

Public Notice



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Public comment process

The public comment period for the Section 1331 Basic Health Program has been extended, and will now end on July 1, 2023.

OHA will open a public comment period on the draft 1331 Basic Health Program Blueprint (BHP). The public comment period begins May 1, 2023 and runs through July 1, 2023. 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 Katie Waldo at katie.waldo@oha.oregon.gov or 971-219-2788.

How to submit comments

The public is invited to give written and verbal comments on the draft Section 1331 BHP Blueprint application from May 1, 2023 through July 1, 2023. The deadline for comment is July 1, 2023 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 May 1, 2023, written comments can be emailed to katie.waldo@oha.oregon.gov or sent via physical mail to:

Health Policy and Analytics Bridge Program Team
Attn: Joanna Yan
421 SW Oak St Suite 875
Portland, OR 97204

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

Section 1331 BHP Blueprint Public Hearing

May 9, 2023 | 1:00 p.m. – 2:00 p.m.

Join Microsoft Teams meeting; click [here](#) to join the meeting

Or call in (audio only)

[+1 971-277-2343,,10447080#](tel:+1971277234310447080)

Meeting ID: 283 684 886 296

Passcode: jEs3He

If you need help or accommodations, please contact Nikki Olson at 971-304-9226 or nikki.olson@oha.oregon.gov at least 48 hours before the meeting.

Medicaid Advisory Committee

May 31, 2023 | 9 a.m. – 12 p.m.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1607869858?pwd=UkE1NGFVT2dna21IT29FQzlkcE1Sdz09>

Meeting ID: 160 786 9858 Passcode: 151314

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

Meeting ID: 160 786 9858

If you need help or accommodations, please contact Sarah Wetherson at 503-793-1920 or Sarah.E.Wetherson@dhsaha.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 are not seamless and can result in people losing coverage. Further, some of those individuals may have their income exceed Medicaid eligibility levels for short periods 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 public health emergency (PHE) was found to have significantly decreased the state's rate of “churn”.

This Basic Health Program would enable individuals with incomes between 138 – 200% FPL that are currently enrolled in OHP under FFCRA to retain coverage following the expiration of the federal PHE, ensuring their continued access to comprehensive, no-cost 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 ineligible for Medicaid following the end of federal continuous Medicaid coverage provisions.

To address these issues, the State has drafted a Blueprint for 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 intent is that those members moving from the Oregon Health Plan onto the Basic Health Program will be able to maintain continuity of care and services between plans. At this time, the Basic Health Program is set to begin implementation no later than July 2024.

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>.

Note: Oregon has received CMS approval to temporarily expand Medicaid coverage up to 200% FPL to ensure continuity of coverage until the creation of the BHP.

Purpose, goals, and objectives

The Oregon Health Authority (OHA) will submit a 1331 Basic Health Program Blueprint for approval in July 2023. If approved, the blueprint will:

- Enable adults with incomes between 138 – 200% FPL to access no-cost health care coverage, administered by CCOs, with the same benefits afforded under OHP, excluding Long Term Services and Supports (LTSS).
- Ensure continued access to comprehensive, no-cost coverage through their existing CCO and its network of providers if they are transitioning from OHP.

This blueprint will not affect or modify any components of the State’s current Medicaid and CHIP programs.

Program design

Oregon proposes the following Basic Health Program design:

Eligibility criteria:

- 19-64 years of age with an income between 138-200% FPL
- A citizen or lawfully-present noncitizen
- Unable to receive other affordable coverage (such as employer coverage)
- Have completed an application and been determined eligible

Note that Oregon is pursuing a different coverage solution for BHP-eligible American Indian/Alaska Native individuals outlined below.

Enrollee Costs:

The Basic Health Program will have no premiums, copays, deductibles or any other kind of enrollee costs.

Covered Services:

The Basic Health Program will cover the same benefits afforded under OHP, excluding Long Term Services and Supports (LTSS).

Implementation timeline

The Basic Health Program will begin full implementation in mid-2024, no later than July 2024.

When the BHP launches in 2024, eligible individuals:

- Who are currently covered by **OHP** will transition to the BHP
- Who are currently **uninsured** may enroll in the BHP through the Marketplace or the ONE System
- Who are currently covered by a **marketplace** plan may enroll in the BHP through the Marketplace or the ONE System
 - BHP-eligible Marketplace enrollees will NOT be automatically migrated to the BHP. To enroll in the BHP, Marketplace enrollees must update their federally facilitated marketplace (FFM) application or apply to the BHP via the ONE System. BHP-eligible individuals who update their FFM application or apply for coverage through the ONE System will no longer be eligible for tax credits to purchase coverage on the Marketplace. Because Marketplace enrollees may auto-re-enroll in their plans, migration of BHP-eligible marketplace enrollees will happen over time from launch through December 2026

This Basic Health Program will not affect or modify any components of the State’s current Medicaid and CHIP programs.

Estimate of annual enrollment and annual expenditures

The state is still refining its projections of state/federal spending with and without this Section 1331 BHP Blueprint in place. At a high level, a 1331 Basic Health Program provides federal funding based on BHP enrollment, which should allow the state to sustain the program with minimal state funds needed.

The State expects enrollment of nearly 60,000 people from OHP when the BHP launches. An additional 35,800 individuals from the marketplace and 11,300 uninsured individuals are expected to enroll in the BHP gradually over the course of the first two years of implementation.

Coverage for BHP-eligible American Indian/Alaska Natives

The state is currently pursuing an 1115 amendment application with CMS to establish a different coverage solution for BHP-eligible AI/AN individuals.

Under federal law, Oregon is prohibited from auto-enrolling AI/AN OHP members in CCOs. Accordingly, 40 percent of AI/AN adult OHP members receive their coverage fee-for-service. Because Section 1331 does not allow for fee-for-service BHP coverage, the only OHP population less than 200 percent FPL that will not have continuous coverage following implementation of the BHP are AI/AN members who are currently enrolled in fee-for-service OHP. Oregon therefore has submitted a request that AI/AN individuals between 138 and 200 percent FPL be exempt from the CCO-administered BHP, and instead receive OHP coverage through an 1115 demonstration.

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.