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MEMORANDUM

TO: The Honorable Sen. Elizabeth Steiner Hayward, Senate Co-Chair
The Honorable Rep. Dan Rayfield, House Co-Chair
Subcommittee on Human Services

FROM: Janell Evans, Budget Director, Oregon Health Authority

DATE: February 10, 2017

SUBJECT: Responses to February 8 Public Hearing Questions

During OHA's overview presentation before your committee on Wednesday, February 8, committee members asked question that required additional follow-up. Here are those questions and our responses:

Sen. Winters: Can we say today what's working and what's not working, and why not (for drug/alcohol/tobacco prevention programs/initiatives/campaigns)? How many contracts do we have and where are those?

- During the hearing, there was robust discussion about that agency's efforts, the identification of gaps, outcomes, and available evidence and data for both the Medicaid population and Oregon's overall population. While the discussion suggested a Phase II presentation, we thought it would be helpful to provide the following information:

  The Oregon Health Authority has over 60 contracts with counties, Tribes, and providers for alcohol and drug prevention and treatment services covering the entire state. Contractors are required to use data-driven processes to assess programs, build local capacity, engage in strategic planning, implement evidence-

based services, and evaluate outcomes. The legislative investment to provide these services for the 2015-17 biennium is as follows:

2015-17 OHA Alcohol and Drug Prevention

General Fund	Other Funds	Federal Funds	Total Funds
$ 433,927	$ 1,151,370	$ 5,675,921	$ 7,262,218

2015-17 OHA Alcohol and Drug Treatment Services

General Fund	Other Funds	Federal Funds	Total Funds
$ 34,718,209	$ 14,310,379	$ 52,670,848	$ 101,699,436

Sen. Winters (38 min): Can you provide information about states that are lower and higher so we can evaluate them within the programmatic package?

- Sen. Winters requested information on Oregon's 3.4 percent Medicaid growth rate as compared to other states. There is no known data source to provide this state-by-state comparison; however, the actuary that certifies the coordinated care caption rates for the Oregon Health Plan reported to OHA that the national average growth rate for Medicaid was about 5.5 percent. As discussed during the hearing, Oregon's 3.4 percent may not be the lowest, but the Oregon Health Plan benefit package is considered robust when compared to other state's Medicaid benefits.

Sen. Steiner Hayward (40 min): Slide 10 - 2014 youth Emergency Department (ED) admissions percentile - where do we fall nationally (what's our rank)?

- We do not know of any state Medicaid rankings for ED use across the full age range. As noted in the slide, Oregon is very close to the national benchmark of 39.4 visits per 1,000 member months, which is the 90th percentile. However, ED use for children age 0-19 is tracked as part of the Child Core Measurement Set with CMS. Based on the latest compiled data from CY 2013 (See table below: ED Visits per 1,000 Member Months) we are ranked fifth for this age group out of the 37 state that reported, at 37.5 ED visits per 1,000 member months. Although, we do not have comparative data for more recent time periods, Oregon's rate has decreased to 33.2 ED visits per 1,000 member months. The Table AMB-CH (see table below) contains the official data from CMS and there are a number of footnotes describing differences on how the data is collected from state to state.

Rep. Alonso Leon (51 min): Is the application process for OHP available in dual languages online? Are there still places where people who don't have smart phones/computers can go to get registered?

- The paper applications are available in English, Spanish, Vietnamese, Traditional Chinese, Simplified Chinese, Somali, and Russian. These applications can be found at all DHS field offices, requested by phone and mailed to the member, or by printing at home from the Oregon Health Plan website. The online Applicant Portal is currently only available in English and Spanish. In addition there are ~900 community partners that provide assistance for both paper applications and applicant Portal. Members can Self Service through Applicant Portal, Mail or fax their application, drop their applications at a DHS field office to be faxed, apply over the phone or utilize a community partner to help submit their application online or through mail/fax.

Sen. Steiner Hayward (55 min): Do you know how many people have used the online platform to register (for OHP)?

- As of February 7, there have been 17,216 users and 705 community partners that have created an account in Applicant Portal. There are 8,527 users and 90 community partners who have started registration of their accounts, but have not completed that registration.

