
Medicaid Advisory Committee

September 28, 2016

Oregon State Library

Salem, Oregon

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon
Health
Authority

Time	Item	Presenter
9:00	Opening remarks	Co-Chairs
9:05	MAC membership <ul style="list-style-type: none"> • Co-Chair transition 	Co-Chairs
9:10	Oral Health Work Group presentation and discussion	Alyssa Franzen, MAC, Matt Sinnott, Willamette Dental Group
10:30	Break	
10:40	CCO Listening Tour <ul style="list-style-type: none"> • Facilitated discussion 	Stephanie Jarem, OHA
11:10	OHP Eligibility, Enrollment, and Redetermination <ul style="list-style-type: none"> • Operations update • Churn update 	Dr. Varsha Chauhan, Kate Nass, Melissa Hanks, OHA
11:45	Public Comment	
11:55	Closing comments	Co-Chairs

Oral Health Work Group: Overview and Final Recommendations

Matthew Sinnott, Willamette Dental Group

Alyssa Franzen, Care Oregon (MAC)



Reminder: The ask from OHA to MAC



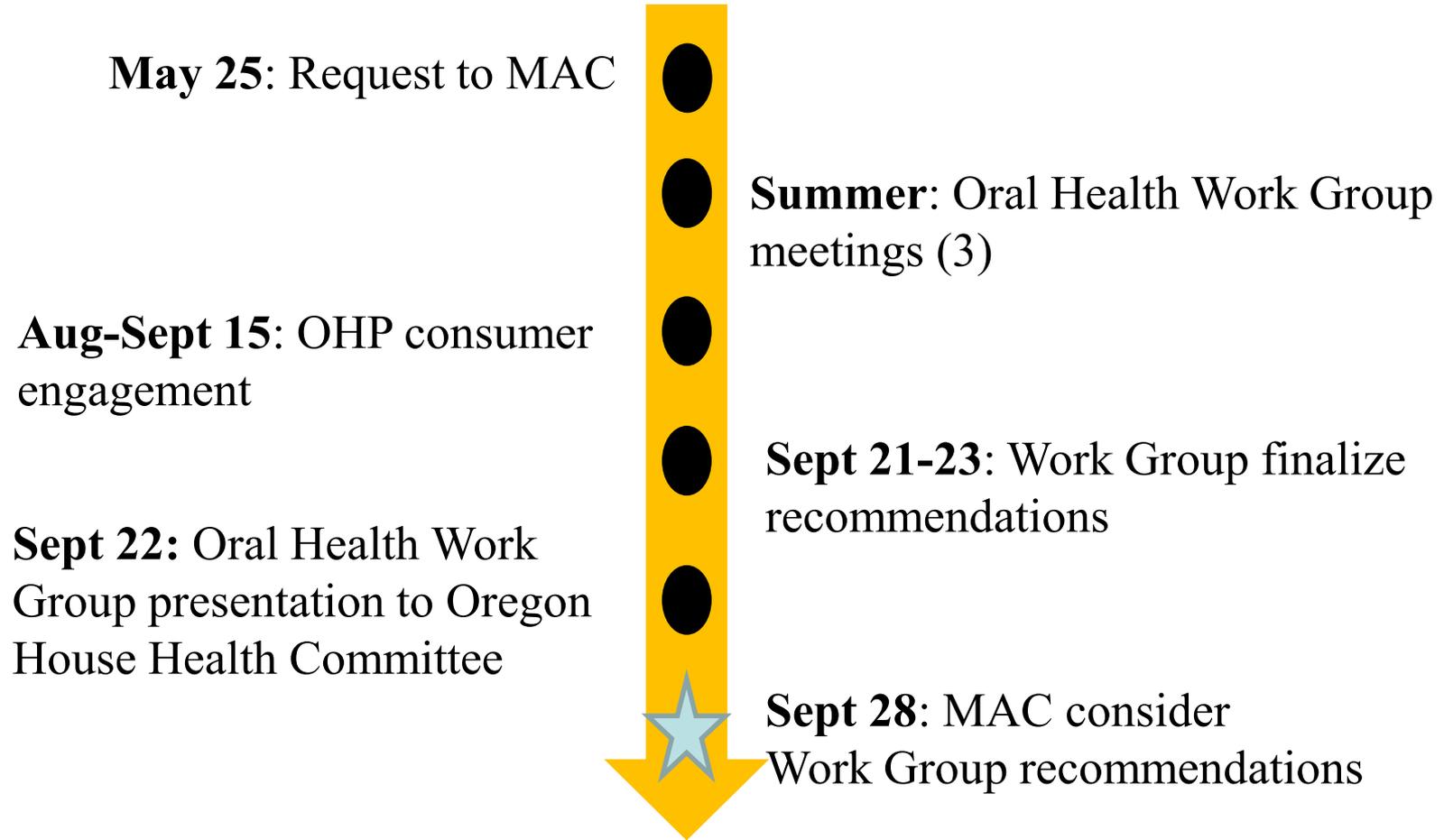
Develop a framework for defining and assessing access to oral health for OHP members.

1. What are the key factors that influence access to oral health care for OHP members?
2. What key data and information could OHA use to assess access to oral health services for OHP members?

Oral Health Work Group Membership

- 3 CCOs
 - 3 DCOs
 - 3 Providers (2 dentists, 1 hygienist)
 - 2 Consumer advocates
 - 3 Tribal representatives
 - 2 members of general public
- No consumers applied to the work group – staff undertook separate consumer engagement effort.

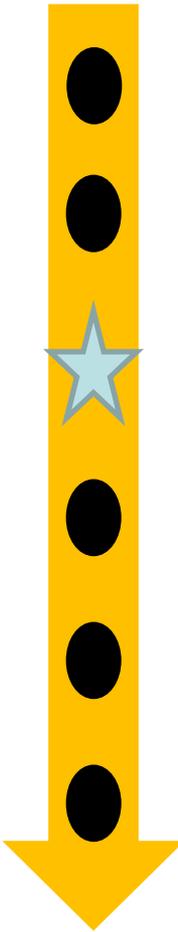
Timeline



Next Step: MAC memo to OHA

Oral Health Access Member Engagement: Summary

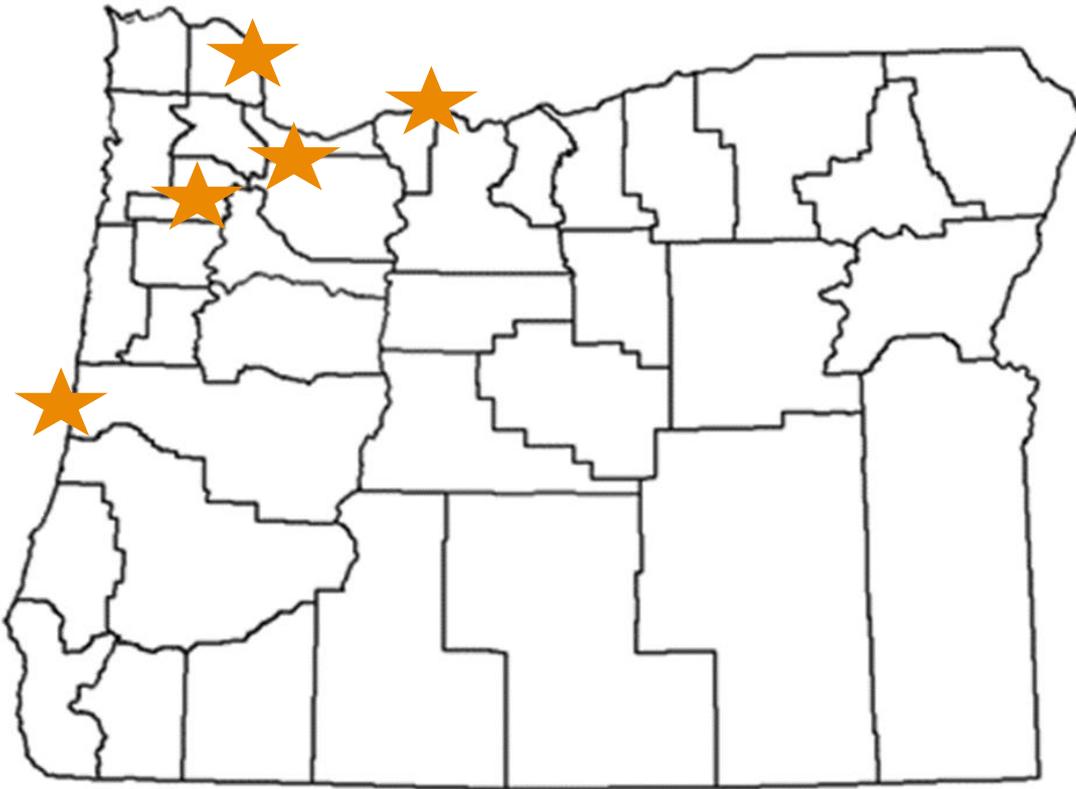
Amanda Peden, Policy Analyst, OHA



Background

- No OHP consumers applied to join the Oral Health Work Group
- The Medicaid Advisory Committee (MAC) and the Oral Health Work Group encouraged an alternate strategy to engage consumers
- OHA committee & work group staff engaged consumers during August 2016:
 - Small group conversations with consumers in existing advisory/advocacy bodies: CCO Community Advisory Councils, Rural Advisory Council, FQHC consumer advisory group, Latinos en Acción (community member group in Hood River)
 - Survey Monkey distributed through CCO and advocate partners in Hood River area and Eastern Oregon

Consumer input received in several communities



- Hood River/Wasco County – PacificSource CCO CAC meeting, Hood River 8/22 & Next Door’s Latinos en Acción, Hood River 9/8;
- Lane County – Trillium CCO CAC’s Rural Advisory Council meeting, Florence 9/9;
- Columbia County – Columbia Pacific CCO CAC meeting, St. Helens 9/12;
- Portland Metro – Allies for a Healthier Oregon meeting, Portland 9/13;
- Yamhill County – Virginia Garcia Medical Center Patient Advisory Council, McMinnville 9/14.

