

OREGON MEDICAID ADVISORY COMMITTEE
April 23, 2014
10:00am – 1:00pm
Portland State Office Building; Room 1E
800 NE Oregon St; Portland, OR 97232

MEMBERS IN ATTENDANCE: Karen Gaffney, Karen Berkowitz, Leslie Sutton, Kay Dickerson, Rhonda Busek, Lenore Bijan, Romnee Auerbach, Carol Criswell, Alyssa Franzen, Kristen Dillon

MEMBERS ABSENT: Tom Turek

PHONE PARTICIPANTS:

PRESENTERS: Rhonda Busek, OHA; Tim Courtney, Wakely; Kinda Serafi, Manatt

STAFF: Oliver Droppers, Jeannette Nguyen-Johnson

VISITORS:

TOPIC	Key Discussion Points	Follow-up Action	Responsible Party
Opening Remarks and Staff Update	Introduction and roll call. Staff reviewed the agenda and the list of topics to cover. Co-chairs acknowledged the contributions to the committee by Karen Berkowitz in her years of service, who is retiring and stepping down from the committee. Co-chairs introduced a new member Dr. Alyssa Franzen with Care Oregon.	NA	Co-Chair(s) & MAC staff
Approval of Minutes	The committee reviewed meeting minutes from March 26 th , 2014. A motion was made to approve the minutes, with two corrections. The motion was seconded; minutes approved after corrections have been made.	Post approved minutes	MAC
Oregon Health Plan Update	<p>Rhonda Busek, OHA, gave an overview of updates and changes to the Oregon Health Plan (OHP). Please see slides 3-14.</p> <ul style="list-style-type: none"> • There is a new method to determine eligibility with a centralized application process managed by Cover Oregon. • The modified adjust gross income eligibility in Medicaid or MAGI looks at income, family size and household composition; it aligns financial eligibility. Previously, the federal government set minimum income eligibility requirements in Medicaid. • Now, adults without children can qualify for coverage as income limits have been increased to 138% of the federal poverty level (FPL). • There is now one application portal for all Medicaid related programs, through Cover Oregon. • Cover Oregon is working in partnership with Oregon Health Authority (OHA) to determine Medicaid eligibility and enroll individuals and families in the Oregon Health Plan (OHP). • Question: Response: in regard to Medicaid and Healthy Kids, OHA contracts with 		Rhonda Busek, OHA

	<p>Coordinated Care Organizations (CCOs) and sets rates and provides oversight; OHA also manages enrollment in OHP.</p> <ul style="list-style-type: none"> • OHA applied and received a federal waiver from CMS to use the state’s existing Supplemental Nutrition Assistance Program (SNAP) to allow individuals to ‘fast-track’ their enrollment into Medicaid without a new application. • Q: When does the ‘fast track’ waiver expire? A: December 2015. • CCOs are given a budget and decide how to structure their system; the transformation center was set up to work with CCOs and communities to make all of this work • Cover Oregon has enrolled 161,321 to date; 130,000 have come in through fast track • Q: How many fast track letters went out? A: 260,000 • It was noted that OHP membership is close to 900,000 individuals as of May 2014. • Committee members had a general discussion around this presentation; they also discussed waivers, continuous eligibility, churn and the upcoming OHP redeterminations. • It is anticipated that Cover Oregon will announce several decisions at their April 25th board meeting. 		
<p>Next Steps: April – June</p>	<p>Oliver Droppers, OHA staff, briefly recapped the committee’s churn discussion in March and then reviewed the goals and strategies for the committee to consider in addressing churn.</p>		<p>Oliver Droppers, OHA</p>
<p>Financial Implications of Coverage Alternatives for Low and Modest Income Consumers in Oregon</p>	<p>Tim Courtney, with Wakely Consulting Group gave a presentation on the financial implications of coverage alternatives for low and modest income consumers in Oregon.</p> <ul style="list-style-type: none"> • There are three different coverage alternatives: Basic Health Plan, the Bridge Plan, and Wraparound. Please see slides 22-54). • For each coverage alternative or option, Wakely modeled the cash flows from the prospective of the consumers, state and health plans. • For each coverage alternative, Wakely tested three subsidy levels: nominal, middle and enhanced scenarios. In the nominal category there is little to no subsidy from the state; the middle scenario proposes to pay for half of the member premium or cost sharing; the enhanced scenario full subsidizes premiums and cost sharing for individuals and includes full OHP benefits. • Wakely did not formally look at the impact of the coverage options on Cover Oregon or beyond 2016. See slide 29 for complete list of caveats and limitations of the Wakely model. • To help describe some of the information used in the Wakely Model, Oliver gave a brief explanation of the SHADAC model. • Q: Regarding legal immigrants. A: legal immigrants are individuals who were identified as non-citizens. It is possible such individuals may have had previous coverage or been Exchange eligible prior to creating a Basic Health Plan (BHP), as modeled by Wakely. 		<p>Tim Courtney, Wakely; Kinda Serafi, Manatt Health Solutions</p>

