



MEMORANDUM

DATE: January 3, 2017
TO: Lori Coyner, Medicaid Director, Oregon Health Authority
FROM: Medicaid Advisory Committee
RE: End of Year Report, 2016

For almost three decades, Oregon's Medicaid Advisory Committee (MAC), a federally-mandated body,¹ has participated in policy development, advising, and assessment of Oregon's administration of its Medicaid program, the Oregon Health Plan (OHP). The Committee has a successful history of Medicaid policy development that spans:

- Policy framework for the original OHP 1115 waiver and subsequent waiver renewals
- Expansion of health insurance coverage for children through [HealthyKids](#) (2006)
- Provision of [comprehensive benefits](#) for Oregon's ACA expansion population (2012)
- Reducing and mitigating [churn](#) in a post-ACA coverage landscape (2014)
- Comprehensive financial analysis of [12-month continuous eligibility](#) for income-eligible adults in Medicaid (2015)

In 2016, Oregon has been on the precipice of the next stage for health care transformation. The State's Medicaid 1115 waiver demonstration project, which includes the coordinated care model and other major aspects of Oregon's unique Medicaid program, is up for renewal in 2017. Also on the horizon is the expiration of the first five-year contracts with the Coordinated Care Organizations (CCO) in 2018. At the same time, the rapid change over the past several years and new developments, such as the new [OregONEligibility](#) system, have called for continued attention to member access to benefits and services.

Notable accomplishments by the committee in 2016:

- Basic Health Program statement in support (February)
- Section 1115 waiver renewal input and letters of support to Lori Coyner, Medicaid Director, OHA and Governor Brown (April, May, December)
- Letter of support for Oregon Access Monitoring Review Plan to Lori Coyner, Medicaid Director, OHA (August)
- Oral Health Access Framework: Report and recommendations to Lori Coyner, Medicaid Director, and Dr. Bruce, Austin, Dental Director, OHA (October)
- Memo on recommendations for the future of CCOs to Oregon Health Policy Board (November)
- Advising OHA on issues of eligibility, enrollment and redetermination

¹ In accordance with [42 CFR 431.12](#) and ORS [414.221-225](#).

In accordance with the committee's 2015 [charter](#), the annual letter is intended to highlight key issues that affect OHP enrollees and their families, as well as provide a list of pertinent reports developed by the committee in 2016. The MAC continues to serve a unique role by assembling a multi-faceted, publicly-convened group of stakeholders, including coordinated care organizations (CCOs), providers, advocates, and members, to advise the state Medicaid agency on the administration of OHP. The Committee is guided by a set of long-standing principles (see charter) designed to promote consumer engagement, health equity, coverage affordability, care continuity, and financial sustainability for Oregon's Medicaid program. In sum, the Committee strives to ensure the best, objective, and credible research is provided to Oregon policy makers as reflected in its 2015 [charter](#) and its reports.

2016 Committee Highlights

Basic Health Program statement in support:

In 2014, the Committee explored the Basic Health Program as an option to reduce or mitigate churn in the Oregon Health Plan. At that time, the Committee cited several issues for future analysis and determined that a recommendation regarding the program should wait until a pending feasibility study was completed. Since 2014, BHP conversations continued to advance in Oregon, principally under a Stakeholder Advisory Group established by [HB 2934](#) (2015).

In January 2016, the MAC issued a [statement in support](#) of the Basic Health Program put forth by the BHP Stakeholder Advisory Group (HB 2934 [report](#)). The Committee agreed that the report adequately addressed issues identified in 2014, and furthermore that a Basic Health Program offered the potential to close the coverage gap, increase affordability, and address churn in the context of the ACA insurance affordability programs (i.e. subsidized Qualified Health Plans).

Section 1115 waiver renewal input:

The MAC has a history of advising the State on its Section 1115 Medicaid Waiver Demonstration applications and subsequent amendments that forward Oregon's Medicaid transformation efforts. With the State's current waiver expiring in 2017, this year the MAC once again provided a public space and input to the waiver renewal application.

The Medicaid Advisory Committee reviewed and advised progress towards Oregon's Section 1115 waiver application over the course of three meetings: April 6th, April 27th, and May 25th. On May 25th, the Committee held a focused discussion of the Coordinated Health Partnership program, a proposal to increase cross-sector collaboration and target supportive housing strategies to high-risk, high-needs individuals on OHP. Key issues discussed during these sessions included:

- Expanded use of flexible services and metrics to track social determinants of health
- Importance of enhancing coordination for individuals with Long Term Services and Supports (LTSS) in the context of proposed supportive service initiatives
- Oral health access and integration
- Importance of keeping the focus on equity and strengthening the role of Traditional Health Workers (THWs)

The committee submitted letters to OHA's Medicaid Director and to [Governor Brown](#) in support of Oregon's waiver renewal application.

Oregon Access Monitoring Review Plan letter of support:

In June and July of 2016, the MAC had the opportunity to weigh in on Oregon's Access Monitoring Review Plan, the State's plan for monitoring and determining sufficiency of access to care for FFS members in OHP. The MAC expressed strong support for efforts to improve access to care for FFS members, while also offering continued support for broadening the coordinated care model for the majority of the Medicaid population. Many of the MAC recommendations were incorporated into the final Oregon Access Monitoring Review Plan, including improvements to dental utilization and dental rate reimbursement monitoring. The MAC submitted a [letter of support](#) to OHA for the plan in August of 2016.

