OHP Redeterminations

Unwinding emergency policies when the public health emergency formally ends

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The federal government declared a public health emergency (PHE) effective March 18, 2020.

In response to the Families First Coronavirus Relief Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Oregon implemented emergency policies:

- OHP recipients eligible on March 18, 2020, and any individuals who gained eligibility after that date, will maintain coverage through the end of the PHE.
  Oregonians remain enrolled regardless of changes in circumstances, with few exceptions; death, confirmed out-of-state residency, incarceration, and voluntary request. This includes individuals who may have otherwise lost eligibility due to income, or because the agency received returned mail.
- Applicant attestation of most eligibility criteria is accepted for initial and ongoing eligibility determinations.
  Oregonians are not required to provide proof of reported information, except for their citizenship/immigration status.

Current federal guidance

The Centers for Medicare & Medicaid Services (CMS) will provide states with 60 days advance notice of the PHE end date.

Work has already begun to plan and prepare for this transition. When the PHE end date is confirmed, OHA will begin updating the ONE eligibility system to end the PHE-related rules.

CMS expects states to review eligibility for all recipients within 12 months following the PHE end-date. States are required to perform a full renewal and consider all programs before ending coverage.

Easing the transition

Once the PHE has ended, Oregon will begin re-evaluating eligibility for all OHP members.

- The agency will avoid significant surges and lags in renewal volume by 'balancing' the OHP caseload over the 12 months following the PHE.
- To avoid coverage loss among eligible individuals, the agency is planning outreach and communications efforts to let OHP members know what to expect, and to gain current contact information.
- The agency will coordinate with the health insurance Marketplace to support individuals transitioning from OHP to a Marketplace Qualified Health Plan.

What to expect once post-PHE renewals begin

- The agency will process renewals via existing methods. Automated Renewal (the agency confirms/verifies eligibility criteria without requiring action from the recipient) will be attempted. If coverage cannot be automatically renewed, members receive a pre-populated renewal notice that they must sign and return.
- Renewals are initiated ~90 days prior to the renewal deadline – this means that results of renewal batches will begin to be observed about 3 months after the PHE ends.
- The agency will share reports of cases being targeted for renewal ahead of time so that CCOs can reach out to their members.

Medicaid Migration to the Marketplace

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Health coverage in Oregon

- Medicare
- Oregon Health Plan (Medicaid)
- Small Group Plans/Large Group Plans
- **Individual Plans**
  - Purchase direct through insurance company
  - **Purchase through HealthCare.gov** (core focus)

What is the Marketplace?

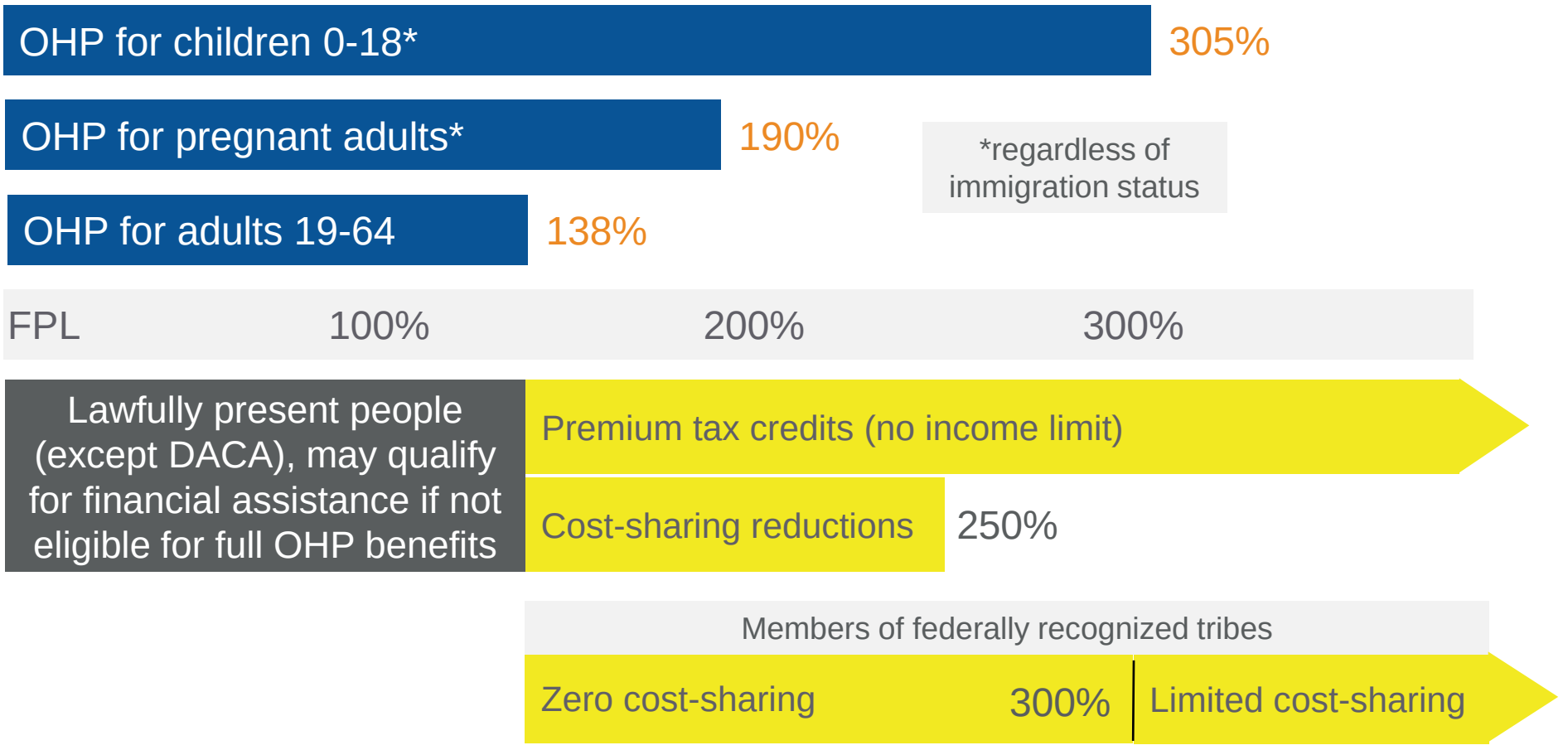
- Part of state government
- State-based exchange that uses federal platform (HealthCare.gov)
- Oversee plans sold to Oregonians on HealthCare.gov
- Assist with enrollment, and support agents and partners who also provide assistance
- Conduct outreach and education about health coverage and financial assistance

