



Post-Public Health Emergency Eligibility Renewals Planning

Joint Ways and Means

Subcommittee on Human Services

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Overview and background on the COVID-19 Public Health Emergency

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Overview

- The federal COVID-19 public health emergency (PHE) declaration in January 2020 put protections in place for people to continue to receive medical, food, and cash assistance while the country responded to the pandemic.
- The protections paused the regular work the state performs to establish eligibility for benefits
- Those protections will eventually end, and Members and benefit recipients in Oregon will have to take steps to show that they are still eligible to keep benefits for the first time in 3 years.
- All states have been preparing for this work, but it has been unclear exactly when it would begin. The PHE declaration is valid for 90-days and has been repeatedly extended.
- We now know redeterminations will begin April 1st

The Goal: Preserve Benefits

1

Ensure all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner without interruption

2

Give those no longer eligible for benefits clear direction and coordination of additional resources

3

Give those who assist people receiving benefits clear information about how they can help



COVID-19 Public Health Emergency

Provided enhanced federal match to incentivize states to keep people enrolled in Medicaid while the country was responding to the COVID-19 pandemic.

It removed administrative barriers to medical enrollment, including accepting self-attestation of income, expanded presumptive eligibility and the ability for partners to assist members seeking benefits.

- Accepted self-attestation from individuals instead of requiring additional documentation and verification.
- Able-bodied adults without dependent (ABAWD) work requirements were waived.
- No negative actions were taken in most scenarios: reduction or closures.

As a result, OHP enrollment has grown from 1.08 million to 1.47 million

COVID-19 Public Health Emergency

Supplemental Nutrition Assistance Program (SNAP) Emergency Allotment provided additional food benefits

- These emergency food benefits were provided to help people who receive SNAP get enough healthy food for themselves and their families during the COVID-19 emergency.
- In December, approximately 426,000 SNAP households received approximately \$70 million in extra food benefits in addition to their regular SNAP benefits.

Ending continuous enrollment – a nationwide effort

- When the continuous eligibility requirement ends, ALL states will have to redetermine eligibility for Medicaid members and determine how to support people during this transition.
- Congress passed Omnibus reconciliation budget in December – it established March as the end of SNAP Emergency Allotments and set an April 1st date for all states to begin the redeterminations process.
- Oregon is planning for how to mitigate the impact of this change and keep people covered, but we do not expect this to go smoothly.

