
Unwinding Federal Public Health Emergency and OHP Continuous Coverage Policies

Bridge Program Task Force

April 26, 2022

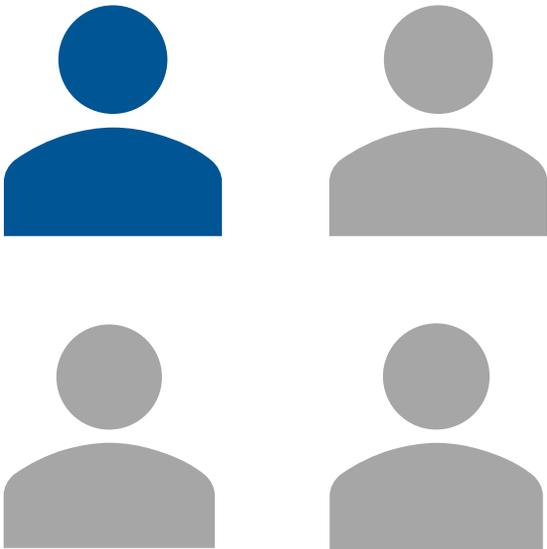
Jeremy Vandehey, Director, Health Policy and Analytics Division



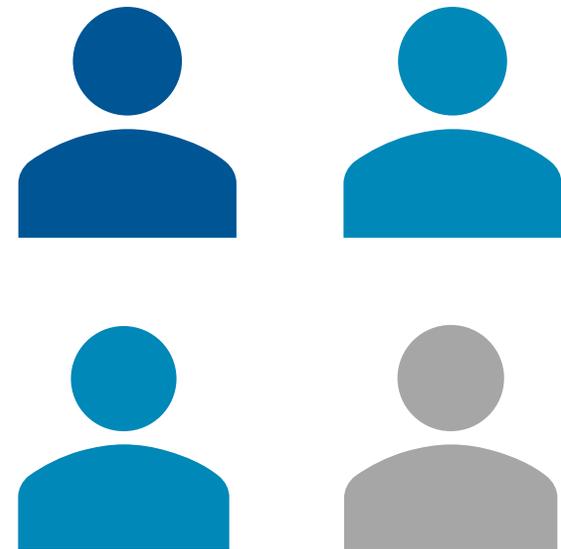
Background

Coverage and Churn before the Public Health Emergency

1 in 4 uninsured adults –
and *60% of uninsured kids* –
were eligible for OHP

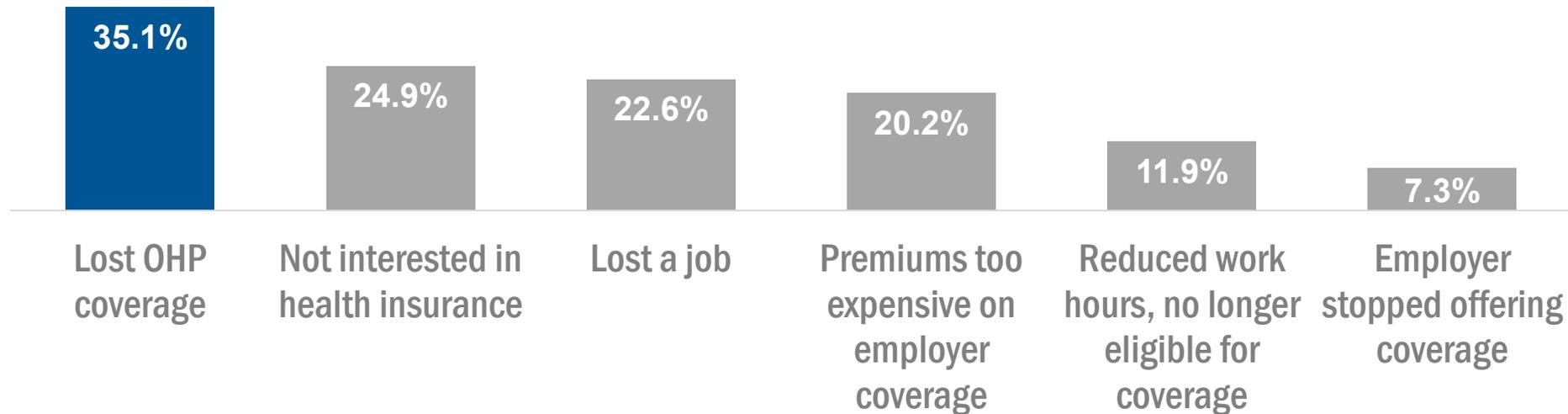


and another 50% were
eligible for Marketplace
subsidies



2019 Cont: Reasons for being uninsured

- “Lost OHP coverage” is the most common reason for being uninsured at the time of the 2019 survey
- Reasons for being uninsured:



Churn: Cycling on and off Medicaid coverage, often due to:

- Challenge of navigating state redetermination procedures
- Short-term income changes and changing family circumstances



Many people return to OHP shortly after leaving.

