OREGON MEDICAID ADVISORY COMMITTEE
September 24, 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, Alyssa Franzen, Carol Criswell, Kristen Dillon, Romnee Auerbach
MEMBERS ABSENT: Rhonda Busek
PHONE PARTICIPANTS:
PRESENTERS: Linda Hammond, OHA; Judy Mohr-Peterson, OHA; Tony Finch
STAFF: Oliver Droppers, Jeannette Nguyen-Johnson
VISITORS: Tamara Pedrogetti, Ellen Lowe

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. An update was shared on the report given at the Health Policy Board meeting in August.	NA	Co-Chairs & MAC staff
Approval of Minutes	The committee reviewed meeting minutes from July 23rd, 2014. A motion was made to approve the minutes. The motion was seconded; minutes were approved.	Post approved minutes	MAC
Oregon Health Plan Redemption Process Update	Linda Hammond, OHA, provided updates on the Oregon Health Plan (OHP) redetermination process. • OHA has built a process to manage the redetermination work; there have been a few changes, mainly related to utilization of the federal hub. • There are currently 45,000 fast track renewals out and 55,000 expedited redeterminations. Fast-track will resume on November 15, 2014. Members will see no impact and this process will not affect the expedited redeterminations. • OHA is experiencing approximately 3,500 – 4,000 calls per day. The majority of the calls received are regarding general questions around coverage. Another 30 phone support staff have been hired to help answer members' questions in a timely manner. • By the end of October, 166,000 redetermination letters will have gone out to members. This includes the first letter, the second and third reminder letters, and finally the fourth letter which tells members that their coverage is ending at the end of October. • Currently, processing time for applications is two weeks; in the next three weeks this will be reduced to same-day processing. • Q: Do you have a sense of what the churn will look like? A: Of the applications that		Linda Hammond, OHA

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	have been sent out, there has been approximately a 40% return (from the first letter). The second letter went out last week and we expect a 20-25% return. Q: Where are we on redetermination? A: Letters are going out in batches; the first group of members is up at the end of October. • Q: When do you expect to be caught up with the redeterminations? A: Our goal is to be caught up as we can be by the end of this year; much of this hinges on the return rate.		
Cover Oregon's Technology Transition Project Update	Judy Mohr-Peterson, Director for Medical Assistance Programs, OHA, provided updates on the technology transition project for Cover Oregon. • For Oregonians that are eligible for tax credits or private plans in the marketplace, they are now able to shop and choose a plan online at *healthcare.gov*. • For those eligible for the Oregon Health Plan (OHP), there will be a more streamlined process to apply online. • The transition project is a joint effort between OHA and Cover Oregon, as well as incorporating the Insurance Division and the Department of Human Services (DHS). • November 15, 2014, is the target date for the transition project. It is also the date that open enrollment begins for individuals who qualify for private health plans • For those individuals who know that they qualify for a private health plan, they can go directly to *healthcare.gov*; if someone is not sure what they qualify for they can go to *oregonhealthcare.gov* to answer some screening questions. • Q: Since *healthcare.gov* is now the main portal, is the information now being sent back to Oregon? A: For the short term, people can go to *oregonhealthcare.gov* to go through the screening process; for the majority of families it will be more streamlined for them to go directly to *healthcare.gov*. • Q: What is the situation with Cover Oregon and their board – is that being dissolved? A: There is a lot of discussion going on as to what Cover Oregon will be doing in the future. For now, Cover Oregon will continue to work with community organizations to help people apply. They are still working with agents to sell plans and assist with *healthcare.gov*. Their immediate focus is to make sure that the consumers transitioning from 2014 to 2015 is a smooth process. • Q: If someone has received a redetermination letter and asks their clinic for help re-enrolling, can the clinic assist the individual? A: There are currently 1300 assisters and patient navigators; so, do not send people to *healthcare.gov or oregonhealthcare.gov* before November 15th as these websites are not set up to assist Oregonians until then.		Judy Mohr-Peterson, OHA
Oregon Oral Health Strategic Plan	Tony Finch, Executive Director, Oregon Oral Health Coalition, gave an overview of the strategic plan as well as next steps. • In 2012, a group of funders and the Oregon Oral Health Coalition began meeting to		Tony Finch, Oregon Oral Health Coalition

	collaborate, and identified the need for a Strategic Plan to improve oral health in Oregon • In February 2013, the goal was set to have the plan wrapped up by the end of 2014 • Tony shared a list of funding partners as well as the Vision & Goal for the Plan (slides 8, 9 & 10) • The purpose of the plan is to prioritize needs to target resources effectively and improve coordination and collaboration, as well as supporting integration of oral health into Coordinated Care Organizations (CCOs). Ultimately, the goal is to improve general health. • The structure of the plan has three priority areas: infrastructure, prevention, and systems of care and workforce capacity (refer to slides 13, 14 & 15). • We have statewide campaigns to educate people, along with the structure that understands what we need to do. • In Oregon, there has been a decrease in dental practitioners. The number of people who now have access to medical care has increased, so this has created workforce issues. • Q: Some of the more senior dental hygienists aren't able to do assessments and other work that would support work in schools and other places; is this called out in any way in your workforce priorities? A: Senate Bill 738 has provided for extended-practice dental hygienists, and to move outside the typical guidelines and rules, as well as to pilot new projects. • Q: What does best-practice dental care, both for prevention and treatment, really look like? A: This varies; it's been a process to get everyone working toward the same destination, finding common ground to work toward.		
Children's Health Insurance Program (CHIP) in the Affordable Care Act	Staff and committee members provided an overview of Oregon's Children Health Insurance Program (CHIP) and introduced Senate Bill 1526 (2014). • Senate Bill 1526 requires the OHA to examine the feasibility of using federal CHIP funds to subsidize commercial coverage, specifically for children in families with incomes between 200-300% of the federal poverty level (FPL). • OHA will report findings and recommendations to the legislature in the spring of 2015. • Staff laid out the process for reviewing, assessing and finalizing policy considerations for SB 1526 and gave an overview of the CHIP background (slides 20, 21 & 22). • Premium assistance programs allow states to use public funds through Medicaid and CHIP to subsidize private coverage. • Staff went over the history of CHIP in Oregon (slide 25) and shared statistics reflecting approximate FPLs for medical eligibility groups in 2014 and prior to 2014 (slides 26 & 27).		Co-Chairs & MAC Staff

	• Oregon operates a separate CHIP program, offering coverage to children under the age of 19 in families with incomes from above 138% through 305% FPL. • Q: Regarding cost effectiveness for the state, is this referring to general funds or total funds the state is currently putting out? A: For the state, this would fall under general or other funds necessary to ensure sufficient match for Oregon's CHIP FMAP. • Q: Is there the potential for the federal government to cut off all funding for CHIP after 2015? A: This isn't known yet, but if that happens, the effected children may move either into Medicaid or a qualified health plan.		
Public Comment	Ellen Lowe – regarding dental care: emergency rooms are not the place to provide dental care and too often hospitals are put in that position. I encourage the committee to look at funding for school based health centers or a school nurse to travel to schools to provide dental services.		
Adjourn	The meeting was adjourned at 12:00pm		Co-Chair(s)

Next MAC meeting:
October 22, 2014, 9:00am – 12:00pm
General Services Building
1225 Ferry St SE; Mt. Mazama Room; Salem, OR 97301