Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/11/2015 OHA	**Requested By:** Sen. Steiner Hayward & Sen Bates	**Research Federal Regulations on the assistance of CCOs to their own members when it comes to re-enrolling and whether or not they have a choice in their CCO.**

Considerations:

- In Oregon, re-enrollment or redetermination is an opportunity for a member to change Coordinated Care Organization (CCO) if the member chooses and another option is available.
- At re-enrollment, it is expected that members will have access to comparative information to assist member with choice of other CCOs available.
- Questions at this time related to other providers/CCOs need to be addressed neutrally. Competition for members is currently intense between CCO's.
- Current OHA communication processes related to redeterminations and re-enrollments direct members to the OHP Processing Center for assistance.
- Since implementation of the ACA, CMS is clear that States have oversight of managed care plans to assure members have rights including choice. As a part of this, states must have oversight of enrollment, outreach and marketing activities.
- CMS published guidance regarding marketing and outreach activities in response to ACA enrollments nationally remains the same; State's must have the oversight of such activities.
- House bill 2950 and Senate bill 892 propose legislation but it is unclear as to what the legislative intent is. OHA could interpret that re-enrollment assistance could require system access into eligibility systems that has never been granted and would require additional training and oversight.
- OHA will continue to monitor this issue, focusing on convenient cost-effective services for Oregon consumers.

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Follow Up Questions

3/11/2015	**Requested By:**	**PEBB agency and employee costs**
OHA	Sen. Steiner Hayward	

With in the OHA budget, there is $133.4 million total funds that is for Flex Benefits that would also be captured in the PEBB budget.

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Follow Up Questions

3/11/2015	**Requested By:**	**Churning issue – What policy decisions have we made/ or do we have options that can reduce the "in-and-out" of**
OHA	Rep. Nathanson	**coverage or movement between categories for OHP clients?**

To reduce churn, the Oregon Health Authority has taken the following steps:

1. In March of 2011 the Medicaid program for OHP adults was changed from a 6-month to 12-month eligibility period. Less frequent redetermination requirements reduces churn.

2. Wherever possible, beginning with July 2014 renewal dates, recipients are able to renew their eligibility using the expedited renewal process. The expedited renewal process includes a pre-populated notice which requires the individual to respond by providing only minimal information to complete their renewal. Individuals are only required to complete a full application if they report changes that potentially impact eligibility or level of benefits.

3. OHA now accepts self-attestation for many eligibility criteria that required verification in the past – such as private health insurance, pregnancy, and oftentimes income. Affordable Care Act regulations require OHA to accept self-attestation of income within reasonable compatibility with available verification. This significantly reduces the occurrence of the need to request more information, resulting in less closures as a result of non-response.

4. The Community Partner Program within OHA has regional outreach coordinators who work with many community partners, training them and providing ongoing support (including reaching out to the OHP Customer Service Center or eligibility policy unit when needed) to provide them the tools to help individuals apply for initial and renewal benefits. They assist individuals and families in tracking their renewal dates and responding timely to requests for more information.

5. Since October, we have had an increase in number of applications and associated workload due to deferrals of redeterminations in previous months. To avoid inappropriately closing members during this time of increased workload, we have delayed closures for the past 5 months to allow ample time for the processing of applications and avoid inappropriate closures which would could lead to gap in services. This delay will lend itself to a very low churn rate at this time, which will not be indicative of future state once stability of workload has occurred.

