



Presentation to the Human Services Subcommittee
of the Joint Committee on Ways and Means

COVID-19

Public Health Emergency (PHE)

Unwinding and OHP-Bridge (BHP) Update

February 21, 2024



Agenda

1. Oregon's objectives and goals for unwinding the COVID-19 Public Health Emergency (PHE)
2. Status of medical renewals in Oregon
3. Preparing the final group for medical renewals
4. Adjustments Oregon is making in processes and outreach
5. Transitioning the eligibility workforce to post-PHE operations
6. OHP Bridge update, including Temporary Medicaid Expansion

Presenters:

- Vivian Levy, Interim Medicaid Director, Oregon Health Authority (OHA)
- Nathan Singer, Director, Oregon Eligibility Partnership, Oregon Department of Human Services (ODHS)
- Nikki Olson, Interim Medicaid Deputy Director, OHA

Protecting Oregon's low rate of uninsured people

1 in 3

People enrolled in Oregon Health Plan

37%

Growth in OHP during COVID-19 emergency; 400,000 new members

4.6%

People in Oregon without health coverage; down from 6% before the pandemic

Oregon's objective during the public health emergency unwinding has been to preserve and expand health coverage for economically and medically vulnerable people to eliminate health inequity and bring better outcomes in people's lives.

PHE unwinding goals

1

Ensure all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner without interruption

2

Give those no longer eligible for benefits clear direction and coordination of additional resources

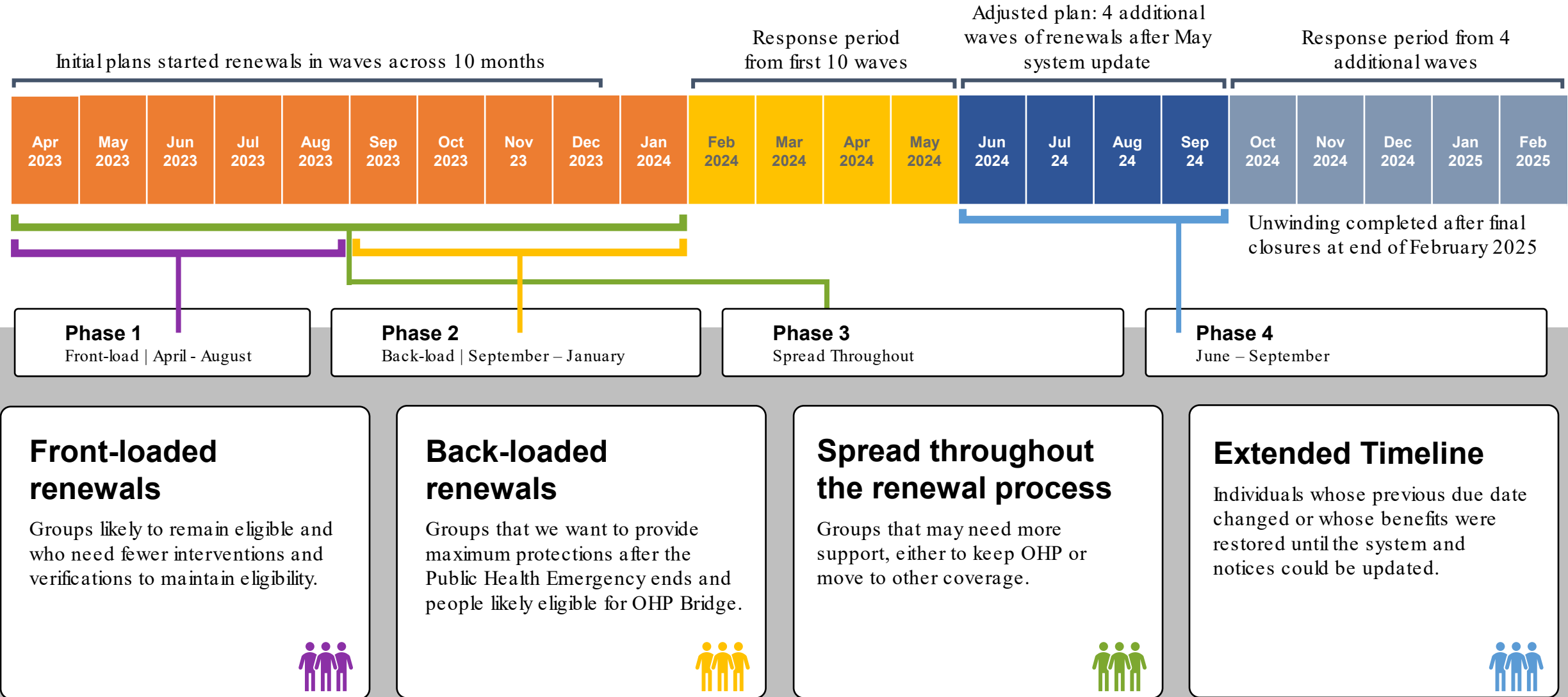
3

Give those who assist people receiving benefits clear information about how they can help

