

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

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

MEMBERS ABSENT: Carol Criswell

PRESENTERS: Rhonda Busek, OHA; Janna Starr, OHA; Emily Wang and Carol Cheney, OHA; Ellen Pinney, OHA; Mike McCormick and Don Erickson, DHS

STAFF: Oliver Droppers

TOPIC	<i>Key Discussion Points</i>
Opening Remarks and Staff Update	Introductions and roll call. Reviewed and approved meeting minutes from Dec. 9th, 2015 with one correction to list of attendees.
Oregon Health Plan (OHP) and Coordinated Care Organizations.	<p>Rhonda Busek, OHA</p> <ul style="list-style-type: none"> Rhonda provided an update on the Oregon Health Plan (OHP) for the committee. She provided an update on the OHA template that was presented to the Oregon Legislature in advance of the 2016 legislative session. OHA is working to finalize the dashboard. Question: will the template separate out modified adjusted gross income (MAG and non-MAGI population? Response: Rhonda will check in on this. OHA continues to implement the new Medicaid enrollment system, the ONE system. Rhonda described the steps moving forward for OHP members and the upcoming portal launch.
1115 Waiver Demonstration	<p>Janna Starr, OHA (see slides 4-30)</p> <ul style="list-style-type: none"> Janna presented on Oregon’s upcoming renewal of the state’s 1115 waiver demonstration. Question: can OHA share more information on flexible services? Response: yes, OHA will be able to share more information on flexible services. Question: individuals are experiencing the housing crisis in Oregon. Will the flexible services help CCOs address housing needs among individuals served on OHP? Response: there are existing programs in Medicaid in Oregon that help with housing supportive services for certain subpopulations served by OHP. OHA is currently exploring changes to the global budget and developing clearer definitions around use of flexible services in the waiver renewal. Question: can OHA provide a timeline and key milestones to the committee with respect to the 1115 waiver renewal process? Response: yes.
Basic Health Program (BHP)	<p>Oliver Droppers, OHA (see slides 31-45) (see meeting materials)</p> <ul style="list-style-type: none"> Oliver provided a brief over of the history of the Basic Health Program (BHP) in Oregon. He walked through the main pieces of legislation in Oregon that has directed the BHP policy development in Oregon. He also revisited the committee’s recommendation on the BHP from 2014.

TOPIC	<i>Key Discussion Points</i>
	<ul style="list-style-type: none"> Members provided several suggestions to a potential memo that could be prepared by staff. One suggestion was to advise Oregon leaders to assess what would be the impact on the BHP if minimum wage increases in Oregon. Another suggestion was to include adult dental as a required benefit in the benefit package for BHP eligible enrollees. Question: how would a BHP work if commercial carriers opted not to participate and offer standard health plans (SHPs) as part of the BHP. Response: that's a question that the Department of Consumer and Business Services (DCBS) will have to address in terms of how this would work. The issue is whether commercial carriers will be interested in offering plans through the BHP? Members agreed that it was important to release a memo on the most recent BHP recommendations from 2015 as led by HB 2934. The committee agreed that BHP could serve as an alternative for low-income individuals, particularly for those that transition ACA related coverage around 138% of the federal poverty level (FPL). Co-chairs requested that staff draft a memo and submit to the entire committee for review. Staff agreed to draft a memo for review by committee before the end of the week.
Health Equity Policy Committee (HEPC)	<p>Emily Wang and Carol Cheney, OHA's Division of Equity and Inclusion (see slides 47-55) (see meeting materials)</p> <ul style="list-style-type: none"> Carol and Emily provided a summary of OHA's new Division of Equity and Inclusion (OEI) including the divisions' policy priorities. They also provided an overview of OEI's Health Equity Policy Committee (HEPC). Carol discussed issues with language interpretation for individuals in Oregon including the governing statute that was enacted in 2001. CCOs aren't required to use certified and qualified health care interpreters. OHA is helping individuals receive training in an effort to increase the number of the certified and qualified health care interpreters in Oregon.
Oregon Department of Human Services	<p>Mike McCormick and Don Erickson, Aging and People with Disabilities, DHS</p> <ul style="list-style-type: none"> Mike and Don walked through a summary of DHS and how the agency coordinates with the Oregon Health Authority (OHA) in jointly administering the state's Medicaid program, OHP. Mike focused his comments with describing non-MAGI eligibility groups in Medicaid and available services. He also shared that DHS Medicaid budget continues to increase considerably and at a pace that is unsustainable. Committee member shared an observation where there are several challenges individuals are experiencing with respect to authorizations for the APD covered individuals: (1) community transportation, (2) assisted technology, and (3) authorization for home modifications. Question: how do limitations with coverage of treatment impact OHP members? Response: Oregon has relatively high coverage in terms of benefits and ease in terms of the process for individuals to be determined eligible for programs administered by DHS' Aging and People with Disabilities. Question: what is the "K" plan? Response: the "K" is a federal option that allow states to offer home and community services for individuals eligible for Medicaid. States that adopt the "K" plan received an enhanced federal match to administer benefits covered under the plan. The challenge with a "K" plan is a state's ability to control utilization.
Medicaid Advisory Committee – Inaugural report 2015	<p>Co-Chairs and members, OHA (see meeting materials)</p> <ul style="list-style-type: none"> Members offered feedback on a draft report from the committee. Several suggestions offered were: (1) highlight the fact that folks enrolled in Medicaid will often experience changes in eligibility overtime as Oregon's Medicaid population is not static, which reflects the new post-ACA coverage environment, (2) several minor editorial changes.
Closing Comments	No closing comments.

Next MAC meeting:

March 23rd, 2016

9:00 a.m. – 12:00 p.m.

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