

MEDICAID ADVISORY COMMITTEE

March 26th, 2008
10:00 a.m. – 12:30 p.m.
Department of Human Services Building, Rooms 137 A&B
500 Summer St. NE
Salem, Oregon 97301

Members Present: Robert Bach; Ella Booth, MBA, PhD; Yves Lefranc, MD; Mike Shirtcliff, DMD; Tom Turek, MD; Jim Russell, MSW; Carole Romm, RN; Dick Stenson (by phone); Rick Wopat, MD (Member Emeritus), Ellen Gradison

Excused Absences: Kelley Kaiser

OHPR: Heidi Allen; Nathan Hierlmaier; Jeanene Smith; Sean Kolmer; Ilana Weinbaum

DMAP: Jeanny Phillips; Ann Hill

CAF: Karen House

Guests: Kelly Harms (OPHP); Jim Sellers (DHS); Pam Mariea-Nason (CareOregon); Luida Shay (OPCA); Rudy Kimmerling (OHSU)

AGENDA – Meeting Minutes

I. Opening Remarks Co-Chairs 5

Introductions of attendees, members and those attending by phone.

Introduction of new member Ellen Gradison, a Lawyer who works for the Oregon Law Center and currently serves on the Federal Laws Committee of the Oregon Health Fund Board.

II. Approval of Minutes MAC Members 5

The committee approved the minutes of October 24, 2007 as written.

III. DMAP updates

Jeanny Phillips 30
Karen House
Kelly Harms

a. OHP Standard

Jeanny Phillips reported on the status of the reopening of OHP Standard and the Reservation List. OHP Standard has been closed to new enrollment since July 2004. There are a limited number of openings available now and a Reservation List has been created for the approximate 137,000 eligible people in Oregon to report their interest in program. From that list names are randomly selected to receive an OHP Standard Application to apply.

Medical, Legal, Disability and other Stakeholders were all consulted when creating Reservation List to come of with a fair and accurate way to distribute applications. Received federal approval CMS. People all over Oregon had the same chance to receive an application regardless of when they put their name on the list. The Reservation List was open January 28 through February 29, 2008 and there were many ways for people to put their name on the list. They could send an application in, fax it, send an email, call in or go to DHS office in person. The information required was Name, date of birth and address.

The final number of names on the list was 91,675. On March 5 3,000 names were randomly drawn using a software program and on March 10 applications were mailed out to those people. DMAP will continue to draw names on a monthly basis until full capacity is met, which is 10,000 to add to OHP Standard. As of March 24 less than 1/3 had returned their application. They have until April 9 to get them back in.

Questions:

1. Rick Wopat- Is there any way you can make people aware of who has an application so that we know who needs help filling it out? We helped people get into the lottery. We are trying to find a way to offer support to those with applications.

Answer from Karen: We can't share information because of confidentiality. The OHP Processing Center's 1-800 number is

noted on the applications to instruct people to call there if they need help filling them out.

Robert Bach questions whether or not recipients of applications will be contacted to see if they need any help and encourages this kind of customer service. Karen said this is not in DHS' plan, but will take it back to her workgroup for discussion.

2. Ellen Gradison- How many applications received are for people not qualifying for Standard, rather another program?

Answer from Karen: It's too early to determine. We won't be doing an assessment until after the deadline.

3. Rick Wopat- Since you're changing the application, can you also add resources specific to the area the applicant lives in, like places to go for help?

Answer from Jeanny: I agree and will take it back to my group to discuss.

4. Heidi Allen- At the last meeting you discussed making an exemption for homeless people whose applications were sent to a clinic, because an address wasn't on file for them. Are you making accommodations for these people if their applications are returned past the deadline?

Answer from Karen: ADA accommodations accepted and we'll certainly take a look at other requests to see if the circumstances allow for an exemption.

5. Heidi- What day will the insurance begin?

Answer from Karen: Retroactive to the date the applications were mailed to applicants, which was March 5?

6. Carole Romm- Following up on what Rick asked earlier with regards to HIPAA confidentiality laws, isn't there an accommodation for administrative and insurance exchange of information? Is it really not possible to make a connection

between people, eligibility workers, clinics and hospitals? So we could go back to a provider and tell them the people in their service area who we have sent an application to and that we believe they have received services in their system. We could tell them they could follow up with them or ask them to follow up. She mentioned the homeless clinic she works with and how some people use it as their mailing address. Those who do this don't have any systems in place and reaching them is difficult. For those who have enrolled with us, why not tell us? Is there any way to use the systems you're already referring people to? Is there really is an impediment to doing that?

