

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

December 5, 2025

Emma Sandoe
Medicaid Director
Oregon Health Authority
500 Summer Street NE, E35
Salem, OR 97301

Dear Director Sandoe:

The Centers for Medicare & Medicaid Services (CMS) has approved the Evaluation Design for Oregon's COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Oregon Health Plan" (Project No: 11-W-00415/10 and 21-W-00073/10). We appreciate the state's commitment to meeting the requirement for an Evaluation Design as was stipulated in the approval letter for this amendment dated August 9, 2023.

In accordance with 42 CFR 431.424(c), the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design on Medicaid.gov.

Consistent with the approved Evaluation Design, the draft Final Report will be due to CMS no later than one year after the end of the amendment approval period, which will occur when all redeterminations for Medicaid and CHIP beneficiaries are conducted during the unwinding period.

We sincerely appreciate the state's commitment to evaluating the COVID-19 PHE amendment under these extraordinary circumstances. We look forward to our continued partnership on the Oregon Health Plan section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Sasha Zolynas, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Oregon Health Plan Section 1115(a) Waiver

COVID-19 PHE CHIP Amendment

Evaluation Design

August 2025

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Background

In an effort to assist states in responding to the COVID-19 Public Health Emergency (PHE), the Centers for Medicare and Medicaid (CMS) developed a new section 1115(a) demonstration opportunity under Title XIX of the Social Security Act. States were offered different options and flexibilities under the demonstration opportunity, which was announced by CMS on March 22, 2020 in [State Medicaid Director Letter \(SMDL\) #20-002](#) and on March 3, 2022 in [State Health Official Letter \(SHO\) #22-001](#). On May 10, 2023, Oregon responded with a request to amend the Oregon Health Plan section 1115(a) demonstration (Project Number 11-W-00415/21-00013/0). Oregon's request was approved by CMS on August 9, 2023.

The CHIP amendment (hereafter: "the Amendment") allowed Oregon more flexibility in providing health care coverage to CHIP beneficiaries who became ineligible during the PHE due to a change in circumstances. The Amendment allowed for continuous coverage with current benefits for individuals determined ineligible for CHIP due to a change in circumstances, and the same health care delivery system for the provision of services in the same manner as under the state's current plan. The Amendment was authorized retroactively beginning March 1, 2020, and applied to CHIP beneficiaries through February 28, 2025, when PHE Unwinding renewals for CHIP (and Medicaid) concluded in Oregon.

States are required to evaluate the impact of the Amendment on the state's ability to meet the health care needs of CHIP beneficiaries during the PHE. States must also address evaluation questions that will support the state's and CMS's understanding of the successes, challenges, and lessons learned in implementing the Amendment. This document describes Oregon's plans to assess the implementation and impact of the Amendment.

Evaluation & Implementation Questions

Evaluation Questions

The purpose of this evaluation is to understand how the Amendment, which provided continuous CHIP eligibility to an otherwise CHIP ineligible population, impacted health care coverage and access during the COVID-19 PHE. Evaluators hypothesize that the continuous eligibility benefit, which spanned from March 1, 2020 through February 28, 2025, minimized beneficiaries' coverage gaps and improved continuity of care.

Furthermore, we posit that the more consistent health care coverage and continuity of care improvements were associated with positive health care utilization outcomes.

To test these hypotheses, we present the following evaluation questions:

Evaluation Question 1: What impact did the continuous eligibility Amendment, authorized by the COVID-19 PHE, have on CHIP enrollment and renewal rates between March 1, 2020, and February 28, 2025?

- Evaluation Question 1a: To what extent did beneficiaries experience gaps of coverage during the demonstration? How did these gaps compare to historical gaps in coverage? How did these gaps differ among subgroups of interest?
- Evaluation Question 1b: How many beneficiaries were impacted by the Amendment? Did the number of beneficiaries impacted by the Amendment differ among subgroups of interest?

Evaluation Question 2: What impact did the Amendment have on beneficiaries' utilization of health care services?

- Evaluation Question 2a: To what extent did beneficiaries utilize health care services during the demonstration? How did this compare to beneficiaries' utilization of health care services historically?
- Evaluation Question 2b: Were there differential impacts of the Amendment on the utilization of health care services among subgroups of interest?

To the greatest extent possible, we will disaggregate impact data from evaluation questions one and two by different subgroups or populations of interest. Data may be disaggregated by race/ethnicity, gender, age, and other potential subgroups (e.g., geographic region).