In September 2019, **34%** of people enrolling in OHP were returning after less than a year; **25%** within 6 months.

Medicaid churn leads to...



**Disruption
to Care**



**Worse Health
Outcomes**



**Higher Admin and
Health Costs**

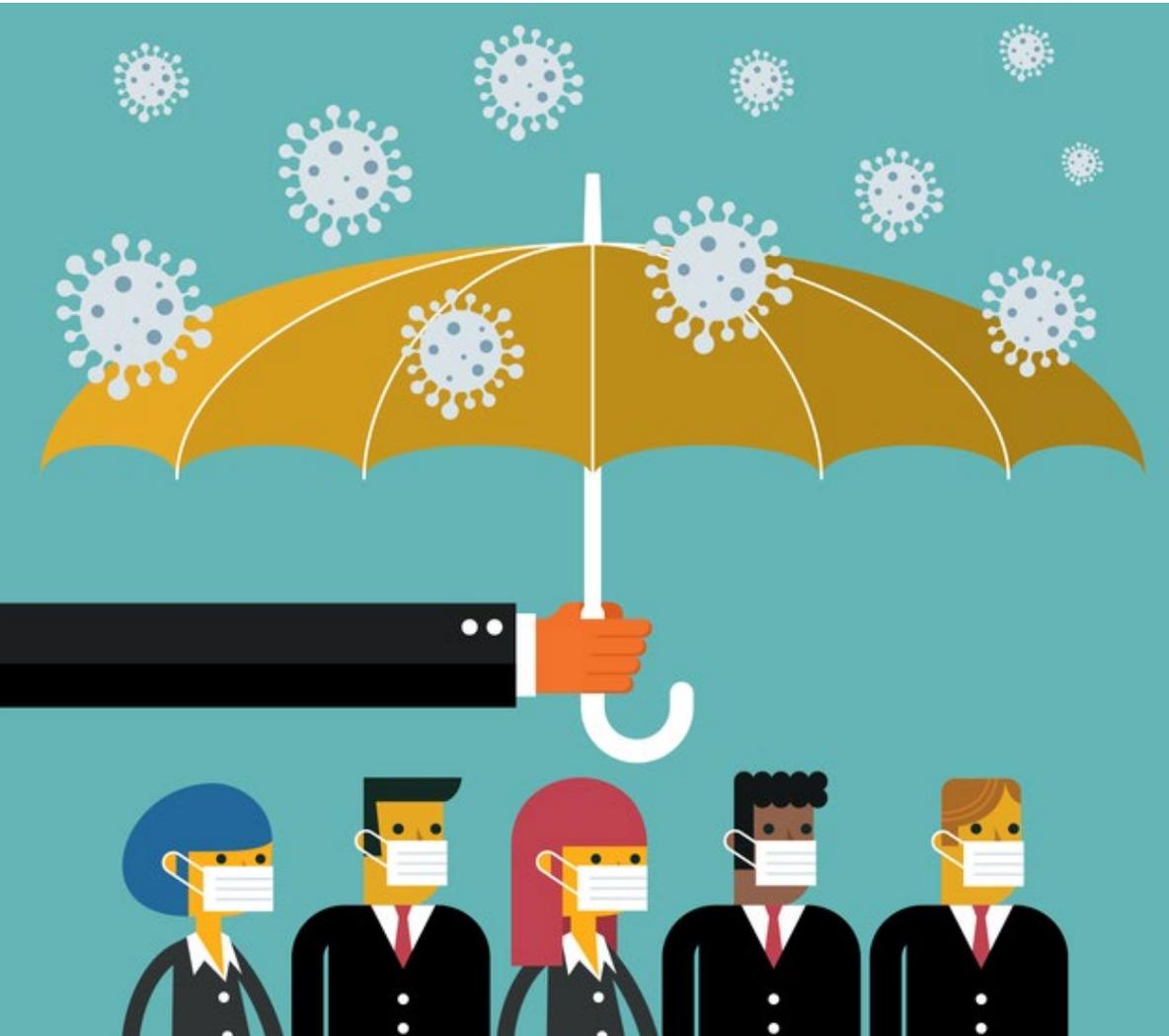
Reducing “Churn” has been an important health policy goal for years

- Oregon’s pending 1115 Waiver application seeks to keep people covered by the Oregon Health Plan for longer
- Consumer friendly enrollment process make eligibility renewals easier
- Continuous Coverage provisions in response to the pandemic show the path forward