Background

- At the end of the Public Health Emergency (PHE) for COVID-19, Medicaid enrollment will resume its regular process of redetermining eligibility and terminating Medicaid coverage for those members no longer eligible.
  - Up to 300,000 Oregonians enrolled in OHP will no longer be eligible after the PHE.
  - Can lead to a large influx of new QHP-eligible enrollees over the following year.

Income eligibility

OHP vs. Marketplace



Medicaid migration project update

Consumer experience

Enrollee determined not eligible for OHP

Enrollee data sent to Marketplace

Marketplace determines best plan crosswalk option

Compares CCO network with Marketplace plan options

Evaluating cost-sharing reductions and plan premiums

Targeted outreach

Utilizing associated community partner

Contact consumer advising of best options via email and/or postal mail

Consumer starts enrollment

Contacts Marketplace contact center for support

Utilizes health insurance agent or assister for enrollment

Utilizes HealthCare.gov for enrollment

Medicaid to Marketplace Hierarchy Discussion

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Cross-walking OHP members to Marketplace plans

- Complexities of Marketplace plans
  - Many carriers and plans to choose from
  - Different networks in different service areas
  - Premiums can vary widely by carrier and county

Cross-walking OHP members to Marketplace plans

- Silver plans are likely the best option
  - Cost-sharing reductions for enrollees who qualify
  - Lower cost-sharing than bronze plans
  - Significant portion of premiums covered by tax credits

How premium tax credits are calculated

Example: A single adult, 26, lives in eastern Oregon and earns $21,960 per year

Annual income $21,960
Monthly income $1,830

Second-lowest cost silver plan **$413**

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What's considered "affordable?" **$19**

=

Premium tax credits **$394**

Use tax credits on any plan on HealthCare.gov

	Bronze	Silver	Gold
Monthly premium	$323	$413	$483
Tax credit	$394	$394	$394
Cost after tax credit	**$1**	**$19**	**$89**

Hierarchy elements
Premiums

- Financial assistance is determined by income and the cost of the second-cheapest silver plan
- Tax credits are a set dollar amount that can be applied to any plan
- While the two cheapest silver plans can be as low as $1/month, premiums on more expensive plans can be $50 or more

Hierarchy elements
Network

- Most networks are exclusive provider organization (EPO) and don’t offer out-of-network coverage
- Some networks require referral to specialist
- Smaller networks can be significantly less expensive
- Some OHP providers do not accept commercial insurance

Hierarchy elements

Plan benefits

- Maximum out-of-pocket (MOOP)
  - The most an enrollee will pay in a plan year for covered services.
- Deductible
  - The amount a consumer is expected to pay before the plan pays for some services.
  - In general, Oregon plans cover most office visits and generic drugs ahead of deductible.

Hierarchy elements
Plan benefits

- Primary care visit
  - This cost-sharing level generally applies to behavioral health office visits.
  - Standard plans also apply this cost-sharing level to habilitative and rehabilitative services.
- Specialist visit
  - Some plans treat habilitative and rehabilitative services as specialty care.

Hierarchy elements
Plan benefits

- Emergency room (ER) visit
  - ER visits are almost always subject to deductible and a coinsurance and are quite expensive.
- Urgent care
  - Urgent care visits are often priced at the same level as specialty care.

Hierarchy elements
Plan benefits

- Generic drugs
  - All but one plans cover generic drugs at a flat copay.
- Specialty drugs
  - The most expensive drug tier.
  - Always covered as a coinsurance, with about half the plans requiring deductible to be satisfied first.

Initial suggestions

- Office visits
  - Many plan options offer copayments without deductible for both primary and specialist level office visits.
  - We recommend prioritizing those plans when possible:
    - Consumers are more likely to access needed care when they know the cost of that care up front.
    - Specialty care is often mundane (ingrown toenails, mole removal), and should be considered an important service to preserve.

Initial suggestions

- Statewide plan availability
  - While Medicaid largely offers the same services at no cost to all OHP members, Marketplace plan offerings vary across the state.
  - In order to provide equitable coverage, decision-makers may wish to consider only plans that are available everywhere.

Initial suggestions

- Silver plans available statewide:
  - Oregon Standard Silver Plan (offered by every carrier)
  - PacificSource Navigator Silver 3000
  - PacificSource Navigator Silver 4000
  - Regence Silver 6500 Individual and Family Network
  - Regence Silver Virtual Value 4000 Individual and Family Network
  - Regence Silver 4000 Individual and Family Network

Discussion questions

- Are there missing elements?
- Which hierarchy elements seem most important to prioritize?
- Are there other solutions we haven’t thought of?

Closing

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