

**OREGON MEDICAID ADVISORY COMMITTEE (MAC)**  
**April 27<sup>th</sup> 2015, 9:00am – 12:00pm**  
**Oregon State Library**  
**250 Winter Street, NE, Salem OR. 97301**

**MEMBERS IN ATTENDANCE:** Janet Patin, Karen Gaffney, Rhonda Busek, Glendora Claybrooks, Bob Diprete, Ross Ryan, Alyssa Franzen, Don Erickson, Laura Etherton, Marcia Hill, Carol Criswell

**MEMBERS ABSENT:**

**PRESENTERS:** Beth Englander, Oregon Law Center; Sarah Miller & Dr. Varsha Chauhan, OHA; Lori Coyner, Medicaid Director, OHA; Brian Nieubuurt, OHA; Ellen Pinney, OHA; Rebekah Gould, OHA

**STAFF:** Oliver Droppers, Amanda Peden

TOPIC	<i>Key Discussion Points</i>
<b>Opening Remarks and Staff Update</b>	<b>Introductions and roll call. January minutes were not yet available and will be reviewed at the May meeting.</b>
<b>Oregon Health Plan</b>	<p><b>Beth Englander, State Support Unit Attorney (Oregon Law Center)</b></p> <ul style="list-style-type: none"> <li>• Beth introduced her organization, the Oregon Law Center, which serves very low-income clients, most of which are eligible for Oregon Health Plan (OHP).</li> <li>• Beth reviewed Oregon Law Center’s top five concerns about the Oregon Health Plan: (1) the renewals/redetermination process, including churn; (2) OHP clients who are billed separately by providers despite being enrolled in OHP; (3) OHA/DHS coordination to ensure members do not fall through the cracks; (4) CCO transparency; and (5) Prioritized list and coverage of services for OHP members.</li> </ul>
<b>OregONEligibility</b>	<p><b>Sarah Miller and Dr. Varsha Chauhan (OHA) (see slides 4-12)</b></p> <ul style="list-style-type: none"> <li>• Sarah and Dr. Chauhan gave an update on the “ONE” system, Oregon’s new Medicaid/CHIP Eligibility determination system for determining modified adjusted gross income (MAGI).</li> <li>• Question: What are the strategies to address applications for pregnant women? Response: this question was not addressed.</li> <li>• Question: What percentage of people terminated were brought back onto the plan within 30 days? Response: The ONE system is not yet processing reapplications, so OHA is not yet tracking the cases that have been through administrative churn process. (43:01) Question: How long is it taking for those individuals in the line for reapplications to get back onto OHP? Response: OHA does not know at this time. Dr. Chauhan will get back to the committee on this.</li> <li>• Question: In case of people who are not renewed, are there patterns emerging to identify if it’s a processing glitch or loss of eligibility? If it is a glitch, has OHA identified areas that need further attention and what to do about this? If it is a loss of eligibility, is there information about why people are losing eligibility? Response: Dr. Chauhan will be prepared to talk more about this next time or even prior to the next meeting.</li> <li>• Question: Why do people with disabilities have to renew their plans annually? Response: This is a federal requirement.</li> <li>• Sarah offered to brief the committee on disability related Medicaid eligibility in the future.</li> <li>• The committee requested enrollment and determination numbers. Rhonda will take this back and see what can be supplied.</li> </ul>

