

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

January 8, 2008
10:00 a.m.

General Services Building, Mt. Mazama Room
Salem, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair
Jim Russell, Vice Chair
Felisa Hagins
Robert Bach
Jane Baumgarten
Dean Kortge (left at 11:30 am)
John Mullin
Ellen Pinney (arrived late)
Noelle Lyda
Susan Rasmussen (by phone)
Carole Romm
Ann Turner, MD
Eric Metcalf (awaiting Board confirmation – left at 12:15 pm)

MEMBERS EXCUSED: CJ McLeod and Bill Murray

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Nate Hierlmaier, Policy Analyst
Paula Hird, Office Specialist, OHFB

OTHERS PRESENT: Darren Coffman, Health Services Commission Director
Sean Kolmer, Data and Research Manager

ISSUES HEARD:

- Call to Order/Review of December 11 Meeting Minutes/Review of Revised Work Plan
- Update on Oregon Health Fund Board and Committee Activities
- Defining Affordability in Health Care for Oregon
- Review of Affordability “Straw-Person” Draft Document
- Development of Committee Recommendations on Affordability
- Next Meeting Agendas and Objectives
- Public Testimony

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Chair **I. Call to Order, Approval of December 11 Meeting Minutes/Introduction of new members.**

- There is a quorum.
- Chair Lowe introduced Eric Metcalf of the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians, who is awaiting confirmation as a member of the Eligibility and Enrollment Committee (E & E) by the Health Fund Board on January 15.
- Ellen Pinney is testifying on LC 62 and will be arriving late.
- Tina Edlund reviewed the materials provided for the meeting.
- Review and Approval of minutes of December 11 meeting as amended.

Tina Edlund **II. Update on Oregon Health Fund Board and Committee**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Activities

- Health Equities Committee (HEC) has met and will meet again January 10. The Committee is discussing recommendations for undocumented residents of the state. Final recommendations on this issue will be made at their meeting on January 10 and sent to the E & E Committee.
- The Exchange Workgroup will be looking for recommendations from E & E in their discussions on who is covered by the exchange and eligibility requirements.
- Discussion of the most appropriate and descriptive terminology for undocumented residents. It was noted that Tina Castanares of the Delivery Systems Committee uses the term unauthorized immigrants.

Tina Edlund

III. Defining Affordability in Health Care for Oregon (see exhibit materials for Power Point presentation)

Format of presentation is from Community Catalyst, an advocacy organization, in Massachusetts that used the same approach in reviewing data. The following approaches were looked at and discussed.

- Current spending in the country.
 - Data from the Urban Institute was highlighted with clarification that the estimate of a family spending \$25/per month out-of-pocket was for over-the-counter products and did not include premiums and co-pays.
- Jonathan Gruber, MIT Economist, in a report for the Massachusetts Connector, showed what is not affordable. Staff noted that he looked only at payroll deductions.
- In response to comments about changing the “subsidy” language, staff stated that Nate Hierlmaier, Policy Analyst, suggested discerning funding as contributions from three sources: 1) personal; 2) employer; and 3) state
- Oregon Family Budget Analysis (building from work by the Medicaid Advisory Committee (MAC)).
 - Discretionary income using the Federal Poverty Level (FPL).
 - Implications:
 - Additional cost burdens for single parent families, and
 - Premium rate groups for single parent families with one child, two children, etc.
 - “cliffs” in premium payments and politically
 - In California, for those over 300% FPL an Affordability Tax Credit was recommended.
- Existing Programs
 - CMS/SCHIP
 - Drs. Wright’s and Carlson’s Medicaid study after implementation of OHPII.
 - Implications
 - Cost sharing that doesn’t exceed 5% of income and how to monitor these expenses.
 - No co-pays for preventive care and looking at benefit design plans in order to make recommendations.
- New: Take up rates and price sensitivity
 - L. Ku and T. Coughlin, Urban Institute, looked at participation changes as premium costs increased in three states.
 - K. Thorpe, Vermont’s Catamount Health Reform, looked at affordability and cost sharing.

- Implications for E & E include setting bounds of affordability.

Discussion

- FPL will be changing in the next couple of weeks.
- 36% of Oregonians are at 200% or less of the FPL
- Mayor Bloomberg, New York City, has asked for a review of the FPL, as it is not an accurate indicator.
- Use of median income data.
- Ways of framing recommendations to legislators.
- DMAP's statistics by county as a source of information.

Tina Edlund IV. Review of Affordability "Strawperson" Draft Document (see exhibit materials)

- Strawperson Recommendations 1-5 (page 5-9) reviewed.

Tina Edlund IV. Development of Committee Recommendations on Affordability (see above exhibit materials)

- Chair quoted Richard Lamb, Former Governor of Colorado : "We have to convince conservatives that they have a stake in the uninsured and that costs can be controlled and then we have to convince liberals that limits must be set and that we can't do everything medical science has invented for everyone."
- Chair voiced support for staff's suggestion for identifying contributors.
- Recommendations
 - What % of Oregonians will be receiving state premium contribution for those up to 300% of FPL?
 - Discussion of a tax credit for those above the 300% and a pre-tax option.
 - Data from California showed that the majority of those between 300-400% of FPL are sole proprietors whose income may vary throughout the year.
 - Suggestion to go to 400% FPL which is 129% of median income and credits for premiums that are over 5% of income.
 - Request for data on what is spent for housing at different income levels.
 - Between 250% to 400% get a tax credit for amount spent above 5%.
 - Subsidy language will be changed.
 - Recommendation 3 moves to 1, recommendation 1 moves to 3, recommendation 4 moves to 2, 5 should stay 5.
 - Add tax wording to #3.
 - Note there were reservations concerning only going to 300% FPL.
 - Advice to Benefits Committee would include evidenced-based support for procedures/tests performed.
 - Add language to "not include co-insurance."
 - Discussion on eliminating #4.
 - Problem with comparing Oregon's plan with California is that the cost-of-living in California is higher. Look at comparisons to other states?
 - Chair voiced recommendation to the Delivery Systems Committee that they look at *"making sure there is available accessible, affordable, culturally appropriate health services when the populations who need these services are most able to access."* Followed by comments regarding the need to make services available at hours that fit into the working person's schedule.

Chair

VI. Next Meeting Agendas and Objectives

- Members will submit comments within the next week to assist in rewording the recommendations.
- Continue with Committee recommendations on affordability.

Chair

VII. Public Testimony

- Tootie Smith, Alliance Health Care Sharing Ministries, takes requests for help from those with needs beyond their regular medical costs. Organization is seeking exemption from tax code. Information emailed to Barney Speight, OHFB Executive Director.
- Betty Johnson, member of the Benefits Committee, member of Archimedes Movement, spoke on the need of controlling costs and simplicity of the administration.
- Written testimony was submitted by Lois Marie Zaerr asking "Does this discussion assume equal premiums among all insurance companies?"

Chair

VIII. Adjourn

The meeting was adjourned at 1:00 p.m.

Next meeting is January 23, 2008.

EXHIBIT MATERIALS:

- A. Oregon Health Fund Board Newsletter
- B. Eligibility and Enrollment Committee Revised Work Plan
- C. Defining Affordability in Health Care for Oregon Document
- D. Affordability "Straw Person" Document

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

January 23, 2008
2:00 p.m.

General Services Building, Mt. Mazama Room
Salem, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair
Jim Russell, Vice Chair
Robert Bach
CJ McLeod
Jane Baumgarten
John Mullin
Bill Murray
Ellen Pinney (by phone, joined at 2:33 p.m.)
Noelle Lyda
Susan Rasmussen
Carole Romm
Ann Turner, MD
Eric Metcalf

MEMBERS EXCUSED: Dean Kortge
Felisa Hagins

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Nate Hierlmaier, Policy Analyst
Paula Hird, Office Specialist, OHFB

OTHERS PRESENT: Darren Coffman, Health Services Commission Director
Sean Kohlmer, Data and Research Manager
Heidi Allen, OHREC Project Manager

ISSUES HEARD:

- Call to Order/Review of January 8 Meeting Minutes Update on Oregon Health Fund Board and Committee Activities
- Finalizing Affordability in Recommendations
- Development of Eligibility Issues
- Next Meeting Agendas and Objectives
- Public Testimony

Chair Lowe **I. Call to Order, Approval of January 8 Meeting Minutes and Review of Revised Work Plan**

- There is a quorum.
- **Changes** to minutes of January 8 included showing that Bill Murray did not attend, but was excused and that the Public Testimony by Tootie Smith should reflect that the Alliance Health Care Sharing Ministries allows only Christians to participate.

Motion to approve the minutes as amended is seconded. **Motion passed unanimously.**

- Eric Metcalf was confirmed by the Board at its meeting on 01/15/08.
- Chair Lowe stated that Ellen Pinney was testifying before the Federal Laws Committee and that she had also testified.
- Tina Edlund reviewed the materials provided for the meeting.

- Chair Lowe shared an article relating statistics from the single reporting community health clinic: 95% of their patients were under 200% of the FPL, 36% were Hispanic/Latino, 4% African American, 2% Native American, and 2% Asian/Pacific Island and 47% seen were uninsured. Discussion on lack of data from these clinics, databases in other states and the effects of health reform on safety net clinics.

