

OREGON MEDICAID ADVISORY COMMITTEE

August 22, 2012 9:00am – 12:00pm

General Services Building

Mt. Mazama Conference Room

1225 Ferry St. SE, Salem, Oregon

MEMBERS IN ATTENDANCE: Jim Russell, MSW; Rhonda Busek, Thomas Turek, MD; Mike Shirtcliff, DMD; Lenore Bijan;
PHONE PARTICIPANTS: Meghan Caughey, MA, MFA;
PRESENTERS: Jeanene Smith, Darren Coffman, Deborah Bachrach
STAFF: Oliver Droppers
VISITORS: Lorey Freeman, Ellen Lowe, Jon Bradley, John Hummel, Janna Starr, Jessica Chambers, Mark Mystrom, Ted Amman, Joseph Lowe

TOPIC	Key Discussion Points	Follow-up Action	Responsible Party
Opening Remarks and staff update	Introductions and roll call. The committee reviewed meeting minutes from March 28 th , May 23 rd , and July 25 th , 2012. A motion was made to approve the minutes with two corrections for all three meetings. The motion was seconded; minutes were approved with corrections.		Co-Chair & MAC staff
OHA Updates	<p>Jeanene Smith, Administrator, Office for Health Policy & Research, provided updates on Coordinated Care Organizations (CCOs).</p> <ul style="list-style-type: none"> • Starting September 1, there will be 13 CCOs serving 33 counties covering nearly 500,000 adults and children. • The majority of Oregon Health Plan (OHP) members will have access to a CCO. • Last month, the Center for Medicare and Medicaid Innovation Center (CMMI) announced a significant funding opportunity for states. • Oregon Health Authority (OHA) plans to submit a proposal next month to study the state’s new CCO model. Oregon’s proposal would fund an “Innovation Center” to assess reforms within CCOs by evaluating, disseminating, and spreading effective delivery system and payment innovations. • Members asked whether they would approve a letter of support for Oregon’s health care transformation efforts and its CMMI proposal. Members agreed staff should work with the committee co-chairs to develop a letter of support within the specified time frame. 	MAC letter of support, CMS	MAC staff, Co-Chairs

<p>Oregon Health Evidence Review Commission</p>	<p>Darren Coffman, Director, Health Evidence Review Commission (HERC), Oregon Health Authority, provided an update on the recently established HERC.</p> <ul style="list-style-type: none"> • A brief historical overview of events that led to the creation of the HERC was presented including a summary of responsibilities of the HERC according to Oregon Statute; principally maintenance of Oregon’s prioritized list. • There are several subcommittees under the HERC tasked to: develop and maintain a list of health services ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served; develop/identify and disseminate evidence-based health care guidelines for use by providers, consumers, and purchasers of health care; and conduct comparative effectiveness research of health technologies. • For more information about the HERC please see: http://www.oregon.gov/OHA/OHPR/Pages/HERC/index.aspx#HERC_Information 		
<p>Oregon Medicaid Benchmark Benefit Package</p>	<p>Jeanene Smith, Administrator, Oregon Office for Health Policy and Research, reviewed the Affordable Care Act (ACA) and requirements around essential health benefits for newly-eligible Medicaid adults starting 2014.</p> <ul style="list-style-type: none"> • ACA requires states to develop a benchmark benefit package for all newly-eligible adults for Medicaid. • Both the commercial and Medicaid plans must include items and services in 10 categories identified by the federal Department of Health and Human Services (DHHS). • Committee discussed developing a recommendation for Oregon’s Medicaid Benchmark plan for the state’s expansion population. Discussion included questions around mandatory versus optional benefits, understanding what populations will be covered as part of the anticipated expansion, mental health parity in Oregon in relation to the federal requirements, and definition of “medically frail.” 	<p>Staff will follow-consider questions raised and bring back information at the next meeting</p>	<p>MAC staff</p>

<p>Medicaid Benchmark: Legal & Policy Considerations</p>	<p>Deborah Bachrach, Special Counsel, Manatt Health Solutions, presented on the Affordable Care Act and Medicaid Benchmark. Ms. Bachrach reviewed several legal and policy considerations with the committee.</p> <ul style="list-style-type: none"> • There are several federal legal requirements for states that decide to move forward with expansion of their Medicaid program in terms of mandatory and optional benefits that states may cover. • Some policy questions were raised such as including potential cost-sharing and individuals exempt from the mandatory benchmark enrollment (e.g. pregnant women). • Ms. Bachrach highlighted some key considerations in designing Oregon’s Medicaid Benchmark Benefit including alignment of the benchmark plan to OHP Plus (i.e. adult population), whether to offer different Medicaid benefit packages to various eligibility groups, and if Oregon could offer more than one benchmark benefit package for newly-eligible adults. • Members raised a question around federal mental health parity (FMHP) requirements and whether Oregon’s current Medicaid program (Oregon Health Plan) meets the FMHP requirements. General consensus is the Oregon Health Plan exceeds FMHP requirements because of the prioritized list. • Committee asked about the term “habilitative services,” a required benefit as defined by federal statute. 		
<p>Medicaid Benchmark Benefits: Next Steps</p>	<p>The committee continued their discussion about Medicaid Benchmark benefits in relation to the Oregon Health Plan (OHP) and benefits currently covered through OHP Plus and Standard (for adults).</p> <ul style="list-style-type: none"> • Members reviewed a side-by-side comparison matrix of defined benefit packages for the two OHP packages. • Committee staff introduced a set of proposed decision-making criteria. Members reviewed the criteria and put forward recommended changes in an effort to integrate principles developed by the committee in 2011, and to reflect Oregon’s pursuit of the Triple Aim. It was agreed that a revised set of criteria shall be brought back for further consideration at the September meeting. 		

Oregon Medicaid Advisory Committee Meeting Minutes August 22rd, 2012

Public Comment	John Mullin, Oregon Law Center, raised the issue about possibly restoring the Oregon Health Plan as a single package of covered benefits for Oregonians that qualify for Medicaid, as well as the option among states to create and operate a Basic Health Plan (BHP) to cover adults with incomes between 133-200% FPL . Mr. Mullin acknowledged the committee’s important work, and expressed a desire that members deliberate issues of affordability and the consumer perspective when putting forward a final recommendation.		
Adjournment	The meeting was adjourned at 12:00 pm.		

**Next MAC meeting:
September 26th, 2012, 9:00am - 12:00pm
Portland State Office Building; 800 NE Oregon St., VCON-Room 1E-70; Portland, OR**