

OREGON MEDICAID ADVISORY COMMITTEE
January 28, 2015
9:00am – 12:00pm
Mazama Conference Room, General Services Building
1225 Ferry St. SE, Salem, Oregon

MEMBERS IN ATTENDANCE: Janet Patin, Romnee Auerbach, Rhonda Busek , Carol Criswell, Kay Dickerson
MEMBERS ABSENT: Alyssa Franzen, Karen Gaffney
PHONE PARTICIPANTS: Kristen Dillon, Leslie Sutton
PRESENTERS: OHA: Linda Hammond, Rhonda Busek, Janna Starr, Brian Nieubuurt, Jen Lewis-Goff, and Susan Otter
STAFF: Jeannette Nguyen-Johnson
VISITORS:

TOPIC	Key Discussion Points	Responsible Party
Opening Remarks and Staff Update	Introduction and roll call. Staff reviewed the agenda and the list of topics to cover. Announced that a new OHA Director, Lynne Saxton, started on January 20 th .	Co-Chair & MAC staff
Approval of Minutes	The committee reviewed meeting minutes from December 10 th , 2014. A motion was made to approve the minutes, with one correction. The motion was seconded; minutes were approved, with correction.	Co-Chair & Committee
Oregon Health Authority Updates	<p>Linda Hammond, Interim Chief Operating Officer, OHA, provided an update on the OHP enrollment and redetermination process.</p> <ul style="list-style-type: none"> • There is currently not a single system for processing applications and redeterminations. A hybrid process is being used for doing any work related to members’ enrollment or redetermination and is a primarily manual process. To assist an individual OHP member or applicant, each staff person has to be able to operate in four different systems simultaneously. • Initially this process took about 45 mins. During the most recent open enrollments period (Fall 2014 – Winter 2014), there were 600 employees working 24/7 to deal with the volume of work. • Today the same challenges are in place, but the hybrid process now takes 20-25 mins. and the workforce consists of 200 staff. Success has been due to partnerships with CMS allowing OHA to expedite some processes, applying LEAN to improve work flow, and understanding and addressing members’ needs as far upstream as possible. • About 1,000 applications are being received each day through the hybrid process. All of the applications that need processing are January applications. • The process from receiving applications from the federal site and getting them into the MMIS system is extremely complicated and staff is working diligently to improve the flow of working with the flat files. • If individuals have applied through the federal website, where there can be a few weeks delay in processing their 	Linda Hammond, OHA