**Coverage Gains and Reduced
Churn Thanks to Continuous
Coverage Policies in Medicaid**

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

What this means: People have kept OHP benefits even if their income goes up

Impact on coverage

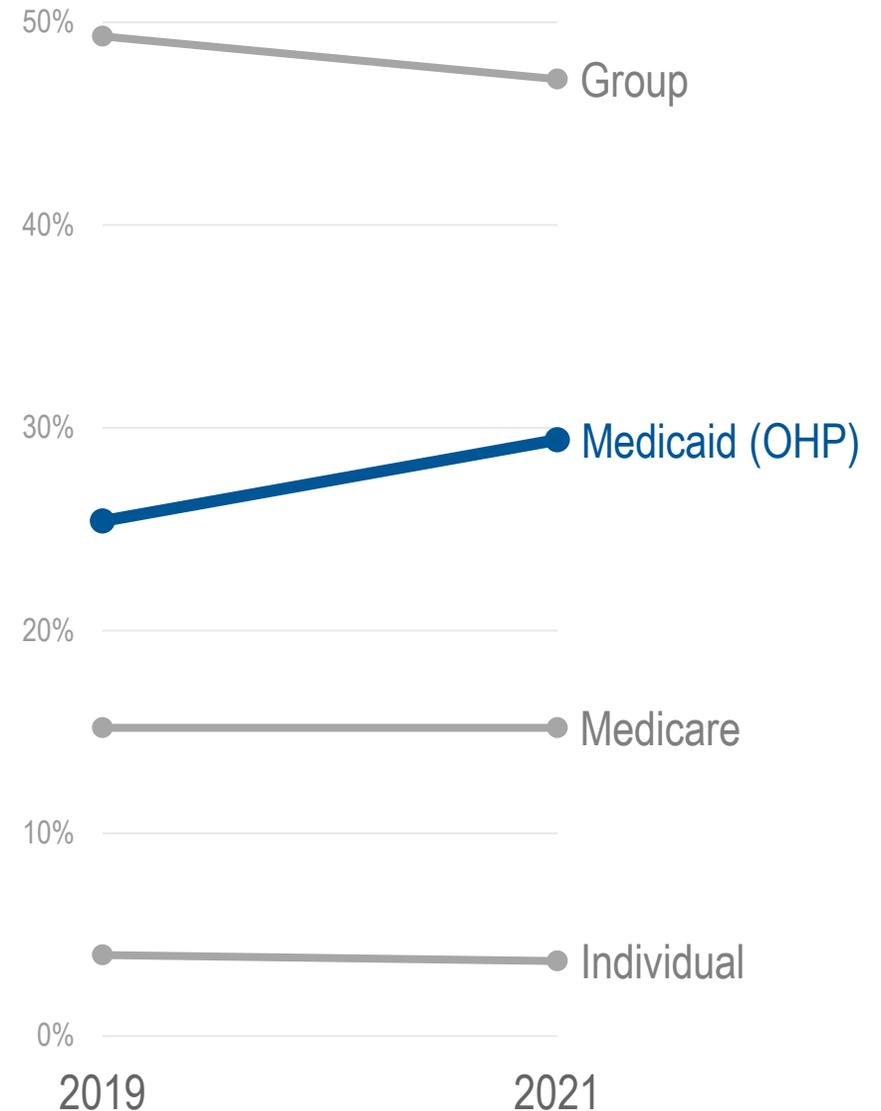
Continuous Medicaid coverage during the pandemic increased health insurance coverage in Oregon.