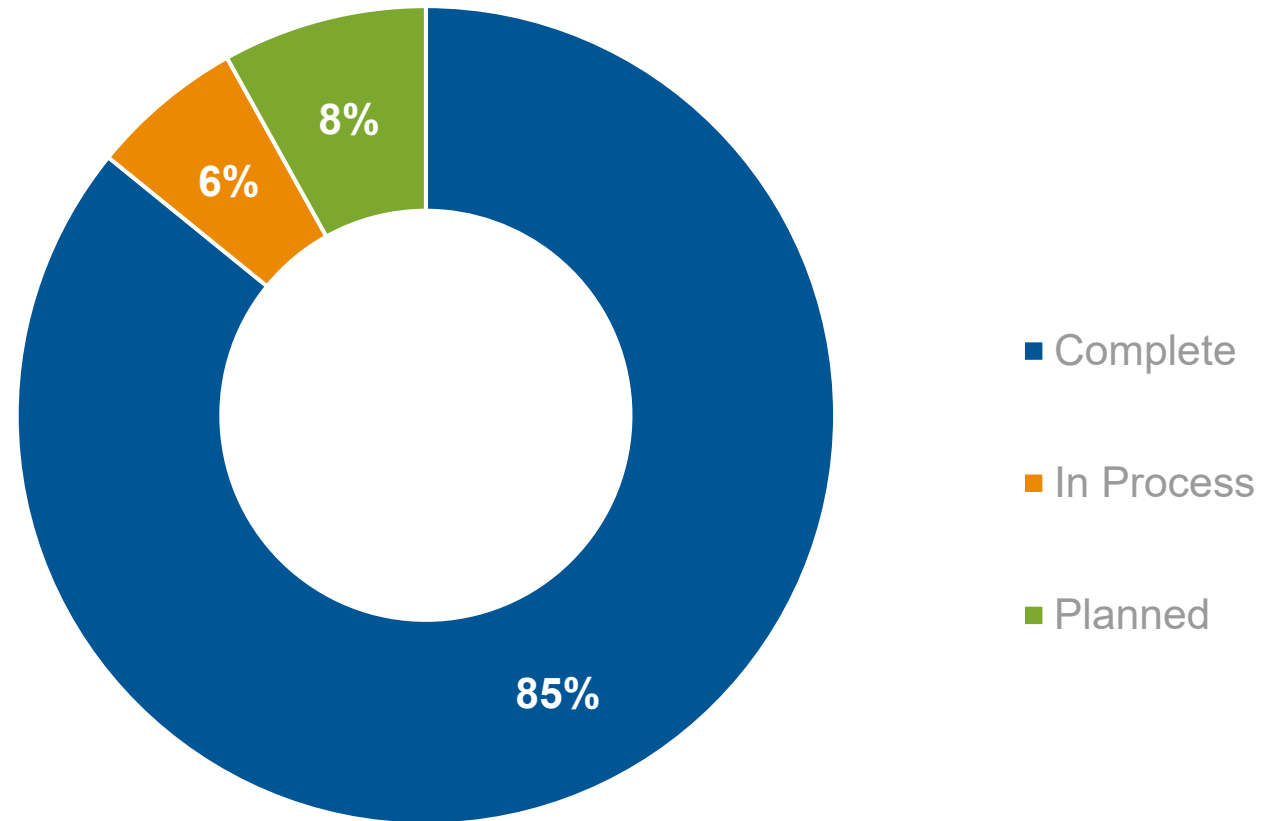


Medical renewal status

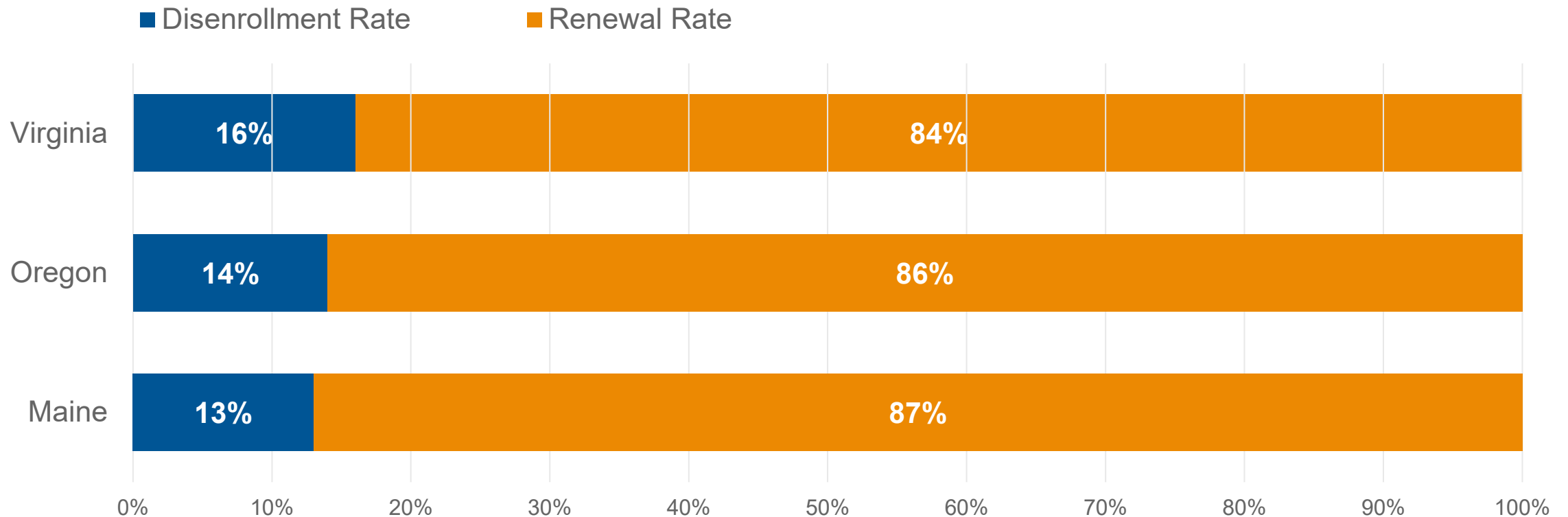
Phased Renewals by Population



Reviewing medical eligibility for 1 in 3 people in Oregon

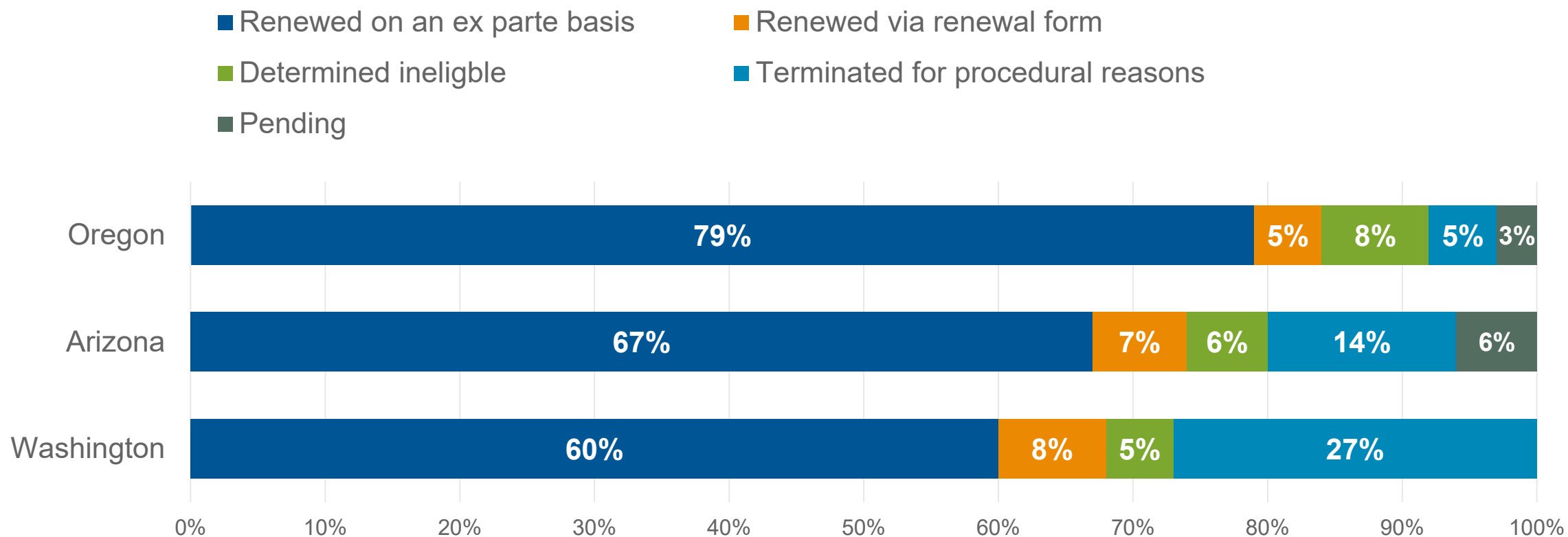


Oregon has second highest renewal rate in nation



SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS
<https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

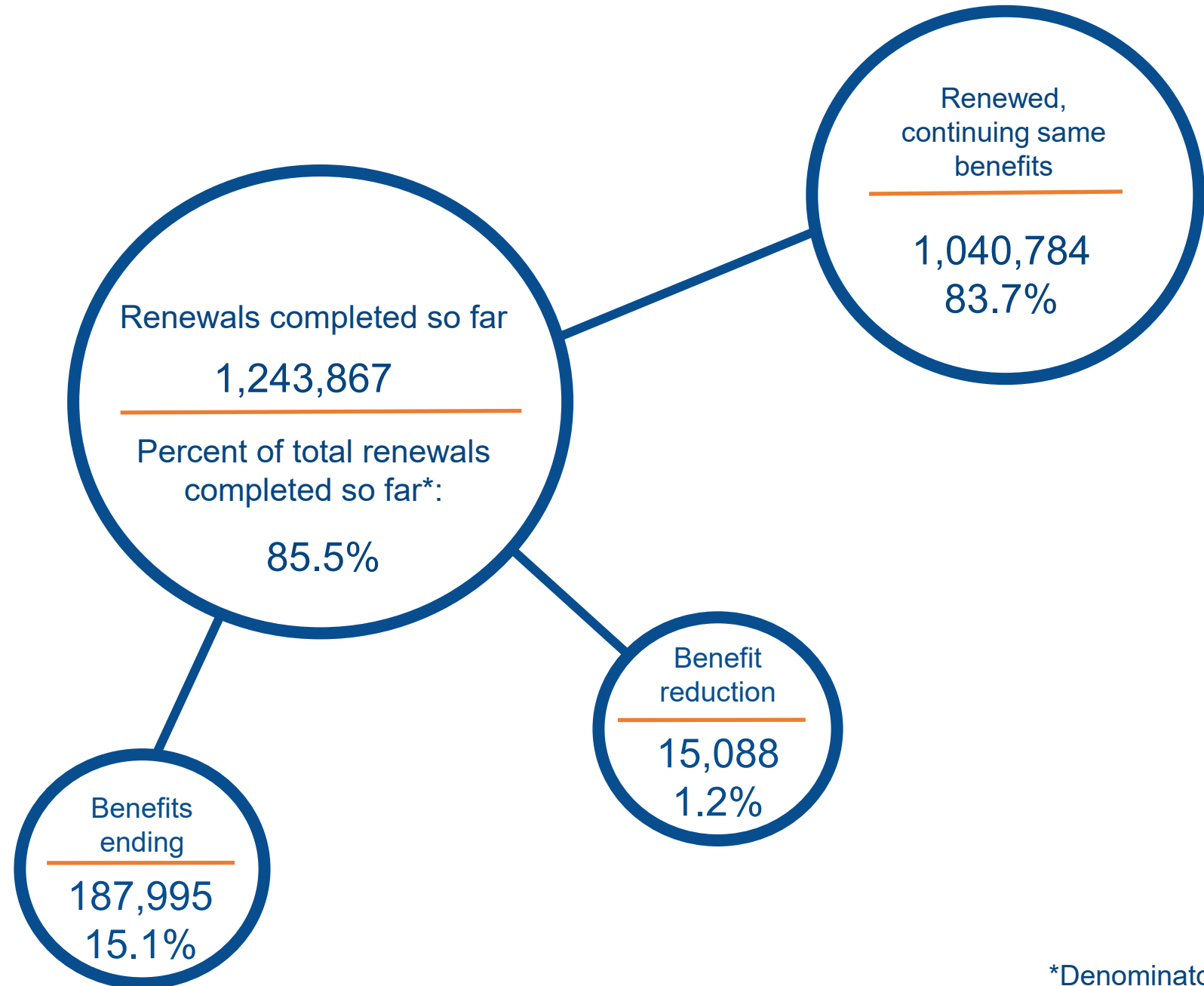
Oregon ranks first for preventing unnecessary paperwork



SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS
<https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

