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# Medicaid Advisory Committee

June 22<sup>nd</sup>, 2016

Oregon State Library

Salem, Oregon

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon  
Health  
Authority

<b>Time</b>	<b>Item</b>	<b>Presenter</b>
<b>9:00</b>	Opening Remarks	Co-Chairs
<b>9:05</b>	MAC Recruitment	Co-Chairs
<b>9:15</b>	OHA Access Monitoring	Jamal Furqan & Rusha Grinstead, OHA
<b>10:00</b>	Oregon OmbudsAdvisory Council	Ellen Pinney, OHA
<b>10:20</b>	Break	
<b>10:30</b>	Health Evidence Review Commission	Darren Coffman, OHA
<b>11:00</b>	OHP Eligibility, Enrollment and Redetermination	Dr. Varsha Chauhan, OHA
<b>11:30</b>	Oral Health Work Group	Co-Chairs
<b>11:45</b>	Public Comment	
<b>11:55</b>	Closing comments	Co-chairs

# MAC Recruitment

# MAC Vacancies

ORS Required Category	# Positions Vacant	Vacant as of
Licensed physician/health care providers	2	Currently (1) September 2016 (1)
Two members of health care consumer groups that include Medicaid recipients	1	January 2017
Two Medicaid Recipients, one of whom is a disabled person	1	Currently
Persons associated with health care organizations	3	January 2017 (2) February 2017 (1)
Members of the general public	0	N/A
Directors OHA/DHS	0	N/A

# MAC Recruitment - Considerations

- Ensuring committee is representative of communities served by OHP, including, but not limited to, the economically disadvantaged, racially and ethnically diverse populations, the aging population, people with disabilities, and children.
- Ensuring geographic diversity on the committee, especially:
  - Eastern Oregon
  - Southern Oregon
  - Central Oregon

# **Oregon FFS Access Monitoring Review Plan Overview of Requirements 42 C.F.R. §447.203(b)**

Jamal Furqan and Rasha Grinstead, OHA  
Oregon Health Authority

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## Background

- November 2<sup>nd</sup> 2015: CMS issues final rule “Methods for Assuring Access to Covered Medicaid Services” in Federal Register Vol. 80 No. 211
  - Access Monitoring Review Plan to be submitted July 1<sup>st</sup> 2016
- February 2016: OHA assembles team consisting of the Health Systems Division (HSD), Health Policy & Analytics (HPA) Division, and Actuarial Services Unit (ASU)
- April 12<sup>th</sup> 2016: CMS extends deadline for states to submit their plans to **October 1<sup>st</sup> 2016** in Federal Register Vol. 81 No. 70
- May & June 2016: OHA hosts several meetings with Tribal Governments to request public comment and present access plan overview

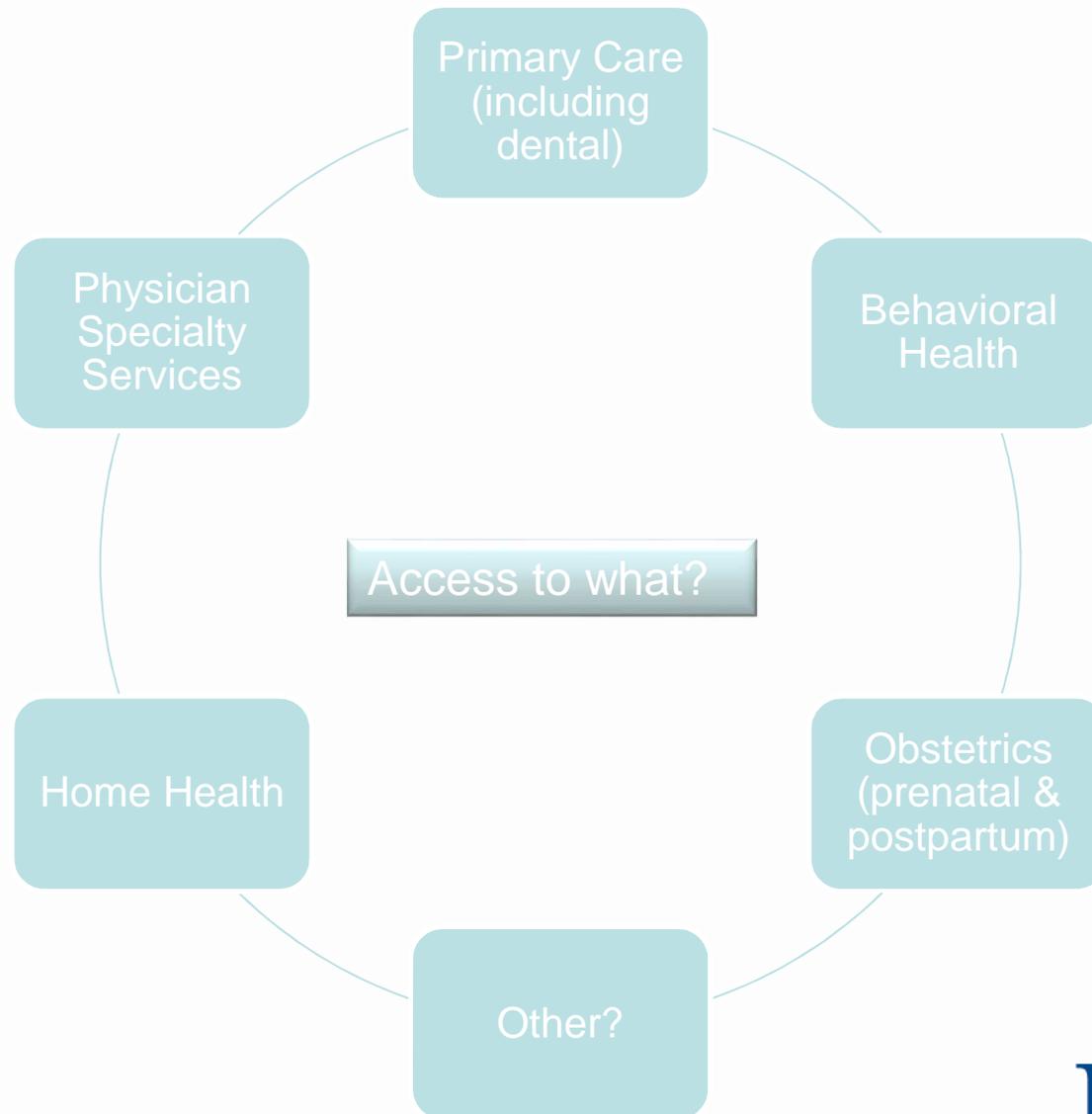
# Access Monitoring Review Plan Requirements

Data, sources, methodologies, baselines, assumptions, trends and factors, and thresholds that analyze and inform determinations of the sufficiency of access to care, which may vary by geographic location within the state and will be used to inform state policies affecting access to Medicaid services such as provider payment rates. (42 C.F.R. §447.203(b)(1))

