
Oregon Health Plan Post-Public Health Emergency Eligibility Redeterminations Planning

Oregon Health Policy Board

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Refresher

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



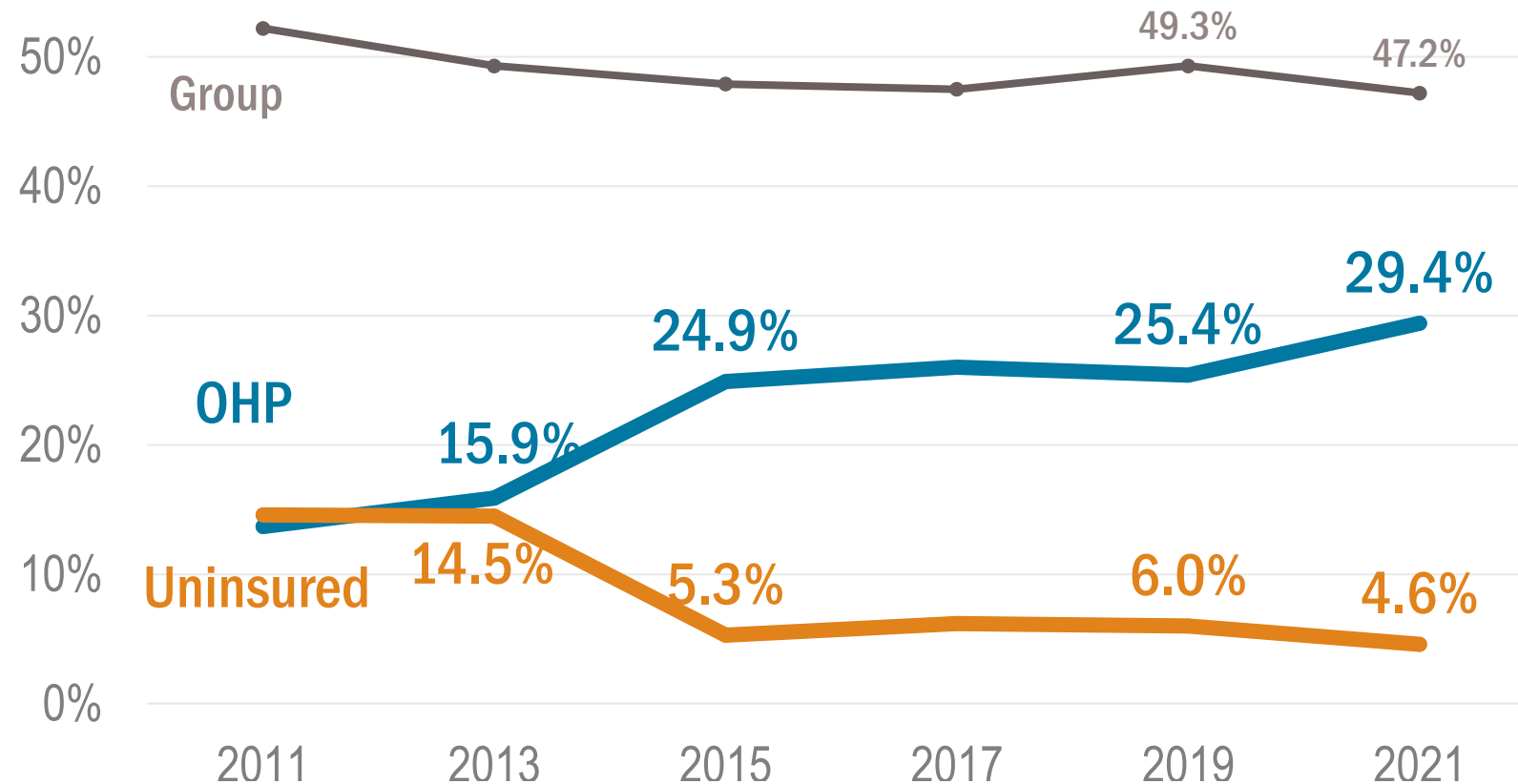
Family First Coronavirus Recovery Act

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)

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 submitted 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.
 - Establish potential check points with Legislature and wind down of churn population coverage if federal plans not approved