Renewal Outcome Summary

Completed renewals as of 02/17/2024



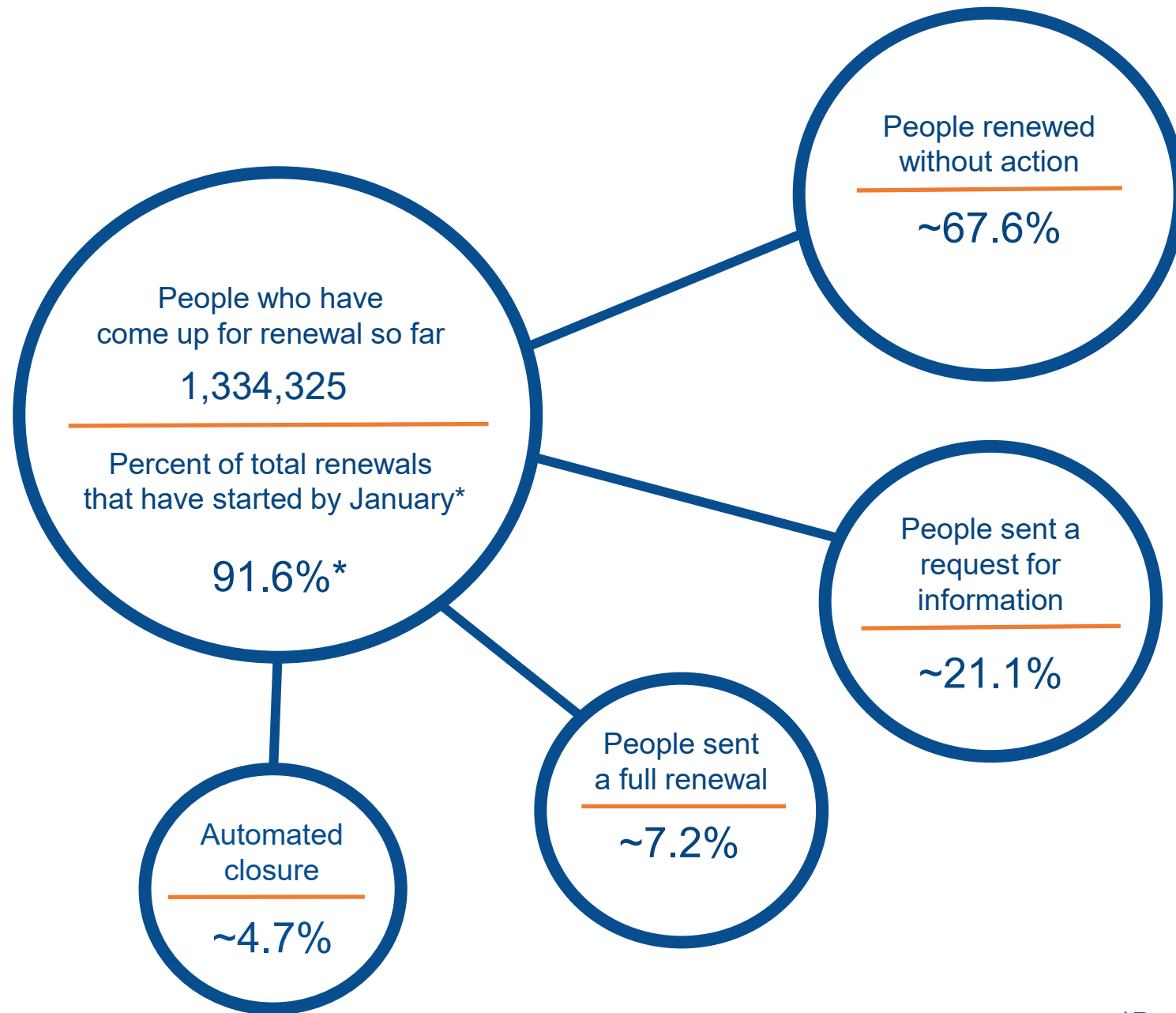
*Denominator uses total members as of December

Outgoing Renewal Request Types

April '23-Feb. '24

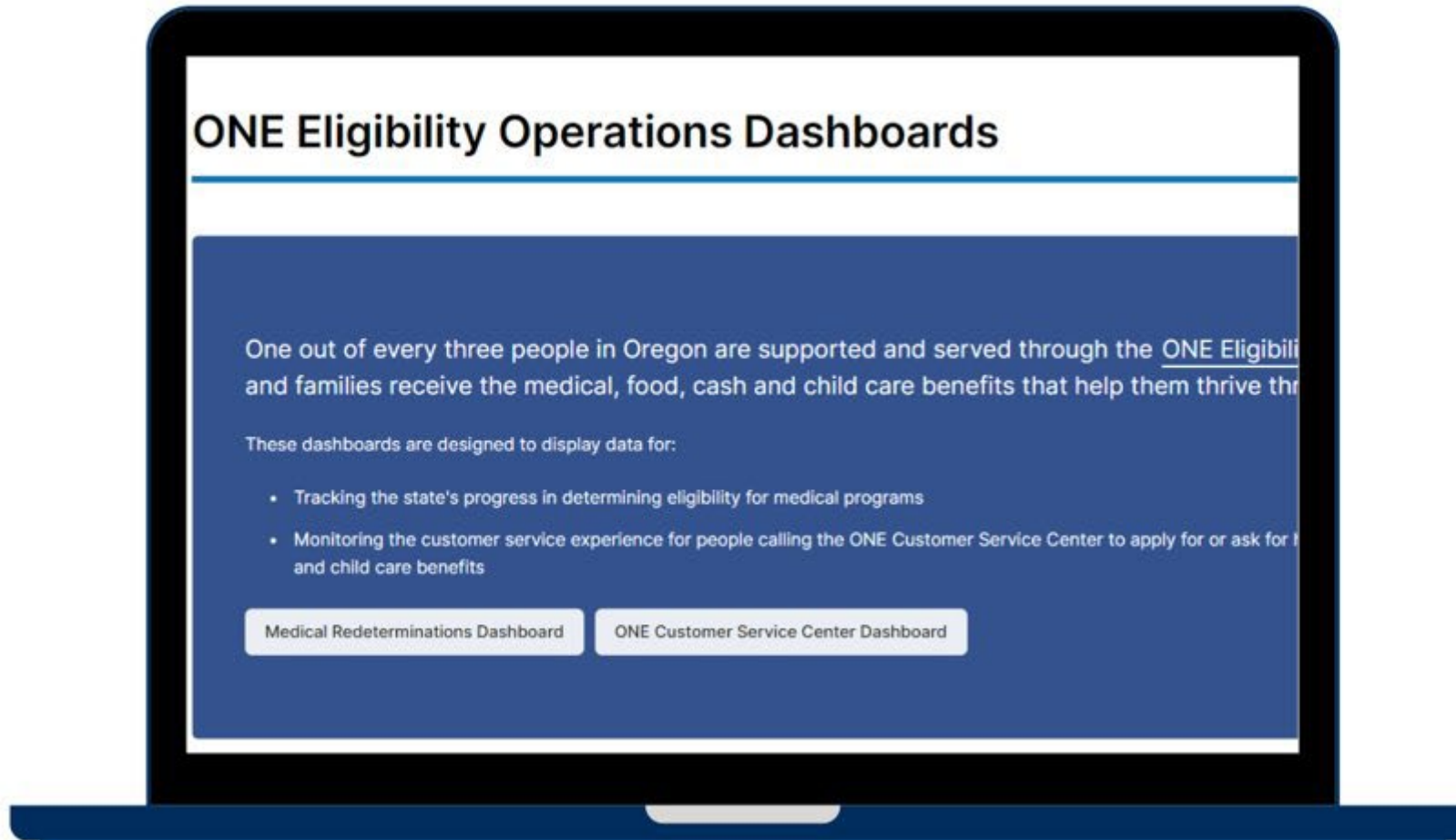
Data indicates what we asked of people during renewal.

