Division of Health Policy and Analytics

Kate Brown, Governor

Oregon Health Authority

500 Summer Street, NE
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Mr. David Simnitt, Interim Medicaid Director, Oregon Health Authority
Ms. Leslie Clement, Director, Health Policy and Analytics, Oregon Health Authority
Ms. Ashley Carson Cottingham, Aging and People with Disabilities Director, Department of Human Services
Ms. Lilia Teninty, Office of Developmental Disability Services Director, Department of Human Services
Via email

Dear Mr. Simnitt, Ms. Clement, Ms. Carson Cottingham, and Ms. Teninty:

Members of the Oregon Medicaid Advisory Committee (MAC) appreciate our role in advising the state on Medicaid policy and planning through a consumer and community lens. We are proud of Oregon's Medicaid program as a national model for integrated and coordinated health care that produces better health, better care and lower costs.

We strive to make recommendations that are in line with this vision to continue improving the lives of Oregonians and their families. It is with this purpose in mind that we submit to you a set of *Guiding Principles for Oregon Medicaid*, developed by the MAC in response to months of federal debate and uncertainty with regard to Medicaid financing and structure.

During the past several months, as the American Health Care Act (AHCA) and the Better Care and Reconciliation Act (BCRA) moved through Congress, the MAC received a series of updates on federal health care policy proposals and Oregon's response. To assist State policymakers as they consider possible federal changes to Medicaid, MAC members identified core, foundational elements of Oregon Medicaid that should be protected even in the face of possible cuts or increased flexibilities. While health care proposals related to the Affordable Care Act have quieted, we are aware that Congress continues to consider health reforms and that Medicaid-specific conversations could resurface in the coming months. We hope these principles are valuable to you, our State Medicaid leaders, and invite you to continue to engage the MAC in future policy development work on this topic however we may be useful.

Thank you for your work to improve the health and lives of Oregon Medicaid members and their families.

Sincerely,

Jeremiah B. Rigsby, JD
Co-Chair, Medicaid Advisory Committee

Laura Etherton
Co-Chair, Medicaid Advisory Committee

Medicaid Advisory Committee Members

Laura Etherton – Co-Chair, Policy Director, Oregon Primary Care Association
Jeremiah Rigsby – Co-Chair, Director, Public Policy & Regulatory Affairs, CareOregon
Tamara Bakewell - Project Coordinator for Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)
Glendora Claybrooks, NCMA, MHA, GCPM – OHP member; CAC Member, Health Share
Regena Dehen, ND, MAcOM - Chief Medical Officer and Dean of Clinics for the National University of Natural Medicine
Robert Diprete – former MAC Director, retired Deputy Administrator, OHPR
Alyssa Franzen, DMD – dental provider; Dental Director, Care Oregon
Miguel Angel Herrada – Health Equity and Diversity Strategist for Pacific Source, Central Oregon region
Anna Lansky, MPA – Assistant Director, Division of Developmental Disability Services, DHS, Ex-Officio Member
Marcia Hille – Executive Director, Sequoia Mental Health Services
Maria Rodriguez, MD, MPH – OB/GYN OHSU
Ross Ryan – OHP member, consumer advocate
David Simnitt – Interim Medicaid Director, OHA, Ex-Officio Member

GUIDING PRINCIPLES FOR OREGON MEDICAID

A set of principles developed by Oregon's Medicaid Advisory Committee to guide the State in the event of federal changes to Medicaid program financing or structure

GUIDING PRINCIPLES FOR OREGON MEDICAID

The Oregon Medicaid Advisory Committee (MAC) is a public advisory group established in accordance with 42 CFR § 431.12 and ORS 414.211 to advise the Oregon Health Authority and Department of Human Services regarding Oregon Medicaid policy and planning using a consumer and community lens. The MAC developed a set of six guiding principles to assist the state as it considers possible federal changes to Medicaid financing and structure and increased programmatic flexibility. These principles are meant to begin a conversation; the MAC invites Oregon policymakers to engage with the Committee in future policy development work in the specifics of Medicaid reform.

The MAC would like to emphasize that the following principles were created in the context of possible financing and structural changes to Medicaid that would result in a cost shift from federal to state funding sources. As such, these principles are not meant to present an ideal or improvement framework for Oregon's Medicaid program. Instead, the MAC principles are meant to identify core, foundational elements of Oregon Medicaid that should be protected even in the face of possible cuts or increased flexibilities for state programs.

While the following principles are specific to the Medicaid program, the MAC recognizes Medicaid as integrally linked to the broader health care system. Indeed, Medicaid members frequently move between Medicaid and other types of coverage, including qualified health plans and employer-based coverage, and into Medicare as they age. Other bodies have developed principles for the health care system more broadly, including the **Oregon Health Policy Board's guiding principles for its Action Plan for Health**, and **Oregon's priorities for federal reform**.[1] The MAC endorses these broader principles and has sought alignment in developing its own principles for Medicaid.

