

MEDICAID ADVISORY COMMITTEE

April 23, 2008
10:00 a.m. – 12:30 p.m.
Department of Human Services Building, Rooms 137 A & B
500 Summer St. NE
Salem, OR 97301

Members Present: Ellen Gradison; Jim Russell, MSW; Carole Romm, RN; Ella Booth, MBA, PhD; Yves Lefranc, MD; Mike Shirtcliff, DMD; Rick Wopat, MD (Member Emeritus); Kelley Kaiser (by phone)

OHPR: Heidi Allen; Nathan Hierlmaier; Nora Leibowitz; Darren Coffman

DMAP: Jeanny Phillips; Ann Hill

CAF: Karen House

Guests: Craig Kuhn (OPHP); Sarah Myers (OAHC); Linda May (OPCA)

AGENDA – Meeting Minutes

- I. Opening Remarks** **Co-Chairs** **5**
Introductions of attendees, members and those attending by phone.
- II. Approval of Minutes** **MAC members** **5**
Carole Romm proposed that the minutes from the March meeting be reviewed and approved at the next meeting. Members asked to submit comments via email.
- III. DMAP Updates** **Jeanny Phillips** **30**
- a. OHP Standard**
Jeanny Phillips reported that to date a little over 2/3 (approximately 2,000) of the 3,000 applications sent out on March 10 have been returned. A reminder postcard was sent out to recipients and the deadline for returning the applications was extended from April 10 to April 25. Staff in the Children, Adults and Families Division have began calling all recipients who

haven't returned their application and contacted the post office to see if any left forwarding addresses.

DHS checked with their legal department regarding contacting agencies to share names of application recipients. It is okay to do so keeping it limited to address and phone information.

On April 8 a second round of 3,000 applications were sent out and are due May 23. DHS will start the process for drawing the third set of names to send applications to earlier so that they can send a postcard to them telling them they'll be receiving an application. This will allow for DHS to verify addresses before sending the applications.

Carole asked about the number of people who couldn't be reached by the staff making the phone calls. Jeanny informed the group that 300 individuals couldn't be reached because they didn't have a phone. Carole requested a report detailing the outcome of the calls and Jeanny said that the data is available on the first round of 1,200 calls made and that the data from the second round should be added soon. She offered to bring the data broken down by counties to the next meeting.

Jeanny gave an update on the FHIAP transfer and followed up on Rick Wopat's question from March's meeting on whether or not legal council was sought on CMS removing Title XXI funds from FHIAP. CMS was acting as a result of the Deficit Reduction Act passed by Congress that removed the funding. Oregon was hit hard as it was the first state up for a Waiver renewal. It had to accept the terms and conditions to continue the Oregon Health Plan. Legal recourse could not be taken as the terms and conditions of the Waiver had been accepted.

Carole asked for clarification on the term of the Waiver if a state can reopen their Waiver. Jeanny stated that the Waiver has a three-year term and that a state can amend theirs at any time by sending a request to CMS. Carole offered that the committee do some future thinking on how it would like to amend the Waiver.

Craig Kuhn of the Office of Private Health Partnerships reported that a packet was sent and a phone call was made to all affected by the transfer. Almost 3,700 have been contacted. 3,000 election forms have been received on which 2,300 have indicated that they will go to OHP Standard. There is a push to contact the remaining families, especially those with children, and resolve other issues that people have by May 31. OPHP is working closely with DMAP Personnel and Client Services to do this.

The MAC gave credit to DHS and OPHP staff for all their hard work on this process and expressed gratitude for taking their concerns from last month's meeting and acting on them with follow-up to report at this meeting.

Craig also explained that children can still be enrolled in FHIAP. The dependent definition in FHIAP is ages 0-23, but because of this change, young adults ages 19-23 will go to OHP Standard. The number for anyone having difficulty with the FHIAP transfer to OHP Standard is 1-888-564-9669.

IV. MAC Engagement

Co-Chairs 40

Heidi Allen referred to a letter in the handouts from the Oregon Health Reform Collaborative, a committee that she participates in on behalf of the MAC. The letter was drafted by the group to be sent to the legislature and proposes to use state general fund dollars to match federal funds in order to provide stable funding for the OHP Standard program. It also proposes that the number of enrollees for the program be expanded. It looks at how there is a decline in funding for OHP Standard.

The MAC discussed whether or not it should sign onto the letter. Heidi said that the letter cannot be edited, because it represents multiple other organizations that make up the Oregon Health Reform Collaborative. The letter has to be signed by Monday, April 28, 2008. Jim Russell suggested that the letter be addressed to those forming the DHS Budget. Carole stated that she felt that the three action statements in the letter were weakened with the use of the words "use", "invest" and "discuss". She asked Heidi who's already signed onto the letter, but Heidi won't know until the letter is finalized and signed. The letter cannot be signed by the Oregon Health Reform

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Collaborative without a certain proportion of the membership agreeing to it.

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Concerns were raised on the actions called for by the committee, as it would take legislative action in order to use General Funds and regarding October 1, 2009 as the date that OHP Standard funding will be eliminated. Jim Russell asked that Heidi take these concerns to the committee that she's working with on the letter. Carole favored the sense of the letter and the agreed with the sentiment, but not with how it was written. She asked if anyone wanted to sign it.

