

Task Force Members in Attendance:

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| Ann Vrabel for Vice-Chair Margo Lalich | Marian Blankenship (phone) with guest – Sara Ohrtman | Thomas Sincic |
| Maureen Hinman | Jeremiah Rigsby | Soren Metzger |
| Chair Nina Fekaris | Yousef Awwad | Rhonda J Busek (phone) |
| Senator Laurie Monnes Anderson (phone) | Ely Sanders for Mitch Kruska | |
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Task Force Members Not in Attendance:

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| Rebecca Austen | Representative Gene Whisnant | |
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Support Staff in Attendance:

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| Jamie Smith – OHA | Jessica Duke – OHA | Melanie Potter – OHA |
| | Tim Noe - OHA | |
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Meeting Summary:

Welcome Introduction of Task Force Members

Chair Nina Fekaris led with introductions.

Housekeeping

Approve 6/3/16 meeting minutes:

- Chair Fekaris motioned to approve the June meeting minutes. The Task Force approved the 6/3/16 meeting minutes by unanimous vote.
- Chair Fekaris is not available to attend the meeting on August 5th and asked whether Task Force members were open to moving the meeting to August 12th. The Task Force agreed to move the August meeting to August 12th in Salem, OR.
- Tom Sincic suggested the Task Force discuss asking for an extension of the Task Force sooner rather than later.
- Ely Sanders distributed a handout stating the Oregon Department of Education has enforcement of the nurse to student ratio under Division 22.

Bike Rack Summary

Jamie Smith gave quick summary of bike rack topics the task force has collected thus far - see PowerPoint slides.

Private insurance – Is it an option? - presentation

Tashia Sample, from the Oregon Department of Consumer and Business Services – Insurance Division, presented on private insurance options - see PowerPoint slides.

- Maureen Hinman asked Tashia Sample to clarify if the school as a whole or individual provider would have to ask to be a part of the private insurance company network. Tashia said it would be up to the school and individual provider to decide who requests to be a part of the insurance network.
- Tom Sincic asked if the services covered by private insurers are determined by the ACA or self-insurance standards. Tashia said it depends on the specific regulation.
- Tom Sincic asked if there are any current requirements that require private insurance contracting with specific provider groups. Tashia said there are requirements to contract with Optometrists, dentists, Nurse Practitioners, Medical Assistants, and state hospitals. Sara Ohrtman, from Pacific Source, also noted there are requirements for Native American health services as well. Tashia agreed and said that they were under federal requirements.
- Maureen Hinman asked Tashia to clarify which costs, such as the co-pays, for individuals who purchase a marketplace plan would have to be offset by the state for any mandates passed after 2011. Tashia said the cost for the insurer and the cost for the patient have to be offset. Tashia further clarified that the offset requirements are only for plans purchased through the marketplace. Students with the same plan but purchased through different sources would not have to be offset by the state.

Sara Ohrtman, Pacific Source, added more information around credentialing and contracting with private insurance companies.

- A member can be covered under multiple plans and the coordination of benefits can be complex. For example, motor vehicle accidents.
- She also mentioned providers whose credentials require supervision by another provider can be tricky. A way around it is to bill as a facility, if the facility is state-licensed, so the credentialing is under the facility and not the individual provider level.
 - Insurance companies can have difference requirements for the same provider type.

- Tom Sincic asked if someone fills out multiple credentialing items and falls behind, is there a single credentialing process in the works? Sara said there is a single credentialing process being developed by the state.
- Chair Fekaris asked if medication administration could be covered in a hospital setting if it's not generally considered medically necessary. Tashia and Sara said in a hospital medication administration can be covered by private insurance plans. It varies by line of business such as Medicaid.
- Tashia Sample said there is a clause we could look into that says if we institute a requirement to comply with a federal law it isn't considered a new mandate and the costs would not have to be offset by the state. It's touchy at the federal law level and it would need to be investigated.
 - Maureen Hinman asked if it would need to be a federal health care related law or could it be a federal education law. Tashia said it would need to be an education related law and that's why it would need to be looked into further.
- Marian Blankenship noted the policy behind the new mandate law is based on plans purchased through the exchange and we know there is a very high percentage of members for those plans receiving subsidies. There is an emphasis on putting parameters around growing the cost impact.
 - Tashia agreed that if you purchase on exchange there would be an offset. There is a desire at the federal level to prevent cost bleeding.
- Chair Fekaris asked if there is state data to show the percentage of students that qualify for different insurance plans. Tashia said there is nothing at the state level but insurance providers may have that information. Sara Ohrtman doesn't think that information is available in the Pacific Source databases. She also noted there is still a group of kids that are not covered by any insurance despite the ACA.
- Tom Sincic believes insurance and provider information is collected by the schools when students enroll and asked if it was put into a database or kept in paper files.
 - Chair Fekaris said it would be put into the student information system used by the school district.
 - Ely Sanders noted there are five of those systems statewide and they aren't connected.
 - Jeremiah Rigsby noted that some kids may only be covered by Medicaid for a few months so database statistics may not be completely accurate.