In particular, the following principles reinforce Oregon's second priority for federal reform:

Oregon's health system transformation should continue to be a model for achieving cost-savings through changing health care delivery, not rolling back eligibility, benefits or funding levels. [2]

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[1] *See* American Health Care Act: Impact on Oregonians. March 16, 2017. Oregon Department of Consumer and Business Services and Oregon Health Authority. Available at: http://www.95percentoregon.com/uploads/9/9/2/6/99265876/ahca-report.pdf

[2] Ibid

SIX GUIDING PRINCIPLES FOR OREGON MEDICAID

1. MAINTAIN MEDICAID'S CAPACITY AS A CRITICAL SUPPORT PROGRAM FOR DIVERSE SUBPOPULATIONS OF LOW-INCOME AND CATEGORICALLY ELIGIBLE OREGONIANS

Oregon should maintain Medicaid's capacity as a critical support program for diverse subpopulations of low-income and categorically eligible Oregonians, including but not limited to parents, women, children, seniors, persons with disabilities, communities experiencing health inequities,[i] and residents in rural and frontier areas. Furthermore, Oregon should strive to maintain the significant coverage gains the state has achieved since the implementation of the Affordable Care Act, and changes to the Medicaid program should be designed to prevent the number of uninsured individuals from increasing.

The State should do everything possible to maintain eligibility and essential benefits for populations currently receiving Medicaid. However, Oregon should also be wary of increasing cost-sharing, as research has shown that prior increases to OHP cost-sharing negatively impacted access, coverage and health.[ii] Ultimately, any changes to Medicaid should not shift the financial burden to members in ways that reduce access to care or increase costs downstream in the health care system. The MAC supports the growing consensus that health care is a human right.

2. CONTINUE IMPROVING AND STREAMLINING ENROLLMENT PROCESSES AND AVOID BARRIERS TO ENROLLMENT

Oregon should continue to improve administration of outreach, initial eligibility determination, enrollment, and redetermination of eligibility, and avoid creating barriers to enrollment, especially for those experiencing health inequities. Programmatic changes to Medicaid should be designed with attention to health equity and ensuring adequate, culturally responsive outreach to all populations eligible for Medicaid. The State should continue to invest in technology that will improve administration and support care coordination.

3. CONTINUE TO PRIORITIZE A PATIENT-CENTERED CARE MODEL WITH A FOCUS ON ALL ASPECTS OF HEALTH AND HEALTH DETERMINANTS AND PRIMARY CARE AT ITS CORE

Oregon should continue to prioritize an integrated, patient-centered care model that focuses on primary care and delivering the right care at the right time in the right place. The State should leverage and support the capacity of public health agencies, patient-centered primary care homes, and rural health, tribal health and community health centers and other front-line workers in this model. Changes to payment or procedures should not compromise Oregon's most dedicated Medicaid providers or undermine ongoing efforts to build a culturally competent workforce that reflects local community characteristics and needs. Moreover, Oregon should continue to invest in health care education partnerships and incentive programs to address the root causes of workforce shortages. It is essential to maintain a provider network adequate to ensure access to covered services for all members, including linguistically diverse populations and people with disabilities. Wherever possible, the State should minimize administrative burdens on providers and avoid unnecessary barriers to Medicaid participation.

4. MAINTAIN OREGON'S COMMITMENT TO INTEGRATED HEALTH SERVICES

Oregon should maintain its commitment to an integrated health system that coordinates physical, behavioral and oral health care services along with a robust and coordinated long term care system. As it considers changes to benefits, services, or financing, Oregon should ensure that changes don't undermine efforts to improve health or address health equity.

5. ENGAGE CONSUMERS, PROVIDERS, AND PLANS IN SOLUTIONS

Oregon should meaningfully engage consumers, providers, and health plan administrators in developing solutions to improve efficiency and manage costs, while maintaining quality. Members should be engaged from both the managed care and fee-for-service delivery systems. Oregon should make particular efforts to engage members and their families most affected by health inequities.[i] Targeted investment of resources and continued efforts to engage diverse populations, community-based organizations, and leaders in the private sector will be needed to achieve sustainable solutions.[iii]

6. CONTINUE TO SHIFT THE FOCUS UPSTREAM

Oregon should emphasize prevention and promote healthy development and healthy behaviors where people live, work, and play. The State should also continue its leadership in

addressing the social determinants of health through providing health-related services and prioritizing long term care services in home and community-based settings to support full integration of individuals into their communities. Improving health equity and addressing root causes of health issues can drive savings not only for Oregon's Medicaid program but for the State overall.

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[i] Communities experiencing health inequities include, but are not limited to, culturally and linguistically diverse populations, immigrants and refugees, migrant and seasonal farmworkers, homeless populations, LGBTQ individuals, and people with disabilities.

[ii] *See e.g.* Wright BJ, Carlson MJ, Allen H, Holmgren AL & Rustvold DL. (2010). Raising premiums and other costs for Oregon Health Plan enrollees drove many to drop out. *Health Affairs, 29(12):*2311-2316

[iii] Communities most affected by decisions should be engaged to give input on state decisions regarding eligibility and benefits. For example, members of the I/DD community (including people living with intellectual and/or developmental disabilities, their families, providers, advocates, and other stakeholders) recently prioritized maintaining maximum eligibility over maintaining maximum benefits, should the state be forced to consider program cuts in the future. (L. Sutton & R. Ryan, personal communication, July 24, 2017).