

**OREGON June 24, 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, Carol Criswell, Kay Dickerson, Bob Diprete, Laura Etherton, Alyssa Franzen, Marcia Hill, Ross Ryan and Leslie Sutton

**MEMBERS ABSENT:** Don Erickson

**PHONE PARTICIPANTS:** Kristen Dillon

**PRESENTERS:** Brian Nieubuurt, OHA; Rhonda Busek, OHA; Nicole Merrithew, OHA; Nancy Knopf and Steven Manassus, Columbia Pacific CCO CAC; Brett Hamilton and Jessica Coshatt, Family Care CCO CAC

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

**VISITORS:**

TOPIC	<i>Key Discussion Points</i>	<i>Responsible Party</i>
<b>Opening Remarks and Staff Update</b>	<p><b>Introduction and roll call. Staff reviewed the agenda and the list of topics to cover.</b></p> <ul style="list-style-type: none"> <li>• Committee reviewed and motioned to approve minutes from the March and April meetings.</li> <li>• Staff noted a change in the agenda, Sarah Miller, DHS Chief Operating Officer for Technology, would not be presenting to the committee due to the transition of Judy Mohr-Peterson, Oregon’s former Medicaid Director, who took the Medicaid Director position for the State of Hawaii.</li> <li>• When asked, staff noted that Rhonda would be able to speak more to the recent changes in OHA leadership.</li> </ul>	Co-Chairs & MAC staff
<b>Oregon 2015 Legislative Update</b>	<p><b>Brian Nieubuurt, Legislative Coordinator for Health Care Programs, OHA</b></p> <ul style="list-style-type: none"> <li>• The Legislature is still meeting and will likely adjourn in a week to week and a half. The main issues for this session have to do with financing of OHP. One issue was the extension of the Hospital Assessment, which was schedule to sunset later this year. Another big topic was the OHA budget, which got approval last week in the Human Services Subcommittee of Ways and Means (W&amp;Ms) and will go to the full W&amp;Ms Committee on Friday.</li> <li>• Of note in the OHA budget are some things the Legislature appropriated money for, which include reinstating some dental services including crowns and dentures to OHP, which had been cut for budget reasons; money to increase providers rates for providers of addiction services; some last minute efforts to get things through the budget note process. The main policy focus for OHP has been the provision of dental services and access to services led in large part by Representative Hayden who is a practicing dentist. Alyssa Franzen provided some clarification on provision of dental services, specifically crowns, through OHP, noting that the crown services are an improvement but are not full or comprehensive.</li> <li>• Laura Etherton noted that the legislative tracker provided at the meeting needed to be updated for those bills ended up doing as opposed to what it was when the session started, such as some of the dental bills.</li> </ul>	Brian Nieubuurt, OHA; MAC Staff

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<p><b>Oregon Health Authority Update</b></p>	<p><b>Rhonda Busek, Interim Director, OHA, Division of Medical Assistance Programs (DMAP)</b></p> <ul style="list-style-type: none"> <li>• Currently updating the Oregon’s Health System Transformation 2014 Final Report and the metrics. The report is scheduled to be posted today. It is a cumulative report of all of HST for 2014, and includes expanded information on the new OHP members who joined since January 2014 and includes some information about the metrics. We continue to see the metrics improve through our CCOs and that we are remaining true to the commitment we made to CMS, which is a very positive message.</li> <li>• A couple remaining on non-emergent medical transportation (NEMT) and we are working to integrate that and expect it will be complete by October. We are still working with adult mental health residential and we are being very thoughtful as to what that transition looks like for those members who are a very vulnerable population.</li> <li>• Glendora Claybrooks asked Rhonda if she knew how engaged the CCO community advisory council (CAC) members are and if they have a consistent process in place for all of the CCOs throughout the state. Rhonda indicated that the CACs are coming and presenting to the MAC and that they are representative of the communities they serve. There may be some consistencies in issues they talk about, but if things are not consistent and are reflective of the communities they serve.</li> <li>• Marcia Hill asked about a timeline on the integration of the adult mental health residential. Rhonda indicated she could come back with a fuller update to the committee in July.</li> <li>• Janet Patin asked for an overview of recent changes in OHA leadership, which Rhonda reviewed and indicated that under the organizational restructure Medical Assistance Program and Addictions and Mental Health will be combined, which is the work Rhonda is very engaged in right now.</li> <li>• Rhonda reviewed the 2015 OHP Determination and Enrollment Project dashboard (6/5-6/12/2015).</li> <li>• Leslie Sutton shared a story about a family on the Coast that was up for redetermination in February and March. The family lost their coverage due to all of the follow-up required at redetermination and asked if anyone from OHA was following-up with these folks. Rhonda indicated getting specific info about the family and similar cases is most helpful in being able to appropriately follow-up.</li> <li>• Rhonda also indicated that while the latest dashboard indicates that we’re caught up on the backlog of pregnancy applications there are new processes/systems in working with the federally facilitated marketplace (FFM) when determining eligibility for pregnant women and others that has created a new environment for us. Need to work with partners about potential timeframe in processing applications and renewals with the larger number of individuals covered through OHP.</li> <li>• Janet followed up on the number of disenrollments, which has been of interest to the committee. Rhonda indicated that at this point OHA does not want to put out a number because it changes week to week. OHA is still working on the best way to address that question knowing it changes quite frequently and be able to accurately report why individuals disenrolled. Leslie clarified that the committee is also interested in the number of redetermination notices that go out and the number of disenrollments that result from those redetermination notices.</li> <li>• Laura Etherton asked about the timeline for these figures and Rhonda indicated that by the end of the year</li> </ul>	<p>Rhonda Busek, OHA</p>