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.*

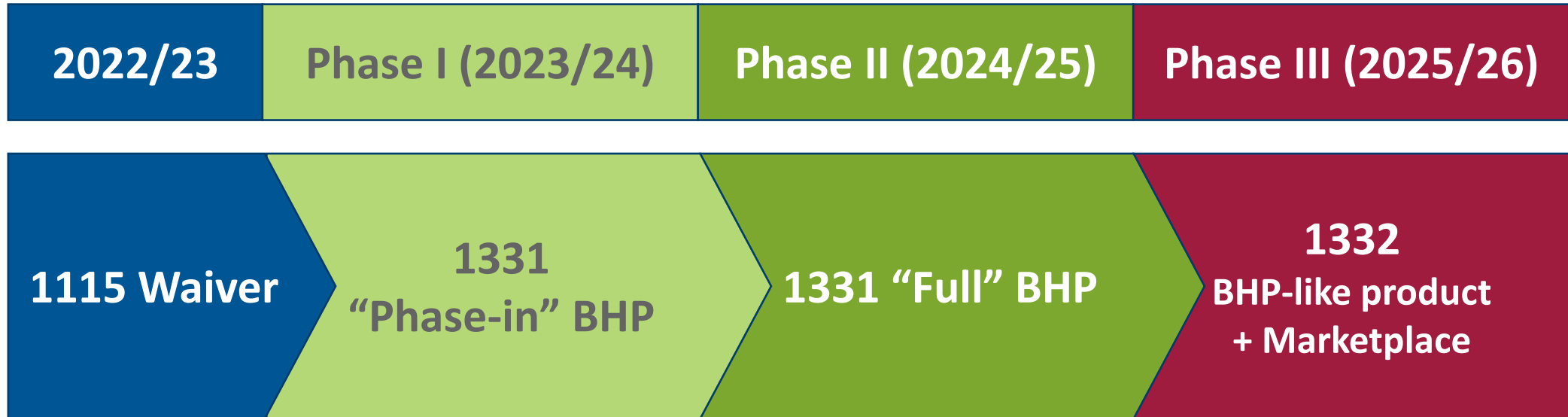
New Bridge Plan for Churn Population

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 option under the ACA to leverage federal ACA funding.*

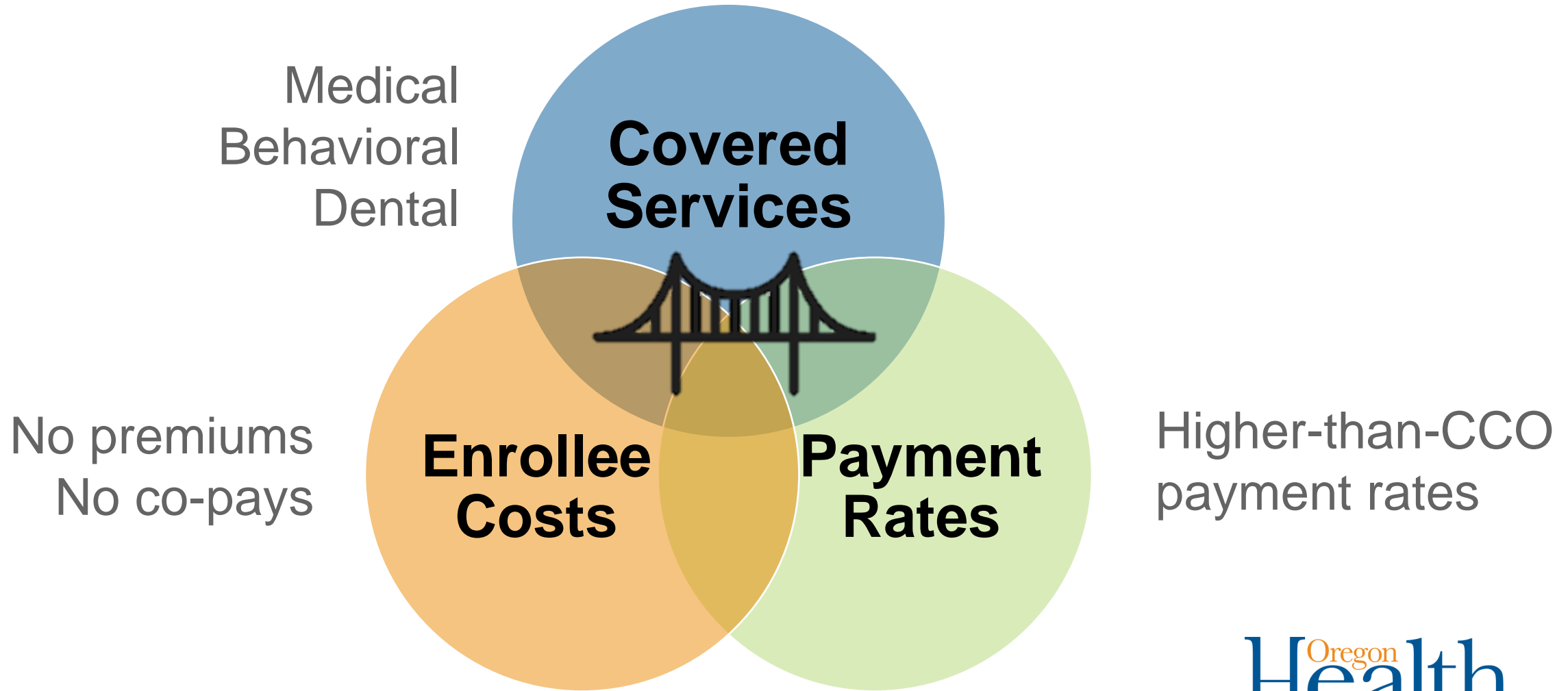
If needed **temporarily expand OHP eligibility** to continue coverage for people lower-income (churn) individuals until transitioned to the new program. *Use a temporary 1115 waiver, if need to maintain coverage up to 200% FPL through redetermination period. Need/cost would be mitigated if PHE extended.*