People Insured in Oregon

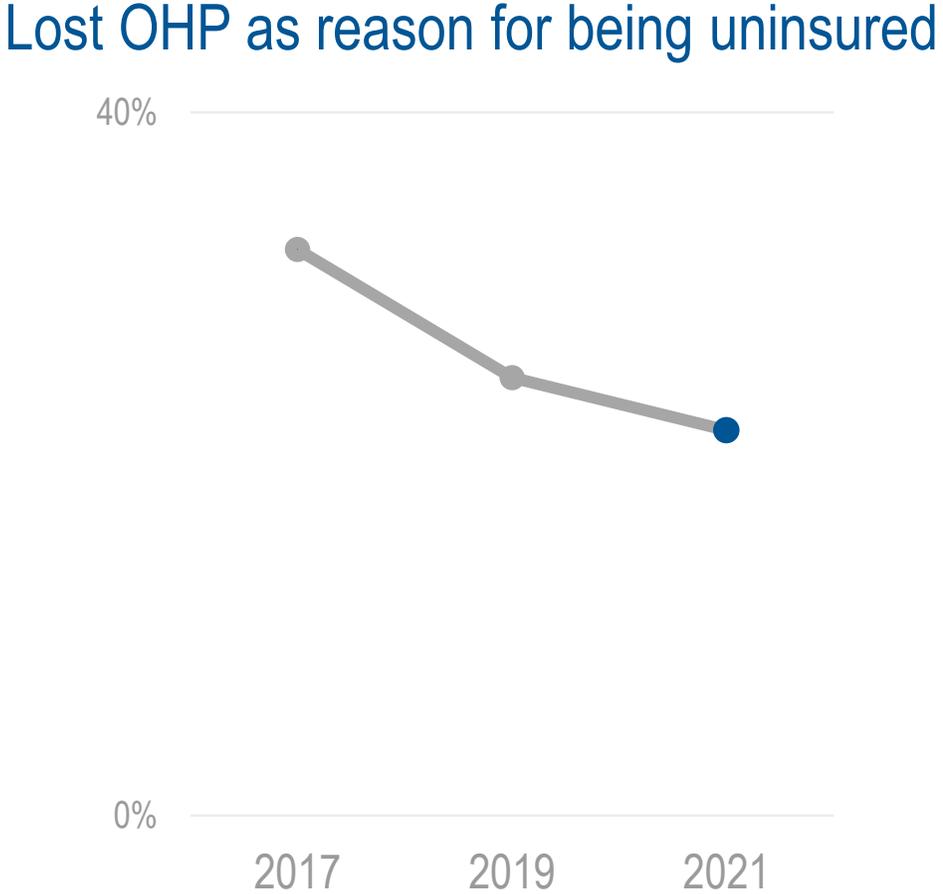
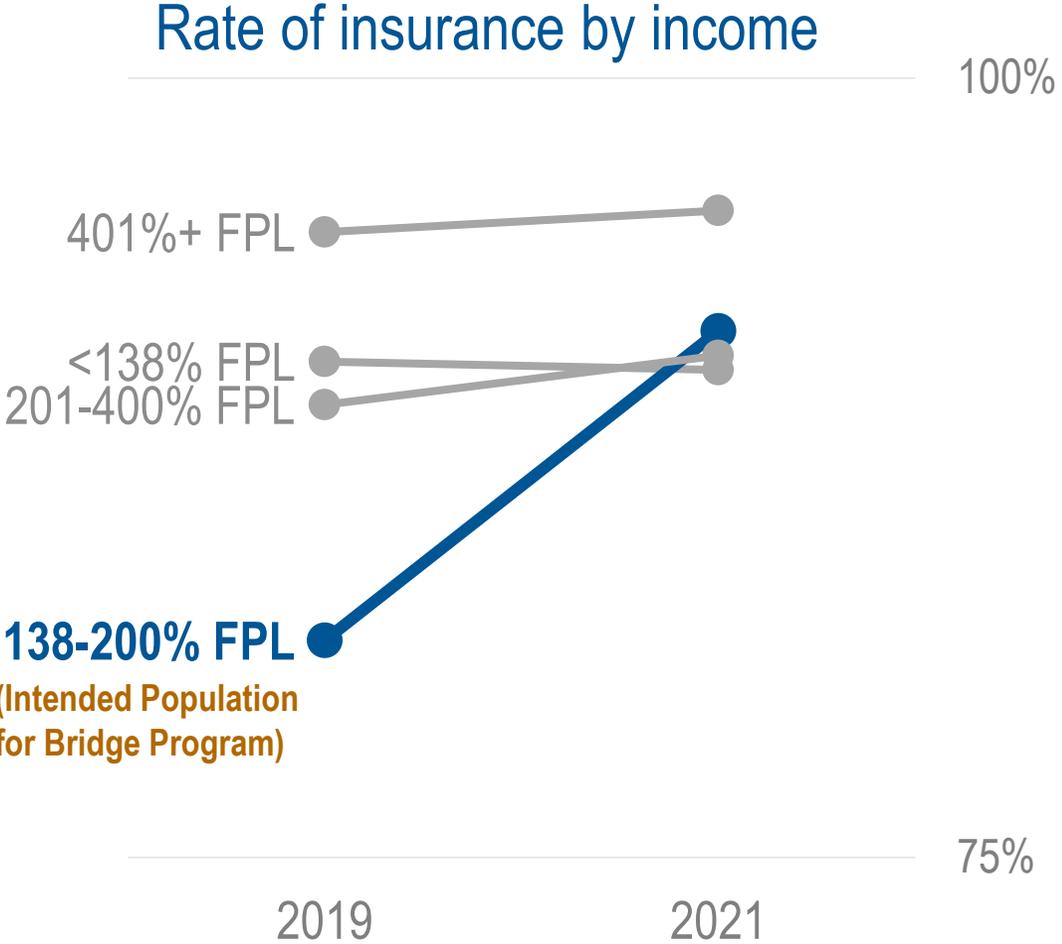
2019: 94.0%

2021: 95.4%

For Black/African American people coverage increased from 92% to 95% in that time frame.