Tina Edlund

II. Update on Oregon Health Fund Board and Committee Activities

- The Health Fund Board (HFB) at their January 15 meeting heard testimony on community collaboratives, health safety net and existing models.
- The Delivery System Committee is considering different medical home models to recommend to the Board.
- The Finance Committee is looking at options.
- The Health Equities Committee is getting ready to make citizenship recommendations.

Chair Lowe and
Vice Chair Jim
Russell

III. Finalizing Affordability Recommendations (see exhibit C)

- Staff presented highlights of updated Affordability Proposal.
 - Page 2 – Chart depicting shared responsibility and 100% personal responsibility does not reflect the possible revenue from the employer mandate. This affects the 100% personal responsibility (right box) and, as 62-65% of these people are employed, they would be bringing employer money with them.
 - Pages 3-4 Charts – It was noted that options 1a, 1b, and 2b did not cover all of the income levels being discussed.
 - The Committee discussed opening the Affordability Proposal with:
 - The final recommendation followed by discussion and deleting the table not being recommended.
 - Making initial statements in a one page memo?
 - Staff related that the Board wants not only final recommendations but “the flavor” of decision-making.
- Page 8 – **Recommendation #1**.
 - Include from Recommendation #2, page 9, first paragraph, last sentence regarding the Medicaid Advisory Committee’s (MAC) recommendation and emphasizing premiums over high deductibles.
 - Decision to leave out the term “highly regressive” in recommendations.
 - Discussion on tracking out-of-pocket payments, eliminating out-of-pocket and limiting to co-pay and premiums.
 - Small co-pays for discretionary services and small deductibles. Large deductibles will hinder low-income individuals/families.
 - Specifying set amounts of out-of-pocket expenses.
 - Changes discussed to **Recommendation #1** include:
 - Initial statement to reflect “total member health care costs” and delete the itemized costs.
 - Keep at 5% of income, with general policy terminology to reflect that the process should not be burdensome, but simplistic.
 - Use “state contribution” terminology.
- Page 9 – **Recommendation #3**. Discussion on contributions in relation to Federal Poverty Levels (FPL).
- **Recommendation #4**. Illustrates the gradual decrease in state contribution as income rises.
- **Population Affected by Affordability Proposal Charts** on pg. 14.

- Is there a choice to not use the program if you are in the group to be subsidized, can you take your subsidy amount and use it to buy a plan of your choosing outside the plan?
- Discussion on tax credits for those between 300%-400% and self-insured.
- **Recommendation #5**– Delete recommendation on geographic adjustments
- Recommendations will go forward to the Board and the Chairs of each of the committees.
- Member Eric Metcalf related problems that some Native American populations experienced as a result of the OHP Plus plan, SB 878 and the need to not create barriers to the access of Indian Federal programs, exemptions and waivers. Discussion by committee members about language to use. Eric Metcalf will be meeting with the Directors from the Indian Health Services for the Portland Area and from the NW Portland Area Indian Health Board as well as with the Tribal Representative on the Federal Laws Committee and compose a short statement to support protecting these federal programs.

**Chair Lowe and
Vice Chair Jim
Russell**

IV. Development of Eligibility Issues (See exhibit D)

- Due to time restraints the Committee was given homework to review the Development of Eligibility Recommendations.
 - Staff Highlighted the “Possible Questions for Committee to Address” on page 3 noting these are only suggestions to get started.
 - Next meeting will be the finalization of Eligibility Issue recommendations.

Chair

V. Next Meeting Agendas and Objectives

- It was noted that Kerry Barnett will be presenting at his class on Ethics.
- Meeting date change to February 13, 9:00 a.m. – 12:00 p.m.
- Continue with Committee recommendations on eligibility.

Chair

VI. Public Testimony

- **Tonya Stewart, MD, for the Palliative Care Physician’s Roundtable**, presented testimony for the need to promote more discussion between doctors and patients and providing reimbursement to primary care providers to do this. Written testimony provided.

Chair

VII. Adjourn

The meeting was adjourned at 5:00 p.m.

Next meeting is February 13, 2008.

EXHIBIT MATERIALS:

- Agenda for 01/23/08.
- Minutes of January 8, 2008
- Affordability Proposal
- Development of Eligibility Recommendations
- Health Care Costs and Financing: Rural Workers have less employment-related health insurance . .

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

January 8, 2008
9:00 a.m.

Salem Public Library, Anderson Room A
Salem, Oregon

MEMBERS PRESENT:

- Ellen Lowe, Chair
- Jim Russell, Vice Chair
- Felisa Hagins
- Robert Bach
- Jane Baumgarten
- Dean Kortge
- John Mullin
- Bill Murray
- Ellen Pinney
- Noelle Lyda
- Susan Rasmussen (by phone)
- Carole Romm
- Ann Turner, MD
- Eric Metcalf (by phone)
- CJ McLeod

STAFF PRESENT:

- Tina Edlund, Deputy Administrator, OHPR
- Nate Hierlmaier, Policy Analyst
- Paula Hird, Office Specialist, OHFB

ISSUES HEARD:

- Call to Order/Review of January 23 Meeting Minutes/Review of Revised Work Plan
- Update on Oregon Health Fund Board and Committee Activities
- Approval of Affordability Recommendations to the Oregon Health Fund Board (OHFB)
- Overview of Committee Direction from Health Oregon Act (SB 329) and ORS on Eligibility
- Development of Committee Recommendations on Affordability
- Next Meeting Agendas and Objectives
- Public Testimony

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- | | |
|-----------------------------|---|
| Chair | I. Call to Order, Approval of December 11 Meeting Minutes/Introduction of new members. <ul style="list-style-type: none">• There is a quorum.• Review and Approval of January 23 meeting minutes. |
| Tina Edlund | II. Update on Oregon Health Fund Board and Committee Activities <ul style="list-style-type: none">• Information on upcoming OHFB meeting on February 19 was provided.• Recommendations from the E & E Committee and Health Equities Committee will be presented at the meeting. |
| Chair and Vice Chair | III. Approval of Affordability Recommendations to the Oregon Health Fund Board (OHFB) (See Exhibit Materials B) <ul style="list-style-type: none">• Changes from last meeting were incorporated and presented.• Range of opinions are represented. |

- It was noted information had been received from Committee member Eric Metcalf regarding concerns might need to be in the document related to Indian Health. **(See Exhibit _____)**
 - Should material be presented through E & E recommendations or should it be referred directly to the HFB?
 - Material needs to be reviewed by members and related issues in other committees concerning Indian health need to be identified.
- Changes to Executive Summary include:
 - **Page 3** - Change "crowd-out" definition, second sentence, from "private coverage to public coverage" to "private funds to public funds."
 - Delete the word "document" from the last sentence of the first paragraph.
- **Page 5**
 - Benefits Committee recommendation – concern about expressly recommending no co-pays for some areas. Change to "low or no co-pays."
 - Finance Committee recommendation - remove the word "requirement" from first sentence and add participation to read "employer contribution and participation," as it has federal fund implications.
 - Employer contributions as a requirement and as a Federal Laws Committee (FLC) issue is discussed and will be sent to FLC as a recommendation.
 - Delivery Systems Committee – Add sentence reflecting "primary care model" as a way to improve outcomes and contain costs.
- **Page 4** – Changes to wording surrounding tax recommendations.
- **Page 10** – **"Equity" heading** - Delete last sentence that refers to "urban vs. rural Oregon" per agreement at last meeting.

Motion to adopt Affordability Recommendations to the Board as amended is **seconded**.

Discussion

- **Page 4** – Review of household gross income and Federal Poverty Level (FPL) percentages.
- Discussion of number of Oregonians that would additionally cover and the financial implications.
- Dissenting opinions expressed in the document.
- Chair Lowe will be presenting the document to the Board and relates that she will use the *"frame of reference"* reflected by the members and relate the range of opinions expressed.

Call for the question. Motion passed unanimously.

Chair and Vice Chair

IV. Overview of Committee Direction from Health Oregon Act (SB 329) and ORS on Eligibility

- Xxx

Carole Romm and Vice Chair

V. Review of Medicaid Advisory Committee Eligibility Recommendations (See Exhibit _____)

**Overview of the Medicaid Advisory Committee recommendations on eligibility. (2:29:40)
Carol Romm's comment on physicians not getting paid. Tina – who's in and who's out?**

Discussion of the problems with barriers of pre-existing condition? And effect on crowd-out. (2:43:41)

And Vice Chair

Heidi Allen

IV. Presentation of Health Equities Committee (HEC) Recommendations on Eligibility (See Exhibit Materials 8)

Staff to the HEC provided background information and presented recommendations to the E & E Committee.

- Discussion on immigrant populations as well as undocumented workers, audit performed by State of Oregon revealed that the large majority of Medicaid enrollees are legally eligible for these funds.
- Birth certificate requirement.
- Choice of verbiage regarding immigrants and undocumented workers and employer perspectives.
- Concerns that employers will not admit to employing immigrants and/or undocumented workers and California’s response to this issue that allows health services to be offered on location for an exemption and viewed as a contribution.
- Agriculture businesses often hire companies, not individuals.
- Discussion on a separate pool for immigrant workers, obtaining data on workers with visas, and allocating funds based on percentage of a large pool rather than creating a separate pool.
- Discussion on what it would mean to small agricultural businesses.
- Obtaining data on employees with visas, etc.
- What is the cost of ineligibility? And where does that cost end up? Data pertaining to this issue is obtained through CAWEM data. Discussion on the overall cost of the uninsured in the current system.
- Documentation requirements and cost shifting effects on Native American clinics.
- The use of a blog on involving Oregonians in health coverage debates (Northwest Health Foundation) due to be set up soon. Will be read by staff routinely.

