

Coverage and Eligibility Concept Paper

1115 Waiver Demonstration

Summary of Request

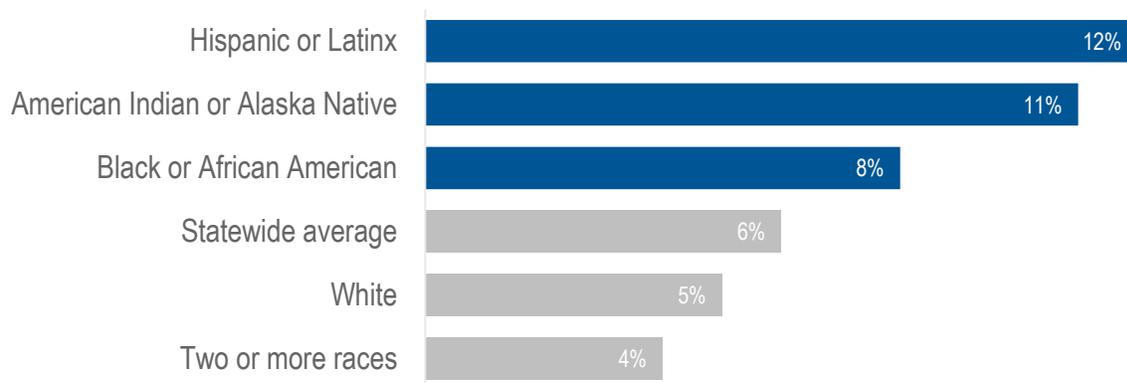
This program will move Oregon closer to universal access by stabilizing existing Oregon Health Plan (OHP) coverage, ensuring enrollment of people who are eligible, and expanding eligibility for those at risk for becoming uninsured.

Problem and Background

Statewide, approximately six percent of people in Oregon do not have health insurance coverage at any given time. Some communities of color are nearly twice as likely to be uninsured (see Figure 1). When people don't have health insurance coverage, they often face significant medical debt or delay needed care, resulting in worse health outcomes, higher costs and the need for higher intensity care.

Figure 1

Communities of color are more likely to be uninsured.



Source: Oregon Health Insurance Survey (2019)

The COVID-19 pandemic has both highlighted and exacerbated these health inequities. However, the expanded and streamlined eligibility processes enabled by the CARES Act has resulted in substantially less “churn” in the Medicaid population (where people lose and gain coverage within a two-year time period). We aim to build on the success of these effective coverage policies.

The reasons for uninsurance vary. Many are likely eligible for OHP but don't know it, while some of Oregon's uninsured residents face obstacles to coverage due to immigration status or other substantial barriers to enrollment and redetermination. Oregon aims to eliminate the barriers to eligibility, coverage, or enrollment that keep some residents from obtaining and maintaining health coverage.

Data source: Oregon Health Insurance Survey (2019)

Vision, Goals and Process:

Vision: Oregon has a low uninsured rate with no racial or ethnic inequities in coverage.

Goals

- Stabilized coverage for those at risk of becoming uninsured
- Flexible, streamlined eligibility processes that preserve coverage across markets
- Eligible people get enrolled and stay enrolled

Process and Potential Strategies to Achieve Goal

The steps below outline the process needed to achieve our goals. This process will be achieved through a combination of waiver and non-waiver strategies.

Step 1. Ensure people who are newly enrolled in OHP due to the COVID-19 pandemic stay in the appropriate coverage (OHP or Marketplace) without interruption.

We have seen increased stability in OHP coverage over the course of the COVID-19 pandemic due to the policies created specifically for that reason. These policies streamlined eligibility and enrollment, allowed applicants to self-attest their income, and changed the redetermination process. Oregon wants to keep what has worked and build upon this foundation to ensure continued coverage for those who enrolled in OHP during the pandemic but whose income changes. In some cases, this may mean that people currently on OHP need support for a seamless transition to a health plan offered on the Marketplace.

Step 2. Ensure that people who are eligible for OHP get and stay enrolled.

While great strides have been made through the ONEligibility System, there is always room for improvement when we consider the complexities and barriers that people face in eligibility determination and enrollment. The Oregon Health Insurance Survey shows that about one in four uninsured people in Oregon are eligible for OHP but are not actively enrolled. Once again, disparities exist: Among Hispanic or Latinx communities, 1 in 3 are eligible but not enrolled; and among non-Hispanic people who identify as a race other than White, about 42 percent have income that should qualify them for OHP. These data points highlight an opportunity for targeted outreach to reach those who are eligible but not enrolled. Focusing on the “eligible but not enrolled” population for additional outreach and engagement will move us closer to our goal of eliminating racial inequities in coverage.

Step 3: Adjust eligibility to preserve continuity.

Due to the complexity and patchwork nature of the overall health insurance market, it is common for some people to continuously cycle (or “churn”) in and out of eligibility or coverage. The Oregon Health Insurance Survey shows that in 2019, 35 percent of people without coverage are uninsured because they “lost OHP coverage.” Such disruption is stressful and can be life-altering as people lose access to care or established relationships with providers they trust. Oregon aims to enhance

coverage continuity for children and families, and to expand coverage for low-income Oregonians currently not eligible for OHP, when possible.

