
Oregon Health Plan Post-Public Health Emergency Eligibility Redeterminations Planning

House Rules Committee

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Background and the Challenge Ahead

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



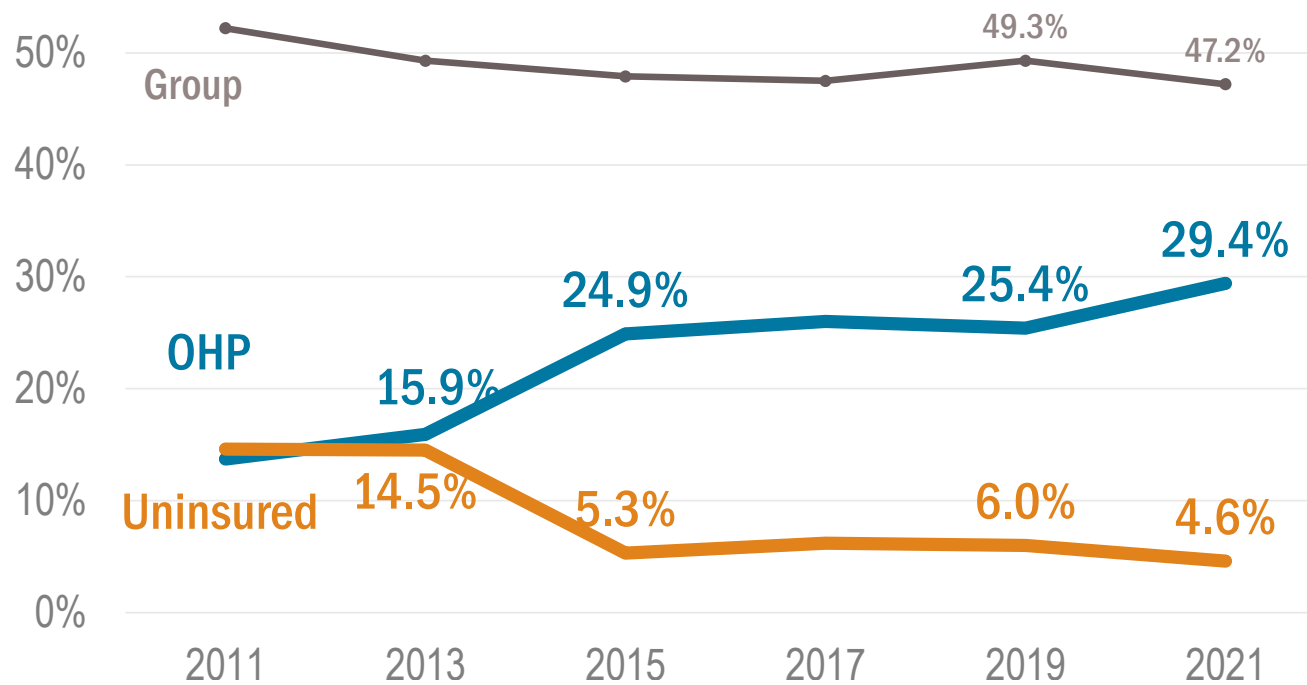
Family First Coronavirus Recovery Act

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.

