

# Medicaid Advisory Committee

July 24, 2013

General Services Building  
Salem, Oregon

<b>Time</b>	<b>Item</b>	<b>Presenter</b>
9:00	Opening Remarks	Co-Chairs
9:05	Approval of Minutes – June 2013	MAC Members
9:10	Oregon Health Authority – Update <ul style="list-style-type: none"> <li>• CCOs and Health System Transformation (HST)</li> </ul>	Rhonda Busek, OHA
9:20	2013 Legislative Session <ul style="list-style-type: none"> <li>• Key legislation, implications for the Oregon Health Plan</li> </ul>	Brian Nieuburt, OHA
9:45	Cover Oregon <ul style="list-style-type: none"> <li>• Overview of Oregon’s Exchange</li> <li>• Looking forward to 2014</li> </ul>	Vivian Levy, Cover Oregon
10:15	Break	
10:30	Long-term Care (LTC) & CCOs <ul style="list-style-type: none"> <li>• Medicaid LTC services and CCOs</li> </ul>	Jeffrey Scroggin, OHA
11:00	Medicaid Alignment Efforts in Oregon <ul style="list-style-type: none"> <li>• Update on OHP/Qualified Health Plans alignment</li> </ul>	Leslie Clement, OHA
11:30	Person- and Family-Centered Engagement <ul style="list-style-type: none"> <li>• Health Policy Board feedback on MAC’s final report and proposed recommendations</li> <li>• Committee to review and finalize two recommendations</li> </ul>	Co-chair(s), staff
12:30	Public Comment or Testimony	
12:45	Closing comments	
12:55	Adjourn	Co-Chairs

# OHP Expansion in 2014

- OHA budget for 2013-15 biennium - \$15.2 billion budget
- Legislative approval to expand the Oregon Health Plan (OHP) to 138 percent of the federal poverty level (FPL)
- OHA will provide Medicaid coverage up to 240,000 Oregonians newly eligible for OHP starting January 2014
- Cost for those newly eligible OHP members will be completely covered by federal dollars through 2017 under the Affordable Care Act

# Oregon Health Authority Update

**Rhonda Busek**

# 2013 Legislative Session

Brian Nieuburt, OHA

**Cover Oregon**

**Vivian Levy**

# 2014 CHANGES

## OREGON HEALTH PLAN

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Presentation to Medicaid Advisory Committee

Leslie M. Clement  
Medicaid Alignment Director

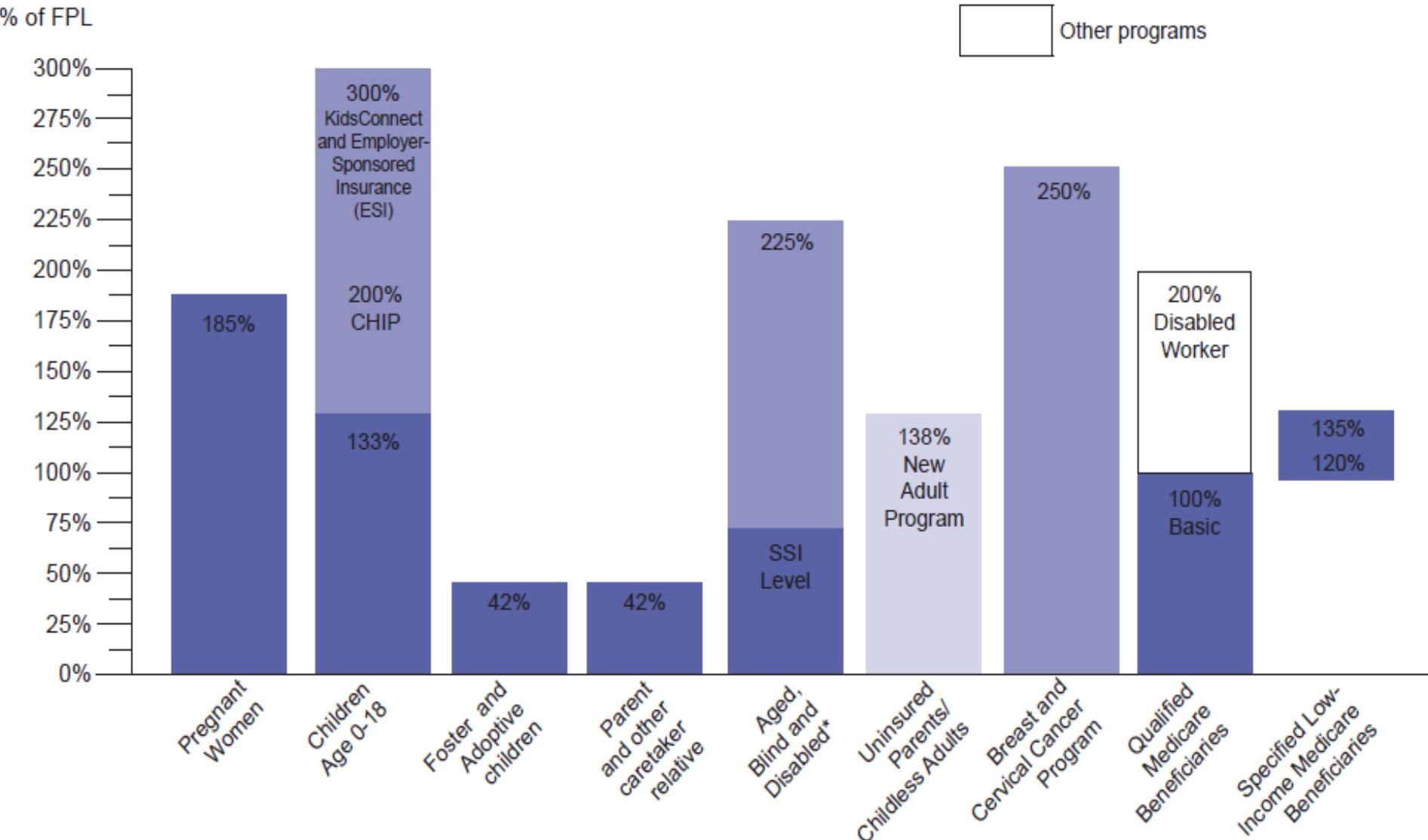
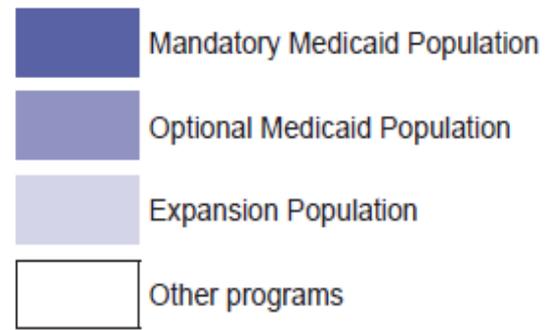
# Oregon Health Plan Today