A concern was raised around the third action requested of the legislature of the inclusion of the commercially insured health plans in the MCO tax base. Some of the MAC members felt that this would be a conflict of interest for them, as they work for organizations that have managed care plans. It was proposed and agreed that someone come and talk to the group about the new ethics laws and how they apply to the body of the MAC.

A discussion was held around the role of the MAC in the decision making process of the Oregon Health Fund Board. Carole said that she heard a consensus that the MAC wants to be a part of the process as it pertains to Medicaid and asked the question of how the group can do this. Heidi reminded everyone that the group submitted strategic recommendations to the Eligibility and Enrollment Committee of the OHFB asked that the MAC think about how it can continue to be strategic in working with the OHFB and in partnering with DMAP.

Jeanene Smith, OHPR, was invited to come to the table and asked what we can do now to prep for July 1, 2009, the beginning of the new DHS Budget. How can we improve the Oregon Health Plan? What are some areas that the MAC wants to focus on and have the OHFB work on? Carole clarified that she was hearing two things: 1. What can we do right now with the concepts that are in the OHFB process and 2. DMAP implementation and the budget – What items are we interested in and what do we want to work on? The areas Oral Health, Mental Health Integration and the Waiver were discussed and will include further discussion at the next MAC meeting, along with conflict of interest and a presentation on the DHS 09-11 Policy Option Packages.

Jeanene offered the help of [OHPR](#) to the MAC in researching rules and regulations behind their areas of interest.

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V. Update on Oregon Health Fund Board Co-Chairs 60

a. Federal Laws Committee Ellen Gradison

The Federal Laws Committee was charged to look at barriers to [health reform imposed by existing](#) federal laws. The group has discussed Medicare, Medicaid, HIPAA, ERISA, mental health and substance abuse issues, federal tax issues, the [EMTALA](#) and Indian health. They have prepared draft recommendations on these issues to submit to the OHFB.

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The committee found that the biggest problem with Medicaid is the lack of state dollars. Increasing state funding would increase the federal match. The federal citizenship documentation requirements have caused problems for Medicaid eligibility.

Medicare's federal match rates need to be increased. The federal government put a moratorium on new Special Needs Plans until 2009.

The federal laws behind HIPAA state that client payment information can be shared, but providers are creating a problem when they create their own rules about keeping information private.

ERISA has made things difficult in states that want to have employers pay into health plans for state residents. We will have to be careful in how we state things in order to have some sort of employer contributions.

Ellen will continue on this at next month's meeting.

b. Finance Committee Nora Leibowitz

Nora reported on the Exchange Workgroup, which provides recommendations to the Finance Committee. [A Health Insurance Exchange](#) is a [kind of](#) clearinghouse that allows individuals to access insurance through state contributions. [The](#)

Exchange Workgroup currently recommends an individual mandate and guaranteed issue of affordable coverage to everyone. If someone couldn't get insurance because of a significant medical condition, then they could continue to go through the Oregon Medical Insurance Pool. It is very important to have one market and that people who apply get insurance.

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There are four population groups identified as the core group of individuals who would likely use the Exchange: individuals getting direct state contribution, individuals who are above the income requirements for state contribution, individuals who work for employers that don't offer employer-paid coverage and those who work for employers that offer insurance, but for whatever reason are ineligible to receive it.

There was a discussion around letting small employers participate in the exchange and the benefit they would receive of reduced administrative costs.

The recommendation to the Finance Committee is to initially not put groups in the exchange.

There were concerns raised about employers who offer benefits to employees who work a certain number of hours a week, yet don't give them enough to do so and whether or not these employers will have to pay for their employees. Nora will come back next month to offer more information on this issue.

c. **Benefits Committee**

Darren Coffman

The Benefits Committee was charged with creating a set of defined health services. Darren reported that the committee is using the Prioritized List of the Health Services Commission for this. The HSC methodology had general categories that helped shape the prioritized list. They came up with some questions and guidelines to use in creating the list of services that include a focus on Preventative Care and Chronic Disease Management, which are addressed more clearly in the January 1, 2008 Prioritized List than in previous methodology, along with cost effectiveness. Cost Sharing is being looked at to

create three tiers on the Prioritized for essential health services as well as creating a list of Value Based Services.

The next step is to meet with an actuary to determine the price of this.

d. Quality Institute Workgroup Ilana Weinbaum

Jeanene Smith reported that the workgroup recommends assigning a central group to partner with the state on quality measures. The specific recommendations of the workgroup are in a report that will be on the web in the next couple days.

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Jeanene gave an update on the Delivery Systems Committee and that it has been finalizing their report. It is currently working on 'bending the cost curve' and the principles around a reformed payment system. She was asked if there has been a discussion around equalizing pay around primary and specialty care and she replied that there has been and also with hospitals. Jim Russell mentioned that Section 9 of SB 329 gives the duty of agency reform to the Delivery Systems Committee. Jeanene commented that they are getting to that topic.

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VI. Public Comment

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None.

Meeting adjourned at 12:40 p.m.