Oregon Health Plan
Post-Public Health Emergency
Eligibility Redeterminations Planning

House Health Care Committee

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Oregon Health Authority

Background and the Challenge Ahead

Through the Public Health Emergency, people have had continuous Medicaid coverage

Family First Coronavirus Recovery Act

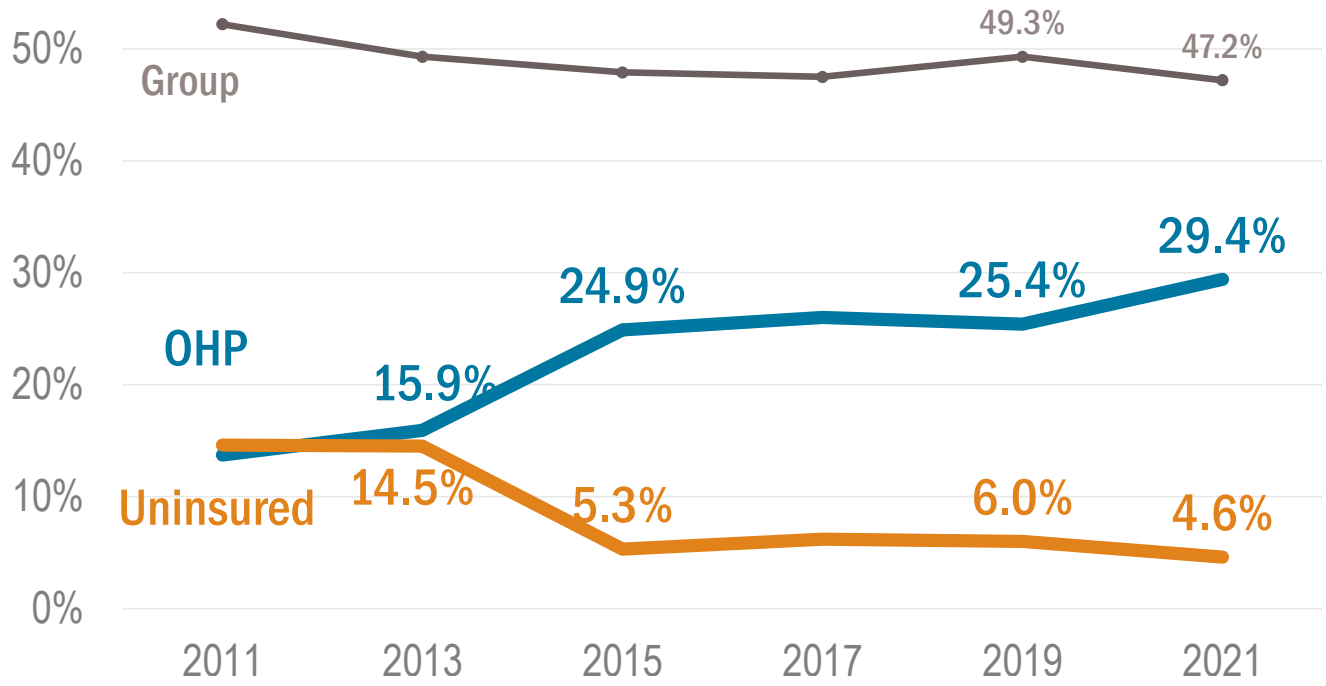
1. Provides continuous Medicaid coverage *for the duration of the federal public health emergency*.
2. Removes administrative barriers to enrollment

When PHE ends, states will have 12 months to redetermine eligibility for all members.

Oregon will have to redetermine eligibility for all 1.4 million people on OHP.

During the PHE, the uninsured rate dropped to a record low of 4.6%.