Chair

VI. Next Meeting Agendas and Objectives

- xxxx
- xxx

Chair

VII. Public Testimony

No public testimony was offered.

Chair

VIII. Adjourn

The meeting was adjourned at 1:00 p.m.

Next meeting is January 23, 2008.

EXHIBIT MATERIALS:

- A. January 23 Meeting Minutes
- B. Eligibility and Enrollment Committee Affordability Recommendations
- C. Overview of Committee Assumptions and Direction on Eligibility
- D. Definitions of “Oregon Resident” in ORS and OAR
- E. Fact Sheet RE Immigration Status and Public Health Care Coverage
- F. Medicaid Advisory Committee Recommendations on Eligibility

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker’s exact words. For complete contents, please refer to the recordings.

- G. Health Equities Committee Recommendations on Eligibility
- H. Developing Consensus Document

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

February 26, 2008
9:00 a.m.

Oregon State Library, Room 103
Salem, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair
Jim Russell, Vice Chair
Felisa Hagins
Robert Bach
John Mullin
Bill Murray (by phone)
Susan Rasmussen (by phone)
Ellen Pinney
Noelle Lyda
Carole Romm
Ann Turner, MD
Eric Metcalf
CJ McLeod

MEMBERS ABSENT: Jane Baumgarten
Dean Kortge

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Nate Hierlmaier, Policy Analyst
Paula Hird, Office Specialist, OHFB

ISSUES HEARD:

- Call to Order/Review of February 13 Meeting Minutes/Review of Revised Work Plan
- Update on Oregon Health Fund Board and Committee Activities
- Approval of Affordability Recommendations to the Oregon Health Fund Board (OHFB)
- Overview of Committee Direction from Health Oregon Act (SB 329) and ORS on Eligibility
- Development of Committee Recommendations on Affordability
- Next Meeting Agendas and Objectives
- Public Testimony

Chair **I. Call to Order, Approval of February 13 Meeting Minutes (See Exhibit Materials A)**

- There is a quorum.
- Review and Approval of February 13 meeting minutes.

Tina Edlund **II. Update on Oregon Health Fund Board (OHFB) and Committee Activities**

Chair Lowe reported on the presentation of the Eligibility and Enrollment Committee's Affordability Recommendation to the OHFB and related input. **(See Exhibit Materials 11)**

Staff reminded committee members that the Board is seeking a range of options.

Staff provided the following committee updates:

- Finance Committee is moving toward working with modelers and the exchange. Bill Kramer, Consultant for the OHFB and Finance Committee, reported that the committee had approved some recommendations on market reforms in the individual and small group market; and there had been lengthy discussions on the exchange design. The final issue will be the individual mandate.
- Federal Laws Committee has been working on Medicaid Laws effect in the state and will be hearing presentations on HIPAA and Portability.
- Benefits Committee will be meeting on 02/27/08 with a focus on defining a set of essential health services. The role of the committee will not be to approach cost sharing, but to define the services. Methodology used by the Health Services Commission and the commercial market will be combined.
- Delivery Systems Committee – Strong support for building recommendations around a primary care home. Cost-containment strategies are being discussed as well as payment reform.

**Chair and Vice
Chair**

**III. Overview of Tentative Workplan for Remaining Three Meetings
(See Exhibit Materials 3)**

**Chair and Vice
Chair**

IV. Developing Committee Principles on Eligibility

- Discussion on eligibility of all and/or low income Oregonians.
- Enrollment participation requirements under SB 329 debated.
- The purview of the committee in relation to eligibility is discussed.
- Language needed relating accountability standard.
- Focus as a starting place

**Char and Vice
Chair**

**V. Overview of Committee Direction from Healthy Oregon Act
(SB 329) and ORS on Eligibility**

- Provided overview as it relates to the development of eligibility recommendations.
- Discussion of assumptions of 329.

**Chair and Vice
Chair**

**VII. Developing Committee Recommendations on Eligibility
(See Exhibit Materials 10 and 14)**

Employee-Sponsored Insurance (ESI) (Exhibit Materials 10)

- Discussion of options with and without firewalls.
- Report on health spending by states from the Congressional Budget Office noted.
- Discussion of **option 7 from (Exhibit Materials 14)** materials:
 - Massachusetts firewall, its Medicare and Medicaid funding in contrast to Oregon's and barriers for Oregon creating a firewall.
 - Change language to reflect previous decisions.
 - Expressions of approval of option 7 by many committee members.
 - Will it allow for the credit for providing insurance for workers?
 - Discussion on ESI, "pay-or-play", employer taxes, plans from other states, ERISA, and suggestion that tax credits/deductions for employers should meet a certain threshold to receive credits.
 - Incorporate some language from option 4 concerning employers providing coverage to those eligible for a state contribution.

- Discussion on E & E Committee role in making tax recommendations. It was noted that taxes connected to low income and employer “pay-or-play” would be appropriate for committee discussion.
- Discussion on maximizing Medicare and Medicaid funds. Assertion that this is not being done effectively.
- What is our alternative plan with a firewall?
- Suggestion that first plan be completed and then an alternative plan.
- Staff will incorporate Committee recommendations and rework option 7 (Exhibit Materials 14) and return to committee.
- Staff will sketch an alternative plan for a second option to facilitate discussion at next meeting.

Oregon Residency (see Exhibit Materials 5 and 10).

- Implications of the individual mandate on people moving into Oregon.
- Discussion on migrant workers and universality on federal level of making Medicaid portable and if it should be part of the Committee’s recommendation.
- Discussion of minimal to no requirements, providing an Oregon address, intent to stay, presumptive eligibility and recognizing that in cases with reasonable doubt an eligibility worker may pursue.
- Defining resident will be part of who will receive state contributions.
- Possible questions for the Federal Laws Committee (FLC):
 - issues with the federal Medicaid law
 - portability for seasonal workers
 - the five-year period when documented workers are not eligible for federal assistance
- What is the implication of someone who has COBRA coverage and moves here from another state?
- How will we recognize when an individual has moved into state and should sign up? Discussion on workforce shortages in healthcare.

Non-qualified Oregon residents (see Exhibit Materials 10)

- Discussion of other states’ more effective use of Citizen Alien Waived Emergent Medical (CAWEM) due to liberal definition of emergency care and that Oregon does not utilize it.
- Felisa Hagins will provide staff with reports for distribution from AMA on undocumented immigrants in the healthcare system reducing costs due to being healthy and not using services, and report by the Oregon Center for Public Policy concerning taxes paid by undocumented workers.
- Discussion on funding clinics providing services instead of the individuals themselves.
- Funding at the provider level and maximizing federal contributions, including SCHIP funds.
- Acknowledgment, rationale and review that state of contributions “up front” results in long-term cost benefit.
- Provide information that legal immigrants are not eligible for federal funds for a significant amount of time.
- How will paying health providers directly help minimize health disparities? Studies of Latino care and outcomes, Virginia Garcia plan and WIC.
- Discussion on endorsing Report of Health Equities Commission recommendation (**See exhibit 8**).

- #3 of Eligibility Strawperson (**see Exhibit Materials 10**) suggestion to reflect that it is referring to Oregonians eligible for state contributions.
- Addressing mechanisms as examples.
- Suggestion that Oregon residents, legal or not, are eligible.
- Discussion that non-qualified residents not being represented in existing data.

Period of Enrollment, Presumptive Eligibility, Period of Uninsurance, Assets, Health Status, Federal (see Exhibit Materials 10)

- Intimidation factor to be included in rationale and reference to individual mandate.
- Discussion of pools, applicants not requesting state contribution and the need for this to be at the “back end” of process due to intimidation factor.
- Re-evaluation of state contributions every 12 months; period of eligibility for contributions.
- #6 and no asset limits discussed.
- #4 discussed and period of presumptive eligibility and its meaning to those who do not receive a state contribution. Staff will research and return with findings.

Chair VI. Next Meeting Agendas and Objectives

- Further development of Eligibility strawperson.

Chair VII. Public Testimony

- Joe Zaerr, Mid-Valley Healthcare Advocates, testified regarding incomes and self-employed individuals.

Chair VIII. Adjourn

The meeting was adjourned at 12:00 p.m.

Next meeting is March 11, 2008.

EXHIBIT MATERIALS:

1. Agenda
2. February 13 Meeting Minutes
3. Tentative Committee Workplan
4. Overview of Committee Assumptions and Direction on Eligibility
5. Definitions of “Oregon Resident” in ORS and OAR
6. Fact Sheet RE Immigration Status and Public Health Care Coverage
7. Medicaid Advisory Committee Recommendations on Eligibility
8. Health Equities Committee Recommendations on Eligibility
9. Developing Consensus Document
10. Draft Eligibility Recommendations
11. Eligibility and Enrollment Committee Affordability Recommendations
12. OHFB Insurance Exchange Report
13. Oregon Health Action Campaign Report on Health Reform
14. Institute for Health Policy: Options for treatment of low income workers eligible for employer coverage.
15. Incremental Universalism, excerpt from presentation by J. Gruber.

