OREGON MEDICAID ADVISORY COMMITTEE
September 26, 2012
9:00am – 12:00pm
PSOB Room 70
800 NE Oregon Street, Portland, Oregon

MEMBERS IN ATTENDANCE: Jim Russell, MSW; Rhonda Busek, Karen Berkowitz, JD; Dick Stenson
PHONE PARTICIPANTS: Rhonda Busek; Mike Shirtcliff, DMD; Meghan Caughey, MA, MFA; Thomas Turek, MD
PRESENTERS: Jeanene Smith, Bill Wright, Deborah Bachrach
STAFF: Oliver Droppers
VISITORS: Joseph Lowe, Kahreen Tebeau, John Mullin

TOPIC	Key Discussion Points	Follow-up Action	Responsible Party
Opening Remarks and staff update	Introductions and roll call. The committee reviewed meeting minutes from August 22, 2012. A motion was made to approve the minutes, with one correction. The motion was seconded; minutes were approved with the correction.		Co-Chair & MAC staff
OHA Updates	Jeanene Smith, Administrator, Office for Health Policy & Research, provided an update on Coordinated Care Organizations (CCOs). • Referenced the MAC August update to Oregon Health Policy Board • Referenced the MAC letter of support for Oregon's Center for Medicare and Medicaid Innovation (CMMI) grant proposal submitted September 22nd. • Brief overview of CCO geographic coverage in Oregon as of September 2012.		
Oregon Medicaid Benchmark Benefits	Deborah Bachrach, Special Counsel, Manatt Health Solutions, presented on the Affordable Care Act. Ms. Bachrach reviewed several legal and policy considerations with the committee in relation to the Medicaid Benchmark requirements. • States that opt to expand Medicaid coverage to the new adult population must adhere to certain federal legal requirements in terms of mandatory and optional benefits that states may cover. • Ms. Bachrach highlighted several key issues in designing Oregon's Medicaid Benchmark Benefit Plan (BBP). These included aligning the benchmark plan to the existing set of services covered through the Oregon Health Plan (OHP) Plus (specifically for the adult population ≥21 years of age), whether to offer an alternative Medicaid BBP to different eligibility groups, and whether Oregon might offer one or more BBPs to the new adult population.		

	• At the committee's August meeting, a question was raised as to whether Oregon's current Medicaid program (i.e. the Oregon Health Plan) meets federal mental health parity (FMHP) requirements. Committee staff confirmed that the Oregon Health Plan exceeds FMHP requirements. • Members asked whether pediatric services including oral and vision care will apply to the 19 - 20 year old expansion population. Staff indicated it is unknown at this time. • A member asked whether OHP Plus for the state's existing Medicaid adult population could serve as the benchmark plan. Deborah indicated this is an option the committee could consider. • Members asked whether OHP Plus currently covers "rehabilitative" and "habilitative" services, which are required benchmark benefits as defined by federal statute. Staff indicated that OHP Plus currently covers both services. States are waiting for further guidance from CMS about habilitative services. • Deborah confirmed that if the committee were to decide upon a preferred benchmark plan, which does not include the current level of benefits in OHP Plus, members could augment additional categories of services to ensure all 10 essential health benefits are included in the recommended benchmark benefit plan. • A member asked a question about the newly eligible population, particularly individuals and families with incomes slightly below 138% federal poverty level (FPL). The question pertained to transitions between OHP coverage and a Qualified Health Plan (QHP) available through the Oregon Health Insurance Exchange (ORHIX). The issue being individuals transitioning between these two plans could result in a significant change in benefit coverage as services covered in OHP and the commercial market may differ. • There was a discussion as to whether Oregon should consider aligning current benefits for traditional Medicaid (i.e. OHP Plus), benefit coverage for the 2014 Medicaid expansion population, and benefit coverage that will be offered in Qualified Health Plans (QHPs) for the individual and small group market. Some states are considering streamlining benefit coverage across public and private plans to the extent possible in an effort. The intent is to minimize substantial changes in benefit coverage for individuals "churning" between Medicaid the Exchange due to income fluctuations.		

	• The committee also began a discussion around potential cost-sharing for individuals determined as "newly eligible" starting January 2014. Cost-sharing considerations could include premiums, deductibles, or co-payments. This issue will be addressed at the committee's October meeting.		
Oregon Health Study (OHS) and Oregon Health Plan (OHP)	Bill Wright, PhD, Providence Center for Outcomes Research and Education. Dr. Wright presented an overview of the Oregon Health Study (OHS). • Data from the OHS about health profiles, care utilization trends, and cost profiles for Oregonians in the study offers important insights as Oregon prepares for the state's Medicaid expansion starting 2014. • The study can help answer questions about Oregon's newly eligible population that include: potential increase in the amount of care they may use after receiving coverage through OHP; use of different types of care; and whether the state can anticipate improvements in health as a result of OHP coverage. • The study anticipates collecting data over the next 2 - 3 years in an effort to learn about the long-term cumulative effects among individuals enrolled in Medicaid.		
Oregon Medicaid Benchmark Benefits (cont.)	The committee continued their discussion about Medicaid benchmark benefits in relation to the Oregon Health Plan (OHP) and benefits currently covered through OHP Plus and Standard. • The staff reintroduced a revised set of proposed decision-making principles. Members reviewed proposed changes and approved the principles for use by the committee in developing a recommendation for Oregon's benchmark benefit plan. • Members reviewed a side-by-side comparison matrix of defined benefit plans. The committee agreed to eliminate three of the four possible options for Oregon's Medicaid benchmark plan: largest federal plan, Blue Cross Blue Shield; largest private HMO plan, Kaiser; and largest state employee plan, the Providence Statewide plan (originally used to design OHP Standard). • Members indicated an interest in starting with OHP Plus for adults in designing the state's benchmark benefit plan. The rationale is this approach will simplify, align, and streamline existing benefit coverage and minimize future differences in benefit coverage across the Oregon Health Plan (e.g. OHP Plus vs. Standard).		

	• The committee is considering options about how to minimize disruption for individuals that change benefit plans within OHP, promote continuity of care, consistency of coverage, and thus allow individuals to retain access to vital services or "essential health benefits." • At the next committee meeting, members agreed to consider the following: potential cost-sharing arrangements; administrative ease for beneficiaries and the state, alignment within and between Medicaid and the Qualified Health Plan (QHP) for the small and individual group market. Members would like more information about the issue of "churn" between OHP and QHP.		
Public Comment	Kahreen Tebeau, Associate Director of Public Policy, Oregon Association of Hospitals and Health Systems (OAHHS): raised the question why two of the three available state plans were not included in the options of benefit plans presented to the MAC. Also inquired as to why only the largest state plan was listed. Ms. Tebeau also sought to understand why OHP Standard does not meet the federal requirements for all 10 essential health benefit categories. John Mullin, Oregon Law Center: raised the two issues with regard to designing Oregon's Medicaid benchmark plan: (1) the level of complexity among existing health plans, (2) the need to minimize confusion for consumers, which is created by multiple health plans within OHP. Mr. Mullin also encouraged the committee to consider the Basic Health Plan, which is an option for states in the federal Affordable Care Act. Mr. Mullin suggested that the committee look into long-term care provisions within the ACA and the opportunity for states to receive an enhanced FMAP for long term care services covered in Medicaid. Lastly, Issues of affordability and churn should serve as important considerations for the committee, long term.		
Adjournment	The meeting was adjourned at 11:58 am.		

Next MAC meeting:
October 24th, 2012, 9:00am - 12:00pm
General Services Building; 1225 Ferry Street SE; Mt. Mazama Conference Room; Salem, OR