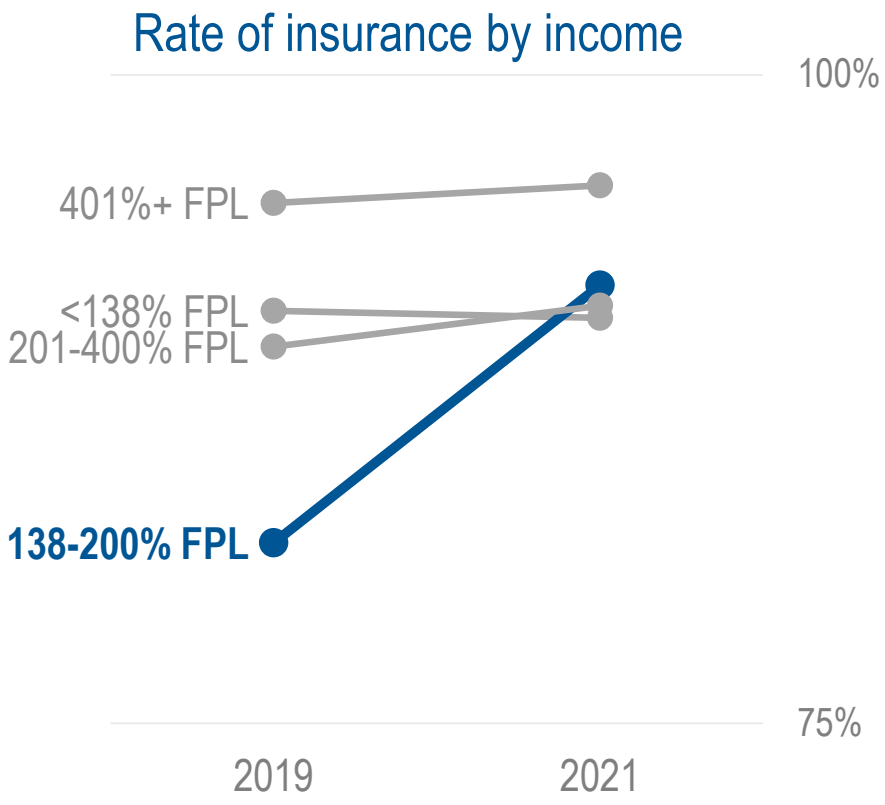
For Black/African American individuals it dropped from 8% to 5%.

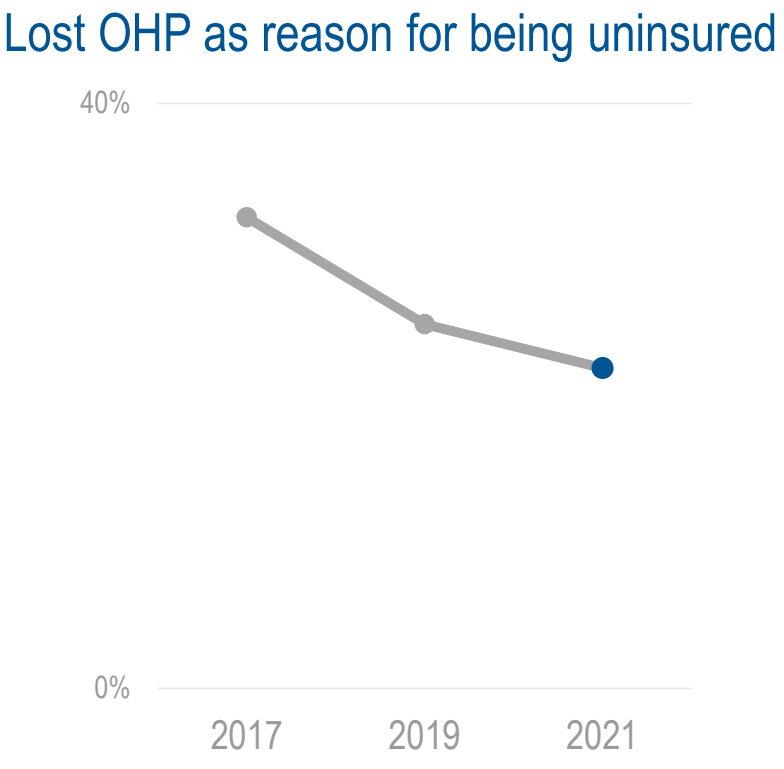


Data is from the 2021 Oregon Health Insurance Survey. OHP caseload has continued to grow since this survey.

Source: Oregon Health Insurance Survey (OHIS)

