

# Oregon's 1115 Medicaid Waiver Update

## House Interim Committee on Behavioral Health & Healthcare

9/24/24



# Reentry Demonstration (Formerly “Carceral Expansion”)



# Offering Medicaid to people who are incarcerated

Limited expansion of Medicaid to incarcerated and formerly incarcerated people can increase positive health and social outcomes.

## Current

### Incarcerated / recently incarcerated people do not have Medicaid:

- Currently, incarcerated people lose Medicaid access due to federal law.
- Upon release from carceral facilities individuals experience a coverage gap.
- Gaps in coverage lead to difficulty in access to health care and vital services.



## Future

### Extending limited Medicaid eligibility in carceral settings will:

- Close a coverage gap.
- Create progress toward a healthier Oregon.
- Proactively reduce health equity gaps in Oregon.
- Reduce social and financial costs related to recidivism and other negative outcomes.

# Impacted facilities

Eligible populations are held across four types of institutions

**69** institutions with more than **20,000** beds may be included.



## State Prisons

**12** facilities across the state  
holding **~13,442** individuals



## County Jails

**37** facilities across the state  
holding **~6,582** individuals



## State Youth Correctional Facilities

**9** facilities across the state  
holding **~525** individuals



## County Youth Correctional Facilities

**11** facilities across the state  
holding **~298** individuals

# Two new expansion efforts

There are two efforts that are happening to support people who are incarcerated and on Medicaid (the Oregon Health Plan):

## 1. Federal Consolidated Appropriations Act (FCAA)

Creates requirements to expand Medicaid coverage of some services to youth in custody

## 2. Medicaid 1115 waiver (also known as “reentry demonstration”)

# Carceral Expansion Services

## 1115 Waiver

### Family planning services

### Person centered care plan

#### Behavioral & Physical Health

- Behavioral health crisis & stabilization services
- **\*Medication Assisted Treatment (MAT)\***
- Substance use disorder services

#### Diagnostic, treatment, & prevention services to stabilize common & communicable health conditions including:

- Hepatitis
- HIV
- Tuberculosis
- Blood pressure
- STIs
- Diabetes

#### Medication & Pharmacy

- **\*Pharmacy-in-hand at release\***
- Pharmacy coverage
- Medication management

## FCAA

### \*Targeted Case Management\*

- Comprehensive needs assessments, development of a person-centered care plan, referrals and related activities, monitoring and follow-up activities, and TCM must continue for at least 30 days post-release.
- States must provide medical, behavioral, and dental screening and diagnostic services
- Screening services:
  - comprehensive health and developmental history, comprehensive unclothed physical examinations, appropriate vision and hearing testing, appropriate laboratory tests, and dental screening services.

# Goals

Oregon expects to achieve the following goals:

- ✔ **Increase Medicaid coverage** and continuity of coverage.
- ✔ **Improve access** to services prior to release and improve transitions and continuity of care into the community upon release.
- ✔ **Improve coordination and communication** between correctional systems, state and county systems, Coordinated Care Organizations, and community-based providers.
- ✔ **Improve connections** between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSNs).
- ✔ **Provide intervention** for certain behavioral health conditions and use stabilizing medications.
- ✔ **Reduce post-release acute care utilizations** such as Emergency Department (ED) visits and inpatient hospitalizations and deaths.

