



MEMORANDUM

DATE: February 2nd, 2016
TO: Lynne Saxton, Director, Oregon Health Authority
FROM: Medicaid Advisory Committee
RE: End of Year Report, 2015

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)
- Integration of behavioral and physical health care in OHP ([2009](#))
- Provision of [comprehensive benefits](#) for Oregon's ACA expansion population (2012)
- Reducing and mitigating [churn](#) in a post-ACA coverage landscape (2014)

The MAC has realized this past year that health reform in Oregon and nationally has in effect blurred the distinction between Medicaid recipients and other populations. With the implementation of the Affordable Care Act (ACA), more than 25% of the state's population are now on OHP. Oregonians are more likely than ever to transition from Medicaid to private coverage, and vice versa, due to relatively small changes in family resources. Many of the Oregonians who today are privately insured, or not insured at all, will tomorrow be Medicaid recipients and CCO members. This fluidity means that Medicaid policy has compelling implications both for those who are currently uninsured and who are insured privately, and population health considerations are increasingly important.

Notable accomplishments by the committee in 2015:

- Submitted memo to OHA regarding renewal and reenrollment in OHP (January)
- Comprehensive [report](#) on CHIP premium assistance submitted to the Oregon Legislature in February 2015 per Senate Bill [1526](#) (February)
- Adopted inaugural [charter](#) (April)
- Met with OHA's Director, Lynne Saxton (July, see committee [memo](#))
- Received presentations from five CCO Community Advisory Councils (CACs) ([March-Sept.](#))
- Prepared a comprehensive financial [analysis](#) of 12-month continuous eligible for adults in OHP in the 2017-19 biennium (October)

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 2015. In general, throughout the year and as reflected in the committee's work, the MAC continues to serve a unique role by assembling a multi-faceted, publicly-convened group of stakeholders, including coordinated care organizations (CCOs), providers and clients, 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.

2015 Committee Highlights

CHIP Premium Assistance: Building on the committee's previous work in 2014, at the start of the year the committee concluded its work examining the feasibility of offering premium assistance insurance for children enrolled in Oregon's existing Children's Health Insurance Program (CHIP). The committee reviewed federal and state regulations pertaining to CHIP and premium assistance, and assessed the potential impact to individual CHIP members and their families in terms of access, continuity of care, benefits, affordability, and whole family coverage. Based on the committee's work it recommended:

- A premium assistance program for Oregon's CHIP population has some policy merit but was not feasible in 2015 and that the state reassess opportunities to improve Oregon's CHIP program in the future.

The committee's report and full recommendations were included in OHA's [report](#) submitted to the Oregon Legislature in February 2015.

12-month Continuous Eligibility for OHP Adults: As directed by OHA, for eight months (February through September), the committee explored 12-month continuous eligibility for income-eligible adults in Medicaid, similar to the policy already in place for children. This work included conducting a financial analysis of adopting this policy for the 2017-19 biennium. Results of the analysis indicated that the continuity of Medicaid coverage would increase during the 17-19 biennium by approximately 15 percent, thus, reducing churning on and off of OHP. Adoption of this policy, however, would require a state investment of \$223 million in order to draw down \$1.01 billion in additional federal revenue. Approximately \$58 million of the state's portion is due to a decrease of 2.6 percent in the enhanced federal participation rate for the Medicaid expansion population.²

² ACA provides states with a FMAP of 100% for the period of 2014-2016, and then phases down to 90 percent in 2020 and beyond.

Unfortunately, due to insufficient data and limited research on this topic, potential administrative savings and off-sets from lower per-member per-month costs were not included in the committee's analysis as reliable estimates could not be developed at this time.³ Based on the committee's careful examination and financial analysis, the committee ultimately made the following [recommendations](#) to OHA:

- Request this policy as part of Oregon's 1115 waiver renewal with CMS in 2017.
- Adopt transparent OHP eligibility, enrollment and redetermination performance indicators.
- Complete annual assessments of administrative costs that result from churn and potential savings to the Medicaid program, CCOs and health providers by reducing churn.

