

OREGON MEDICAID ADVISORY COMMITTEE

April 27, 2011 9:00 a.m. – 12:00 p.m.

**Oregon State Library,
Salem, Oregon**

MEMBERS IN ATTENDANCE: Carole Romm, RN, MPA; Jim Russell, MSW; Karen Berkowitz, JD; Rhonda Busek; Ellen Gradison, JD;
Mike Shirtcliff, DMD; Thomas Turek, MD;

PHONE PARTICIPANTS: Lenore Bijan; Meghan Caughey

PRESENTERS: Kai Guterman, Ellen Pinney, Tina Edlund, Ralph Summers, Nicole Merrithew, Michelle Mack, Vonda Daniels

STAFF: Nicole Merrithew, Kai Guterman

VISITORS: Eve Ford, Don Ross, Amanda Waldroupe

TOPIC	Key Discussion Points	Follow-up Action	Responsible Party
Approval of Minutes	A motion was made to approve the minutes as written. Minutes were approved.		
Legislative Update	Kai Guterman provided an update on the 2011 MAC legislative bill tracker document, and introduced Medicaid related bills to the Committee which have been moving through the legislative process, including SB 210 and HB 3311. See handouts: http://www.oregon.gov/OHPPR/MAC/docs/Meeting_Materials/2011_Materials/MAC_042711_Materials.pdf	Continue to update and distribute the MAC bill tracker every 2 weeks.	Kai Guterman
Oregon Health Authority Ombudsperson Update	Ellen Pinney, Oregon Health Authority (OHA) Ombudsperson, provided an overview of current work and first year priorities, including the complaint and grievance system consolidation and coordination. ➤ The OHA Ombudsoffice is tasked with identifying and implementing policies and practices for maximizing the ability of people eligible for receiving publicly supported services, to get the right care at the right time in the right place. ➤ Ellen will be convening an Ombudsperson Advisory Council, which will provide guidance to the Ombudsperson on emergent issues, and other ways to make the system work better for consumers. ➤ A coordinated complaint and grievance system will provide an easy to use complaint process whereby clients understand their rights to raise concerns, complaints will be collected from health plans in uniform ways, and statistics on complaints and grievances will be reported with greater transparency.		

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<p>Coordinated Care Organizations Legislative Concept</p>	<p>Tina Edlund, Chief of Policy for the Oregon Health Authority provided an overview and update of the Coordinated Care Organization (CCO) legislative concept.</p> <ul style="list-style-type: none"> ➤ This CCO legislative concept has been drafted as House Bill 3650, which is currently in the Joint Health System Transformation legislative committee. ➤ This plan will create a transition for publicly funded health programs from managed care towards more accountable organizations, responsive to improved health outcomes, better quality of care, and decreased system costs. ➤ In its efforts to develop the CCO concept and plan implementation, the OHA has received federal support from the Centers for Medicare and Medicaid Services (CMS), who are assisting with policy development and regulations compliance. ➤ The MAC may have a role in providing feedback to this process. 		
<p>Patient-Centered Primary Care Home Implementation update</p>	<p>Nicole Merrithew, Medicaid Advisory Committee Director and Ralph Summers, Policy Advisor to the OHA, reviewed current efforts to implement Oregon’s Patient-Centered Primary Care Home (PCPCH) throughout the OHA (including the State Plan Amendment to CMS).</p> <ul style="list-style-type: none"> ➤ The PCPCH Standards Advisory Committee developed medical home standards, attributes, and measures in response to the Triple Aim, to improve health, improve the quality of healthcare, and to reduce costs. These standards can be tied to a new system of reimbursement payments to incentivize higher quality care. ➤ As the PCPCH implementation is phased in over time, payments will transition from Fee-for-Service (FFS) reimbursement towards a system including a Base Payment, Shared Savings (including Pay-for-Performance), and some remaining FFS items. ➤ Presenters solicited feedback from the MAC on implications of this model on the Medicaid population ➤ See handouts: http://www.oregon.gov/OHPPR/MAC/docs/Meeting_Materials/2011_Materials/MAC_042711_Materials.pdf 	<p>Solicit Feedback from MAC Members in regards to PCPCH measures from a consumer’s perspective</p>	<p>Nicole Merrithew</p>
<p>Medicaid Eligibility Redetermination Process</p>	<p>Michelle Mack, Vonda Daniels, Policy Analysts at the Department of Human Services, provided an update on current efforts to reform the Medicaid eligibility redetermination process, to eliminate or minimize paper applications.</p> <ul style="list-style-type: none"> ➤ Eligibility is re-determined on a 12 month cycle, and systems are now automated, such that most consumers do not need to re-file paperwork to maintain medical coverage. ➤ Other forms of state public assistance (SNAP, TANF, etc) can be bundled into one application, and Medicaid renewal can renew others services simultaneously, easing future re-application processes. ➤ Presenters discussed implications of HB 3536, which seeks to eliminate Medicaid coverage gaps for inmates/ residents of public institutions when they are released. 		

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Public Comment	None		
Adjournment	The meeting was adjourned at 12:00 pm.		

Next MAC meeting:

Wednesday June 22, 2011, 9:00 am - 12:00 pm, General Services Building, Mt. Mazama Conference Room, 1225 Ferry St. SE, Salem, Oregon