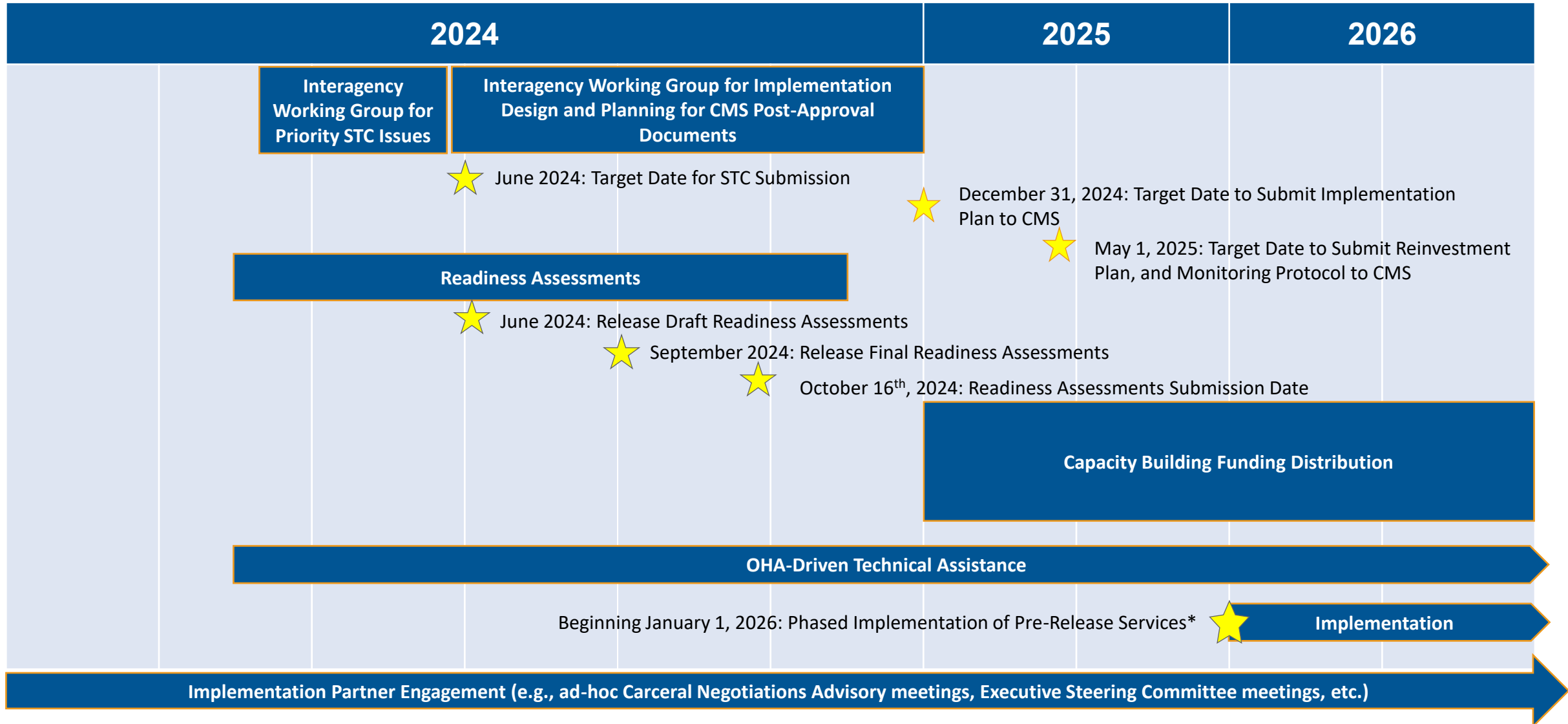
# Challenges

## Known challenges:

- ☑ **Availability of assisters** to support Medicaid enrollment prior to release
- ☑ **Coordination between care teams** (releasing facility, community providers, post-release case managers)
- ☑ **Data sharing** and privacy / confidentiality protections
- ☑ **Ability to submit claims** for reimbursement
- ☑ **Variation** in prescription drug formulary across systems
- ☑ **Availability of Medication Assisted Treatment (MAT)** in rural and frontier counties




# High-level implementation approach and timeline



# Health-Related Social Needs (HRSN) Housing Supports



# HRSN November 1 Milestones

	July 2024	August 2024	September 2024	October 2024	November 2024
Rules		HRSN and Associated Rules Filed with Secretary of State	Public Comment Period	HRSN and Associated Rules Filed Permanently with Secretary of State	 <p><b>HRSN Housing and Expanded HRSN Outreach &amp; Engagement Services are established and begin to ramp-up</b></p>
CCO/FFS Readiness	CCO Amendment Reviewed by CCOs and FFS TPC	CCO and FFS TPC Amendments Finalized	<p>CCO and FFS TPC Amendments Executed</p> <p>CCO and FFS TPC Housing Readiness</p>		
HRSN Partners	Engage Partners on HRSN Products, Provider Enrollment, Benefit Design		HRSN November Launch Roadshow begins		