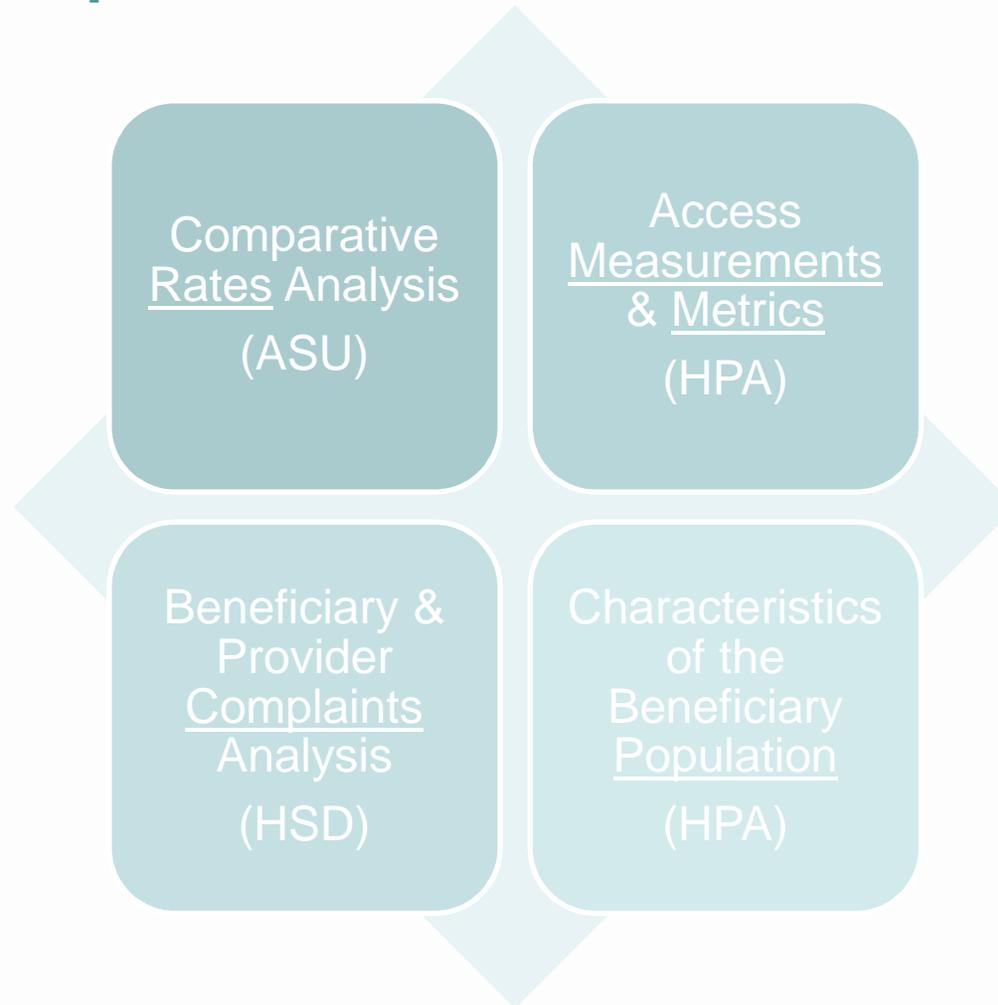


code of  
federal regulations

## Monitoring Specific Service Categories



## Oregon must complete a regional study of the following components



	<i>Measure</i>	<i>Source</i>	<i>Population</i>	<i>Medicaid</i>	<i>FFS</i>	<i>Rationale</i>
<b>Access to Care</b>	Access to Mental Health Services  (Whether individuals received MH service they needed. Whether service location was accessible to individuals)	Client services survey	Adult + Child	yes	Yes	Used by Block grant and DOJ
	Access to Emergency and urgent care  (Whether individuals usually/always receive the care they needed)	Consumer Assessment of Health Providers and Systems Survey	Adult + Child	yes	Yes	CHIPRA measure, CCO incentive measure, waiver evaluation measure, State performance measure
	Access to routine care  (Whether individuals always/usually received routine check-up when they needed)	Consumer Assessment of Health Providers and Systems Survey	Adult + Child	yes	Yes	CHIPRA measure, CCO incentive measure, waiver evaluation measure, State performance measure
	Access to specialists  (Whether individuals usually/always found a specialist)	Consumer Assessment fo Health Providers and Systems Survey	Adult + Child	yes	Yes	CHIPRA measure
	Access to personal doctor  (Whether individual has a personal doctor who knows their medical history)	Consumer Assessment fo Health Providers and Systems Survey	Adult + Child	yes	Yes	CHIPRA measure
	Access to emergency dental care  (Whether individuals usually/always got emergency dental care when they needed)	Consumer Assessment fo Health Providers and Systems Survey	Adult + Child	yes	Yes	CHIPRA measure, chosen by Dental Metric Committee
	Access to a regular dentist  (Whether individuals have access to a regular dentist)	Consumer Assessment fo Health Providers and Systems Survey	Adult + Child	yes	Yes	CHIPRA measure, chosen by Dental Metric Committee

	<i>Measure</i>	<i>Source</i>	<i>Population</i>	<i>Medicaid</i>	<i>FFS</i>	<i>Rationale</i>
<b>Provider availability</b>	Provider accepting new Medicaid patient	Physician Workforce Survey	Adult + Child	yes	Can be added starting 2016	waiver evaluation measure
	Provider currently with Medicaid patients	Physician Workforce Survey	Adult + Child	yes	Can be added starting 2016	waiver evaluation measure
	Reason provider closed practice to Medicaid  (Administrative burden, reimbursement rates, payer balance, complex patients, cost of liability insurance, non-compliant patient, other)	Physician Workforce Survey	Adult + Child	yes	Can be added starting 2016	waiver evaluation measure
	Ease of Referral for Medicaid patients  (Usually/always able to refer patients to non-emergency hospital, SUD and MH service, diagnostic imaging, ancillary services, specialists)	Physician Workforce Survey	Adult + Child	yes	Can be added starting 2016	waiver evaluation measure

	<i>Measure</i>	<i>Source</i>	<i>Population</i>	<i>Medicaid</i>	<i>FFS</i>	<i>Rationale</i>
<b>Utilization</b>	Adolescent well-care visit	MMIS	Child	yes	yes	CCO Incentive Measure
	Childhood and adolescent visit with PCP	Billing claims	Child	yes	yes	State Performance Measure
	Well-child visit in first 15 months of life	MMIS	Child	yes	yes	State Performance Measure
	Follow up after hospitalization for MH services	Billing claims	Adult + Child	yes	yes	CCO Incentive Measure
	Follow up care for children prescribed ADHD medication	Billing claims	Child	yes	yes	State Performance Measure
	Initiation and engagement of alcohol and drug treatment	Billing claims	Adult + Child	yes	yes	State Performance Measure

## Bottom Line

States must determine the “sufficiency of access to care”  
(42 C.F.R. §447.203(b)(1))



## Oregon FFS Access Plan: Challenges

- Short timeframe to produce data & analytics for all service categories
- Infrastructure for beneficiary and provider complaints may not initially produce the most reliable data
- Various APMs implemented at CCOs make FFS rate comparisons more difficult