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

March 11, 2008
9:00 AM to 12:00 pm

CCC – Wilsonville Training Center, Room 111/112
Salem, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair
Jim Russell, Vice Chair
Felisa Hagins
Robert Bach
Jane Baumgarten
Dean Kortge
John Mullin
Bill Murray
Ellen Pinney
Noelle Lyda
Susan Rasmussen
Carole Romm
Ann Turner, MD
Eric Metcalf

MEMBERS EXCUSED: CJ McLeod

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHPR
Nate Hierlmaier, Policy Analyst, OHPR

OTHERS PRESENT: Nora Leibowitz, Senior Policy Analyst, OHPR
Alyssa Holmgren, Policy Analyst, OHPR
Sean Kolmer, Research and Data Manager, OHPR
Lorey Freeman, Office of Legislative Council

ISSUES HEARD:

- Call to Order/Review of February 26 Meeting Minutes
- Update on Oregon Health Fund Board and Committee Activities
- Invited Testimony from Rick Curtis from the Institute of Health Policy
- Committee Recommendations on Eligibility
- Next Meeting Agenda and Objectives
- Public Testimony

Chair **I. Call to Order, Approval of February 26 Meeting Minutes/Introduction of new members.**

- Meeting is called to order.

Tina Edlund **II. Update on Oregon Health Fund Board and Committee Activities**

- OHFB will be meeting at the Sheraton Airport Hotel in Portland
- New email system that provides for self-management can be accessed at <http://www.oregon.gov/OHPPR/HFB/govdelivery.shtml>. (GovDelivery)
- Discussion of the approval by the legislature extending timeline so that Public Hearings can be held in September and October.
- Referred to the Newsletters report of Committee deliberations and included:

- Federal Laws reviewing Medicaid and Medicare Laws,
- Finance Committee is working with modelers, considering four scenarios.
- Exchange Workgroup has finalized their individual market reform recommendations, addressing guaranteed issue and suggesting risk adjustment mechanisms (will be published on the OHFB website).
- Health Equities have made recommendations on outreach and enrollment which will be reviewed in today's meeting.
- Delivery Systems has been developing Integrated Health Home concept and cost containment.
- Quality Institute is working on roles and structure of institute.
- Benefits Committee is working on a tool to define the essential health services.
- Question on fall public meetings, when and where they will be held?
 - Staff related that the specifics have not yet been determined.
 - Committee member Ellen Pinney reported on community meetings by a group of health organizations being held between May 1 and June 15.
 - Importance of coordination of meetings stated.
 - Chair Lowe urged individuals to set up separate meetings (e.g., brown bag) for other groups and communities.
 - Earlier meetings will not include all of health fund board.

Tina Edlund

III. **Invited Testimony by Rick Curtis, Institute of Public Health**

Staff introduced Rick Curtis, who will provide comments on the eligibility recommendations, especially on horizontal equity. **(HANDOUT: Institute for Health Policy Solutions Options for treatment of low income workers eligible for employer coverage)**

(Reference to #7 is actually #1 of **Exhibit Materials 3**).

- Firewall (Massachusetts) – The individual will not be covered if eligible for employer coverage and employer contributes more than a small amount. Problems discussed.
- No firewall – Employer offering not considered, based on income eligibility.
- Firewall with premium assistance discussed. It is similar to FIAPP. Requires proof employee contribution to a plan. Discussed wrap around coverage, Massachusetts plan and interaction with Medicaid. Administrative burden discussed.
 - FHIAP program combining with employer coverage and complications experienced is explained by Kelly Harms from the Office for Private Health Partnerships.
 - Requirement of employees to participate in employer plans discussed.
- Variations of traditional assistance discussed that would be probably administered by FHIAP.
 - Employee who is income eligible for exchange and the employer lets the contribution follow the person. (Employer "Buy-in"/"Vouchers")
 - No cost shift from employer to state.
 - Holds the employee hostage to employer position.
 - Would need age adjustments to work and problems.
 - Could reduce group market by 20-25%

- All group health plans may offer a Benchmark Plan as described by the exchange.
- No Firewall with small payroll fee from all employers - Pay-or-play test used to identify low-income employees, San Francisco Plan and problems with ERISA discussed.
 - Second test developed based on averages, if employer isn't continuing enough pays into the state program.

Tina Edlund

IV. Committee Recommendations Eligibility (See Exhibit Materials 3)

Committee's recommendation is discussed with Rick Curtis (reference to #7 is actually #1 of **Exhibit Materials 3**).

- Arguments against may come from large employer groups who have good plans for workers.
 - Question on employers perceiving plan as a "double" tax.
- Further discussion of the #1 of the Eligibility Strawperson recommendation included:
 - Exemptions/tax credit as an attempt to market the plan and the need to relate clearly what the trade-off involved. Concern expressed about coverage for spouses and children.
 - Using Social Security payroll earnings test, noting that tax percentage changes at \$100,000.
 - Inquiry made into monitoring and enforcement cost of the system.
- Noting there was no support for an absolute firewall, the Chair initiates discussion on modifying #1 of recommendation to include using the Social Security payroll earnings test.
- Effect on model with/without employer exemptions.
- To what extent to do we need to see the modeling done in order to make best decision?
 - Rick Curtis related both approaches could be modeled and can adjust contribution percentage easily.
 - Alternate recommendation, pay-or-play, discussed and removed from the table.
- Concern expressed regarding making an equitable decision and about the viability of what is being constructed or is it relevant.
- Differences in pay-or-play and requiring employer participation is discussed and implications on modeling and employer behavior.
- Discussing a possible recommendation in the absence of a payroll tax.
- Taxes and employer equity ware discussed.
- Concern stated payroll tax is penalizing employers who are providing insurance.
- It was suggested to start out with principles of equality for citizens and employers, stating goal, following with recommendations and with problems pointed out.
- The two plans are described as polar opposites: One is the broader tax approach on employers and the other is taxing only employers who do not provide coverage for employees.
- Payroll tax would provide equity for part-time and/or several low wage jobs.
- Discussion on addressing employed low-income workers who are not offered insurance in a situation where pay-or-play is not utilized.
- Employer buy-in voucher which would be a third platform.
- Committee's recommendation and its impact on employers are doing.
- Finance committee is not considering any scenarios not including a payroll tax.

- Discussion on employers opting to put their healthcare they spend on employees in the exchange pool.
- Staff will revise document as directed by Committee including summarizing pitfalls, relating the primary concern is access to an accountable health plan and horizontal equity and return it for a vote at next meeting.
 - Take out last sentence and substitute a maximum amount in line with Social Security; and
 - Delete "and dependents" from 2nd sentence.
 - No alternative plan but strengths and weaknesses for many of the options will be covered within the recommendation.
- 2. Oregon Residency - Lorey Freeman, Office of the Legislative Counsel clarified for the Committee that a state law cannot favor residents over people who have just moved here. Medicaid portability discussed.
- 3. Non-qualified Oregon Residents – It was suggested that the rationale should adopt the Health Equities statements on Oregon employers who will be paying for coverage and who have undocumented workers have a right to expect that these employees will also have access to healthcare. No further discussion.
- 4. Period of Enrollment – Chair noted that the 12 months of enrollment is not only wise in terms of health care but wise in terms of administration. No further discussion.
- 5. Presumptive Eligibility – remove "asset" from text.
- 6. Period of Uninsurance – discussion that this is an assumption as it will be an environment will be that everyone must have insurance. Relates to FIAPP, language to reflect that it is not applicable but is being addressed as a key mechanism against crowd out.
- 7. Assets – Limits, barriers, public opinion, and administrative simplicity are debated. It was noted that FIAPP does not consider a person's home or cars; asset limit is \$10,000. Kelly Harms from the Office for Private Health Partnerships (2:20:57). After further discussion, language stands.
- 8. Guaranteed Issue – agreed upon.
- 9. Federal Matching Funds – Discussion on maximizing match including:
 - States with charity pool funded by hospitals is related.
 - It was suggested that the two year waiting period Medicare imposes on SSDI be addressed.
 - Medicare beneficiaries being under-insured, Medicaid and dual eligibility.
 - Citizens over the age of 65, horizontal equity and Medicare.
 - Medicare part A not meeting the minimum requirement of coverage is suggested.
 - John Mullin will work with staff on wording to flag this concern as needing to be addressed. *"Phrase it . . . in terms of horizontal equity and our concern about continuing cost shift that . . . some attention needs to be paid in the ensuring work in this area."*
 - It was suggested that the recommendation should state that "we must consider Medicare and its benefits to the extent that its an accountable health plan and provide the same benefits to Oregonians who have Medicare."
- Discussion on impact of recommendation on Native Americans, and submission of letter at previous meeting. It was noted that the Board and all committee chairs received a copy of the letter. It was related

that 96-98% Native Americans receive their healthcare through a non-managed plan called an Indian, Tribal, Urban plan (ITU). Lack of knowledge by social workers has caused problems for opting out of other plans.

