

Public Notice



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Public comment process

OHA will open a public comment period on the draft 1115 Substance Use Disorder (SUD) Waiver, Bridge to the Bridge Amendment. The public comment period begins Aug 1, 2022 and runs through Sep 7, 2022. During this time, written and verbal comments on the proposed application will be accepted. These comments will be used to inform the final application prior to submission to the Centers for Medicare and Medicaid Services (CMS).

The draft application is available here: <https://www.oregon.gov/oha/PHE/Pages/phe-maintain-coverage.aspx>

Everyone has a right to know about and use OHA programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written material in other languages
- Braille
- Large print
- Audio and other formats

To receive documents in alternate formats, please contact [Michelle Hatfield](mailto:Michelle.Hatfield@dhsosha.state.or.us) at 503-551-3881 or 1115SUD.BridgeAmendment@dhsosha.state.or.us.

How to submit comments

The public is invited to give written and verbal comments on the draft waiver amendment application from Aug 1, 2022 through Sep 7, 2022. The deadline for comment is Sep 7, 2022 11:59PM, Pacific Time. The public may provide verbal or written comments. All public comments received by OHA will be posted at <https://www.oregon.gov/oha/PHE/Pages/phe-maintain-coverage.aspx>

Beginning Aug 1, 2022, written comments can be emailed to 1115SUD.BridgeAmendment@dhsosha.state.or.us, submitted through the website (<https://www.oregon.gov/oha/PHE/Pages/phe-maintain-coverage.aspx>), or sent via physical mail to:

Health Policy and Analytics Bridge Program Team
Attn: Michelle Hatfield
500 Summer St. NE, 5th Floor, E65
Salem, OR 97301

Members of the public may provide verbal comment at any of the following public hearings:

1115 SUD Waiver Bridge to the Bridge Amendment Public Hearing

August 24, 2022 | 10:00 a.m. – 11:00 a.m.

ZoomGov Meeting [Click here to join the meeting](#)

Or call in (audio only) +1 669-254-5252,,1619603978# US

Meeting ID: 161 960 3978

If you need help or accommodations, please contact Nikki Olson at 971-304-9226 or Nikki.Olson@dhsosha.state.or.us at least 48 hours before the meeting.

Medicaid Advisory Committee

Aug. 31, 2022 | 9 a.m. – 12 p.m.

Microsoft Teams meeting [Click here to join the meeting](#)

Join on your computer or mobile app

Or call in (audio only) [+1 971-277-2343,,943094499#](#) United States, Portland

Phone Conference ID: 943 094 499#

If you need help or accommodations, please contact Sarah Wetherson at 503-793-1920 or Sarah.E.Wetherson@dhsosha.state.or.us at least 48 hours before the meeting.

Background

Under the 2020 Families First Coronavirus Response Act (FFCRA), individuals enrolled in state Medicaid programs were provided continuous Medicaid coverage for the duration of the federal public health emergency (PHE). Following the expiration of the PHE, states will be required to begin redetermining eligibility for all enrolled Medicaid members within 12 months. Under current eligibility rules in Oregon, most adults with incomes above 138% of the federal poverty

level (FPL) will be determined ineligible for Medicaid coverage (also known as the Oregon Health Plan, or OHP). Many of these individuals would be eligible for highly subsidized coverage through the Marketplace, but the transfer between Medicaid and the Marketplace is not seamless and can result in people losing coverage. Further, some of those individuals may have their income exceed Medicaid eligibility levels for short period of time and needing to shift from Medicaid Coordinated Care Organizations (CCOs) to qualified health plans in the Marketplace and back in a matter of months is needlessly disruptive.

Continuous OHP coverage during the COVID-19 pandemic increased Oregon's health insurance coverage rate from 94% in 2019 to 95.4% in 2021. The largest coverage gains were among low-income adults, particularly those in the 138 – 200% FPL range.¹ Prior to the federal public health emergency (PHE), compared to other Oregonians, individuals in the 138 – 200% FPL range faced the highest rates of uninsurance, the highest rates of “delayed care due to cost” and experienced the least access to affordable, employer-sponsored coverage compared to individuals in higher income groups. This was also the population that was most likely to experience coverage gaps throughout the year (also known as “churn”), due to short-term income changes, changing family circumstances, or challenges with navigating the state's redetermination process. Continuous OHP coverage during the COVID-19 pandemic was found to have significantly decreased the state's rate of “churn”.