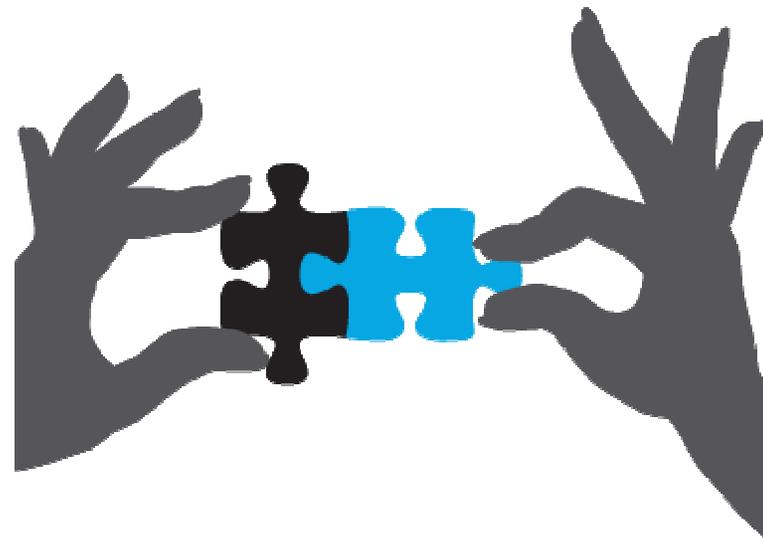
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# Questions?

Jamal Furqan

503-945-6683

[Jamal.Furqan@state.or.us](mailto:Jamal.Furqan@state.or.us)



# **State of Oregon Health Evidence Review Commission Prioritized List, Restored Dental Benefits, and Back Pain Coverage Changes**

Darren Coffman, Director, HERC  
Oregon Health Authority

# Health Evidence Review Commission

- Formerly Health Services Commission (1989-2011)
- 13 Governor-appointed, Senate-confirmed Members
  - 5 Physicians
  - Dentist
  - Public health nurse
  - Behavioral health representative
  - 2 consumer representatives
  - Complimentary & Alternative Medicine provider
  - Insurance industry representative
  - Retail pharmacist

# Prioritized List

- **The Prioritized List of Health Services** serves to prioritize healthcare services for the Oregon Health Plan, ensuring coverage for the most important services in maximizing population health while controlling costs.

# Medicaid Expansion Policy Objectives

- Improve health
  - Goal is not coverage/insurance but health
- Would rather cut benefits to save money rather than have people lose coverage or not pay providers fairly
- Cover benefits that are clinically effective and are most important to Oregonians
- Create a public, transparent process

# Assumptions of the List

- **Every person is entitled to a diagnosis**
  - Diagnostic office visit(s)
  - Imaging/lab
  - Biopsies
- **Each covered condition includes**
  - Prescription drugs
  - DME and supplies
  - Other ancillary services
- **Services Recommended for Non-Coverage do not appear on list**
  - Excluded in Department of Medical Assistance Programs administrative rules (e.g., infertility treatment)
  - Cosmetic services
  - Experimental treatments
  - Not effective for any condition

# Sample Prioritized List Line

Line number  
(funding line is  
476 for this list)

Condition/Treatment  
descriptions  
(plain English  
approximations)

Reference to guideline  
notes

**Line: 183**

Condition: ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME (See Guideline Notes 7,11,12,14)

Treatment: BONE MARROW TRANSPLANT

ICD-10: C88.8,C90.10-C90.12,C91.00-C91.02,C95.00-C95.02,D46.0-D46.1,D46.20-D46.9,D47.1,D47.3,  
D61.810,Z48.290,Z52.000-Z52.098,Z52.3

CPT: 36680,38204-38215,38230-38243,64505-64530,86828-86835,98966-98969,99051,99060,99070,  
99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,  
99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

Billing codes (ICD-  
10 are diagnosis;  
CPT and HCPCS  
are procedures)

If the diagnosis and the procedure appear on the same line, the service is covered said to “pair” (though it may be subject to a guideline note or coding specification)  
If the line number where it “pairs” is above the funding line, it’s covered.

# Examples of non-dental Rankings in 2016

## Funded Lines:

- 26 Schizophrenia
- 51 Appendicitis
- 143 Glaucoma
- 195 Breast Cancer
- 348 Dental Caries (Fillings)
- 360 Closed Fracture of Extremities
- 373 Strep Throat
- 407 Nonsurgical treatment for back condition
- 415 Migraine Headaches

## Unfunded Lines:

- 479 Chronic Otitis Media
- 516 Esophagitis and GERD (long-term medical therapy)
- 527 Uncomplicated Hernia
- 565 Transplant for Liver Cancer
- 609 Sleep Disorders w/o Apnea
- 617 Common Cold

# Dental Rankings in 2016

## Funded Lines:

- 57 Preventive Dental Services\***
- 58 Emergency Dental Services
- 223 Basic periodontal\***
- 271 Urgent Dental
- 348 Basic restorative\***
- 349 Oral Surgery (includes extractions)
- 389, 416, 448 Basic Endodontics (root canals)
- 457 Removable prosthodontics (dentures)\***
- 461 Retreatment of root canals, front teeth
- 472 Basic crowns\***

## Unfunded Lines:

- 496 Peridontal surgery/splinting
- 510,540 Retreatment of root canals, permanent bicuspid/premolar/molar
- 594 Advanced restorative (Inlays, onlays, gold foil, high noble metals)
- 604 Fixed bridges, overdentures
- 621 Orthodontia
- 622 Implants
- 649 Cosmetic services
- 650 Elective services

\*Some benefits reduced in 2003-2009 for non-pregnant adults

# Dental Coverage Changes - Crowns

Legislature restored certain benefits for non-pregnant adults

Benefit	Prioritized List	Reduced Benefit	New benefit as of 7/1/16
Stainless steel crowns	Line 348 (basic restorative)	Non covered	For anterior primary teeth and posterior permanent or primary teeth.
Other crowns	Line 472 (Advanced restorative)	Not covered	Not covered

