

February 18, 2022

The Honorable Barbara Smith Warner
Chair, House Committee on Rules
State Capitol
Salem, Oregon 97301

RE: House Bill 4035 – Medicaid redetermination and Basic Health Plan

Dear Chair Smith Warner and members of the committee:

Providence supports efforts to ensure that the Medicaid redetermination population can maintain coverage with limited disruption. We recognize and appreciate the leadership of legislators and the Oregon Health Authority to have collaborative conversations about how to move forward. Completing Medicaid redeterminations for nearly 1.4 million Oregonians, in 16 months, is a huge undertaking. This is not a problem created by the OHA, this is a challenging situation for states across the country and one we know the Centers for Medicare and Medicaid Services are working hard to address.

House Bill 4035, with the -2 amendments, provides meaningful clarity about proactive outreach and assistance that needs to occur, with a targeted focus on supporting the most vulnerable individuals. Providence believes the series of proactive strategies, outlined in section three, including updating contact information, outreach and education, and navigational assistance - are foundational and will simplify the process for individuals to maintain Medicaid coverage or transition to the individual market. We hope the OHA task force will also look for innovative ways to expedite the OneSystem enrollment process and coordinate with the health insurance marketplace, particularly for individuals between 138-200% FPL that would be eligible for fully subsidized coverage on the individual market.

Specific to the creation of a “bridge plan,” Providence has continued to raise concerns about the OHA’s capacity to adequately manage Medicaid redetermination and implement an entirely new coverage option. That said, we understand disenrollment will affect the most vulnerable Oregonians and want to be solution oriented if the OHA thinks extensive outreach is not sufficient. But our goal should be to find the right solution for the problem that has been identified – the “churn” population that includes individuals under 200% FPL that have been formally deemed ineligible for Medicaid through the redetermination process.

To solve this problem, Providence would recommend consideration for a plan that is truly a “bridge” – targeted, time-limited, with a seamless transition for individuals. Such a plan would:

- Focus on individuals “churning” off of Medicaid, rather than by defining the “churn” population as everyone under 200% FPL regardless of their current coverage on the individual and group market;

- Create a process that seamlessly enrolls those individuals to a “bridge plan” with their existing CCO, so there is no unnecessary confusion about enrolling in a new plan; and
- Allow coverage for a maximum of 12 months, at which time individuals will either be eligible for Medicaid again or have had adequate outreach and assistance to transition to the individual market.

Providence’s advocacy priorities have long included the support of access and coverage for everyone as well as complementary strategies like increasing income thresholds for hospital financial assistance and the HOPE amendment. We are a Mission driven organization devoted to serving all, especially the poor and vulnerable. As we work through managing Medicaid redetermination when the public health emergency expires, you have Providence’s commitment be a collaborative partner in this work.

Thank you for the opportunity to provide comment on HB 4035, we look forward to continued partnership.

Respectfully,



William Olson
Chief Executive Officer
Providence Health & Services – Oregon



Don Antonucci
Chief Executive Officer
Providence Health Plan