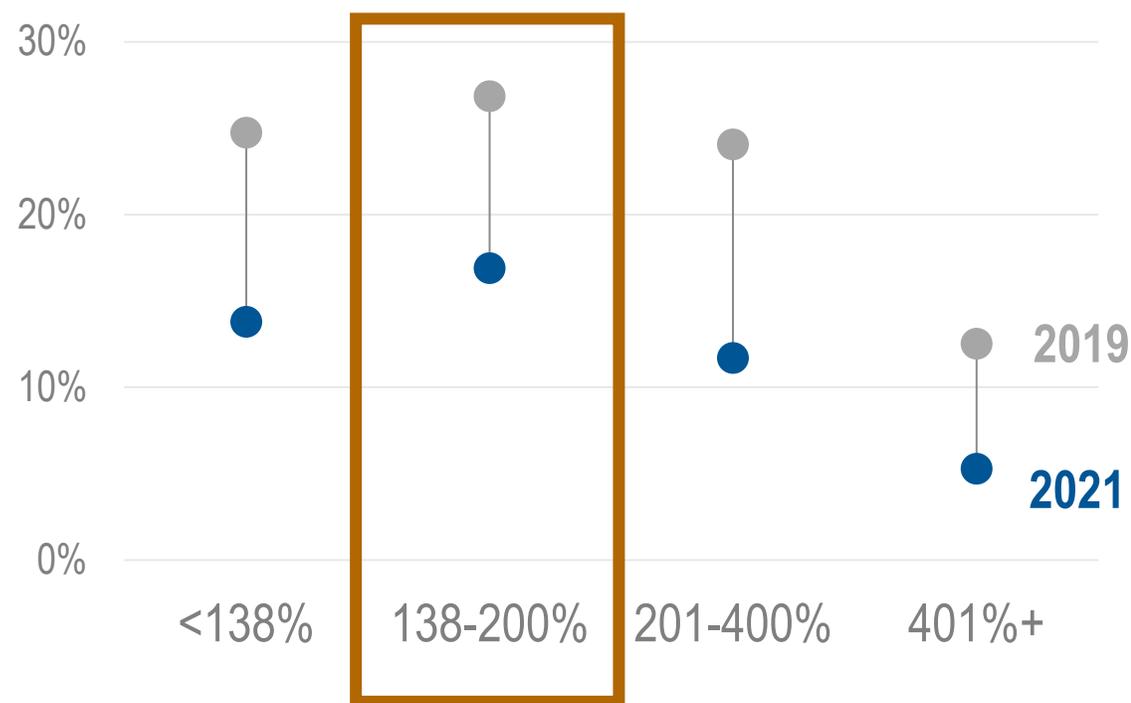


The largest coverage gains were among low-income adults as fewer people reported being uninsured due to loss of OHP

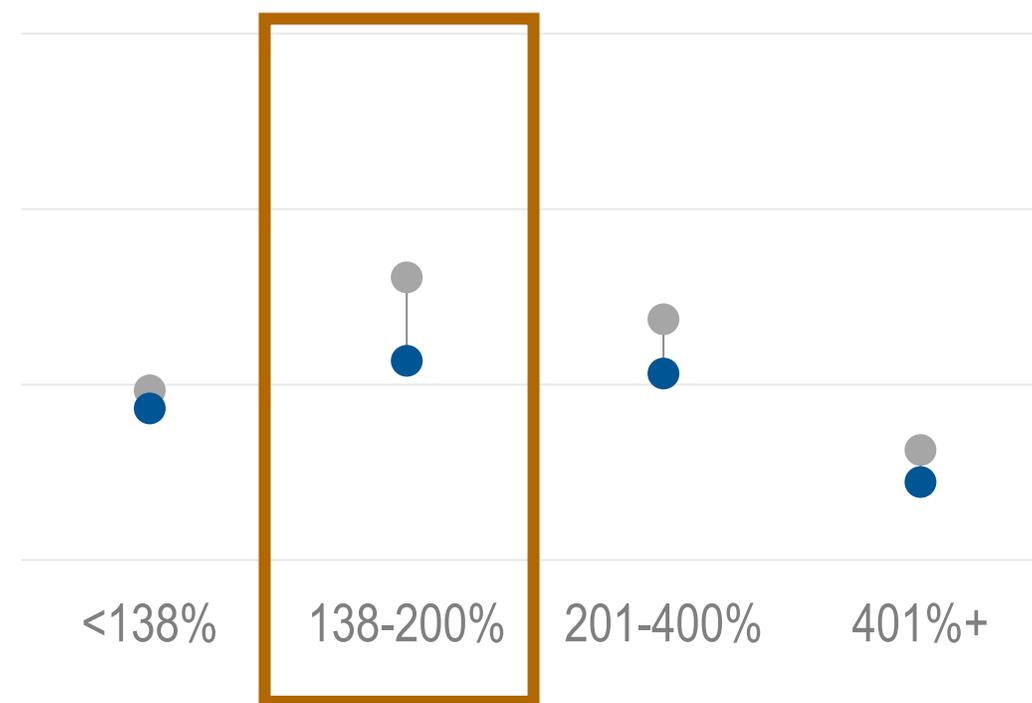


The percent of insured adults who delayed care because of cost or had trouble paying medical bills declined in 2021 across all income brackets

