



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Medicaid Continuous Eligibility for Children up to Age 6 in Oregon

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Joan Alker, Executive Director and Research Professor – CCF

Elisabeth Burak Wright, Senior Fellow – CCF

Lori Coyner, Director of Accountability and Quality – OHA

Stephanie Jarem, Director of Health Policy – OHA

Laura Sisulak, Child Health Policy Analyst – OHA

Cindy Mann, Partner – Manatt Health





Oregon leads the way in ensuring young children have continuous health coverage from birth to their sixth birthday.

* Washington and New Mexico have pending section 1115 demonstration waivers to provide multi-year continuous coverage for young children.

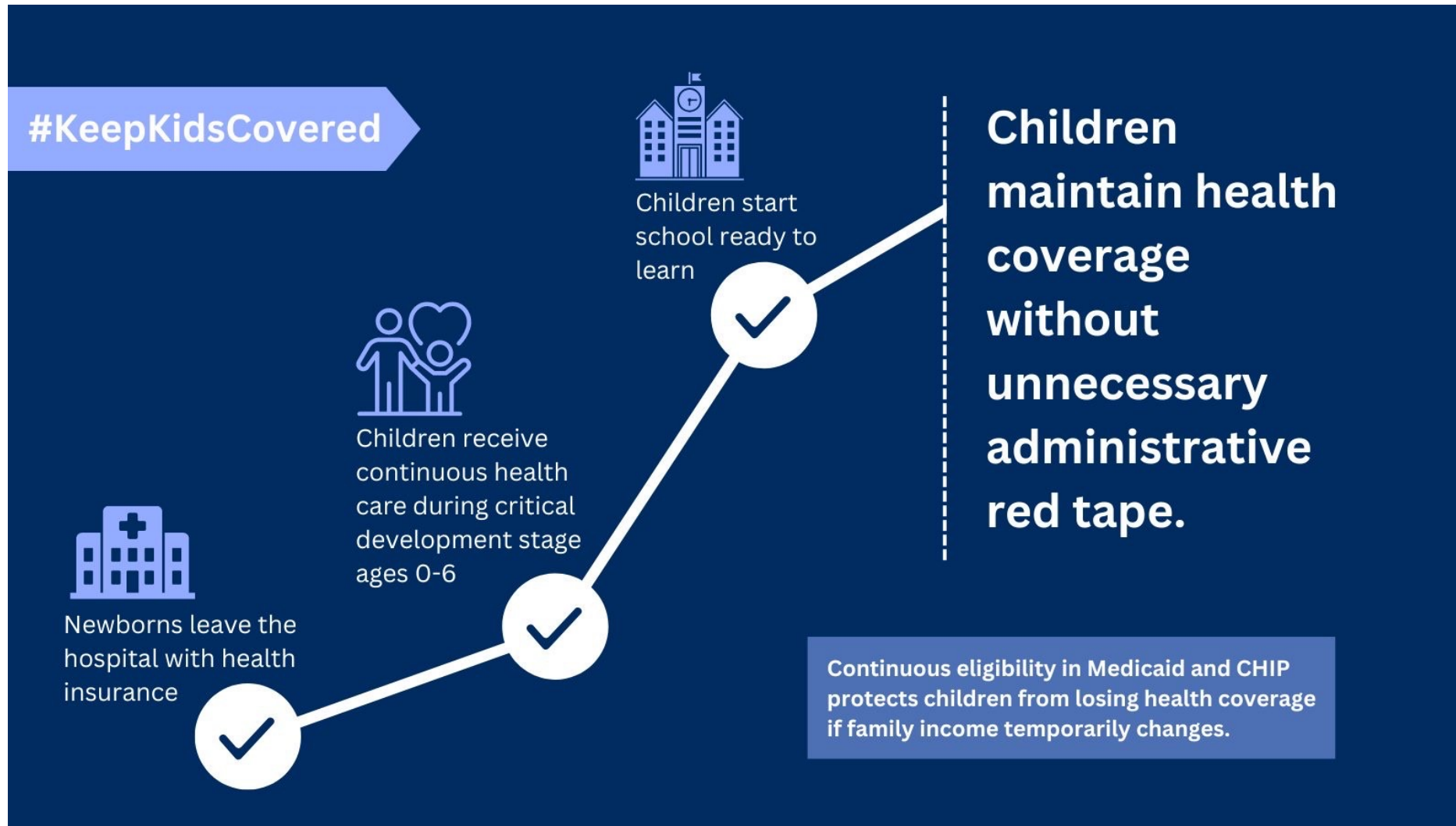
California has passed legislation calling on the state to submit an 1115 waiver to adopt multi-year continuous eligibility for young children.

Benefits of Continuous Eligibility (CE)

- Minimize gaps in coverage and care
- Health equity tool
- Improved quality measurement
- Less red tape, added peace of mind for families



+ CE as a school readiness strategy





Stephanie Jarem

Director of Health Policy, Oregon Health
Authority



Laura Sisulak

Child Health Policy Analyst, Oregon
Health Authority



Joan Alker

Executive Director and Research Professor,
Georgetown CCF



Cindy Mann

Partner, Manatt Health

What are the Rules for Continuous Coverage?

