Maximizing coverage through the Oregon Health Plan

Oregon aims to:

1. Reduce the state's current uninsured rate of six percent to below two percent, and
2. Eliminate the racial and ethnic inequities in uninsured rates that currently exist.

To accomplish these goals, Oregon will work to remove systemic barriers that cause people to lose coverage or prevent them from accessing coverage in the first place. The strategies outlined in this concept paper will move the state closer to universal coverage, as well as reduce inequities by enrolling more already-eligible people in Medicaid and establishing longer continuous coverage periods to keep people enrolled.

Given that two percent of uninsured people in Oregon say they are not interested in coverage,[1] Oregon aims to enroll 98 percent of the state in affordable, comprehensive coverage, with no meaningful inequities in coverage among racial or ethnic groups. To achieve this goal, non-waiver strategies outlined in Appendix B will be implemented alongside the following proposed 1115(a) demonstration waiver policies:

1. Provide continuous Oregon Health Plan (OHP) enrollment for children until their sixth birthday (age 0-5);
2. Establish two-year continuous OHP enrollment for people ages six and up; and
3. Provide an expedited OHP enrollment path for people who apply for Supplemental Nutrition Assistance Program (SNAP) benefits.

Problem and Background

People need insurance coverage to access health care and maintain good health for themselves and their families. People without insurance coverage have a harder time accessing health care services,[2] they may face significant medical debt when they do get care,[3] and their children are

[1] Oregon Health Insurance Survey (2019)

[2] Hailun Liang, May A. Beydoun, and Shaker M. Eid, Health Needs, Utilization of Services and Access to Care Among Medicaid and Uninsured Patients with Chronic Disease in Health Centres, Journal of Health Services Research & Policy 24, no. 3 (Jul 2019): 172-181.

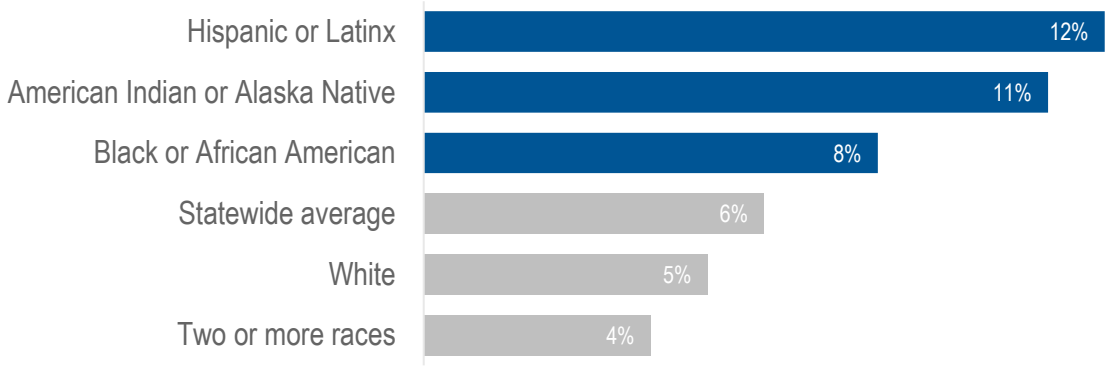
3 Sherry Glied and Richard Kronick, The Value of Health Insurance: Few of the Uninsured Have Adequate Resources to Pay Potential Hospital Bills (Washington, DC: Office of Assistant Secretary for Planning and Evaluation, HHS, May 2011), http://aspe.hhs.gov/health/reports/2011/ValueofInsurance/rb.pdf

less likely to access pediatric preventive care than their Medicaid-covered peers.[4] They are also more likely to delay needed care, which can lead to worse health outcomes and increase their need for higher intensity care, resulting in higher overall costs for the health care system.[5, 6]

Despite significant coverage expansion since the Affordable Care Act (ACA) and Oregon's existing 1115(a) demonstration were implemented, too many people in Oregon still lack insurance coverage. The statewide uninsured rate has remained near 6 percent since the ACA expansion in 2014. Importantly, uninsured rates among some communities of color and Tribal communities are twice as high (see Figure 1).[7] Such inequities reflect that our systems are structured to benefit dominant racial groups. To reach our goal of eliminating health inequities by 2030, Oregon must remove the structural barriers that are causing unequal access to coverage.

Figure 1

Communities of color are more likely to be uninsured.



Data source: Oregon Health Insurance Survey (2019)

Immigration status continues to prevent people from obtaining health insurance, accounting for some of these inequities. With the passage of Cover All Kids (2017) and Cover All People (2021), the Oregon Legislature has demonstrated a firm commitment to investing state funds in extending comprehensive coverage to people in Oregon currently ineligible for Medicaid due to

---

[4] Maya Venkataramani et al., "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," Pediatrics, December 2017, https://pediatrics.aappublications.org/content/140/6/e20170953

[5] KFF analysis of the 2019 National Health Interview Survey. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/view/footnotes/#footnote-494622-13

[6] Cesar I. Fernandez-Lazaro, et al., "Medication Adherence and Barriers Among Low-Income, Uninsured Patients with Multiple Chronic Conditions," Research in Social and Administrative Pharmacy 15, no. 6 (June 2019): 744-753.