Oregon Health Authority - Medical Assistance Programs

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Follow Up Questions

3/11/2015 OHA

Requested By: Rep. Keny Guyer **Transformation Center Budget**

	2013-15 Leg Approved post Dec 2014 E-Board				2015-17 Governor's Budget			
	GF	OF	FF	Total	GF	OF	FF	Total
Transformation - General Fund	$ 27,000,000	$ -	$ -	$ 27,000,000	$ -	$ -	$ -	$ -
SIM Grant	-	-	4,393,956	4,393,956			900,625	900,625
SIM Transformation Continuation	-	-	-	-	1,042,899	-	1,040,051	2,082,950
ECCS Grant	-	-	223,907	223,907	-	-	230,624	230,624
Transfer to OHPR				-	47,348	4,414	110,436	162,198
	$ 27,000,000	$ -	$ 4,617,863	$ 31,617,863	$ 1,090,247	$ 4,414	$ 2,281,736	$ 3,376,397
			Pos	24			Pos	22
			FTE	22.91			FTE	10.98

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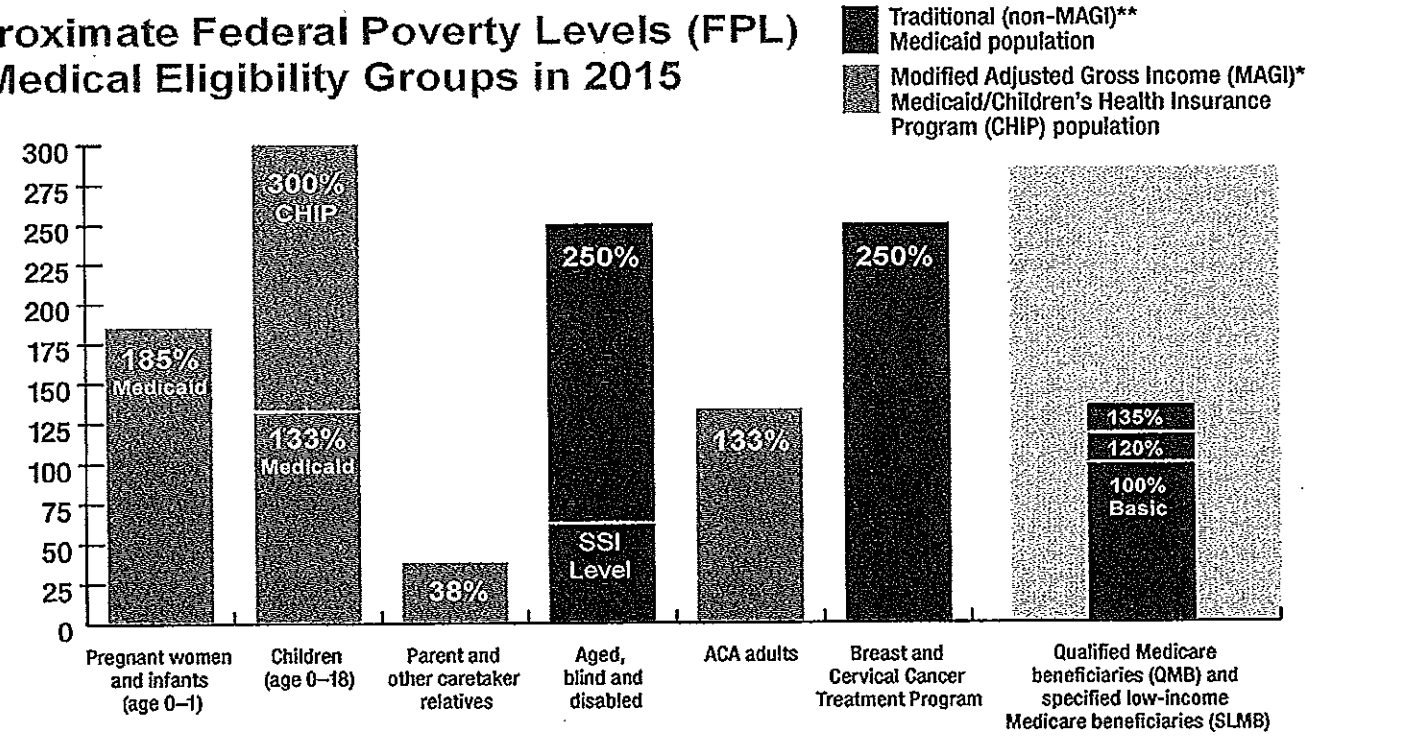
Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/12/2015 **Requested By:** Rep. MAP Keny Guyer

Add the word "Medicaid" on slide 5 on the column indicating pregnant women.