CCO = Coordinated Care Organization HRSN = Health-related social needs CMS = Centers for Medicare & Medicaid Services

# November 1 Kick-off

## Key Objectives & Overall Strategy

### Key Objectives:

1. Ensure access to resources and communications for HRSN Service Providers, CCOs, FFS, TPC and the public
2. Establish relationships to reach historically underserved OHP members
3. Support development of an adequate HRSN service provider network, especially in rural areas and for priority populations

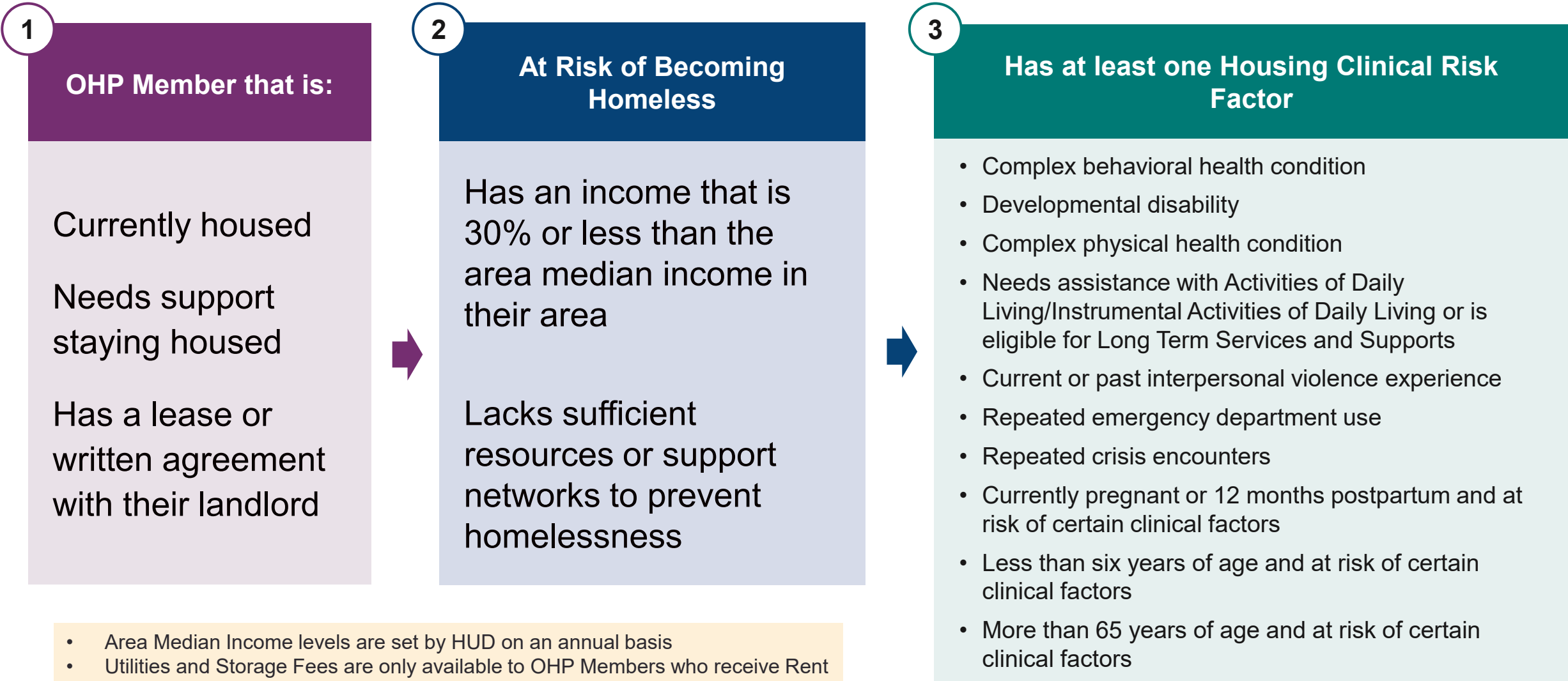
### Overall Strategy:

