

MEDICAID ADVISORY COMMITTEE

May 28, 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; Mike Shirtcliff, DMD; Tom Turek, MD; Rick Wopat, MD (Member Emeritus); Kelley Kaiser (by phone); Robert Bach (by phone); Dick Stenson (by phone)

Excused Absences: Yves Lefranc, MD

OHPR: Heidi Allen; Jeanene Smith; Darren Coffman

DMAP: Jeanny Phillips; Ann Hill

AGENDA – Meeting Minutes

I. Opening Remarks **Co-Chairs** **5**

Introduction of attendees, members and those attending by phone.

June's meeting has been rescheduled to Thursday, June 26 from 1:00-3:30 p.m. in rooms 137 B&C of the Human Services Building.

Heidi Allen is working with the Governor's Appointment Office on re-appointing some MAC members. Those that are up for re-appointment have been contacted.

The MAC plans to cancel August's meeting.

II. Approval of Minutes **MAC members** **5**

March minutes approved as written.

April's minutes to be reviewed and approved at June's meeting.

III. DHS Budget Proposal Meetings

Jeanny Phillips 90

Jim Russell proposed that the group read the budget handout on their own and focus this discussion on the Policy Option Packages. Carole Romm asked for a summary of the public's feedback on the Budget Forums.

Jeanny Phillips explained that the 09-11 Budget is being developed as a "needs-based budget" based on feedback from the public with set budget themes. The budget handout explains the eight themes.

Policy Option Packages

Jeanny referred to the list of DMAP's POPs that she emailed to the MAC after the March meeting.

There are four that relate to OHP Standard: 1. Provide General Funds, once provider tax revenues are exhausted, to continue an OHP Standard caseload of 24,000 clients; 2. Expand Standard caseload by 90,000 to reinstate its former status; 3. Increase OHP Standard benefit package to match OHP Plus benefit package; 4. Increase certification period for OHP Standard adults from six months to one year.

Under the theme of "Children are healthy and safe", the largest POP for DMAP is a Healthy Kids Plan. The plan is modeled after the HKP of 2007 and combines three previously separate initiatives: Expand access with a HKP; CHIP to 200% and PLM and TANF certification to one year.

Rick Wopat asked about the income period looked at when determining eligibility. Jeanny stated that she thought that it is a four-month window consisting of the three months prior to the application being submitted and the month the application is received by DHS. Rick expressed a concern about seasonal workers who work a certain number of months out of the year and whether or not their entire year worth of income is reported or just those four months. Jeanny said that she thought that Oregon looks at seasonal and self employment and that both have their own rules separate from wages.

Motion: Tom Turek motioned that there be a POP to set money aside for additional resources for outreach to the 60,000+ kids in Oregon who are currently eligible for OHP. Mike Shirtcliff seconded the motion and the MAC passed the motion unanimously.

Also under the theme of “Children are healthy and safe” is POP to increase the FPL for PLM adults and their infants to 200%.

The theme “Capacity to meet clients’ needs” includes creating a position for an OHP Ombudsman in the Governor’s Advocacy Office. DMAP is working with Lane County to establish a Client Advisory Group pilot. Carole added that it was also a recommendation of the E&E committee to establish an OHP Ombudsman. DMAP also wants to increase staffing at DMAP in Policy Unit, Budget and Finance Section, Communications Unit and Hearings Unit.

There are six POPs related to reimbursement of providers. One of DMAP’s goals is to bring all providers up to 75% of Medicare. Also included is issuing Wraparound Payments sooner and a Physician Incentive Program or Pay for Performance Proposal for MCOs. The other three are related to Hospital and Home Health payments.

Jeanny said that the theme she heard the most at the Community Budget Forums was that “Oregonians have access in their communities to the mental health care and addictions treatment”. Jeanny suggested that Bob Nikkel or Ralph Summers of AMH come and present to the MAC.

