

Senate Bill (SB) 558 (“Cover All Kids”) 12-Month Implementation Update January 2019

Background: Effective January 1, 2018, SB 558 (2017) opened the Oregon Health Plan (OHP) to more children and teens younger than 19, regardless of immigration status. The SB 558 population includes those with Deferred Action for Childhood Arrivals (DACA) or undocumented status, and those previously eligible only for Citizen Alien Waived Emergent Medical (CAWEM/CAWEM Plus). It is estimated that 15,000 immigrant youth across Oregon are impacted by SB 558. At the end of 2018, more than 5,200 kids were enrolled.

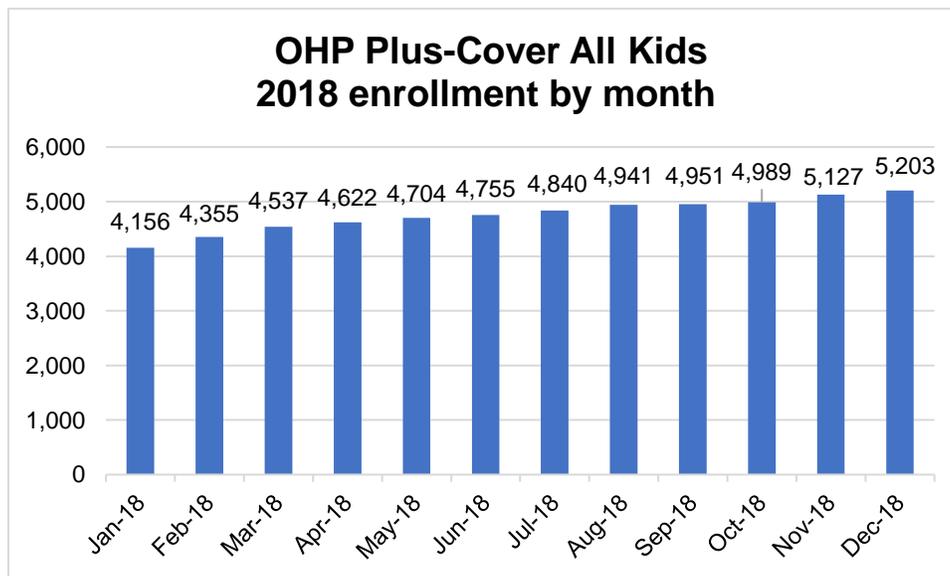
Overview:

- Implementation has been led by the Community Partner Outreach Program (CPOP) in close partnership with the OHA Health Systems Division. CPOP moved back to OHA (External Relations Division) from DHS effective January 2, 2019.
- Given the increasingly marginalized, hard-to-reach nature of the SB 558 population, CPOP leveraged their community partner infrastructure and prioritized stakeholder engagement to develop effective outreach and marketing strategies promoting OHP enrollment within the SB 558 population.

Outcomes:

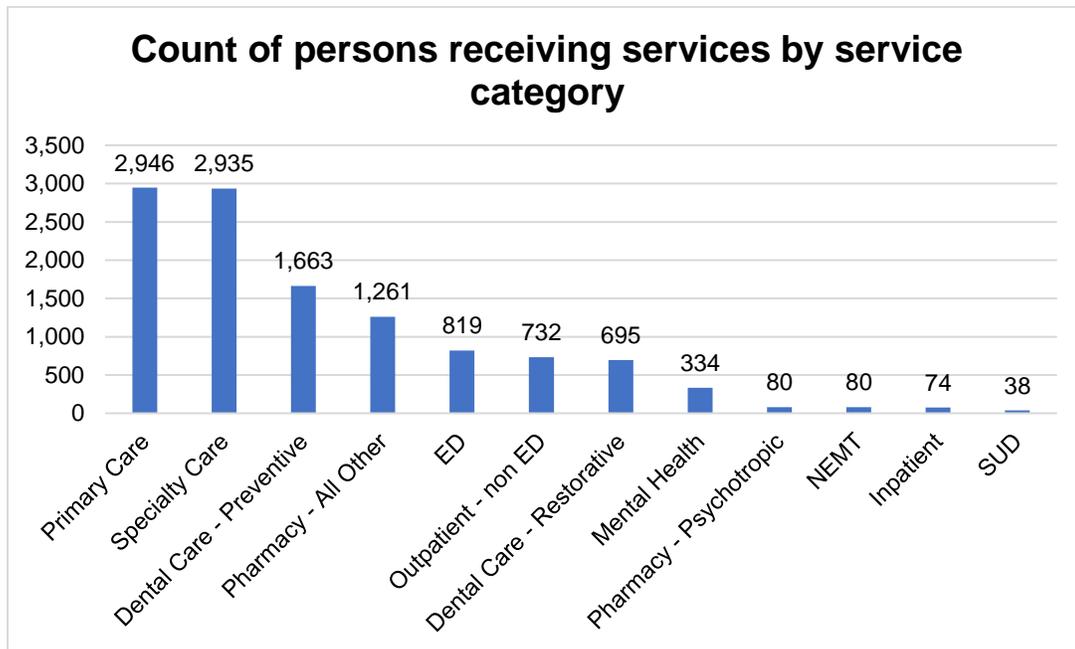
I. Enrollment and health care utilization:

- Effective January 1, 2018, roughly 3,600 OHP members younger than 19 were auto-converted from CAWEM/CAWEM Plus-level benefits to OHP Plus-Cover All Kids.
- Since January 2018, about 200 new members per month have enrolled in OHP Plus-Cover All Kids, resulting in a caseload increase of about 100 members per month when accounting for exits and transfers:¹



¹October-December 2018 enrollment is preliminary data, adjusted to include an estimate of retroactive enrollment. Source: Office of Forecasting Research and Analysis.