Consumer feedback focused on four key areas

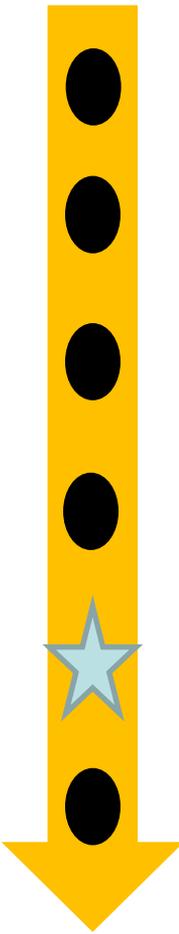
Importance of Dental Coverage	<p>“less stress & worry over how to pay for proper dental care”</p> <p>“first teeth cleaning ever”</p> <p>“every dollar in my family counts”</p>
Access to Care & Barriers	<p>“I need... more availability when trying to make an appointment...”</p> <p>“[more] mobile dental care”</p> <p>“I want information in plain language...”</p> <p>“distance is a huge barrier”</p>
Patient Experience	<p>“OHP always gets the 8am appointment... it’s like they want you to miss that appointment”</p>
Care Coordination & Integration	<p>“oral health affects the rest of my health”</p> <p>“[there’s] not enough time to talk to my doctor about this”</p>

Work Group incorporated consumer feedback into final report

- Consumer stories:
 - Highlighted aspects of work group definition and framework (e.g. patient experience, transportation, distribution of providers, stability of dental benefits)
 - Reinforced selection of measures to speak to consumer concerns
- Work Group saw need to expand and continue engaging consumers in implementation of the framework

Oral Health Access Framework

Matt Sinnott, Willamette Dental Group,
OHWG Co-Chair



Standard Definition of Oral Health Access in the Oregon Health Plan

Oral health care access is achieved when people* are able to seek out and receive the right care, from the right provider, in the right place, at the right time.

Oregon Health Plan members have better oral health care access when:

Members, their caregivers, providers and plans understand the importance of oral health and are aware of dental benefits

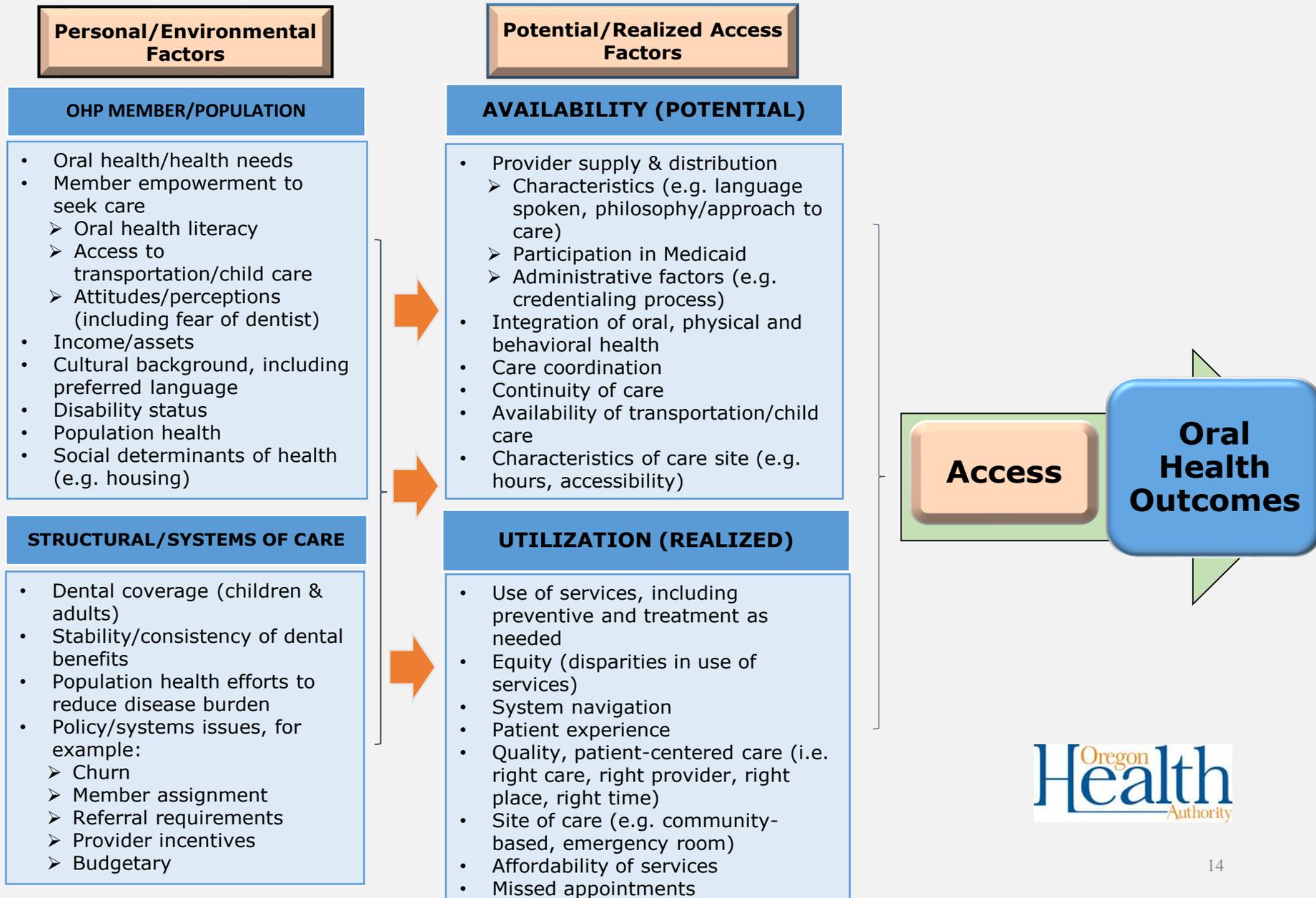
Members have the resources – such as transportation, child care, and accessible care sites – to seek regular oral health preventive services and appropriate treatment as needed

Policies and systems are built to facilitate access, by funding oral health benefits, addressing administrative barriers, and incentivizing provider participation