This demonstration would enable individuals with incomes between 138 – 200% FPL that are currently enrolled in OHP under FFCRA to retain OHP coverage following the expiration of the federal PHE, ensuring their continued access to affordable and comprehensive coverage through their existing plan and its network of providers. Oregon estimates nearly 60,000 individuals currently enrolled in OHP have incomes between 138 – 200% FPL and would be at risk of becoming uninsured following the expiration of the federal PHE, especially without any additional coverage support in place at the time of OHP redeterminations.

To address these issues, the State is currently exploring implementing a Basic Health Program (BHP) under Section 1331 of the Affordable Care Act for this population.² The State is currently planning that the BHP would be offered through the same Coordinated Care Organizations (CCOs)—Oregon's Medicaid managed care plans—that serve the Medicaid population.

The demonstration is intended to maintain eligibility for individuals enrolled in OHP who would otherwise be found ineligible with incomes up to 200% FPL so that they remain covered in their current delivery system until the State can implement the BHP.

Upon implementation of the BHP, the eligibility group established under this Demonstration would be reduced to cover only American Indians/Alaska Natives (AI/AN) with incomes from

¹ “Direction and Vision for the Bridge Program,” Presentation to the Bridge Program Task Force. May 10, 2022. Presented by J. Vandehey. Available here: <https://olis.oregonlegislature.gov/liz/202111/Downloads/CommitteeMeetingDocument/255346>.

² See House Bill 4035 (2022 Regular Session) for more information on the State's plans to ensure continuity of coverage after the end of the PHE . Available here: <https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/HB4035/Enrolled>.

138-200% FPL. All other enrollees would be transitioned to the BHP, with appropriate noticing. AI/AN populations would remain eligible through Medicaid so that the State could continue to give these enrollees the option of receiving fee-for-service coverage, as they have today, rather than requiring that they receive coverage through a CCO, as would be necessary in the BHP.

Purpose, goals, and objectives

The Oregon Health Authority (OHA) will submit an amendment for approval of the Substance Use Disorder (SUD) 1115 Demonstration Waiver for the July 1, 2022- June 30, 2027 demonstration period. The amendment requests changes to the current demonstration that will:

- Enable individuals with incomes between 138 – 200% FPL that are currently enrolled in OHP under FFCRA to retain OHP coverage following the expiration of the federal PHE.
- Ensure continued access to affordable and comprehensive coverage through their existing plan and its network of providers.

This demonstration will not affect or modify any other components of the State's current Medicaid and CHIP programs outside of eligibility.

Beneficiaries who will be affected by the demonstration

Oregon proposes the following changes for beneficiaries under the demonstration:

Population:

- Individuals with incomes between 138 - 200% FPL and under age 65 who are currently enrolled in the Oregon Health Plan due to continuous coverage requirements under the public health emergency (PHE) and are determined no longer eligible for the Oregon Health Plan on the basis of income during the redetermination process after the expiration of the PHE
- Individuals with incomes between 138 - 200% FPL and under age 65 who are AI/AN

This demonstration will begin on the day that the PHE expires. For all individuals enrolled under this demonstration other than AI/AN enrollees, this demonstration will end when the State implements its BHP. For enrollees who are AI/AN, this demonstration would remain in place for five years.

Delivery system and eligibility requirements

The State's standards and methodologies for determining Medicaid eligibility will still apply, but eligible income levels would now include 138 - 200% FPL. Additionally, the State would evaluate whether the individual was currently enrolled in OHP at the time of redetermination. Once the full BHP launches, all AI/AN with incomes from 138-200% FPL would be eligible for

coverage under the Demonstration, regardless of whether they were previously enrolled in OHP.

For eligible individuals (i.e., individuals with incomes between 138 – 200% FPL and previously enrolled in OHP at the time of redetermination), the State will determine eligibility during the redetermination process following the end of the PHE (and any subsequent redetermination, whether annual or triggered by a reported change in circumstances). If the State concludes that an individual is eligible for coverage under this Demonstration, such individual will receive a notice and be automatically enrolled into OHP, maintaining the same coordinated care organization (CCO) in which they were previously enrolled.

