

Oregon Makes Strides to Improve the Lives of Families Through Medicaid-Public Health Collaboration

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Oregon At-A-Glance

State Structure

- Oregon Health Authority (OHA) comprises seven divisions, including the Public Health Division and the Health Systems Division, which houses the Oregon Health Plan (OHP), the state's Medicaid program.

Oregon Health Authority Public Health Division

- Oregon has a decentralized public health structure. See the organizational chart for OHA's Public Health Division for more information on its various centers.
- There are 33 local public health authorities that provide clinical and supportive services across the state.
- *Healthier Together Oregon*, the 2020-2024 state health improvement plan, recognizes structural racism and a need to achieve health equity and address social and economic drivers of health.
- The 2021-2023 Oregon Health Authority Equity Advancement Plan outlines the state's goals and strategies to eliminate health inequities in the state by 2030.
- In 2021, OHA served 56,780 individuals under the Maternal and Child Health Services Title V Block Grant. The 2023 Title V budget is over \$77 million.

Oregon Health Authority and Oregon Health Plan

- OHP covers about 25% of Oregon's population. OHP includes the state's Medicaid program, its Children's Health Insurance Program, and other key state-funded programs, such as the Breast and Cervical Cancer Treatment Program and the Healthier Oregon state health coverage program.
- In 2012, Oregon's healthcare system underwent a significant transformation with the creation of its coordinated care organizations.
- Oregon expanded Medicaid in 2014, which helped drop its uninsured rate from 15% to 6%.

Cross-Agency Alignment and Collaboration

- Medicaid contracts with all local public health authorities in the state to provide application assistors, Oregon Health Plan Certified Community Partners, who help Oregonians apply for Medicaid, maintain coverage, and navigate the healthcare system.
- OHA's Public Health Division has influenced Medicaid policy in the state. Notably, the state's recent Section 1115 demonstration waiver stems from a Medicaid-public health collaboration. The waiver includes provisions for housing, food assistance, and other health-related social needs, and provides continued coverage for children, and expanded coverage for the Early and Periodic Screening, Diagnostic, and Treatment Medicaid benefit to improve the health of families.

Introduction

Oregon continues to grow its focus on health equity. The state has prioritized [public health modernization](#) and has a unique healthcare model of [coordinated care organizations \(CCOs\)](#), managed care entities that each include a network of all types of healthcare providers who work together in their local communities. They focus on prevention, primary care, and helping people manage chronic conditions. Medicaid-public health collaboration has enabled the state to make changes in healthcare delivery, reduce spending, and improve health outcomes. Recently, the public health and Medicaid agencies partnered on efforts to ensure continuous healthcare coverage and implement universal home visitation for Oregonian families.

This profile, informed in part by interviews with state officials from both the public health and Medicaid divisions of Oregon Health Authority (OHA), explores their partnership to improve the health of children and families in the state through an 1115 demonstration waiver and other activities. This profile is part of an initiative, led by the Association of State and Territorial Health Officers (ASTHO) and the [Center for Health Care Strategies](#), that aims to better understand how Medicaid and public health agencies collaborate together.

Role of Oregon Health Authority Public Health Division in the Healthcare Safety Net

OHA’s Public Health Division (PHD) has over 1,000 employees, including public health nurses, physicians, and other clinical and supportive staff, to provide a variety of services using Title V; the [Ryan White HIV/AIDS Program \(RWHAP\)](#), which works to prevent the transmission of HIV/AIDS and promotes the health and well-being of those affected by HIV/AIDS; and other programs to ensure the health of people living in the state. Services range from clinical reproductive health services and the AIDS Drug Assistance Program to providing technical assistance and training to local public health agencies, community-based organizations, and nonprofit organizations that are under contract to deliver clinical services or whose services help meet OHA PHD’s service goals.

TITLE V SERVICES PROVIDED BY OREGON HEALTH AUTHORITY’S PUBLIC HEALTH DIVISION

Through the Title V Maternal Child Health Block Grant, OHA PHD coordinates services to ensure access to quality maternal and child healthcare services. In collaboration with Oregon’s Title V program, PHD provides oral healthcare, the Early Hearing Detection and Intervention program, home visiting, and many other services.

The below table highlights key Title V services for families, many of which are funded partially by the state’s Medicaid program under the Oregon Health Plan (OHP). The table includes information about scope of services, funding source, and OHP’s role for selected programs. The table is not intended to be exhaustive, and the breadth of OHA PHD’s clinical services extends beyond Title V services (see the complementary [report](#) for additional examples). More information about OHA PHD’s service provision is available through [its website](#).