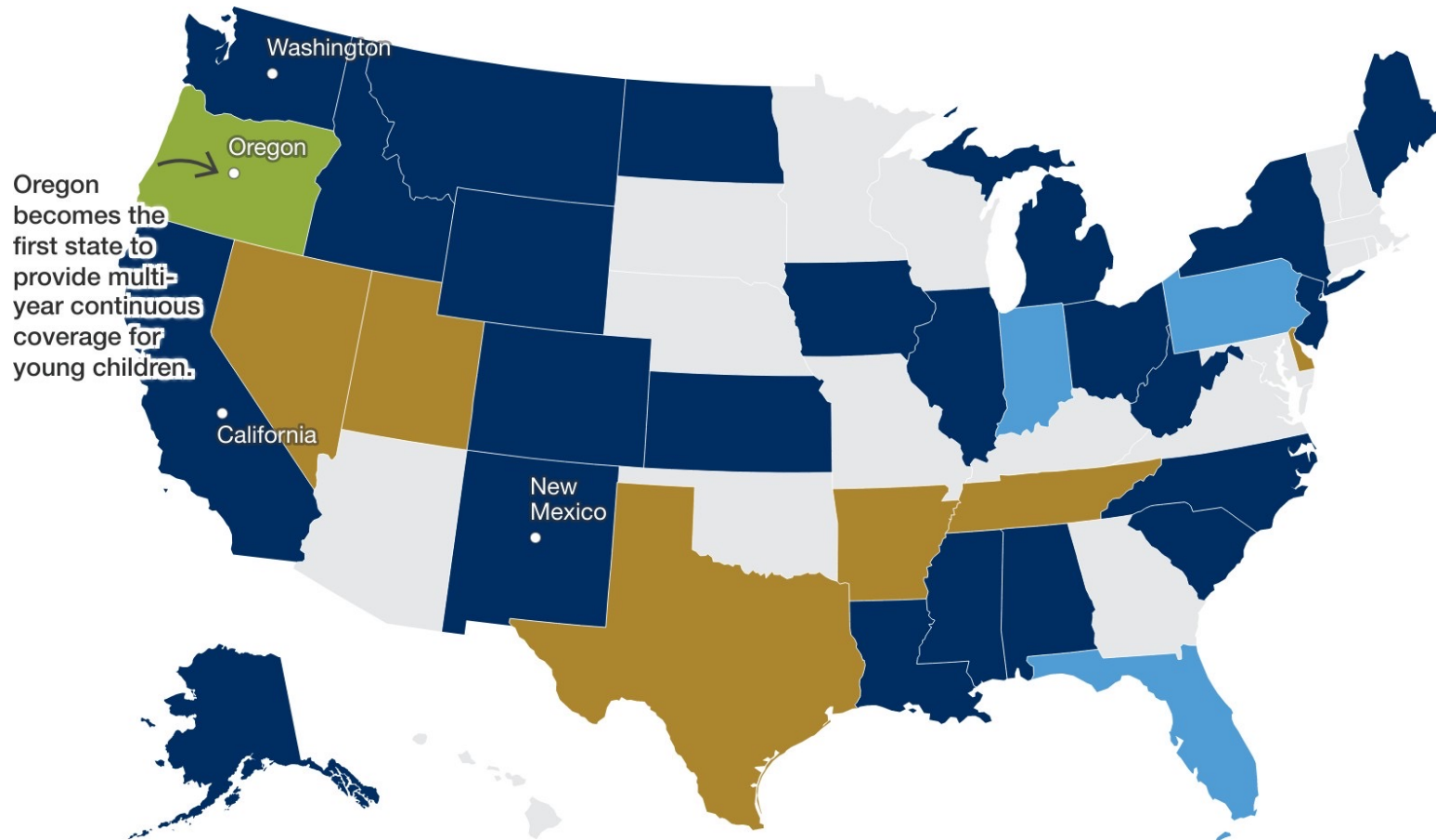
- Children:
 - Medicaid/CHIP: There is a separate state plan option to do 12 months continuous eligibility
 - Anything longer than 12 months requires Section 1115 authority
 - Congress is considering mandating 12 months
- Adults: Section 1115 waiver authority is always needed; Congress would have to act to change this
- NY, MT (rescinded) and now OR only states to receive approval for broad group of adults

Section 1115 Demonstrations

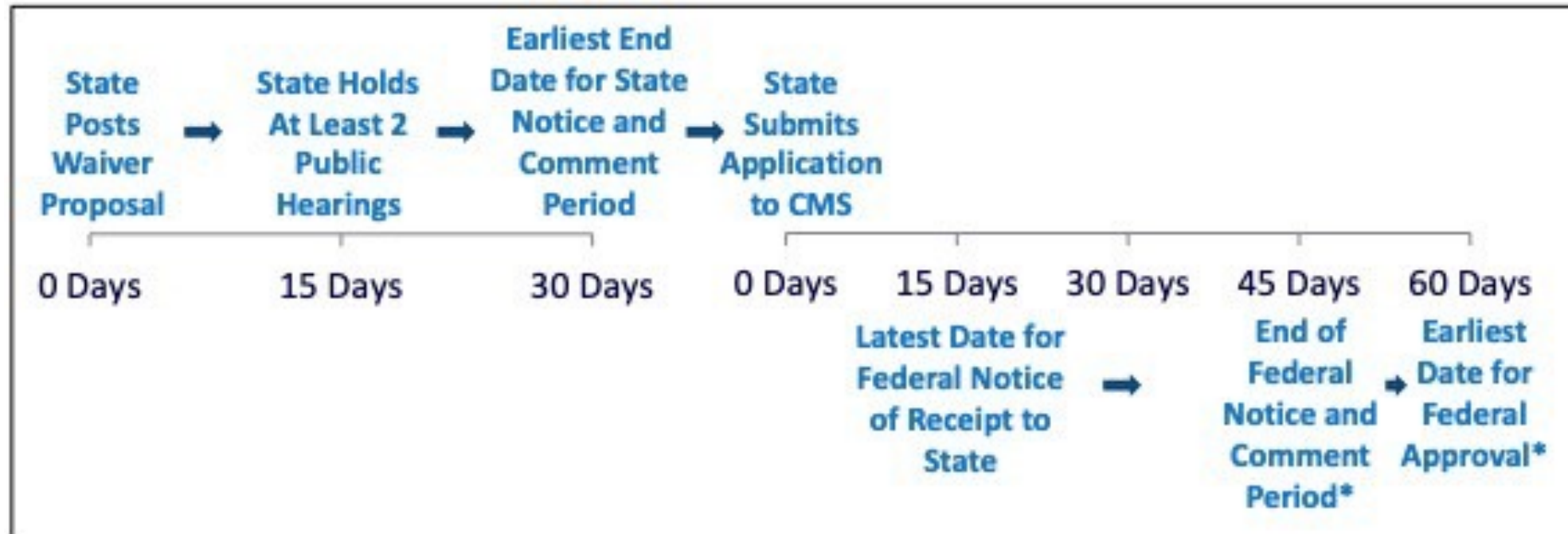
- Named after Section 1115 of the Social Security Act
- Allows the Secretary of Health and Human Services to grant **waivers** of certain requirements in Medicaid, CHIP, and a few other programs
 - Waivers must be necessary to conduct a true health coverage demonstration, experiment, or pilot project
 - Demonstrations must promote the objectives of Medicaid: to furnish medical assistance and rehabilitation and other services

12-Month Continuous Eligibility for Children under 19 in Medicaid and CHIP

■ Multi-year continuous eligibility for young children ■ 12-month continuous child eligibility ■ 12-month continuous child eligibility (CHIP only)
■ 12-month continuous child eligibility for some ■ No 12-month continuous child eligibility



Timeline of Minimum Public Comment and Approval Process Requirements for Section 1115 Waivers



* If the federal government provides the notice of receipt to the state earlier than within 15 days of the state submission, the timelines for the end of the federal notice and comment period and earliest date for federal approval could be shorter.