This demonstration will not affect or modify any other components of the State's current Medicaid and CHIP programs outside of eligibility.

Changes to benefits and coverage

The benefits provided under the Demonstration do NOT differ from those provided under the Medicaid and/or CHIP State plan.

Cost sharing requirements

No changes to cost sharing requirements are being requested. OHP does not require cost sharing.

The cost sharing requirements under the Demonstration do NOT differ from those provided under the Medicaid and/or CHIP State plan.

Estimate of expected change in annual enrollment and annual expenditures

The coverage category under this waiver will be in place after the end of the PHE and until the establishment of a new, permanent Basic Health Program to cover people in the income range targeted by this Demonstration. Upon implementation of the BHP, the eligibility group established under this Demonstration would be reduced to cover only American Indians/Alaska Natives (AI/AN) with incomes from 138-200% FPL. All other enrollees would be transitioned to the BHP, with appropriate noticing. AI/AN populations would remain eligible through Medicaid so that the State could continue to give these enrollees the option of receiving fee-for-service coverage, as they have today, rather than requiring that they receive coverage through a CCO, as would be necessary in the BHP.

The state is still refining its projections of state/federal spending with and without this waiver in place. At a high level, estimated annual spending amounts under the waiver will depend on the specific timing of the end of the federal PHE expiration and the subsequent creation of a Basic Health Program. Currently, the PHE is slated to last until October, 2022. Under this timeline, enrollment in this program would likely begin in February 2023. Additional extensions would delay the State's implementation of the new eligibility category. The purpose of the

Demonstration is to maintain OHP coverage of people identified during the post-PHE redetermination period as having income just above current Medicaid eligibility thresholds. The longer the PHE is extended the longer the State can wait before starting this redetermination process and thus moving people into this eligibility category.

The state is still refining estimates of total spending with and without the waiver.

With the waiver, people will be moved into this coverage category as they are identified during the redetermination process; enrollment will ramp up over time. The State expects to reach “full” enrollment of approximately 55,000 people approximately 15 months after the PHE expires.

Estimates of the number of AI/AN enrollees are still being refined. Based on the AI/AN share of statewide enrollment in the ACA-expansion eligibility category, it is likely that approximately 1,000-3,000 of the 55,000 projected enrollees could be AI/AN. The State is in the process of developing a more precise estimate of the number of AI/AN people likely to be determined eligible for this coverage option when the PHE ends.

Hypotheses and evaluation parameters

Oregon hypothesizes that expanding OHP eligibility to income individuals with incomes between 138 – 200% FPL will improve insurance coverage rates, reduce “churn,” reduce rates of delayed care due to cost, and improve access to health care for this group of low-income Oregonians. Oregon will continue to track rates of coverage, Medicaid churn, rates of delayed care due to cost, and health access measures to evaluate these impacts as a result of expanding Medicaid eligibility.

Waiver and expenditure authorities requested for the demonstration

Oregon is requesting to continue the following waiver and expenditure authorities used under the current demonstration:

- Comparability 1902(a)(10)(B): To the extent necessary to vary the amount, duration, and scope of services to individuals, insofar as is necessary to limit coverage of individuals under the optional eligibility category authorized under 1902(a)(10)(A)(ii)(XX) to those individuals who were enrolled in OHP at the time of redetermination.
- Comparability 1902(a)(10)(B): To the extent necessary to vary the amount, duration, and scope of services to individuals, insofar as is necessary to limit coverage of individuals under the optional eligibility category authorized under 1902(a)(10)(A)(ii)(XX) to those individuals who are AI/AN.

The waiver to limit enrollment in the new Medicaid eligibility category to those individuals who were enrolled in OHP at the time of redetermination is needed in order to effectuate the goals of reducing churn and ensuring ongoing coverage for eligible people after the PHE ends.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Community Partner Outreach Program at community.outreach@dhsosha.state.or.us or by calling 1-833-647-3678. We accept all relay calls or you can dial 711.