  Users have submitted 14,447 applications since go live to the public on October 24, 2016, and community partners have submitted 32,580 applications since April 2016. There are an additional 6,611 user applications that have been started, but not yet submitted and 1,399 community partner applications that have been started, but not yet submitted.

Rep. Alonso Leon (56 min): What languages and what populations are using the online system (ONE)?

- The languages available in the Applicant Portal are English and Spanish.

ED visits per 1,000 member months
Child Core Report, FFY 2014 (CY 2013 data)
downloaded from CMS https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html

Includes states that reported Medicaid + CHIP populations combined, administrative data only. Some variation in state implementation of measurement period and specifications.

State	Total (0-19 years)	Rank
Kentucky	6.2	1
Idaho	8.4	2
Hawaii	34.3	3
New Mexico	35.1	4
Oregon	37.5	5
Vermont	39.5	6
North Carolina	39.6	7
Washington	39.6	8
New York	40.5	9
Rhode Island	40.6	10
California	42.1	11
Massachusetts	42.2	12
Alaska	42.3	13
Colorado	43.2	14
Ilinois	43.4	15
Delaware	45.3	16
South Carolina	45.7	17
Maryland	46.5	18
Arkansas	46.7	19
New Jersey	48.7	20
Florida	50	21
Georgia	50.9	22
Pennsylvania	51.2	23
Oklahoma	52.9	24
Louisiana	53.2	25
Indiana	54.6	26
Connecticut	56	27
Missouri	65.5	28
Maine	436.7	29

Table AMB-CH. Number of ED Visits per 1,000 Enrollee Months, as Submitted by States for the FFY 2014 Child Core Set Report (n = 37 states)

[Lower rates are better]

State	Population	Methodology	Denominator				Rate			
			<1 Year	1–9 Years	10–19 Years	Total (0–19 Years)	<1 Year	1–9 Years	10–19 Years	Total (0–19 Years)
State Mean							94.1	57.0	47.8	55.1
State Median							88.9	46.3	37.6	45.7
Alabama	Medicaid only	Administrative	386,396	3,402,328	2,547,514	6,336,238	49.6	54.6	43.4	49.8
Alabama	CHIP only	Administrative	16,478	390,489	615,598	1,022,565	48.7	28.1	28.0	28.4
Alaska	Medicaid & CHIP	Administrative	70,407	473,991	379,888	924,286	100.7	41.1	33.1	42.3
Arkansas	Medicaid & CHIP	Administrative	316,135	2,668,152	2,168,390	5,152,677	100.6	48.4	36.8	46.7
California	Medicaid & CHIP	Administrative	NR	NR	NR	63,339,517	NR	NR	NR	42.1
Colorado	Medicaid & CHIP	Administrative	352,585	3,251,983	2,344,478	5,949,046	89.8	43.1	36.5	43.2
Connecticut	Medicaid & CHIP	Administrative	214,172	1,837,640	1,702,671	3,754,483	101.1	58.4	47.7	56.0
Delaware	Medicaid & CHIP	Administrative	32,533	239,626	162,821	434,980	88.1	46.0	35.6	45.3
Florida	Medicaid & CHIP	Administrative	1,700,169	14,597,407	11,467,108	27,764,684	105.8	52.2	38.9	50.0
Georgia	Medicaid & CHIP	Administrative	1,019,987	7,417,259	5,721,777	14,159,023	97.5	52.7	40.3	50.9
Hawaii	Medicaid & CHIP	Administrative	107,500	893,586	744,525	1,745,611	77.7	37.0	24.7	34.3
Idaho	Medicaid & CHIP	Administrative	144,433	1,137,300	815,946	2,097,679	17.0	8.0	7.0	8.4
Illinois	Medicaid & CHIP	Administrative	524,161	9,958,474	8,723,537	19,206,172	86.9	49.4	33.8	43.4
Indiana	Medicaid & CHIP	Administrative	536,139	3,684,602	2,743,798	6,964,539	83.2	57.3	45.4	54.6
Iowa	Medicaid only	Administrative	240,870	1,682,346	1,327,751	3,250,967	173.1	45.4	37.0	51.4
Iowa	CHIP only	Administrative	299	203,634	214,450	418,383	0.0	25.6	25.4	25.4
Kentucky	Medicaid & CHIP	Administrative	353,713	2,681,762	2,127,914	5,163,389	11.3	6.2	5.3	6.2
Louisiana	Medicaid & CHIP	Administrative	573,644	4,514,426	3,878,145	8,966,215	108.9	54.1	43.9	53.2
Maine	Medicaid & CHIP	Administrative	6,986	67,341	66,122	140,449	377.3	474.6	404.4	436.7
Maryland	Medicaid & CHIP	Administrative	412,815	3,399,561	2,668,637	6,481,013	90.8	30.7	59.8	46.5
Massachusetts	Medicaid & CHIP	Administrative	389,688	2,834,917	2,308,910	5,533,515	74.6	44.8	33.6	42.2
Michigan	Medicaid only	Administrative	656,009	5,038,127	4,267,273	9,961,409	106.9	57.6	47.2	56.4
Missouri	Medicaid & CHIP	Administrative	310,732	2,223,935	1,642,653	4,177,320	125.9	66.7	52.4	65.5
Montana	CHIP only	Administrative	9,835	145,297	135,306	290,438	30.0	19.6	20.1	20.2
New Jersey	Medicaid & CHIP	Administrative	471,647	4,469,857	3,558,463	8,499,967	98.4	51.2	39.0	48.7
New Mexico	Medicaid & CHIP	Administrative	151,353	1,314,983	1,086,839	2,553,175	74.1	34.4	30.5	35.1
New York	Medicaid & CHIP	Administrative	1,552,686	12,267,438	11,092,344	24,912,468	79.3	44.5	30.5	40.5

