



# Post-Public Health Emergency Eligibility Renewals Planning

Presentation to the House Health Care Committee

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# Background

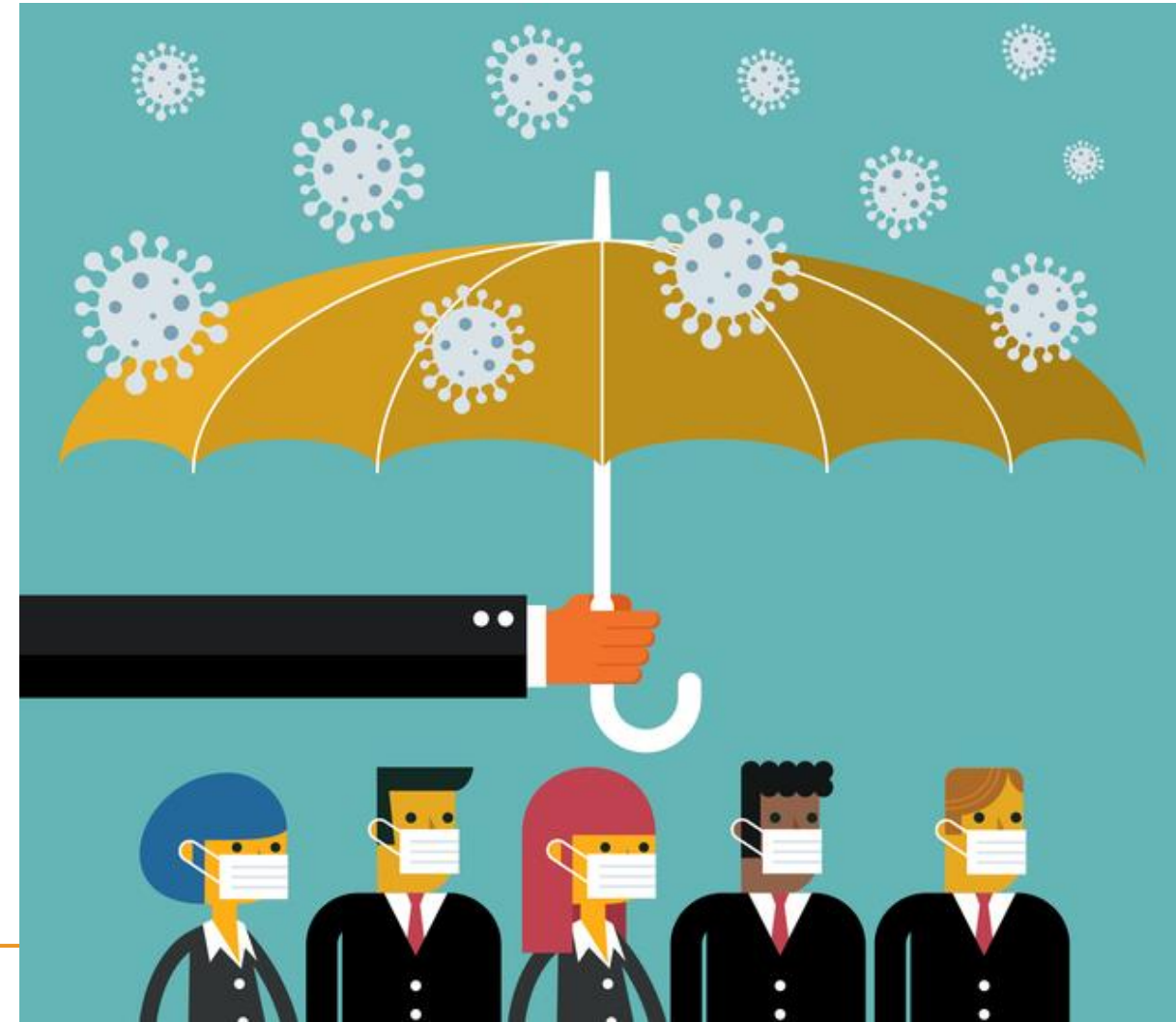
# Throughout the Pandemic, OHP Members Have Maintained Their Health Coverage

## Family First Coronavirus Response Act

- Provides continuous Medicaid coverage for the duration of the federal public health emergency (PHE)
- Removes administrative barriers to Medicaid enrollment