OHA's New Director: In July, OHA's Director, Lynne Saxton, visited with the committee. During Lynne's visit, she outlined OHA's priority areas, current initiatives and engaged the committee to identify ways for the committee to further partner with OHA in 2016. Members shared with Lynne the committee's four priority areas: (1) improving access to care for OHP members including working toward seamless coverage and care continuity, (2) creating and using a transparent system-wide accountability framework, (3) support administrative simplification in OHP, and (4) examining person and family-centered policies. Two important outcomes of this meeting were:

- Recognizing the need for ongoing dialogue with OHA leadership with a focus on the shared goals to meet the Triple Aim in Oregon for those served by OHP.
- Proactively advising OHA on ways to make the eligibility and enrollment process a cleaner and easier process; and ultimately, reduce the complexities and challenges individuals and families face with Oregon's Medicaid eligibility systems.

The committee continues to engage OHA around providing consistent, timely, and transparent information on the agency's performance around OHP eligibility and enrollment processes, and appreciates the response to date from OHA including the monthly OHP Dashboard.

CCO Community Advisory Councils: Anchoring the Committee's work is the recognition that in order to think more clearly about health and health care it will be necessary to strengthen support for community-based models of care. Oregon's 30+ CCO Community Advisory Councils (CACs) are leading this charge, with innovative and exciting initiatives across Oregon based on community values, preferences and health priorities identified in their community health assessments (CHAs) and community health improvement plans (CHIPs). Stemming from the MAC's commitment to person- and family-centered Medicaid policies, the committee opted to hear directly from CACs to learn about:

- The role of the individual CACs including membership and community engagement activities;
- Current focus and priority areas as highlighted in the CAC's community health improvement plan;
- Challenges and barriers from the perspective of the CAC, from staff and OHP members; and
- Future focus related to implementation activities as outlined in the CHIPs.

³ Individuals enrolled in Medicaid for longer periods of time may experience lower monthly costs as these individuals are more likely to receive primary and preventive care as a direct result of enhanced coverage continuity. See Medicaid Advisory Committee April 2015 [brief](#) on 12-month continuous eligibility.

Throughout the year, the committee had the opportunity to hear directly from a number of CACs:

- Health Share Community Advisory Council
- Trillium Community Advisory Council
- Columbia Pacific CCO CAC
- Family Care CCO CAC
- InterCommunity Health Network CCO CAC

Based on the information shared by the CACs, the committee learned the following:

- A wide range of priority areas have been identified among the CACs with varying implementation strategies;
- Successes and challenges experienced by individual CACs are often similar and not unique to a particular community;
- Sustained engagement of CAC members remains challenging; and
- Need for an authentic consumer voice vs. tokenism, and recognition of community engagement.

Periodic Updates: 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 2015, the committee received a series of informational updates:

- Oregon’s health system transformation performance reports
- Legislative updates during and post 2015 legislative session
- OHA Transformation Center
- OHP Section 1115 Waiver Quarter Reports to CMS
- Oregon’s Health IT initiatives
- OHA Ombuds Advisory Council
- OHA’s New Dental Director, Dr. Austin and OHA’s oral health priorities.
- OHA’s new Medicaid eligibility system, OregonONEligibility

The committee reached an important milestone in 2015. In the spring, the Director of the Department of Human Services (DHS) appointed Don Erickson as the ex-officio member for DHS. This was an important development, as the committee hadn’t had direct representation from DHS since the creation of OHA in 2009.

In closing, we are excited about our inaugural annual report. We hope this report provides insight into the committee’s work, its policy priorities, and will help to inform state and community partners on a range of issues for the more than 1 million Oregonians now enrolled in OHP.

Sincerely,



Karen Gaffney, MS
Co-Chair, Medicaid Advisory Committee



Janet E. Patin, MD
Co-Chair, Medicaid Advisory Committee

Medicaid Advisory Committee Members

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

Janet Patin, MD, FAAFP – Co-Chair, physician, Providence Health Systems

Rhonda Busek, MBA –Director, Provider Services, Health Systems, OHA Ex Officio member

Glendora Claybrooks, NCMA, MHA, GCPM – OHP member; CAC Member, Health Share

Carol Criswell, BA – family health navigator

Bob DiPrete – former MAC Director, retired Deputy Administrator, Office for Health Policy and Research

Don Erickson – COO, Aging and People with Disabilities, DHS Ex Officio member

Laura Etherton – Policy Director, Oregon Primary Care Association

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

Marcia Hille – Executive Director, Sequoia Mental Health Services

Ross Ryan – OHP member, consumer advocate

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