Proposed waiver strategies

Ensuring that it is easier to get covered and stay enrolled in OHP can be accomplished through a number of potential strategies. In some cases, this work is already built into the Coordinated Care Model and simply needs to be enhanced. Below is a list of potential policies and strategies.

Provide 5-year continuous eligibility for children.

Oregon requests 5-year continuous eligibility for children, which would remove Medicaid and CHIP eligibility reviews for children which can be destabilizing to their care and development. Oregon currently exercises the federal option for 12-month continuous eligibility for all children, ages 0-18, with provisions to disenroll children who turn 19 or move out of state per federal requirements.

Continuous eligibility reduces “churning” of vulnerable children on and off Medicaid. This will improve stability of coverage and continuity of care and in turn improve health care access and outcomes. Because many of these children remain eligible for coverage, eliminating the churn reduces administrative costs and burden for families and for the state in application reprocessing. Further, expanding the pool of children who are continuously covered will ultimately reduce per member costs of coverage.

What does this mean for OHP members?

For children on OHP, this means that health insurance coverage and access to familiar providers can remain consistent for longer periods, especially during critical pre-school and adolescent years. For parents and caregivers of children on OHP, this means that there will be fewer eligibility redeterminations, and less worry about whether a small shift in employment will cause disruptions in care for children.

Allow applicants to self-attest income.

Allowing applicants to self-attest their income was a successful policy that arose due to the COVID-19 pandemic. Oregon would like to retain this policy to smooth the application and determination process. The policy has increased the speed at which applicants get covered and access to care by allowing coverage prior to full verification of income.

What does this mean for OHP members?

People who qualify for OHP will be able to work with Application Assistors or otherwise enroll in OHP with a self-attestation of income levels to gain coverage, and then will have additional time to compile the documentation necessary to validate income, including potentially through other mechanisms (e.g., recent qualification for SNAP benefits). When possible, Oregon will seek to use existing data sources to further reduce the burden on families.

Adopt policies that keep families covered together as income changes.

Oregon is committed to working with the federal government to identify opportunities to keep families enrolled in CCOs, despite differences in income-eligibility thresholds between children and adults that currently in qualifying income levels for OHP and subsidies on the Marketplace. There is potential that this policy will require additional waivers or approaches in order to leverage any subsidies available to individuals on the Marketplace, for the purposes of enrollment in a CCO.

Research shows that children's health and development depend in part on their parents' health and well-being, and it is important for parents to experience continuity of coverage whenever possible. Additionally, when parents are covered and are familiar with how to navigate the system, there is an increase in children accessing recommended preventive services.

What does this mean for OHP members?

For members who are part of a family, children would be covered up to a higher income level, and the adult members could be too. This would mean that members don't need to figure out different insurance benefits or navigate different networks for different members of the same family.

Expand coverage for low-income Oregonians currently not eligible

Oregon has seen sustained interest in supporting efforts to expand access to OHP to low-income individuals who are currently not eligible due to immigration status. This was achieved for children under age 19 through the Cover All Kids program in 2017. Oregon currently provides state-funded comprehensive coverage to approximately 6,500 children (birth through age 19) at or below 300% federal poverty level (FPL) who would otherwise be ineligible for Medicaid due to citizenship status, and emergency coverage to 42,834 immigrant adults at or below 138% FPL through the Citizen Alien Waived Emergent Medical Program (CAWEM).

The inequitable access to COVID-19 protections, testing, treatment, and vaccines during the pandemic has illustrated the urgent and vital need to ensure that all Oregonians have access to health care. To reach Oregon's goals of eliminating health inequities by 2030 and eliminating barriers to eligibility, coverage or enrollment, Oregon must expand eligibility for comprehensive coverage to all immigrants in the state. Two bills currently moving through Legislative Session would provide a Citizen/Alien Waived Emergency Medical (CAWEM)-wraparound program (entitled "Cover All People") to undocumented adults.

Following any legislative action related to the Cover All People bill(s), and a commitment from the Governor, Oregon intends to partner with the federal government to identify opportunities to leverage existing state and federal investments in this population to build towards a more sustainable and inclusive program. The state's remaining uninsured population includes a portion of the undocumented people, nearly all of whom face language, cultural, or fear-based barriers in accessing coverage and care.

What does this mean for OHP members?

Oregon will work to increase and expand coverage where possible to enable all low-income individuals to have access to health care coverage, regardless of immigration status.

Seek more flexibility to leverage federal Affordable Care Act funding to enroll eligible people.

To ensure that people who are eligible for Medicaid are enrolled, investments in outreach and engagement are needed at multiple funding levels. Oregon aims to maximize any available federal dollars to support increased enrollment among those who are eligible.

What does this mean for OHP members?

For people who are eligible but not enrolled, you may see more outreach and engagement to support your enrollment in OHP, ideally in your language or by trusted partners and community-based organizations.

Additional (non-waiver) policies to support this work

- Ensure CCOs continue to provide ongoing outreach and navigation services that support and retain existing members who remain eligible in advance of redetermination dates
- Explore opportunities to partner with the Department of Consumer and Business Affairs (DCBS) to better understand opportunities to stabilize eligibility for people who shift across OHP and the Marketplace
- Alignment with other existing state and federal efforts to expand or stabilize health care coverage, including the Task Force for Universal Access and legislative efforts to explore a state-based public option

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