Oral Health Access Framework report and recommendations:

The MAC identified oral health access as an issue of interest during strategic planning in early 2016. Throughout the year, the MAC raised the need to improve oral health integration and access to dental services for members, such as in the context of the waiver renewal application, and the state's efforts to develop the FFS Access Monitoring Plan. In May 2016, OHA requested the MAC develop and recommend a framework for defining and tracking access to oral health for OHP members. The MAC in turn designated a limited duration Oral Health Work Group, comprised of oral health experts and other key stakeholders, to carry out this task under the MAC's advisement. In October 2016, the MAC submitted its full [report and recommendations](#) to OHA leadership, including the following:

- Standard Definition of Oral Health Access that provides a common language and understanding of oral health access in OHP for OHA and the broader stakeholder community.
- Oral Health Access Framework Model that lays out the key factors and influencers that help or hinder oral health access in OHP.
- Oral Health Access Monitoring Measures Dashboard that provides 15 recommended priority measures to monitor key factors of access for OHP members.

Future of CCOs memo:

In the summer of 2016, the Oregon Health Policy Board facilitated a consumer engagement process, including six community listening sessions throughout the State and a survey, in order to gather input about the impact and future of CCOs. In addition to the community sessions, the MAC held discussions at its September and October meetings to provide its input, culminating in a memo to the Board in November 2016. The MAC encouraged Oregon to maintain its vision of CCOs as locally driven entities, but to enhance guidelines and accountability to ensure a common threshold of excellence statewide. The MAC offered the following high-level recommendations:

- Reaffirm CCOs' commitment to offering patient-centered care by ensuring patient perspectives are actively engaged and shape operations
- Continue to advance integration of physical, behavioral and oral health care and enhance integration of Long Term Services and Supports (LTSS)

- Enhance accountability and ensure clear, consistent expectations for baseline success

Full recommendations are available in the [Committee’s memo to the Board](#).

Issues of enrollment, eligibility and redetermination:

Over the years, the MAC has played an important role in advising OHA on issues related to eligibility, enrollment and redetermination within the OHP. For example, in 2014 the MAC analyzed and recommended policy solutions to [churn](#) (i.e. coverage transitions) for the Oregon Health Policy Board. The churn of individuals on and off of benefits – due to changes in eligibility, or administrative or enrollee error – is a perennial issue for Medicaid programs, and can compromise continuity of care and increase administrative costs. In line its work over the past several years, the MAC continues to call for more analysis of OHP program performance, including:

- Implementing data collection procedures to monitor changes in the fiscal, quality and health outcomes that result from churn in OHP; and
- Adopting and reporting transparent OHP eligibility, enrollment and redetermination performance indicators, including number of individuals determined ineligible for OHP by determination reason.

Throughout 2016, the Committee maintained a strong focus on highlighting issues with OHP enrollment systems, including monitoring the implementation of the OregonONEligibility system and raising concerns about call wait times. In October, the committee reviewed quarterly data on loss of eligibility and re-enrollment in OHP, which it looks forward to reviewing on a quarterly basis moving forward. Stronger data will help OHA to identify churn issues and maximize continuation of benefits and care continuity for members.

Periodic Updates and Collaboration: An informed and effective public advisory entity must also do its due diligence with staying up-to-date on a vast array of emerging federal and state policy considerations and the performance of a variety of state programs, many of which directly affect those served by OHP. In 2016, the committee received a series of informational updates:

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| <ul style="list-style-type: none"> • Oregon’s health system transformation performance report • Legislative update post 2016 session • OHA Transformation Center and PCPCH Program • OHP Section 1115 Waiver Quarter Reports to CMS • Oregon’s Health Insurance Survey • Health Evidence Review Committee | <ul style="list-style-type: none"> • Public Health Modernization • Health Equity Policy Committee • General Assistance Program • OHA Ombuds Advisory Council • Department of Human Services • OHA’s new Medicaid eligibility system, OregonONEligibility; and eligibility, enrollment and redetermination reports |
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Additionally, in order to do its work most effectively, the MAC must stay engaged with key advisory groups and maintain its cross-agency focus on OHA and DHS delivery of Medicaid services. The Department of Human Services continues to participate ex-officio in regular meetings of the MAC,

and the Committee looks to strengthen this link in 2017 as opportunities arise to inform both agencies. In 2016, the MAC and the Oregon Health Policy Board each played key advisory roles with regard to Oregon's 1115 waiver and the MAC contributed recommendations to the Board's CCO Listening Sessions. Moving into 2017, the MAC seeks to collaborate and coordinate more closely with the Board. Finally, the MAC seeks to strengthen its connections to OHA's Office of Equity and Inclusion, in line with the committee's ongoing interest in health equity and the social determinants of health.

We hope this report provides insight into the MAC's work, and the policy and other opportunities to improve the Oregon Health Plan for the over one million members and their families. On the cusp of a new presidential administration, the MAC stands ready to support Oregon in its efforts to continue advancing quality, community-based, and integrated care for OHP members.

Sincerely,



Karen Gaffney, MS
Co-Chair, Medicaid Advisory Committee



Laura Etherton
Co-Chair, Medicaid Advisory Committee

Medicaid Advisory Committee Members

Karen Gaffney, MS – Co-Chair, Lane County health care executive, Trillium CCO Board Member

Laura Etherton – Co-Chair, Policy Director, Oregon Primary Care Association

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, OHP

Alyssa Franzen, DMD – dental provider; Dental Director, Care Oregon

Miguel Herrada – Health Equity Coordinator 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 – Health Policy Director, OHA, Ex-Officio Member

Leslie Sutton, JD – children & disability advocate, Oregon Council on Developmental Disabilities