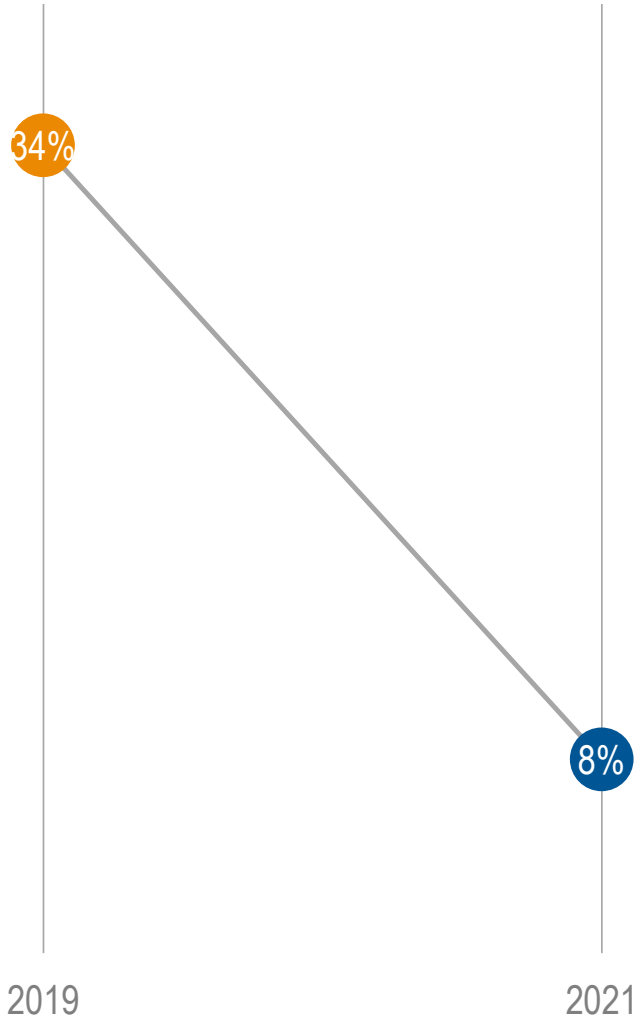
The largest coverage gains were among low-income adults as fewer people reported being uninsured due to loss of OHP





Source: Oregon Health Insurance Survey (OHIS)

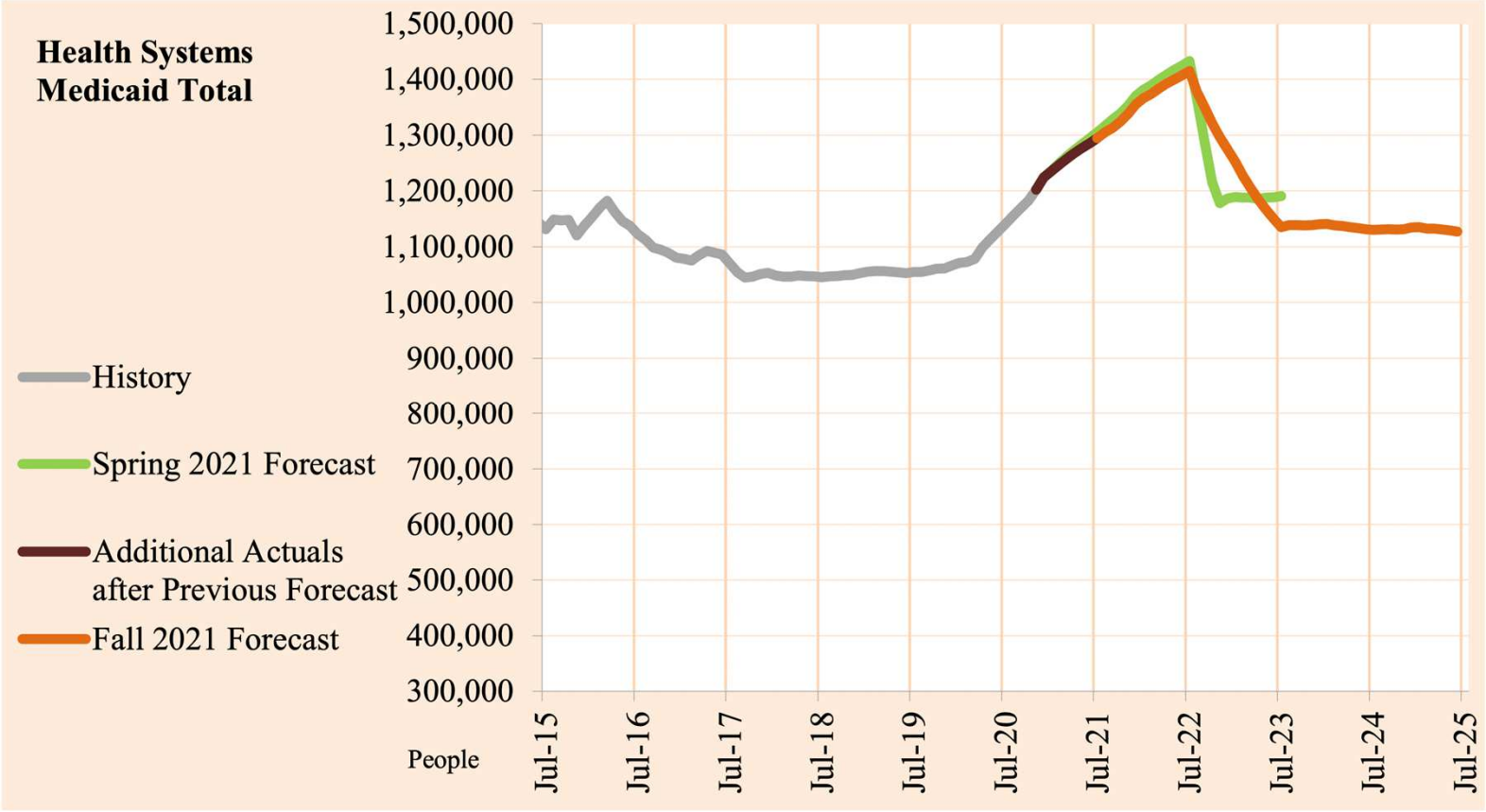
In September 2019, more than a third of people enrolling in OHP were returning after less than a year (25% within 6 months).