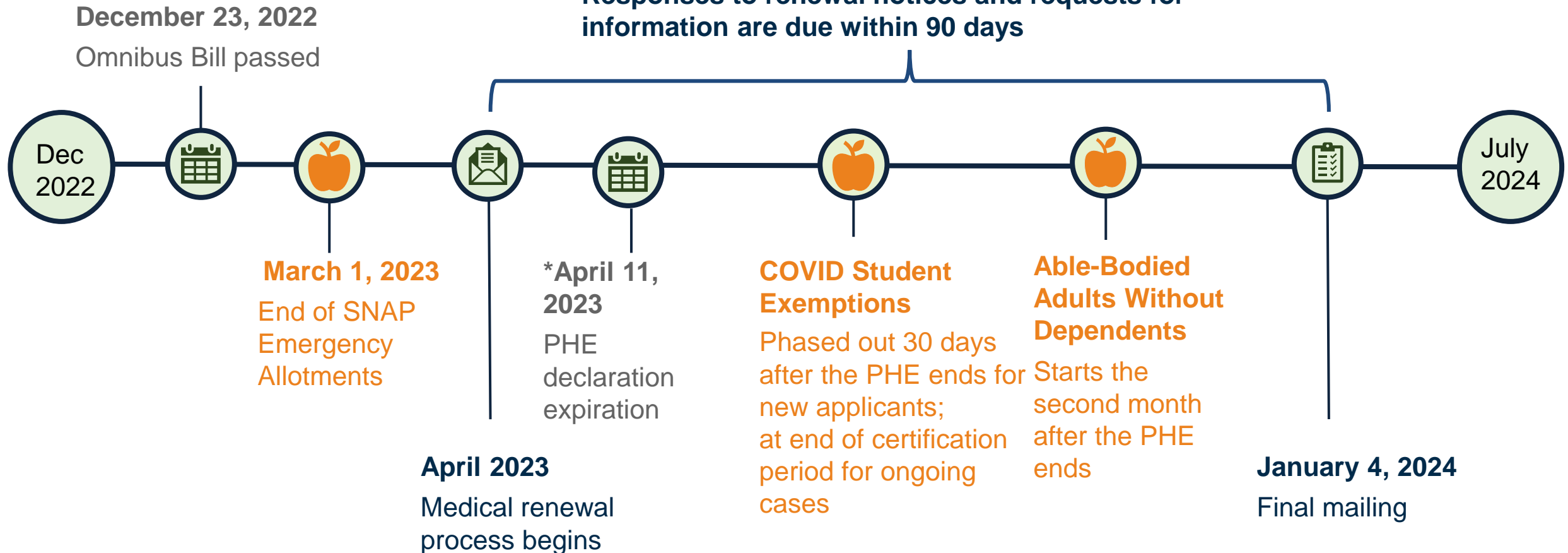
Planning underway

Risks and efforts to mitigate the impact to people in Oregon

*Nate Singer, Director of Oregon Eligibility Partnerships (OEP) at Oregon
Department of Human Services*

Timeline for major renewal activities

Mailings will occur in monthly batches. Notices will be mailed by population groups, not renewal dates. Responses to renewal notices and requests for information are due within 90 days



Challenges ahead

There is a large volume of work

- Multiple programs will begin renewal activities in Spring – Summer 2023 at the same time.
- There is already a backlog of tasks to process to serve current members, which will increase dramatically when renewals begin.

The redeterminations process outside of PHE conditions will be new for eligibility workers

- Integrated eligibility was launched at the start of the pandemic, meaning staff will be applying new rules at the same time they are managing substantially increased workloads.
- Lengthy call center wait times are likely as the volume of work increases.

Challenges ahead ...cont'd

Some people will undergo multiple transitions

- When a person receives multiple benefits such as OHP and food assistance, the renewal timeframes can be different and requires different information.
 - We are already receiving questions from individuals about the ending of emergency allotments for SNAP.
- People experiencing disabilities face additional steps in the renewal process that require direct interaction with eligibility staff. This is due to federal requirements for the eligibility category in which they qualify.

Challenges ahead...cont'd

New processes and requirements

- Staff must understand programs and support Oregonians through activities that neither have performed in the last 3 years.
- People who qualified for Medicare during the pandemic are eligible for a different set of benefits and have new requirements for the information they must submit.
- When a person loses eligibility for OHP, they cannot be automatically transferred to a Marketplace instead they are required to take additional actions to continue coverage.

Communication challenges

Barriers to communication

- Notices are mailed to the address on file – if information is out of date, they do not know that they will lose benefits if they do not respond
- We serve many populations that are historically hard to reach due to cultural and linguistic factors, or because of housing insecurity

