

OREGON MEDICAID ADVISORY COMMITTEE
July 23, 2014
9:00am – 12:00pm
Mt. Mazama Conference Room
1225 Ferry Street SE; Salem, OR 97301

MEMBERS IN ATTENDANCE: Janet Patin, Karen Gaffney, Leslie Sutton, Kay Dickerson, Rhonda Busek, Alyssa Franzen, Lenore Bijan, Carol Criswell, Romnee Auerbach

MEMBERS ABSENT: Kristen Dillon

PHONE PARTICIPANTS: Rhonda Busek

PRESENTERS: Dr. Walter Shaffer, OHA; Sarah Bartelmann, OHA

STAFF: Oliver Droppers, Jeannette Nguyen-Johnson

VISITORS: Ellen Pinney, Dayna Steringer, Ellen Lowe, John Powell, Jennifer Valley

TOPIC	Key Discussion Points	Follow-up Action	Responsible Party
Opening Remarks and Staff Update	Introduction and roll call. Staff reviewed the agenda and the list of topics to cover.	N/A	Co-Chairs & MAC staff
Approval of Minutes	The committee reviewed meeting minutes from June 25 th , 2014. A motion was made to approve the minutes, with one correction. The motion was seconded; minutes were approved, with correction.	Post approved minutes	MAC
Oregon Health Authority Update	<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"> • OHA requested a waiver from CMS to use a streamlined redetermination process to simplify the benefit eligibility and renewal process for the Oregon Health Plan (OHP); these waiver options do not apply to fast track enrollees. • The agency is working on mailings for the end of July for August renewals. • Q: How many folks will be going through the redetermination process each month? A: The agency is working on how to address this and spread it out over a period. • Through the pilot program, people seemed more receptive to calling in on the phone for their redetermination vs. mailing in paperwork. • Q: Will the agency be staffing differently to manage the expected heavy load of calls/mailings? A: We learned a lot from our implementation earlier this year and are using what was learned to create a staffing model to serve our members in the best way possible. • Our dental integration into CCOs on July 1, 2014, went very well and is now complete. 		Rhonda Busek, OHA

<p>Integrative Medicine Advisory Group</p>	<p>Dr. Walter Shaffer, Medical Director, OHA, DMAP, gave an overview of the work of the Integrative Medicine Advisory Group (IMAG).</p> <ul style="list-style-type: none"> • The main purpose of the IMAG is to meet the needs of OHP members as well as the needs of an array of provider groups to be included in the system. • The committee membership is made up of at least two representatives from each of the disciplines that have a nationally recognized accrediting body and state regulatory and licensing board, a couple of CCO medical directors, a commercial medical health plan director and representatives from OHA • Dr. Shaffer shared the list of the national accrediting and state licensing organizations and a list of current IMAG topics being covered (see slides 8 – 9), as well as the credentialing information tool (slide 10). • IMAG works to provide the CCOs the tools they need to do their evaluations for credentialing integrative medicine providers. • The IMAG is looking at how various health professional disciplines can help with the management of addictions, mental health issues, chronic pain, etc., to help improve outcomes and decrease the use of emergency rooms/hospitalizations. Also, the group is examining ways to organize information about different health care disciplines that can be used by CCOs. • There are currently a small handful of naturopathic-based clinics that are recognized as Patient-Centered Patient Care Home (PCPCH) clinics; there are several clinics that incorporate some complementary and alternative medicine practices. • Q: Is it a requirement to have a referral to see a complementary practitioner? A: This is a grey area; in the fee-for-service part of OHP there really is no process for referrals. • Q: Can you talk more about the resistance to direct-entry midwives? A: Direct-entry midwives have different challenges since pregnancy is different from other conditions. In addition to non-discrimination language, direct-entry midwives have specific legislation that OHP will cover their services if they are licensed. Some CCOs are concerned about having midwives on their panels due to liability issues. • Q: What are the next series of steps for the IMAG? A: We are close to having the credentialing tool completed; we will be continuing to develop a collection of integrative medicine best practices that support achievement of the Triple Aim; we will continue to meet bi-monthly or quarterly to monitor the trends and see what needs to be addressed next. • Q: Can you include more levels of people as this committee goes forward? A: As things progress, we may bring in more integrative medicine providers, as well as allopathic providers who are a part of an integrative medicine practice. 		<p>Dr. Walter Shaffer & Jeannette Nguyen-Johnson, OHA</p>
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<p>Oregon's Health System Transformation</p>	<p>Sarah Bartelmann, Office of Health Analytics, OHA, gave an overview of the Oregon's Health System Transformation 2013 Performance Report.</p> <ul style="list-style-type: none"> • The Health Authority has 33 measures that they are accountable to CMS, with financial penalties to the state if the goals are not achieved; there is the sub-set of 17 CCO incentive measures that are tied to the quality pool funding; Sarah reviewed quality pool payments and benchmarks/improvement targets (see slides 13 – 15). • All CCOs showed improvements in some number of the measures, with all CCOs showing improvement in four areas (see slides 17 – 21). • There were mixed results/progress in seven areas (see slide 22). • Q: What is happening to improve the number of kids getting developmental screening? A: This measure looks at developmental screenings that happened in a provider's office or elsewhere; those screenings are not necessarily being picked up in this data and the results are not necessarily being shared across the system. The numbers that we have are an 'under-count'. There are conversations happening regarding building a better tool/portal to allow parents to complete screenings and share this information with their providers. • Primary care visits for CCO members increased by 11% since 2011; spending for primary care services and preventive services are up 20%; almost 80% of members are enrolled in a PCPCH. • PCPCH enrollment by CCO has increased overall (in all but one) since 2012. • Hospitalization for congestive heart failure, COPD and adult asthma decreased • There are two areas for improvement: Screen Brief Intervention and Referral to Treatment for Alcohol and Other Drug Use (SBIRT) services and access to care. • Q: Has there been any discussion on how to account for the new population that has come in since January 2014? A: Yes, the medical directors have requested that for 2014, where possible, the measures be broken out separately. 		<p>Sarah Bartelmann, OHA</p>
<p>Committee Churn Mitigation Report</p>	<p>Staff and committee members reviewed the draft letter and the revisions to the churn mitigation options report and recommendations that will be provided and presented to the Health Policy Board</p> <ul style="list-style-type: none"> • Staff briefly recapped the process to date • The committee reviewed the cover letter and made no changes • There were a few grammatical changes made to the executive summary • A glossary of terms has been added to the report • The committee made no changes to the report. • The committee formally adopted the report with minor revisions. 		<p>Co-Chairs & MAC Staff</p>
<p>Public Comment</p>	<p>No public comment</p>		
<p>Adjourn</p>	<p>The meeting was adjourned at 11:35 a.m.</p>		<p>Co-Chair(s)</p>

**Next MAC meeting:
September 24, 2014, 9:00am – 12:00pm**

General Services Building

1225 Ferry St SE; Mt. Mazama Room; Salem, OR 97301

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