Answer from Jeanny: I assure you that we'll look at every possible way, but I think that contacting the households directly is the preferred approach and then if we're not able to get in touch with someone, like a homeless individual, we'll go to the next level.

Carole questioned the reliability of this plan, because of those without phones or who call in and leave a message phone number.

Jeanny said that there may be a possibility of using the press to advertise to people to get there applications back in also informing them of who to call for help and where to go for assistance.

Yves Lefranc and Mike Shirtcliff expressed concerns about the application being difficult for people to understand and fill out and there not being enough assistance out there for them. Ellen mentioned the media as means to get the word out on resources available to the public. Jeanny assured the group that she understands their concerns and that DHS is looking at all possibilities.

b. Waiver

Jeanny informed the MAC that as of November 1, 2007 DMAP could no longer use Title XXI funds (CHIP funds) to fund adult clients of the Federal Health Insurance Assistance Program (FHIAP) through the Office of Private Health Partnerships

(OPHP). This came in the Waiver Renewal of 10/31/07. Medicaid (Title XIX) funds can still be used, though they have a lower match rate than the Title XXI funds. The match rate for Medicaid funds is less than 62% and the match rate for CHIP funds is almost 73%; about a 12% difference. This shift creates a 5 million dollar shortfall in General Funds.

As of December 1, 2007 FHIAP stopped accepting new applications. About 4,000 people are at risk of losing their subsidized coverage. DHS, OPHP and the Governor's Office all worked together to explore options and came up with OHP Standard. Presented to the W&M Committee on February 19 and was approved. Submitted to CMS and was approved on March 19 to disenroll the FHIAP clients and enroll them into OHP Standard.

As of June 1, 2008 approximately 4,000 adults in FHIAP who have incomes below 95% of the FPL will be given the option to enroll into OHP Standard. They have the option of keeping their private insurance by paying the full premiums. The transfer won't affect the 10,000 from the Reservation List who'll be enrolled into OHP Standard. The funding for this will come from Provider Taxes and OHP Standard funds. The funding will last until the latter part of 2010. This gives the legislature time to decide what to do about funding during the upcoming legislative session.

Yves Lefranc commented that we seem to be in a survival mode all of the time. Now is the time to make a strong statement. The legislature should take decisive action.

Questions:

1. Ellen- Comments that at the October 24 meeting Jeanny said that CMS started the discussion on October 20. Why didn't this come to the MAC sooner?

Answer from Jeanny: At that time we were still negotiating with them to allow us to continue our Title XXI funding and there wasn't a decision made by CMS at that point. It wasn't until mid-November until we knew what direction CMS was going.

2. Rick- Was the original CHIP rate approved by CMS? Is CMS backing out of an approval? How can they do this?

Answer from Jeanny: Yes. The impact of this is nation wide, not just for Oregon. There has been a lot of controversy over why funds for children could be used to fund adult programs. This change was effective with a new renewal. Our waiver ended October 31 and this was effective November 1.

3. Rick- Did DHS get a legal opinion?

Answer from Kelly: Not sure.

Rick motioned to have the MAC seek a legal opinion from the Attorney General's Office on CMS' decision.

Mike seconded the motion.

The motion is to investigate the legality of the federal government. Was legal counsel sought to determine whether the state can sue the federal government? If not, look at what occurred and see if the federal government broke a legal contract and can we oppose it legally.

The group passes the motion unanimously.

Ellen wants to know the other states affected. Kelly Harms said there are six and that she would email them to the MAC.

4. Rick- Regarding the FHIAP handout that Kelly Harms passed out to the group: Has this been passed through a 6th grade reading test and do you send it out in Spanish and Russian?

Answer from Kelly: We don't do a Russian version, but we do have a Spanish version that's being translated right now and will be available by April 1. We also have language lines that people can call if they need assistance in another language. The paperwork is just slightly above a 6th grade reading level.

c. Budget

Jeanny informed the MAC that DMAP is building their budget right now. They are taking requests and sending them up to DHS Cabinet for review. There will be public hearings in April and May through out the State to review the proposed budget. Concepts include: a placeholder for an Ombudsman to expand out Ombudsman Services, Provider Services Unit expansion and Governor's Advocacy Unit expansion, Client Protection Services expansion, increase pregnant women coverage from 185% to 200% of FPL, expand the Children's Health Insurance Program, expand prenatal care, increase 6 to 12 months eligibility period for Plum Children and change the OHP Standard benefit package to match the OHP Plus benefit package.

Jeanny asked that if the MAC has comments and questions to submit them to Heidi by one week from now and she'll get them to Jeanny to work into the Budget Proposal.

