

---

# OHP Enrollment and Eligibility Status

**Medicaid Advisory Committee**

Lori Coyner, State Medicaid Director

March 13, 2017

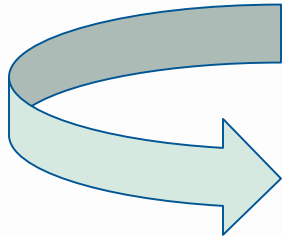


# OHP enrollment questions

- What known factors account for OHP enrollment decline this year?
- What impact has the renewal process had on OHP enrollment?
- What is OHA doing to reduce interruptions in coverage?
- When will OHP enrollment stabilize?

# Renewals for redeterminations into ONE system

MARCH – AUGUST 2016		
	TOTAL	% of Renewals Mailed
Renewals mailed	551,790	100%
Maintained coverage	286,658	52%
Break, returned within 30-90 days	80,400	15%
Closed, did not return within 90 days	184,732	33%



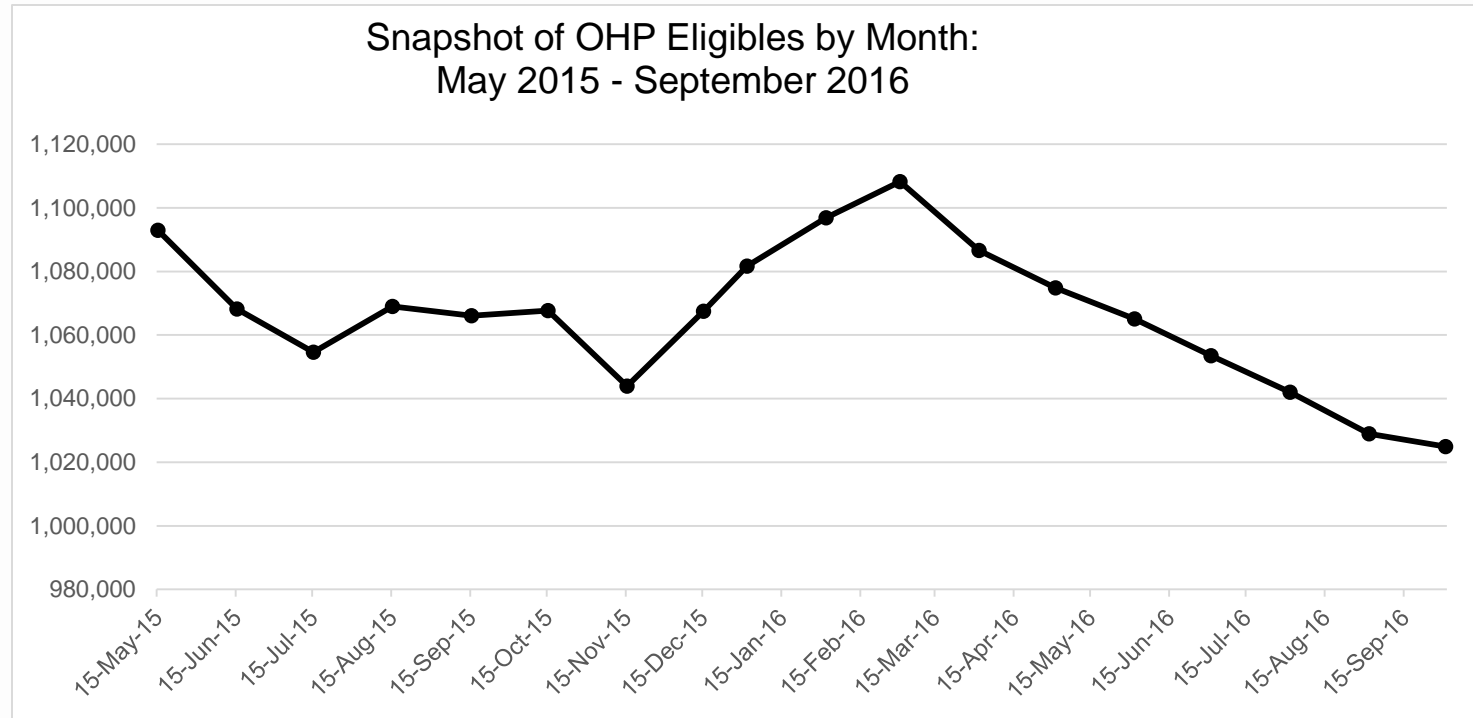
Of the 184,732 members who did not return within 90 days:

- Some went to the federal exchange
- Others never responded
- Others determined ineligible

These members represent about 16% of the total Medicaid caseload in March.