Continuous Enrollment: Oregon's Waiver and Beyond

Steph Jarem, Director of the Office of Health Policy

Laura Sisulak, Health Policy Analyst in the Office of Health Policy

Cindy Mann, Manatt Health



2022-2027 Oregon's 1115 Medicaid Waiver Continuous Enrollment provisions

Today's focus

Oregon's pathway to Continuous Enrollment in the 1115 Waiver and implications for other states

- Overview of the policy
- Building and sustaining support for the proposal
- Data and information in support of the policy
- Securing CMS approval

What is a 1115 Medicaid Waiver?

An **1115 Demonstration** waiver is the broadest type of waiver available under Medicaid.

Under an 1115, states may propose initiatives that otherwise cannot be done under “regular” authority if they promote the objectives of the program. Waivers can affect:

- ✓ Who is covered
- üWhat benefits are provided
- üHow much individuals may be charged for cost sharing
- üHow providers will be paid
- üMust be “Budget Neutral” to the federal government
- üMust include a formal evaluation of impact.



Oregon's Waiver history and context

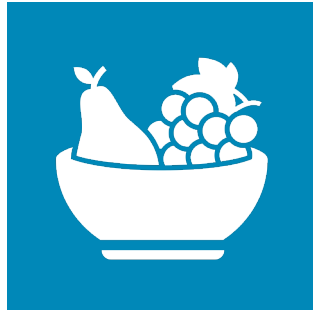


Overarching Waiver Goal: *Advance Health Equity*

To achieve this, our policy framework breaks down the drivers of health inequities into actionable sub-goals:



Ensuring people can maintain their health coverage



Improving health outcomes by addressing health related social needs



Ensuring smart, flexible spending for health-related social needs and health equity



Creating a more equitable, culturally- and linguistically-responsive health care system

2022-2027 Waiver Authorities

Continuous enrollment for increased access to care and improved health outcomes

- Oregon will provide **continuous enrollment for children through age 6**, 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.
- OHP will provide **two-years of continuous enrollment for people age six and up** even if their eligibility status changes.

2022-2027 Waiver Authorities

Comprehensive investments in Children's Health to Advance Health Equity

- OHP will include all Early Periodic Screening, Diagnosis, and Treatment (EPSDT) required services for children and youth to age 21.
- The Youth with Special Health Care Needs (YSHCN) eligibility criteria will allow these youth to have expanded benefits, including EPSDT, until age 26.
- Health-related social needs benefits will be available for YSHCN, children and youth who are welfare involved, and youth involved in criminal justice and their families.

Building and sustaining support in Oregon

State vision and goals

Vision: (1) Elimination of health inequities
(2) Universal Coverage in Oregon

Coverage Goals:

- Reduce the state's current uninsured rate of 4.6 percent to below two percent
 - Eliminate racial and ethnic disparities in uninsured rates.
-

An expansion of state work and priorities

- Alignment of state efforts for children
 - **Governor's children's cabinet**
 - **Raise Up Oregon**: statewide, cross-sector early childhood strategic plan
 - **Kindergarten readiness** incentive measure development
 - **Integrated Care for Kids**: experience of families with complex health and social circumstances and the barrier of benefit enrollment at all levels