Does not include later outcomes or responses.



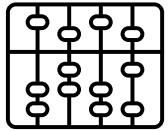
*Denominator uses total members as of December

Data by county shown on medical dashboard

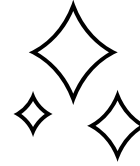


Two dashboards at
benefits.oregon.gov.
Scan the QR to go to
the webpage.

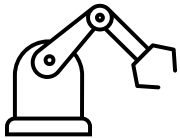
Oregon's steps to preserve coverage



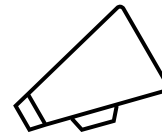
Sequencing of renewals



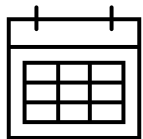
Upcoming OHP Bridge Program



Automating renewals



Outreach efforts



**Extending timelines for
response and closure**

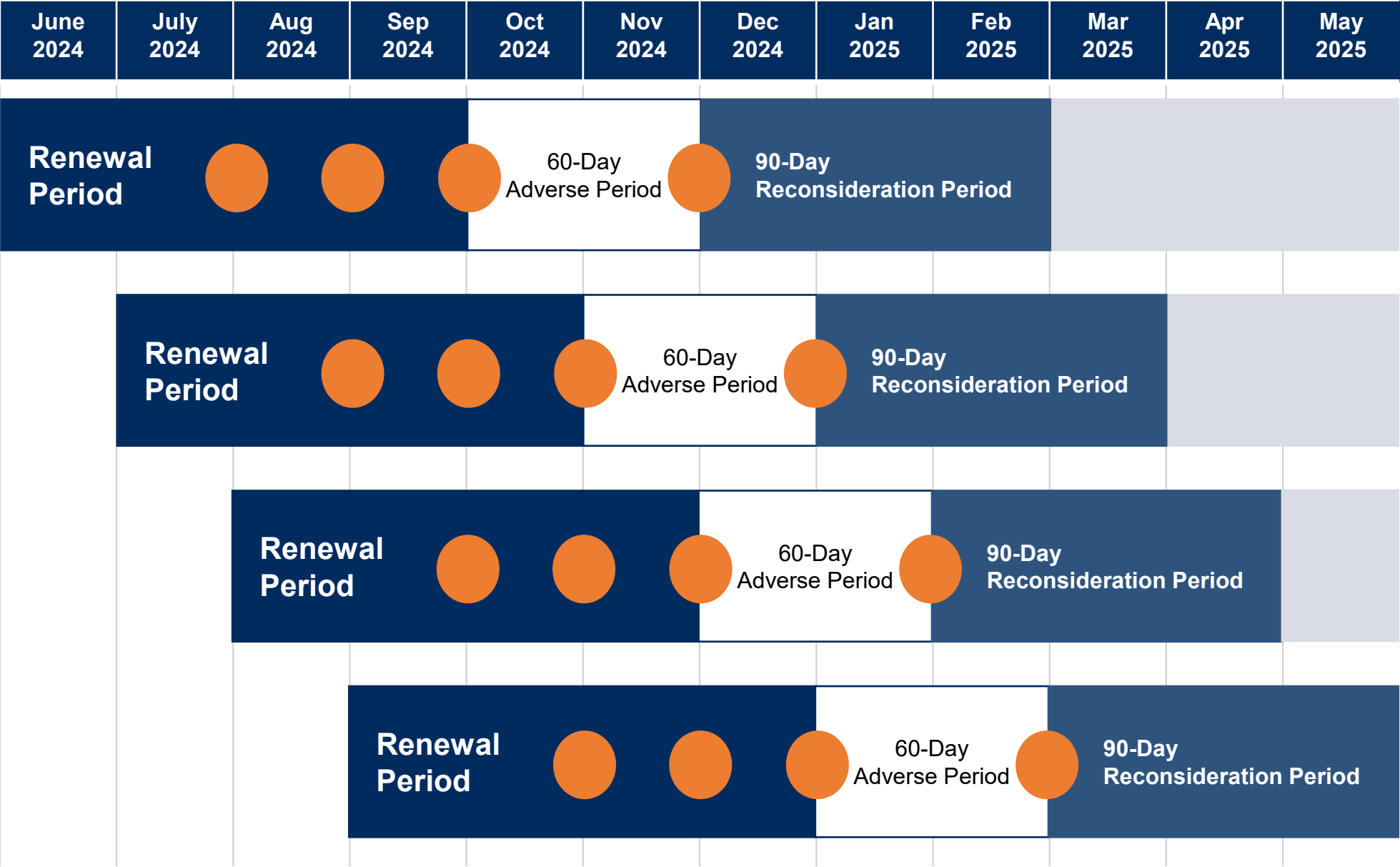


**New Continuous Eligibility rules
reduce closures between renewals**

Final group for medical renewals

Final group scheduled to begin in June

- Around 107,000 renewals in final group
- Most in the group were rescheduled and include:
 - People in the Oregon Supplemental Income Program-Medical (OSIPM). OSIPM provides OHP coverage to people who are legally blind, have a disability, and/or are 65 or older with limited income and financial resources.
 - People whose benefits were restored and renewals rescheduled as part of a federal request to review automated renewal processes.
- Received CMS approval on timeline on Feb. 13, 2024
 - Staggered over four months
 - First wave sent in June, waves continuing through September
 - Final responses would be due in December with final closures in February 2025



Interactive Key

1

1st Reminder Notice

2

2nd Reminder Notice

N

Notice of Closure

C

Renewal Closure

Renewal Period

60-Day Adverse Period

90-Day Adverse Period

Adjustments made to improve support
during final renewals phase

Process, system upgrades scheduled for May



Medical renewals process

Single renewal notice replacing passive and active renewal notices; no longer using the renewal packet as it exists today



Notice improvements

More focus on types of benefits that are changing and the reasons for decisions; design that makes content easier to navigate



