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CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Essential Workforce Healthcare Program

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RULES:
410-144-0000, 410-144-0005, 410-144-0010, 410-144-0020, 410-144-0025, 410-144-0030, 410-144-0040, 410-144-0050, 410-144-0060

ADOPT: 410-144-0000

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to state the purpose and scope of these rules.

CHANGES TO RULE:

410-144-0000
Purpose
These rules establish the requirements for participation in the Essential Workforce Health Care Program (EWHP). The EWHP is established for participating employers to provide health care benefits to the employees of their facilities. Oregon Health Authority (Authority) shall provide supplemental payments to support the funding of these benefits.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0005

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to list the applicable definitions for the Essential Workforce Health Care Program.

CHANGES TO RULE:

410-144-0005
Definitions
(1) "Employee Retirement Income Security Act of 1974 (ERISA)" means the federal law that sets minimum standards for most voluntarily established retirement and health plans in private industry to provide protection for individuals in these plans.¶
(2) "Essential Workforce Health Care Fund (EWHF)" means a jointly administered employee welfare benefit plan governed by ERISA and applicable law that has been established for the purpose of providing health and related benefits to employees of participating employers and their beneficiaries and under the conditions specified in the EWHF Plan.¶
(3) "Facility" means a facility that is:¶
(a) A long-term care facility licensed under ORS 441.020;¶
(b) A residential facility as defined in ORS 443.400; or¶
(c) An in-home care agency licensed under ORS 443.315.¶
(4) "Authority" means Oregon Health Authority.¶
(5) "Participating employer" means an operator of a facility that:¶
(a) Is a participating provider in the state medical assistance program (defined in OAR 410-120-0000);¶
(b) Elects to participate in the Oregon Essential Workforce Health Care Program; and¶
(c) Meets requirements prescribed by the Oregon Health Authority in this rule.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0010

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to outline the eligibility requirements for the Essential Workforce Health Care

CHANGES TO RULE:

410-144-0010
Eligibility
Requirements for an eligible employer to participate in the Essential Workforce Healthcare Program.¶
(1) Sign a memorandum of understanding with the Oregon Health Authority that specifies how the supplemental payments shall be used;¶
(2) Agree to participate in evidence-based workforce and quality of care improvements; and¶
(3) Annually report quality and other metrics.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0020

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Documents the requirements and responsibilities for receiving the supplemental payments of the Essential Workforce Health Care Program

CHANGES TO RULE:

410-144-0020
Memorandum of Understanding
All participating employers that receive a supplemental payment under this program shall sign a Memorandum of Understanding with the Authority. The Memorandum of Understanding shall document the requirements and responsibilities for using the supplemental payments to provide health care benefits to their employees.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0025

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to outline the use of supplemental payments.

CHANGES TO RULE:

410-144-0025
Use of Supplemental Payments
Participating employers who receive supplemental payments under this program shall use the payments to participate in the Essential Workforce Health Care Program.¶
(1) Payments under Essential Workforce Health Care Program shall be used to provide health care benefits to employees of the participating facilities through the Essential Workforce Health Care Fund (EWHF).¶
(2) Participating employers use of the supplemental payments are subject to the requirements established by the Essential Workforce Health Care Fund (EWHF).
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0030

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to outline participating employer's agreement to participate in evidence-based workforce and quality of care improvement.

CHANGES TO RULE:

410-144-0030
Evidence-based Workforce and Quality of Care Improvements
Participating employers agree to participate in evidence-based workforce and quality of care improvements, including all of the requirements in this rule.¶
(1) Workforce input into benefit design;¶
(2) Quantitative and qualitative reporting on impact of health care benefit on workforce;¶
(3) Retention strategies for workforce; and¶
(4) Others as mutually agreed upon by the Authority and participating employers.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0040

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to outline requirements for annual reporting of quality metrics.