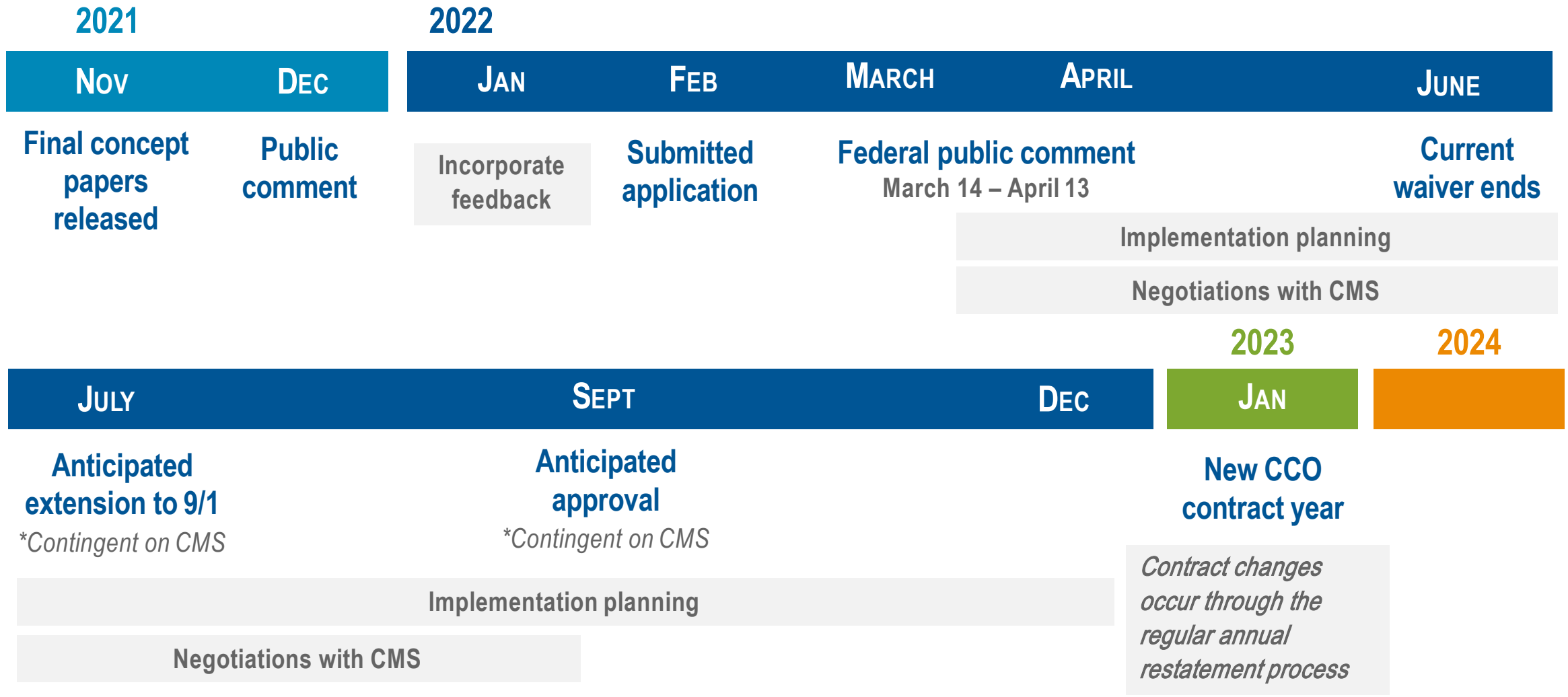


Support from other partners and advocates

- Public input and engagement over time helped clarify the problems that families were facing
 - Local and national advocates immediately were in support of the proposal
 - Other state efforts – recognized we may have some momentum and shared priorities (Washington, initially)

 - And critically, vetting with community (next slide)
-

Timeline: Waiver Development Process



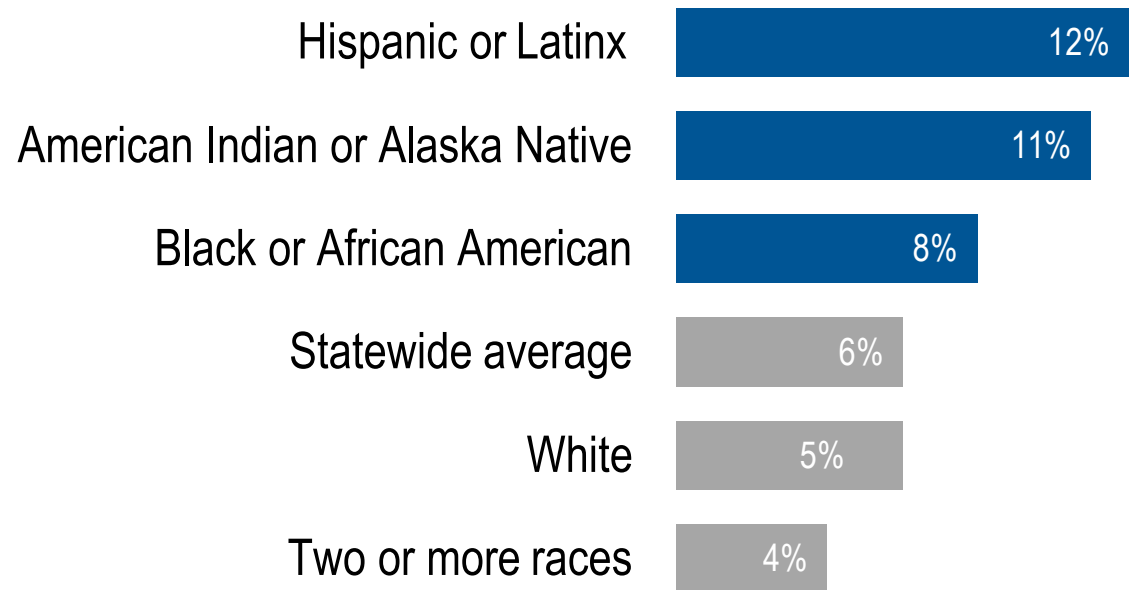
Using data to support our case

Uninsurance in Oregon

About six percent of people in Oregon don't have health insurance – and there are big differences depending on peoples' race and ethnicity.

When people lose insurance, they miss health care appointments and lose contact with their providers, which means they don't get care when they need it.

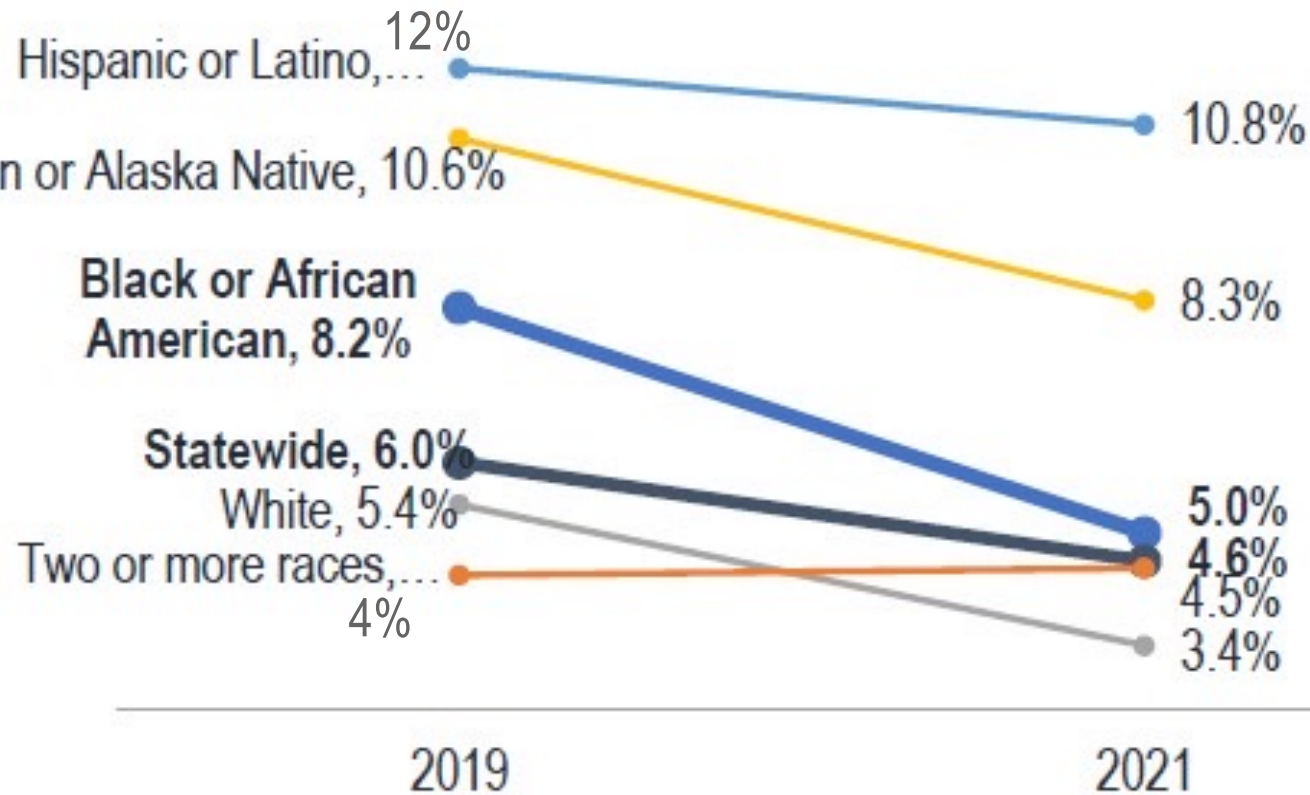
People in communities of color and Tribal communities are nearly twice as likely to be uninsured.



