

Department of Human Services 2009-11 Policy Option Package

Initiative #1: Vulnerable Oregonians have access to health care.

This initiative supports the extremely important goal of ensuring that all Oregonians living in poverty have access to the health care, mental health and substance abuse services, dental care and preventive services they need to become and remain healthy.

This initiative includes:

◆ Element 1 – 1 (POP 101, 111):

The Healthy Kids Plan is an initiative led by Governor Kulongoski to give *all* uninsured Oregon Children, under age 19, an opportunity to enroll in comprehensive, affordable, health insurance coverage. The goal is to enroll 95% of *all* Oregon children into comprehensive health care. More than 116,000 Oregon children live without health insurance. DHS will lead the Healthy Kids Plan efforts in collaboration with the Office of Private Health Partnerships, Office for Oregon Health Policy and Research and stakeholders. This policy option package also includes funding to expand and sustain School-Based Health Centers to provide an estimated access to 3,000 to 7,000 additional students.

◆ Element 1 – 2 (POP 121, 131, 141, 151):

This package has four components that would continue and/or expand the OHP-Standard program. These components would allow the department to continue OHP-Standard with General Fund dollars with 62 percent federal match; would enroll all eligible applicants who apply; would change the OHP-Standard adult eligibility period from six to 12 months; and would improve the OHP-Standard benefit package to match the benefits in the OHP-Plus package.

◆ Element 1 – 3 (POP 161, 171, 181):

This three-component package would reduce the risk of negative birth outcomes for thousands of Oregon women by expanding access to prenatal care. Negative birth outcomes, such as low birth weight resulting from lack of prenatal care, increase Medicaid costs. This package would expand income eligibility for pregnant women and their infants from 185 percent of the federal poverty level to 200 percent; start prenatal care earlier by permitting document-supported presumptive eligibility while full eligibility is being determined; and make statewide a two-county pilot for women who are either undocumented or who are documented but haven't met the five-year residency requirement.

◆ Element 1 – 4 (POP 191):

This policy option package would increase the number of women who could receive breast and cervical cancer screenings through the Public Health Division (PHD) and expand OHP presumptive eligibility for women who have been diagnosed with breast and cervical cancer and are seeking treatment. The two elements of the package are distinct and neither is dependent on the other. If approved, the first element would provide the PHD Breast and Cervical Cancer Program (BCCP) with general funds to increase the number of screenings performed per year. If the second element is approved, the Division of Medical Assistance Programs (DMAP) would receive additional general funds to enable more women with breast and cervical cancer to access treatment through OHP, and the PHD BCCP would receive general funds to facilitate a smooth transition from screening to treatment for those women.

◆ Element 1 – 5 (POP 351):

Oral disease is a major health concern for Oregonians. The majority of Oregonians, regardless of socio-economic status suffer from oral diseases. In recent years there has been a growing awareness of the importance of oral health in overall health. As public health fulfills its goals of promoting and assuring the attainment of health for all persons, it becomes evident that health be defined in its broadest terms to include oral health.

An oral health program within the Public Health Division insures a structure exists to promote oral health issues and implement community-based prevention strategies and activities. The current state oral health program, with support from various federal and private funders conducts dental public health activities such as community leadership development, developed and maintains an oral health surveillance system, a state oral health plan, a statewide oral health coalition, conducts and disseminates statewide oral health disease prevalence data and reports, and implements and promotes community based oral disease prevention activities. According to the Association of State and Territorial Dental Directors Best Practices, the state oral health program should provide overall agency oral health coordination and leadership, develop and carry out specific program initiatives, and represent the agency to outside organizations.

This request would develop sustainability for the state oral health program and insure continuation of dental public health system.