CHANGES TO RULE:

410-144-0040
Annual Reporting of Quality Metrics
(1) EWHF shall annually provide reports on all of the following metrics related to quality health benefits:¶
(a) Health benefits design, including total premium, employer/employee premium split, deductible, out-of-pocket maximum, co-pays, co-insurance;¶
(b) Services covered by benefit;¶
(c) Number of employees and their dependents enrolled in the health benefit;¶
(d) Network adequacy;¶
(e) Waiting times for select services;¶
(f) Other measures of employee health and wellness as mutually agreed upon between the Authority and participating employers;¶
(g) Narrative description of significant changes from the past year or anticipated future changes;¶
(h) Workforce retention metrics; and¶
(i) Equity metrics.¶
(2) The report shall be due to the Authority by January 31 of each year.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0050

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to outline the supplemental payment methodology.

CHANGES TO RULE:

410-144-0050
Supplemental Payments Methodology
Supplemental payments are determined using the following methods:¶
¶
(1) The aggregate available supplemental payment amount for privately-owned Nursing Facilities (NFs) is calculated for each aggregate Medicaid supplemental payment limit calculation period by taking the difference between the aggregate upper payment limit (UPL) from paragraph (a) of this subsection and the aggregate Medicaid payment from paragraph (b) of this subsection.¶
(a) The aggregate upper payment limit for privately-owned NFs, as presented in the most recently completed Medicaid NF UPL calculation submitted to CMS, shall be calculated in accordance with the Medicaid UPL provisions codified at Title 42 CFR 447.272 as follows:¶
(A) Determine aggregate costs under Medicare cost principles using the most recently filed or settled CMS 2540 skilled nursing facility cost reports for privately-owned NFs.¶
(B) Determine the per diem cost by dividing the aggregate costs from subparagraph (A) of this paragraph by total days of service associated with the same cost reports.¶
(C) Extract Medicaid days of service for privately-owned NFs from the state's Medicaid Management Information System (MMIS) for the cost reporting periods associated with the cost reports described in clause (A) of this subparagraph.¶
(D) Determine aggregate Medicaid costs by multiplying the per diem Medicaid cost from section (B) of this paragraph by Medicaid days of service from section(C) of this section.¶
(b) The aggregate Medicaid payment is equal to sum of Medicaid payments for privately-owned NFs from the aggregate Medicaid supplemental payment limit calculation period. Payment data includes Medicaid regular per diem payments, per diem drug payments, and per diem client contributions.¶
(2) The aggregate available supplemental payment amount is not to exceed the lower of 95 percent of the aggregate available supplemental payment amount for privately owned NFs from section (1) of this rule and the general fund revenue allocated to the program plus associated federal matching funds. For the state biennium 2021 - 2023, total general revenue appropriated is $30,000,000.¶
(3) The state may further reduce the aggregate available supplement payment amount from section (2) of this rule if the aggregate upper payment limit for privately-owned NFs from section (1)(a) of this rule is projected to decrease between the aggregate Medicaid supplemental payment limit calculation period and the federal fiscal year within which the applicable NF-level Medicaid supplemental payment limit calculation period falls.¶
(4) Methodology to calculate NF-specific supplemental payment amounts.¶
(a) Divide the aggregate available supplemental payment amount from section (2) of this rule by four;¶
(b) Extract Medicaid days of service for privately-owned NFs that have qualified for a supplemental payment from the state's MMIS for the NF-level Medicaid supplemental payment limit calculation period;¶
(c) The allocation percentage for each qualifying NF shall be determined by dividing the individual NF's total Medicaid days from section (2) of this rule by the aggregate sum of all qualifying NFs' Medicaid days from the same section;¶
(d) The NF-specific supplemental payment for the NF-level Medicaid supplemental payment limit calculation period shall equal the aggregate available supplemental payment amount from subsection (4)(a) of this rule multiplied by the NF's allocation percentage from subsection (4)(c) of this rule.
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595

ADOPT: 410-144-0060

NOTICE FILED DATE: 05/10/2023

RULE SUMMARY: Created to outline authority to conduct a discretionary audit of supplemental payments.

CHANGES TO RULE:

410-144-0060
Oversight
All payments authorized for this Program are subject to audit at the discretion of the Oregon Health Authority (Authority).
Statutory/Other Authority: ORS 410.070, 413.042
Statutes/Other Implemented: ORS 410.070, 414.033, OL 2021 ch. 595