- Health Care Coverage
- Assistance to Medicare Beneficiaries
- Long-term Care and Community-based Services
- Supports health care system and safety-net
- Funding

# Current Eligibility Policy

- **Individuals must fit into a “category” to qualify**
  - Pregnant Women
  - Children
  - Parents
  - Seniors
  - People with Disabilities
- Federal government sets minimum income eligibility thresholds for each category and gave states flexibility for expanding beyond the minimums.
- States **generally could not cover adults without children** unless they received special permission through a federal waiver.

# Approximate Federal Poverty Levels (FPL) for Medical Eligibility Groups



# Current Health Plan Coverage

- **OHP – Plus and Standard benefit Plans**
- **Office of Private Health Partnerships**
  - Created to help reduce number of uninsured Oregonians.
  - State administered
  - Premium assistance
  - High risk pools
- **Commercial Health Plans**
  - Large employers typically cover most employees and their families
  - Small employers have more difficulty covering plan costs
  - Individuals have more difficulty finding affordable plan coverage

# Health Reform changes OHP Eligibility

- **OHP opens up to more low-income adults**
  - Eligibility to 138% of Federal Poverty Level
  - New eligibility method called MAGI – modified adjusted gross income that follows federal tax rules for identifying income and family size.
  - Individuals can now qualify for OHP coverage without being in a special category. This opens coverage up to childless adults.
- **Federal Government funds new eligible individuals at 100%**

# Health Reform changes OHP benefits

- OHP provides a **single, comprehensive benefit plan** to all OHP members.
  - End the limited “Standard Plan”
- **End Reservation Lists/Waiting Lists:** **NEW** to Cover Oregon
- Private Health Plan changes:
  - Healthy Kids Connect: **NEW** to OHP
  - Family Health Insurance Assistance Program: **NEW** to Cover Oregon
  - State and High Risk Pools: **NEW** to Cover Oregon

# Oregon's Reform underway

- Coordinated Care Organizations lead health system reform:
  - Breaking down silos: Integrated Care Models
  - Prevention focused
  - Patient-Centered Primary Care Homes
  - Global Budget
  - Flexible services and non-traditional health workers
  - Alternative Payments
  - Transformation Center supports/encourages Innovation
- Essential Benefits
  - New Federal minimum benefits

# NEW DOOR: Cover Oregon

- **Oregon's Health Care Marketplace (insurance exchange)**
  - Comprehensive choices for individuals, families and small businesses who are currently uninsured or would like financial help obtaining affordable coverage
- **Provides seamless access to coverage options**
- **Single, streamlined on-line application for Insurance Affordability Programs: MAGI Medicaid (OHP), cost-sharing reductions and tax credits**

