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Memorandum

To: Universal Health Plan Governance Board

From: Office of Health Policy - Health Policy Coverage Team

Date: July 8, 2024

Subject: RE OHA May Presentation Questions - Non CGT

At the May 2024 Universal Health Plan Governance Board (UHPGB) meeting, Oregon Health Authority's (OHA) Office of Health Policy provided a high-level overview of health care cost and coverage in the state. From the presentation the board had multiple follow up questions, most of which were related to Oregon's Cost Growth Target program and addressed in a separate memo. Below are the other questions related to coverage and OHA more broadly.

1. Is someone at OHA tracking Medicaid billing in Schools? And how does that impact the health care costs in Oregon?

School-Based Health Services are maintained within the Medicaid Division in the Oregon Health Authority. These costs are combined with other Fee-For-Service costs and are monitored along with all other Medicaid costs. More information can be found on the School-Based Health Services Program website (<u>https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-SBHS.aspx</u>) and the Oregon Department of Education's Medicaid in Education website (<u>https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/medicaid.aspx</u>).

2. Is someone at OHA tracking the "Culture of Yes" bill that expanded accessing behavioral health services and supports on OHP and ACA? And how would this impact health care costs in Oregon?

During the 2024 Legislative session <u>SB 1557</u> passed, sometimes referred to as 'The Culture of Yes' bill. Both Oregon Health Authority and Oregon Department of Human Services are currently in the planning process of implementing this bill.

3. Out of those people that say they don't have insurance, how many of them are eligible for OHP and have not signed up?

In 2021, 28.1% of people in Oregon who did not have health insurance were eligible for the Oregon Health Plan (OHP). Details from the <u>Oregon Health Insurance Survey</u> (OHIS), including additional information regarding uninsured individuals, can be found on the OHIS website.

4. What is the churn rate for OHP?

"Churn" refers to instances in which an individual dis-enrolls and re-enrolls in coverage within a short period of time due to administrative burden or fluctuations in income. In 2019, <u>34% of people enrolling in</u> <u>OHP</u> were returning after less than a year; 25% within 6 months. In 2021, with the federal public health emergency continuous enrollment policies in place, the churn population <u>dramatically reduced</u> to around 8%. Following the public health emergency unwinding, Oregon will continue to address OHP churn through OHP continuous eligibility– allowing for continuous coverage for members below age six, and for two years coverage for members six and older – and through OHP Bridge – Oregon's new coverage option for adults with incomes slightly above traditional OHP who traditionally churn on and off Coordinated Care Organization coverage due to fluctuations in income.

5. Of the 22% of Oregonians who said they were not interested in coverage; do we know why they were not interested? Was cost and/or access the reason?

According to the 2021 OHIS, 22% of uninsured people were not interested in health insurance. In addition to those not interested in health insurance, 15.9% stated that premiums were too expensive on employer coverage. Further details of the OHIS uninsured population can be found on the website https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/ohis.aspx