- Tashia Sample agreed and said student insurance information changes frequently so it would need to be constantly collected and updated.
- Chair Fekaris said most student enrollment forms have areas for parents to fill out insurance and provider information but it's not required. She said they rarely get that information from the enrollment forms and it's a large information gap.
- Tom Sincic believes there are some overarching databases to look up student insurance coverage. He noted that it is something that would need to be figured out in the future.
- Sara Ohrtman said there is correlation between the free and reduced lunch rate and Medicaid eligibility. That information could be used to determine how many student are eligible for Medicaid.
- Ann Vrabel noted students covered by Kaiser in the Portland Metro area should be available as well.
- Marion Blankenship said she believes this information lives in a variety of places and no one has been able to combine it for the state to have an overall idea of insurance coverage across the state.
- Tashia noted insurance companies need to report how many people are generally in the individual market but it usually doesn't include specific age ranges.

Coordinated Care Organizations – Are there opportunities? - presentation

Jeremiah Rigsby, from Care Oregon, presented on coordinated care organizations, see [PowerPoint slides](#).

- Tom Sincic asked, in regards to the Community Benefit Program, if bonuses are still in effect. Jeremiah said bonuses are given if they hit their metrics.
- Jamie Smith asked if there is a potential for other school health specialties (Physical Therapy, Speech Therapy, etc.) to be credential and school nurses not credentialed. Jeremiah said it depends on the services being provided and how they support CCO metrics.
 - Sara Ohrtman said other school health providers can bill directly but they still need to be DMAP approved. One of her concerns is where the line is drawn between which services are covered and which are not when provided in a school setting.

- Ely Sanders asked if it's possible for districts to become billing agents. Jeremiah said it can be explored and a structure would need to be set up to parcel out all the variables under each CCO.
- Maureen Hinman said when you put all the health care providers in a school setting you can almost put together a clinic. Thinking of the school as an entity that is providing health care, if those providers are working together to meet certain outcomes it could be something CCOs are interested in covering. Jeremiah said CCOs get very focused on a specific set of measures and they look towards their community partners to develop models to help them reach their measures.
 - Maureen Hinman said they've been looking at alternative payment models for school based health centers and what kind of outcomes they can impact. They've been exploring how to demonstrate that impact so they can have conversations with CCOs about alternative payment models.
- Chair Fekaris mentioned that the scope of school nursing is very broad. It's very interesting to hear about CCO priorities and how they could dovetail into a school nurses job given appropriate staffing levels.

Recommendations for September report

Task Force members presented their recommendations for a sustainable funding source for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201. Each Task Force member had 5 minutes to present. After each member presented groups of two present members discussed their likes, concerns and questions on each recommendation. Comments to the group were made after everyone presented their recommendations. See [Task Force member recommendation worksheets](#).

- Jeremiah Rigsby recommended developing a task force to create a Center for School-Based Health Services with representatives from ODE, OHA and other partners. It should be funded by the state. It would be similar to the Early Learning Hub but focused on developing recommendations for school health services. He feels there needs to be infrastructure established to collect data in order to make efficient recommendations.
- Jeremiah Rigsby asked how much money could be gained from an increase in MAC billing. Ely Sanders said it would be directly related to the amount of care they are providing. Jeremiah Rigsby asked if it would be worth the effort to MAC claim. Ann Vrabel said, yes, it's absolutely worth the effort. The funding is there but most districts just aren't doing the claiming.

- There was discussion about the value of strategic MAC claiming like the presentation about Silver Falls from the last meeting.
- Chair Fekaris learned that funds from Colorado’s marijuana tax are used to fund nursing services in rural and underserved communities.
- There was discussion about who receives funds from MAC claiming. The understanding was that it goes back to the Oregon Department of Education general fund and there is no guarantee the money would be given back to the communities that originally earned the funds.
- Tom Sincic would like the Task Force to come up with a few policy suggestions to put forward in September so they could be included in the next legislative session.
- Chair Fekaris asked how long it would take for school districts to start receiving the revenue from their MAC claiming efforts and be able to hire more school nurses.
 - Ely Sanders said he’s been told it is a lot faster than it used to be.
 - The group feels it’s possible that with all the rules that will need to be created it could be the 2018-19 school year before districts received funding.
 - Maureen Hinman mentioned there is no reason the Task Force couldn’t ask for immediate funding in addition to longer term ideas.
- Soren Metzger suggested the group also think about who will be responsible for billing for these services and the need to ask for funding for more staff capacity at the school level to do this work.
- Jamie Smith told the group, with their approval, he will take the recommendations from the meeting and incorporate them into a draft report for the group to approve and submit by September 15th, 2016. There were no objections.
- Tom Sincic suggested the Task Force ask for help from the tech community to help fund the technological needs from the recommendations offered today.
- Chair Fekaris suggested the Task Force work on prioritizing the recommendations before the next meeting.
 - Marian Blankenship suggested they create an online survey so the results can be easily compiled.
- Maureen Hinman asked if the group should be recommending only items that can happen now or long term suggestions.
 - Jamie Smith said he’s trying to capture it all, short term and long term. He wants to explore options to submit an addendum report in December or later.
- Chair Fekaris said she sees MAC claiming and Medicaid Billing in one bucket and the long term creation of extending this task force and Jeremiah’s Center for School-Based Health Services as another area to focus on. She also mentioned there were some very specific ideas that could be tackled immediately like the soda tax, vehicle registration and asking for an immediate increase in funding from the legislature.

- Chair Fekaris said the Task Force has done the first two items from SB 698 and needs to still review the last two areas.

Public Comment

- There was no public comment.

Meeting Wrap-Up – Homework assignment

- The next meeting will be August 12th, 2016 in Salem. Jamie will send out a meeting announcement to Task Force members.

Meeting adjourned