# Dental Coverage Changes - Dentures

Legislature restored certain benefits for non-pregnant adults

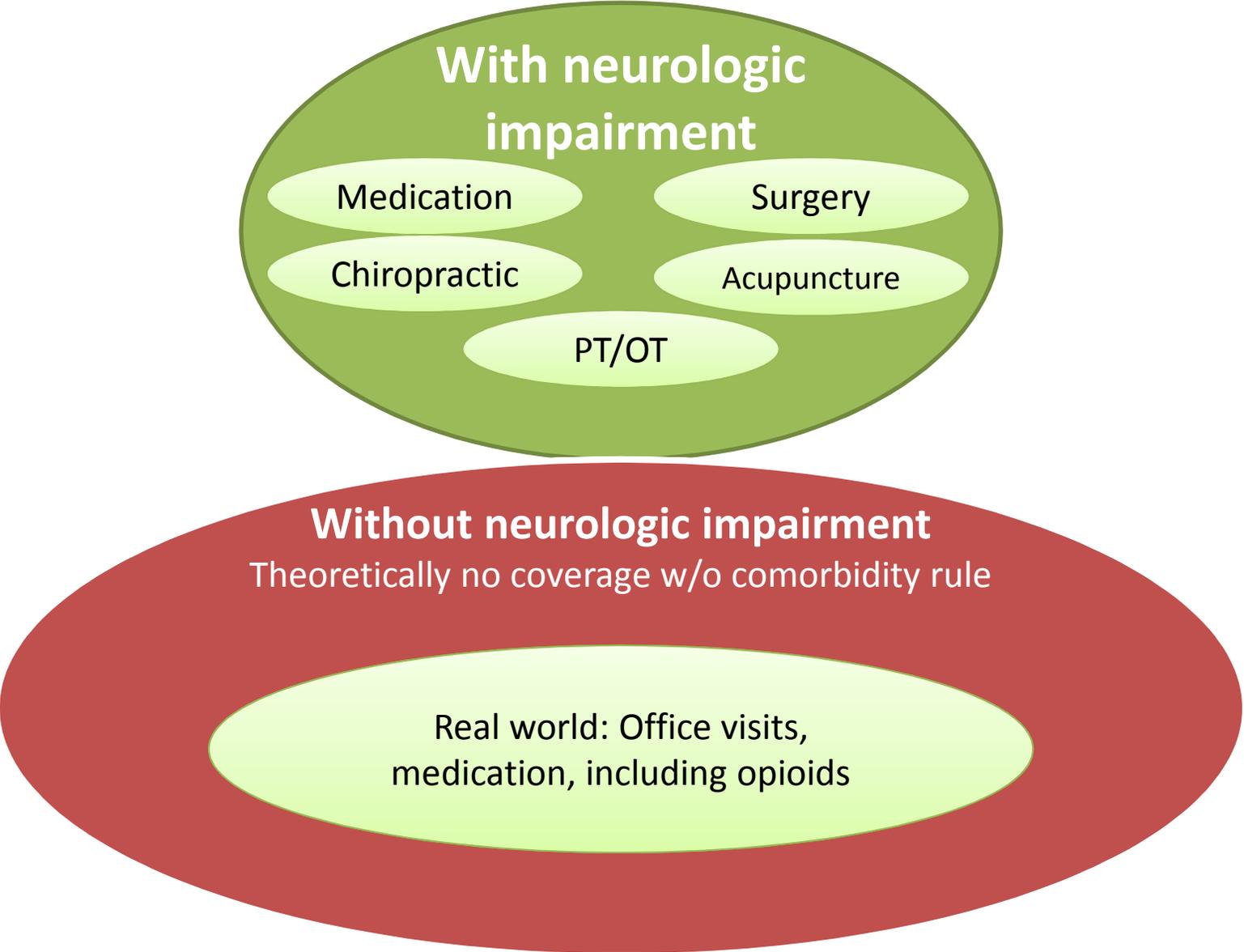
Benefit	Prioritized List	Reduced Benefit	New benefit as of 7/1/16
Dentures (full)	Line 457	No replacement; only provided for recent tooth loss	Replacement once every 10 years, regardless of time of tooth loss
Dentures (Partial)	Line 457	Replacement every 10 years	Replacement every 5 years if appropriate

# Dental Coverage Changes - Other

Legislature restored certain benefits for non-pregnant adults

Benefit	Prioritized List	Reduced Benefit	New benefit
Periodontal scaling and root planning	Line 223 (basic periodontics)	Once every three years	Once every two years
Periodontal maintenance	Line 223 (basic periodontics)	Once every twelve months	Once every six months
Full mouth debridement	Line 57 (preventive)	Once every three years	Once every two years

# Current OHP Back Pain Coverage (simplified)



# Back Pain Evidence Summary

- **New approach to “conservative care”**
  - Timely treatment aimed at prevention of chronicity/poor clinical outcomes
  - Focus on biopsychosocial approach
  - Encouraging patient activation
  - Focus on functional improvements
- **Surgery**
  - No more effective than self-care and medical management for most conditions
  - Significantly more costly/increased complications
- **Opioids**
  - Insufficient evidence for long-term benefit
  - Significant evidence of dose-dependent risk of harms

# New Non-Surgical Treatment Buckets

## Low risk

Office visits

OTC meds,  
muscle  
relaxers

**4 visits**  
PT/OT/OMT/  
Chiro/Acupuncture/  
massage

**Not available:**  
1st-line opioids  
Long-term opioids  
Steroid injections

## High risk

Office visits

Cognitive  
Behavior Therapy

**30 visits**  
PT/OT/OMT/  
Chiro/Acupuncture

OTC meds,  
muscle relaxers  
**Limited** opioids

If available: yoga,  
interdisciplinary  
rehab, supervised  
exercise, massage

# Surgical Treatments

- **Surgery available for:**
  - High risk conditions
  - Conditions with good evidence that surgery helps more than conservative therapy
- **Non-urgent surgical conditions**
  - No coverage
- **Scoliosis**
  - Surgery for adolescents only

# OHP Eligibility, Enrollment, and Redetermination

Dr. Varsha Chauhan, OHA  
Oregon Health Authority

# **Oregon Health Plan** **Enrollment and Renewals** ***Monthly Update***

June 2, 2016

**Health**  
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# Today's agenda

- Introduction
- Oregon Eligibility (ONE) System update
- Oregon Health Plan Operations update
- Questions collected

# Introduction

Welcome to the fifth Oregon Health Plan: Enrollment and Renewals *Monthly Update* meeting.

Today's presenters:

**Varsha Chauhan**, Chief Health Systems Officer

**Sarah Miller**, Project Director, Oregon Eligibility (ONE)

# ONE System Update

- A new monthly release is scheduled to be implemented this week. It will include numerous defect fixes and system updates that will reduce operational workload.
- Testing began on the enhancement release that is scheduled for the end of June. It will include major changes to worker portal functionality (i.e. task search and document upload) and real-time MMIS enrollment from ONE

# Applicant Portal – Phase Three

- After our initial development through 50 community partners and expanded release through community agencies, the third and final phase is offering ONE to the public.
- OHA will fully launch ONE and make it directly available to Oregonians so they can access the application process themselves.
- In late summer, OHA will be expanding the use of the applicant portal with a soft launch to the public, while it prepares for a full launch in September.