- o Chair recommended adding language in support of the letter to the Federal Laws Committee.
- Change #3 from “Reduce the five year ineligibility period” to “Eliminate the five year ineligibility period.”
- Medicare, continuity of care and doctors not seeing Medicare patients is related.

Chair/Vice Chair V. Consideration Medicaid Advisory Committee and Health Equities Committee Recommendations
Not discussed.

Chair/Vice Chair VI. Developing Committee Recommendations on Outreach, Eligibility and Enrollment

Chair V. Next Meeting Agendas and Objectives

- Newsletter error on April 23rd date for a Committee meeting.

Chair VI. Public Testimony
No public testimony was offered.

Chair VII. Adjourn
Chair Lowe adjourned the meeting at approximately 12:00 p.m.

Next meeting is April 8, 2008.

Submitted by: Paula Hird

Approved by: Nate Hierlmaier

EXHIBIT MATERIALS:

1. Agenda
2. Minutes of 02/26/08
3. Revised Eligibility Strawperson
4. Enrollment Discussion Document
5. Health Equities Outreach Recommendation
6. MAC Enrollment and Outreach Recommendations

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

April 8, 2008
9:00 AM to 12:00 pm

CCC – Wilsonville Training Center, Room 111
Wilsonville, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair
Felisa Hagins
Robert Bach
Jane Baumgarten
John Mullin
Bill Murray
Ellen Pinney
Susan Rasmussen
Carole Romm
Ann Turner, MD
CJ McLeod

MEMBERS EXCUSED: Dean Kortge
Noelle Lyda
Eric Metcalf
Jim Russell, Vice Chair

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Nate Hierlmaier, Policy Analyst, OHP

OTHERS PRESENT: Denise Honzel, Finance Committee and Exchange Workgroup

- ISSUES HEARD:**
- Call to Order/Approval of March 11 Meeting Minutes
 - Update on Oregon Health Fund Board and Committee Activities
 - Vote on Committee Eligibility Recommendations
 - Overview of Enrollment Issues in Health Reform
 - Consideration of Medicaid Advisory Committee Recommendations on Outreach and Enrollment
 - Consideration of Health Equities Committee Recommendations on Outreach
 - Developing Committee Recommendations on Outreach, Application and Enrollment
 - Next Meeting Agenda and Objectives
 - Public Testimony

-
- Chair** **I. Call to Order, Approval of March 11 Meeting Minutes**
- Meeting was called to order. There was a quorum.
- Tina Edlund** **II. Update on Oregon Health Fund Board (OHFB) and Committee Activities**
- OHFB March meeting included comments from Secretary Leavitt of the U.S. Department of Health and Human Services. The Board is not receiving any more presentations, but moving toward discussion and preparation for receiving Committee recommendations.

- Delivery Committee is working on revitalizing primary care and cost containment strategies.
- Benefits Committee heard report from Lynn-Marie Crider of the Exchange Workgroup of the Finance Committee. Staff review panels have been working on the benchmark for minimal credible coverage. Plan options will be discussed at the April 15 meeting.
- Federal Laws Committee is looking at possible barriers that HIPAA (Health Insurance Portability and Accountability Act) and EMTALA (Emergency Medical Treatment and Active Labor Act) may pose.
- Health Equities Committee will be talking about benefits, benefit packages and minimal credible coverage.
- Finance Committee is looking at a broad based payroll tax and health transaction fees as financing mechanisms. Transaction tax discussed with input from Denise Honzel of the Finance Committee and information on the Minnesota transaction tax related.
 - Question asked if they the Finance Committee was considering, or accepting as part of the funding, the cigarette tax that the Governor related in his State of the State speech.
 - Denise Honzel related that it has been discussed and are trying to determine the blend of funding needed to cover costs.
 - Concern expressed on taxing low income through transaction tax.
 - Dialogue by Chair Lowe on E & E recommendations that would impact this.
 - Information related on meeting of the Health Reform Collaborative at the Northwest Health Foundation to get the 2009 Legislature to consider expansion of the Medicaid managed care assessment and asked if the Finance Committee has looked at this.
 - Denise Honzel responded that it is being considered and related impact of the high risk pool and portion of individual market that would not be included in that expansion.
 - Push back from reinsurers in relation to paying the OMIP assessment.
 - Board optimism, business community involvement, and wide recognition that the current system is unsustainable are related by staff.
 - HFB staff meets with staff from Governor's Office and DHS to coordinate efforts.

Chair Lowe

III. **Vote on Committee Eligibility Recommendations (See Exhibit Materials 3)**

The revised draft was overviewed for the Committee.

- Change noted on page 1, first item. Removed payroll tax and replaced with employer contribution.
- In lieu of a plan B, a range of options are provided.
- Item 1 and clarification of employer contribution as "pay-or-play" discussed including:
 - Tax credit suggestion removed (precise mechanism not identified). Suggestion to note that the actual mechanism for accomplishing this needs to be worked out.
 - Input from Denise Honzel related Finance Committees' consideration of options for credit from 90% to 100% for

employers providing coverage, and that noting how funds would be captured is important.

- This option was separated out by Rick Curtis during previous testimony as different from the pay-or-play system.
- Committee support/rationale for contributions by all employers.
- Amount they would pay is not specified.
- Chair Lowe suggested: *"This is an effort to have all employers including those under ERISA participate."*
- Suggestion to state principles with mechanism to be worked out.
- Horizontal equity discussed.
- Level of credit based on benefit package offered by employer, employees with multiple part-time jobs and employee options are discussed.
 - Employee options for coverage relates to a risk selection problem.
 - Standard should be met before cost can be mitigated.
 - Suggestion that emphasis should be on consumer having a choice between employer and exchange.
- Refocus on coverage and making it affordable for uninsured and underinsured and address individual equity, employer equity and translate the right mechanism to accomplish goals.
- Employer insurance companies that require all employee participation and risk selection related.
- Threshold needed for employer based insurance which may mean changes in the tax code.
- Clearly state there must be minimal credible coverage.
- Hope to create a climate easier for smaller employers to navigate by opting to contribute to the exchange.
- Staff will rework and return to the Committee at next meeting.
- Suggestion that topics not used should be expressed in an appendix.
- Page 2, b) i. Needs to be reworded.
- 2. Oregon Residency (page 4, #2)
 - Bullet Point – Remove first sentence beginning " The policy goal under an individual mandate . . ."
- 3. Non-qualified Oregon Residents (page 5)
 - Add to first sentence, "including non-qualified Oregon residents."
- 4. Period of Enrollment (page 6)
 - Add language for passive re-enrollment which will also be part of the Application and Enrollment discussion (agenda item VII).
- 5. Presumptive Disability (page 6)
 - Add to first sentence: ". . . presumed eligible for the state contribution."
- 6. Period of Uninsurance (page 7)
 - Inconsistency of having an individual mandate and a period of uninsurance is discussed.
 - Relates to SB 329.
- 7. Assets (page 7)
 - Dissension in last meeting was noted.
 - Viewed as a pragmatic, parenthetical comment that may be questioned.
- 8. Guaranteed Issue (page 7) – No comments.
- 9. Federal Matching Funds (page 8) – No comments.
- 10. Medicare (page 8)
 - Suggestion to expand context of wrap around coverage.

- Medicare does not meet the floor for credible coverage.
 - Medicare beneficiaries should have benefits equal to credible coverage.
 - There will be a different mechanism for Medicare and the need to keep Federal dollars discussed.
 - Benefits of the Medicare program are related.
 - Information submitted by John Mullin to staff.
 - Medicare does not achieve horizontal equity.
 - Concern expressed over State assuming Federal responsibility and the need to preserve these funds.
 - Language suggested: "Review mechanisms that would be necessary to provide Medicare Beneficiaries with the same affordable safeguards that are advanced to non-Medicare eligible Oregonians under the Oregon Health Fund plan.
 - Support for stronger language related.
 - Supplement programs for low-income seniors, e.g. Seniors and People with Disabilities (SPD) programs, where State contributions are used to achieve affordability discussed.
 - Observed that Medicare issues are cited in SB 329.
 - If Finance Committee recommends a transaction tax, it will affect the senior population. Need to alert the Board of Medicare issue.
 - Cost shift in premiums and doctors that do not see Medicare patients due to low reimbursement by Medicare stated. Oregon's low reimbursement rate is noted in SB 329.
 - Language suggested: In order to insure horizontal equity and equity across payment mechanisms, elders with income below 300% FPL . . ." Supports stronger language.
 - Language suggested: "Develop mechanisms that would be necessary to provide Medicare Beneficiaries with the same safeguards for affordability that are advanced to non-Medicare eligible Oregonians under the Oregon Health Fund plan."
 - Proposal to forward concerns to the Federal Laws Committee.
 - Medicare would have to be changed at the national level.
 - Over 65 population is not included in the 580,000 uninsured Oregonians, but are part of the underinsured.
 - Require supplemental insurance package be offered for Seniors that will be more affordable for lower income Medicare beneficiaries.
 - Federally mandated supplemental programs in Medicare plans A through J is related, including a robust pharmacy plan. Support for language as written stated.
 - Question about what rate a supplemental plan would reimburse physicians relating that Medicare Advantage plans reimburse at a higher level than Medicare.
 - Concern that Medicare recipients having to pay transaction tax is reiterated.
 - What is being addressed is not all Medicare but low income Medicare recipients.
 - Ask Federal Laws Committee to research Oregon's reimbursement rates.