# Overview

In March 2016 OHA resumed eligibility redeterminations. Since then, the total Medicaid caseload has been decreasing.

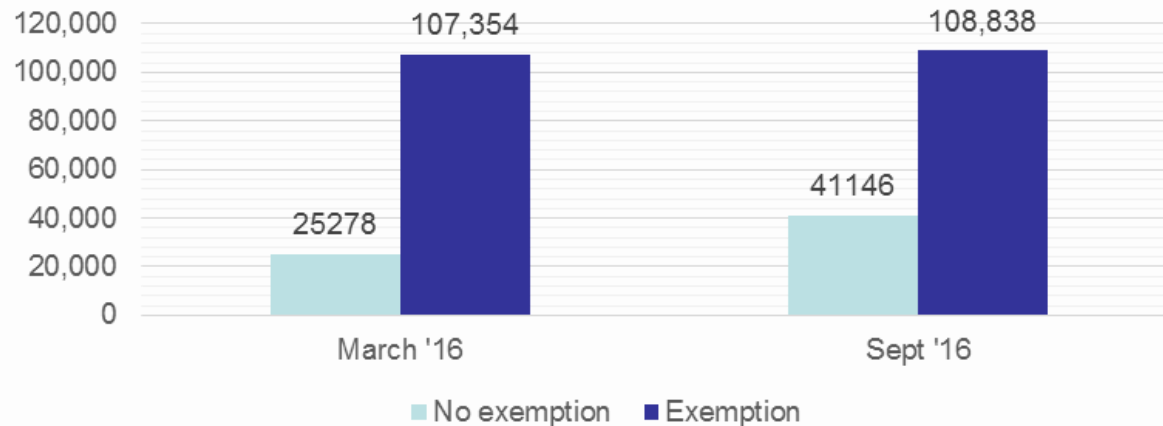


Decline in Medicaid enrollment

# Overview

Most of the growth within the open card (FFS) population has been associated with groups that are not exempt from coordinated care organization (CCO) enrollment.