Source: Oregon Health Insurance Survey, all ages, 2019

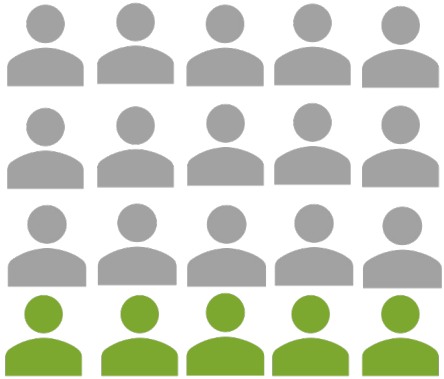
Closing the coverage gap

The coverage disparity for Black/African American people in Oregon closed substantially from 2019 to 2021.



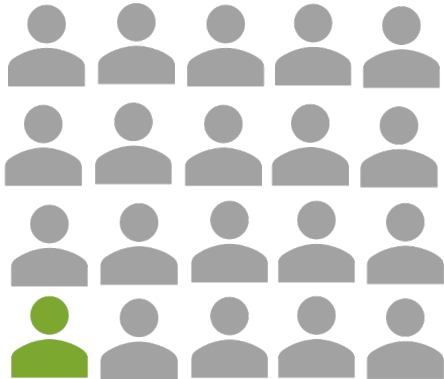
Source: Oregon Health Insurance Survey, all ages, 2019-2021

Impact of the PHE on Churn



2018-2019

25% of new OHP enrollees had been enrolled within the past 6 months



2020

5% of new OHP enrollees had been enrolled within the past 6 months

Prior to the PHE, one in three children under age 6 experienced a gap in OHP coverage



How many kids will be over income?

CY 2019: Medicaid and CHIP Beneficiaries Age 1-18

Item	Value
Monthly Average of Beneficiaries Disenrolled Due to Income Exceeding Eligibility Limits ("Over Income")	450
Monthly Average of Beneficiaries Disenrolled for Any Reason	8,963
Monthly Average Member Count	400,248
Monthly Average of Beneficiaries Disenrolled for Over Income, as Percentage of Average Member Count	0.11%
Monthly Average of Beneficiaries Disenrolled for Any Reason, as Percentage of Average Member Count	2.24%

The state does not currently have this information for a 24-month or 5-year period.

Positive health impacts of Continuous Enrollment

- Continuous enrollment improves continuity of care, access to preventive services and quality
- Gaps in coverage causes people to switch doctors, stop taking needed medications, delay care due to cost, have trouble paying bills (1)
- A cost analysis of national data (2005-2010) estimated that the administrative cost of disenrolling and reenrolling one person in coverage within a year costs between \$400 and \$600, an amount which would likely be higher today (2)

Sources: (1) <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455>

(2) <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

With particular benefits for children

- Inconsistent coverage for kids leads to:
 - Higher likelihood of unmet medical, prescription and dental needs (1)
 - A delay in accessing urgent care
 - A lower likelihood of having a usual source of care. (2)
- Continuous enrollment for young children is optimal because it is a time of critical development. Coverage promotes 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. (3)
- Stable coverage has a positive impact on family financial stability, mitigating the negative impacts of poverty and income volatility including food insecurity, unstable housing, parental stress and reduced child academic attainment (4)

Sources:

(1) 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.

(2) (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.