Implementation Questions

In addition to the above evaluation questions, which directly address the evaluation's hypotheses, we will also explore the following implementation questions. These implementation questions aim to address how the Amendment was implemented, including processes used, barriers faced, and successes achieved.

Implementation Question 1: How much did the demonstration Amendment cost?

Implementation Question 2: What were the experiences of state officials implementing the Amendment?

- Implementation Question 2a: What were the biggest successes and challenges?
- Implementation Question 2b: What were the lessons learned for future demonstrations?
- Implementation Question 2c: What best practices do state officials recommend for future demonstrations?

Methodology

The evaluation design uses a mixed-methods approach, combining quantitative CHIP eligibility and claims data with qualitative interview data. The evaluation period covers from the start of the Amendment and subsequent policy change through the end of Oregon's redetermination period, specifically March 1, 2020, through February 28, 2025.

Quantitative Data

Quantitative data for this evaluation will rely on eligibility data from Oregon's ONE Eligibility System and claims data from the Medicaid Management Information System (MMIS). Evaluators will focus on eligibility data, as well as a variety of utilization metrics, further outlined in Table 1. When applicable, evaluators will use an historical comparison group to assess the impact of the extended coverage under the Amendment. Evaluators will compare eligibility data from March 2018 through February 2020 (two years prior to the authorization of the PHE and the Amendment) and explore why beneficiaries lost their CHIP coverage during that time and whether they would have retained coverage if the Amendment had been in place. Furthermore, evaluators will compare health care utilization data between the extended coverage group and the historical comparison group. Evaluators will also explore whether the impacts of the Amendment differed among subgroups of interest. Evaluators will primarily use descriptive statistics along with regression analysis for comparisons between groups.

Qualitative Data

To better understand the implementation of the continuous eligibility benefit under the CHIP Amendment, evaluators will interview key Oregon Health Authority and partnering agency staff involved in the implementation and administration of the benefit. Evaluators plan to interview 10-15 involved individuals. Interviews will last 45-60 minutes and will be recorded using Microsoft Teams. Interview questions will cover topics such as the interviewee's role in the implementation of the Amendment, challenges faced, successes achieved, lessons learned, and recommendations for best practices in future demonstrations. Evaluators will also ask interviewees to reflect on how the continuous eligibility period contributed, if at all, to longer term policy

changes. Evaluators will use NVivo Qualitative Data Analysis software to identify themes across the interviews.

Proposed Measures

Tables 1 and 2 provide more details on the measures, data sources, and analytic approach evaluators plan to use to answer each of the evaluation and implementation questions.

Table 1. Proposed Measures for Evaluation Questions

| Evaluation Question | | Measures | Data Source | Analytic Approach |
|---|--|--|------------------------|--|
| Evaluation Question 1. What impact did the continuous eligibility Amendment, authorized by the COVID-19 PHE, have on CHIP enrollment and renewal rates between March 1, 2020, and February 28, 2025? | | | | |
| 1a | To what extent did beneficiaries experience gaps of coverage during the demonstration? How did these gaps compare to historical gaps in coverage? How did these gaps differ among subgroups of interest? | <p>Number of beneficiaries enrolled and/or renewed during the evaluation period</p> <p>Number of days between two enrollment periods for enrollees:</p> <ul style="list-style-type: none"> - in the demonstration population (gaps in coverage during the demonstration) - in the historical comparison population (historical gaps in coverage) - among enrollees in the demonstration population, by subgroup of interest | ONE Eligibility System | <p>Descriptive statistics</p> <p>Regression analysis for comparison groups</p> |
| 1b | How many beneficiaries were impacted by the Amendment? Did the number of beneficiaries impacted by the Amendment differ among subgroups of interest? | <p>Number of beneficiaries enrolled and/or renewed during the evaluation period</p> <p>Number of beneficiaries enrolled and/or renewed during the evaluation period, by subgroup of interest</p> | ONE Eligibility System | Descriptive statistics |
| Evaluation Question 2. What impact did the Amendment have on beneficiaries' utilization of health care services? | | | | |
| 2a | To what extent did beneficiaries utilize health care services | Number of demonstration beneficiaries with at least one: | ONE Eligibility System | Descriptive statistics |