### FFS Population: Exemption CCO Enrollment vs non-Exemption to CCO Enrollment

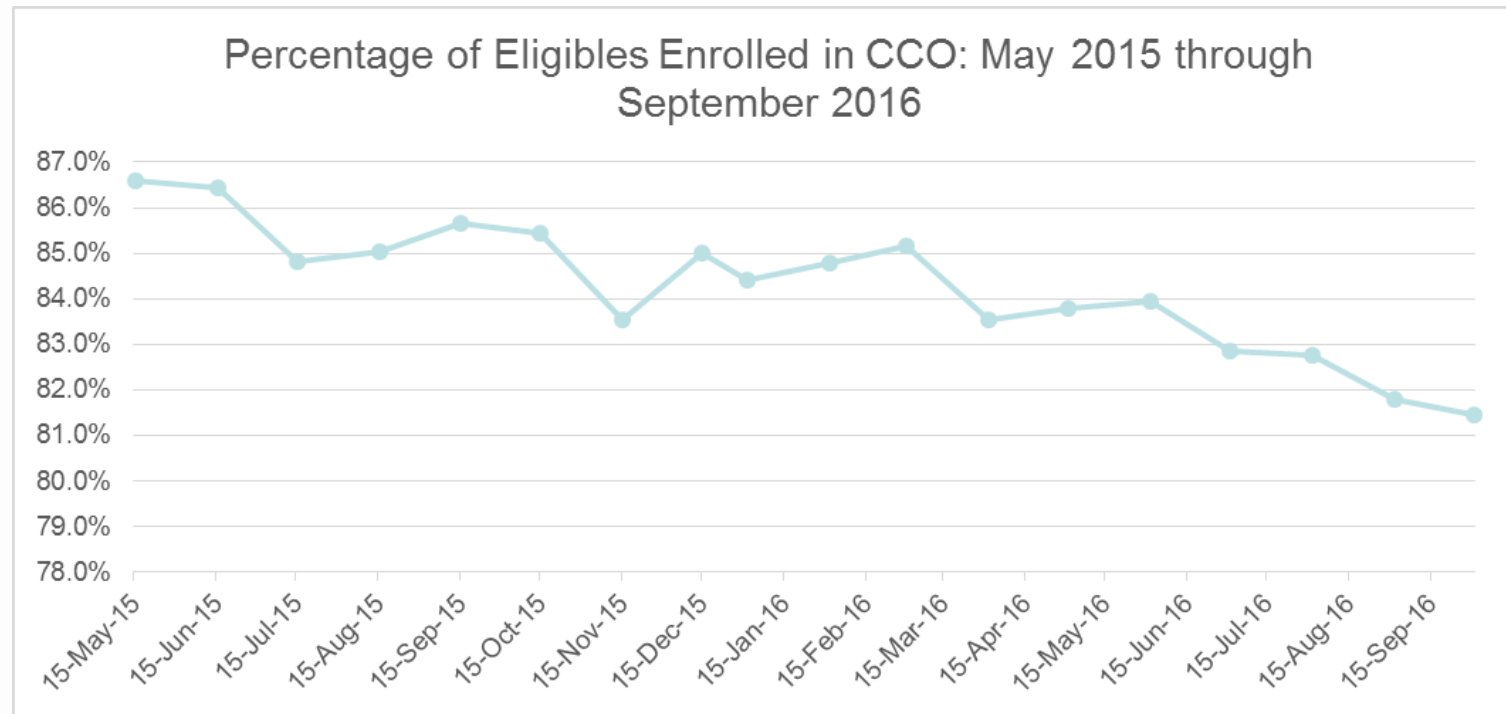


# Steps OHA has taken to address enrollment decline

- Optimizing the Oregon Eligibility (ONE) system
- Scheduled one-on-one meetings with CCOs to address challenges and anomalies
- Working with community partners to address data issues over time and improve the application and renewal process
- Evaluating read-only access to the ONE system for CCOs
- Compiled data on the impact of the renewal process on each CCO's membership

# Dynamics

The proportion of open card to coordinated care organization (CCO) members has been pretty unstable through 2015 and early 2016 but has steadily decreased since March 2016.



Decrease in % of eligibles enrolled in CCOs

# Why retroactivity occurs

Here are just a couple of reasons why members who are not exempt from managed care enrollment might be temporarily placed on open card:

- Timing. If a member returns their renewal paperwork fewer than five days prior to their renewal date, their CCO enrollment will have already been terminated effective the end of that month. The member will be reinstated without a break in eligibility; however, the CCO re-enrollment process will take from one to two weeks after the renewal is completed. During this time, the member may be enrolled in open card.
- Hospital presumptive eligibility. If a member is found eligible through the hospital presumptive process, they will remain enrolled in FFS open card until a full application has been received and processed. If this presumptive determination occurs for a member who recently lost eligibility, then it will appear that they regained eligibility but were not re-enrolled in the CCO immediately. This is functioning as intended for the presumptive population.



# Timing

When there is a break in coverage, federal policy requires that we retroactively cover eligible members to their application date. But while Medicaid enrollment is retroactive, managed care enrollment is not. Example:

1. Renewal date 3/31
2. Member submits renewal application 3/29
3. OHA takes action to close benefits on 3/25 – actual closure would be 3/31
4. Application processed 6/15
5. Member is retroactively enrolled into open card to 3/31
6. Member is enrolled into a coordinated care organization shortly after 6/15 depending on the time of week the application is processed – could take up to two weeks