[7] Oregon Health Insurance Survey, 2019

immigration status.[8,9] However, without more sustainable and inclusive programs, people who are undocumented and uninsured face language, cultural, fear-based and other barriers to accessing coverage and care.[10] Oregon seeks to address these barriers by expanding upon current culturally appropriate outreach and education efforts to connect people to state-based or Medicaid coverage depending on their circumstances, and to ensure they can access health care services when needed.

Most uninsured people in Oregon are eligible for Medicaid or Marketplace coverage. Analysis of the Oregon Health Insurance Survey (OHIS) reveals the following:

More than one-third of uninsured people in Oregon reported that "lost OHP coverage" was a reason for being uninsured.[11] Oregon Health Insurance Survey data suggests that many uninsured people in Oregon may still be eligible for OHP even when they lose OHP coverage, and as a result may re-enroll within a year or two.

Job loss (23%), not being able to afford employer-based coverage (20%), reduced work hours making them ineligible for job-based coverage (12%), and that an employer stopped offering coverage (7%) are other leading reasons for being uninsured.

Approximately 78% of uninsured people in Oregon are likely eligible for OHP or for subsidized coverage on the Oregon Health Insurance Marketplace. About 26% of uninsured people in Oregon are likely eligible for OHP. The share of uninsured children eligible for Medicaid is even higher: about 60% of uninsured children in Oregon are eligible for CHIP. Approximately 52% of uninsured people in Oregon are likely eligible for subsidized coverage through the Oregon Health Insurance Marketplace

People of color are overrepresented among uninsured people who are likely eligible for OHP. This means that focused efforts to better cover eligible people for OHP are a central strategy to reduce coverage inequities. Among Hispanic or Latinx communities, 1 in 3 are potentially eligible for OHP but not enrolled; and among non-Hispanic people who identify as a race other than White, about 42% have income that should qualify them for OHP.

Coverage disruptions highlighted by the OHIS data can be life-altering because disruption causes people lose access to care or established relationships with providers they trust. One 2015 study examined the impact of churn (switching coverage types or losing and then re-enrolling in coverage) and found that people experienced a coverage gap as part of their churn were more likely to have to switch doctors and more likely to skip doses or stop taking medications, compared to those who churned without a coverage gap. People who experienced a coverage gap were

---

[8] https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3352
[9] https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/SB558/Enrolled
[10] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4634824/
[11] Oregon Health Insurance Survey, 2019

also more likely to have reported delaying care due to cost, trouble paying bills, or receiving only fair or poor quality care. In the end, half of those who experienced a coverage gap reported it having a negative impact on their overall health and quality of care (compared to 20 percent for those without a coverage gap).[12] Furthermore, a 2015 analysis of national data from 2005-2010 estimated that the administrative cost of a person leaving/regaining coverage just one time, including disenrolling and reenrolling, costs between $400 and $600 in 2015, an amount which would likely be higher now.[13]

Oregon aims to extend continuous eligibility for children from birth up to their sixth birthday in alignment with the vision to ensure all children enter school ready to learn. As is documented in Oregon's roadmap for Raise Up Oregon program,[14] increasing early childhood physical and social-emotional health promotion and prevention, and identifying young children with social-emotional, developmental and health care needs early is critical to this vision. Continuous coverage for young children is an important tool to promote consistent access to health care and the preventive services needed to identify and address physical, behavioral, and developmental concerns before they impede a child's performance in school. [15] Studies demonstrate inconsistent coverage leads to a higher likelihood of unmet medical, prescription and dental needs, a delay in accessing urgent care (14) and a lower likelihood of having a usual source of care and well child care[16,17]. These gaps in access are particularly consequential for the pre-school aged children that Oregon has prioritized, as experts recommend 16 well-child checks before age 6.[18]

Oregon is also implementing a range of policy solutions to enroll uninsured people in OHP or in subsidized coverage through the Oregon Health Insurance Marketplace. In an effort to streamline and simplify enrollment in assistance programs and improve user experience, Oregon implemented the Oregon Eligibility (ONE) system for MAGI Medicaid/CHIP programs in 2015, and upgraded the system in 2020 to incorporate SNAP, TANF, and Employment Related Daycare (ERDC) programs.[19]

In 2013, Oregon implemented an expedited enrollment process in accordance with CMS guidance received, in which the state conducted targeted outreach to SNAP recipients who were likely