| | | | | |
|----|--|--|---|--|
| | during the demonstration? How did this compare to beneficiaries' utilization of health care services historically? | <ul style="list-style-type: none"> - claim during the evaluation period - emergency department visit - behavioral health appointment - inpatient visit <p>Number of demonstration beneficiaries who received at least one preventative or routine health care service (Ex: dental exam, vision exam, well-care visit)</p> <p>Number of beneficiaries in the historical comparison population with the same utilization measures listed above</p> | Claims data | Regression analysis for comparison group |
| 2b | Were there differential impacts of the Amendment on the utilization of health care services among subgroups of interest? | Number of beneficiaries in subgroups of interest with the same utilization measures listed in Evaluation Question 2a | ONE Eligibility System Claims data | Descriptive statistics |

Table 2. Proposed Measures for Implementation Questions

| Implementation Question | | Measures | Data Source | Analytic Approach |
|-------------------------|--|--|---|------------------------|
| 1 | How much did the demonstration Amendment cost? | <p>Total costs per member, per month for beneficiaries who would have lost CHIP coverage, if not for the Amendment.</p> <p>Note: Cost is defined as Coordinated Care Organization (CCO) Capitation payments plus fee-for-service (FFS) claims payments</p> | <p>ONE Eligibility System</p> <p>CCO capitation payments</p> <p>FFS claims payments</p> | Descriptive statistics |
| 2 | What were the experiences of state officials implementing the Amendment? | <p>Descriptions of:</p> <ul style="list-style-type: none"> - interviewee's role in the implementation of the Amendment - how the continuous eligibility period contributed, if at all, to longer term policy changes | Interviews | Qualitative analysis |

| | | | | |
|-----------|---|--|------------|----------------------|
| 2a | What were the biggest successes and challenges? | Descriptions of: - challenges faced during implementation - successes achieved during implementation | Interviews | Qualitative analysis |
| 2b | What were the lessons learned for future demonstrations? | Descriptions of: - lessons learned during implementation | Interviews | Qualitative analysis |
| 2c | What best practices do state officials recommend for future demonstrations? | Descriptions of: - recommended best practices | Interviews | Qualitative analysis |

Limitations

This evaluation is retrospective, therefore qualitative data gathered from interviews may be limited by the availability of current staff who were employed during the demonstration and their ability to recollect and describe what happened several years ago. The passage of time could limit staff's ability to describe any successes, challenges, or lessons learned.

Typical measures of access to health care may be skewed due to changes in people's behavior during the COVID-19 PHE. While health coverage expanded during the PHE, health care utilization decreased.¹ It is possible that the data could indicate a decrease in health care utilization among affected members despite having continued health coverage.

Oregon has pending State Plan Amendments (SPAs) that will change its CHIP designation from a State Children's Health Insurance Program (SCHIP) to a Medicaid Children's Health Insurance Program (MCHIP/Medicaid expansion). If this SPA is approved by CMS, the end date for the application of the CHIP Amendment and PHE flexibilities will change. Should that occur, Oregon will notify CMS of any substantive changes to the evaluation period.

¹ Moynihan R, Sanders S, Michaleff ZA, *et al.* Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review. *BMJ Open* 2021;**11**:e045343. doi: 10.1136/bmjopen-2020-045343.

Evaluator and Evaluation Report

This will be an internal evaluation, conducted by members of Oregon's 1115 Medicaid Waiver Monitoring and Evaluation team who have specific expertise in program evaluation and research methods.

The results of the evaluation will be detailed in a Final Evaluation Report to CMS, which will be submitted separately from the report for the evaluation of Oregon's broader 2022-2027 1115 Oregon Health Plan Waiver demonstration.

Timeline

| Key Date(s) | Milestone/Deliverable |
|-------------------------|---|
| March 1, 2020 | Backdated official start date of the CHIP Amendment demonstration |
| August 9, 2023 | CMS approval of Oregon's CHIP Amendment demonstration |
| February 28, 2025 | End of Oregon's CHIP Amendment demonstration and application of PHE flexibilities |
| August 29, 2025 | Draft Evaluation Design for Oregon's CHIP Amendment demonstration due to CMS |
| Fall 2025 – Winter 2026 | Conduct staff interviews, compile quantitative data |
| Winter – Spring 2026 | Conduct analysis |
| Spring – Summer 2026 | Develop Draft Final Evaluation Report |
| August 31, 2026 | Draft Final Evaluation Report due to CMS |