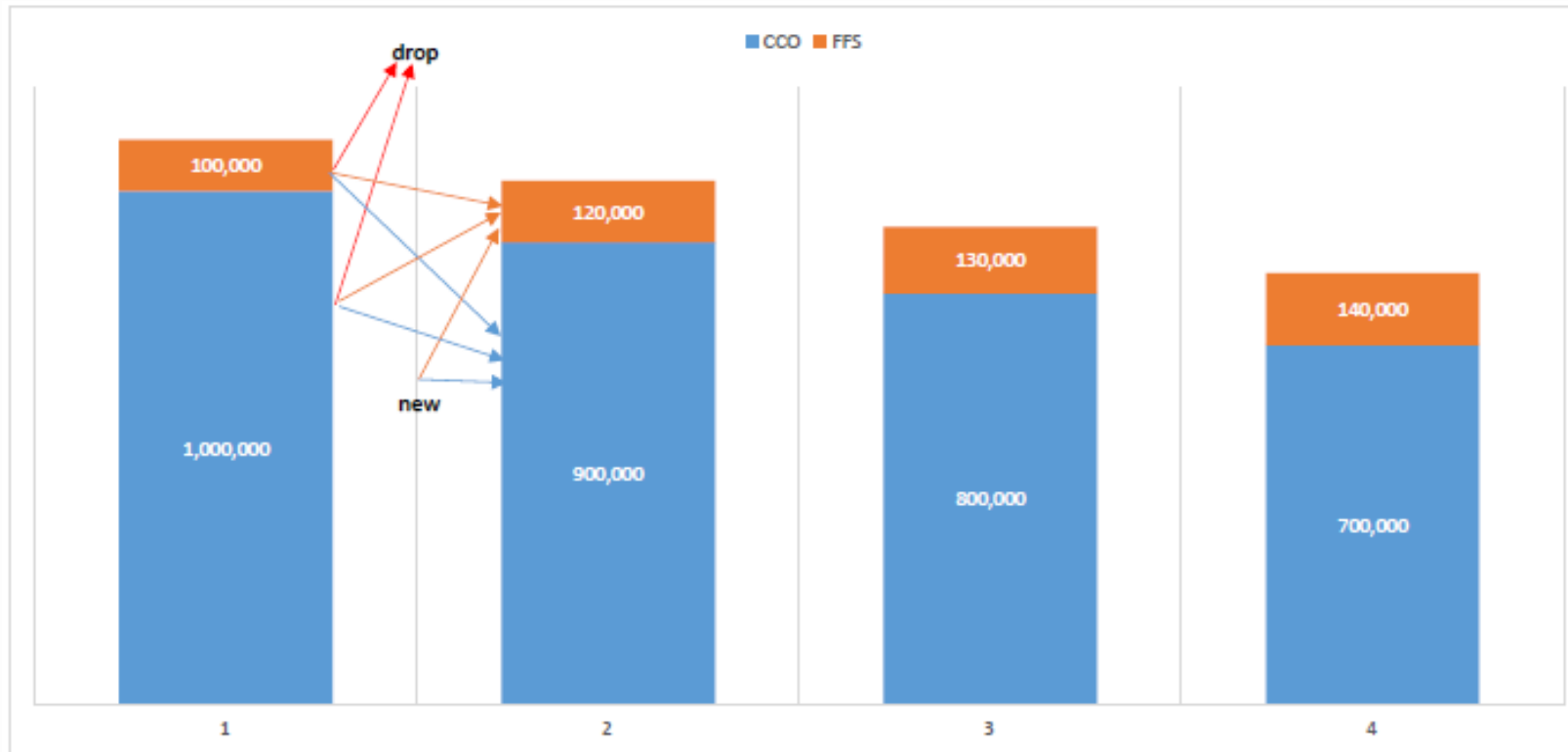
# Impact of retroactivity

So...

- The member submitted their application on time but may be on open card (“fee-for-service”) for a period of time.
- MMIS (Medicaid Management Information System) shows continuous eligibility – but coordinated care organization (CCO) enrollment has been disrupted.

# Dynamics

The decrease is the net effect of more people dropping off Medicaid from month to month than are coming on.



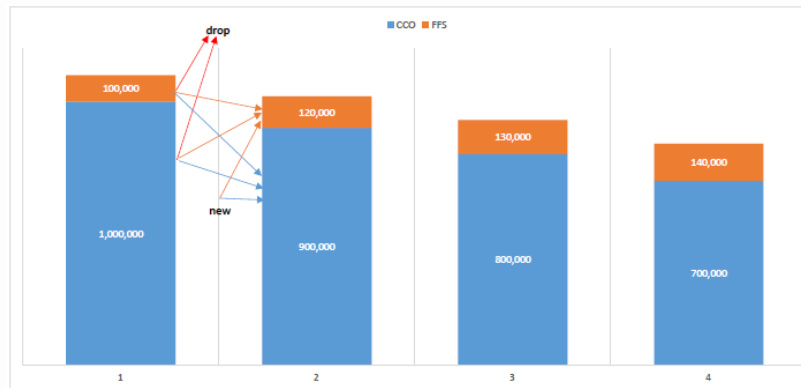
*Note: Numbers are examples to illustrate relationships*

# Dynamics

The decrease is the net effect of more people dropping off Medicaid from month to month than coming on.