# OHP Operations update

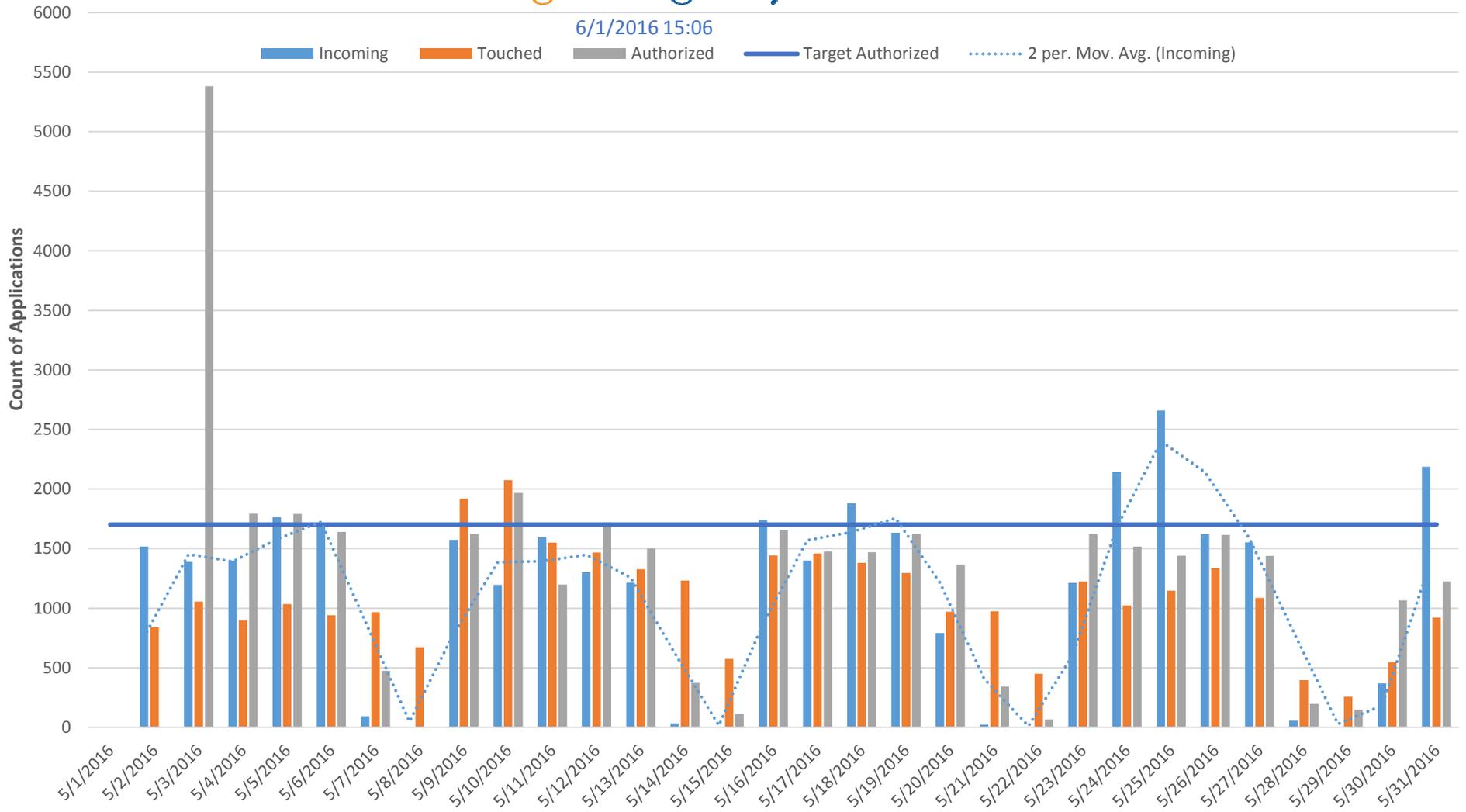
- Performance data
- Current goals
- Concerns we have heard
- Successes we have had
- Questions collected

# Member Services Performance Data

- May application processing performance
- May call performance
- 45-day application backlog
- Applicant Portal applications
- Overall Applications received

# Member Services Monthly Application Processing Performance

Data Sources:  
 Incoming = Deloitte Operational Metrics Report  
 Touched = Siebel Daily Report & Deloitte Operational Metrics Report & Phone Application Manual Count



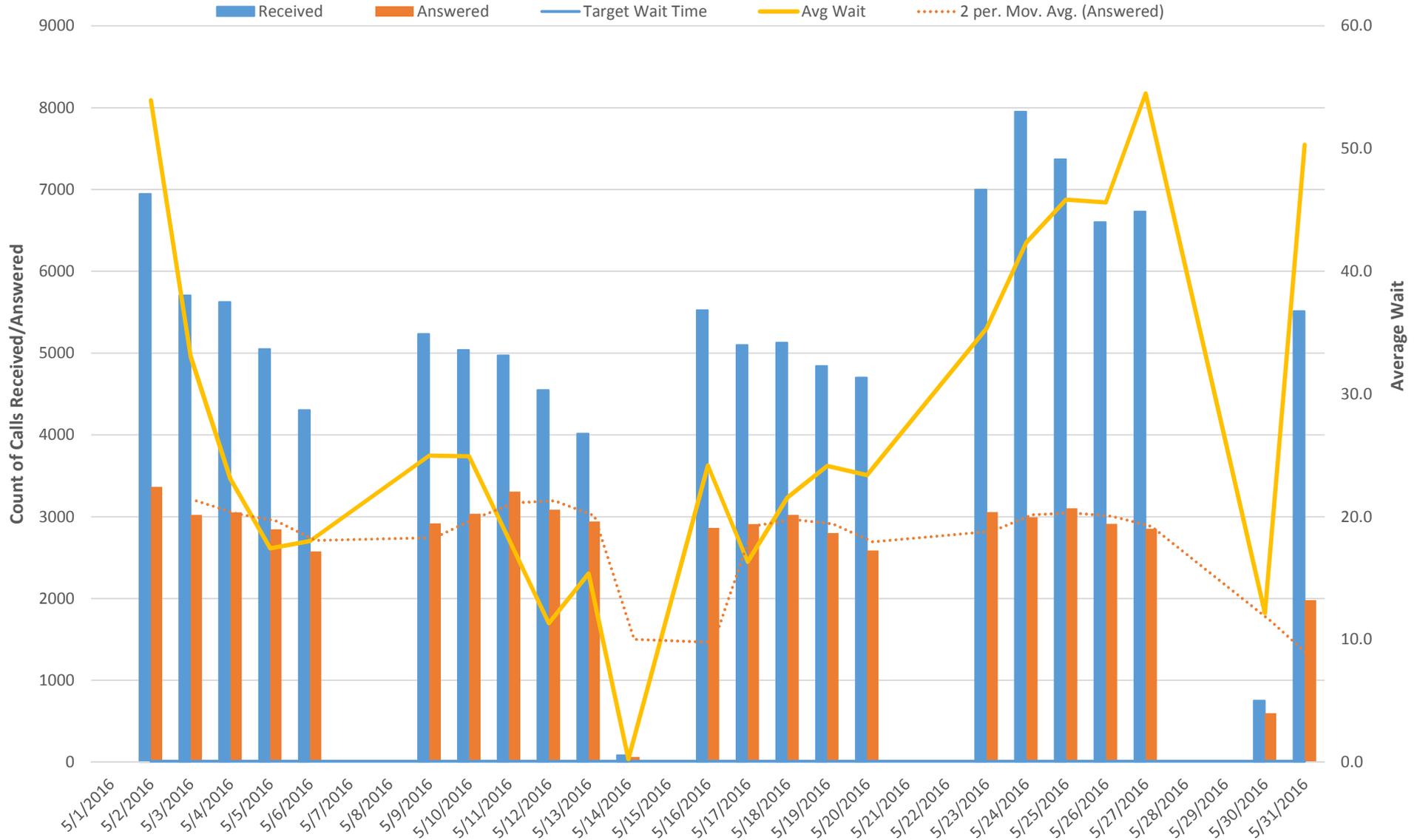
In May, there were 34,032 incoming, 32,458 touched and 37,843 authorized applications