(3) <https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf>

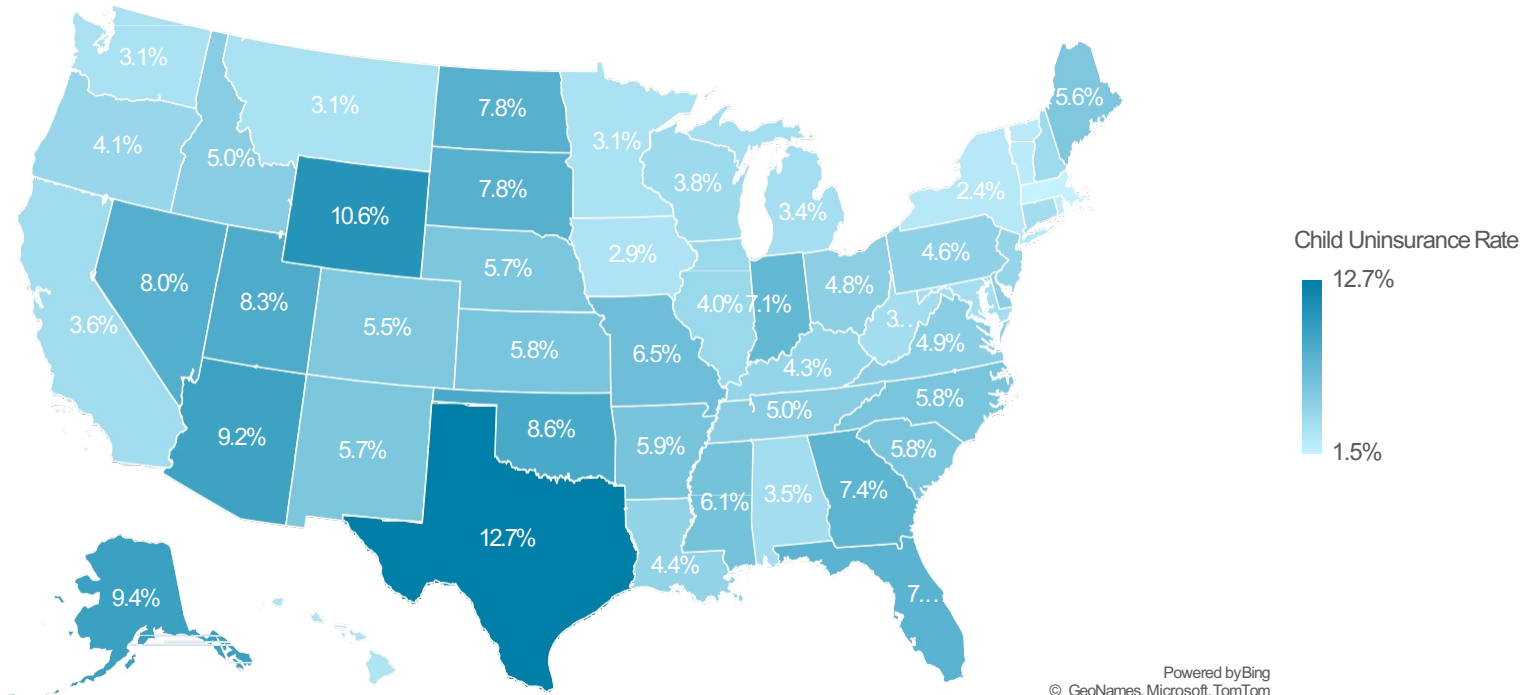
(4) Andersen, V. et al., "Addressing Income Volatility of Low-Income Populations," University of Madison Wisconsin LaFollette School of Public Affairs (working paper for The Financial Clinic Workshop in Public Affairs, Madison, Spring 2015), available at <https://lafollette.wisc.edu/images/publications/workshops/2015-income.pdf>.

Looking Ahead: Opportunities for Broader State Adoption

Child Uninsurance Rates

After reaching its lowest point in 2016 at 4.7%, the national child uninsurance rate rose to 5.7% in 2019. In recent years, the child uninsurance rate has begun to decline again, to approximately 4.1% in 2021, largely due to continuous coverage through the PHE.

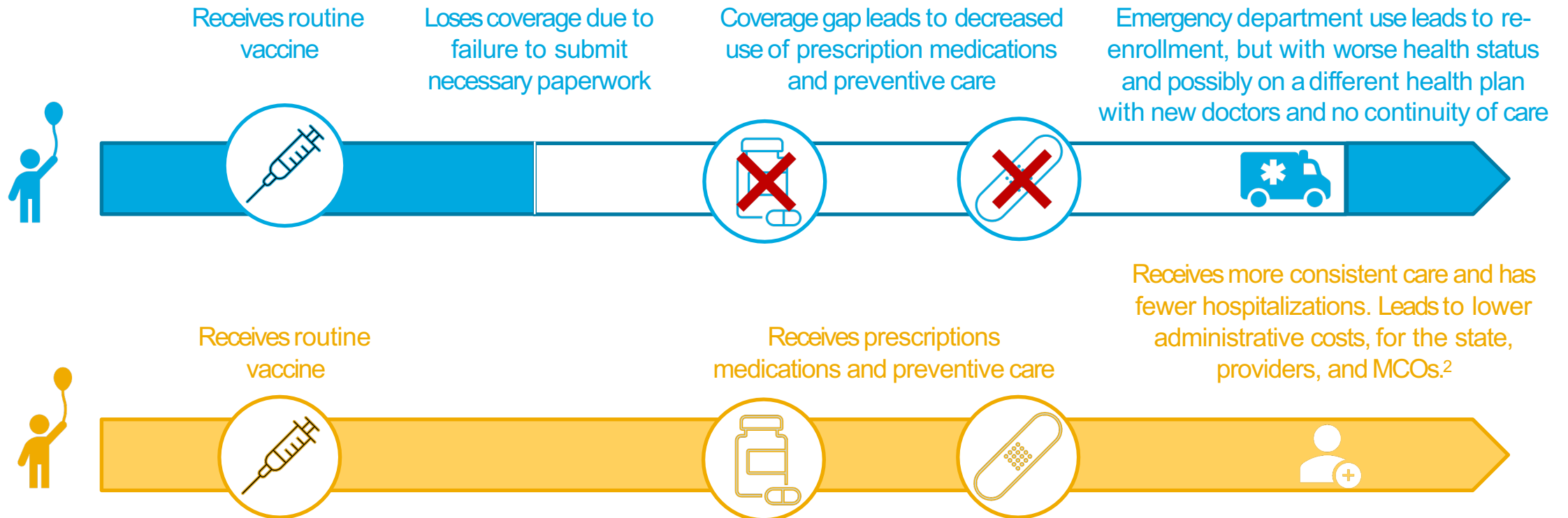
Child Uninsurance Rate by State, 2019



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Access to Primary and Preventive Care through Continuous Coverage

Studies show that unstable Medicaid coverage **increased emergency department use, office visits, and hospitalizations between 10 percent and 36 percent** and **decreased use of prescription medications by 19 percent**, compared to individuals with consistent Medicaid coverage.¹ It also disrupts efforts to provide ongoing preventive care and care management for those with chronic conditions.



¹ Banerjee, R., Ziegenfuss, J.Y., & Shah, N. D. (2010). Impact of discontinuity in health insurance on resource utilization. BMC health services research, 10(1), 1-10. <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-195>

² MACPAC. Quality requirements under Medicaid managed care. <https://www.macpac.gov/subtopic/quality-requirements-under-medicare-managed-care/>

OR 1115 Waiver Continuous Enrollment Policy Development for Children



Oregon Policy Design Considerations for Children

Demonstration Eligibility for Children under Six

- MAGI Child (through 5-years old)
- MAGI CHIP (through 5-yearsold)
- NonMAGI Child (through 5-years old)

If an individual is receiving benefits under one of the “included” eligibility categories listed above, their coverage will be protected until last day in the month they turn 6.