Table AMB-CH (continued)

State	Population	Methodology	Denominator				Rate			
			<1 Year	1–9 Years	10–19 Years	Total (0–19 Years)	<1 Year	1–9 Years	10–19 Years	Total (0–19 Years)
North Carolina	Medicaid & CHIP	Administrative	930,166	7,323,227	5,875,696	14,129,089	76.8	40.3	32.7	39.6
Oklahoma	Medicaid & CHIP	Administrative	233,003	3,359,438	2,549,461	6,141,902	90.1	56.5	44.7	52.9
Oregon	Medicaid & CHIP	Administrative	118,971	2,060,699	1,641,792	3,821,462	68.9	40.8	31.2	37.5
Pennsylvania	Medicaid & CHIP	Administrative	722,560	6,319,778	5,872,028	12,914,366	102.2	52.2	43.8	51.2
Rhode Island	Medicaid & CHIP	Administrative	65,486	512,817	435,601	1,013,904	76.8	40.5	35.4	40.6
South Carolina	Medicaid & CHIP	Administrative	474,662	3,800,752	3,074,617	7,350,031	83.9	46.5	38.8	45.7
Tennessee	Medicaid only	Administrative	583,241	4,420,483	3,530,307	8,534,031	108.9	58.6	52.4	59.4
Tennessee	CHIP only	Administrative	8,603	309,877	393,102	711,582	30.9	26.3	24.5	25.4
Texas	Medicaid only	Administrative	2,914,424	18,467,563	12,023,287	33,405,274	99.4	50.9	39.6	51.1
Texas	CHIP only	Administrative	10,837	3,137,033	3,924,650	7,072,520	49.8	25.3	20.7	22.7
Vermont	Medicaid & CHIP	Administrative	42,750	389,380	358,313	790,443	68.9	38.1	37.6	39.5
Washington	Medicaid & CHIP	Administrative	451,196	3,943,170	2,890,590	7,284,956	86.4	41.1	30.2	39.6
West Virginia	Medicaid only	Administrative	163,512	1,319,820	1,025,748	2,509,080	93.2	39.0	37.5	41.9
West Virginia	CHIP only	Administrative	72	36,912	95,148	132,132	55.6	35.7	35.2	35.4
Wyoming	CHIP only	Administrative	632	7,767	11,929	20,328	82.3	69.0	70.8	70.4

Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: The term “states” includes the 50 states and the District of Columbia.