Emulate Climate Launch Roadshow while assessing for possible gaps and additional needs for the Housing and Expanded Outreach & Engagement Benefit Launch

# Engagement Strategies

- **Provide information:** Provide current resources including the webpage, products, info on upcoming, or past recordings of, HRSN Partner Work Sessions or All Come / Para Todos webinars, and technical assistance
- **Direct outreach:** Focused and personalized engagement with organizations in need of support
- **Direct engagement:** Presentations, feedback, and conversations either in a current HRSN meeting, a new meeting, or attending the partner's current staff or partner meetings

# Eligibility for HRSN Rent and Tenancy Services



# Eligibility for HRSN Home Modifications/Remediations

1

## Is a Current OHP Member and has at least one Housing Clinical Risk Factor

- Complex behavioral health condition
- Developmental disability
- Complex physical health condition
- Needs assistance with Activities of Daily Living/Instrumental Activities of Daily Living or is eligible for Long Term Services and Supports
- Current or past interpersonal violence experience
- Repeated emergency department use
- Repeated crisis encounters
- Currently pregnant or 12 months postpartum and at risk of certain clinical factors
- Less than six years of age and at risk of certain clinical factors
- More than 65 years of age and at risk of certain clinical factors

2

## Belongs to an HRSN Covered Population

- Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility
- Adults and Youth Released from Incarceration
- Individuals currently or previously involved in Oregon's Child Welfare system
- Individuals Transitioning to Dual Medicaid and Medicare Status
- Individuals who meet the At-Risk of Homeless; or
- Young Adults with Special Health Care Needs ages 19 and 20 (starting January 2025)

3

## Additional Eligibility Requirements

- Member must need the home modification or remediation to help or prevent their health condition
- Landlord approval is needed before delivery

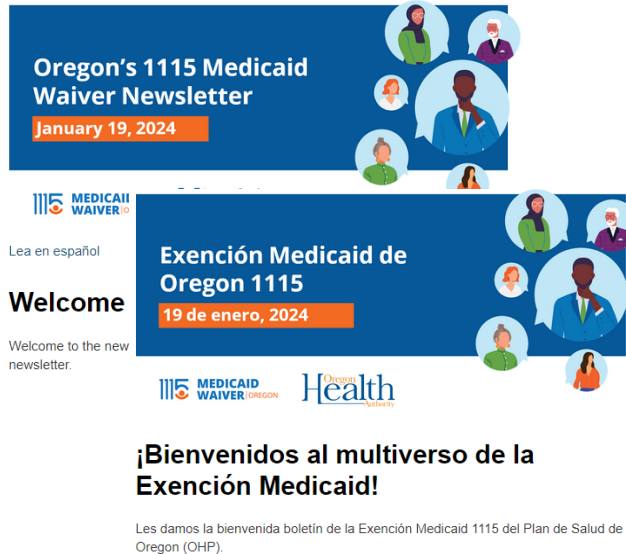
# HRSN Service Provider Resources

- HRSN Service Provider Technical Assistance
  - Monthly interactive sessions to support becoming an HRSN service provider with recordings and slides posted on <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Social-Needs-Provider-Training.aspx>
- Support for quick turnaround of HRSN service provider applications
- Direct line for HRSN service providers to the HRSN team as well as provider enrollment





# Current Communication Products



**External Newsletters:** Several editions have been distributed to-date and are being translated to Spanish. Prior editions are available on the [waiver communications page](#). There are currently more than 2,000 subscribers.