Table 1: Title V services provided by Oregon Health Authority Public Health Division

PROGRAM	SERVICES	FUNDING SOURCE	MEDICAID PARTNERSHIPS
Family Connects Oregon	Supports parents and families by offering nurse home visitation for all families with newborns until the babies are up to 6 months old, regardless of insurance status. The program is evidence-based and provides one to three visits from a state licensed registered nurse.	HRSA Title V grant and state general funds	Data sharing by state mandate. All health benefit plans, including Medicaid, provide coverage for this new program.
Early Hearing Detection and Intervention	Assures that infants and young children in Oregon who are deaf or hard of hearing are identified early and receive services to support language development.	CDC and HRSA	Data sharing by state mandate.

Family Connects Oregon is voluntary and includes home visitation for all newborns, including foster and adoptive newborns. Nurse home visitors engage families to identify needs and provide tailored support, which includes connection to community resources, more intensive home visiting, and other programs such as mental health and childcare services. The Early Hearing Detection and Intervention Program conducts universal newborn hearing screenings by 1 month of age, diagnosis no later than 3 months of age for infants not passing the hearing screening, and enrollment in early intervention by 6 months of age for infants identified as deaf or hard of hearing.

Collaborating to Better Serve Families

OHP's Medicaid Program and Oregon's Title V programs have been able to work jointly to transform healthcare delivery and improve health outcomes in the state. As a Medicaid official stated, "There is an understanding of shared goals and the need to collaborate and leverage each other's expertise and resources to advance efforts and maximize effectiveness. It is partnership in its truest fashion." A public health official also shared, "We can stretch services and work toward health equity because of our partnership and how we leverage each other." The following are examples of Medicaid-public health partnership in Oregon.

Universal Home Visitation

OHA PHD recently began phasing in a new home visitation model via its Family Connects Oregon program. OHA PHD and OHP put together a combined reimbursement model that consists of both clinical assessment and case management to cover the costs of the services and incentivize improved quality of care. The state is providing the required match for the Medicaid reimbursement so county service providers are not burdened to find match funding at the local level. As one public health official shared, "Our partnership with Medicaid has resulted in rolling out universally offered home visitation statewide, beginning in 2019, which has been phenomenal for families in Oregon."

1115 Demonstration Waiver

OHA PHD collaborated closely with Medicaid on Oregon's new [1115 demonstration waiver](#), which was approved by the Centers for Medicare and Medicaid Services in September 2022. Under this waiver, the state will transition its [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#) program from a Medicaid waiver back to a traditional EPSDT program like most other states. One state official interviewed indicated that this is a significant change for Oregon because implementing EPSDT under the Medicaid waiver created barriers to access for families and confusion for providers. Now, the full range of [EPSDT services](#) will be covered by Medicaid, including medically necessary services not available or defined under OHP. Agency liaisons for OHA PHD and OHP, who are required to collaborate under the interagency agreement for Title V, will work with Medicaid over the coming year to support implementing a comprehensive and equitable EPSDT program.

The [1115 waiver](#) also implements continuous coverage for children enrolled in Medicaid until their sixth birthday. This means that children under 6 will remain enrolled in Medicaid even if they experience a change in income, which enables continuity of coverage and care. Prior to this waiver, Medicaid beneficiaries under age 6 were required to undergo annual redetermination and could lose coverage if they experienced a change in income.

FACTORS FOR SUCCESSFUL CROSS-AGENCY COLLABORATION

Interviewees shared several key components of their partnership. Officials looking to strengthen Medicaid-public health collaboration can implement these practices in their own states.