ONE Eligibility system changes

Updated to handle passive renewals individually instead of by case

Outreach and communications priorities for 2024



Continue supporting people now in the renewals process



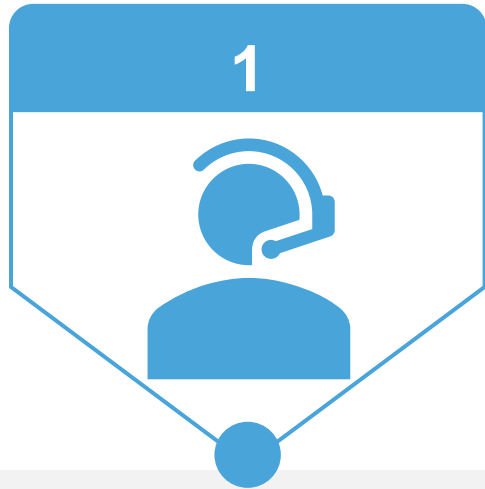
Increase outreach to groups that are responding less to renewal information requests:

- People experiencing houselessness
- People over 65 years old
- People receiving Long Term Services and Supports
- Asian, Native Hawaiian/Pacific Islander community
- Greater Portland, North Coast, Columbia River Gorge, Corvallis, Central Oregon



Preparing the final group for renewals

Categories of Outreach



Direct Outreach

Direct, targeted nudges by mail, phone, email, and ONE System Applicant Portal.



Indirect Outreach

Broad awareness campaigns across paid, owned, earned, and social media.










Partner Outreach

Equipping partners to support outreach and amplify messages through their channels.

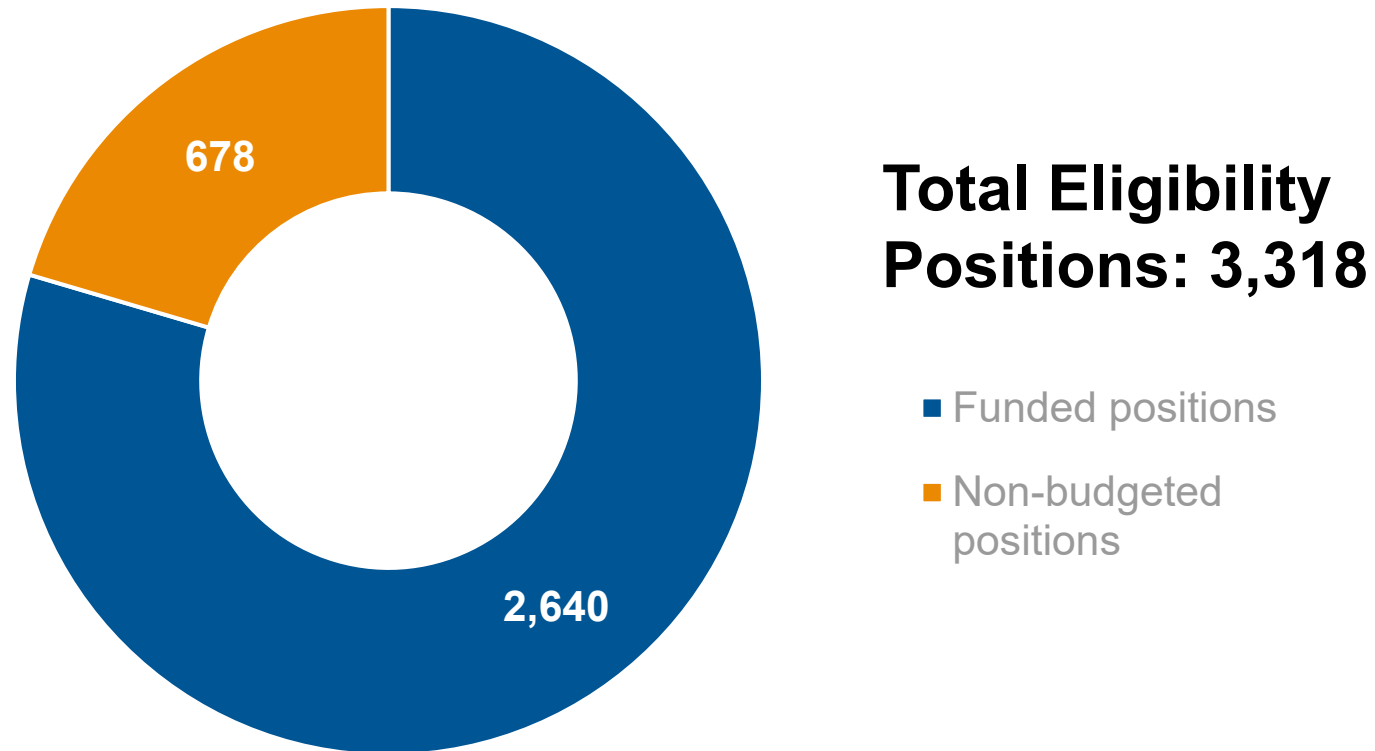
Preparing to transition workforce into post-PHE operations

Eligibility staff adapting to many changes in 23-25

-  Finishing changes from HB3073 to support eligibility and the transition to the **Department of Early Learning and Care (DELIC)**.
-  **1115 Waiver** implementation and funded areas within OHA.
-  Medical redeterminations for the people of Oregon and new applications based on the **2023 Omnibus Bill**.
-  **Healthier Oregon Expansion** to all age groups.
-  **OHP Bridge and Medical Continuous Eligibility**
-  Updates to Federal Programs through the **Farm Bill Reauthorization**.
-  Improve **Customer Service** and functionality related to ONE and eligibility operations.

Staff performing renewals


ODHS staff perform eligibility determinations for medical, food, cash and child care benefits.