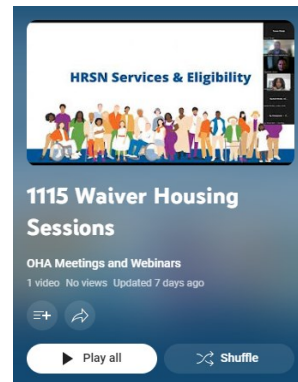
To subscribe, go to: <https://public.govdelivery.com/accounts/ORHA/signup/37696>

**1115 Waiver web pages:** We have several waiver web pages aimed at reaching a variety of audiences about the waiver. Web pages include:

[1115 Waiver Home Page](#)  
[HRSN Climate Communications](#)  
[Continuous Eligibility](#)  
[Benefit Update Project \(BUP\)](#)

[HRSN](#)  
[HRSN Provider](#)  
[EPSDT](#)  
[CCBF](#)

Upcoming: YSCHN, carceral, housing, & nutrition



**YouTube Playlists:** there are three waiver YouTube Channels including for an [HRSN partner workgroup](#), [housing sessions](#), and [CCO meetings](#).



**Fact Sheets.** Several fact sheets are complete, and others are in process. All will be translated to the most common OHP member languages and posted to the appropriate web page. Completed fact sheets include:

[Waiver 101](#) (update planned)  
[Outreach & Engagement](#)  
Carceral (not posted)

[Climate](#)  
[EPSDT](#)  
[CCBF](#)

In process: YSCHN, HRSN nutrition, media 101, HIPAA, housing, and BUP.

**Q&A**

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500 Summer Street  
Salem, OR 97301  
[1115Waiver.Renewal@odhsoha.oregon.gov](mailto:1115Waiver.Renewal@odhsoha.oregon.gov) or  
1-844-882-7889, 711 TTY





# OHP Bridge Update

**House Interim Committee on Behavioral Health & Healthcare**

September 17, 2024

# OHP Bridge History

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- In 2022, the Legislature directed OHA to develop a “Bridge Program” to cover people who regularly churn between OHP and the Marketplace.
- Program development included:
  - The Bridge Health Care Task Force
  - Regular meetings with CCOs and commercial carriers
  - Gaining federal approval from CMS
  - Rulemaking
  - CCO Contract Development

# OHP Bridge formally launched on July 1, 2024

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- OHP Bridge is a new benefit for adults with higher incomes. People who get OHP Bridge must:
  - Have income up to 200 percent of the federal poverty level,
  - Be 19 to 64 years old,
  - Not have access to other affordable health insurance, and
  - Have an eligible citizenship or immigration status to qualify.
- OHP Bridge has almost the same benefit as OHP Plus.
- OHP Bridge is free coverage with no member costs like copays or deductibles.

# In Oregon, we have two OHP Bridge programs with the same benefit package.

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## OHP Bridge – Basic Health Program (BHP)

- Managed exclusively by CCOs
- No option for open card

## OHP Bridge – Basic Medicaid

- Allows enrollees option to choose between CCO and open card
- Only available to American Indian/Alaska Native individuals

# People will enroll in OHP Bridge over the next few years

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## People have moved from the Oregon Health Plan (Medicaid)

People with income 138-200% FPL were kept on OHP following the end of the public health emergency through a Temporary Medicaid Expansion (TME). Approximately 22,000 people moved from the TME to OHP Bridge on July 1. People will continue to move from OHP Plus in coming years if their income has increased at time of renewal.

## People previously Uninsured can now enroll

Beginning July 1, OHP Bridge is open for new applicants who may not have had coverage previously.