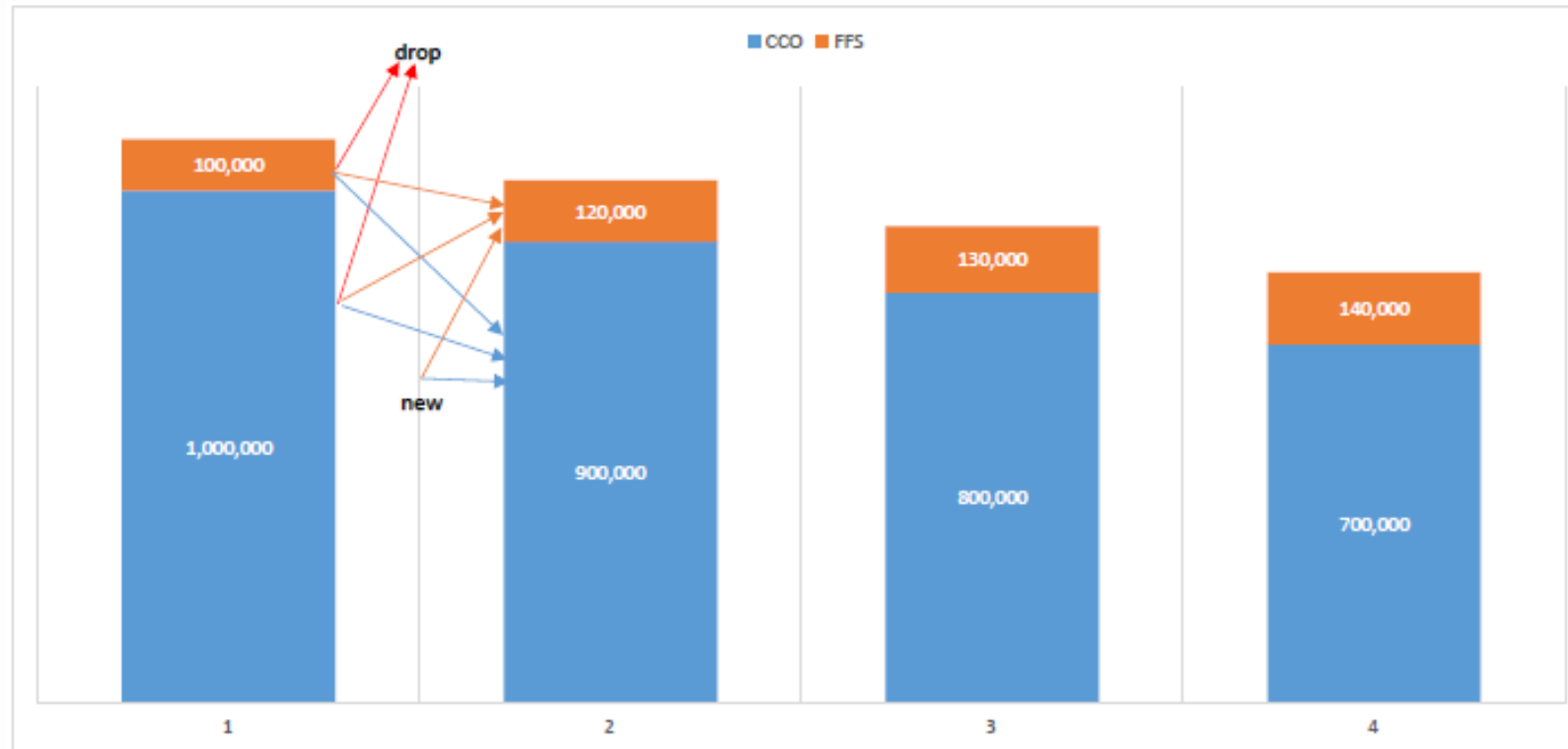
	NEW total	DROP total	Net
Pre March '16	24,660	23,131	1,530
Post March '16	24,786	36,679	-11,893

***DROP > NEW***



# Dynamics

The month-to-month flow between open card (FFS) and coordinated care organization (CCO) is associated with the proportional decrease of CCO compared to FFS:



*Note: Numbers are examples to illustrate relationships*

# Dynamics

The month-to-month flow between open card (FFS) and coordinated care organization (CCO) is associated with the proportional decrease of CCO compared to FFS:

	FLOW into	FLOW out			FLOW into	FLOW out	
	FFS	FFS	Net		CCO	CCO	Net
Pre March '16	160,567	158,773	1,794	≥	911,798	912,063	-264
Post March '16	180,202	176,558	3,644	>	873,513	889,050	-15,537

# Impact of retroactivity

Retroactivity has a significant impact on preliminary caseload estimates.