Exceptions

- The individual is no longer an Oregon resident;
- The individual requests termination of eligibility;
- The individual dies; or
- The agency determines that eligibility was erroneously granted at the most recent determination, redetermination or renewal of eligibility because of agency error or fraud, abuse, or perjury attributed to the individual.

Considerations from CMS

- **Program Integrity**
 - How will the State will identify children leaving
- **Access/program integrity**
 - How will state ensure children continue to live in the catchment area of their COO and remain able to access care?
 - To what extent will COE cover children with significantly higher incomes?
- **Eligibility Checks**
 - Will the state do “shadow” eligibility reviews?
- **Budget Neutrality**
 - Will state have to use “waiver savings” for some or all children covered by the new policy?

Cost Breakdown: Continuous Enrollment for Children Under Age 6

Oregon's estimated annual member months and total computable costs for children under age 6 who would remain enrolled in Medicaid and CHIP as a result of the continuous enrollment policy

SFY	2023	2024	2025	2026	2027
Member months (CHIP and Medicaid)					
CMO	-	107,625	310,101	478,226	609,797
Foster Children	-	974	3,089	5,025	6,936
Total MMs	-	108,599	313,190	483,251	616,733
TOTAL Funds (in millions; Medicaid + CHIP)		\$27.9	\$83.6	\$133.9	\$176.9

Calculating Cost

Costs = Member Months x Average PMPM costs

OR Projected Waiver Funding: 2022-2027

The table below is Oregon's projected waiver funding for the continuous enrollment policy for children and adults, showing general funds, federal funds and total funds (in millions) over the course of the waiver.

	SFY 2024			SFY 2025			SFY 2026			SFY 2027		
	GF	FF	TF	GF	FF	TF	GF	FF	TF	GF	FF	TF
CE through age six	10	18	28	29	55	84	47	87	134	62	115	177
24 months of CE for ages 6+*	7	44	51	20	125	145	30	180	209	39	230	268
Total (in millions)	\$51	\$62	\$113	\$92	\$180	\$272	\$121	\$267	\$388	\$146	\$345	\$491

Cost Considerations: Continuous coverage makes expenditures more predictable and lowers monthly member costs. Studies show the average monthly cost for a child enrolled in Medicaid for 12 months was \$107, compared to \$163 for a child enrolled for only one month and \$147 for a child enrolled for only six months.¹ Cost impacts are particularly apparent for individuals with chronic conditions.

¹Whitener, K., Snider, M. (2021). Advancing Health Equity for Children and Adults with a Critical Tool: Medicaid and Children's Health Insurance Program Continuous Coverage. Georgetown University Health Policy Institute Center for Children and Families and UnidosUS. <https://ccf.georgetown.edu/wp-content/uploads/2021/10/continuity-of-coverage-final.pdf>

*There will be an adjustment made due to the lower FMAP for 2.6% of the new adults.

Another Comparison Point: Washington Continuous Enrollment Policy

Washington submitted their 1115 waiver demonstration application to CMS with a proposed continuous enrollment policy for children. Apple Health (WA Medicaid) covers children up to 215% FPL with Medicaid funds and up to 317% FPL with CHIP funds.



Washington's proposed continuous enrollment policy will apply to Medicaid-enrolled children up to the age of six with incomes up to 215% FPL at the time of application.