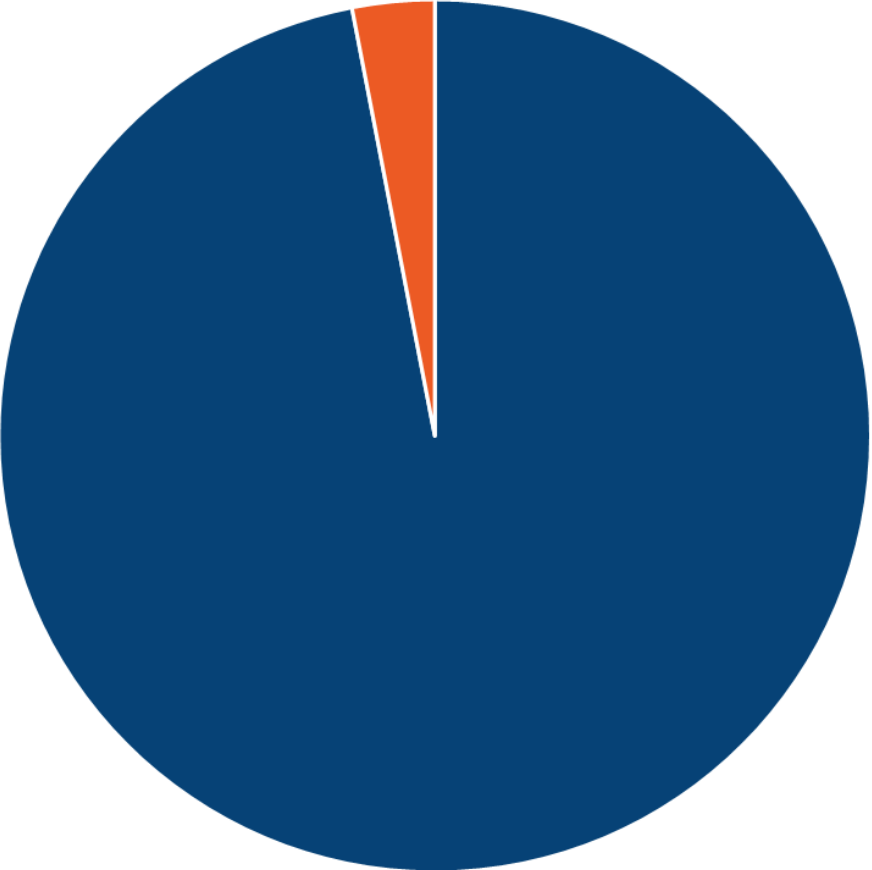
## People will move from Marketplace plans

People currently covered in the Marketplace with income between 138-200% FPL can also move to OHP Bridge beginning July 1. People must update their application or apply directly through the ONE system; movement from the Marketplace will not be automatic and will likely happen gradually.



# Enrollment as of September (26,243 members)

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■ 25,443 on OHP Bridge -  
Basic Health Program

■ 800 people on OHP Bridge -  
Basic Medicaid



# OHP Bridge Advisory Committee (OBAC)

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OHA will launch an OHP Bridge Advisory Committee (OBAC) in the fall

- Purpose: To provide recommendations for the program and guide Trust Fund management, member outreach and communication; create a venue for reporting on federal negotiations and considering revisions to the BRG benefit.
- The OBAC is not a decision-making body
- The OBAC seeks to include the following representation:

- **Two** OHP Bridge Members
- **One** Healthcare Provider from a Metro Area
- **One** Healthcare Provider from a rural area or FQHC
- **Two** representatives of Healthcare Organizations
- **Two** Consumer Advocacy representatives
- **One** health equity specialist
- **One** consumer navigator/assister
- **One** Tribal member representative

**Q&A**

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500 Summer Street  
Salem, OR 97301  
[ohpbridge@oha.oregon.gov](mailto:ohpbridge@oha.oregon.gov) or  
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Sept. 24, 2024



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# State-based Marketplace Project