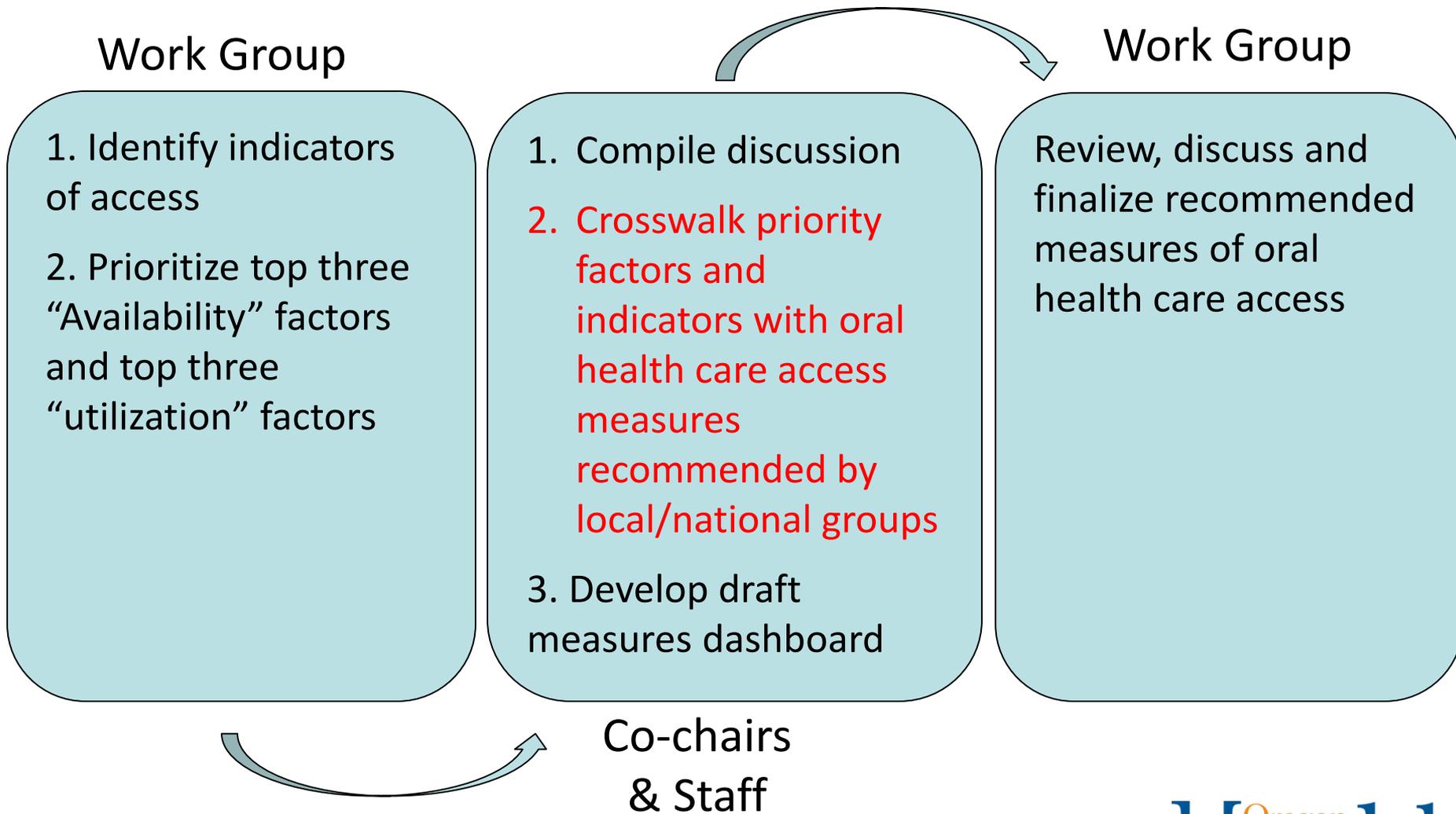
Health care providers of all types work together to coordinate oral health care and integrate care into a plan for overall health

**Regardless of race, ethnicity, language spoken, culture, gender, age, disability status, income, education, or health.*

OHP ORAL HEALTH CARE ACCESS FRAMEWORK MODEL



Process: recommending oral health access measures



Priority factors of access

MAC guidance: Include factors that -

- (1) Support the Triple Aim: importance of care coordination and patient experience as a critical components of oral health care access in Medicaid
- (2) Promote health equity and access for vulnerable and underserved populations within OHP (including people with intellectual and physical disabilities, racial and ethnic minorities, pregnant women, children with special health care needs, and the aging)

Availability

1. Care Coordination
2. Coordination with mental and physical health (Integration)
3. Distribution of Providers

Utilization

1. Patient-centered care
2. Quality of Services
3. Patient experience

Recommended Monitoring Measures: Availability

ACCESS INDICATOR	MEASURE NAME	TIER
Care Coordination		
Coordination of emergency department visits and dental care	Percentage of all enrolled who were seen in the ER for caries-related reasons within the reporting year and visited a dentist following the ED visit	1
Coordination for patients with chronic oral health disease	Percentage of all enrolled/enrolled adults treated for periodontitis who accessed dental services (received at least one dental service) who received comprehensive oral evaluation OR periodic oral evaluation OR comprehensive periodontal examination at least once within the reporting year	2
Oral Health Integration (with behavioral and physical health care)		
Coordination of screenings for foster care kids	Mental, physical and dental health assessments within 60 days for children in DHS custody	1
Patients with chronic disease (e.g. diabetes) who accessed dental care	Percentage of all enrolled adults identified as people with diabetes who accessed dental care (received at least one service) within the reporting year	2
Primary care providers offering oral health services	% or # primary care providers providing oral health assessment to patients, as seen through use of D0191 oral health assessment.	2
Provider Distribution		
Provider-to-population ratios	Ratio of OHP licensed dental providers to OHP members, reported by region. Provider types to include the following: Dentists Dental Hygienists (reported by types of hygienist, including EPDH, non-EPDH)	2

Recommended Monitoring Measures: Utilization

ACCESS INDICATOR	MEASURE NAME	TIER
Patient-Centered Care		
Linguistically and culturally appropriate care	Number of OHP oral health care providers who completed cultural competency training as reported by the Oregon Board of Dentistry	2
Patient involvement in care	How often did the dentists or dental staff explain what they were doing while treating you? (Q12 Dental CAHPS)	2
	How often did your regular dentist explain things in a way that was easy to understand? (Q6 Dental CAHPS)	2
Quality of Services		
Proportion of population receiving services	Number & percent of EVER/Number & percent of CONTINUOUSLY enrolled members receiving at least 1 preventive dental care service during the measurement year	1
	Individuals with at least 90 continuous days of enrollment who received at least one diagnostic dental service by or under the supervision of a dentist	2
	Percentage of all enrolled members who received a treatment service within the reporting year.	2
Patient Experience		
Wait times for appointments	If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?	1
Customer services experience	Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?	2
Distance to travel to provider	Compliance with forthcoming Time & Distance standard: (e.g. minutes/miles standards for urban, rural communities) to pediatric dental providers	2

Recommended access indicators for future consideration

To measure...	Indicators
Care coordination	Dental referrals in community-based settings, such as schools
	FTE dedicated to case management/care coordination
	Utilization of PreManage/EDIE by dental providers
Integration	Other dental services (e.g. fluoride) provided in a primary care setting
	# referrals by primary care to dental/dental to primary care
	# people receiving physical health care and what % received dental
	Pharmacy spend by chronic disease/condition (e.g. diabetes)
Quality of services	Repeat visits
	Ratio of emergent/urgent services to preventative services
	Dental service utilization outside of normal business hours
	Dental service success (e.g. need for follow-up, re-do)
	Transportation challenges/resources (including non-emergency medical transportation)
Patient Experience	Patient awareness of resources/support to understand their benefits
	Patient perception of whether receiving care they need
	Appeals/grievances related to oral health access
Patient Centered Care	Rate of member change in provider/plan
	Accessible care/care accommodation for people with disabilities
	Integrated systems for member clinical records
Oral health outcomes	Monitoring of social determinants of health in care population
	Kindergarten-age children who are disease free
	Oral health improvements in the OHP population

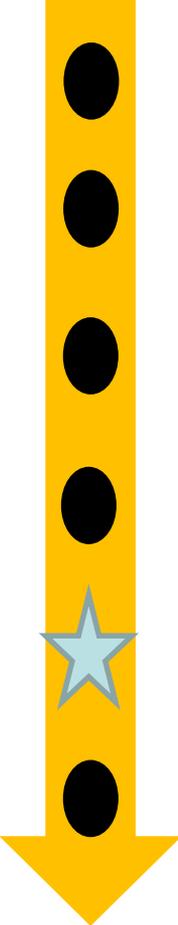
Recommendations for Implementation

- Develop a comprehensive strategy to implement the Oral Health Access Framework in order to monitor access for OHP members, including designating responsibility for implementation and ensuring communication and engagement across OHA leadership and divisions.
- Develop strategies to maintain the oral health access monitoring measures dashboard, starting with revisiting the dashboard within two years of implementation. Reconvene the MAC and the Oral Health Work Group as needed to inform the work.

Recommendations for implementation cont.

- Develop and share a communications plan and resources regarding the Oral Health Access Framework and implementation plans, including engaging relevant boards and committees, such as the Oregon Health Policy Board.
- Continue and expand consumer engagement with regard to their access to oral health services in OHP, in order to inform monitoring, as well as program improvement and policy development efforts.

**Oral Health Work Group:
Legislative Hearing, September 22**

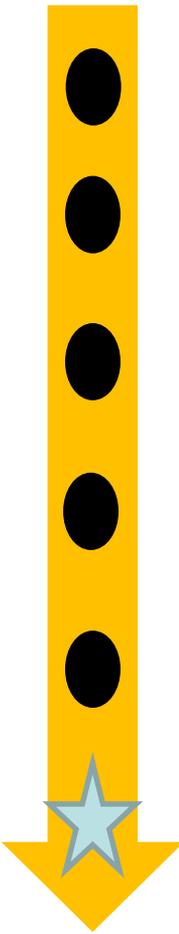


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Key feedback from House Health Committee Sept 22

- **Overall: positive feedback and support for MAC/Work Group oral health access work. Interest in expanding resources for this work.**
- Importance of strong network standards for full population – CCO/Open Card
- Reimbursement/administrative barriers may limit provider acceptance of Medicaid (including hygienists, community health workers)
- Importance of addressing language/transportation barriers (esp. for pregnant women)
- Expanding practice act to allow all health care providers, broadly defined, to apply fluoride varnish
- Expanding reimbursement of oral health assessments (in medical settings) to adults, esp. pregnant women and patients with diabetes
- Address unique access issues for pregnant women (esp. FFS)

MAC Discussion: Oral Health Access Framework



Discussion questions for MAC

- Are there additional considerations committee members would like to highlight based on the set of recommendations from the Oral Health Work Group?
- Does the committee wish to adopt the workgroup's recommendations and draft report?
- What aspects of this work does the committee want to emphasize to OHA?