The primary concerns heard by Jeanny at the forums were:

- Increase the number of school based health clinics
- Focus on alcohol and drug treatment for teens
- More funding for addiction treatment
- More funding for mental health services, in particular, indigent care
- Develop mental health crisis centers as an alternative to jail or treatment at the ER
- Increase reimbursement to providers
- Restore OHP Standard to its original capacity of 120,000
- Change the OHP Standard benefit package to the PLUS package
- Expand coverage under the OHP to cover all kids
- Invest more money in prevention programs through public health
- Better integration of the silos of care – dental, physical, mental health and long term care
- Establish a Health Care Ombudsman
- More services for the deaf who comprise 9-10% of the population

- Focus on in home services to keep individuals independent – such as home health, hospice, durable medical equipment, etc.
- Access in rural communities
- Address the childhood obesity epidemic

Carole asked for the group to weigh in on its priorities. Rick said that his is to expand access and increase Standard to cover more poverty level adults with chronic medical needs.

Mike Shirtcliff stated that there should be a dental person without a conflict of interest involved with the policy making process around dental care.

Carole said the group could spend a half hour on the June agenda talking about priorities. Heidi suggested that the MAC also consider making recommendations to the Governor’s Office. Heidi and Carole told the members that their homework for the next meeting is to pick their top 5 DMAP and AMH POPs.

IV. Other Updates

Jeanny Phillips 15
Craig Kuhn

Dental Workgroup

Jeanny talked about the Dental Workgroup that has been formed that Mike Shirtcliff is a part of with other Dental Contractors, along with Jon Pelkey, Manager of the Quality Improvement and Medical Section of DMAP. The workgroup is reviewing and discussing Access Standards.

There is a 30-40% no show rate for dental appointments. This is having an impact on access for everyone. Heidi asked about the time frame between when an appointment is made and how far out the appointment is scheduled and whether or not that has anything to do with rate of missed appointments. Mike replied that the appointment is set based on the level of need; the less urgent an appointment is, the farther out it is scheduled, but not to exceed the limit of 12 weeks.

Jim Russell suggested that Dental be put on a future agenda for a more detailed discussion. The workgroup is trying to come up with some standards to put into rule. Jeanny reported that she asked Jon Pelkey to come to a MAC meeting to present and when he does to bring some

representatives from DCO's with him. Heidi asked that Jeanny have Jon Pelkey submit names to her. This will possibly be a June agenda item.

OHP Standard

Jeanny provided a handout titled "OHP Standard Reservation List Application Progress Report". The report is in draft form with preliminary numbers. The final report should be ready by Mid-June. The demographic information for the Reservation List data is limited, because all that was requested of people to get on the List was their name, address, phone number and date of birth. 12% of names on the List are of those who've been submitted by a third party, i.e. family members, hospitals and homeless shelters. DHS is going back to those third parties to see if they have updated address information on the clients who haven't returned their applications. Carole asked Jeanny for clarification on whether it is homeless shelters or homeless clinics that have provided address information and put names on the Reservation List. Jeanny reported that both shelters and clinics have done this and that in some cases it is the address of the shelter that has been listed as the mailing address of the client. There is paperwork waiting at these shelters for the clients to pick up and Jeanny said that they are following up with those shelters.

Carole asked for total numbers of people and percentages on the report that shows the breakdown of numbers on the Reservation List in each county. Jeanny said that the final report will have this.

Jeanny pointed out that Lane, Marion and Multnomah Counties make up about 43% of the names on the Reservation List. Carole reminded the MAC that this is a totally random draw and that more populated areas are more likely to have the most names drawn.

On page 10 of the report there is a timelines graph that shows when the names are drawn, when DMAP sends the preliminary "selected" letter to application recipients, when the applications are mailed, when DMAP mails the reminder postcard with the deadline, when the OHP Branches call those who haven't returned their application and when the application deadlines are. Jeanny reported that the reminder postcard for the April application recipients was accidentally sent to

the March recipients, so both groups had until May 23 to return their applications.

Carole pointed out that on page 11 where the call statistics are shown that almost 3/4 of people are unreachable by phone. Jeanny projected that as the months go by the number of returned applications will decline. Heidi asked if there has been any thought about increasing the monthly draw to account for the declining number of returned applications. Jeanny replied that the plan was to increase the draw to 4,000 after three months, but more analysis is needed before this is done.