House Interim Committee on Behavioral Health &  
Healthcare

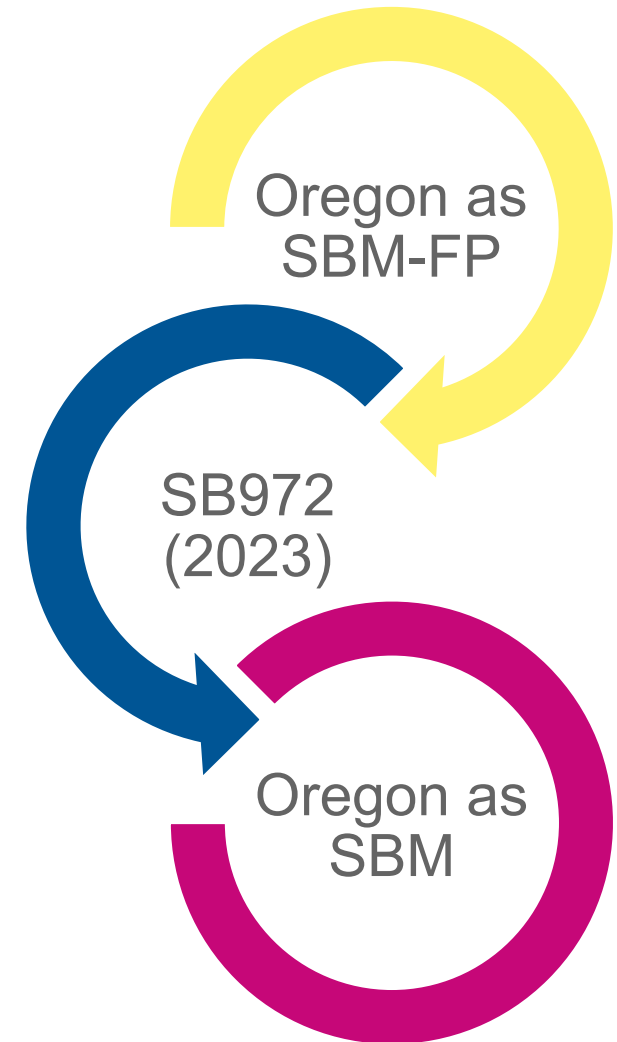
**Chiqui Flowers**

Director

Oregon Health Insurance Marketplace

# Senate Bill 972 (2023)

- Oregon's state-based marketplace currently uses federal technology (HealthCare.gov).
- Senate Bill (SB) 972 instructs the Oregon Health Authority to move the Marketplace to a state-run customer care center and technology system.
- Oregon will be able to use a prebuilt technology platform that can be customized to meet our state's specific eligibility and program needs.



# Why is this project important?



Enhance shopping  
and customer  
service based on  
feedback



Quickly track and  
fix enrollment  
issues



Increase  
transparency for  
better  
accountability to  
Oregon partners  
and consumers



Customize the  
platform for  
special enrollment  
periods and  
Oregon-specific  
programs

# How this project impacts health equity



Use data to better target outreach and focus on enrolling people who are often uninsured, like people of color and rural residents.



Collecting data, especially on race and ethnicity, is essential for understanding enrollment gaps.



Better and more reliable data will help Oregon improve its outreach and communication strategies, both generally and in real time, to reach specific communities.



Immigrants and non-native English speakers are more likely to enroll if there are extra translation and interpretation services to help them with applications and communication with navigators, agents, or call center.