Oregon Health Policy Board CCO Listening Sessions

Medicaid Advisory Committee Discussion

Steph Jarem

September 28, 2016



Coordinated Care Organizations: The Model

- Locally governed by a partnership between health care providers, community partners, consumers, and those taking financial risk.
- Consumer advisory council requirement
- Behavioral health, physical, dental care held to one budget.
- Responsible for health outcomes and receive incentives for quality

Oregon's Coordinated Care Model



Listening Sessions: The Future of Coordinated Care

- The Oregon Health Policy Board is gathering input from key stakeholders, including consumers, advocates, and providers about coordinated care in Oregon.
- Input to help shape recommendations for a report to the legislature and OHA about the future of Oregon's coordinated care organizations.
- Report release: January 2017

CCO Listening Sessions around Oregon

Data	Time	Region	Location
9/1/2016	11-1:30	Bend	Deschutes National Forest Supervisor's Office Aspen Ponderosa Conference Room 63095 Deschutes Market Road
9/9/2016	4:00-6:30	Tillamook	Port of Tillamook Bay Officers' Mess Hall 6825 Officers Row
9/21/2016	5:30-8:00	Rogue Valley (Medford)	Inn at Commons Crater Lake and Rogue River Rooms 200 North Riverside Avenue
9/26/2016	12:00-2:30	Eugene	Unitarian Universalist Church 1685 West 13 th Avenue
10/7/2016	12:00-2:30	Pendleton – Hermiston	Eastern Oregon Trade and Event Center 1705 East Airport Road
10/18/2016	4:30-7:00	Portland	Ambridge Event Center Ballroom 1333 NE MLK Boulevard

Coordinated Care: What's next

- 5 years since implementation of CCOs
 - How are we doing?
 - Where should the next 5 years take us?

We need YOUR input to drive Health Transformation
2.0

Social Determinants of Health/ Flexible Services

How can CCOs can strengthen their efforts to address the social determinants of health (e.g. housing) for members?

For example:

- Are there ways CCOs can change/improve use of flexible services?
- Do you have innovative ideas for how CCOs can connect with community-based organizations and resources?

Integration

One of the goals of health care transformation is to integrate physical, oral and behavioral health.

What evidence are you seeing that health care is more integrated since the launch of the CCOs?

How can the CCO model change to encourage greater integration?

Cultural Competency

What changes or improvements are needed to strengthen CCO cultural competency and increase availability of culturally appropriate services for members?

Governance

- What changes or improvements are needed to ensure the “right” people are at the table to make decisions at CCOs?
- Should all CCO decision-makers be locally-based and part of the CCO regional community?
- Are there opportunities to enhance the governance relationship between CCOs and Consumer Advisory Councils (CACs)?

Next Steps

Take the full survey:

<https://www.oregon.gov/oha/OHPB/Pages/cc-future.aspx>

To learn more....

www.health.oregon.gov

Oregon Health Plan **Enrollment and Renewals** ***Monthly Update***

September 1, 2016



Today's agenda

- Introduction
- Oregon Eligibility (ONE) System update
- Oregon Health Plan Operations update
- Questions collected

Introduction

Welcome to the eighth Oregon Health Plan: Enrollment and Renewals *Monthly Update* meeting.

Today's presenters:

Wes Charley, Interim Director, Member Services

Sarah Miller, Project Director, Oregon Eligibility (ONE)

ONE System Update

Applicant Portal is scheduled to open September 19. Oregonians will be able to access the AP at OregonHealthCare.gov.

A system build was implemented on August 30. It made several improvements, including:

- Functionality to improve the ONE renewal process;
 - Functionality to support the public launch of Applicant Portal;
- Numerous other processing improvements to allow for more accurate application entry and eligibility determinations.

OHP Operations update

- Performance data
- Current goals
- Concerns we have heard
- Successes we have had
- Questions collected

Member Services Performance Data

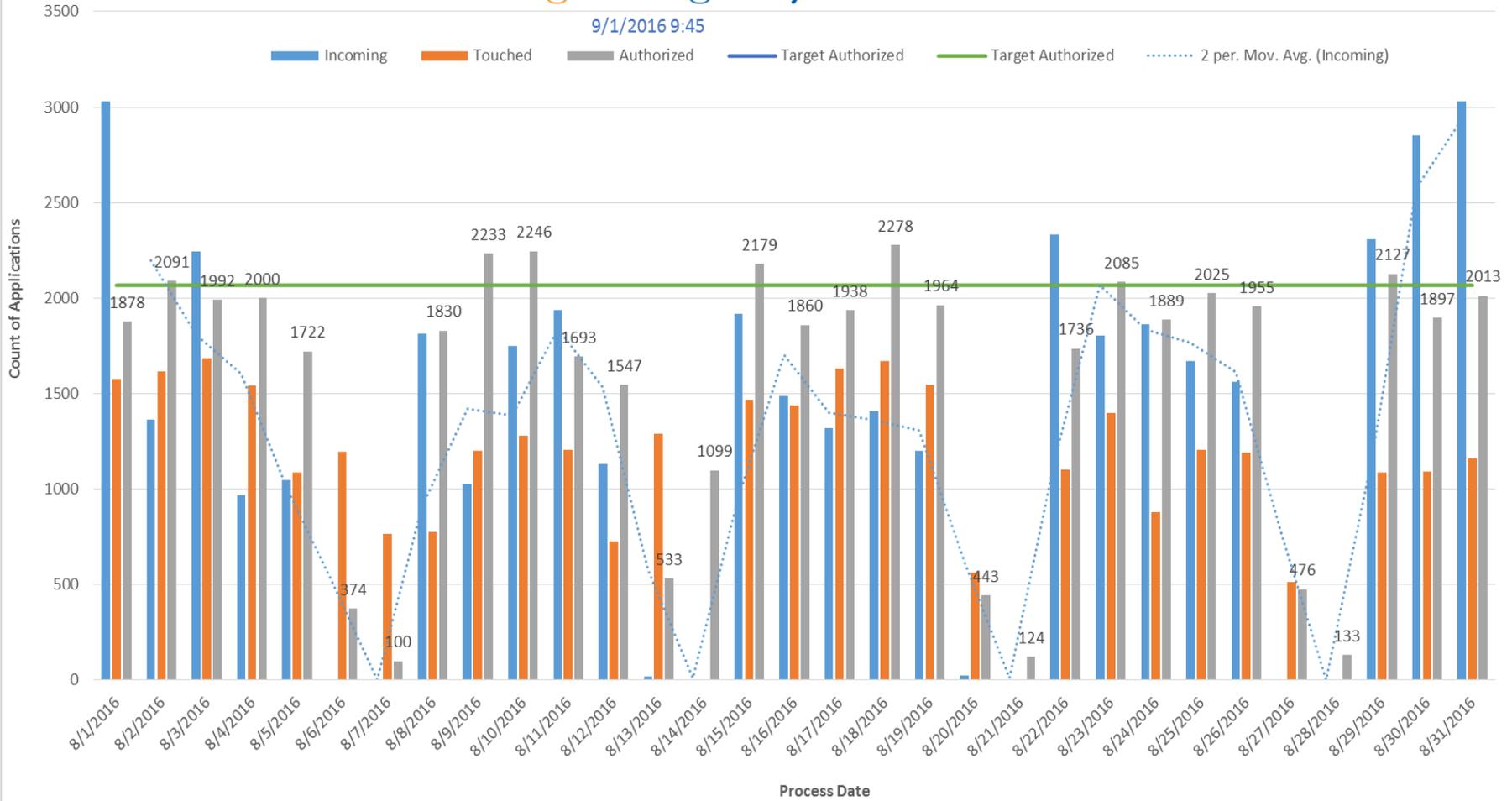
- August application processing performance
- August call performance
- 45-day application backlog
- Applicant Portal applications
- Overall Applications received

Member Services Monthly Application Processing Performance



Data Sources:
 Incoming = Deloitte Operational Metrics Report
 Touched = Siebel Daily Report & Deloitte Operational Metrics Report & Phone Application Manual Count
 Completed = Command Center Report