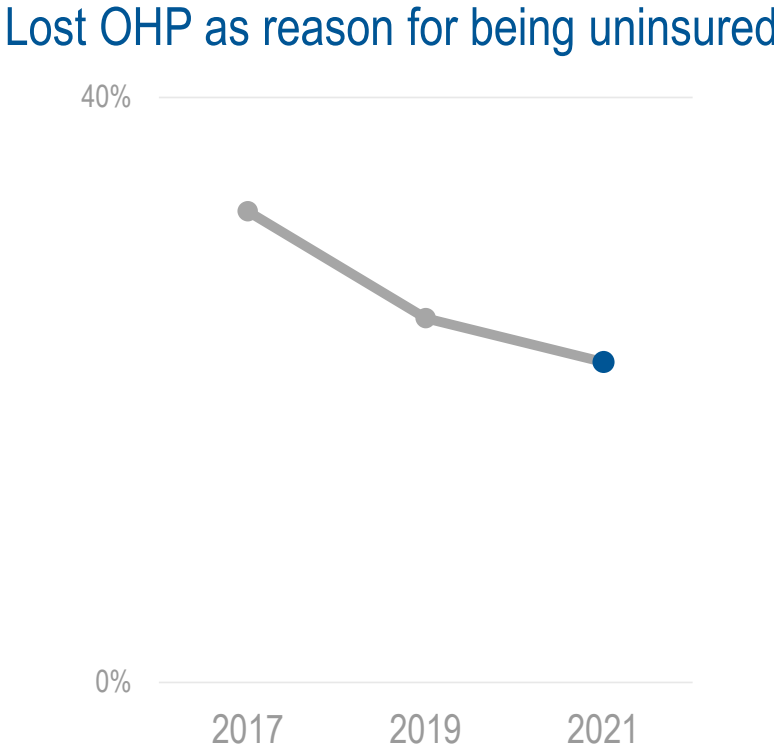
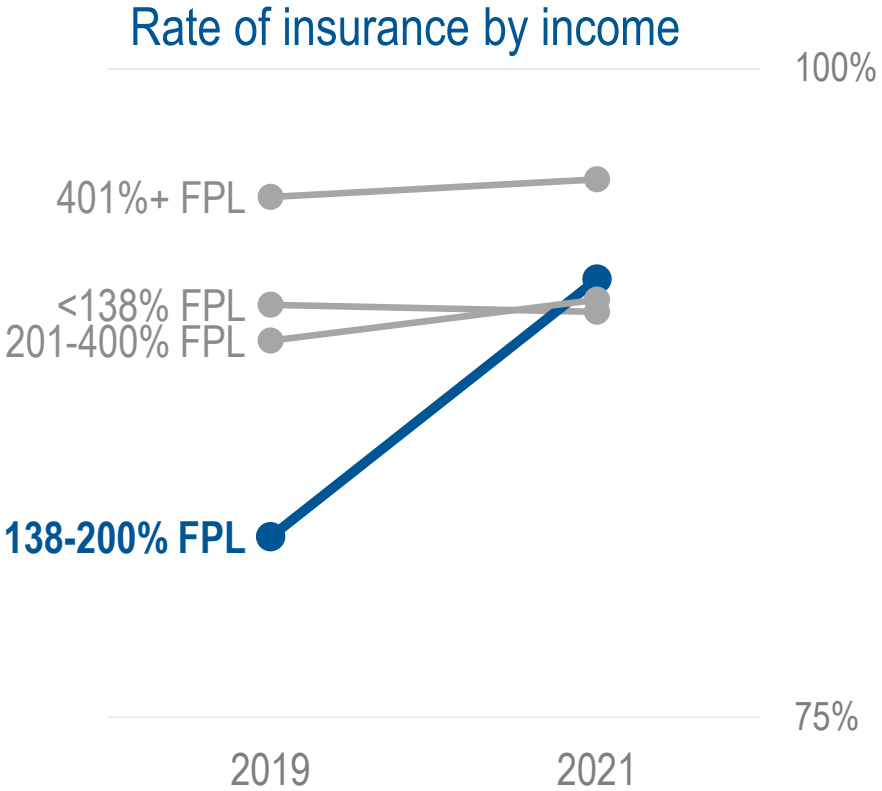
**During the PHE, the uninsured rate dropped to a record low of 4.6%.
For Black/African American individuals it dropped from 8% to 5%.**



