

March 12, 2013



Representative Mitch Greenlick, Chair  
Representative Jim Thompson, Vice-Chair  
Representative Alissa Keny-Guyer, Vice-Chair  
House Committee on Health Care  
Oregon Legislative Assembly

RE: HB 2132-1

Dear Chair Greenlick, Vice-Chair Thompson, Vice-Chair Keny-Guyer and Members of the Committee:

As Oregon Health Plan (OHP) members' incomes fluctuate they will move between CCOs and qualified health plans (QHP) on Cover Oregon. A recent national study concludes that once health insurance exchanges are established, within any six-month timeframe, more than 35 percent of adults with family incomes below 200 percent of the federal poverty limit will experience a shift in eligibility from Medicaid to coverage provided by an insurance exchange. Additionally, within any one-year timeframe, an estimated 28 million individuals will transition from coverage through an exchange to Medicaid.<sup>1</sup>

A recent Oregon Health Authority study estimated the number of Oregonians who will annually transition between the CCOs and QHPs will be 60,000 in 2016.

These transitions ("churn") should be managed to ensure continuity of care. Smooth coverage transitions are particularly crucial to minimize disruptions in services for people who are in a prescribed course of treatment, e.g., radiation or chemotherapy, as well as those with complex health care needs. And appropriately managing churn produces savings to the system as healthcare coverage gaps lead to slippage in people's health and increased use of the most expensive care options, such as emergency rooms.

Care continuity strategies should minimize healthcare coverage gaps, while being patient centered. It is particularly important that patients are empowered when available options carry cost implications for them.

Any churn management strategy should have three components:

- Seamless enrollment;
- Care coordination;
- Ability to select a QHP by provider (primary and specialty) and practice group

### Explanation of the -1 amendment

#### **I. Seamless Enrollment:**

- The bill establishes a process for Cover Oregon to determine which of the QHPs provides the coverage of services and panel of health care providers most similar to the services and providers available through the Oregon Health Plan.
- Recipients of medical assistance programs are then given an option to avail themselves of a program that would automatically enroll them in this QHP should they become ineligible for the Oregon Health Plan (or they can choose to be automatically enrolled in another QHP or decline auto enrollment).

#### **II. Care Coordination:**

- CCOs and QHPs to coordinate coverage of individuals who are transitioning. Coordination shall include jointly developing a transition plan for the provision of care for the 120 days post transition for the following transitioning members:

(1) Pregnant women; (2) individuals with significant health needs or complex medical conditions; (3) people receiving ongoing services or who are hospitalized at the time of transition; and (4) individuals who received prior authorization for services from the relinquishing CCO or QHP.

- Transitioning individuals with an existing provider who is not within the new QHP or CCO provider network are to be able to continue an ongoing course of treatment by their non-participating provider for up to 90 days from enrollment. Costs of this care to be borne by the relinquishing CCO or QHP.
- CCOs and QHPs to provide Exceptional Needs Care Coordination as defined in in OAR 410-141-0000(33). This is a specialized case management service to members aged, blind or disabled who have complex health needs, including:
  - Assistance to ensure timely access to providers and capitated services;
  - Coordination with providers to ensure consideration is given to unique needs;
  - Assistance to providers with coordination of capitated services and discharge planning;
  - Aid with coordinating necessary and appropriate linkage of community support and social service systems with medical care systems.
- OHA to provide ombudsman services described in OAR 410-141-0407 to OHP members who transition between QHPs and CCOs.

### **III. Provider Choice and Continuity:**

- Cover Oregon to develop systems that allow shoppers to search for QHPs by provider and practice name. The ability to maintain current providers will be an important criterion for those shopping for QHPs on Cover Oregon; particularly those in an ongoing course of treatment.

### **Conclusion**

On March 7, 2013, OPCA and other advocates met with Cover Oregon and the Oregon Health Authority to discuss the important issue of churn. Everyone at the table agreed this is an important issue that needs to be addressed. Cover Oregon shared their strategies for minimizing churn and OHA shared the results from their March 5, 2013 *Initial Analysis and Policy Considerations to Minimize Churning*.

OPCA's take away from the meeting is that much is being done to address churn and much needs to be done. We support the request submitted to you by numerous organizations requesting the formation of a workgroup to address the myriad, interrelated issues related to access, cost and continuity of care. OPCA is cognizant of the fact Cover Oregon is under tremendous workload and time pressures to stand up their exchange by October of 2013. We believe a consensus amendment can be crafted that structures the timing of the implementation of churn management strategies so as to not imperil Cover Oregon's efforts to "go live" on October 1.

Sincerely,

John Hummel  
State and Federal Policy Director

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<sup>i</sup> C. Ingram, S McMahon and V. Guerra. "Creating Seamless Coverage Transitions Between Medicaid and the Exchanges." State Health Reform Assistance Network, April 2012 (citing B.D. Somers and S. Rosenbaum. "Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth Between Medicaid and Insurance Exchanges." *Health Affairs*, February 2011, vol. 30 no. 2).