Complicated messaging

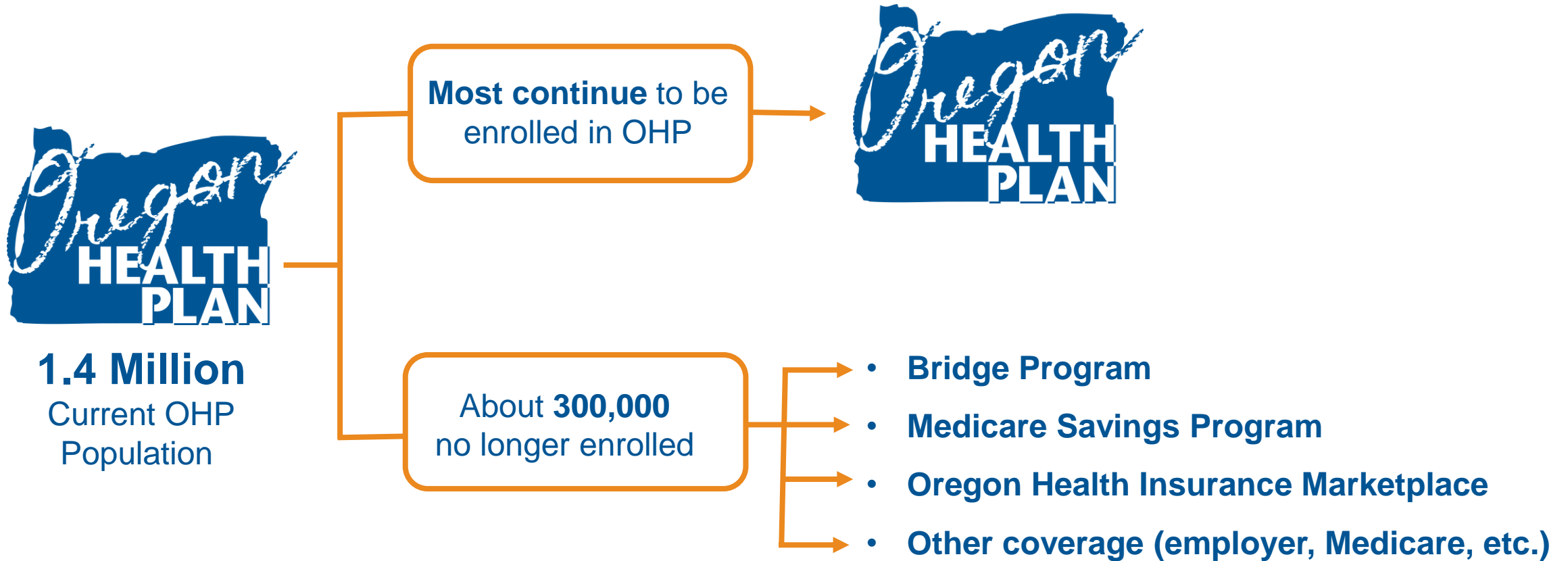
- The PHE protections have been in place for almost 3 years, and this change will likely cause confusion for members and service providers
- Phased renewals based on population may improve the chances of continuing coverage, but is challenging to communicate to the public

How we are preparing

Planning for the start of redeterminations

Dana Hittle, Interim Medicaid Director, Oregon Health Authority

How OHP members may be affected



HB 4035 requirements for medical renewals

- Implement an adjusted and phased renewal timeline
- Expand the ability to share data and collect contact information from external partners and recipients
- Launch the Community and Partner Work Group to develop a community-informed communications and outreach campaign
- Support the renewal process and transition to other forms of coverage for those no longer eligible for OHP through the Bridge Program
- Improve public transparency and partner coordination by reporting on progress once renewals begin

Community and Partner Work Group (HB 4035)

Advising OHA and ODHS on:



Strategies for **obtaining and updating contact information** for medical assistance program enrollees



Strategies for **outreach and communication** with enrollees in the medical assistance programs, health care providers, community partners and other organizations regarding the redetermination process and availability of navigator assistance



Strategies to **maximize awareness** of and utilization of **navigational assistance** for enrollees



Other strategies for conducting medical assistance program redeterminations to **minimize loss of** enrollees' medical assistance **coverage**