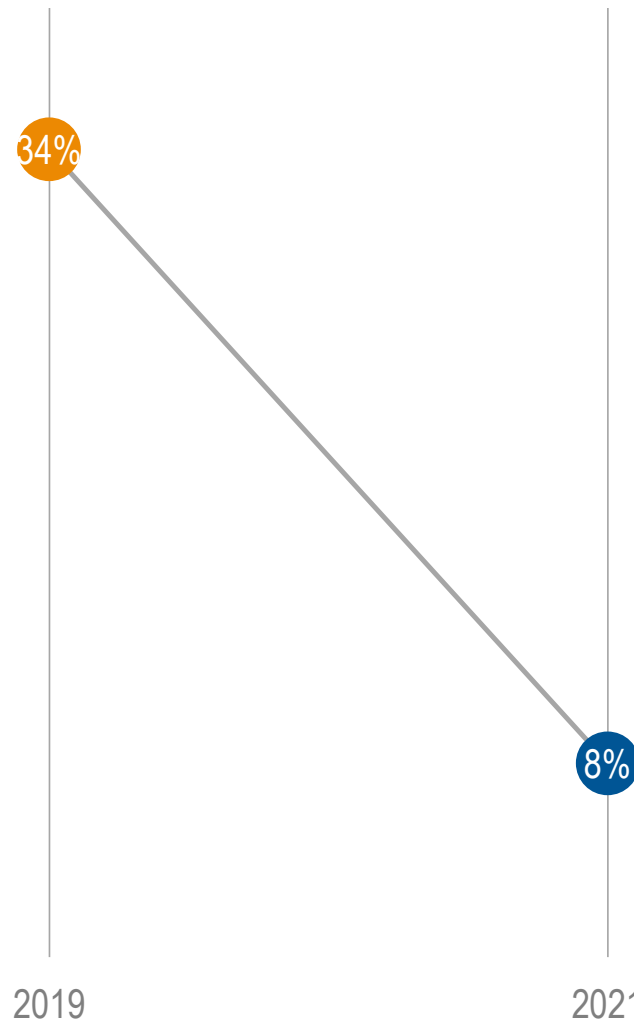
Data is from the 2021 Oregon Health Insurance Survey. OHP caseload has continued to grow since this survey.

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