Heidi asked if DMAP representatives could come to a MAC meeting and present the Policy Option Packages as a public presentation during the months of April or May when they're doing the community presentations so that the MAC could weigh in. Jeanny said she will look into this with the Budget people, though timelines are stringent.

Rick stated that he disagrees with the statement to increase the OHP Standard benefit package to match the OHP Plus package. He mentioned how the MAC has had the discussion before on splitting the line between the two packages and increasing coverage for Standard reducing their package below the Plus package. He said that this statement codifies the idea that we can't split the line between Standard and Plus. He mentioned that in the last legislative session he heard Kurt Schrader say that DHS can't afford Plus for everyone. If we can't afford Plus for everyone, then as many people as possible should be able to receive a smaller benefit under the Standard package.

Tom Turek moved that the MAC ask DHS to remove this Policy Option Package from its list.

Rick seconded the motion.

Carole spoke in opposition to the motion, because she wants more robust benefits for the Standard and Plus populations. She suggested that the language of the Policy Option Package be changed to something more generic and have a clause that this in no way closes off the opportunity to change the line to have different lines for different groups. What the MAC wants to see is more robust benefits and if we move to have this removed, then it's showing otherwise.

Jim Russell suggested that this motion be withdrawn for now and that Jeanny feel further informed by this conversation. The MAC needs more time to discuss this issue.

Jeanny offered to take this to the individuals involved in the process and inform them that there are reservations about the policy option package.

Tom withdrew his motion and Rick withdrew the seconding of the motion.

Jeanny will email a list of the Policy Option Packages to the MAC for comment.

IV. Update on Oregon Health Fund Board

Co-Chairs 100

a. OHFB

Jeanene Smith

Jeanene Smith gave an update on the progress of the Oregon Health Fund Board. The committees have been working on their recommendations to the board since the Fall and should have them ready by May. The committee chairs will be working with the board May – July 2008 developing a plan. There should be a draft plan by July 1 that will go out to the public by September.

Public meetings are being held that are sponsored by the Northwest Health Foundation and the Oregon Health Forum: May 7 Newport, May 8 Astoria, May 14 Klamath Falls, May 15 Medford, May 20 Beaverton/Hillsboro, May 28 LaGrande, May

29 Ontario, June 3 Coos Bay, June 4 Eugene, June 5 Bend, June 10 Portland and May 11 Salem. The meetings are usually held from 7-9 p.m. with child care provided. There will be a 2nd set of meetings in September and October with comments from the public from the 1st set of meetings.

Jim asked that the MAC submit opinion on the plan. Jeanene said that the initial draft plan won't be ready until July, but she can work with the chairs of the MAC to be sure everything that they have to input is there. Carole would like to be sure that the MAC is informed all along the way. Heidi said she will work with Jeanene to be sure all concerns of the MAC are incorporated into the Plan.

b. Eligibility & Enrollment Committee Jim Russell

Jim referred to the Affordability Recommendations handout and reminded the MAC of Section 9 in SB 329. The MAC worked on the matrix of recommendations last fall for this committee.

There are two more scheduled meetings for this committee.

No one receiving a state contribution should spend more than 5% of their gross household income on their healthcare services.

c. Delivery Systems Committee Mike Shirtcliff

Dick Stenson is the chair.

Mike refers to the Progress Report from the Delivery Systems Committee handout and the Figure 1 handout.

Changed the term "Medical Home" to "Integrated Health Home".

How do we more equitably balance the system with primary care and integration of care?

Heidi shared that the Delivery Systems Committee was working with researchers at the Dartmouth Atlas to look at the

concept of Accountable Care Districts. This is a way to look at how healthcare resources are being distributed and used within a particular geography.

There are two more meetings scheduled for this committee.

d. Health Equities Committee Ella Booth

Ella said that the committee is developing multicultural strategies and making recommendations. They have made five recommendations to the board around eligibility and no citizenship requirements. She referred to Recommendations from Health Equities Committee handout, which contains info on the five recommendations.

Heidi said that the committee will be looking at recent research from the Commonwealth Fund that suggests that many health disparities come from variations in quality among providers.

Carole stated that she wants to challenge the idea that providers for low-income people provide less quality care.

Ella said that the committee is making a recommendation on disparities.

The final meeting is April 22nd.

e. Federal Laws Committee Ellen Gradison

The update has been moved to next month's agenda.

V. Public Comment 10

Pam Mariea-Nason of CareOregon made a plea to MAC regarding her concerns about the benefits package of OHP Standard being thin and not containing Home Health Services. She asked if the MAC is able to take this on and look at how the Standard Benefit Package is made up.

Carole said that the MAC will try to work it into a future agenda and will keep her informed.

Meeting adjourned at 12:35 p.m.