Approximate Federal Poverty Levels (FPL) for Medical Eligibility Groups in 2015



Caseloads	Women: 18,656 Infants: 28,581	CHIP: 68,295 Medicaid: 320,356	53,097	121,267	388,674	623	QMB: 22,673 SLMB: 22,751

* MAGI is the means-tested Medicaid/CHIP eligibility criteria.
** Non-MAGI has other eligibility criteria in addition to the means test.

Oregon Health Authority

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Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/12/2015	**Requested By:**	**Breakout of other fund revenues relating to the $313 million on slide**
MAP	Sen. Bates	**10.**

MAP Other Funds	*in millions*
One time Hospital Assessment Carry Over	*$125*
Leveraged funds - (Unmatched funds from other entities used for Medicaid matching)	*$110*
Pharmacy for Care Assist Program	*$59*
Settlements	*$11*
Audits and other Recoveries	*$7*
LEMLA	*$1*
Total	***$313***

Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/12/2015 MAP

Requested By: Rep. Nathanson & Sen. Bates

What percentage of dentists will see Medicaid patients? Please point out anomalies of the difference in coverage as it relates to various geographical areas.

Background

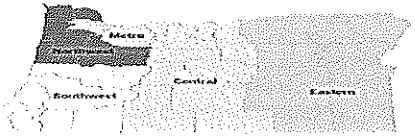
This data comes from the Oregon Healthcare Workforce Licensing Database. Data is collected from a number of health care professionals at the

Dentists in Oregon

2,577 total dentists working in Oregon, 2013-2014
1,258 renewed their licenses in 2013
1,319 renewed their licenses in 2014

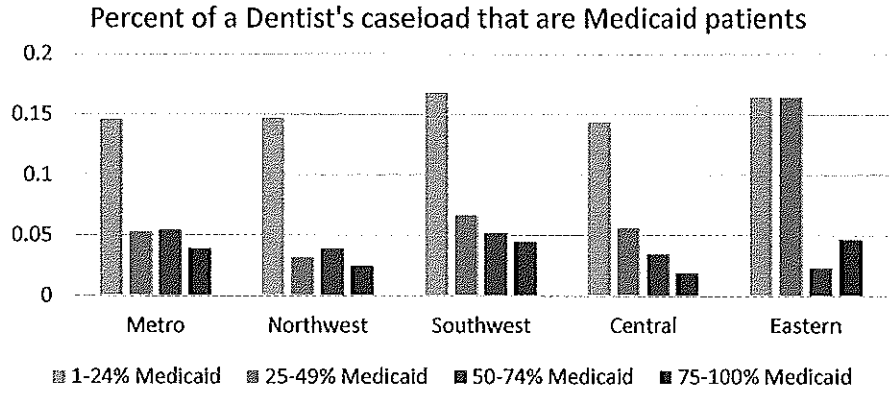
Dentists accepting new Medicaid patients

REGION	Total Dentists in region	Percent accepting new Medicaid patients	Total Dentists in region	Percent accepting new Medicaid patients	Total Dentists in region	Percent accepting new Medicaid patients
	2013		2014		COMBINED YEARS	
Metro	592	16.9%	613	16.3%	1,205	16.6%
Northwest	295	15.6%	269	12.3%	564	14.0%
Southwest	189	17.5%	215	16.3%	404	16.8%
Central	139	15.8%	180	12.8%	319	14.1%
Eastern	43	20.9%	42	33.3%	85	17.0%