# Member Services Monthly Call Performance



Data Source: Interactive Intelligence  
housed in OHA OHP/Enrollment

6/1/2016 15:08

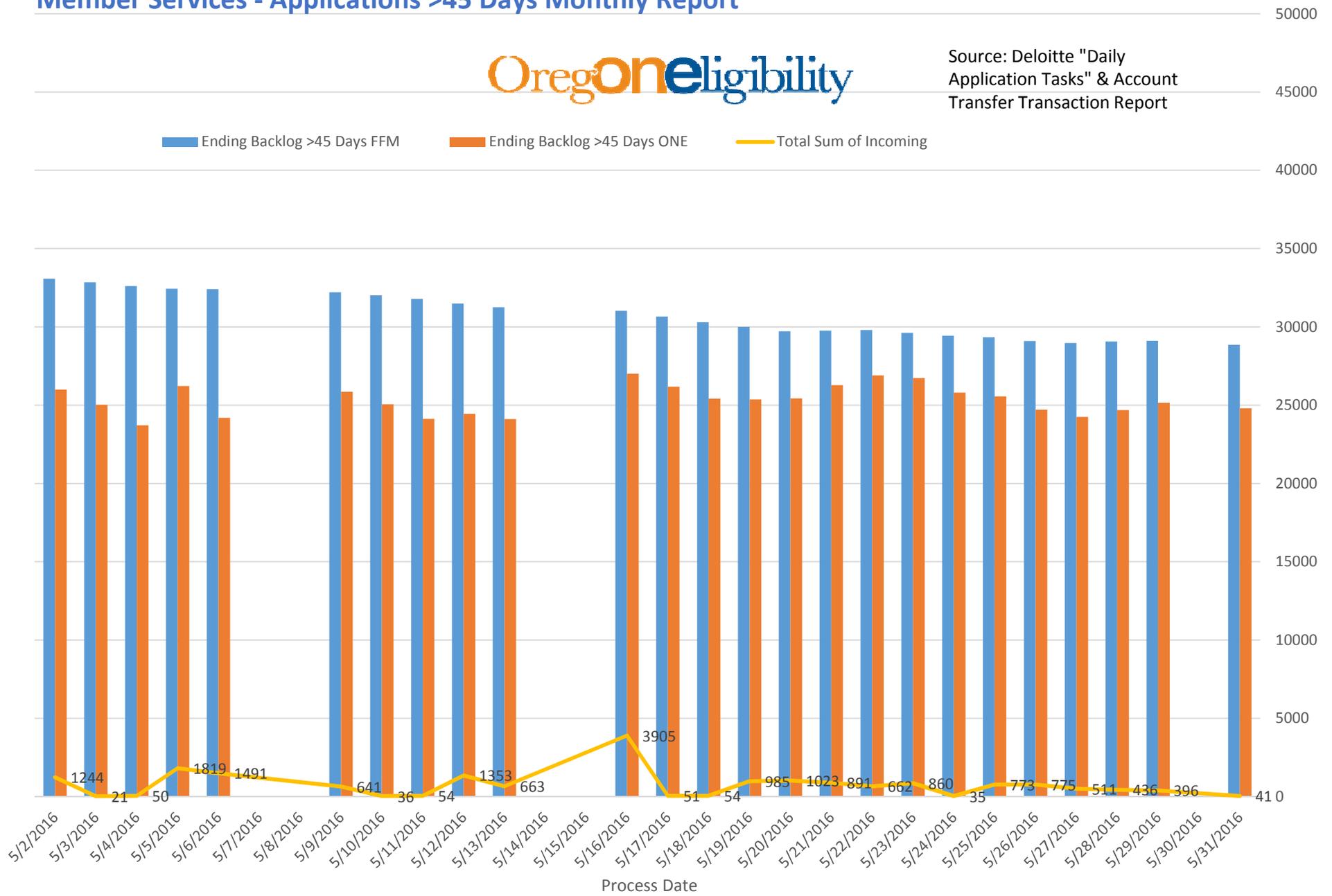


A total of 121,866 calls were received and 63,054 calls were answered in May

# Member Services - Applications >45 Days Monthly Report



Source: Deloitte "Daily Application Tasks" & Account Transfer Transaction Report



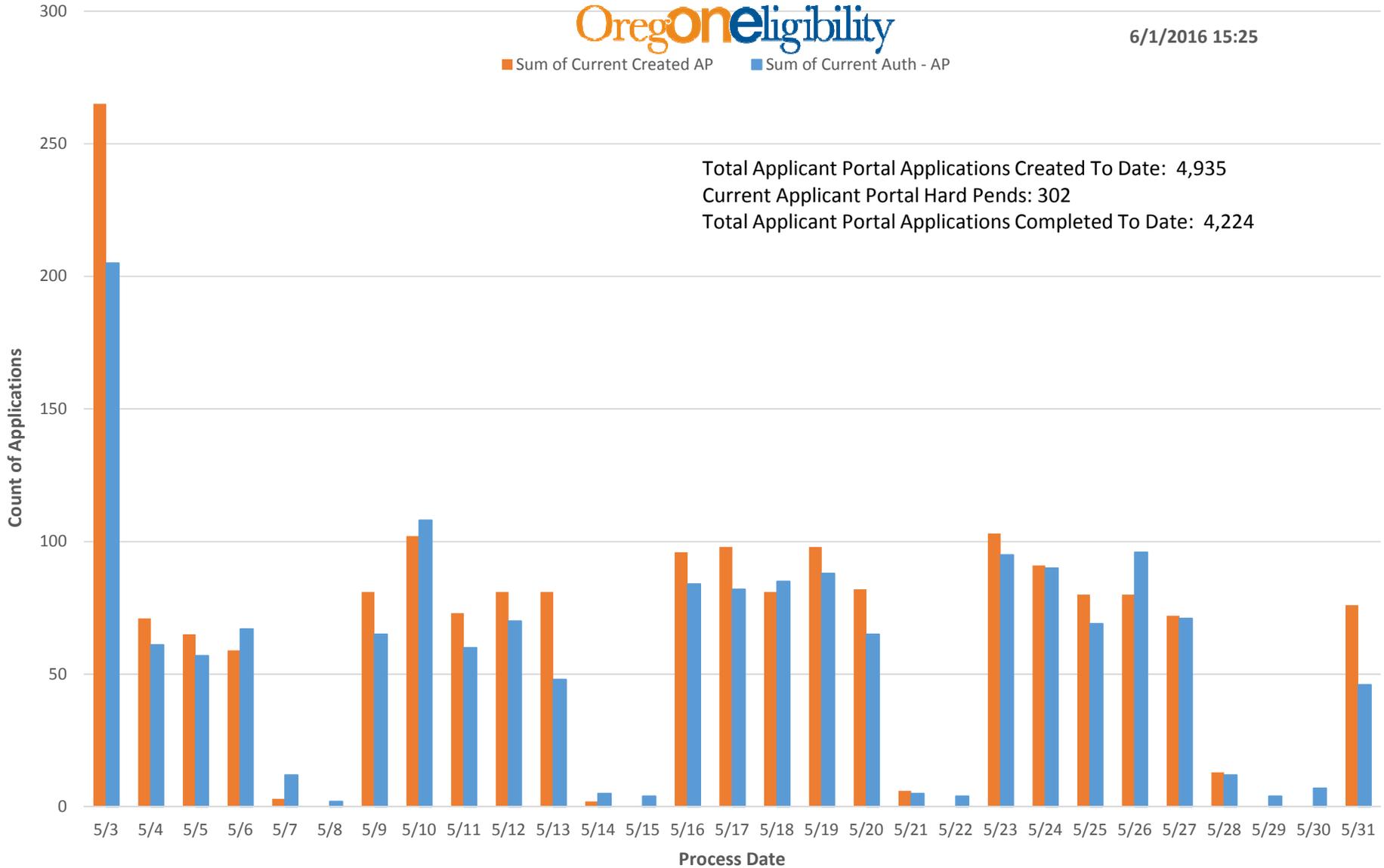
# Applicant Portal - Applications Created/Authorized