Staff will rework Eligibility Recommendations, members are encouraged to make contributions by email, and revised document will be distributed for review at next meeting.

Nate Hierlmaier IV. Overview of Enrollment Issues in Health Reform (See Exhibit Materials 4)

Staff overviewed issues for discussion.

- Outreach
 - Reaching a broader spectrum discussed. It was suggested that CPA's and accountants be used.
- Application
 - Disenrollment discussed.
 - Denise Honzel related that the Exchange Workgroup has developed concepts about incentives and penalties.
 - Needs to have language concerning passive re-enrollment.

Carole Romm V. Consideration of Medicaid Advisory Committee Recommendations on Outreach and Enrollment (See Exhibit Materials 5)

- Exploring proposals for capturing individuals who are eligible for a subsidy is suggested.
- Developing the processes that enhance the ability to deal with families as a family, keeping them together and importance of continuity of coverage for families.
- Passive re-enrollment and tracking status changes of recipients.
- There is training, materials to be created and outreach involved.
- Implications for those already enrolled in Medicaid, FHIAAP and SCHIP.
- Support for recommendations stated.
- Coordination through social service of availability of programs.
- Discussion on change in income and annual review. Suggested that there will need to be provisions for situations when one year is very profitable but current income has dropped.
- Suggestion for the Department of Revenue (DOR) involvement and possible privacy issues.
 - It was related that when applying for Oregon Health Plan, records are available from various agencies for workers to view.
- Discussion on the extent individuals will need to apply for coverage and enrolling those who haven't applied into a basic plan.
- Focusing on mandating which will require outreach.
- Role of enrollment workers and collaboration with health plan discussed.
- It was suggested that a field plan be created for enrollment and education.
- Suggestion that the E & E's purview would cover only a recommendation on field plan development.
- Implementation phase discussed.
- Other outreach discussed.
- Add "accountants" to outreach.
- Add "2-1-1" referral service to outreach.

(See Exhibit Materials 7)

- It was related that Health Equities recommendations were considered in drafting the document. **(See Exhibit Materials 6)**

- Establishment of an oversight function as an intermediary for individual's questions, grievances and problems.
- Related Membership Services for Kaiser Permanente that fulfills this function for that plan.
- Individual mandate and working with Division of Medical Assistance Programs (DMAP) to develop independent oversight.
- Consideration of an Ombuds models.
- "Single Touch Point" suggested and the need to ensure accountability of changes.
- John Mullin will develop language related to independent oversight.
- Mandate heightens need for outside independent oversight.

Chair

VI. Public Testimony

- Joe Zaerr testified against having an asset test. He congratulated the Committee on their work.
- Keary Knickerbocker returned to provide information on a program being developed that is an information management collection system and eligibility and screening application system all-in-one that facilitates existing processes.

Staff will revise and distribute Eligibility Recommendations and edit #7 of the Enrollment Recommendations to be reviewed and voted on at the next meeting.

Chair

VII. Adjourn

Chair Lowe adjourned the meeting at approximately 12:00 p.m.

Next meeting is April 23, 2008.

Submitted by: Paula Hird

Approved by: Nate Hierlmaier

EXHIBIT MATERIALS:

1. Agenda
2. Minutes of 03/11/08
3. Revised Eligibility Recommendations
4. Enrollment Discussion Document
5. MAC Enrollment and Outreach Recommendations
6. Health Equities Outreach Recommendations
7. Draft Enrollment Strawperson

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

April 23, 2008
2:00 pm to 5:00 pm

General Services Building – Mt Mazama Rm
1225 Ferry St. SE
Salem, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair
Jim Russell, Vice Chair
Felisa Hagins
Jane Baumgarten
Dean Kortge
John Mullin
Bill Murray
Ellen Pinney
Carole Romm
Ann Turner, MD
Eric Metcalf
CJ McLeod

MEMBERS EXCUSED: Robert Bach
Noelle Lyda
Susan Rasmussen

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Nate Hierlmaier, Policy Analyst, OHP

ISSUES HEARD:

- Call to Order/Approval of April 8 Meeting Minutes
- Update on Oregon Health Fund Board and Committee Activities
- Finalizing Eligibility Recommendations
- Finalizing Enrollment Recommendations
- Recap of Committee Work and Description of Next Steps in Reform Process
- Public Testimony

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| Chair | I. Call to Order, Approval of April 8 Meeting Minutes <ul style="list-style-type: none">• Meeting was called to order. There was a quorum.• Correction to minutes to reflect that Jim Russell was not present at that meeting.• Minutes will stand with attendance change.• Committee thanked the staff for their support. Suggestion to send letter commending them for their help and statement was related to OHFB Chair Thorndike on their work. |
| Tina Edlund | II. Update on Oregon Health Fund Board (OHFB) and Committee Activities <ul style="list-style-type: none">• <u>OHFB</u> meeting tomorrow, May 24, more conversation on the importance of Delivery System reform. Committees are being given three minutes to report on committees' activities.• <u>Benefits Committee</u> has decided to review cost-sharing. E & E and Finance Committees' Chairs have been invited to a staff review panel on May 14. |

- Finance Committee has not reached agreement but has been talking about two main taxes: payroll (to fund uninsured, expansion population) and health services transaction tax (HSTT). First modeling has been done. Outcome reflected state funds required would be 1.2 billion dollars of state money annually. Changing subsidies up to 250% FPL and will rerun model. Will be reviewed at May 1 meeting.
- Exchange Workgroup will be having their last meeting. At this point, it does not appear they will be recommending a single model. Looking at three different models.
- Health Equities Committee role of HEC in Quality Institute (QI) and including HEC issues in QI.
- Modeling discussed including influence of changes on cost, noting that the Benefits Committee has not completed their work. Staff stated that the modelers plugged in numbers but were able to use actual Medicaid numbers, used Regence premier individual plan (\$355 per member/per month (PMPM)).
- Staff will provide information on amount that a payroll tax would raise and amount HSTT would raise.
- Question if modeling took into account additional payment to physicians for Medicaid clients. Staff responded that it did not think it did. It was noted that the Delivery System Committee is addressing Medicaid payment.
- System improvement results and timeline for seeing these results discussed as well as identifying how much the State currently spends.
- Mechanisms for capturing savings and the dual role of Delivery and Finance Committees' in this area. The need for public to be present at next Delivery Systems Committee meeting.
- Sharing costs discussed with reminder of the unique status of Native Americans where they are not required to pay and complications, including cost shift to tribes, if they cost sharing is required. Noted guiding principles submitted at earlier meeting.
- "Cost of doing nothing" will need to be addressed. It was noted that Preamble to 329 asserts the relationship between health care and other things that make up a healthy community.

Chair Lowe/
Vice Chair Russell

III. Finalizing Eligibility Recommendations (See Exhibit Materials 3)

- **Recommendation 1 (a)**
 - States <300% of FPL. Individuals (employees only) are less than 300% FPL which is not stated. It was noted that it is clarified in Affordability Recommendation.
 - Wording regarding switching from employer contribution to state contribution questioned. Rework to state employer sponsored insurance (ESI) to state plans.
 - Paragraph 3 – fill in number of times Committee met.
 - Clarification that there would be no credit for ESIs below benchmark plan noting that benchmark plan would be minimum plan, identified as "foundation plan." Staff will check on language being used by Benefits Committee and align with their language.
 - Three iterations related: OHP Plus, below 300% FPL with cost sharing based on the Prioritized List.
 - Effect on OHP standard plan not determined at this point.

- Support for insurance agents asserting that they act as an efficient exchange. It was noted that individuals must qualify before obtaining coverage.
- Market differences between Massachusetts and Oregon noted that Oregon has a much larger individual market.
- Staff will get date of next Exchange group. Chair related this area is part of the Workgroups purview.
- **Page 2, #2 regarding** “statement of intent to reside in Oregon and proof of an Oregon mailing address” questioned. It was suggested to make it as simple as possible and that an Oregon mailing address in itself is proof of intent. Staff related that it was gleaned from the Oregon Administrative Rules. Support for wording as it is being in line with other Oregon agency.
- **Page 7, #10**
 - Medicare language and intent discussed relating: Medicare would be excluded from any HSTT; need for Finance Committee discussion in this area, dual eligibility for those below 100% FPL (no federal match above that) or meet SSI standard; and allows for eligibility of a supplemental plan.
 - Second paragraph: Remove paragraph and reference to phasing and change wording of last sentence of first paragraph to include “contributions for supplemental coverage.” Relation between supplemental coverage and access noted, along with refusal by many doctors to treat patients with Medicare coverage.
- **Page 8, Supporting Data**, second paragraph, reference to coinsurance liability for hospital outpatient services being from 20-55%, source noted to be CMS director.

Motion to approve Eligibility Recommendation as amended is seconded.
Motion passed unanimously.

