

## Oregon Managed Care Program Features, as of 2015

| Features   | OHP - Oregon Health Plan                 | PACE  |
|--|--|---|
| <b>Program type</b>  | Comprehensive MCO                        | Program of All-inclusive Care for the Elderly (PACE)  |
| <b>Statewide or region-specific?</b>   | Statewide                                | Multnomah, Washington, Clatsop and Tillamook Counties   |
| <b>Federal operating authority</b>   | 1115(a) (Medicaid demonstration waivers) | PACE  |
| <b>Program start date</b>  | 02/01/1994                               | 01/01/1986  |
| Waiver expiration date (if applicable)   | 06/30/2017                               |   |
| If the program ended in 2015, indicate the end date  |  |   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                                |   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                                |   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary                                |   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Voluntary                                |   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                                |   |
| Populations enrolled: Full Duals   | Voluntary                                | Voluntary   |
| Populations enrolled: Partial Duals  | Voluntary                                | Voluntary   |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                                |   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary                                | Voluntary   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary                                |   |
| <b>Populations enrolled: Enrollment choice period</b>  | Pre-assigned                             | N/A   |
| <b>Populations enrolled: Enrollment broker name (if applicable)</b>  |  |   |
| <b>Populations enrolled: Notes on enrollment choice period</b>   |  | Flexible enrollment eligibility - rolling enrollment to be effective on the 1st of the following month. |
| Benefits covered: Inpatient hospital physical health   | X  | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  | X   |
| Benefits covered: Outpatient hospital physical health  | X  | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X  | X   |
| Benefits covered: Partial hospitalization  |  | X   |

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| Benefits covered: Physician  | X                             | X   |
| Benefits covered: Nurse practitioner   |                               | X   |
| Benefits covered: Rural health clinics and FQHCs   |                               |   |
| Benefits covered: Clinic services  |                               | X   |
| Benefits covered: Lab and x-ray  | X                             | X   |
| Benefits covered: Prescription drugs and prosthetic devices  | X                             | X   |
| Benefits covered: EPSDT  | X                             |   |
| Benefits covered: Case management  | X                             | X   |
| Benefits covered: Health home (SSA 1945)   |                               |   |
| Benefits covered: Family planning  | X                             |   |
| Benefits covered: Dental services (medical/surgical)   | X                             | X   |
| Benefits covered: Dental (preventative or corrective)  | X                             | X   |
| Benefits covered: Home health agency services  | X                             | X   |
| Benefits covered: Personal care (state plan option)  |                               | X   |
| Benefits covered: HCBS waiver services   |                               | X   |
| Benefits covered: Private duty nursing   |                               |   |
| Benefits covered: ICF-IDD  |                               |   |
| Benefits covered: Nursing facility services  | X                             | X   |
| Benefits covered: Hospice care   | X                             | X   |
| Benefits covered: Non-Emergency Medical Transportation   | X                             | X   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Hearing, Immunization, Vision | Medications (OTC and RX), Mental Health Care, DME, Speech/Physical/Occupational/Recreational Therapeutic Services, Audiology/Optical/Podiatry Specialty Medical Care, Occupational and Physical Therapy and Social Services |
| Quality assurance and improvement: HEDIS data required?  | No                            | No  |
| Quality assurance and improvement: CAHPS data required?  | Yes                           | No  |
| Quality assurance and improvement: Accreditation required?   | No                            | No  |
| Quality assurance and improvement: Accrediting organization  | NCQA, URAC                    | NCQA  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                            | Acumentra                     |   |

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| Performance incentives? Payment bonuses/differentials to reward plans   | X   | X                             |
| Performance incentives? Preferential auto-enrollment to reward plans  |   |                               |
| Performance incentives? Public reports comparing MCO performance on key metrics   | X   |                               |
| Performance incentives? Withholds tied to performance metrics   | X   |                               |
| Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods                               |   |                               |
| Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods |   |                               |
| Participating plans and regions served: Plans in Program  | <p>Access Dental Plan, LLC; Advantage Dental Services; AllCare Health Plan; Capitol Dental Care, Inc.; CareOregon Dental; Cascade Health Alliance; Columbia Pacific; Eastern Oregon CCO; Family Dental Care; FamilyCare; Greater Oregon Behavioral Health, Inc.; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; Kaiser Permanente Oregon Plus; Managed Dental Care of Oregon; ODS Community Health Inc.; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; PrimaryHealth of Josephine County; Trillium Community Health Plan; Umpqua Health Alliance; Western Oregon Advanced Health; Willamette Valley Community Health; Yamhill Community Care</p> | <p>Providence Elder Place</p> |
| Notes: Program notes  |   |                               |