9/1/2016 9:45

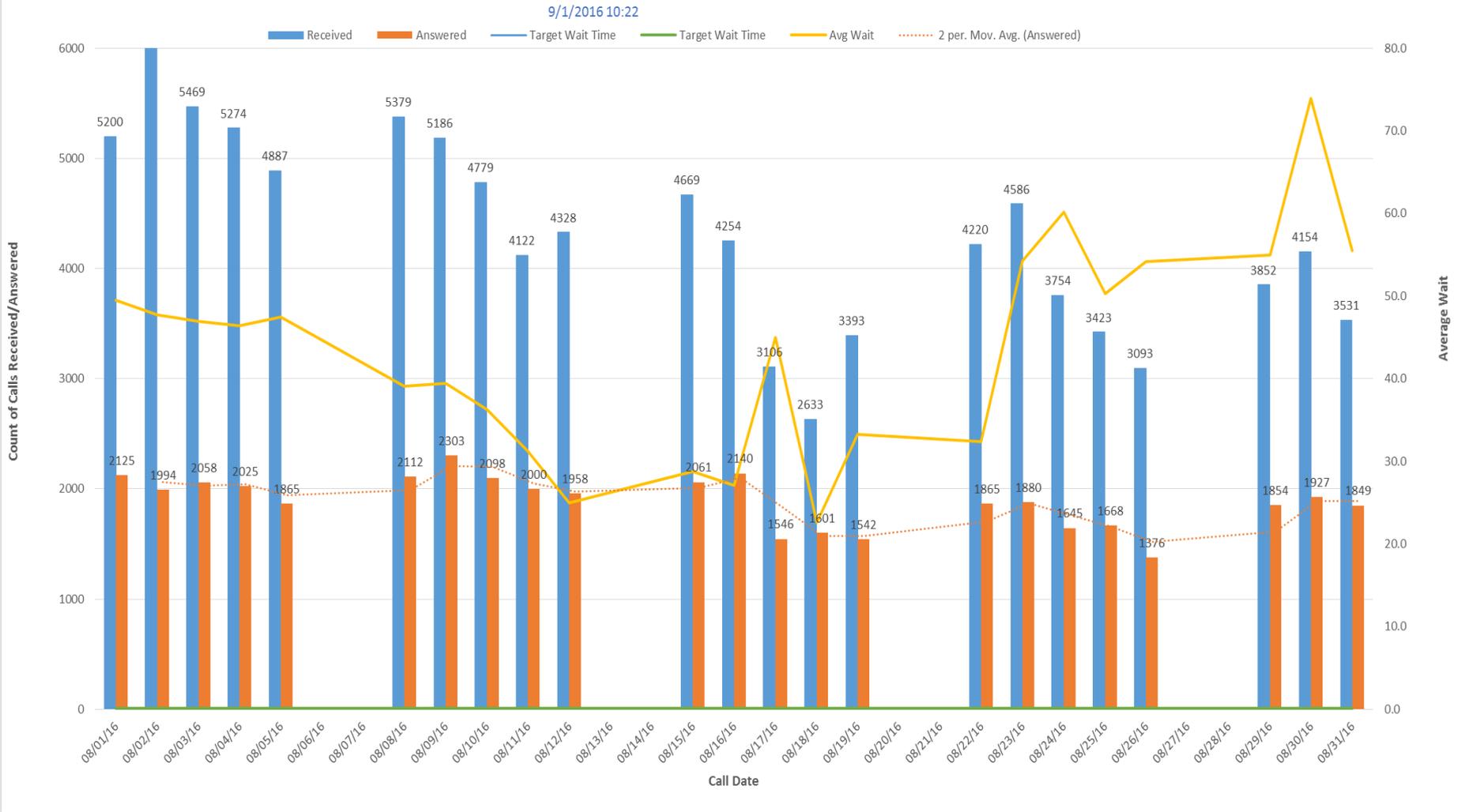


In August, there were 41,103 incoming, 33,892 touched, & 48,460 authorized applications

Member Services Monthly Call Performance

Oregoneligibility

Data Source: Interactive Intelligence housed in OHA
OHP/EnrollmentSharePoint

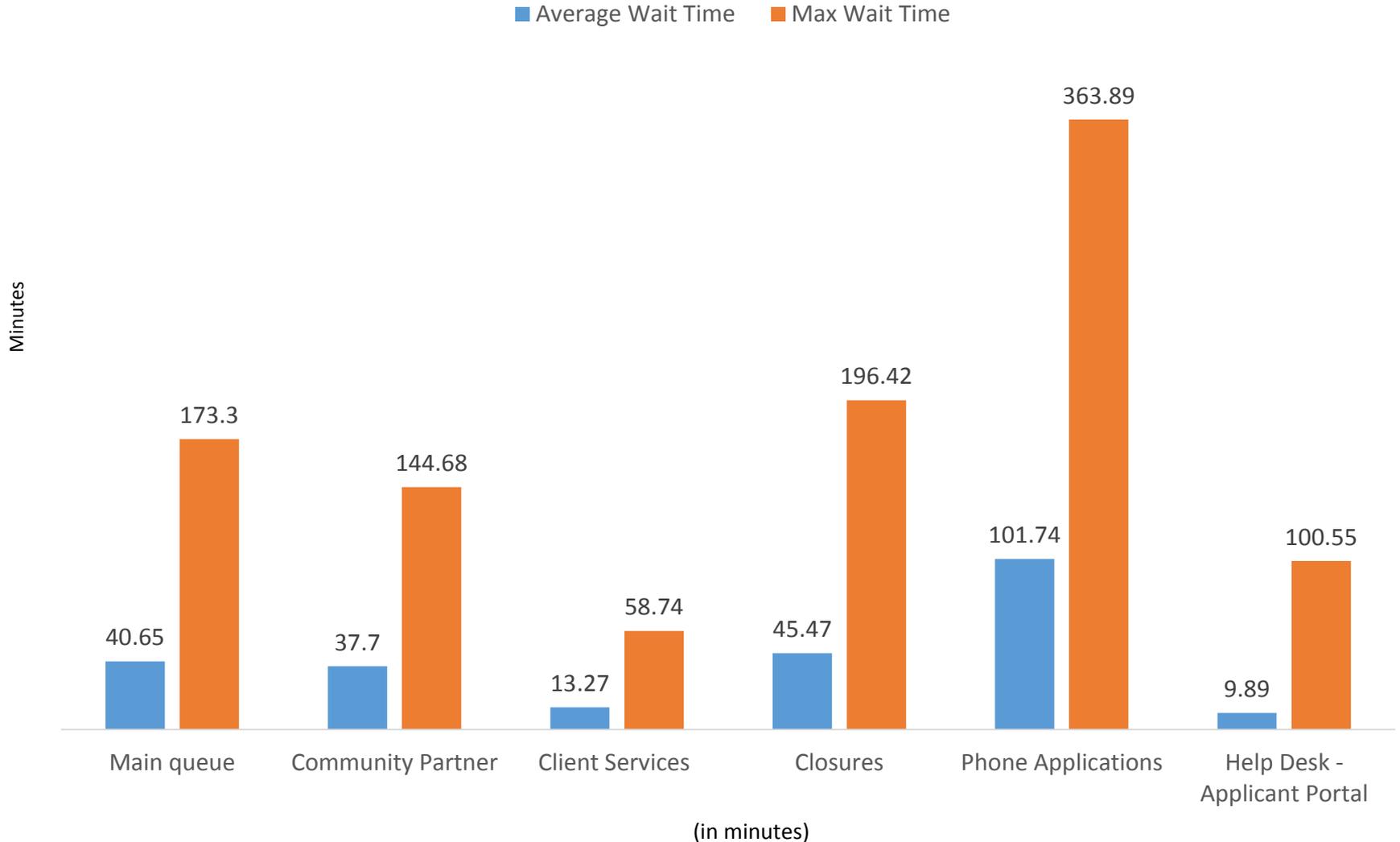


A total of 162,013 calls were received and 90,371 calls were answered in August

Phone queues

- When a member or partner dials OHP Customer Service, there are several menu options that transition into specific phone queues.
- Each phone queue has a dedicated team and its own reported stats, including average wait time.
- When we report our average wait time, it's important to note that it's the average of all queues. Max wait time reflects just one phone call.