- **Demographics.** Based on 2018 OHP enrollment data, 40 percent of all OHP Plus-Cover All Kids members identified as Latino/Hispanic; their average age was 12.9 years; Spanish was their most commonly requested language, English was second.
- **CCO vs. open card enrollment.** OHP Plus-Cover All Kids members were on open card through February 2018. Effective March 5, 2018, they were auto-enrolled into coordinated care organizations (CCOs). To date nearly all members are enrolled in CCOs. Those who remain on open card are either pending CCO enrollment due to the up to two-week auto-enrollment process or are not CCO-enrollable due to OHP eligibility rules.
- A large majority accessed primary and specialty care:



- CCO performance measure data will be available starting July 2019.

II. Outreach and marketing:

- CPOP continues to administer the SB 558 Outreach and Enrollment Grant Program, which launched January 1, 2018, and is slated to run through June 30, 2019. This grant program funds 14 community-based organizations across the state (reaching 30 counties), which are trained and certified by CPOP to provide culturally and linguistically responsive OHP outreach, enrollment and system navigation services.
- Preliminary 2018 grant program data show:
 - 154,735 individuals were directly reached with information about OHP.
 - Overall, there was a 44 percent increase in outreach activity from the first to second half of 2018.
 - 1,127 individuals within the SB 558 population were assisted with OHP enrollment.
 - From the first to second half of 2018, total OHP enrollments across all assisted populations increased by 63 percent.
 - Grantees provided more than 22,152 incidences of OHP education and system navigation.
 - It took an average of 2.6 “touches” to help individuals and families complete the OHP enrollment process.

- CPOP partnered with the Oregon Latino Health Coalition to form the SB 558 external stakeholder workgroup. This workgroup:
 - Is composed of more than 20 community leaders from across the state who all have demonstrated experience in outreaching to and working with the SB 558 population and other immigrant groups;
 - Since October 2017 has advised the state on culturally and linguistically responsive outreach and marketing strategies to promote OHP enrollment within the SB 558 population; and
 - Was instrumental in elevating public charge and related immigration concerns as significant barriers to OHP enrollment within the SB 558 population. This led to CPOP's development of statewide training on immigration and privacy for OHP-certified community partners working with the SB 558 population, and the formation of the Governor's Workgroup on Public Charge and the Privacy of Information.
- Starting in July 2018 new funding was made available to develop the "OHP now covers me! / ¡Ahora OHP es para mí!" mixed media campaign. Designed in collaboration with CPOP and DHS/OHA Publications and Creative Services with advice from the SB 558 external stakeholder workgroup, this campaign includes the following:

Media type	Language(s)	Geographic area	Ad Status
Television	Spanish	Statewide, where available	To launch February 2019
Radio	Spanish	Statewide, where available	To launch February 2019
Digital	Spanish, Korean, Vietnamese, Simplified and Traditional Chinese	Statewide, targeted	To launch February 2019
Movie theater	Spanish, English	Rural Oregon	Launched November 2018
Transit	Spanish, English	Rural Oregon	Launched December 2018
Billboard	Simplified Chinese	SE Portland	To launch February 2019

- See www.OHPnowCOVERSme.org for additional information.

III. Notable partnerships:

- **Kaiser Permanente (KP):** CPOP is working with KP and the SB 558 grantees in Marion County and the Portland Metro region to transition the estimated 2,400 KP Child Health Program Plus members to full OHP coverage. This work officially kicked off in early November 2018.
- **OHA's Reproductive Health (RH) Program:** Given overlaps in the SB 558 and RH Program target populations, CPOP and the RH Program have formally partnered to provide additional grant funding, training and on-going technical assistance for 558 grantees to integrate RH Program promotion into their existing SB 558 outreach and enrollment work.

Lessons learned and best practices:

- Traditional OHP outreach and enrollment strategies that have historically generated high enrollment returns (such as those employed under Healthy Kids), are proving ineffective for the SB 558 population.
 - Example: Immigrant communities, including the SB 558 population, are increasingly leery of attending large public events such as OHP enrollment fairs.

- Outreach strategies that work best for the SB 558 population include one-on-one conversation with trusted community gatekeepers and word-of-mouth.
- Repetition is key. The SB 558 population needs to hear about the program from multiple trusted sources to then engage.
- The program model is working. Providing training, on-going technical assistance and funding for trusted community-based organizations to outreach to and engage the SB 558 population is the most effective strategy the state has for promoting OHP enrollment.

Challenges:

- **Fear of immigration enforcement:** Given current (and potential) federal immigration enforcement policies and activities, there is increasing distrust of government programs among the SB 558 population, and fear about enrolling in public benefits like OHP. Fear is heightened by the level of data collection and sharing required to determine eligibility for OHP.
- **Initial enrollment forecast:** The projected enrollment forecast developed in support of SB 558 was based on Oregon's Medicaid expansion experience. The SB 558 population faces unprecedented barriers to health coverage access, which are not comparable to Oregon's Medicaid expansion population, a predominantly white, English-speaking, single-adult, U.S. citizen population. Given this, forecast enrollment was adjusted in April 2018, and enrollment has been trending to the adjusted forecast.