A discussion occurred around the types of media being used to reach people on the Reservation List. Jeanny reported that DMAP sends out weekly press releases in the newspaper. It was suggested that DMAP look at other media types, such as the radio, DMAP's website, a 1-800 number for the Reservation List only and putting flyers up in stores, schools and laundromats.

Jim Russell asked if DMAP is still planning on enrolling 29,000 people into OHP Standard to allow for attrition to 24,000 and Jeanny confirmed this.

Jeanny talked about some reasons why applications are being pended and income and citizenship verification are the main ones. DHS is trying to expedite the citizenship verification process by setting up an interface with Vital Statistics to confirm those born in Oregon. For those born outside of Oregon DHS facilitates the process for obtaining a birth certificate by providing contact information and a fee schedule to the client. There is financial assistance available for this.

FHIAP Transfer to OHP Standard

Jeanny reported that the number of people to be added to OHP Standard from the Reservation List hasn't been at all affected by the transfer of FHIAP clients into OHP Standard, because there was enough money in fund balances of the provider taxes to cover the 3,000-4,000 transferred FHIAP clients.

Craig Kuhn from the Office of Private Health Partnerships reported that there were 4,214 adults eligible to be transferred to OHP. 736

children are involved with the adults who are being transferred, but the children can stay in FHIAP. 3,771 confirmed that they will go to OHP Standard, 148 elected to self-pay and 23 elected to drop coverage. Some of those who elected to self-pay have contacted FHIAP to be transferred into OHP Standard after realizing with the price of their premium would be.

218 forms have not been returned. With many the address isn't good or there is no forwarding address provided to the post office and there's no phone number to reach them at. Ellen asked if OPHP can contact the carrier they're paying the premiums to to find out where they are. Craig said that some are in a non-payment status and haven't paid their premiums for May, so must have just recently moved.

Robert Bach inquired as to whether there is a mechanism in place to track attrition in the FHIAP to OHP Standard transfer population. Craig said the potential exists to do this.

V. Update on Oregon Health Fund Board Jeanene Smith 25

The board met last week with the Delivery Committee and they have approximately 18 recommendations. The report of the committee will be finalized this week. Some issues have come up from the Safety Net Advisory Committee. The OHFB will focus on how to make the recommendations operational and what the role of the State will be.

The board has already heard from the Exchange and Benefits Committees and will hear next month from the Eligibility & Enrollment and Finance Committees.

Public meetings are in session now and there will be more in the Fall.

a. Benefits Committee Darren Coffman

Darren brought a document for the MAC summarizing the Essential Benefit Package. See page 14. There will be cost sharing associated with those people above 100% FPL (between 100-300% FPL). There will be no cost sharing for those below 100% FPL. Everyone will have the same package.

There is a 1.2 billion dollar sticker price on all of this.

Rick commented on our current delivery system and that it is based on high-tech and not on services for everyone. Our delivery system needs to be changed. It cannot be sustained as it is.

Carole mentioned how specialty providers get paid more than other providers. There was some discussion on this and how that wouldn't be affordable in an environment with universal health care.

Darren discussed a couple of new items since his last update. In addition to the list of Value Based Services, the idea of a list of Discretionary Services is being developed. These are services that if you didn't provide them to the client they wouldn't have a big impact on their health, i.e. restorative dental care (preventative dental care would likely fall under the Value Based Services list), eyeglasses hardware and certain dermatological diseases. These items would still be covered if they fell within the top 503 lines on the Prioritized List, but would be subject to a yearly cap.

The second new item is giving people the incentive to use services at the least intensive place possible. There was recognition that not everyone would have access to integrated health homes, particularly those in rural areas. People would not be penalized for their inability to access an integrated health home.

The committee's final report is 99% finished.

Rick asked how items are being classified as discretionary. Darren said it's up to the Health Services Commission or some other appointed body to decide what is on the list.

VI. Public Comment

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None.

Meeting adjourned at 12:35 p.m.