Source: Deloitte Report - Key Command Center Metrics



6/1/2016 15:25

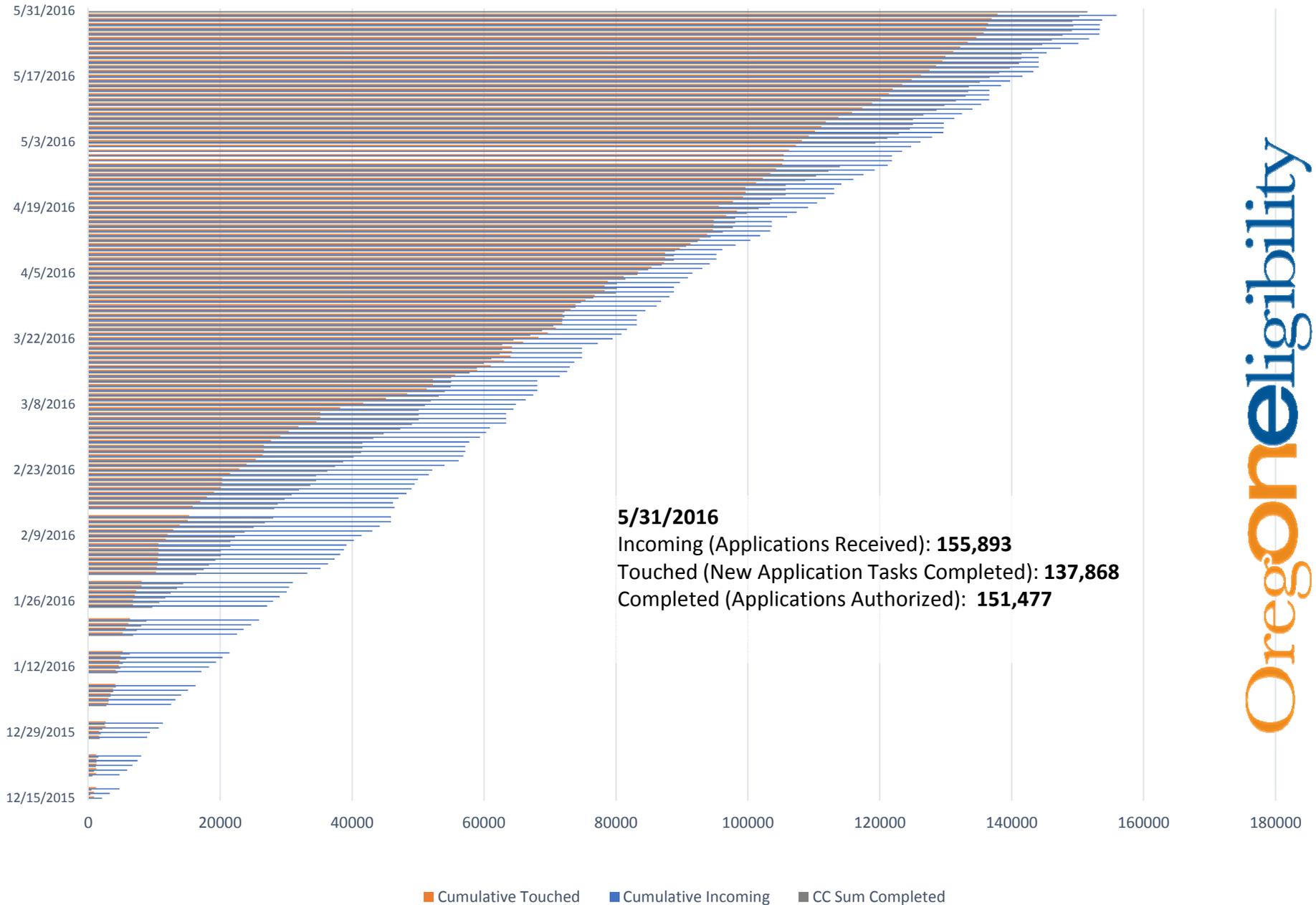
Sum of Current Created AP    Sum of Current Auth - AP



Total Applicant Portal Applications Created To Date: 4,935  
 Current Applicant Portal Hard Pends: 302  
 Total Applicant Portal Applications Completed To Date: 4,224

# Member Services - Sum of Applications Received, Touched & Completed

6/1/2016 15:20



Oregoneligibility

# Current Goals

- **45-day backlog:** We are currently re-evaluating our 45-day backlog and same-day processing goals to ensure goals align with our staffing levels.
- **Staffing:** Our current staff level does not meet the required processing volumes. We are finalizing staffing and operations plans to meet need.
- **Training:** ONE Refresher training for staff continues through June. Targeted trainings are also being developed for processes outside of the ONE system.

# Concerns we have heard

## Varying response times on urgent email requests

- Our pregnancy, urgent and priority application queues are being worked same day/next day. Follow-up requests after an application has already been submitted are one day to three weeks out, depending on the body of work. Requests sent to the new OHP Pregnancy Requests inbox are being worked within 24 to 48 hours.

## Clarification needed on submitting address changes

- Operations is working to clarify best, most secure methods for submitting address changes for members, community partners and CCOs. Clarification will be shared as soon as it's available.

## Backlog on processing member consent forms

- We have had a backlog with consent forms community partners and assisters submit, allowing them to assist a member. We are training our new weekend staff to process these forms, which will greatly reduce our backlog.