	<p>applications, OHA is working with them on the phone to get their information to try to prevent any closures of coverage. OHA is taking further steps with data matching to ensure individuals whose applications are being processed in the federal hub are not having their coverage cancelled.</p> <ul style="list-style-type: none"> • In mid-January, OHA sent approximately 67,000 10-day termination letters that would terminate coverage Feb. 1. It's possible that individuals who were sent notices could have already submitted renewal applications as required in order to stop termination. This is because of application backlogs and problems communicating with the federal site. OHA is working with staff to mitigate closures. • Working to address the flow across the entire year and are focused on the gap analysis between the Kentucky model and our current system to make sure we are maximizing the advantages from the Kentucky system, because it has been successful for Kentucky in the two years it has been in operation. • Have made progress since last December when there were 33,000 stuck applications and 33,000 complex applications. • Individuals applying for OHP should go to http://www.oregonhealthcare.gov/ to apply. • Question from Leslie S. as to whether there is anything new around continuous eligibility. Linda indicated the ACA makes possible administrative redeterminations, which is an expedited process to redetermine eligibility, where we only ask for missing information and for applicants to verify anything that we cannot verify. <p>Rhonda Busek, Interim Director, OHA, Division of Medical Assistance Programs (DMAP), provided updates on Oregon's Health System Transformation.</p> <ul style="list-style-type: none"> • Call wait times are still about an hour and address determination issues, including closure notices, and the needs of existing members, of which there are about one million OHP enrollees. • OHA has implemented a number of outreach strategies including calling members who we have not heard from within 90 days. • Working with CCOs and providers to inform them if someone comes in with a letter that has an application being processed in the federal hub that providers should see them and that OHA will ensure payment. <p>Janna Starr, Medical Assistance Programs, OHA, presented an update on the Oregon Health Plan, Section 1115 Quarterly Report from the fourth quarter of 2014.</p> <ul style="list-style-type: none"> • Janna reviewed highlights from the fourth quarter (7/1/2014 – 9/30/2014) report, including the Letter from the State Medicaid Director, history on the Demonstration description, events affecting health care delivery, including Evaluation activities and interim findings, the public input section, and the quarterly enrolments reports. <p>Brian Nieuburt, Legislative Coordinator for Health Care Programs, OHA, provided a preview for the 2015 Legislative Session.</p> <ul style="list-style-type: none"> • OHA health care programs include Medical Assistance Programs, including the Oregon Health Plan, PEBB and OEBC. 	<p>Rhonda Busek, OHA</p> <p>Janna Starr, OHA</p> <p>Brian Nieuburt, OHA</p>
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	<ul style="list-style-type: none"> • Jen Lewis- Goff is also on the legislative team and supports the Office for Health Policy and Research, Data Analytics, Office of Equity and Inclusion and the Health Licensing Office. • A formal list of OHP related bills was not produced because they are still in the early stages of the Legislative session. There were over 1,400 pre-session filed bills, which is actually less than normal which can be contributed at least in part to the Governor’s priorities shifting, a lot of new Legislators and if you’re not elected you cannot pre-session file a bill by the deadline. • February 2nd we should start seeing an increase in the volume of bills. • Currently not a lot of bills that have a direct impact on OHP, in part to give time for CCOs to continue their work and development, the Governor is more focused on public health investments this year. • The Legislative team is still working to evaluate the bills to understand their impacts and get a sense of what bills may move. • Primary impacts to OHP will be OHA’s budget and extending the sunset of the provider tax (HB 2395). Some other bills of interest coming up early this session are HB 2306 which authorizes OHA to limit providers from which medical assistance recipient may obtain prescription drugs if recipient meets specified criteria and HB 2421 which makes mental health drugs subject to Practitioner-Managed Prescription Drug Plan. • A lot of the substantive bills related to OHP are on the House side. • There are legislative bills specific to Oregon Health Authority, which can be viewed here. 	
<p>Health Information Technology</p>	<p>Susan Otter, State Coordinator for HIT at OHA, presented on Health Information Technology efforts in Oregon (see slides 8-26). Susan’s presentation is outlined as follows:</p> <ul style="list-style-type: none"> • Reviewed the definitions and some examples of health information technology (HIT), health information exchange (HIR) and interoperability. • The vision of “HIT-optimized” health care system, which is “The vision for the State is a transformed health system where statewide HIT/HIE efforts ensures that all Oregonians have access to “HIT-optimized” health care.” Identified goals for HIT-optimized health care for providers, systems and individuals. • Reviewed EHR adoption and Meaningful Use in Oregon, including data on the adoption level by eligible professional and hospitals. • Reviewed the level of HIE in Oregon and CCO investments in HIE. • Lastly, Susan reviewed the state’s role in Health IT, which is largely to support efforts and utilization by providers, systems and individuals; support standardization and alignment where possible; and lastly, a smaller role in providing actual HIT. • There was discussion around meaningful use and integration of behavioral health data into HER systems. CCOs were also identified as drivers for change in HIT and HER adoption and use. 	<p>Susan Otter, OHA</p>
<p>Committee Churn Mitigation Report</p>	<p>Children's Health Insurance Program in the Affordable Care Act Coverage Landscape, premium assistance policy and implementation considerations—Co-Chair and MAC Staff</p> <ul style="list-style-type: none"> • Committee members reviewed the draft memo on SB 1526, intended for OHA leadership, and recommended the following changes before finalizing the memo: 	<p>Co-Chair, Staff & Committee</p>

	<ul style="list-style-type: none"> ○ Add language to the cover letter to emphasize that OHP eligibility and enrollment systems for and the Marketplace itself are still stabilizing. Also that children covered in CHIP today have access to high quality, no-cost coverage and richer benefits through the OHP than what is generally available in the commercial market, and are served by innovative care delivery models via CCOs. Finally, that only a subset of members in OHP would have the option to pursue premium assistance under the parameters of SB 1526 which would pose a parity issue. ● The Committee also recommended clarification around cost effectiveness of a premium assistance program and addressing any confusing or contradictory language in the analysis. ● The Committee agreed to have the Co-chairs review and approve the changes made by staff on behalf of the Committee. Staff will then send the memo to OHA leadership. 	
Public Comment	No public comment was made.	Co-Chair
Adjourn	The meeting was adjourned at 12:00 p.m.	Co-Chair

Next MAC meeting:

March 23, 2015

9:00am – 12:00pm

Mazama Conference Room, General Services Building

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