In September 2021, with continuous enrollment policies in place, the churn population was dramatically reduced.

When the PHE ends, an estimated 300,000 individuals (25,000 people a month) will lose OHP coverage.

Restart of closures means coverage and equity gains could be lost.



Challenges and Risks

- PHE extension unknown (creates timing, budget, and communications challenges)
- Build Back Better uncertain (could change dates; extension of Marketplace tax credits)
- Not another legislative session before redeterminations begin
- Scale of needed outreach unprecedented
- Human services caseloads and staffing - record caseloads, backlog, timing of Healthier Oregon (Cover All People) launch
  - *Hiring and staffing across all agencies is a significant challenge (especially on this timeline)*
- Confusion with members - multiple redeterminations happening at once for households
- Limitations of healthcare.gov - migration to Marketplace is manual
- Competing ONE/system changes
- High rates of returned mail and incorrect contact information

Oregon Health Authority

Planning and Options

Options for approaching redeterminations

Default Plan: Revert to the normal process. This would split the total caseload of 1.4 million over 12 months at random. Renewal notices go out beginning June 2022, closures begin in August. Approximately 120,000 members/month redetermined; 25,000 closures/month.

Step A: Phase closures of OHP coverage by population to maintain coverage longer for higher risk cases. Allows a ramp-up and more time to coordinate with partners.

Allowed without any additional federal approval.

Step B: *In addition to A*, if needed **temporarily expand OHP eligibility** to continue coverage for people lower-income (churn) individuals to allow more time for transition.

Use a temporary 1115 waiver, if need to maintain coverage of 138%-200% FPL through redetermination period. Need/cost would be mitigated if PHE extended.