Average Monthly Wait Time and Max Wait time – August 2016



Please note: Maximum wait times are one call

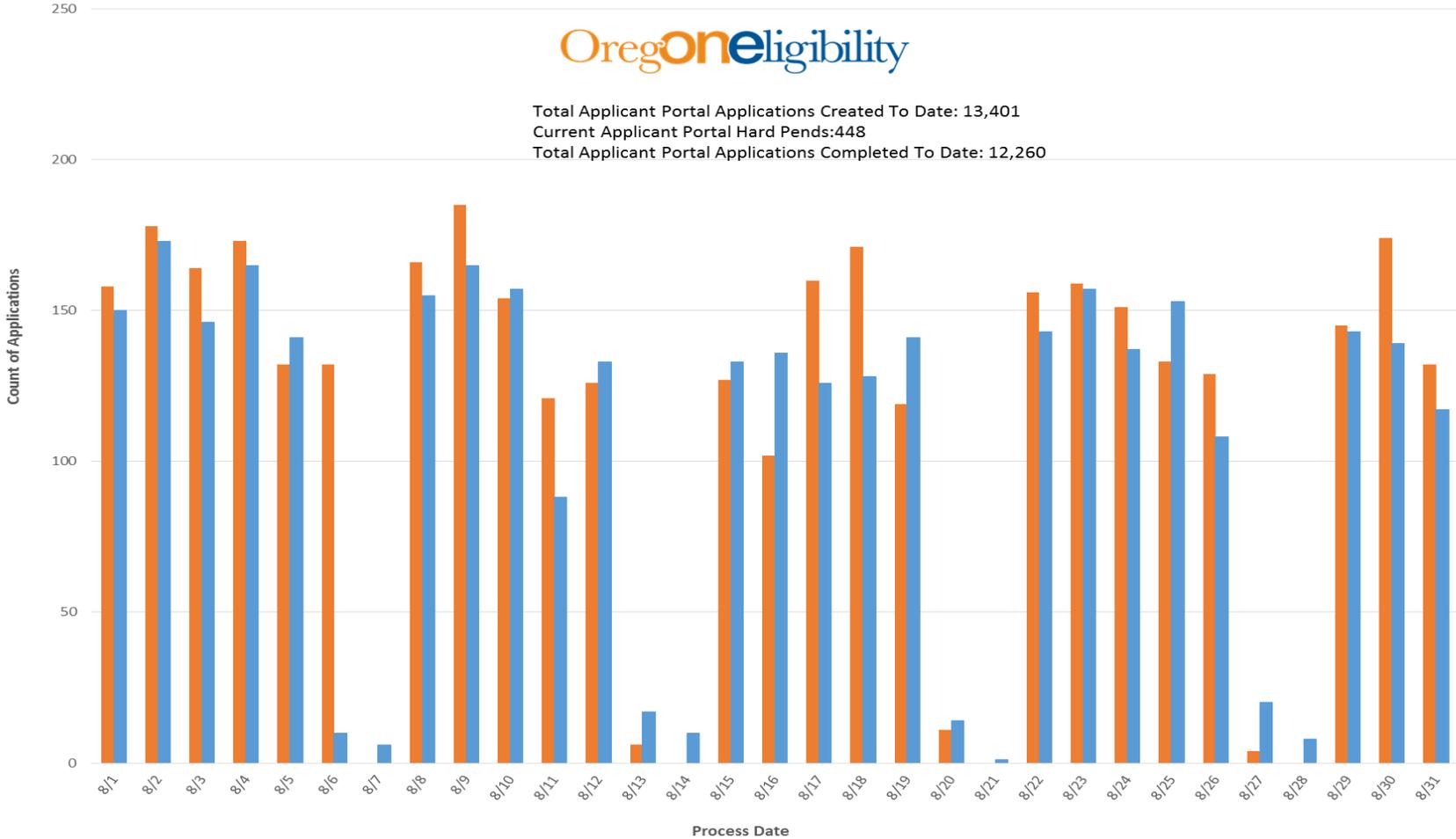
Applicant Portal - Applications Created/Authorized

9/1/2016 10:04

■ Sum of Current Created AP ■ Sum of Current Auth - AP



Total Applicant Portal Applications Created To Date: 13,401
Current Applicant Portal Hard Pends: 448
Total Applicant Portal Applications Completed To Date: 12,260