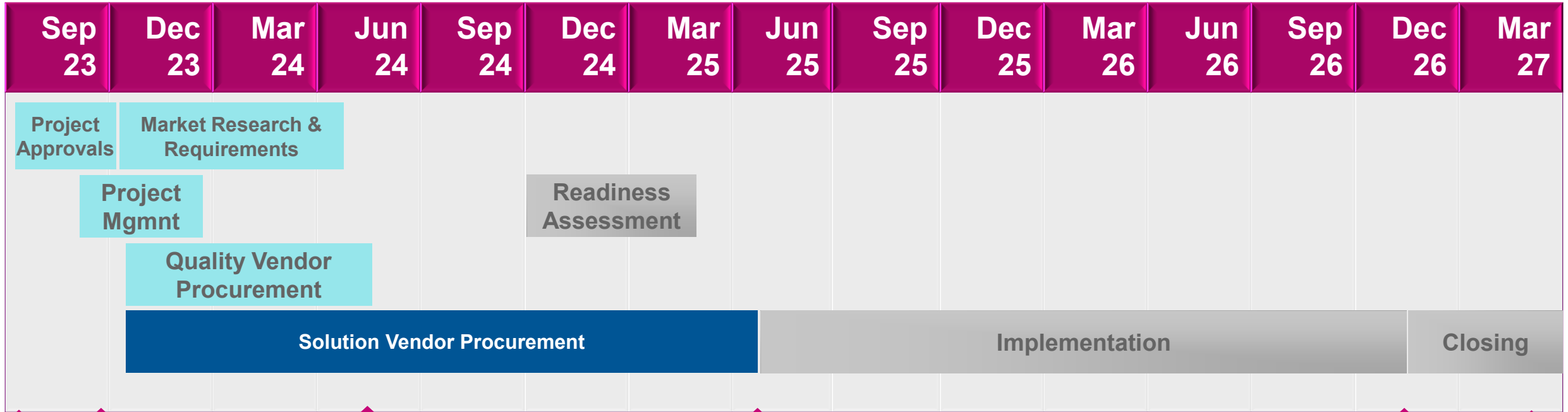


# Project Timeline

Status: **On Track**

Phase: Planning

Total Project Duration: 4 Years & 8 Months



7/6/2023 Project Started

9/20/2023 Obtained Approvals to Begin Planning

4/11/2024 Completed Resource & Solution Analysis Planning (Stage Gate 2)

4/2025 Complete Implementation Planning

11/2026 Go Live & Move to Operations

03/2027 Close Project

Key: Done In-Progress Not Started

# Partner engagement activities

## Meetings

- Quarterly partner listening sessions with insurance agents/ brokers, application assisters at community partner organizations, and insurance carriers
- Equity tabletop discussion with internal state staff from OHA and partner state agencies
- Engaging Health Insurance Marketplace Advisory Committee

## Newsletters

- Quarterly project newsletter
- Monthly project updates via Marketplace partner communications

## Project website

- Implementation of partner and public feedback and question submission mechanism and reporting on project website
- Posting results of listening sessions
- Posting quarterly newsletters
- Updating content as needed

# What we have been hearing during partner engagement

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## Listening session on requirements

- Experience using HealthCare.gov
- Pain points in the current system
- Desired requirements for new platform

## Listening session on equity

- Communications and outreach considerations
- Inclusive data practices
- Co-creation, power sharing and desired system enhancements

## Listening session on Equity-Focused Health Impact Analysis

- Feedback on training considerations
- Outreach and engagement to rural Oregonians
- Clearly defining data collection practices, why collecting data, and how will be used

# Policy Option Package 424: SBM Project Second Phase Funding

SBM solution vendor (enrollment and eligibility platform and consumer assistance service)

Independent quality management services

Staff and other expenses for expended operations (ex. community outreach and education, training, and IT security and privacy)

Transition to maintenance and operations

	Other Funds	Total Funds	Positions	FTE
Pricing:	\$25,000,000	\$25,000,000	15	10.75

## State-based Marketplace Project updates

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- Submit questions to project team: [orhim.info/SBMquestions](http://orhim.info/SBMquestions)
- Updates will be shared on our SBM Project site: [orhim.info/SBMtransition](http://orhim.info/SBMtransition)
- Sign up for our newsletter at [orhim.info/SBMupdates](http://orhim.info/SBMupdates)
- Get updates and share feedback at Health Insurance Marketplace Advisory Committee (HIMAC) meetings. Learn more about the HIMAC at [orhim.info/HIMAC](http://orhim.info/HIMAC).



**Q&A**

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500 Summer Street E-56  
Salem, OR 97301  
[Info.marketplace@odhsoha.oregon.gov](mailto:Info.marketplace@odhsoha.oregon.gov)  
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