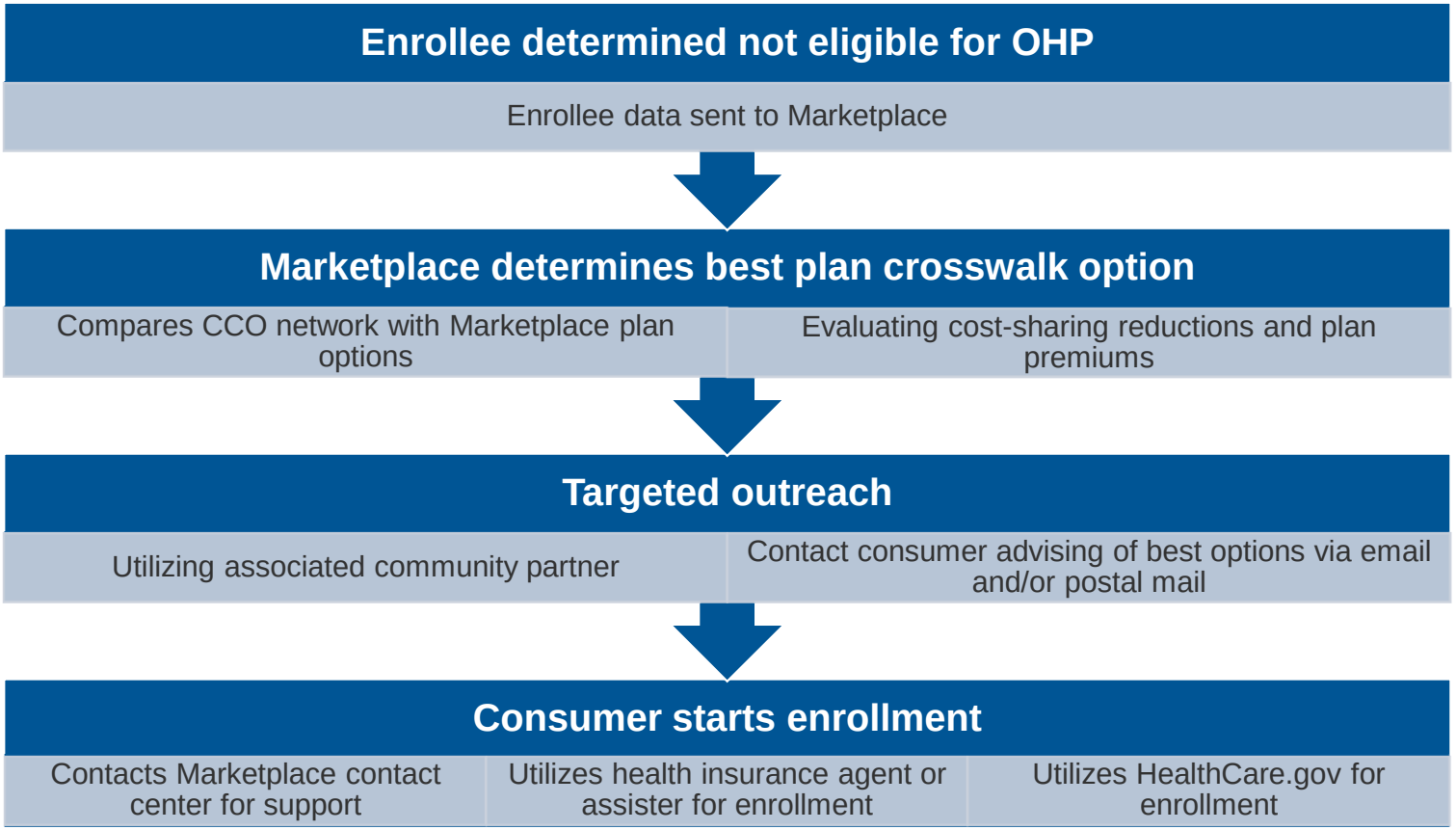
Step C: *In addition to A + B*, ***create a new plan for churn population*** that "catches" low-income individuals exiting Medicaid, provides continuity of care and a more affordable option.

Use 1331 or 1332 options under the ACA to leverage federal ACA funding.