Month	Initial Caseload	Caseload after 3 Months	3-Month Retro Rate
Dec-15	1,029,701	1,062,578	3.19%
Jan-16	1,036,552	1,076,397	3.84%
Feb-16	1,063,605	1,093,414	2.80%
Mar-16	1,072,821	1,104,495	2.95%
Apr-16	1,049,544	1,085,725	3.45%
May-16	1,042,656	1,070,638	2.68%
Jun-16	1,030,809	1,063,656	3.19%
Jul-16	1,011,144	1,049,774	3.82%
Aug-16	997,115	1,040,248	4.33%
Sep-16	984,142	1,027,622	4.42%
Oct-16	978,190	1,024,170	4.70%
Nov-16	979,751		
Dec-16	954,657		
Jan-17	956,444		

# Impact of retroactivity

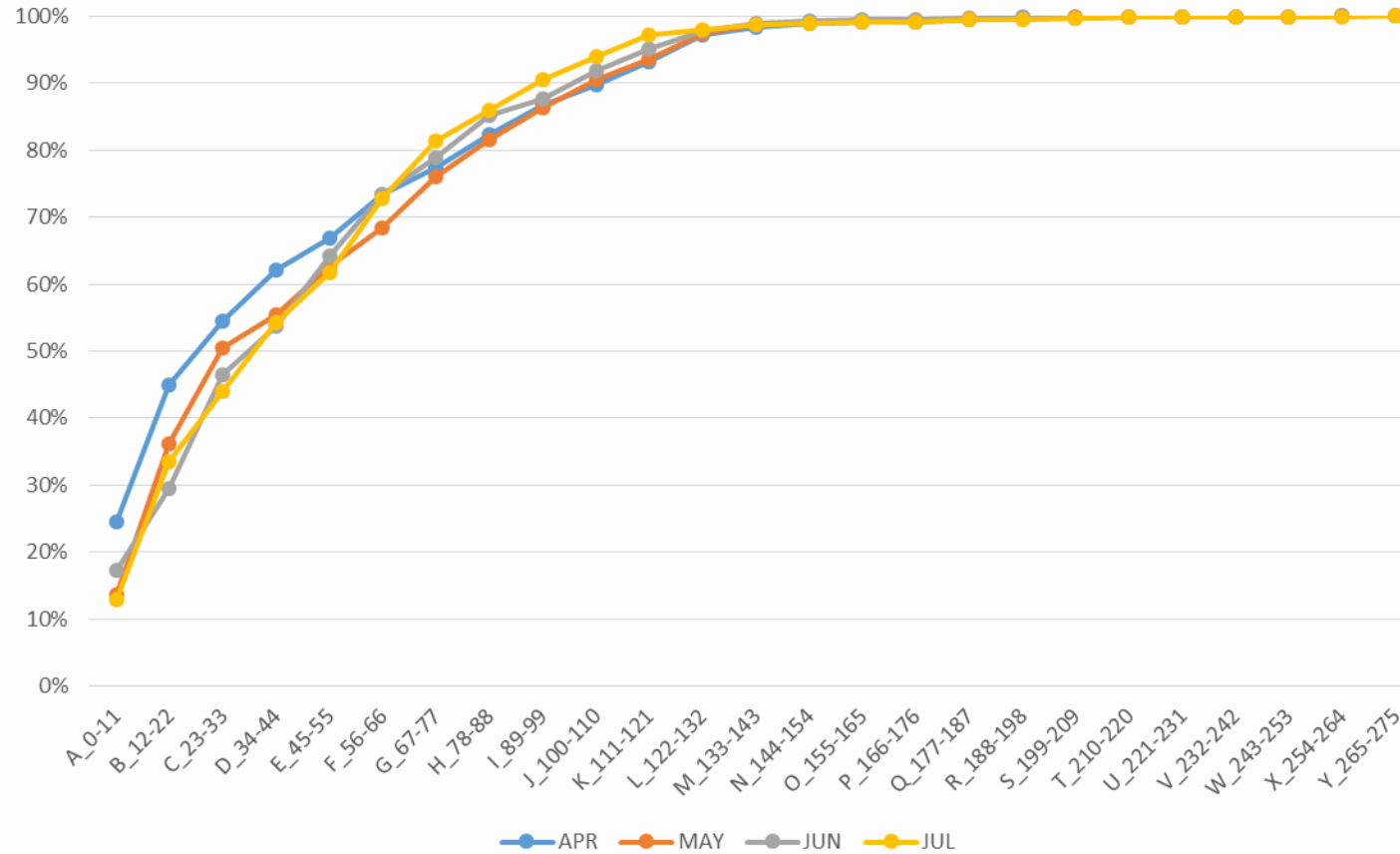
Retroactivity has a differential impact on caseload categories and is most associated with the ACA/MAGI (Affordable Care Act / Modified Adjusted Gross Income) population.