Percent of a Dentist's caseload that are Medicaid patients, 2013-2014

REGION	No Medicaid	1-24% Medicaid	25-49% Medicaid	50-74% Medicaid	75-100% Medicaid
Metro	71%	15%	5%	5%	4%
Northwest	76%	15%	3%	4%	2%
Southwest	67%	17%	7%	5%	4%
Central	75%	14%	6%	3%	2%
Eastern	60%	16%	16%	2%	5%



Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/12/2015 **Requested By:** **Cash flow of the Tobacco Master Settlement for later years.**

MAP Rep. Boone

Tobacco Master Settlement Agreement Funding: Projected revenue 2015-17 Gov. Budget is $162 million; approximately $31 million is going for Debt Service and bond fees, $1 million for Tobacco Enforcement, and $137 million is for the Oregon Health Plan. To note, there is an carry-forward balance that is held to ensure debt service payments are covered in the next biennium. Also, this funding is based on net revenues and is projected to continue into perpetuity, as long as cigarettes are sold.

Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/16/2015 **Requested By: List of the top 10 reasons that individuals go to the ER**

MAP Sen. Winters

RELATED TO CHRONIC CONDITIONS 2011 - 2014 MIDYEAR

CCO Incentive Metrics	State Performance Metrics	Core Metrics	Measure	2011 Rate	2013 Rate	Jul2013 - Jun2014 Rate	Benchmark[2]	% Change (Earliest to Latest Available)	Improved (!)
*	*	*	Follow Up After Hospitalization for Mental Illness (7-Day)	65.2%	67.6%	68.3%	68.8%	5%	!
	*		Childhood Immunization Status	66.0%	65.3%	67.6%	82.0%	2%	!
	*		Diabetes - HbA1c Testing	78.5%	79.3%	82.7%	87.0%	5%	!
	*		Diabetes Care - LDL-C Screening	67.2%	70.1%	74.5%	80.0%	11%	!
	*		Immunization for Adolescents	49.2%	52.9%	55.3%	77.1%	12%	!
	*		PQI1 - Admissions for Diabetes Short-Term Complication (per 100,000 MY) [1]	192.9	211.5	174.9	10% Reduction	-9%	!
	*		PQI5 - Admissions for Chronic Obstructive Pulmonary Disease (per 100,000 MY) [1]	454.6	308.1	234.0	10% Reduction	-49%	!
	*		PQI8 - Admissions for Congestive Heart Failure (per 100,000 MY) [1]	336.9	247.0	223.7	10% Reduction	-34%	!
	*		PQI15 - Admissions for Adult Asthma (per 100,000 MY) [1]	53.4	43.6	32.5	10% Reduction	-39%	!
	*		CAHPS Composite - Medical Assistance with Smoking Cessation 1 - advised to quit by doctor	50.0%	55.0%	n/a	n/a	10%	!
	*		CAHPS Composite - Medical Assistance with Smoking Cessation 2 - discussed or recommended medication to quit	24.0%	28.9%	n/a	n/a	20%	!
	*		CAHPS Composite - Medical Assistance with Smoking Cessation 3 - discussed or recommended strategies to quit	22.0%	23.6%	n/a	n/a	7%	!
		*	CAHPS Tobacco Use Prevalence[1]	31.1%	34.1%	n/a	25%[3]	10%	

[1] Lower rates are better.

[2] Benchmarks are for 2014 measurement year unless otherwise noted.

Note: The statewide results are based on 'Oregon's Health System Transformation' Reports, and aggregated from CCO-level performances; the performance of the fee-for-service members might not be included.

Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/17/2015 **Requested By:** Sen. Steiner Hayward

MAP

Is OHA seeing an increase in pharmaceuticals and generics specifically?