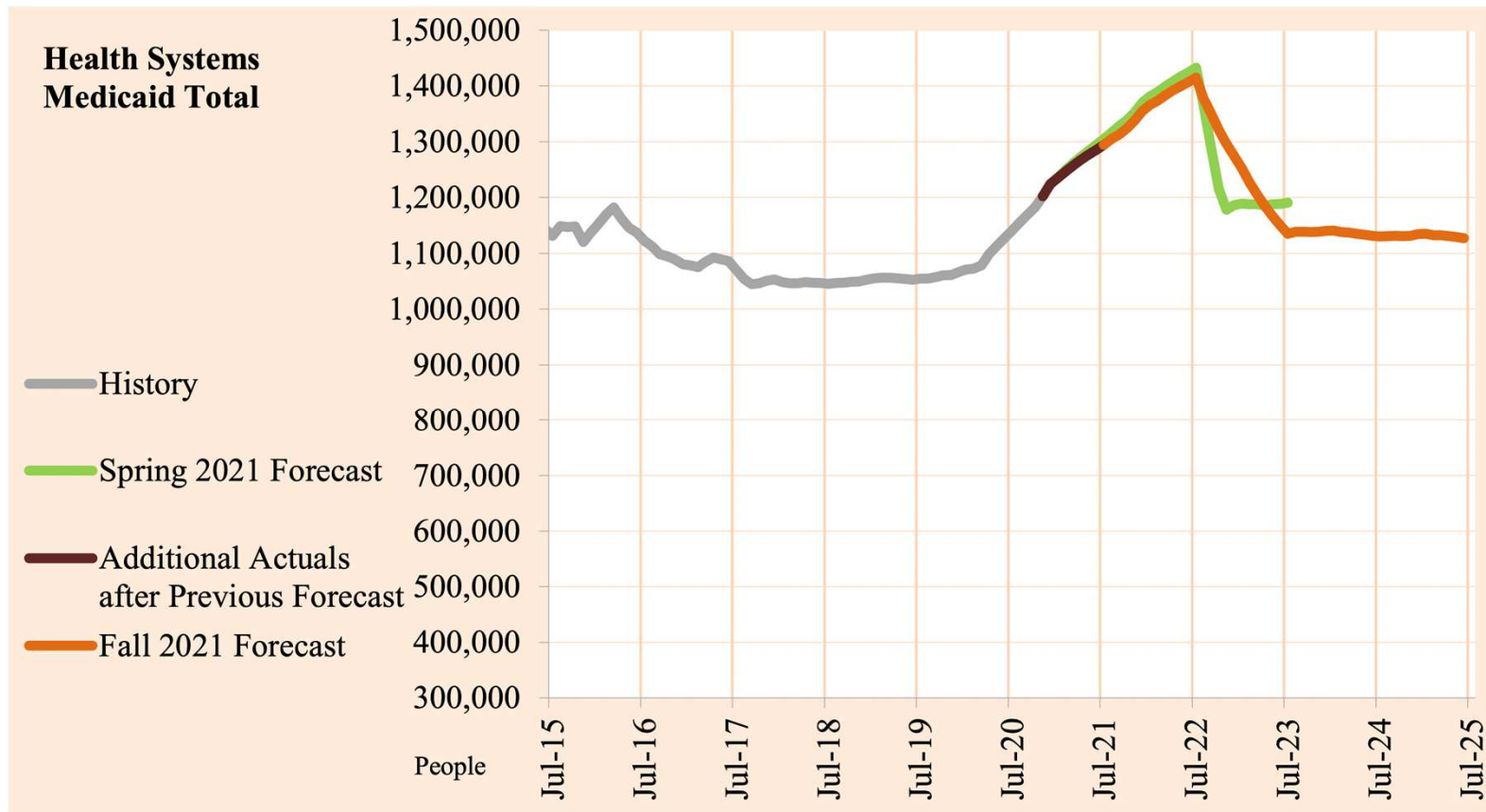
In September 2019, **more than a third** of people enrolling in OHP were returning after less than a year (25% within 6 months).