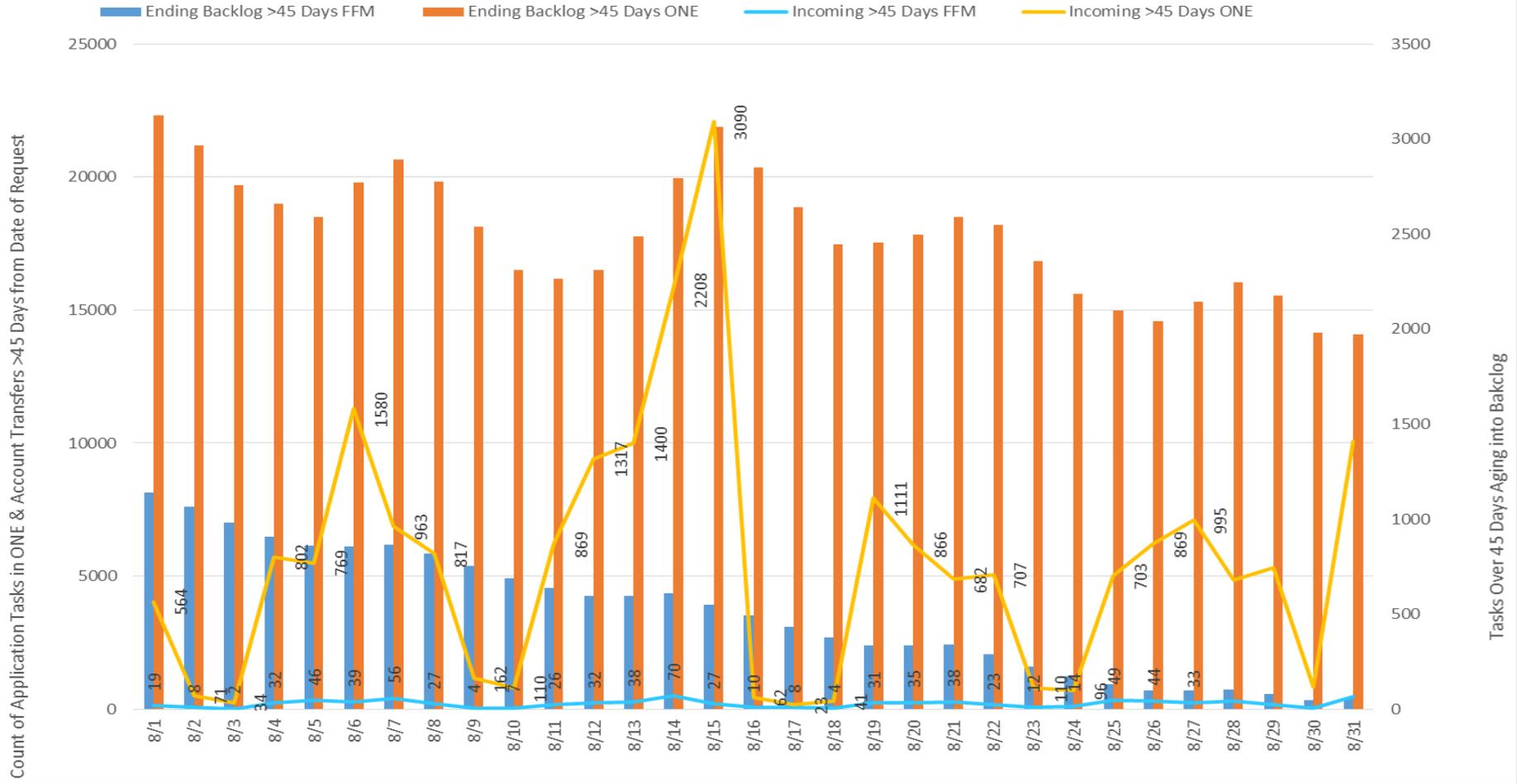


There were 3,320 applications authorized through Applicant Portal in August

Member Services - Application Tasks >45 Days Monthly Report



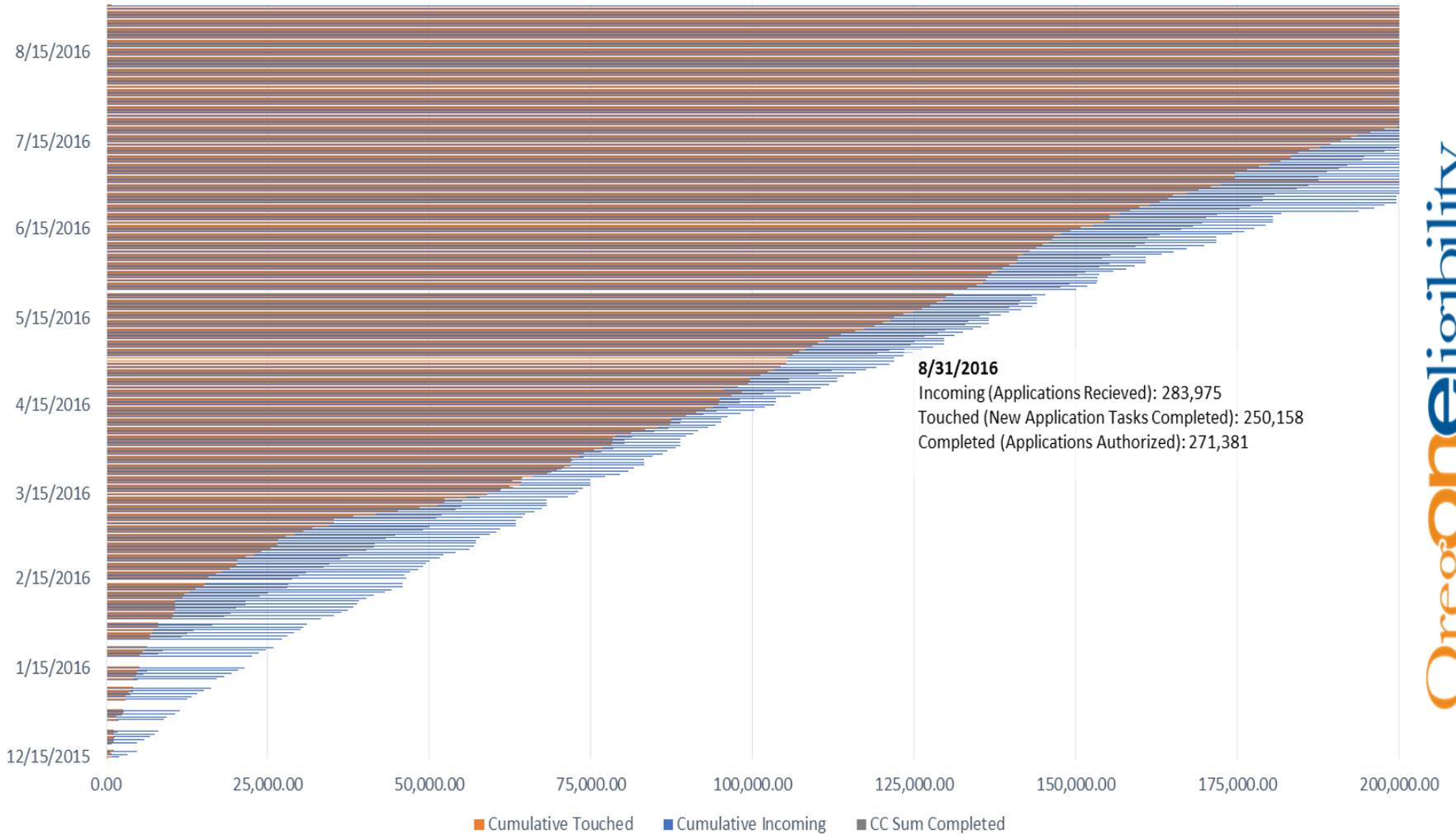
Source: Deloitte "Daily Application Tasks" & Account Transfer Transaction Report



FFM backlog was reduced to close to zero and paper application backlog was reduced by approximately 63% during the month of August

Member Services - Sum of Applications Received, Touched & Completed

9/1/2016 11:49



Current Goals

- **45-day backlog:** Focused efforts have virtually eliminated the FFM backlog. We are shifting efforts to focus on reducing the paper application backlog. We have reduced the paper backlog by more than 60% since June 1.
- **Staffing:** We are working to implement a three-tier call center to improve member experience. This will allow us to better organize calls and streamline our customer service process.
- **Training:** Eligibility and Applicant Portal trainings are being held in September.

Concerns we have heard

- Incorrect Date of Request (DOR) for processed applications
- Call wait times are long and average wait times do not reflect all member experience
- Address changes are taking too long to update
- Request for MMIS access for all partners and assisters as well as expanded access to see more member information

Successes we have had

- Virtual elimination of the 45-day FFM backlog, as of 8/31
- ONE renewals implemented, now members with eligibility in ONE can renew with pre-populated form
- Quality Assurance continues to improve processing efforts. We are linking this work to procedures and training, and updating both when issues are identified
- More than 569 community partners and assisters have registered for the Applicant Portal.

Renewals and closures - August

July 1: Renewal letters mail to 46,309 households (92,814 individuals)



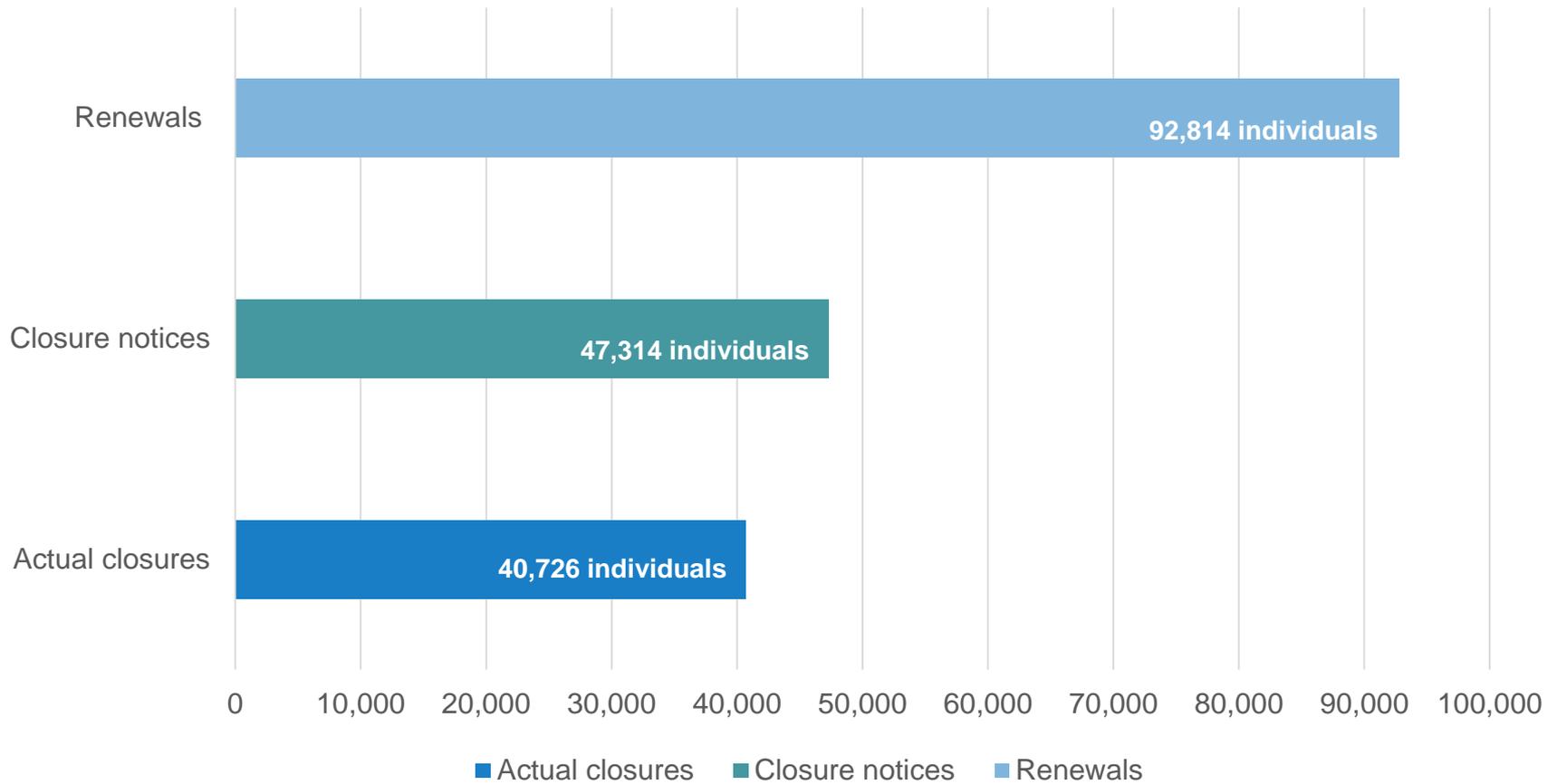
August 19: Closure notices mail to 47,314 individuals



August 31: Benefits for 40,726 individuals actually closed

52,088 individuals out of 92,814 total individuals responded to renewals in August, resulting in a renewal rate of approximately 56.1%

Renewals and closures - August



What else would you like to hear?

Your feedback is important to us.

Please let us know what additional information we should present at our monthly meetings.

Questions

Via webinar: Please use the chat function to submit your questions.

Via email:

Please email ohp.customerservice@state.or.us.

