

Medicaid Division

Presented to Senate Committee on Early Childhood and Behavioral Health February 11, 2025

Emma Sandoe, MPH, PhD- Medicaid Director



- Medicaid program and administration
- Coverage
- New developments
- Q&A

OHA Strategic Plan





What is Medicaid?

What is Medicaid and the Oregon Health Plan (OHP)

- Medicaid is a joint federal and state program that is administered by each state in accordance with federal law, enacted in 1965 as companion legislation to Medicare
- The Oregon Health Plan (OHP) is Oregon's Medicaid program, providing coverage to individuals with lower incomes, regardless of age or immigration status. Unlike Medicare, which is a federal program for those 65 and older or with specific disabilities, OHP eligibility is based on income rather than age or work history.
- Oregon contracts with the Center for Medicare & Medicaid Services (CMS) through the approved Medicaid State Plan and various waivers.
 - States must follow federal rules to get Medicaid funding.
 - States can ask **to change** their Medicaid rules. These changes are called Medicaid waivers.

Medicare

Medicaid

Paid for by a Trust Fund funded with Payroll Taxes

Same Program Nationwide

Benefits people over the age of 65 and certain people with disabilities

Participants pay deductibles and for part of coverage

> Divided into 4 Parts: A, B, C, & D

Benefits people with Disabilities

Prescription Drug Coverage

Outpatient Hospital Care

Inpatient Hospital Care

> Participants receive regular Dental and Vision Exams

Paid for by Federal, State, and Local Taxes

> Program differs State by State

Benefits people with low incomes

Long-term services and supports

Better Health, Better Care and Lower Costs for All

Medicaid supports OHA's triple aim of better health, better care and lower costs for all.

- Expanding eligibility
- Integrating care through CCOs
- Access to physical, behavioral and oral health care
- Preventative care
- Housing, nutrition and climate services
- Partnering with the nine federally recognized Tribes of Oregon and the Urban Indian Health Program for culturally appropriate care
- Addressing health inequities through data and community partnerships.



Who is Covered?

Medicaid: Populations Served

1.4 million Oregon Health Plan (OHP) Members

1 in 3 people in Oregon covered by Medicaid

57% of Oregon's Children (0-17 years old) covered by Medicaid

Over 40% of births covered by Medicaid

144 total written language preferences among OHP members

242 unique spoken language preferences among OHP members

What is the Medicaid Division: Our Work

Oregon Health Plan (OHP):

• Oregon's Medicaid program. Covers doctor visits, hospital care, behavioral health services, oral health services, health-related social needs (HRSN) and additional benefits for children and pregnant people.

Healthier Oregon:

• Provides full OHP benefits to anyone meeting income and other OHP eligibility requirements. Immigration status no longer determines if someone can qualify for full OHP.

OHP Bridge:

- Covers medical, dental, and behavioral health care, along with additional benefits like transportation to medical appointments and health-related services.
 - OHP Bridge does not include coverage for long-term services and supports or HRSN.

Medicaid Enrollment by County in 2024



Medicaid's Structure

Coordinated Care Organizations (CCOs)

- 92.4% members are enrolled with CCOs
- Manage financial risk and coordinate health care access for their members

Statewide Fee for Service (FFS)

- 7.5% members have an "open card" arrangement
- Exists outside the CCO structure due to federally mandated exemptions, and OHA pays providers directly
- Carved out services for all Medicaid-eligible populations
 - Behavior Rehabilitation Services
 - Home and Community-Based Care

FFS Covered populations can include:

- American Indian/Alaska Native people
- Youth involved in child welfare
- Youth served by Oregon Youth Authority
- People who are Dual Eligible for Medicaid and Medicare
- Newly eligible pregnant people in 3rd trimester
- Children with complex medical needs ("medically fragile")
- People with third party insurance

Coordinated Care Organizations (CCOs)

- Coordinated Care Organizations are community-governed organizations that contract with the state to provide to coordinate care for people on the Oregon Health Plan. This includes Medicaid, the Basic Health Plan and state-funded plans such as Healthier Oregon.
- CCOs receive fixed monthly payments from the state to coordinate care. There are financial incentives available to reward outcomes and quality.
- CCOs also have the flexibility to address their members' health needs outside traditional medical services. This model is designed to improve member care and reduce taxpayer costs.

16 Coordinated Care Organizations (CCOs)



External Partnerships



1115 Waiver: Filling gaps in health care with new OHP benefits



Oregon 1115 Waiver Key Changes

Extended Oregon Health Plan (OHP) Eligibility and Benefits

Expanded Medicaid Coverage:

- Continuous OHP for children up to age 6
- 2 years of OHP enrollment for ages 6+
- Coverage for young adults with special health needs up to age 26

Expanded Medicaid Benefits & Services:

- HRSN supports (housing, nutrition, climate, outreach)
- Limited services for individuals in carceral settings (90 days pre-release)
- Tribal Traditional Healing practices
- New appeals system for OHP Open Card/FFS (by Jan 1, 2027)
- Additional OHP services covered starting Jan 1, 2027

Implementation Timeline



2026 - 2027

- Reentry Health Care
- Prioritized List phase out (1/1/2027)

EPSDT = early & periodic screening, diagnostic and treatment **HRSN** = Health-related social needs **YSHCN** = Young Adults with Special Health Care Needs

2025-27 Focus Areas

Medicaid and Health Care Funding & Coverage Expansion

- Continue to build 1115 Medicaid waiver benefits
- Transition people and families from Healthier Oregon to OHP Bridge
- Renew hospital & insurers' assessments for stable Medicaid funding

Behavioral Health and Integration

- Sustain and expand Medicaid Certified Community Behavioral Health Clinics (CCBHC)
- Increase access to behavioral health treatment

Health System Infrastructure and Access Improvement

- CCO Contract Procurement Project
- Expand interpreter availability for language access
- Ongoing efforts to align with federal access, quality, and compliance standards

What is OHP Bridge?

- OHP Bridge is a new benefit that launched in July 2024 for adults with higher incomes.
- People who get OHP Bridge must:
 - Have income up to 200 percent of the federal poverty level,
 - Be 19 to 64 years old,
 - Not have access to other affordable health insurance, and
 - Have an eligible citizenship or immigration status to qualify.
- OHP Bridge is free coverage with no member costs like copays or deductibles.



Key Successes

Medicaid Outcomes

Outcomes of Medicaid's work:

- Expanded eligibility for children, immigrants, and adults with incomes between 138% and 200% of FPL.
- Helped people maintain OHP coverage after the end of the Public Health Emergency (PHE).
- Increasing access to preventative services (e.g., screening, vaccinations, HRSNs).
- Covering Substance Use Disorder treatments, including Medication Assisted Treatment (MAT).
- Providing culturally appropriate care and telehealth to reach underserved areas.
- Played a key role in insurance coverage for key groups.

Health Insurance Coverage in Oregon	2017	2023
Statewide	93.8%	97.0%
American Indian or Alaska Native	89.7%	96.3%
Black or African American	91.4%	93.9%
Latinx	84.6%	92.3%
19- to 34-year-olds	88.0%	94.0%



CMS Homepage

Medicaid Homepage (Federal) – Medicaid in Oregon

Oregon's 1115 Medicaid Demonstrations – 2022-2027 two-page summary

Oregon Health Plan Terms



Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at sarah.herb@oha.oregon.gov.

Medicaid Division

- Emma Sandoe, Director
- Vivian Levy, Deputy Director
- Shawna McDermott, Deputy Director