Office of Health Analytics

Calendar Year 2014 Medicaid Emergency Department Visits for All Ages by Primary Diagnosis: Top 25

Primary Diagnosis	ED visits	% total
Abdominal pain	31305	8.89%
Other upper respiratory infections	30540	8.68%
Sprains and strains	27368	7.77%
Superficial injury; contusion	24410	6.93%
Skin and subcutaneous tissue infections	20774	5.90%
Spondylosis; intervertebral disc disorders; other back problems	16771	4.76%
Headache; including migraine	15416	4.38%
Disorders of teeth and jaw	15377	4.37%
Nonspecific chest pain	15133	4.30%
Urinary tract infections	13987	3.97%
Nausea and vomiting	12611	3.58%
Open wounds of extremities	12319	3.50%
Other injuries and conditions due to external causes	11233	3.19%
Other complications of pregnancy	10273	2.92%
Other lower respiratory disease	10070	2.86%
Open wounds of head; neck; and trunk	9944	2.82%
Otitis media and related conditions	9914	2.82%
Other connective tissue disease	9492	2.70%
Other nervous system disorders	8627	2.45%
Other non-traumatic joint disorders	8293	2.36%
Fever of unknown origin	7787	2.21%
Fracture of upper limb	7712	2.19%
Asthma	7640	2.17%
Allergic reactions	7577	2.15%
Viral infection	7471	2.12%

The top 25 diagnoses associated with emergency department visits accounted for 63 percent of all visits for Medicaid clients during calendar year 2014.

Oregon Health Authority - Medical Assistance Programs

Ways and Means Hearing with Joint Sub-Committee on Human Services

Follow Up Questions

3/17/2015 **Requested By: Is OHA seeing an increase in pharmaceuticals and generics specifically?**
MAP Sen. Steiner
Hayward

Generic Drug Costs – Sen. Steiner Hayward

The Drug Utilization Review (DUR) Report from the OSU College of Pharmacy provides data that shows, on the average, generic drugs make up 92.4% of Medicaid prescription drug claims for both FFS and managed Care.

Utilizing Oregon's fee for service claims, Myers and Stauffer - the vendor contracted to provide Oregon's Average Actual Acquisition Cost (AAAC) - calculated the annual Medicaid average generic prescription drug payment for the years 2010, 2012, and 2014:

Year of claims	Average Generic Paid Claim Amount	Count of Paid Claims Utilized in Analysis
2010	$20.79	1,206,349
2012	$22.84	1,502,018
2014	$29.36	1,985,008

In 2010, Oregon Health Authority (OHA) was reimbursing providers using a different reimbursement methodology than today. On 1/1/2011, OHA started reimbursing at AAAC and an enhanced professional dispensing fee. Regardless of the reimbursement methodology, you can still see an increase in the average generic drug payment, specifically between 2012 and 2014.

Based on this information, the average increase per claim between 2012 and 2014 is $6.52. This increase in per claims costs for generic drugs would result in total generic cost increases of as much as $1.8 ml

Caveats:

- This is not a static environment and drugs are going off patent all the time, which will influence the average depending on their price and utilization.
- ACA expansion lives increased our covered lives and generic utilization.

- Some generic prices have increased due to manufacturer consolidation, shortage of raw materials and market demand, while others have decreased due to competition.

References and articles on this topic:

- OSU Drug Utilization Review Report – February 2015

http://www.orpdl.org/durm/reports/utilization/2014/DUR_Utilization_2014_Q4.pdf

- Why Are Generic Drugs Getting More Expensive?

http://www.drugchannels.net/2015/02/why-are-generic-drugs-getting-more.html

- As Generic Prices Rise, PBM Plans Include Tiers, MAC Tweaks

http://www.burchfieldgroup.com/Portals/139847/docs/Generic%20prices%20DBN%201.9.15.pdf

- Subcommittee Hearing – Why Are some Generic Drugs Skyrocketing In Price?

http://www.help.senate.gov/hearings/hearing/?id=a7beb0ef-5056-a032-521e-c63f76dda7f3

- Congress Grills Generic Drug Makers Over Price Inflation

http://www.drugchannels.net/2014/10/congress-grills-generic-drug-makers.html