- **Focus on policy and strategy alignment.** Historically, and across many states, the focus for Medicaid-public health partnership has been on financing. One of the key aspects of a successful partnership for Oregon has been looking beyond financing and focusing on aligning policies and strategies to better serve Oregonians. As an official from OHA PHD shared, “We follow Medicaid policies closely to ensure we can fully leverage the system. As eligibility changes, the public health system reacts to those changes.” OHA’s PHD and OHP recently created a preferred drug list together for both RWHAP and Medicaid beneficiaries. The two agencies worked together to determine which medications RWHAP promotes to the people that it serves so the entities could align strategies. The partnership generated a preferred drug list to facilitate rebate agreements for medications and drive down medication costs for the state without harming the community.
- **Structure interagency governance to facilitate policy alignment.** The success of the Title V-Medicaid partnership is in large part due to the current Title V-Medicaid [interagency agreement](#). Title XIX [requires state Medicaid agencies](#) to enter into these agreements with state Title V agencies. As part of the agreement, Medicaid established quarterly meetings to enable agency liaisons to monitor the implementation of the agreement and update its provisions, as needed. These meetings focus on identifying opportunities to support the two divisions’ shared populations. These regular partner convenings have resulted in policy alignment related to maternal and child health service provision, such as the design of the new universal home visitation model.
- **Leverage each agency’s expertise.** Oregon’s public health agency provides its Medicaid program with a subject matter expert on population health, which the Medicaid program values and uses. For example, the public health agency conducts analyses of Medicaid and other state data to understand utilization of services in the state and identify improvements that may address barriers to care for community members. The public health agency is in constant communication with local health departments and understands the needs and preferences of individuals and families throughout the state, not just Medicaid members. As a state Medicaid official expressed, “Public health has historically done integrated roots work. We care deeply about equity and understand the value of doing this work with them. More lifting makes the load lighter for everyone.”
- **Engage in joint problem solving and technical support.** OHA PHD and OHP reported that they provide technical assistance, education, consultative services, and additional support to one another for policy development and to leverage the resources of both agencies to maximize services. The agencies work together to jointly address service delivery challenges within public health, Medicaid, or CCOs. Interviewees from both agencies indicated that Oregon’s Medicaid agency is very responsive to issues that its public health agency brings up. As a Medicaid official shared, “We collaborate with and provide [technical assistance] to each other. We flag issues, we share information, and leverage each other’s resources to follow up on member challenges. We do the research and follow up.”
- **Evaluate lessons from the COVID-19 public health emergency.** The COVID-19 public health emergency improved collaboration between the two agencies, which had historically operated more independently despite being under the same umbrella agency. It improved cross-agency collaboration by bringing inequities to the surface and creating opportunities for partnership to strengthen service design and delivery to ultimately improve the lives of the people in the state. “The public health emergency created a need for people to work together more,” said a Medicaid official. Another Medicaid official stated, “During the COVID-19 pandemic, we had intense connections because they were necessary to get services to those who needed them. I suggest looking at lessons learned to enhance the work already being done.”

OUTCOMES

Oregon's Medicaid and public health agencies collaborated extensively on Title V work, including achieving universal home visitation for families with newborns. Additional policy changes are on the horizon. Recently, the director of Oregon's Title V Center for Children and Youth with Special Health Needs, Dr. Benjamin Hoffman, was appointed to the Medicaid Health Evidence Review Committee, which makes decisions about the prioritized list for Medicaid-covered services. Dr. Hoffman, a practicing pediatrician, will strive to provide a voice for both equity and children with special needs, according to state officials. Additionally, the Title V program is working with OHP and OHA's [Health Policy and Analytics](#) Division to develop a [Children's Health Team Policy Option Package](#). If approved, the package would fund a child health team that works across OHA to promote policies, systems, data, and programs supporting child health.

The Medicaid-public health partnership has aimed to strengthen family, maternal, and child health policies via Oregon's 2022-2027 1115 waiver and will work to support effective implementation as well. "The 1115 waiver is a big shift for Oregon and is demonstrative of our Medicaid-public health partnership," said one public health official. A Medicaid official interviewed indicated that when the time comes to make substantive updates to Medicaid's quality strategy, OHA PHD will be contributors in providing subject matter expertise, strategic guidance, and content contributions for evidence-based care sections.

OPPORTUNITY FOR GROWTH

In interviews, Oregon's Medicaid and public health agencies shared that there is potential to improve communication and collaboration within the umbrella agency. The [Community Partner Outreach Program](#) Medicaid team works with community-based organizations to assist Medicaid beneficiaries. OHA PHD has a team that mirrors this Medicaid team but is broader and provides wraparound services. The two teams work together, complement each other, and have good synergy, but the partnership could still be more robust, according to officials interviewed.

There is also an opportunity for OHA to improve financing for public health services by streamlining the use of Medicaid billing. Officials from both OHA PHD and OHP reported that low reimbursements and a lack of federal matching for public health agencies create barriers to improving availability and utilization of resources for programs such as Title V and RWHAP. Limited access to services affects the state's most in need residents, such as the rural population.

Looking Ahead

Recent and upcoming healthcare system and payment model changes demonstrate the strength of the Medicaid-public health partnership in Oregon. The state has a foundation of a commitment to data and information sharing, regular structured communication via its interagency agreements, and policy alignment. By keeping cross-agency collaboration and community at the helm of its efforts, Oregon can continue to strengthen its partnership to increase access to and improve the quality of healthcare for its residents.

This profile was developed through a collaboration between ASTHO and the Center for Health Care Strategies as part of a series to better understand how State and Territorial public health agencies can support the healthcare safety net. For the full report and additional profiles, visit our [website](#).

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