Source: January 2024 OEP Budget Note Report to the Oregon State Legislature

Gradual reduction in non-budgeted positions

Non-Budgeted Eligibility Positions

	Total Filled	Total Unfilled	Total Non-budgeted
	553	125	678
Human Service Specialist (HSS)1	30	10	40
HSS3	323	109	432
HSS4	49	1	50
Total: HSS	402	120	522
Total: All Other	151	5	156

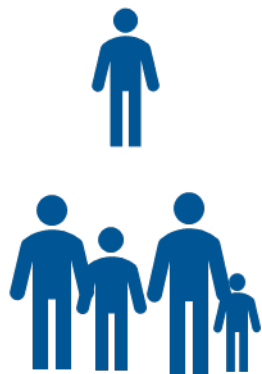
Source: January 2024 OEP Budget Note Report to the Oregon State Legislature

OHP Bridge

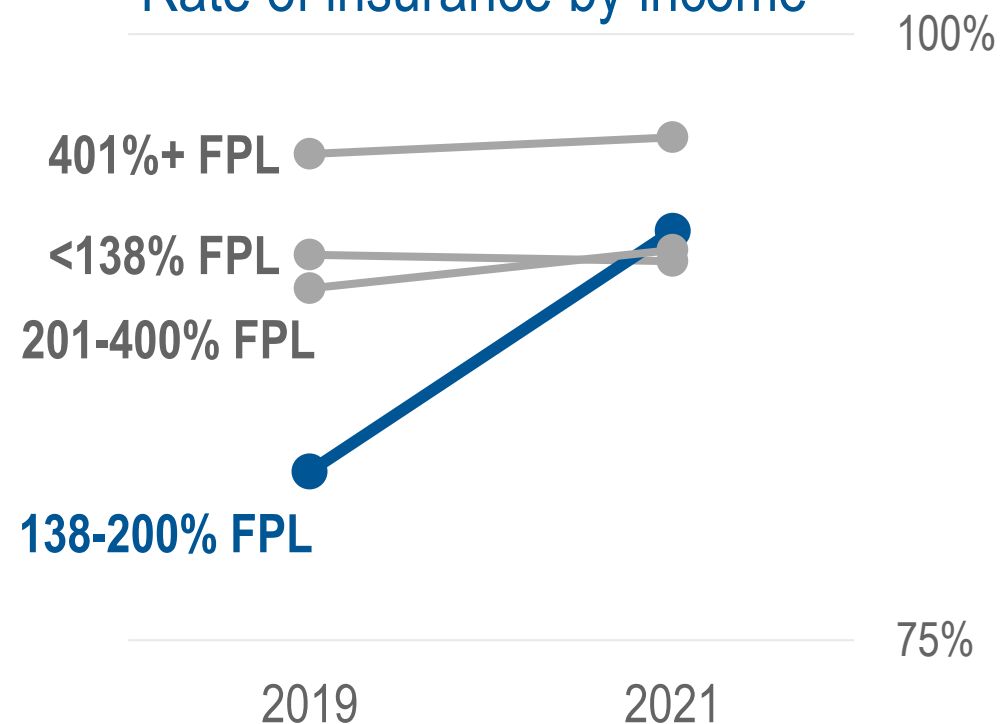


Continued access to no cost coverage (Medicaid) improved insurance rates for the 138-200% group.