Means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Unless otherwise specified, states reporting this measure used Child Core Set specifications, based on HEDIS 2014 specifications. The following states used HEDIS 2013 specifications: AR, DE, IA, KY, MT, NM, and RI. The following states used HEDIS 2012 specifications: OR and WY. The following state used HEDIS 2011 specifications: MA. The following state used HEDIS with no year indicated: WA.

Unless otherwise specified, the measurement period for this measure was CY 2013. MA reported data for CY 2011; AR reported data for FFY 2013; ME and WY reported data for FFY 2014; and NC reported data for 4/2013 to 3/2014.

The Child Core Set specifications include guidance for calculating this measure using the administrative method. Unless otherwise specified, the administrative data source is the state’s MMIS and/or data submitted by managed care plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

CHIP = Children’s Health Insurance Program; CY = Calendar Year; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; LOINC = Logical Observation Identifiers Names and Codes; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner/Provider.

Table AMB-CH (continued)

State-Specific Comments:

AK: All exclusion value sets were used. Age was calculated as of the end of each month. Claims with the same recipient and dates of service but different Transaction Control Numbers were counted as a single encounter. Rates are provisional. Rates may be underreported due to filing lag.

CA: Total rate was compiled by EQRO and age group rates are not available.

CO: Rates include enrollees who had FFS, pre-paid inpatient health plans, and managed care during the year (9 Medicaid and CHIP Health Plan Plus [CHP+] MCOs). FFS enrollees represent approximately 70 percent of the Medicaid population. Denominators represent measure-eligible populations across all reporting units. Rates were calculated by the state's EQRO.

DE: Rates include enrollees who had managed care.

FL: Denominators exclude Title XXI Children's Medical Services Network.

IL: Rates include rejected medical claims but exclude pending claims because they are adjudicated in sufficient time to not impact measurement. Rates also exclude voided medical and pharmacy claims and rejected pharmacy claims. Measure was audited by the state's EQRO during fall of 2014.

IA: Medicaid rates include paid claims only.

IA: CHIP rates include the hawk-i population only.

KY: Rates include managed care population only, representing approximately 93 percent of the population (4 MCOs). Rates exclude 38,573 FFS enrollees, representing 7.2 percent of the population.

ME: Providers have one year from the date of service to bill and another year for adjustments. Rates include paid claims only. Claims that had a status of pending, denied, reversed, or suspended were excluded. Rates include children eligible for full-benefit MaineCare, which includes children with severe disabilities who were eligible through the Katie Beckett program. Some of these children may have had third-party liability coverage.

MA: Rates were calculated based on CHIPRA Child Core Set 2011 specifications. Rates include MassHealth members enrolled in managed care (PCC Plan or a contracted MCO) and members eligible for, but not yet enrolled in, MassHealth managed care.

MO: Administrative data sources are vital records, claims, and audited supplemental data.

NJ: Rates include enrollees who had managed care (4 MCOs).

NM: Rate for children under age 1 includes enrollees in three MCOs. Rates for other age groups include enrollees in all four of the state's MCOs. Managed care plan changes during the measurement period affected the population eligible for this measure.

NY: Administrative data sources are individual health plan billing and HEDIS repository data.

NC: Rates include paid claims only. ED claim type is identified through Community Care of North Carolina Informatics Center. Rates are provisional.

OK: Rates exclude Medicare-Medicaid Dual Eligibles. Beginning in FFY 2014, numerator methodology was revised to exclude all required exclusions by looking at all diagnosis codes, rather than the principal diagnosis only.

PA: Medicaid rates include enrollees who had managed care (8 MCOs). Data were submitted by MCOs and compiled by the state's EQRO.

RI: Rates include enrollees who had managed care.

WA: Rates exclude FFS claims with paid amount of zero or less. All encounter records are included because these records do not contain paid amounts.

WY: The composition of WY CHIP's population changed from FFY 2013 to FFY 2014 due to an increase in the income eligibility guidelines for the state's Medicaid program.