## Successes we have had

- Workshops held with our imaging partners, Imaging and Records Management (IRMS) have helped reduce backlog, improve processes and increase staffing
- Our phone consultant, Chaves, received access to ONE and MMIS, so more information can be offered to members calling about status of applications
- Our consultant KPMG finished its initial assessment of Member Services operations, which highlights areas for improvement and opportunities
- Successful renewal and closure cycle

# Renewals and closures - May

April 1: Renewal letters mail to 49,970 households (95,648 individuals)



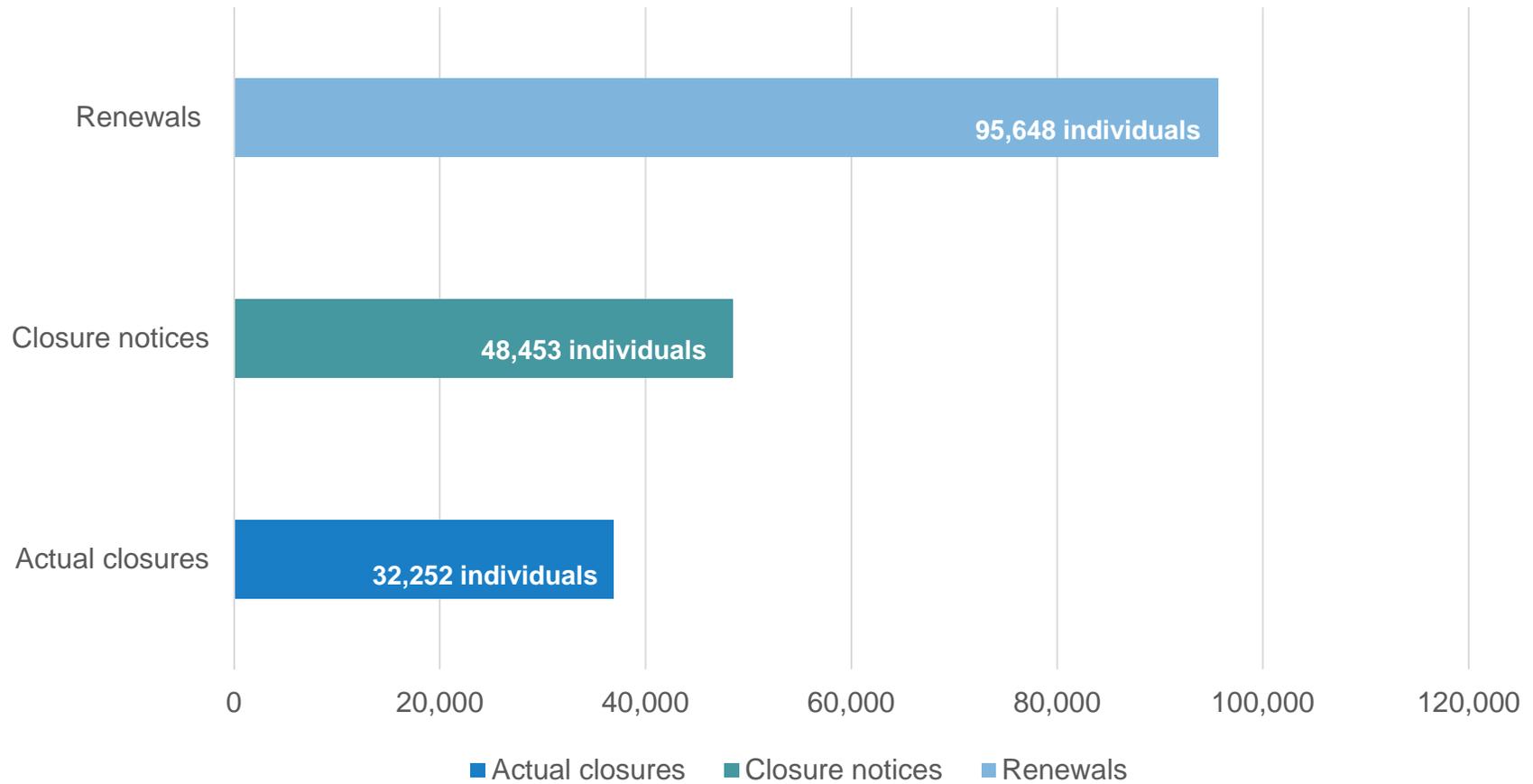
May 20: Closure notices mail to 48,453 individuals



May 31: 36,913 individuals actually closed

**58,735 individuals out of 95,648 total individuals renewed in May, resulting in a renewal rate of approximately 61.4%**

# Renewals and closures - May



# What else would you like to hear?

Your feedback is important to us.

Please let us know what additional information we should present at our monthly meetings.

# Questions

**Via webinar:** Please use the chat function to submit your questions.

**Via email:**

Please email [ohp.customerservice@state.or.us](mailto:ohp.customerservice@state.or.us).

**FAQ and other materials can be found at:**

[www.oregon.gov/oha/healthplan/pages/ohp-update.aspx](http://www.oregon.gov/oha/healthplan/pages/ohp-update.aspx)

# UPDATE

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VARSHA CHAUHAN

JUNE 22<sup>ND</sup> 2016



# Jan 2015 Memo

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OHP performance metrics should provide consistent, timely, and reliable program data to monitor Medicaid:

- Monthly applications
- Number of determinations or renewals
- Number of individuals determined ineligible for OHP by determination reason.
- The number of redeterminations and closures for probably the last 18 months (e.g. a dashboard) including how many individuals return after coverage is terminated.

# Progress

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- Dashboards to track data presented to leadership and community partners every month
- Focus on Renewal cycle, Backlog, and Call wait times
- Contracted with Linda Hammond to help develop a tool to collect and analyze the data- 4 months project

# Challenges

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- True source of data
- Validated data
- Multiple competing priorities
- Tool to collect and analyze the data
- We're not yet 90 days out from our first closure date (March 31)

## Next steps

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Communication from OHA External Communication Director, BethAnne Darby and Project lead Kate Nass, mid July- a couple of months specific data(May and June's redeterminations).

## How long is it taking for those individuals in the line for reapplications to get back onto OHP?

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- Oregon Health Plan members receive notification and an application packet approximately 60 days before their renewal date. If a member does not respond before their renewal date, benefits are closed.
  - Historically, approximately 45% of members whose benefits closed re-enrolled in OHP within 90 days. (This rate is based on data from October 2015.)
  - Our first closure date this year was March 31, 2016. We do not yet have 90-day analysis available for 2016 closure re-enrollment or “churn” rate. Once this information is available, we will share it.
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In case of people who are not renewed, are there patterns emerging to identify if it's a processing glitch or loss of eligibility? If it is a glitch, has OHA identified areas that need further attention and what to do about this? If it is a loss of eligibility, is there information about why people are losing eligibility?

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- Renewal applications are prioritized and Member Services has implemented several strategies to help prevent inappropriate closure after a member has submitted a renewal application.
  - For example, a dedicated team was created to process new applications through the Application Registration step, which allows for matching in ONE. This prevents closure for members who have submitted an application and have been registered.
  - OHA resumed the renewal process in the spring and there has been three full renewal and closure cycles so far this year. We have found that approximately 60% of members renew benefits by their renewal date. At this time, the majority of closures seem to be caused by non-response.
  - We have not encountered any glitches causing closure.
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# 2016 Application Revision Timeline

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- June 6 to June 30 – Feedback period
- July 1 to July 8 – Revisions and copy edit
- July 11 to July 15 – Leadership approval
- July 18 to July 22 – Final revisions and printing prep
- July 22 – Send to CMS, DOJ for approval
- July 22 to August 15 – Develop and finalize supplemental materials (Application guide, inserts, etc.)
- August 8 to August 30 – Translations and review
- September 6 – Print application and supplemental materials
- November 1 – Application released

## **Application feedback**

Please submit feedback by June 30 to: [tiffany.t.reagan@state.or.us](mailto:tiffany.t.reagan@state.or.us)



# Oral Health Work Group

# Public Comment