Plans needed in any scenario

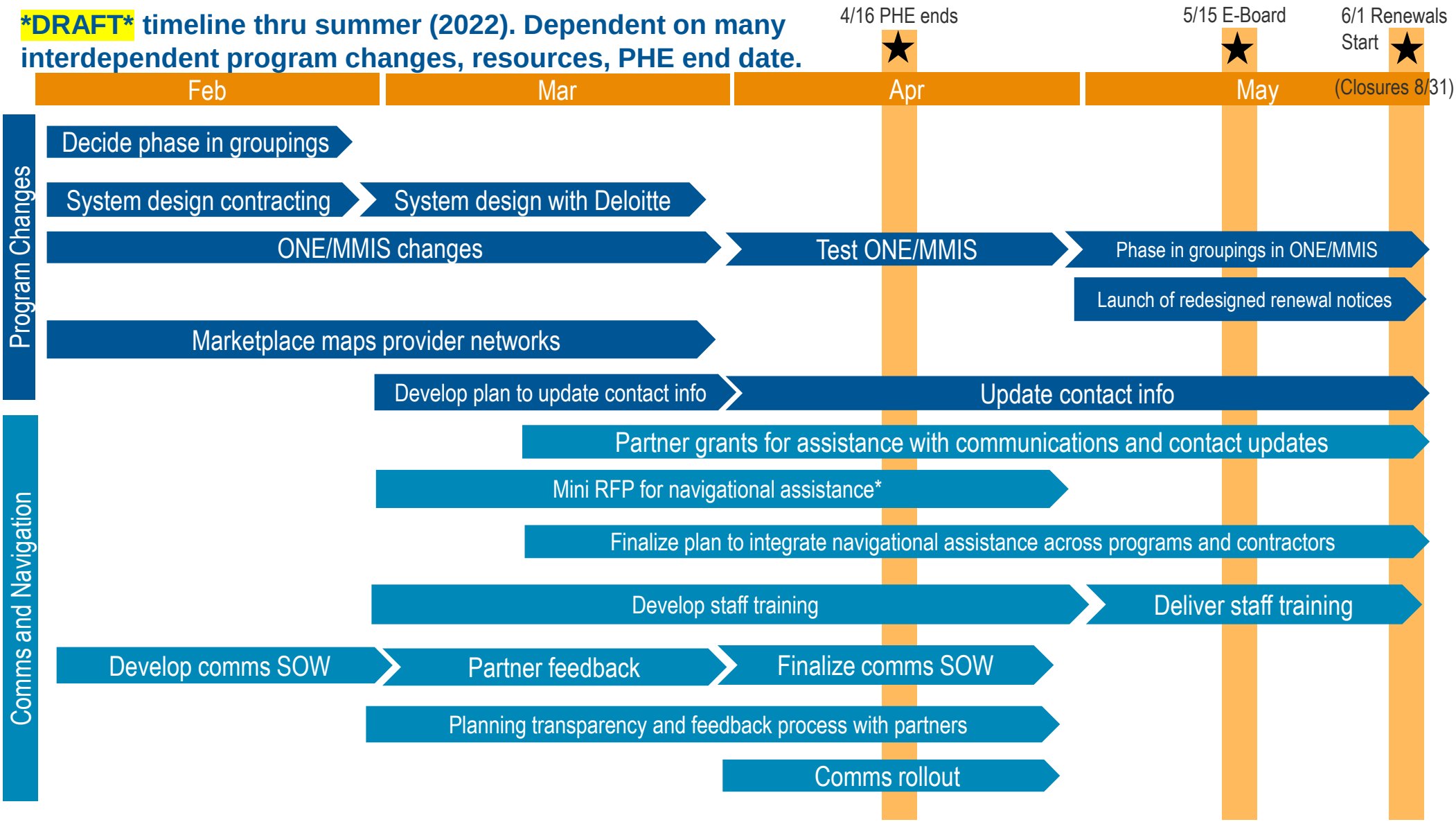
- **Auto-renewal:** OHA will maximize auto-renewal process and send pre-populated forms when needed.
- **Update Contact Info:** Check with other data sources, CCOs, send requests for updates, etc. to update member contact information. Need new processes for seeking updated contact information.
- **Communications**: Broad member outreach and communications campaign in collaboration with partners (providers, CCOs, CBOs, insurers, brokers)
    - Messaging on upcoming process, importance of updating contact information, and help with transitions (to be integrated with Healthier Oregon outreach)
    - Consultant to develop messaging, outreach plan and conduct media campaign
    - Small grants to partners for assistance in reaching members
    - **Transparency** on progress to public, partners, media, Legislature
- **Transition Support:** Tailored navigational assistance from the Marketplace, CPOP, ODHS and partners to help members transition to other options (crosswalk with Marketplace plans)
- **Data Sharing:** Develop data sharing between OHP, Marketplace, CCOs, Insurers, etc. to assistant with outreach and transition support
- **Forecast:** Updated caseload forecasts and budget rebalance depending on timing
- **Enterprise Infrastructure:** Need to add resources for multi-agency infrastructure to manage project

Hand-off from OHP to Marketplace:
Consumer Experience



Phase redeterminations by population

- Reconsider/change timelines for information or closures to allow more outreach
- OHP members grouped for into populations
    - *Front-load* easier cases (i.e. complete information)
    - *Back-load* higher risk cases to allow ramp-up, more time for outreach, and preserve coverage for churn or higher-risk members, such as:
        - Income-levels (e.g. 138-200% of FPL)
        - Age and disability (likely to age out and/or receipt of long-term care)
        - Health status (recent claim history with CCOs)
        - Special circumstances (domestic violence, houselessness, variable income)
- *Risks*: Potential budget impact. Could create higher workload later. Additional data work will take time and will require high level of coordination with CCOs. Not perfect – there will be exceptions and closures that come up at any time.