◆ Element 1 – 6 (POP 169, 179, 299, 209, 251, 261, 271, 189):

This Policy Option Package initiates some of the first steps of comprehensive health care reform recommended by the Oregon Health Fund Board (OHFB), which complement the Governor’s health initiatives. This POP provides the necessary resources to OHFB for health policy planning, and data collection and analysis. If not funded, there will be limited ability to begin key design pieces of health care reform, including developing cost containment strategies and redesigning the delivery system including payment reform, primary care revitalization, and improving population health as well as providing better public information about cost and quality of health care in Oregon. OHFB’s recommendations also address end of life and further development of a health insurance exchange. These are all keystone building blocks for the foundation of health care reform in Oregon.

- ◆ Element 1 – 7 (POP 219):

This Policy Option Package support the accelerated adoption of electronic health records and the eventual development of a statewide Oregon Health Information System. This POP provides funding in the form of grants to small primary care medical practices to support consultation services for process analysis and redesign in preparation for adoption and use of a certified electronic health records program, and for the acquisition of necessary hardware and software for such a program.

- ◆ Element 1 – 8 (POP 229):

This Policy Option Package supports two key initiatives to address Oregon’s health care workforce shortages and increase the number of providers who practice in the state. This POP enables collection of accurate data on demographic and practice information to help inform policy recommendations for the state regarding Oregon’s health care workforce, and helps attract and retain primary care providers to Oregon by providing a tax credit. These efforts will, in turn, help revitalize primary care and transform the delivery system toward a patient-centric high-value, high-quality system. Over time, this will upgrade Oregon’s training, recruitment and retention efforts.

- ◆ Element 1 – 13 (POP 301):

This package proposes a new method of figuring reimbursement for the state’s largest, or DRG, hospitals. This is needed because when the hospital provider tax for OHP-Standard sunsets in October 2009, reimbursement inequities (the federal government is unlikely to approve them) and reductions will result. General Fund with federal match would be used. Insufficient reimbursements of these hospitals’ costs would result in greater shift of uncompensated costs to private-pay patients and those with commercial insurance.

◆ Element 1 – 14 (POP 311):

This package will help people with severe mental health and addiction disorders live, longer, healthier and more self-directed lives. Research shows that these individuals often die many years sooner than those in the general population. The package funds a Wellness Task Force with two support positions to partner with peer groups, consumers, families, and health professionals to promote wellness for those with addiction and mental health disorders. This self-help wellness initiative stresses awareness, prevention, early intervention, and coordination of physical and mental health care, so people can take responsibility for their health and add productive years to their lives.

◆ Element 1 – 15 (POP 319):

Integration efforts for behavioral and physical health have been under way in various arenas, including DHS, for some time. However, there is no single place in DHS where these efforts are coordinated. The department, legislators, providers, plans and outside consultants all have identified this integration effort as a top priority to coordinate services, streamline billing efforts, improve other administrative functions, and help clients get to the appropriate providers and coordinate their mental and physical health issues with the least amount of barriers. This Policy Option Package funds a position in the Director's Office to take on that coordination effort, develop a plan with deliverables, and be the go-to expert on the integration plan. This POP also provides funding for training and education to providers.

◆ Element 1 – 16 (POP 299):

This Policy Option Package creates a Medicaid Program Integrity Unit within the Office of Payment Accuracy and Recovery (OPAR) to meet federal expectations of increased activities by states in the area of Medicaid program integrity.

An increased focus on program integrity will ensure that accurate payments are being made to providers, benefits are being properly coordinated with third-party payers, and any funds owed to the

federal government and state are recovered quickly and efficiently. The ultimate result of this activity is an increase in available funds for the vulnerable Oregonians who rely on the Oregon Health Plan to meet their health care needs.

◆ Element 1 – 17 (POP 341):

Since 2006, Family Planning Expansion Project (FPEP) providers have been bearing the administrative costs associated with implementing Medicaid citizenship documentation regulations, namely: educating applicants about the requirements; reviewing, copying, and storing citizenship documents; verifying and/or updating client eligibility information in a centralized database at every visit; and assisting clients to obtain documentation. This policy option package would apply to FPEP funding an additional 1.6 percent in the medical services and supplies COLA to compensate providers for their additional administrative work.