---

[12] https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455
[13] https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204
[14] https://oregonearlylearning.com/wp-content/uploads/2019/01/Raise-Up-Oregon-Web-corrected.pdf
[15] https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf
[16] Jennifer E. DeVoe, Alan Graham, Lisa Krois, Jeanene Smith, Gerry L. Fairbrother, "Mind the Gap" in Children's Health Insurance Coverage: Does the Length of a Child's Coverage Gap Matter?, Ambulatory Pediatrics, Volume 8, Issue 2, 2008.
[17] Cassedy A, Fairbrother G, Newacheck PW. The impact of insurance instability on children's access, utilization, and satisfaction with health care. Ambul Pediatr. 2008 Sep-Oct;8(5):321-8. doi: 10.1016/j.ambp.2008.04.007. Epub 2008 Jun 16. PMID: 18922506.
[18] https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf
[19] ONE.oregon.gov is Oregon's single system to apply for health and human services benefits

eligible but not enrolled in OHP.[20] Analysis of 2021 SNAP membership indicates an estimated 17% of adult (ages 19 and older) SNAP case members with income below 138% FPL (per SNAP household and income calculations) are not enrolled in OHP, and 7% of child (ages 18 or younger) SNAP case members with income below 305% FPL are not enrolled in OHP. This suggests an opportunity to use cross-program data sources to maximize OHP coverage.

Proposed strategies

Given the issues outlined above, it is clear that there are avoidable barriers to coverage and coverage continuity; and that these barriers disproportionately harm people in communities of color and result in health inequities. People of color are more likely be uninsured, and so Oregon is prioritizing closing gaps in the system that cause people to lose coverage or prevent them from signing up in the first place. While the Oregon Legislature has taken steps to expand equitable access to coverage, the strategies described below are designed to address remaining structural barriers to coverage that result in health inequities.

Establish continuous enrollment for children during early years

1. Provide continuous enrollment for children until their 6th birthday

Oregon requests to provide continuous enrollment for children through the end of the month in which their 6th birthday falls, regardless of when they first enroll in the Oregon Health Plan, and regardless of changes in circumstances that would otherwise cause a loss of eligibility. Oregon currently exercises the federal option for 12-month continuous enrollment for all children ages 0-18, with provisions to disenroll children who turn 19 or move out of state, per federal requirements. Lengthening this time frame for younger children will stabilize their insurance coverage and thus increase access to early-childhood screenings and necessary treatment.

Consistent OHP coverage will reduce churn in this vulnerable population and allow for more predictable access to care, which is an important driver of improved health. Because many of these children remain eligible for coverage, eliminating churn also reduces state administrative costs and burden for families in application reprocessing. Further, expanding the pool of children who are continuously covered may ultimately reduce per member costs of coverage, as children who stay on OHP longer will have better access to preventive and primary care services that can reduce the need for higher-cost treatments due to delayed care. Increasing the time between eligibility reviews for other family members will further ease the administrative burden on families and increase coverage stability for individuals and families on OHP.

[20] SHO letter dated May 17, 2013, titled "RE: Facilitating Medicaid and CHIP Enrollment and Renewal in 2014"

Preserve policies that reduce churn for Medicaid members

2. Establish two-year continuous OHP enrollment for people ages 6 and up

Oregon also seeks to provide continuous two-year enrollment for children and adults ages 6 and older, regardless of changes in circumstances that would otherwise cause a loss of eligibility. This change will:

- stabilize coverage for older children and adults,
- increase access to primary and preventive services, and
- preserve patients' continuity in accessing ongoing care.

Establishing continuous enrollment and increasing the length of time between eligibility renewals will preserve the coverage continuity gains achieved in the wake of federally enacted COVID relief bills passed in 2020. In 2018 and 2019, nearly 25% of new OHP enrollees had been enrolled in OHP within the previous 6 months. Over the last 6 months of 2020, this rate fell to just 5% of new enrollees. The speed with which people re-enrolled in OHP suggests that they may have been losing OHP coverage despite being eligible. The drop in the new enrollee rate suggests that federal policies enacted around the pandemic to keep people covered successfully reduces Medicaid churn.

Streamline enrollment and eligibility procedures for people seeking other benefits

3. Provide an expedited OHP enrollment path for people who apply for SNAP benefits

Oregon requests an expedited OHP enrollment option for people who apply for Supplemental Nutrition Assistance Program (SNAP) benefits. The Oregon Health Authority will identify people who: 1) are part of a SNAP case 2) have income within applicable OHP standards and 3) are not requesting or enrolled in OHP. People will be notified they are eligible to enroll in OHP based on their SNAP information. Those who respond affirmatively and answer minimal questions (to confirm OHP enrollment would not cause disruption to Medicare, Marketplace coverage, or age- and disability-related services) will be enrolled in OHP using the household size and income calculation established by SNAP program policy.

