

Oregon Pediatric Improvement Partnership (OPIP) Partners Committee
Recommendations to OHA on Ensuring Quality of Care for Children in the Oregon's
1115 Waiver and CCO 3.0



Background and Context

[OPIP's Partners Committee](#) is a group of leaders who share a commitment to improving the health of ALL children in Oregon. We meet quarterly with a shared focus on providing input to policymakers. We are eager to support and provide guidance to the Oregon Health Authority and other committees as they develop Oregon's next 1115 Waiver and the CCO 3.0 contracts, and work to address Medicaid sustainability. We appreciate OHA's longstanding commitment to ensuring quality of care for children and investing in upstream services that improve health outcomes and advance the state's health equity goals. **This is a critical time to acknowledge what has and hasn't worked for children in the CCO model. Adjustments are needed to ensure that children receive the set of EPSDT aligned services they are legally required to be provided and that contractual CCO obligations for children are met.** Children are not little adults: policies and systems need to be specific to children to account for their unique needs. And the goal and likely outcome of child-focused priorities will be life-long health and positive impact to society. This document summarizes key recommendations. We welcome your attendance at a future OPIP Partners meeting as we strive to provide partnership, collaboration and solutions needed during this complex time.

Partner Recommendations for OHA to Consider in the Next 1115 Waiver & CCO 3.0

- 1. Maintain Coverage Strategies for Young Adults with Special Health Care Needs.**
- 2. Improve Rate Setting for CCOs to Ensure Federally Required EPSDT Services for Children Are Included in Global Budget as CCO Quality Incentive Pool Funding Decreases**
 - 2A. Increase OHA FFS Rates for Physical Care Services (Ex. Well Visits) to Ensure that Global Rates are Established in a Way that Physical Care Providers Serving Medicaid-Enrolled Children can Sustain Services.** Prioritize FFS rates for identified priority services, such as aspects of care included in the incentive metric pool like well-child visits, preventive services, and assessment within primary care
 - 2B. Ensure that global budgets include prospective funds that would ensure EPSDT services are provided,** especially for priority topic areas aligned with metrics and priorities (e.g. behavioral health, dental services). We would be happy to provide quantitative data to inform budgeting scenarios.
- 3. CCO 3.0: Ensure Children are a Focus in CCO 3.0 and Receive All Required EPSDT Services, with Adequate Payment to Sustain the Providers Delivering Those Services**
 - 3a. Within CCOs, require that global budget funds for children are spent only on children and not shifted to adults.** *Example of Options: Within CCO budget, child vs. adult budget; Allow for a CCO focused only on children that may not be regional, but statewide.*
 - 3b. Ensure that funds for child-level physical, behavioral and oral/dental services go to those services by requiring reporting of funds by type of service AND by population**
 - i. For school aged populations, require contracting for applicable services within schools to ensure network adequacy and services in places children can easily access.
 - 3c. Ensure that CCOs Provide Sustainable Payments to Primary Care for EPSDT Services & Services Where Primary Care is the Dominant Place of Care and Ensures Network Adequacy**
 - i. Require in CCO contracts payment of Primary Care-Based Behavioral Health by OHA FFS rates and require PMPMs to sustain Integrated Behavioral Health in Primary Care
 - ii. Require in CCO contracts Traditional Health Worker FFS Payments and require PMPMs
 - 3d. Improve CCO Reporting of Behavioral Health Network Adequacy for Children**
 - i. Require reporting of network adequacy for children in CCOs, and within children birth to 5 vs 6-21
 - ii. Address restrictions in CCO networks that limit access for low acuity, EPSDT-aligned behavioral health services for children, and services provided in schools.