**When the PHE ends**, states will have 14 months to redetermine eligibility

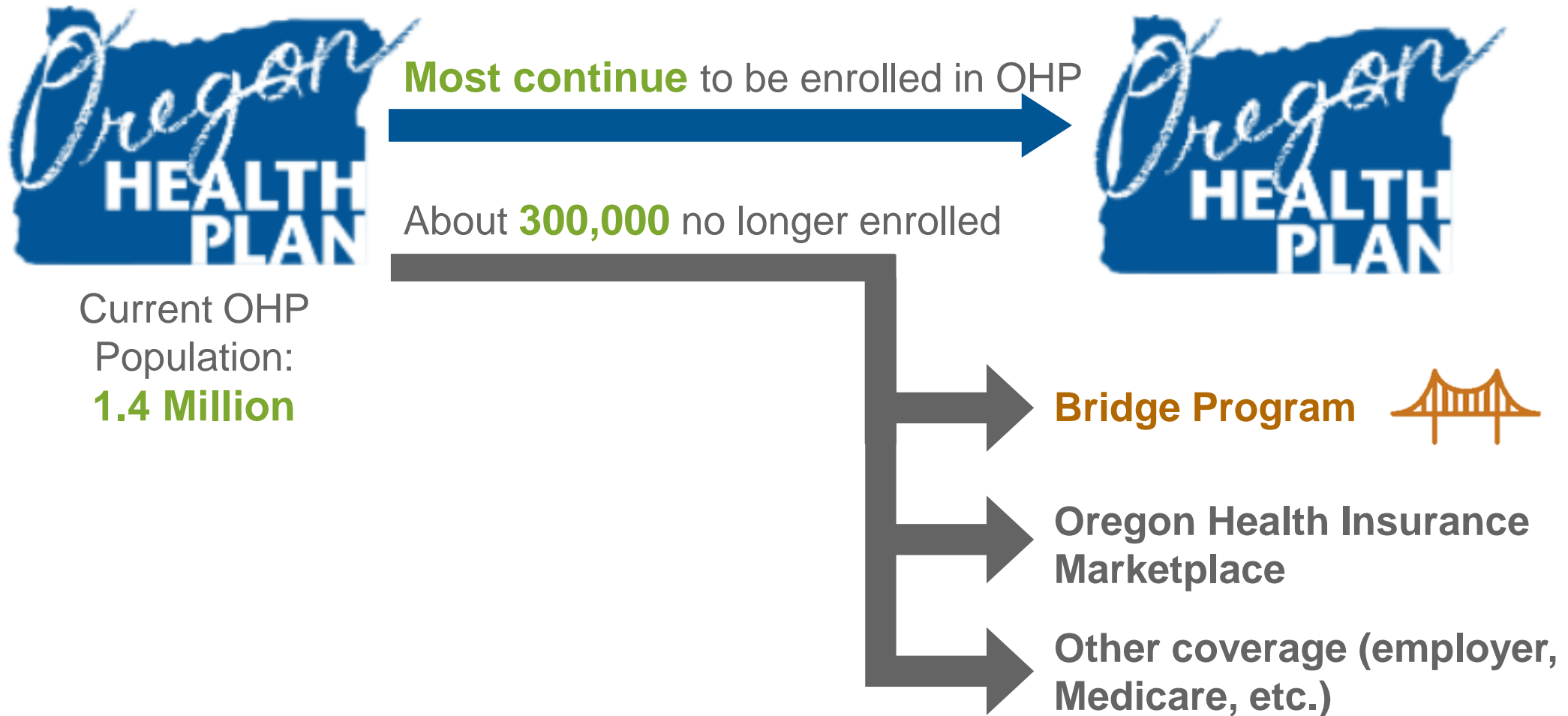
- For all 1.4 million people on the Oregon Health Plan



# Coming Changes Beyond OHP

- Ending of Supplemental Nutrition Assistance Program (SNAP) Emergency Allotments
- Reinstatement of federal SNAP time limits
- Changes to Summer Meals programs
- Expansion of Temporary Assistance to Needy Families (TANF) benefits
- Update to child care eligibility (HB3073)
- Moving back to periodic reviews within SNAP
- Compact of Free Association (COFA) Dental
- Veteran Dental
- Changes related to capturing information about race, ethnicity, language, disability, sexual orientation, and gender identity expression
- Updates to federal reporting requirements

# How People in Oregon May be Affected



# Goal: Preserve Health Coverage Gains for People in Oregon

- ✓ Ensure all people and families eligible for the Oregon Health Plan **continue to receive services** in a timely manner without interruption
- ✓ Give those no longer eligible for benefits **clear direction and assistance with alternative coverage**
- ✓ Give people who assist members and benefit recipients **clear information about how they can help**

# OHP Renewals Update

# HB 4035 Approach to Redeterminations

- **Phased redeterminations of OHP coverage by population**
- **New Bridge Program**