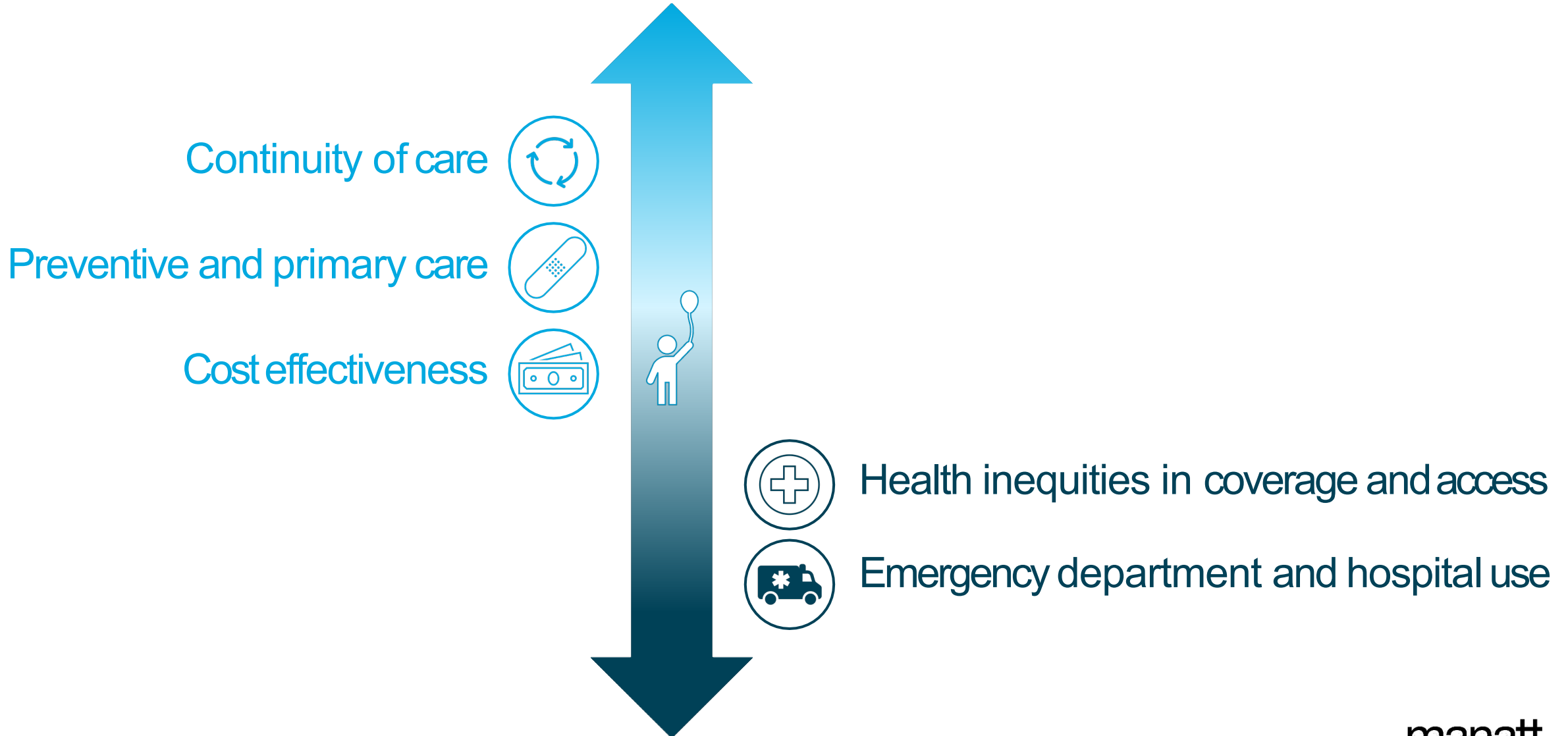
Anticipated Policy Impact

- An analysis of Washington's enrollment data shows that **approximately 11% of children** under the age of six experience Medicaid coverage gaps in a given year.
- HCA anticipates **an initial annual cost** of \$31 million, with \$15.7 million from the general fund, and \$15.3 million from federal match.

	Avg. Number of Children with Any Disruption over 12 months	Avg. Months of Additional Coverage over 12 months	Avg. Total Computable Cost (State and Federal) of Additional Coverage over 12 months	Avg. Cost Incurred by State over 12 months
Medicaid children covered ages 0 – 6 under 215% FPL	30,720	157,085	\$ 31 million	\$15.7 million

Based on analysis of HCA data, February 22, 2021.

Continuity of Care Closes the Coverage Gap and Improves Care for Kids



Thank you!

Updates and information:

oregon.gov/1115waiverrenewal

Reach out to us anytime:

1115waiver.renewal@odhsoha.oregon.gov

<https://healthinsights.manatt.com/>

manattonhealth@manatt.com

Oregon
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manatt

Implementation Timing



*To begin when the continuous coverage requirement ends, authorized by the Families First Coronavirus Response Act (FFCRA).

2022-2027 Waiver Authorities

Health-related social needs (HRSN) benefits for individuals and families experiencing critical life transitions

Oregon will provide health-related social needs benefits – housing and nutrition services - to people who are going through life transitions. These HRSN services will be Medicaid benefits.

- People who are experiencing homelessness or at risk of homelessness
- Youth with Special Health Care Needs up to age 26
- Youth who are child welfare involved
- Older adults who have both Medicaid and Medicare health insurance
- Adults and youth leaving justice involvement
- Adults leaving State Hospital

2022-2027 Waiver Authorities

Health-related social needs (HRSN) benefits related to extreme weather events

Oregon will provide devices – air conditioners, air filters, generators - to people with a high-risk clinical need who reside in a region that is experiencing extreme weather events that place the health and safety of residents in jeopardy as declared by the federal government or the Governor of Oregon will be eligible for these supports.

2022-2027 Waiver Authorities - HRSN

- Rental assistance or temporary housing for up to 6 months
- Utility assistance for up to 6 months
- Home modifications
- Pre-tenancy and tenancy support services
- Housing-focused navigation and/or case manager

Housing



- Community-based food resources
- Nutrition and cooking education
- Fruit and vegetable prescriptions for up to 6 months, and healthy food boxes/meals
- Medically tailored meal delivery

Food



- Payment for devices that maintain healthy temperatures and clean air, including air conditioners, heaters, air filters and generators to operate devices when power outages occur

Climate



Links Shared:

CCF OR blog:

<https://ccf.georgetown.edu/2022/09/28/oregon-leads-the-nation-by-covering-children-in-medicaid-from-birth-to-kindergarten-which-state-will-be-next/>

CCF brief on Medicaid continuous eligibility:

<https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/>

HHS report on projected coverage losses after PHE ends:

<https://ccf.georgetown.edu/2022/08/22/millions-of-eligible-children-could-lose-medicaid-due-to-administrative-churn-during-the-unwinding/>

Potential source of number of "gap months":

<https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf>

Oregon's Kindergarten Readiness and Health work:

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/KR-Health.aspx>

OR 1115 waiver page, w/link to approved waiver:

<https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx>

OR waiver state-level input process:

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Application-Process.aspx>

OR policy brief on maximizing coverage:

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3786b_2.pdf

For More Information: Georgetown CCF

- **Website/Say Ahhh! blog**
ccf.georgetown.edu
- **State Health Coverage Data:**
kidshealthcarereport.ccf.georgetown.edu
- **Twitter: @georgetownccf**
[@joanalker1](https://twitter.com/joanalker1)
[@ewburak](https://twitter.com/ewburak)

The screenshot displays the website's header with the logo and navigation menu. The main content area features a large article titled "Oregon Becomes First State to Provide Multi-Year Continuous Coverage for Young Children" with a sub-headline "Oregon Leads the Nation By Covering Children in Medicaid from Birth to Kindergarten – Which State Will Be Next??" and author information "Joan Alker, Elisabeth Wright Burak". To the right, a "FEATURED RESOURCES" section includes "Interactive Kids' Health Care Report Card" (11.2%), "Medicaid Learning Lab", and "Unwinding Tracker". Below the main article, four smaller article thumbnails are visible, each with a "Say Ahhh!" tag and a brief title and author name.

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Say Ahhh!
Oregon Becomes First State to Provide Multi-Year Continuous Coverage for Young Children
Oregon Leads the Nation By Covering Children in Medicaid from Birth to Kindergarten – Which State Will Be Next??
Joan Alker, Elisabeth Wright Burak

FEATURED RESOURCES
Data: Interactive Kids' Health Care Report Card (11.2%)
Projects: Medicaid Learning Lab
Unwinding the Public Health Emergency (PHE) 50-State Unwinding Tracker

Say Ahhh!
Unwinding Wednesday #5: Application Processing Times Provide Insight into State Capacity to Manage the Medicaid Workload
Tricia Brooks

Say Ahhh!
Assessing the Potential Impact of the Inflation Reduction Act on Federal and State Medicaid Prescription Drug Spending
Edwin Park

Say Ahhh!
Child Uninsured Rate Declined During the Pandemic Thanks to Medicaid
Joan Alker

Say Ahhh!
Biden Administration Releases Final Rule on Public Charge
Kelly Whitener