Month	OHP: Total ACA Adults	OHP: Children's Health Insurance Program (CHIP)	OHP: Children's Medicaid	OHP: Parent/Carer Relative	OHP: Pregnant Women	OHP: Aid to the Blind and Disabled (ABAD)	OHP: Foster, Substitute & Adoption Care	OHP: Old Age Assistance
Dec-15	3.61%	3.65%	3.40%	4.85%	5.11%	0.26%	0.51%	0.31%
Jan-16	4.59%	4.83%	3.71%	5.83%	6.29%	0.34%	0.54%	0.38%
Feb-16	3.12%	3.98%	2.87%	4.21%	4.74%	0.18%	0.16%	0.52%
Mar-16	3.32%	3.94%	3.00%	4.40%	5.45%	0.24%	0.42%	0.35%
Apr-16	3.23%	4.71%	4.49%	4.25%	6.59%	0.20%	0.53%	0.55%
May-16	2.70%	3.90%	3.12%	3.76%	4.96%	0.32%	0.36%	0.27%
Jun-16	3.28%	5.31%	3.59%	4.38%	5.24%	0.16%	0.19%	0.51%
Jul-16	3.89%	6.34%	4.43%	5.02%	6.29%	0.40%	0.38%	0.20%
Aug-16	4.62%	6.25%	4.96%	5.67%	8.08%	0.31%	0.30%	0.14%
Sep-16	4.49%	6.49%	5.42%	5.48%	7.32%	0.24%	0.35%	0.49%
Oct-16	5.14%	5.81%	5.40%	5.55%	8.82%	0.53%	1.05%	1.09%



# Impact of retroactivity

Percent re-enrolled from open card (FFS) to coordinated care organization (CCO) by time in FFS:



# What contributes to retroactivity?

There are four major contributors to retroactivity:

- People are late submitting their renewal information
- People respond late to requests for additional information
- OHA is late entering information into the Oregon Eligibility (ONE) system
- People are eligible for up to three months of retroactivity when they have unpaid medical bills

There are at least three major contributors to the *amount* of retroactivity:

- As part of the post-Cover Oregon data cleanup, OHA workers are entering members' information into ONE manually—contributes to backlog
- This is a new process for members—contributes to late submission
- Many members were “overdue” for renewal, in some cases for 2+ years—adds to amount of redetermination activity (This has also contributed to overall attrition from Medicaid)

# Why care about retroactivity?

- A member retroactively enrolled in Medicaid is on open card status for around 30 days (median)
- This disrupts care continuity and can cause access issues until the member is re-enrolled into managed care
- Increases OHA's costs
- Decreases revenue for coordinated care organizations (CCOs)

# Impact on caseload of decreasing retroactivity

We expect retroactivity to decrease:

- We are catching up on the last batch of renewal applications that have to be manually entered into the Oregon Eligibility (ONE) system. This should reduce the backlog.
- The ONE Applicant Portal allows members to enter information and upload documents at their convenience, reducing reliance on OHP Call Center and potentially the late submission of application materials.
- As renewal activity and redeterminations level out, there should be fewer closures.

*If retroactivity decreases, the flow into open card (FFS) will be lower than the flow into coordinated care organizations (CCOs), which should stabilize CCO enrollment while decreasing FFS numbers.*

*Overall stability of the Oregon Health Plan caseload will depend on “new” and “drops” equalizing, and the forecast is predicting this will occur over time.*

# Summary

- OHA is working to improve the renewal process to reduce disruption for members and CCOs.
- With the applicant portal up, we expect to see less renewal disruption.
- OHP enrollment has been experiencing decline in enrollment as we convert to the ONE system
- OHP enrollment will stabilize within a forecasted range near 1 million members in early 2017