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	<p>this information should be available.</p> <ul style="list-style-type: none"> <li>Bob Diprete asked for the committee to be notified if they could be helpful. Rhonda indicated the program has been observing a spike in phone calls 3 days before the closure date and for many days after. Interested in working with community partners to do member outreach to encourage individuals to act sooner to avoid coming so close to the closure deadline.</li> </ul>	
<b>Patient-Centered Primary Care Home Program (PCPCH)</b>	<p><b>Nicole Merrithew, PCPCH Director, OHA, Patient-Centered Primary Care Home Program</b></p> <ul style="list-style-type: none"> <li>Nicole provided an overview of Oregon’s PCPCH program (see <a href="#">slides 12-26</a>), including its history, the program’s function and goals. She also described the PCPCH model and the tier (recognition level) distribution of clinics under the 2014 PCPCH standards as well as their geographic distribution across the PCPCH program since 2010. Leslie Sutton asked for clarity on accessibility as one of the PCPCH core attributes and how it related accessibility of services for individuals with disabilities. Nicole replied that under the access category a clinic could be doing a number of things, but that the minimum are things like after-hours access and 24-hour access electronically and by phone and that staff are on call, and is not necessarily addressing what Leslie raised, but there are other standards that clinics should be addressing depending on their level of PCPCPH robustness.</li> <li>Nicole also highlighted the model’s impact on utilization, expenditures, certain clinical quality measures and provider’s perceptions of the model. Lastly, Nicole described some of the recent activity and what is on the horizon for the PCPCH program. Marcia Hill asked about the upcoming Standards Advisory Committee and whether there will be behavioral health representative and Nicole indicated about half the group are behavioral health folks. Carol Criswell expressed concerns about the self-report/attestation approach for grading clinics and the lack of consumer voices being represented. Nicole indicated that it is self-report, and a few select clinics have site visits, but that there are consumers on the advisory committee and that there currently isn’t a great way to collect feedback from consumer, but there are several components within the model that involve consumer in some of the quality improvement strategies.</li> </ul>	Nicole Merrithew, OHA
<b>Columbia Pacific CCO CAC</b>	<p><b>Nancy Knopf, Community Health Partnership Manager and CAC Coordinator and Steven Manassus, Co-Chair of the Clatsop Co. CAC, Columbia Pacific CCO</b></p> <ul style="list-style-type: none"> <li>Columbia Pacific CCO serves Clatsop, Tillamook and Columbia counties. Nancy described the delivery system in those areas. There are three CACs. Her role is to support the CAC to bring the community voice to the table, encourage community health partnerships, and to do the community health assessment and health improvement plans. A regional survey was done to identify the priority health areas and drivers and there was a regional consensus that economic development was the biggest issue, but very difficult for the CCO to tackle. Other major issues identify were obesity and substance and alcohol abuse. Since January the consumer representation on the CAC has been very strong and largely consumer driven and the CAC also has a lot of community support from groups such as CareOregon, but will need to get organizational directors back as visitors to present to the group and vice versa.</li> </ul>	Nancy Knopf and Steven Manassus
<b>Family Care CAC</b>	<p><b>Brett Hamilton and Jess Coshatt, Family Care CAC</b> (see <a href="#">slides 28-34</a>).</p> <ul style="list-style-type: none"> <li>Brett provided background on Family Care, including its history as a company, the members it serves, its</li> </ul>	Brett Hamilton and Jessica

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	structure and partnerships as well as the role of its CAC, its focus areas and how it engages that group. <ul style="list-style-type: none"> <li>• Jessica provided information on her personal story and how she became involved in Family Care’s CAC.</li> <li>• The Committee expressed a lot of appreciation for Family Care’s engagement of its CAC.</li> </ul>	Coshatt
<b>Medicaid 12-month Continuous Eligibility</b>	<b>Medicaid 12-month Continuous Eligibility</b> <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. Committee members had several questions, but due to time constraints the committee decided to have more time in the July meeting to review policy and financial implications of this policy in order to make recommendations.</li> </ul>	MAC Staff
<b>Closing Comments</b>	<b>Closing Comments</b> <ul style="list-style-type: none"> <li>• The committee discussed OHA Director, Lynne Saxton’s upcoming visit in July to learn about her priority areas and how we as an advisory committee to OHA can support the work she wants to do in the upcoming biennium. Committee should also provide some input to Lynne as to where we see opportunities and want to continue to focus on for future policy development work.</li> <li>• Rhonda shared that Lynne has been here since January and has a background in mental and behavioral health. She is interested in moving transformation to the next step and is focused on outcomes and making sure there is accountability to OHA in terms of the delivery of services to our members.</li> <li>• Janet stated that she thinks the next step to move transformation forward is payment reform and Karen mentioned that her ask of Lynne would be how to leverage all of the other parts of the health system, such as public health, mental health and addictions, etc. that are under her purview as the OHA Director. Leslie proposed asking Lynne if the committee could focus on work around payment reform or redeterminations. Laura Etherton expressed that the committee’s time should be more focused on policy work that we can help set overall goals and help to do the work.</li> <li>• Committee decided it would be best since we only have an hour with her, to give her some background as the statutory role of the committee and its past work and where we think we can be helpful.</li> <li>• Committee asked to send staff ideas as to their thoughts and will send a letter to Lynne in advance of the July meeting.</li> </ul>	Co-Chairs and Committee

**Next MAC meeting:**

**July 22nd, 2015**

**9:00 a.m. – 12:00 p.m.**

**Mazama Conference Room, General Services Building**

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