

**OREGON July 22<sup>nd</sup>, 2015**  
**9:00am – 12:00pm**  
**Mt. Mazama Conference Room**  
**1225 Ferry Street SE; Salem, OR 97301**

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

**MEMBERS ABSENT:** Leslie Sutton and Kristen Dillon

**PHONE PARTICIPANTS:**

**PRESENTERS:** Rhonda Busek, OHA; Lynne Saxton, OHA; Ellen Pinney, OHA

**STAFF:** Oliver Droppers, Jeannette Nguyen-Johnson

**VISITORS:**

TOPIC	<i>Key Discussion Points</i>	<i>Responsible Party</i>
<b>Opening Remarks and Staff Update</b>	<b>Introduction and roll call. Staff reviewed the agenda and the list of topics to cover.</b> <ul style="list-style-type: none"> <li>•</li> </ul>	Co-Chairs & MAC staff
<b>“Meet and Greet” with Director of OHA</b>	<b>Lynne Saxton, Director, OHA, “Meet and Greet” with Medicaid Advisory Committee</b> <ul style="list-style-type: none"> <li>• Committee members introduced themselves to Lynne Saxton.</li> <li>• Karen Gaffney provided a brief summary about the committee, its history, main policy priority areas, and highlighted past work led by the MAC. Karen also shared with Lynne the committee’s most recent work on continuous eligibility in Medicaid for income-eligible adults and informational presentations from Oregon’s Consumer Advisory Councils (CACs).</li> <li>• Lynne Saxton shared OHA’s priorities and also a brief history and rationale for restructuring and aligning the OHA in response to state’s health system transformation initiative. She also brought forward the issue of ensuring Oregon’s Medicaid program is financially sustainable and the importance around managing Oregon’s available financial resources. Lynne discussed OHA’s new six-year financial sustainability tool. Another important issue is the disproportionality with Oregon’s quality and accountability metrics and the agency’s focus on addressing issues related to health equity.</li> <li>• Lynne also discussed the importance of having data, what the data shows, utilizing data to develop interventions, and assessing the effectiveness of interventions by using data. Data will also be used by OHA to identify areas that will benefit from continued improvements and additional investments.</li> <li>• Lynne expressed excitement about the committee in its focus on “results.” She would like to work with the committee to help identify shared priorities.</li> <li>• Looking ahead, OHA has a responsibility to communicate with Medicaid members the following: what are their benefits, what the requirements for Medicaid eligibility are, and what the limitations of membership are.</li> <li>• Lynne offered a number of examples to highlight her priority areas for OHA and the Oregon Health Plan (OHP), particularly integration of physical, behavioral and oral health among Oregon’s 16 coordinated care organizations</li> </ul>	Lynne Saxton

TOPIC	<i>Key Discussion Points</i>	<i>Responsible Party</i>
	<p>(CCOs). Another significant issue highlighted during Lynne’s presentation is transforming Oregon’s public health system.</p> <ul style="list-style-type: none"> <li>• Karen Gaffney shared with Lynne the committee’s four priority areas: (1) improving access to care for OHP members including working toward seamless coverage and care continuity, (2) creating and using a transparent system-wide accountability framework, (3) support administrative simplification in OHP, and (4) examining person and family-centered policies.</li> <li>• Lynne commented on the agency’s restructure and consolidation of Division of Medical Assistance Programs (DMAP) and Addictions and Mental Health Division (AMH) in response to a question about accountability of CCOs by OHA. The agency is working to streamline OHA’s compliance process and financial oversight of CCOs. Overtime, the agency will strive to streamline regulatory requirements for CCOs. She also shared with the committee that in the 2017-2019 biennium, the State is facing a projected shortfall of \$500 million to sustain OHP as it currently stands.</li> <li>• Lynne also commented on the importance of exercising discipline on doing better with what we’re already supporting through health system transformation. 1+ million individuals now rely on OHP for health coverage. For the next few years, the focus will be to improve services and quality of care for the 1 million Oregonians covered by OHP. In the next few years, OHA will focus on implementation excellence.</li> </ul>	
<b>Committee Debrief</b>	<p><b>Lynne Saxton – “Meet and Greet” Committee Debrief</b></p> <ul style="list-style-type: none"> <li>• Committee shared several observations based on Lynne’s comments to the committee.</li> <li>• Question posed was: “what does Lynne’s visit mean for future agendas and committee work?” The committee agreed to revisit this question at a future meeting.</li> <li>• Committee members suggested that the MAC focus on individuals that are counting on OHP. Specifically, consider how the committee can advise OHA on ways to make the eligibility and enrollment process a cleaner and easier process; and ultimately, continue to focus on how to reduce the complexities and challenges individuals and families face with Oregon’s Medicaid eligibility system.</li> <li>• One suggestion was for the committee to focus on the lack of consistency with how CCOs are engaging communities and CACs as the example. One option is for the committee to consider how to hear directly from CCOs in terms of their expectations around working and supporting CACs. The questions posed by a committee member are “what role does the MAC have in identifying issues between CCOs and CACs specific to engagement, and what opportunities are there to foster improvement with community engagement?” One suggestion offered is for the committee to prepare a report on the topic.</li> <li>• Question was asked about the Transformation Center (TC) and the long-term plan for their work. Staff provided a brief summary and agreed to follow-up directly with TC in terms of upcoming work in 2016 and beyond.</li> <li>• Moving forward, committee also suggested that the MAC and staff consider what aspects of the Medicaid program that reside in DHS can be brought to the committee.</li> </ul>	Committee
<b>2015 Legislative Session</b>	<p><b>Brian Nieuburt, OHA</b></p> <ul style="list-style-type: none"> <li>• Brian was unable to join. A committee member requested that OHA staff provide an update on implementation</li> </ul>	OHA Staff