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	<ul style="list-style-type: none"> <li>Question: Who can providers reach out to for assistance with the OHP enrollment system? Response: Suggest contacting a community assistor. On the Oregon Health Plan application website there is information about community assistors. Many are insurance agents, but all are required to share where people can get Oregon Health Plan assistance.</li> </ul>
<b>OHA OmbudsAdvisory Council</b>	<p><b>Ellen Pinney, OHA Ombudsperon, OHA OmbudsAdvisory Council</b></p> <ul style="list-style-type: none"> <li>Ellen announced that OHA is developing an integrated complaint system to coordinate complaints across the agency and other state agencies. She discussed the limitations of the CCO complaint system due to different CCO definitions of complaints. OHA Health Systems is conducting technical assistance for CCOs on this issue.</li> <li>Ellen highlighted key issues for OHP clients, including problems with reliability of nonemergency transportation, determination and renewals processes, pregnancy applications, confusion about integrated care and access to non-physical health providers (e.g. dental), issues with opioid prescription.</li> <li>Question: Are you seeing people readily using navigators that are in place chronic health conditions? Is there movement on expanding this? Response: Some CCOs are suggesting these case managers be posted online. The Ombuds program receives these calls, but when referred -- plans are a great resource to help people get connected.</li> <li>Question: Is there an entry for people who don't speak English? Response: Yes, Ellen has access to an interpreter service.</li> <li>Question: How can advocates do more on the non-medical transport issue? Response: Having advocates participate on the OmbudsAdvisory council is very important. Additionally, tools like the Oregon Self-Advocacy Coalition "doctor visit planning tool" are very useful. It would also be helpful for clients to be on community advisory councils for nonemergency transportation providers.</li> <li>Question: Is there some way the CCOs are addressing complaints to make them more consistent, so that reports can be broken out by types of complaint? Response: The quarterly Section 1115 reports list complaints by category. OHA's Division of Health Systems is also doing webinars with the plans. However, the complaints are not currently broken ou by medical, physical and dental.</li> </ul>
<b>Oregon 1115 Waiver Renewal</b>	<p><b>Lori Coyner, State Medicaid Director, OHA (see slides 16-36)</b></p> <ul style="list-style-type: none"> <li>Lori presented an update on and information about Oregon's Section 1115 draft waiver proposal. She invited committee and public comment on the proposal.</li> <li>Question: What is an example of a barrier to CCOs using flexible services? Response: One example is that flexible services currently have to be counted as administrative rather than medical expenses. The waiver proposal includes an expanded definition of flexible services to include community-level services (e.g. cooking classes) and if approved by CMS, would allow cost-effective services to be counted as medical expenses.</li> <li>Question: Do you think that in bringing together integrated services and provider cooperation has negative impacts on the services provided with regard to quality and cost? Response: Lori used oral health services as an example. There is an oral health metric now that CCOs are held accountable for, which is a way to reward CCOs for integrating.</li> <li>Question/comment: With the implementation of CCOs, provider administrative costs have gone up. Response: One way OHA is working to address this is through incentive dollars (18 metrics as of 2018), and CCOs give some portion back to providers (at discretion of CCOs as to percent (1:28:34).</li> </ul>

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<b>OHA Legislative Update</b>	<p><b>Brian Niebuurt, Legislative Coordinator, OHA</b></p> <ul style="list-style-type: none"> <li>• Brian provided a summary of key legislation passed in the 2016 legislative session. Key bills highlighted were: HB 4030, HB 4071, HB 4107, HB 4141, HB 4017, HB 4100, SB 231, and SB 1531.</li> <li>• Brian also briefly discussed potential legislation for the 2017 session with a focus on legislation that would impact CCOs.</li> </ul>
<b>Oregon Health Insurance Survey</b>	<p><b>Rebekah Gould, OHA</b></p> <ul style="list-style-type: none"> <li>• Rebekah provided an overview of the Oregon Health insurance Survey (OHIS). Reports from the annual survey provides information about health care coverage of the state. There are a variety of fact sheets that describe health insurance coverage in Oregon using data from the survey including access and trends across Oregon.</li> <li>• Question: does the survey have information about Oregon’s intellectual and developmental disabilities? Response: we have one survey question that asks about physical limitations and would be able to flag survey responses based on this question. We could run a report that analyses the various aspects of the survey by respondents who indicated they have a physical limitation.</li> </ul>
<b>Closing Comments</b>	Staff walked through the meeting schedule for 2016.

**Next MAC meeting:**  
**May 25, 2016**  
**9:30 a.m. – 12:30 p.m.**  
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