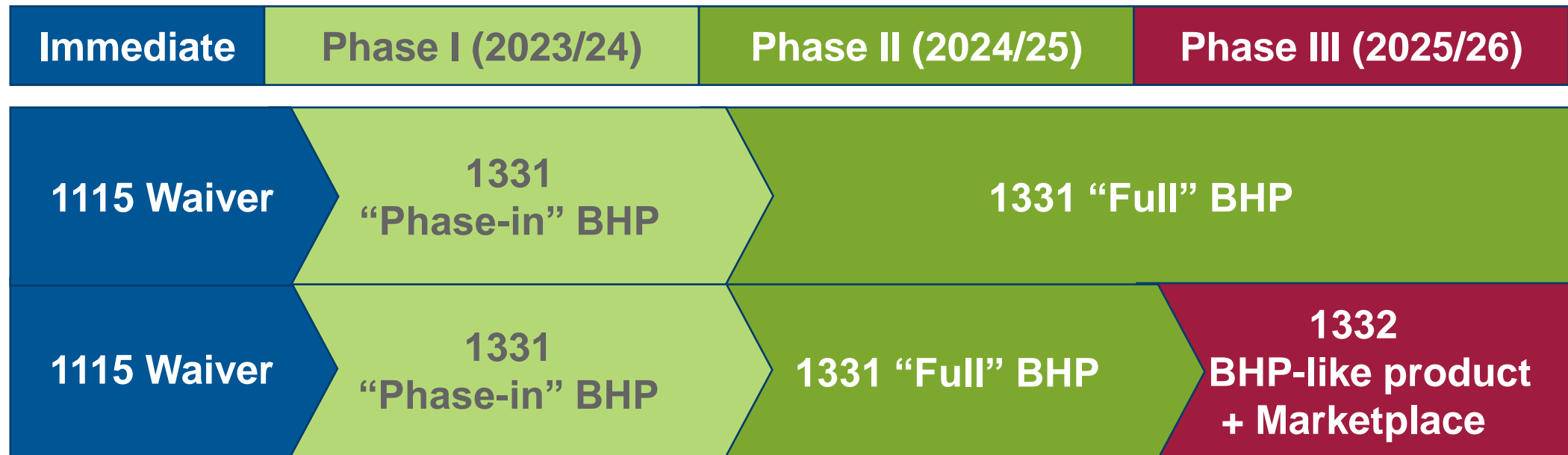


# Phased Redeterminations by Population

- OHP members grouped into populations:
  - Front-load easier cases (i.e., complete information)
  - Back-load higher risk cases
- **Examples of higher risk populations**
  - People with long-term services and supports in residential care facilities
  - People with no permanent address
  - People who have chosen spoken or written language other than English
- Adjust timelines to allow more time for:
  - Outreach to members
  - Members to submit information
  - Efforts to preserve coverage for higher risk members

# New Bridge Plan

- Seek federal approval to create a more affordable option that provides continuity of care in a CCO for adults with low incomes (138-200% of FPL) who are likely to “churn” in and out of OHP
- Leverage federal Marketplace subsidies to provide an alternative coverage option, with an aim to have a minimal cost to the state and members



# What We are Doing

- ✓ Formed a team across three agencies (OHA, ODHS, DCBS) to:
  - Develop the plan for performing redeterminations
  - Communicate to members, providers, and partners
  - Connect people to coverage
- ✓ Coordinating communications strategies across Medicaid, SNAP, TANF, and Marketplace programs, including partnerships with CCOs, CBOs, providers and others for member outreach
- ✓ Encouraging members and recipients to update contact information to reduce returned mail and allow for auto-renewal where possible

# Outreach and Staffing

# Outreach is Key

The end of the Public Health Emergency will affect millions of people in Oregon due to changes in health care and support policies enacted during the pandemic

The goal of the communications plan is to deliver **timely, person-centric, actionable information** to help people keep or receive the health coverage and benefits they need

# Phases of Outreach

## Pre-PHE expiration

April – October 2022

- Encourage all members and clients to update their contact information, income and household information
- Equip CCOs and partners to engage
- Inform broader audiences about coming impacts and actions

## Renewal period

November 2022 – December 2023

- Communicate actions needed for Oregonians to navigate the changes to retain coverage or secure new coverage

*Presumes PHE is extended until October 15, 2022*

# Website

Updated information source for people receiving services and partners about the PHE unwinding process

- Updated timeline
- Effects on programs and what recipients can do to retain benefits
- Materials for partners: talking points, slide decks
- Links to program pages for more specific information



# **Community and Partner Work Group**



# Community and Partner Work Group

**Scope: Advise OHA** on outreach, enrollment and communication strategies to:

- Help people who are currently receiving OHP navigate the changes
- Maximize continuity of coverage for as many people as possible

## **Guiding principles**

- Health equity
- Use existing community input
- Center those directly impacted

**Composition:** OHP members, community partners, Tribal representation, representatives of health systems and labor, and more