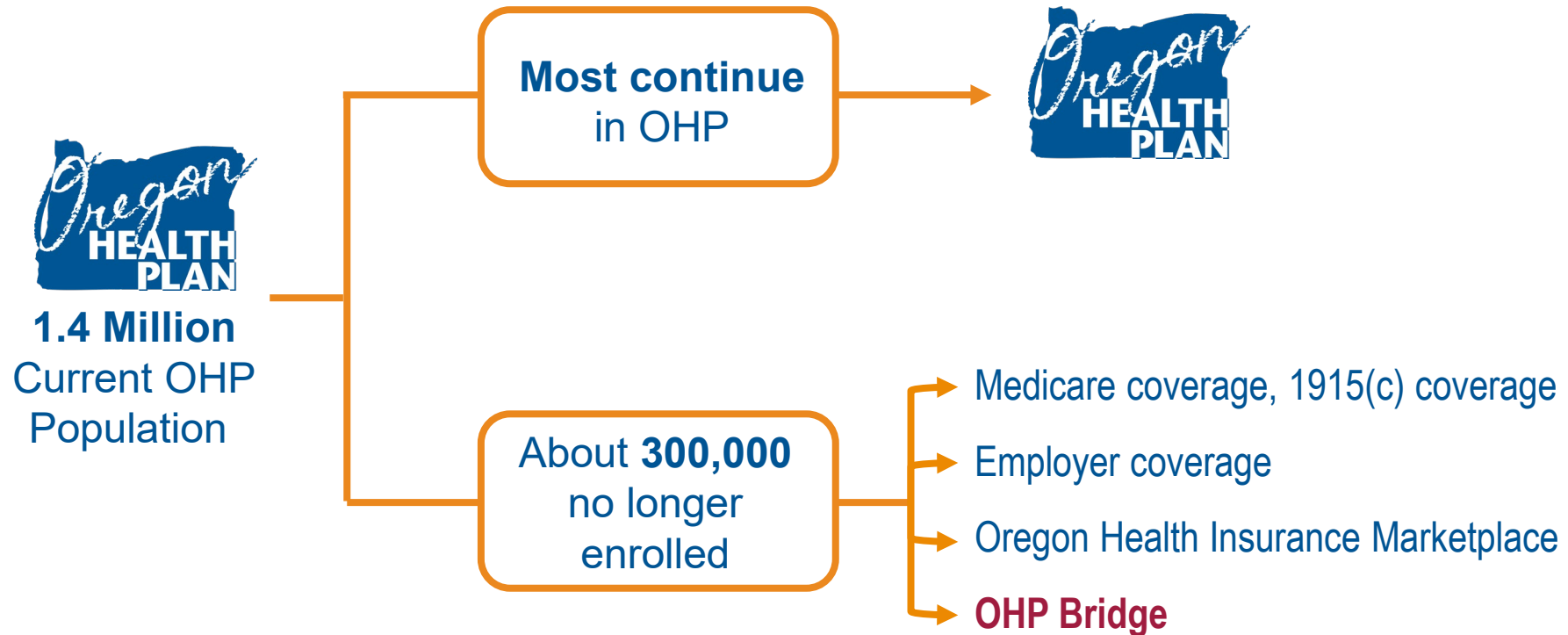
Family Size Annual Income



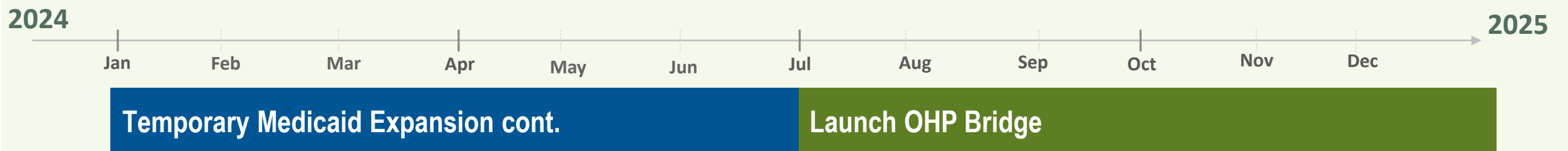
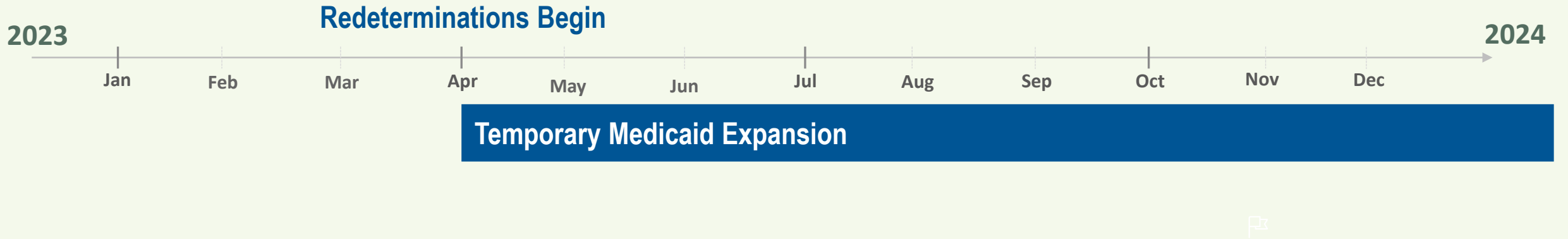
Rate of insurance by income



Why do we need OHP Bridge right now?



Temporary Medicaid Expansion and OHP Bridge



Temporary Medicaid Expansion

- Temporary Medicaid Expansion (TME) continues to accept OHP Bridge eligible members during redeterminations.
- As of January, **27,200** people were covered by the temporary Medicaid expansion. Most but not all of them will move to OHP Bridge, exceptions include:
 - Members redetermined at or below 138% FPL whose incomes fluctuated into the TME category will stay in traditional OHP due to new two-year continuous eligibility for adults.
 - Individuals in the TME category who have employer coverage will not be eligible for OHP Bridge.
- Current caseload on par with initial estimates of 45-65k enrolled by launch.

There will be two OHP Bridge programs with the same benefit package.

	Naming convention
Brand	OHP Bridge
Spanish brand	Puente a OHP
Program authorized by Section 1331	OHP Bridge- Basic Health Program (BHP)
Program authorized by 1115 waiver	OHP Bridge- Basic Medicaid

Eligibility criteria

To qualify for **OHP Bridge – Basic Health Program**, applicants must:

- Be an adult age 19 – 64;
- Have an income between 138-200% FPL;
- Be a citizen or lawfully-present noncitizen; and
- Be unable to receive other affordable coverage (such as employer coverage).

To qualify for **OHP Bridge – Basic Medicaid**, applicants **must also** be exempt from mandatory enrollment into a Managed Care Entity, based on American Indian or Alaska Native status as is specified in Section 1932 (2)(C) of the Social Security Act and its implementing federal regulation, 42 CFR 438.50

Who will enroll in OHP Bridge over the next few years?

People Moving From Uninsured

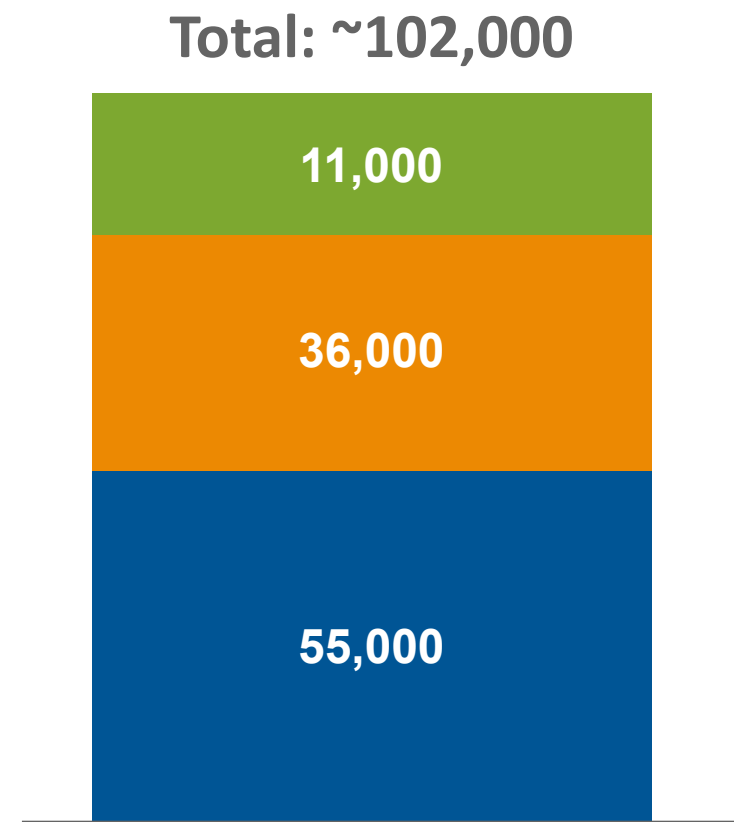
Based on the uninsured population in 2021, actuaries estimated BHP enrollment among the uninsured using microsimulation modeling, projected for 2025.

People Moving From ACA Individual Market

Includes people currently covered in the Marketplace with income between 138-200% FPL in 2021, projected to 2025. This population will move to the BHP gradually over the course of 3 years.

People Moving From Medicaid

Includes the 138-200% FPL population that will transition to the Temporary Medicaid Expansion category following the end of the PHE, who would otherwise be eligible for the Marketplace.



How is OHP Bridge funded?

- **OHP Bridge – BHP** is primarily funded by federal dollars
 - Federal payments are made quarterly into a state-run Bridge Trust Fund based on expected enrollment
 - Funding source for payments to CCOs
 - Federal dollars can only be used for OHP Bridge – BHP
- **OHP Bridge – Basic Medicaid** will be funded by traditional Medicaid funding mechanisms



Preparing to launch

- Completed 13 monthly meetings with CCOs discussing complex policy decisions to ensure CCO readiness to launch.
- Convened insurance carriers 8 times to discuss Marketplace affordability. Exploring operational feasibility of mitigation strategies using non-federal funds as a stopgap until 2027.
- MMIS and ONE System change requests in process.
- CCO rate and contract development underway.
- Inter-agency Trust Fund Workgroup developing workflows to manage the new BHP Trust Fund.
- Rules Advisory Committee February 6 & 7 and webinar February 13.

Thank you!

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