Chair Lowe/
 Vice Chair Russell

IV. Finalizing Enrollment Recommendations (See Exhibit Materials 4)

- It was noted that much of the language is from Healthy Kids initiative.
- **Page 1, #2 – Outreach and “aggressive social marketing”** discussed.
 - Support to add insurance agents and business associations.
 - Discussion to educate public in areas of insurance coverage, individual mandate and benefits as well as recommendation to Board to educate general public of what health reform is doing for state and them.
- Staff suggested conference call, which can include access to public, for the final revisions.
- Suggestion to use Google Doc Box for editing.
- **Page 1, #2 (Continued)**
 - Language suggestion: “There should be modification to current state laws with the proper privacy and security protections for such access and information that precludes State agencies from varying, expanding the approval of those private files to other State agencies to get insurance.” Discussion on the need privacy safeguards. Suggestion to include electronic application ability.
 - Suggestion to use “self-declaration” and verification discussed.
- **Page 4, #5**
 - Discussion of families on different programs and federal dollars vs. keeping families in same plan.

- Suggestion to ask federal laws to investigate barriers to families being kept intact programmatically. Example of implication for employers discussed. This was part of the MAC recommendation.
- Coordination of benefits and information given to separate agencies repeatedly as a concern for streamlining is related.
- Language suggestion: "The Oregon Health Fund Board program should be designed to maximize the opportunity for all family members to be in the same plan."
- Concern expressed that jargon will get in the way of outreach.
- **Page 5, Grievance and Outreach**, discussed including ombudsman role. DCBS and general fund discussed as well as funding through fees and use of DCBS and independent ombudsman. Examples provided.
 - Suggestion to change beginning of 1 to read: "A grievance, mediation, and appeals process as well as an independent ombudsman . . ."
 - Federal governments detailed grievance process regarding managed Medicaid is related and suggestion that the current conversation is regarding commercial market.
 - Suggestion to develop language addressing Medicaid.
 - Individual mandate as a reason to have a grievance process stated.
 - Linda, Outreach Coordinator for Clackamas County related delays in application processing.

Chair V. Recap of Committee Work and Description of Next Steps

- The chair thanked the committee members for their work.
- Conference call will be made to finalize the recommendations.
- Chair thanked Tina and Nate for their work.

Chair VI. Public Testimony

No Public testimony offered.

Chair VII. Adjourn

The meeting was adjourned.

Next meeting TBD.

Submitted by: Paula Hird

Approved by:

EXHIBIT MATERIALS:

1. **Agenda**
2. **Minutes of 04/08/08**
3. **Revised Eligibility Recommendations**
4. **Revised Enrollment Discussion Recommendation**
5. **MAC Enrollment and Outreach Recommendations**
6. **Essential Benefit Package Final Draft**
7. **Finance Committee Modeling presentation.**

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

May 13, 2008
10:00 AM to 11:30 am

Teleconference

MEMBERS PRESENT: Ellen Lowe, Chair (by phone)
Jim Russell, Vice Chair
Felisa Hagins (by phone)
Jane Baumgarten
Bill Murray (by phone)
Ellen Pinney
Carole Romm
Noelle Lyda (by phone)
Robert Bach (by phone)
CJ McLeod
Susan Rasmussen (by phone)

MEMBERS EXCUSED: Dean Kortge
John Mullin
Eric Metcalf
Ann Turner, MD

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHP
Nate Hierlmaier, Policy Analyst, OHP

ISSUES HEARD:

- Call to Order
- Vote on Committee Eligibility Recommendations
- Vote on Enrollment Recommendations
- Public Testimony

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|-------------|--|
| Chair | <p>I. Call to Order, Approval of April 8 Meeting Minutes</p> <ul style="list-style-type: none">• The meeting was called to order. There was a quorum. |
| Tina Edlund | <p>II. Vote on Committee Eligibility Recommendations (See Exhibit Materials 2)</p> <ul style="list-style-type: none">• Chair reviewed the changes.<ul style="list-style-type: none">○ Page 1, #1 - Employer sponsored insurance under A and essential benefits plan under B noted.○ Page 17, #10 under Medicare – Access to state premium contributions for supplemental coverage for Medicare beneficiaries.<ul style="list-style-type: none">▪ Support for last bullet on top of page 18.▪ Supplemental coverage discussed. Language change: “To the extent that Medicare products do not meet the standard of the essential benefits plan, low income seniors should have access to state premium contributions for comparable supplemental coverage.”▪ Discussion on Medicare’s supplemental plans.• Staff related OHFB’s desire to hear range of opinions, noting they worked to reflect varying viewpoints of committee members in recommendations. |

- Page 16, #8: Possible detrimental effect on moving OMIP too quickly. Staff related Exchange Group's recommendations on the issues. Language change: add that "there needs to be a comprehensive plan for the transition of the OMIP population."

Motion to adopt the Eligibility Recommendations is **passed unanimously**.

**Chair Lowe/
Vice Chair Russell**

**III. Vote on Committee Enrollment Recommendations
(See Exhibit Materials 3)**

- Page 2 - tribal health centers and health insurance brokers added to group to be involved.
- Page 4 - Question on residency and moving out of state and how long to cancel. OHP cancels on the date that they move. OMIP process discussed.
- Add new #5 (separate bullet) and renumber: "Establish a mechanism to prevent non-residents or people who have moved out of state from participating in the Oregon Health fund Board Program."
 - Suggestion for 30-day transition period and dual enrollment possibility discussed. Consensus to keep general.
- Page 5 – Grievance and Appeals. Last sentence of second paragraph, add reference to independent medical review of appeals and remove "one state agency."
- Chair noted language additions from committee include "state contributions" and "social marketing."

Motion to approve Enrollment Recommendation as amended is seconded. **Motion passed unanimously**.

Chair Lowe

IV. Public Testimony

No Public testimony offered.

Chair Lowe

VII. Adjourn

- Chair thanked the members and urged them to continue to be participants in the OHFB process.
- Chair urged members to be involved in legislative session to get all eligible OHP standard enrollees.
- Chair and Committee thanked Tina and Nate for their excellent work.
- Staff presented a update on upcoming meetings of Benefit Committee and related OHFB meetings and agendas for May 23 and June 25, which will be followed by staff drafting comprehensive plan in July and August, will return to Board for changes and prepare for public.
- Discussion on Benefit Committee plans.
- The final meeting of the Eligibility and Enrollment Committee was adjourned.

Submitted by: Paula Hird

Approved by:

EXHIBIT MATERIALS:

1. **Agenda**
2. **Revised Eligibility Recommendations**
3. **Revised Enrollment Discussion Recommendation**

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

November 13, 2007
9:00 a.m. Tapes 1-2

Oregon State Library Room 103

MEMBERS PRESENT:

- Robert Bach
- Jane Baumgarten
- Dean Kortge
- Ellen Lowe
- CJ McLeod
- John Mullin
- Bill Murray
- Ellen Pinney
- Felisa Hagins
- Noelle Lyda
- Carole Romm
- Jim Russell
- Ann Turner,MD

MEMBERS EXCUSED:

STAFF PRESENT:

- Tina Edlund
- Sean Kolmer
- Nate Hierlmaier

ISSUES HEARD:

- Call to Order, Update on Oregon Health Fund Board and Committee Activities
- Design Principles and Assumptions
- Review of Charter and Scope of Activities
- Implications of Affordability on Eligibility and Enrollment Recommendations
- Presentation of Trends in Coverage
- Presentation on Oregon Household Budgets and Healthcare Affordability
- MAC work on Healthy Kids & OHFB Recommendations & Considerations—deferred until December Meeting

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

(Digitally Recorded)

I. Call to order – there is a quorum

Tina Edlund II. Update on Oregon Health Fund Board –

- next meeting December 12, 2007

III. Design Principles and Assumptions

Discussion

- Discussed idea that these are framework and starting point, changes will be made.
- Request for a listing of upcoming Health Fund Board meetings and dates on other committee meetings

IV. Charter

Discussion

- Health fund board approved Charter last meeting
- No comments

V. Implications of Affordability on Eligibility and Enrollment Recommendations

Discussion

- Members asked to direct any questions concerning legislation to Laurie Freeman, the legislative counsel who worked on 329
- Members asked to alert staff if they come across information in their research that needs committee response.
- Members advised to look at affordability as a total process, and to include out-of-pocket expenses, co pays, what insurance doesn't pay etc.
- Request for examples of application requirements for eligibility processes
- It was brought up that agenda-building should be looked at systematically. Start with affordability, but decide what to look at for next meetings.
- Question asked why, last month it was decided to look at affordability as a first item. Reason is that E&E's recommendations about subsidies and subsidy levels goes to the Benefits Committee, that requires these recommendations to move forward with their Charter. Benefits Committee is expecting E&E affordability and subsidy structure recommendations

Sean Kolmer

VI. Presentation: Trends in Coverage

Nate Hierlmaier

VII. Presentation: Defining Health Care Affordability in Oregon

VII. Next Meeting and Agenda--TBD

Submitted By:

Reviewed By: Tina Edlund

EXHIBIT SUMMARY

A – Agenda

B – Oregon Health Policy Commission Roster

C – Oregon's Health Care Trends – by Bruce Goldberg, MD

D – Oregon Health Policy Commission – Overview of Commission Structure House Bill 3653

E – Enrolled Bill, House Bill 3653

F – Oregon Health Policy Commission Strategies and Measurable Objectives/Performance Indicators

