20,000 a month to about 6,000 since the emergency started
  - All growth in the caseload after the first two months has come from the decrease in clients exiting Medicaid

# Total Oregon Health Plan Enrollment



# More on OHP Enrollment

- Why aren't the OHP enrollment numbers higher with so many people unemployed?
  - Because of the ACA, many of Oregon's hourly wage workers who have been significantly impacted by COVID-19 are already covered
  - Some who have lost their jobs may still have access to health coverage from their employers for a while
  - Some may not qualify because another wage earner in their home makes them ineligible
  - Some people may view their situation as short-term and thus not consider themselves low-income
  - Because access to health care services is limited right now, they may not have an immediate need for a doctor's appointment or dentist appointment, so applying for health coverage is not top of mind
- Looking Forward
  - Caseloads will likely continue to grow for several months until some time after the Public Health Emergency is over
  - They may fall sharply for a few months after that, but then level off at a higher level than pre-COVID-19

# Trillium CCO Approved in Tri-County Area

- Trillium applied to provide services to Portland area as part of its original CCO 2.0 contract
  - Put on hold in November 2019 due to lack of network adequacy
  - In May-July 2020, Trillium demonstrated it met conditions
  - Approved to provide CCO services beginning September 1
  - Trillium's network meets CMS defined network adequacy requirements to serve the area
- Trillium will be subject to additional monitoring and compliance requirements
  - Corrective Action Plan (CAP) to ensure Trillium's network can deliver accessible, high-quality care to Portland area OHP members

# Trillium CCO – Member Communications

- OHA's member communications strategy focuses on providing educational materials and customer service support to share information about CCO options and minimize confusion
  - No Health Share of Oregon CCO members will be moved to Trillium CCO unless they request to be moved
  - CCO members can switch CCOs at least once per year at redetermination date, plus additional options to assist them in making a switch to another CCO at a time of their choosing
  - OHA is activating the same call center that served OHP members during the CCO 2.0 transition to answer questions or help them change CCOs and provide additional customer service to members in the area