Using SNAP case information for the purpose of Medicaid/CHIP enrollment is supported by CMS in the 2015 SHO # 15-001 letter titled, "RE: Policy Options for Using SNAP to Determine Medicaid Eligibility and an Update on Targeted Enrollment Strategies." The allowance in this SHO letter is limited to case scenarios where treatment of eligibility criteria between SNAP and Medicaid/CHIP align and excludes SNAP households where it differs. Most notably, SNAP households containing "ineligible non-citizens" would be excluded from consideration for expedited Medicaid/CHIP enrollment; many people whose immigration status meets Medicaid/CHIP requirements for full coverage; and all people who would be eligible for CAWEM, Cover All Kids, or eventual Cover All People coverage would be excluded with that allowance. For this reason, Oregon requests waiver provisions to enable OHA to assume applicants' eligibility for OHP based on their SNAP case information even when some data typically used to determine Medicaid eligibility is not available. People who gain OHP coverage through the expedited SNAP pathway will become continuously

eligible for two years upon their initial OHP enrollment. After two years, they will go through the regular OHP redetermination process.

Enrolling SNAP applicants will further ease the burden on families to apply for services from multiple programs. This change should increase enrollment in the Oregon Health Plan and increase the effectiveness of both programs as they collectively meet individuals' and families' needs.

What these policies would mean for OHP members

For people who are eligible but not enrolled in OHP, there will be more outreach and engagement to support enrollment in OHP, ideally in the member's preferred language or by trusted partners and community- based organizations who can assist the member. If the person or family receives other benefits, such as food assistance the Supplemental Nutrition Assistance Program, sometimes called Oregon Trail Card or EBT benefits, but don't have health coverage, they may receive information about enrolling in OHP with minimal requirements for new information.

For children on OHP, continuous enrollment from birth until their sixth birthday means that health insurance coverage and access to familiar providers will remain consistent minimizing disruptions in coverage during critical pre-school years when regular checkups are most important.

For parents and caregivers of children on OHP ages six and up, a two-year continuous enrollment policy means that there will be less worry about whether a small shift in employment or income will cause disruptions in care for children and adults. Parents and other adults on OHP will also benefit from longer periods between renewals, easing stress, reducing the stress of paying for health care and access to familiar providers will remain consistent.

Appendix A

Additional (non-1115(a) waiver) strategies

Below are additional complementary strategies Oregon is pursuing to support this work. If necessary, Oregon may pursue 1332 waivers and other mechanisms to implement these strategies.

1. Develop commercial insurance market reforms designed to improve coverage continuity and access to care for people who obtain health insurance coverage through the Oregon Health Insurance Marketplace, with an emphasis on policies and strategies that help people and families when they move from Medicaid to commercial coverage, potentially through a 1332 waiver request.
2. Extend Medicaid postpartum coverage for people who give birth to 12 months in April 2022 via a state plan amendment (SPA) per the provisions of the American Rescue Plan Act of 2021.
3. Ensure CCOs continue to provide ongoing outreach and navigation services that support and retain existing members who remain eligible in advance of redetermination dates and that outreach and engagement efforts are coordinated across programs.
4. With the passage of Senate Bill 65 [21] during the 2021 Oregon Legislative session, the responsibility for operating the Oregon Health Insurance Marketplace will move to OHA. This transition will allow OHA to more easily identify opportunities to stabilize coverage for people who shift between OHP and the Marketplace coverage.
5. Align with other existing state and federal efforts to expand or stabilize health care coverage, including the Oregon Task Force on Universal Healthcare and legislative efforts to explore a state-based public option.[22]
6. Continue implementing Cover All Kids (2017) and Cover All People (2021), complementary initiatives based on the Oregon legislature's commitment to covering people in Oregon currently ineligible for Medicaid due to immigration status.
7. Continue implementing the Citizen Alien Waived Emergent Medical (CAWEM) program benefit to include more services that are included in the definition of the emergency benefit and supplement coverage for Cover All people, applying CAWEM funding to emergency services accessed by Cover All People enrollees.

[21] https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/SB65
[22] https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx

8. Allow applicants to self-attest their income, a policy which was successful at nearly eliminating churn in coverage during the COVID-19 pandemic.[23] Oregon would like to retain the policy that was available as part of the Public Health Emergency to streamline the application and redetermination process. This change has increased the speed at which applicants obtain proof of coverage and are able to access care by allowing coverage prior to verification of income.
9. Align the timing of members' eligibility renewal so that members' SNAP, TANF and OHP eligibility redeterminations happen concurrently. This change will ease the process for families to retain services and reduce administrative costs to the state.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Community Partner Outreach Program at community.outreach@dhsoha.state.or.us or by calling 1-833-647-3678. We accept all relay calls or you can dial 711.

[23] OHA analysis of Medicaid enrollment data