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

Planning and Options

HB 4035 approach to redeterminations

Redeterminations Process

Under the normal (default) redeterminations process, the total caseload of 1.4 million would be spread 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.

HB 4035 Proposed Approach: 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.*

New Bridge Plan for Churn Population

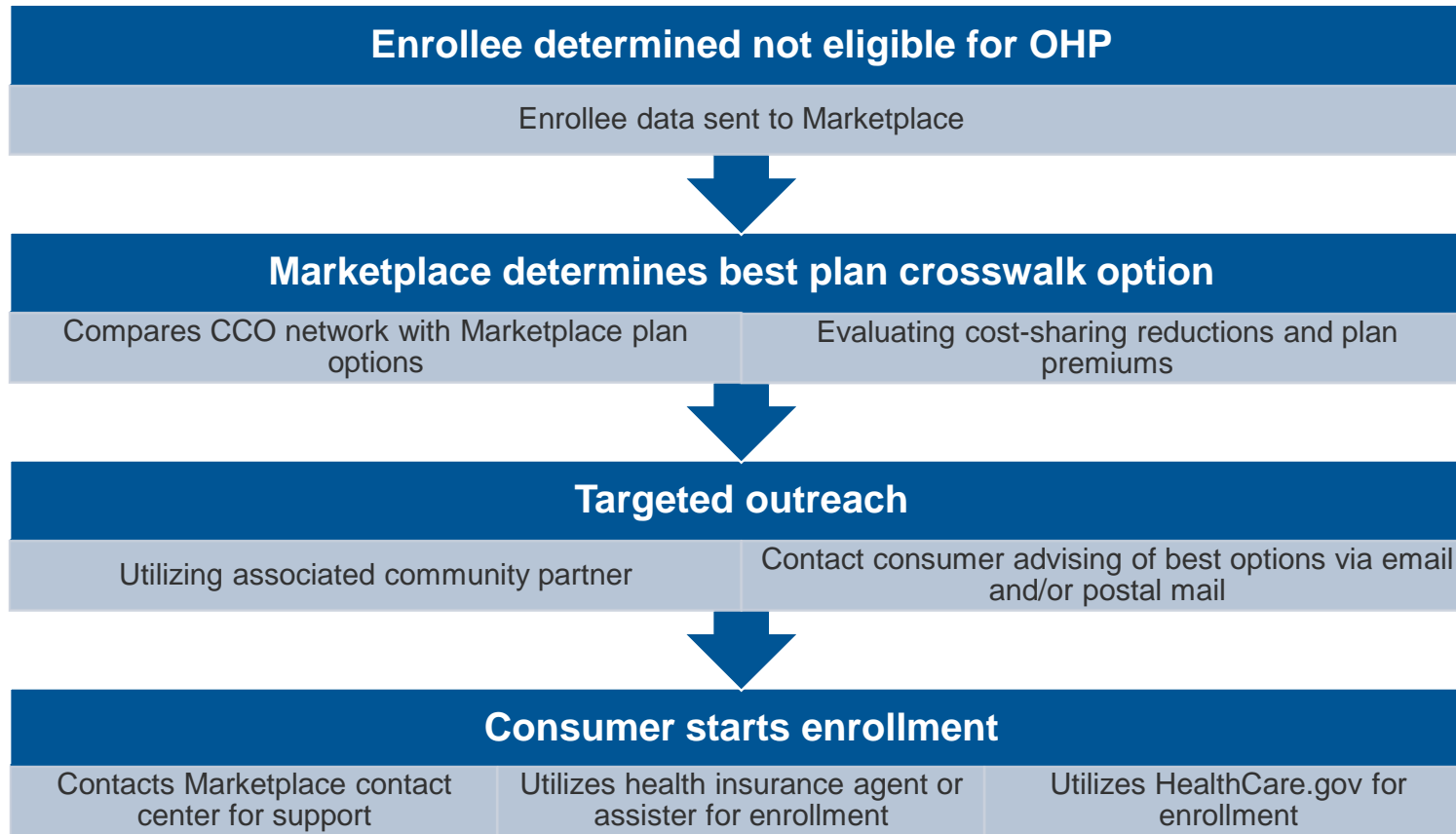
Create a new “bridge” plan for churn population that “catches” lower-income (churn) individuals under 200% of FPL exiting Medicaid to provide continuity of care and a more affordable option. *Use 1331 or 1332 options under the ACA to leverage federal ACA funding.*