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

November 28, 2007
Room
2:00pm

General Services Building Mt Mazama

MEMBERS PRESENT: **Robert Bach**
 Jane Baumgarten
 Dean Kortge
 Ellen Lowe
 CJ McLeod
 John Mullin
 Ellen Pinney
 Felisa Hagins
 Noelle Lyda
 Carole Romm
 Jim Russell
 Ann Turner,MD

MEMBERS EXCUSED: **Bill Murray**

STAFF PRESENT: **Heidi Allen**
 Tina Edlund
 Alyssa Holmgren
 Sean Kolmer
 Nate Hierlmaier

- ISSUES HEARD:**
- **Call to Order, Update on Oregon Health Fund Board and Committee Activities**
 - **Review Timeline and Tentative Work Plan**
 - **Review Affordability Research**
 - **Review Medicaid Advisory Committee (MAC) Affordability and Cost-Sharing Recommendations**
 - **Developing Consensus Recommendations**
 - **At what income are there 100% publicly funded subsidies**
 - **At what income are subsidies discontinued**

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(Digitally Recorded)

- Tina Edlund**
- I. Call to order – there is a quorum
 - II. Approval of Minutes from November 13th Meeting
- Chair**
- III. Update on Oregon Health Fund Board –
 - Health Equities timeline of issuing recommendations to the Board and the Eligibility and Enrollment Committee on issues of eligibility and enrollment by January 15th
 - Possibility of holding a joint meeting with the Eligibility and Enrollment Committee on issues regarding citizenship requirements
 - Affirmation that the Health Equities Committee will discuss issues regarding people with disabilities; however, not the elderly population in general
 - Discussion about the eligibility of the insured population such as those in public programs of Medicare and Medicaid
 - Recommendation to attend the Board meeting on December 12th on Medical Home
- Tina Edlund**
- III. Review of Timeline and Tentative Work Plan
 - Change needed for February 12th meeting
 - IV. Affordability Discussion
 - Policy considerations and objectives
 - Making coverage affordable
 - Emphasizing shared responsibility
 - Minimizing potential “crowd-out”
 - Ensuring cost-sharing is equitable
 - Designing a sustainable program
 - Should there be a child or family rate?
 - Review of Research on Family Contributions to Health Care
 - Oregon Medicaid Advisory Committee
 - Jonathan Gruber
 - California Budget Project
 - Urban Institute
- Vice-Chair**
- V. Medicaid Advisory Committee Recommendations on Affordability and Cost-Sharing to the Eligibility and Enrollment Committee
 - Premiums should be based on the Federal Poverty Level income index with a sliding scale
 - Copayments should be modest and keeping with the income levels of families. For example, the copayment for physician office visits should be no more than \$10 for those under 200% of the federal poverty level.
 - Cost-sharing take into consideration family monthly cost-of-living expenses by geographic regions when considering how much a family can afford to contribute to health care.
- Future Considerations**
- Consider family or couple based premiums in addition to individual premiums
 - Copayments, if necessary, should be designed to promote prevention, cost-effective management of chronic conditions, and appropriate utilization of healthcare resources
 - Investigate affordability by considering total cost-sharing including premiums, co-payments, co-insurance, and deductibles

- Consider allowing individuals/families to use previous year's tax return statements to determine subsidy levels in order to accommodate seasonal variations in income

VI. Developing Consensus Recommendations: Where Should Personal Contribution to Premium Share Begin?

- Increasing the full subsidy (no premium contribution) up the income scale reduces state resources available to cover more people
- Subsidies at the low end that start at a very low percent of income and raise incrementally up the income scale (i.e. starting 150% FPL) can limit expected contribution while retaining shared responsibility and budgetary considerations
- *“Whatever is done at the subsidy levels, there should be a gradual rather than steep drop in 5-10% increments higher up the income scale”*
- Given the three options of 150% FPL, 200% FPL and 250% FPL, what would you recommend?
 - There was general consensus that personal contributions to premiums should be different for single rather than family units
 - Most felt that individuals and couples should begin contributions to their premiums around 150% FPL (\$15,315 and \$20,755 respectively)
 - Most also felt that full subsidies should be higher or around 200% FPL for families of three or more (\$34,340)

VII. Developing Consensus Recommendations: Where Should State Subsidies to Premium Share End?

- Given the three options of 300% FPL, 350% FPL and 400% FPL, what would you recommend?
 - Most felt that the state should end subsidies to individuals around 350% FPL (\$35,735) and families around 400% FPL (\$61,950)

Submitted By:

Reviewed By: Tina Edlund

EXHIBIT SUMMARY

A – Agenda

B – Affordability Discussion Materials

C –Oregon Medicaid Advisory Committee (MAC) Recommendations to the Eligibility and Enrollment Committee

D –MAC Recommendations on the Healthy Kids Plan

OREGON HEALTH FUND BOARD – Eligibility & Enrollment Committee Meeting

December 11, 2007
9:00 a.m.

State Archives Building – Large Conference Room
Salem, Oregon

MEMBERS PRESENT: Ellen Lowe, Chair (left at 11:40 a.m.)
Jim Russell, Vice Chair
Robert Bach
Jane Baumgarten
Dean Kortge
CJ McLeod
John Mullin
Bill Murray
Ellen Pinney
Noelle Lyda
Susan Rasmussen
Carole Romm
Ann Turner, MD (by phone)

MEMBERS EXCUSED: Felisa Hagins

STAFF PRESENT: Tina Edlund, Deputy Administrator, OHPR
Heidi Allen, Project Manager, OHREC
Nate Hierlmaier, Policy Analyst
Tami Breitenstein, Executive Assistant, OHFB
Paula Hird, Office Specialist

ISSUES HEARD:

- Review of November 28 Meeting Minutes
- Update on Oregon Health Fund Board and Committee Activities
- Review of Oregon Health Fund Board Draft Design Principles and Assumptions
- Review of Affordability Recommendations and Consensus Development Matrices
- Presentation by Dr. Matt Carlson, Impact of Co-Pays on a Medicaid population
- Developing Consensus: Subsidy Structure Recommendations
- Next Meeting Objectives
- Public Testimony

I. Call to order – there is a quorum

- Review of November 28 meeting minutes. Susan Rasmussen asked for a correction to show that she was present at that meeting

Tina Edlund

II. Update on Oregon Health Fund Board and Committee Activities

Chair and Vice Chair

III. Design Principles and Assumptions

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- Draft has not yet been adopted by the Oregon Health Fund Board (OHFB)
- Indications are that it is very close to guidelines
- When asked if Board is operating on assumption of an OHP Plus and Standard or if it is a placeholder, Chair responded that OHP Standard will be SB 329 with a Medicaid match

Chair and Vice Chair

IV. Review of Affordability Recommendations and Consensus Development Matrices

- Will need to meet Medicaid goals.
- Will be presented to Board on 12/12/07.

Discussion

- Affordability: What does it mean to each group?
- What parts of the population will be subsidized?
- Beginning and ending points of subsidies should be identified first with discussion of total cost to come later.
- What about the issues of crowd out? A suggestion was made to create a matrix that impacts that number.
- Employers need to continue to participate.
- The equity issue is enormous and goes beyond affordability of premiums. What will be the public perceptions?
- It is important that the Committee does not narrow its focus.

Dr. Matt Carlson and Bill Wright, Ph.D.

V. Presentation: Dr. Matt Carlson, Impact of Co-Pays on Medicaid Population

- Bill Wright, Ph.D., Providence System Center for Outcomes Research and Education (CORE) introduced the presentation providing:
 - Summary of changes to OHP;
 - Survey followed 3,000 individuals for two years; and
 - OHP program redesign and cohort study milestones.
- Matt Carlson, Ph.D., Medical Sociologist, Portland State University:
 - Access to care;
 - Financial strain; and
 - Conclusions.

Tina Edlund will email presentation to Committee members and post it on the OHPB website.

Chair

VI. Developing Consensus: Subsidy Structure Recommendations

Discussion

- Affordability and co-pays and the need to balance discouraging inappropriate use while encouraging proper use.
- Policies to change behavior of health care individual.
- Times that services are provided need to be extended beyond the usual 8:00 a.m. to 5:00 p.m. hours to make care accessible for workforce individuals.
- Health care incentives and wellness benefits.
- Design subsidy around income or premium?

- At what percentage of the Federal Poverty Level (FPL) should subsidies end?

Chair

VII. Next Meeting Agendas and Objectives

- The Committee was asked to forward ideas and value statements to Tina Edlund by December 24 for compilation of a straw person to be presented at the January 8 meeting.

Vice Chair

VIII. Public Testimony

- Joe Zaerr testified to difficulties regarding obtaining affordable insurance by a family member.
- Keary Knickerbocker offered information on a program his company has been developing that will cross reference??? Various agency informations on individuals to minimize duplication and complication.

Vice Chair

IX. Adjournment

Vice Chair Russell adjourned the meeting at approximately 12:00 p.m.

EXHIBIT SUMMARY:

- A. Health Fund Board December 2007 Newsletter
- B. A Comprehensive Plan for Reform: Design Principles & Assumptions
- C. Affordability Summary Matrix
- D. Healthy Kids Plan: Medicaid Advisory Committee Recommendations