Bridge Program Update

Viable pathway to a Bridge Program



Bridge Program Task Force: Straw proposal



Feasibility analysis

Analyze Marketplace and uninsured 138-200% FPL to assess feasibility of vision

Marketplace impact analysis

Carrier data call & microsimulation to assess impact of transitioning Marketplace enrollees 138-200% FPL to a BHP

Analyze OHP enrollees 138-200% FPL

OHA estimate how the second half of the BHP population could impact plan design

Benefit crosswalk

Compare EHB to OHP covered services to assess cost of covering all OHP services

Feasibility analysis main takeaways

- The actuarial analysis suggests the federal dollars Oregon would receive to implement a Basic Health Program could fund the Bridge Program vision
- Additional analysis is underway
- Ultimately, CMS will conduct its own actuarial analysis to determine funding
- **Task Force recommendations need to include guidance on how to reduce the underlying cost of a BHP if federal funds do not materialize as projected**

Redeterminations

Redeterminations Updates

Prep work for end of PHE is underway

- First major goal: work with members to ensure contact information up to date and as correct as possible
- Key member messages:
 - It's very important to update your contact information.
 - Here are all the ways that you can update your information.
 - Create an account in the ONE system if you have not – check “yes” to receive text messages when you register.

Redeterminations: Changes to support members & provide ample time to respond

- During PHE Unwinding, per HB 4035: members will have 90 days to respond to any renewals
 - ONE System will generate two notices during 90-day period
 - First notice after 30 days
 - Second notice after 60 days
 - Generate a report of members who have **not** responded and provide to CCOs
 - Generate an additional report of members who have been determined no longer eligible
 - This will signal a closure of benefits for those members and provide them with at least 60-days notice
 - Outreach will be tailored for each audience: members determined ineligible v. members who have not responded

Redeterminations: Update Your Contact Info

Highlights of the work underway to support “Update Your Contact Info” includes:

- Update to the ONE Applicant Portal
 - New functionality added to ONE applicant portal: Allows members to make non-eligibility related updates without having to formally report a change and trigger a redetermination on member’s eligibility
- Partnering with CCOs to gather contact information updates directly from them
 - Pending waiver for approval
 - CCOs are aware this is in the works and providing feedback on methods



Community and Partner Work Group

- **Composition:** Representatives from impacted health systems, community partners, organized labor, individuals enrolled in medical assistance programs, and members of Oregon's Medicaid Advisory and Health Insurance Exchange Advisory committees
- All meeting minutes and documents can be found at the [Helping Oregonians Maintain Coverage After the Public Health Emergency Ends](https://www.oregon.gov/oha/Pages/phe-maintain-coverage.aspx) site.
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Meeting Overview:

- **Meeting 1 (5/26/2022):** Redetermination timeline overview
- **Meeting 2 (6/9/2022):** Understanding existing community feedback to inform the workgroup; Marketplace and the role Marketplace plays in transitions
- **Meeting 3 (6/23/2022):** Outreach strategies – workgroup experiences and recommendations; mapping of all entry ways into enrollment and redeterminations

Upcoming

- **Meeting 4 (7/14/2022):** Communications overview and recommendations
- **Meeting 5 (7/28/2022):** redetermination processes for non-MAGI (Medical Adjusted Gross Income) populations and targeted communications and outreach strategies

Questions?