If needed **temporarily expand OHP eligibility** to continue coverage for people lower-income (churn) individuals until transitioned to the new program. *Use a temporary 1115 waiver, if need to maintain coverage up to 200% FPL through redetermination period. Need/cost would be mitigated if PHE extended.*

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 assist 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

- Adjust timelines to allow more time for members to submit information and for outreach to occur before closures
- 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.

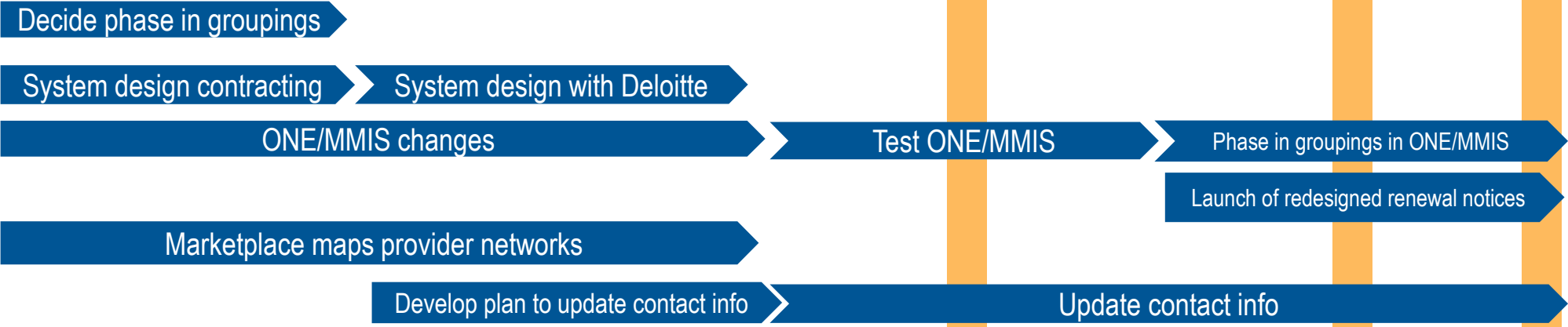
4/16 PHE ends

5/15 E-Board

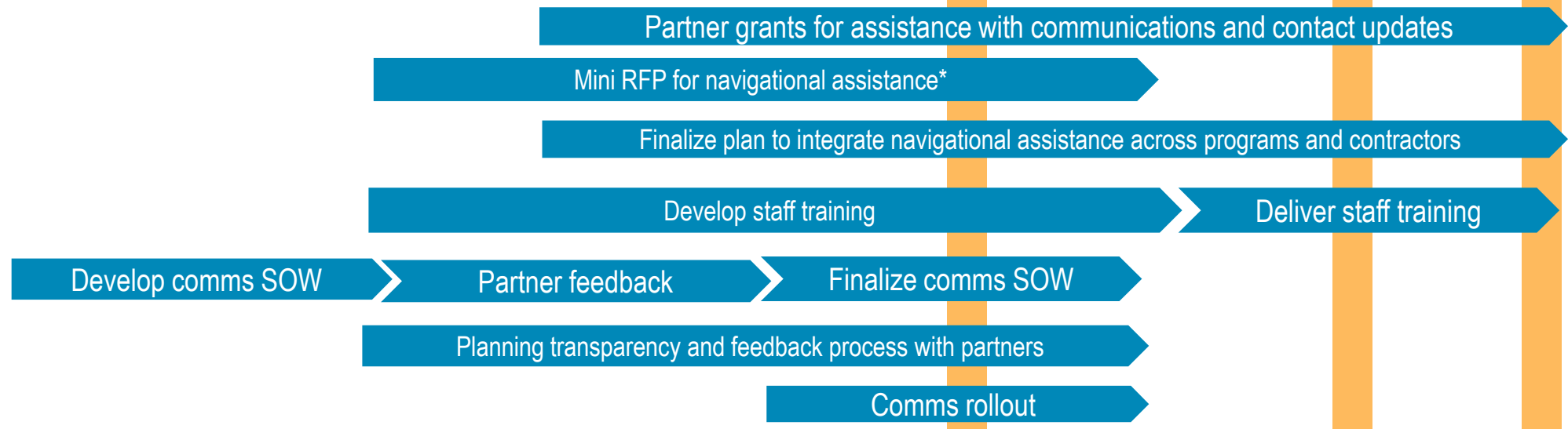
6/1 Renewals Start



Program Changes



Comms and Navigation



Develop new “bridge” plan 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.