	<ul style="list-style-type: none"> Q: In looking at the Bridge and Wraparound, how many individuals are we looking at helping if we implement one of those two plans? A: Roughly 110,000 individuals 		
<p>Strategies to Mitigate disruptions as a Result of Churn</p>	<p>Kinda Serafi, Manatt Health Solutions, gave an overview of churn and the implications for consumers, State of Oregon, and providers related to the churn. Please see slides 17-21.</p> <ul style="list-style-type: none"> Consumers may have more affordable coverage through the BHP, but would no longer be eligible for subsidies through the Exchange. If people qualify for a BHP, they would be enrolled in a public program, i.e. BHP; due to this, marketplace eligible individuals (200-400% FPL) may have higher premiums. Q: If a person’s income increases a small amount, will their entire income increase have to go toward their new premiums? A: This is why states are considering a BHP, to help subsidize the increased premiums. Bridge Plan considerations – if they transition from Medicaid to a marketplace, they can maintain their providers; their benefits would change (likely no more dental or vision coverage); potentially, they may be able to keep the entire family in the same plan. In the Bridge Plan CCOs would be able to keep their covered participants; State considerations – eligibility and enrollments systems will be required and there will be cost implications; this will require federal approval from CMS. Group discussion around some of the potential enrollment numbers, tracking, provider considerations, implications of BHP vs. Bridge Plans. In the Wraparound program – the state would wrap cost sharing and benefits to make a more affordable plan for individuals between 139-200% FPL. In one of the scenarios, individuals would maintain OHP benefits when they transition to QHP coverage in the Exchange. In the Wraparound approach, state will experience significant costs to underwrite premiums and subsidize cost sharing and benefit wrap; administratively, would be complex to operationalize. Group discussion around coverage, cost sharing, and whether the three options reviewed are mutually exclusive. Q: Regarding wrap-around, administratively speaking, could this lessen the administrative burden? A: There is no clear answer yet; the state would need to work with the health plans to determine this. 		<p>Kinda Serafi, Manatt Health Solutions</p>
<p>Public Comment</p>	<ul style="list-style-type: none"> Doug Farber, lobbyist – looking at health underwriters, it is surprising that they have people coming to them who went through the Cover Oregon process who preferred not to enroll in Medicaid, but would rather access insurance coverage through the Exchange; he would like Oregon to consider approaching CMS for a waiver if the state were to opt for the Basic Health Program (BHP). 		

Oregon Medicaid Advisory Committee Meeting Minutes April 24, 2014

	<ul style="list-style-type: none"> Victoria Demchak, Oregon Primary Care Association(OPCA) – commented on redeterminations in OHP and the hurdles involved; OPCA would like to work with OHA on any of the potential churn mitigation options that committee is considering, including policies that involve OHP eligibility determination. She also thanked the committee for their work on such an important issue. 		
Closing Comments	Oliver reminded the committee that there is an additional meeting on May 15, 2014 in Salem at the State Library.		MAC
Adjourn	The meeting was adjourned at 12:00pm		Co-Chair(s)

Next MAC meeting:

May 28, 2014, 9:00am - 12:00pm

General Services Building, Mt. Mazama

1225 SE Ferry St, Salem, OR 97301