# 2014 Alignment

- **Oregon Health Authority**

- Single State Medicaid Agency
- Statewide Processing Center, call center and eligibility determinations
- CCO coordination

- **Department of Human Services**

- “Classic Medicaid” program eligibility determinations & assistance
- Public benefit program administration
- New Automated SNAP eligibility

- **Cover Oregon**

- Our on-line portal for those newly eligible
- Coordinated call center
- Qualified Health Plan (QHP) coordination

# Questions?

[Leslie.M.Clement@state.or.us](mailto:Leslie.M.Clement@state.or.us)

# Health Policy Board

## MAC Person- and Family-Centered Engagement Full Report

# Person- and Family- Centered Engagement

- Review feedback and input from Health Policy Board
- Consider preferred set of strategies and actions
- Adopt draft letter and two recommendations
- Draft letter to Oregon Health Policy Board

# Feedback from the Health Policy Board

- Consider the roles of all actors in the system and how responsibility can be appropriately assigned across the different parts of the health system
- Crosswalk the strategies with CCOs and PCPCH activities to ensure alignment with existing efforts.
- Leverage existing infrastructure and health system transformation efforts already underway, specifically the OHA Transformation Center and the Patient-Centered Primary Care Institute.

# Feedback from the Health Policy Board

- Ensure accountability across OHA, including efforts by work groups and committees, to ensure that the most appropriate person- and family-centered care best practices for recognized PCPCHs and CCOs are adopted and broadly disseminated
- Assure expectations placed on providers, practices, and the health care system are balanced with similar expectations and notions of accountability for communities, individuals, and their families/representatives

# Recommended Strategies

**Strategy #1:** OHP members provide information to providers and the OHA about how to effectively address barriers to individual and family engagement and improve the health system.

- Action: Providers routinely and consistently engage OHP members and their families as equal partners.
- Action: Practices recognize and utilize members' experiences to guide practice improvement.
- Action: OHP members directly partner with care teams, non-traditional health care workers, and community-based organizations.
- Action: OHA coordinates and aligns use of patient satisfaction and experience of care surveys statewide.

# Recommended Strategies (cont.)

**Strategy #2:** Ensure ongoing education and training on evidence-based best practices for person- and family-centered engagement in health and health care.

- Action: Practices and providers receive regular and ongoing education and training from technical experts to support person- and family-centered care.
- Action: CCOs receive ongoing training and technical assistance from the OHA Transformation Center on how to work with practices to implement use of patient level data to inform practice and system level improvements.

# Recommended Strategies (cont.)

**Strategy #3:** Leverage resources that support evidence-based best practices for person- and family- centered engagement and activation in health and health care.

- Action: PCPCI develop and disseminate practice-level tools for providers to routinely ask members and families about their values, needs, knowledge, preferences and circumstances.
- Action: OHA work with CCOs and delivery system partners to achieve economies of scale to make evidence-based tools more affordable and available to all practices.
- Action: OHA works with community stakeholders to develop a sustainable system for evidence-based self-management program delivery and financing; ensure broader availability of community-based programs.

# Recommended Strategies (cont.)

**Strategy #4:** Create opportunities across all levels of the health system to support OHP members as integral partners in Oregon's Health System Transformation.

- Action: CCOs systematically and meaningfully engage representatives of diverse populations and community stakeholders to develop /inform community health assessments (CHAs) and community health improvement plans (CHIPs).
- Action: OHP members and their families serve as “equal and active partners” by fostering meaningfully and sustained participation in CCO advisory panels, provider/practice level advisory groups, and in local and state committees, councils, and boards.

# Recommended Strategies (cont.)

**Strategy #5:** Coordinate the adoption and spread of evidence-based best practices for person- and family-centered engagement in health and health care.

- Action: OHA should incentivize and disseminate the use of evidence-based best-practices for person- and family-care models of care that are sensitive to and account for the needs of diverse communities.
- Action: OHA works with CCOs to increase the number of recognized PCPCH practices; modify existing PCPCH standards to encourage and enhance support of more robust person- and family-centered care and engagement models;.

# Guiding Questions: Health Policy Board

- What are two things that can be accomplished in the next year?
- Who would be responsible?
- How will it happen?
- How will we know it happened?

# Public Comment

# Future Topics (Fall 2013)

- Explore options to mitigate the impact of churn between Medicaid and Qualified Health Plans in Oregon
- Fully implemented, ACA will increase number of insured Oregonians through two primary strategies – expanding Medicaid and providing insurance through state-based insurance exchanges.
- A key design challenge with implementing ACA is how to manage a new “churning” phenomenon—individuals that cycle in and out of public programs as their income fluctuates—so that care is not interrupted.
- OHA in partnership with Cover Oregon will solicit feedback from the MAC on policy options intended to promote continuity of coverage for individuals and families enrolled in OHP and QHPs