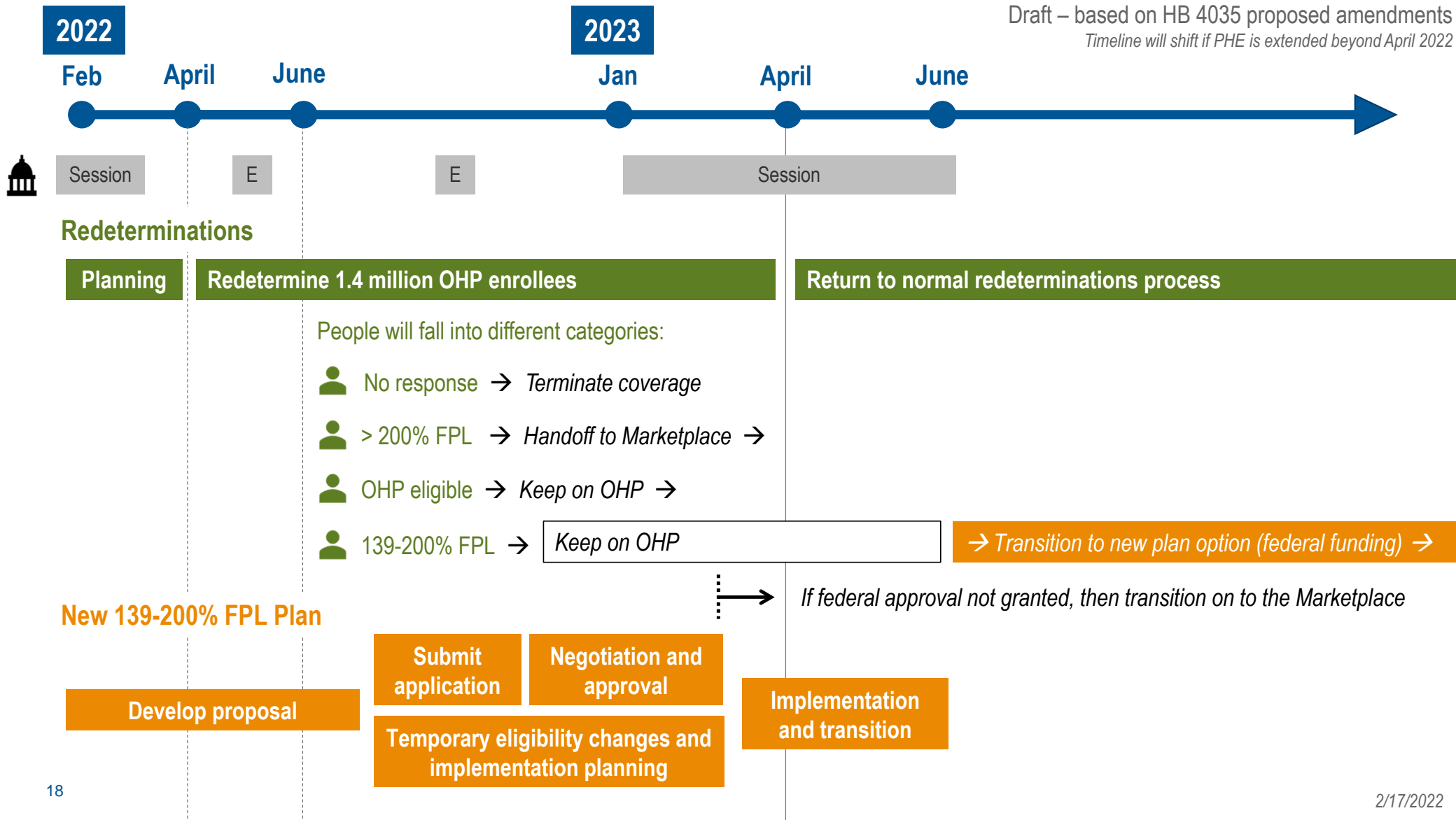
Temporary Plan - The state could seek federal authority for a temporary plan to “catch” low-income individuals exiting Medicaid but transition them to the Marketplace longer-term. Likely would required significant state match.

If needed, temporarily expand OHP eligibility for churn population until new program launches

To maintain coverage for the churn population, 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.
- Those above 200% FPL will still need to be transitioned to Marketplace.
- Would require MMIS and ONE changes.
- *Example: As churn population is redetermined and may otherwise have coverage end, move them to a new Medicaid category temporarily. End this extended Medicaid eligibility on date certain in 2023 when new churn program is expected to launch. Serves as backstop if PHE isn't extended. If PHE is extended, may not be used, or used minimally.*

Draft – based on HB 4035 proposed amendments
 Timeline will shift if PHE is extended beyond April 2022



Next steps

Current status

- Redeterminations:
 - Formed team across OHA/ODHS developing phased redeterminations approach
 - Submitted initial draft plan for redeterminations to Legislative leadership
 - Planning for partner comms/outreach plan to be developed through spring
 - Planning calls with CMS underway – states continue to advocate for more time, flexibility
- Churn population bridge program:
 - Positive reactions from CMS and delegation to be helpful
 - CMS most interested in building a permanent solution for churn population

HB 4035

- Redeterminations: identifies legislative intent for timing/process
 - Direction to take the phased population approach, emphasize smooth transitions and not losing eligible individuals
 - Direction to develop outreach/comms plan with partners and appropriate resources for outreach, communications and navigation assistance
 - Updated redeterminations plan and process - **report due May 2022**
 - Create transparent process for oversight and legislative updates
- New churn population bridge program:
 - Establishes short-term task force and sideboards for stakeholder and partner conversations to develop plans and authority for OHA to apply – **report due July 2022**
 - Establish potential check points with Legislature and wind down of churn population coverage if federal plans not approved



Questions?