FAQ and other materials can be found at:

www.oregon.gov/oha/healthplan/pages/ohp-update.aspx

OHP Renewals Verification

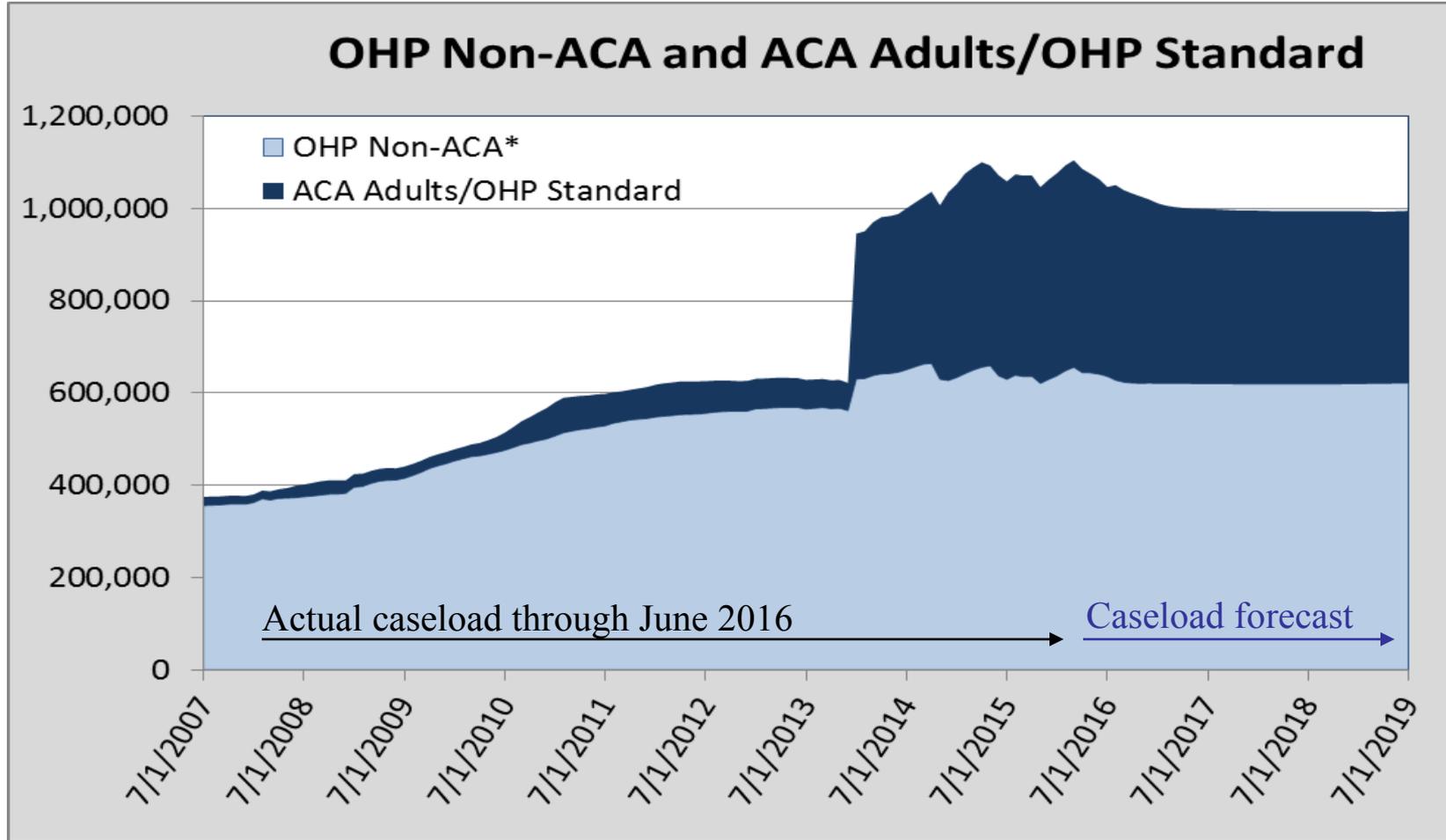
Kate Nass, OHA

Melissa Hanks, OHA



Oregon Health Plan Caseload

With ACA expansion, OHP projects over one million members in 2017-19



*OHP Non-ACA includes: Children; pregnant women; people who are aged, blind and disabled, and very low-income parents and other caretaker relatives.

2016 Medicaid Renewal Schedule

RENEWAL MONTH	LETTER MAILES	RENEWAL QUANTITY	REPLY-BY DATE	CLOSURE LETTER MAILES	BENEFITS CLOSE
MARCH	02/12	52,875 households 116,660 individuals	03/14	03/21	03/31
APRIL	03/01	51,237 households 82,474 individuals	03/30	04/20	04/30
MAY	04/01	49,970 households 95,648 individuals	05/02	05/20	05/31
JUNE	05/02	48,542 households 97,324 individuals	06/01	06/20	06/30
JULY	06/01	44,574 households 90,809 individuals	06/30	07/21	07/31
AUGUST	07/01	46,309 households 92,814 individuals	07/31	08/19	08/31
SEPTEMBER	08/01	38,426 households 75,240 individuals	08/31	09/19	09/30
OCTOBER	09/01	40,593 households 74,617 individuals	10/01	10/21	10/31
NOVEMBER	10/03	~47,962 households ~92,453 individuals (Mailings not finalized)	11/03	11/18	11/30
DECEMBER	11/01	~45,000 households (Projection)	12/01	12/21	12/31

Why monitor renewals?

- To verify the changes in member coverage as they move through the renewal process from mailings, notices, and targeted renewal dates, to renewal or termination, and churn.
- To verify that all of the members that require renewal go through the process.
- To improve the accuracy of the Medicaid caseload forecast by looking at how the population is moving between levels of Medicaid coverage. This is imperative because the Medicaid caseload forecast has a substantial financial impact on the state of Oregon.
- To monitor ACA Expansion member renewals, as they are expected to move off of Medicaid as their income increases and enroll through the exchange (Federally Facilitated Marketplace).

How are renewals verified?

- Renewal due dates are “leveled” over 12 months (March 2016 to March 2017) to spread the workload across the year.
- Individuals in each monthly cohort are matched to their enrollment record in MMIS at designated points throughout the renewal process.
- If individuals do not complete the renewal process, their case is identified for further analysis to determine the reason and next steps.

Checkpoint	Definition
Leveling File	The list of individuals assigned to each renewal month, March 2016 through March 2017. This creates the monthly renewal cohorts. This list is matched to MMIS and broken down by caseload group.
Renewal Mailings	The list of individuals in each monthly cohort who are mailed a renewal packet. Renewals are mailed at the household level.
Closure Notices	The list of individuals in each monthly cohort who are mailed a 10-day closure notice. Closures are mailed at the individual level.
Termination File	The list of individuals who are scheduled to have benefits closed at the end of the renewal month.
Enrollment Monitoring	The first of the month following the renewal month, the monthly cohort list is matched against MMIS records to verify status of benefits (open or closed). Enrollment for each monthly cohort is checked again at 30, 60, and 90 days to establish the return rate for those with closed benefits.

Data Flow Example - March Renewal Cohort



All lists are matched to MMIS and broken down by caseload group.

Detailed Analysis - Example

- There are 2 – 3% fewer individuals on the Renewal Mailing File than are on the Leveling File for most monthly cohorts.
- Examine the case status of individuals on the leveling file who were not sent a renewal mailing. Establish:
 - *Current enrollment status, including caseload group*
 - *Why they were not sent a renewal mailing*

OHP 2016 Renewal Summary

Renewal Stats	March	April	May	June	Total, March - June
Renewals Mailed	116,660	82,474	95,648	97,324	392,106
Benefits Remained Open	76,549	48,617	58,321	61,013	244,500
% of Renewals Mailed	66%	59%	61%	63%	62%
Benefits Closed	40,126	31,432	32,053	31,695	135,306
% of Renewals Mailed	34%	38%	34%	33%	35%
Benefits Reopened w/in 90d	5,048	2,261	1,946	1,803	11,058
% of Closures	13%	7%	6%	6%	8%
<i>Returned in 1mo</i>	<i>4,486</i>	<i>2,123</i>	<i>1,733</i>	<i>1,524</i>	<i>9,866</i>
<i>Returned in 2mo</i>	<i>292</i>	<i>97</i>	<i>151</i>	<i>149</i>	<i>689</i>
<i>Returned in 3mo</i>	<i>270</i>	<i>41</i>	<i>62</i>	<i>130</i>	<i>503</i>
Remained Open + 90d returns	81,597	50,878	60,267	62,816	255,558
% of Renewals Mailed	70%	62%	63%	65%	65%

Counts are of individuals

Renewal activity is a subset of all case activity in the month.

Renewal activity may not add up to the renewals mailed due to case activity outside of the renewal process, duplicate record clean-up, and record matching errors

Sources: OHP Member Mailings, ONE CCI Renewal Leveling File, MMIS/DSSURS, and ICS Data Warehouse as of September 2016

Next Steps

- Future reporting enhancements
 - Incorporate MAGI renewals processed through the legacy system
 - Perform a clean-up sweep of delayed MAGI renewals to ensure they are processed.
 - Ensure ONE renewal process, as it stands up later this year, is included in current reporting.
- Documenting closure reasons from ONE
 - Non-response to renewal mailing or request for information
 - Denial reasons – over income, moved out of state, etc.