Delayed care because of cost

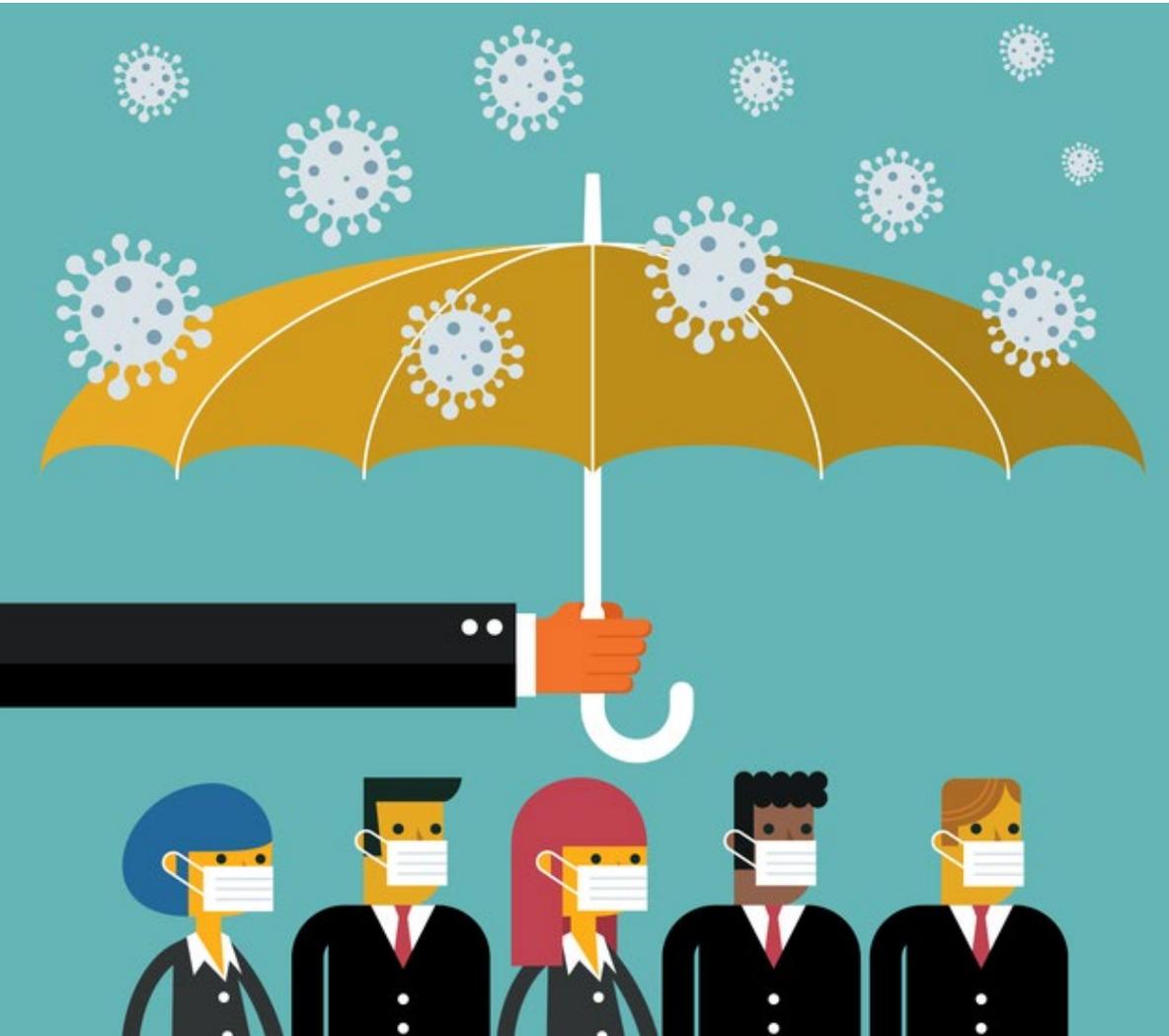


Trouble paying medical bills



**Eventual PHE Unwinding
Threatens Coverage Gains**

Renewal Process Will Begin After PHE Expires



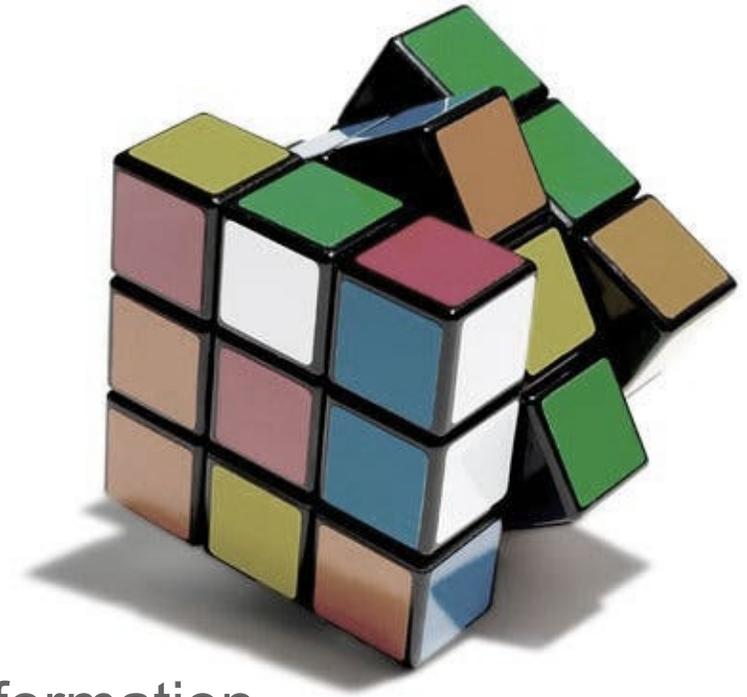
CMS Guidance in March Points Path Forward.

Highlights:

1. Operational Plan required to outline how we will meet CMS objectives
2. Full redetermination required for all enrollees
3. States must initiate redeterminations within 12-months and complete within 14-months

Renewal Process Challenges and Risks

- Unprecedented scale of needed outreach
- Human services caseloads and staffing
- Process creates member confusion
- Limitations of healthcare.gov
- Simultaneous eligibility system changes
- High rates of returned mail and incorrect contact information
- Uncertain future of enhanced Marketplace tax credits available in 2021 & 2022
- **Uncertain timing for end of PHE**



Restart of Closures Threatens Coverage and Equity Gains

- Initial Forecast: \approx 300,000 OHP members could lose Medicaid coverage
- Not everyone losing OHP will enroll in employer or Marketplace-based coverage
- Coverage loss undermines Oregon's efforts to eliminate health inequities

HB 4035 Legislative Direction & Agency Approach

HB 4035 Enacted in March

Medicaid Redetermination Timing and Process

- **Community and Partner Workgroup** - advise Oregon's outreach, enrollment and communications strategy
- **Phased Approach by Population** - give people more time to complete process, smoother transitions to marketplace
- **Transparent Process with Regular Updates** – report due May 2022

Creation of New Bridge Program for PHE Unwind & Beyond

- **Short-term Task Force** to develop new program – report due Sep 2022
- **Goal:** ensure continuous coverage for people with incomes between 138-200% FPL



Working Across Agencies



- Oregon Health Authority
- Oregon Department of Human Services
- Department of Business and Consumer Services

Formed cross-agency team to develop plan for performing renewals, communicating to members and providers and connecting people to coverage

Outreach & enrollment assistance strategy

Coordinating communications strategies

Community and Partner Workgroup

Recruitment under way. People interested in serving on this workgroup can complete short application via this [survey](#). First meeting in May.

Scope. The workgroup will advise OHA on outreach, enrollment and communication strategies to help program recipients navigate the changes and maximize continuity of coverage for as many people as possible. Community and medical assistance program members will be compensated for their time.

Composition. A 10- to 14-member workgroup with OHP members, community partners, and others.