DRAFT timeline thru summer (2022). Dependent on many interdependent program changes, resources, PHE end date.
4/16 PHE ends
5/15 E-Board
6/1 Renewals Start
Feb
Mar
Apr
May
(Closures 8/31)
Program Changes
Decide phase in groupings
System design contracting
System design with Deloitte
ONE/MMIS changes
Test ONE/MMIS
Phase in groupings in ONE/MMIS
Launch of redesigned renewal notices
Marketplace maps provider networks
Develop plan to update contact info
Update contact info
Comms and Navigation
Partner grants for assistance with communications and contact updates
Mini RFP for navigational assistance*
Finalize plan to integrate navigational assistance across programs and contractors
Develop staff training
Deliver staff training
Develop comms SOW
Partner feedback
Finalize comms SOW
Planning transparency and feedback process with partners
Comms rollout

Temporarily expand OHP eligibility for churn population

In addition to Step A, leverage a state plan amendment or temporary 1115 waiver to continue OHP eligibility for 138%-200% of FPL.

- This would be at a standard FMAP rate (instead of enhanced ACA rate). Budget impact would be mitigated if PHE is extended.
- Short-term solution to for outreach and transition and to maintain coverage until launch of new health plan option for churn population (Step C).
- Those above 200% FPL will still need to be transitioned to Marketplace.
- Would require MMIS and ONE changes.
- *Example: Apply now for authority. As churn population is redetermined, move them to the new category. End coverage on date certain in 2023 when new Step C plan expected to launch. Serves as backstop if PHE isn't extended. If PHE is extended, may not be used, or used minimally.*

Develop new plan option for churn population

Seek federal approval to create a more affordable option that provides continuity of care in a CCO for low-income adults (138-200% of FPL) who are likely to “churn” in and out of OHP.

- Leverage federal Marketplace subsidies to provide an alternative coverage option aim to have a minimal cost to the state and members.
- Seek approval through a section 1331 or 1332 authority under the ACA.
- Aim is to “catch” (auto-enroll) eligible exiting OHP members with option to stay in CCO.
- Any plan would need to work for and address concerns of both OHA and DCBS.

Potential Alternatives/Variations Considered

CCO Bridge Plans on Marketplace - ACA guidance allows a pathway for managed care entities to provide limited enrollment on the Marketplace to individuals exiting Medicaid; however, many CCOs do not meet requirements.

Wrap-around subsidies – Leverage state GF to provide wrap-around subsidies (in addition to federal subsidies) to further reduce premiums and cost-sharing. Likely a manual work-around.

Maintain Marketplace Option - The state could seek a 1332 waiver to allow the Marketplace to continue to be an option for individuals 138-200% FPL in addition to an off-Marketplace churn plan.

Temporary Plan - The state could seek federal authority for a temporary plan to "catch" low-income individuals exiting Medicaid but transition them to the Marketplace longer-term. Likely would required significant state match.

Timeline: Through 2023

DRAFT **timeline thru summer (2022). Dependent on many interdependent program changes still to be finalized, resources, PHE end date.**

DRAFT

2022

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

PHE ends

E-Board

Renewals begin

First Option A closures

"Phase 1" redetermination populations" in Step A

Develop and apply for Steps B and C

2023

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Legislative session

2024 Open Enrollment

"Phase 2 populations" in Step A

Last Closures

Step B: Maintain coverage for 138-200% FPL

Step C: Transition 138-200% FPL to new plan

Current status

- Primary focus is on “step A” – have formed team across OHA/ODHS to identify and price various options
- Planning for partner comms/outreach plan to be developed in early March
- Draft plan being developed to capture all planning to date and plans for current PHE ending schedule (assuming June 2022 start)
- Planning calls with CMS underway
- For steps B&C:
    - Positive reactions from CMS to be helpful
    - CMS most interested if building a permanent solution for churn

Next steps

Next Steps

- Completing draft plan for steps A
- Identifying populations estimates and pricing of phased approach in step A Develop communications/outreach plans and estimates
- Develop staffing needs in partnership with ODHS
- Advocacy to seek more time from CMS, flexibility, and support for authority to create a better option for the churn population

Legislative direction in 2022

- Identify legislative intent for timing/process for redeterminations (phased population approach) – Step A
  - Direction to develop outreach/comms plan with partners and set aside resources for outreach
  - Create transparent process for oversight and monitoring progress
- If interest in Steps B and C:
  - Establish sideboards for stakeholder and partner conversations to develop plans, apply
- Establish potential check points with Legislature (such as May E-Board) to approve the go-forward with plans for Steps A, B and C)

Questions?