Monthly meetings began May 26

# Challenges and Risks

# Known Risks to Successful Implementation

- Unknown and shifting timeline for PHE expiration
- Historically low accuracy of member contact information
- Confusion for members and service providers
- Hard-to-reach populations, due to cultural and linguistic factors and housing insecurity
- Limited agency workforce capacity to perform high volume of renewals
- High volume of tasks to serve current members
- Lengthy call center wait time
- Eligibility workers who lack familiarity with the redeterminations process outside of PHE conditions
- Competing agencies' priorities for programmatic changes to the ONE system
- Unique challenges facing seniors
- Lack of a state-based health insurance exchange for navigating to marketplace health plans

# Timeframe for Redeterminations is Compressed

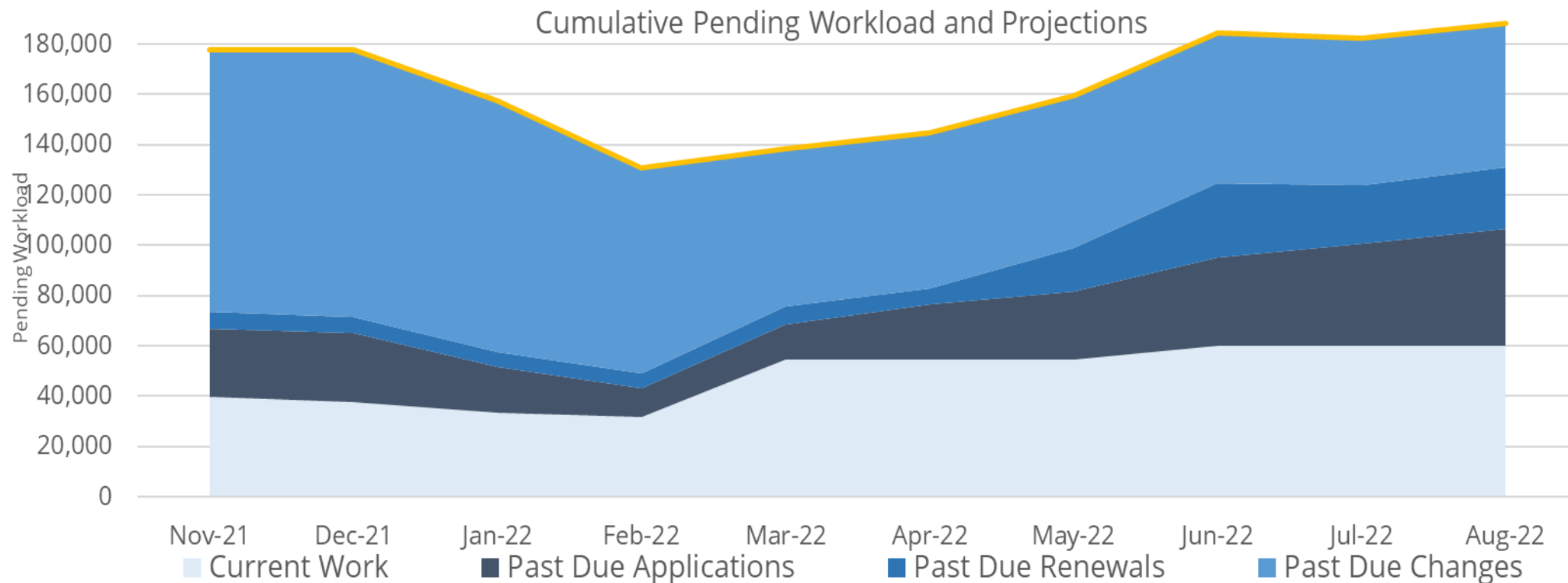
ODHS will need to complete medical redeterminations for 1.4 million individuals over (860,000+ cases) by the end of a 14-month period after the PHE expires (per federal requirement)

- This time frame means Oregon **must initiate the redetermination process** for each person receiving medical assistance **within 9 months**, to allow the entire process to be completed by the end of the 14-month period
- Under normal operations, this would occur over 12 months (annually)

Oregon also must continue to do redeterminations and periodic reviews for other ONE System programs

- SNAP, TANF, and ERDC

# As Workload Increases, Processing and Wait Times Will Lengthen



# Staffing Needs

- Oregon is serving more individuals than ever with the **highest caseloads ever recorded**
  - Staffing and funding for staff to do this work has not kept up with this caseload
  - ODHS is hiring beyond our legislative authority
- Without additional staffing, Oregon will see **backlogs**, applications for benefits having **larger delays**, and **longer wait times** for those calling or coming into our offices

**Questions?**