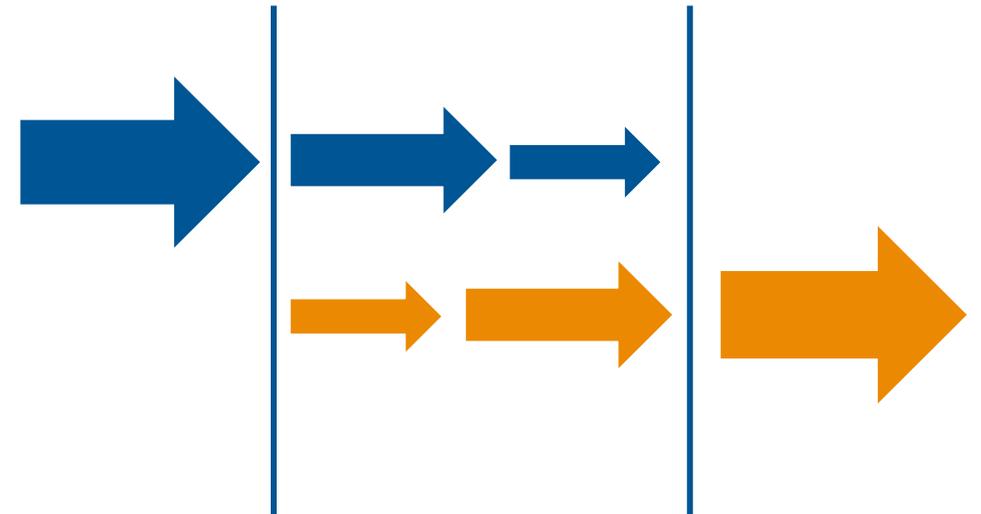
Strategic Approach to Redeterminations

- **Adjust timelines** - allow more time for outreach and collection of member info
- **Strategically group redetermination cases:**

Front-load easier cases (i.e., complete information)

Back-load higher risk cases - allow ramp-up, more outreach time outreach, and preserve coverage for churn or higher-risk members, such as...

- **Income-levels** (e.g., 138-200% of FPL)
- **Age and disability** (likely to age out and/or receipt of long-term care)
- **Health status** (recent claim history with CCOs)
- **Special circumstances** (domestic violence, houselessness, variable income)

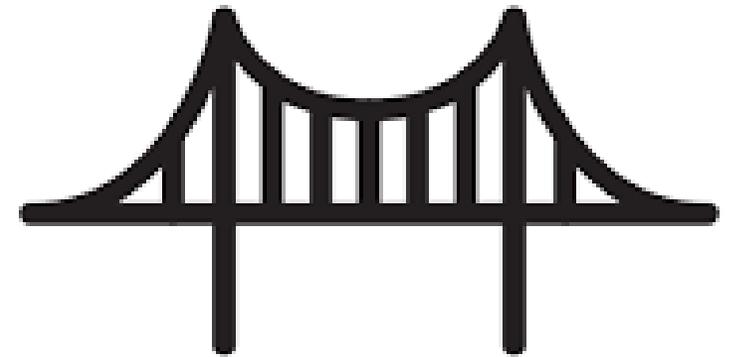


HB 4035 Direction for Bridge Program

- Prioritize health equity
- Medicaid-like coverage through CCOs
- Preserve individual choice to minimize churn cliffs
- Leverage federal marketplace funding
- Minimize costs to enrollees
- Phased implementation
 - Phase 1: Coverage focused on people leaving Medicaid during PHE unwinding
 - Phase 2: Full implementation to 138-200% FPL population

Vision for Bridge Program

- Adults with income between 138-200% FPL stay in their CCOs instead of being terminated from OHP and directed to the Marketplace.
- CCOs get monthly payment for each enrollee as they do for OHP
- Coverage paid for by federal funds that would otherwise fund Marketplace-based tax credits
- Adults eligible for Bridge Program could still choose Marketplace-based coverage w/ federal tax credits (if CMS allows)
- Little-to-no costs for enrollees, plan covers robust set of benefits



2022

2023

Feb April July Jan April July



Session

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Session

Redeterminations

Planning

Redetermine 1.4 million OHP enrollees

Return to normal redeterminations process

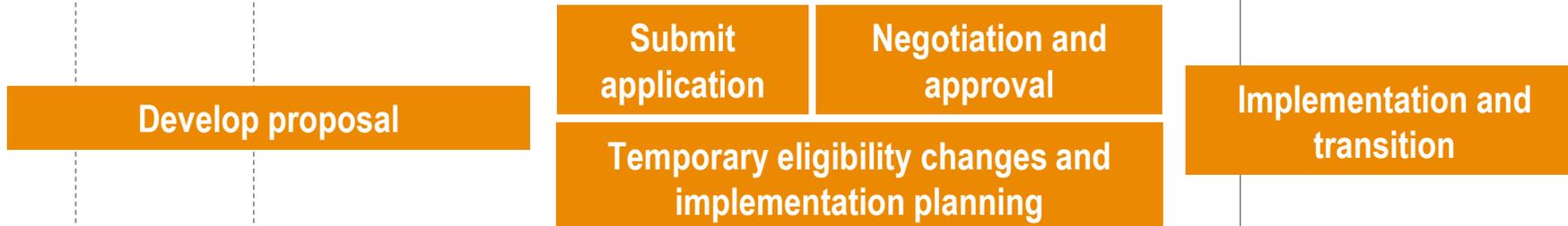
People will fall into different categories:

- No response → Terminate Coverage
- > 200% FPL → Handoff to Marketplace →
- OHP eligible → Keep on OHP →
- 138-200% FPL → Keep on OHP (thru Temp 1115)

Transition to Bridge Program (federal funding)

↳ If federal approval not granted, then transition on to the Marketplace

Bridge Program (138-200% FPL)



Questions?