TOPIC	Key Discussion Points	Responsible Party
	work on bills passed in the 2015 session. Staff agreed to work with agency staff to prepare an update on implementation work at a future committee meeting.	
<b>OHA Ombuds Advisory Council</b>	<p><b>Ellen Pinney, OHA Ombuds Advisory Council - Update</b></p> <ul style="list-style-type: none"> <li>• Per the request of the committee’s co-chairs, Ellen focused her updates on notices of action, hearings and appeals among OHP members. Ellen commented that CCOs are working on best practices on “notices of action” and “appeals.”</li> <li>• The biggest reasons OHP clients are calling OHA are due to enrollment, redetermination, renewals, and being enrolled in the wrong CCO. Ellen walked through the OHP dashboard report including the number of individuals that have successfully enrolled in OHP since January 2015. She also observed that there’s a reduction in overall OHP enrollment likely due to several issues including no longer being eligible for Medicaid and Oregon’s Medicaid enrollment and eligibility system transfer project.</li> <li>• Committee expressed an interest in receiving data from OHA on reasons why individuals dis-enroll in OHP.</li> <li>• Question: do we get information on the outcome of grievances? Response: OHA’s QI coordinators track and have access to this information.</li> <li>• A significant system issue for OHP clients is transitioning from Medicaid to Medicare (reached age 65) or individuals who become eligible for social security and transition out of OHP into private coverage.</li> <li>• Other issues that OHP clients are experiencing are due to recent coverage changes to the Prioritized List, specifically, gender dysphoria and ABA therapy.</li> </ul>	Ellen Pinney
<b>Medicaid 12-month Continuous Eligibility</b>	<p><b>Medicaid 12-month Continuous Eligibility, Committee Staff – Oliver Droppers and Jeannette Taylor (see <a href="#">slides 7-21</a>)</b></p> <ul style="list-style-type: none"> <li>• Staff reviewed the methodology and results of the financial estimates for 12-month continuous eligibility for OHP adults in the 2017-19 biennium (see <a href="#">draft report</a> on “<i>Cost Estimates for 12-month Continuous Eligibility in Oregon for Medicaid Adults, 2017-19 Biennium</i>”).</li> <li>• Staff shared that the benefit portion of the analysis was not feasible at this time. Consequently, identifying and calculating potential cost savings from the proposed policy was not included in the analysis.</li> <li>• Committee expressed an interest in continuing to ask OHA to calculate the potential cost savings to Oregon’s Medicaid program that may result from 12-month continuous eligibility for income eligible adults. Specifically, the committee was interested in whether a health economist or national research firm could quantify the potential savings as a preliminary next step.</li> <li>• Committee suggested that the state funding required as part of the Medicaid federal match be viewed as an investment in Oregon’s system. Committee asked staff to calculate a dollar amount in terms of the reduction in the FMAP that CMS would require Oregon to adhere to if the policy was implemented in the 2017-19 biennium. The committee agreed that the proposed policy is good public policy for Oregon. The policy aligns with the Triple Aim, health system transformation, and would help draw down additional federal resources, which is not insignificant. Another consideration is this policy would help to promote coverage stability for low-income Oregonians.</li> <li>• One concern expressed among the committee was the reduction in federal match rate (FMAP) that this policy</li> </ul>	MAC Staff

TOPIC	<i>Key Discussion Points</i>	<i>Responsible Party</i>
	<p>would result in during the 2017-19 biennium. Committee expressed a strong interest in asking the federal government (CMS) to waive the FMAP reduction in Oregon’s next federal 1115 demonstration waiver.</p> <ul style="list-style-type: none"> <li>• A committee member asked about the Basic Health Program (BHP). Staff provided the committee with an update on the most recent legislative initiative on BHP – house bill 2934. Staff agreed to provide a more comprehensive update on BHP at a future committee meeting.</li> <li>• Question raised by the committee is whether this policy is the “best investment” for Oregon. Specifically, what’s the best use of state resources to make the biggest impact? Examples offered were 12-month continuous eligibility or adoption of the BHP in Oregon.</li> <li>• Discussion by committee on next steps on how to move forward with this policy recommendation to OHA. Staff cautioned the committee in making comparisons on policy on 12-month eligibility with BHP in terms of “best uses of public resources” in Oregon.</li> <li>• A motion was made for the committee to frame the recommendation for OHA that outlines the benefits and costs with 12 month eligibility based on available data, and also outline how additional information and research would be beneficial to quantify the potential impact of this policy, if adopted in terms of benefits to consumers, health plans, providers, and the State. Consensus among the committee was that this is a promising policy to address and mitigate churn, and at a minimum, if there are questions about this policy, then additional research should be funded and supported by OHA or the legislature. The committee moved a motion directing staff to prepare a draft recommendation that reflects the committee’s feedback.</li> <li>• Committee briefly discussed the issue of credibility in terms of the putting forth a recommendation with the knowledge and understanding that Oregon is a \$500 million deficit in the upcoming biennium.</li> </ul>	
<b>Closing Comments</b>	<p><b>Closing Comments</b></p> <ul style="list-style-type: none"> <li>• Torrey Powers, ADT Health: commented on her support of the committee’s direction to move forward with recommendation of 12-month continuous eligibility in Medicaid. She suggested that Oregon reach out to other states and then together approach CMS with a request to not reduce the FMAP for the ACA Medicaid expansion population.</li> </ul>	Co-Chairs and Committee

**Next MAC meeting:**

**October 28<sup>th</sup>, 2015**

**9:00 a.m. – 12:00 p.m.**

**Mazama Conference Room, General Services Building**

**1225 Ferry St. SE, Salem, Oregon**