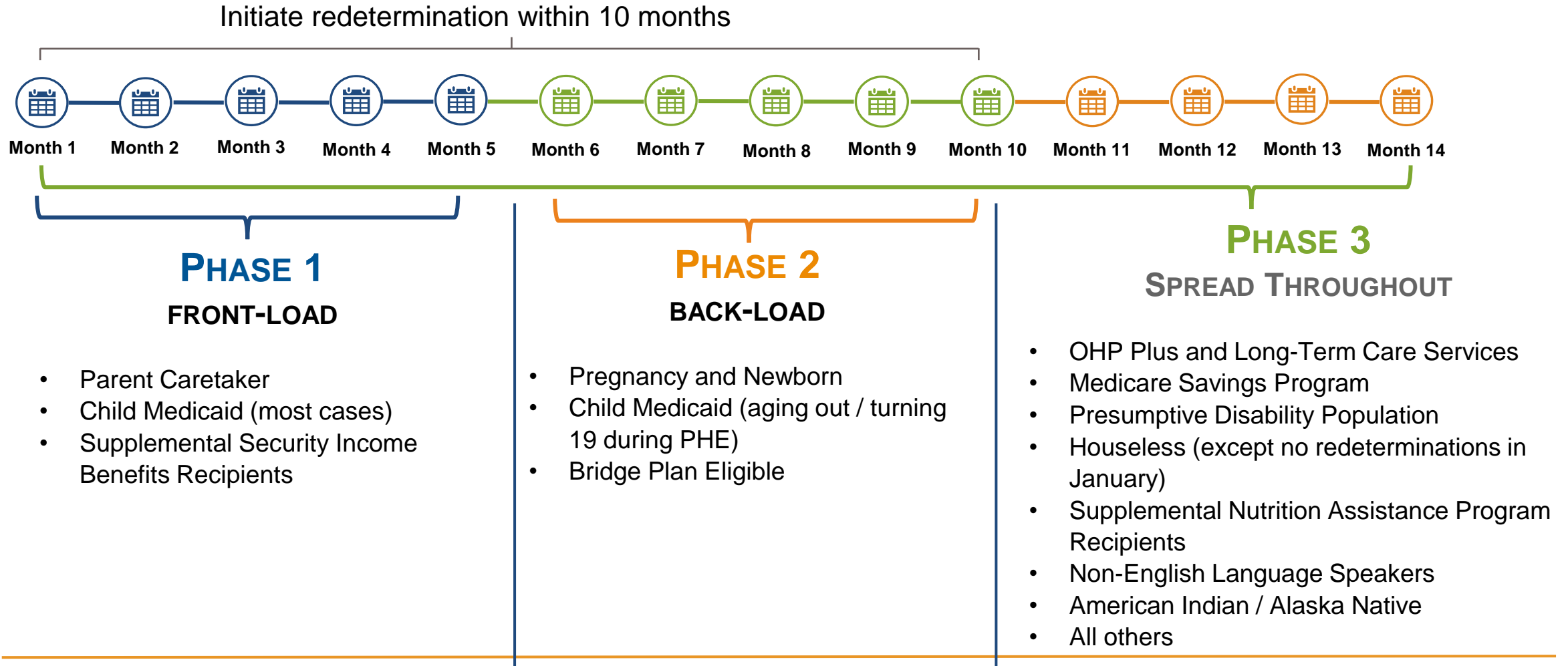


Strategies to **maximize the use of community-based organizations** and other organizations that contract with the authority to provide navigational assistance


What we are doing to prepare

- Secured additional customer service supports
 - Contracted with a supplemental call center to answer general questions, schedule interviews, and support eligibility applications
- Implemented ONE System changes
- Sought additional flexibilities to improve our work with partners
- Training staff and preparing them for upcoming changes
- Developing an online dashboard to monitor progress when renewals begin
- Sequencing the start date of renewals by population

Phasing of medical renewals



Communicating with members and recipients

	Before Continuous Eligibility Ends	Ending Notice	Renewal Period
	Spring 2022 – Jan. 2023	February 2023 – April 2023	April 2023 – May 2024
Calls to Action	<p>Encourage people receiving benefits to update their contact information.</p>	<ul style="list-style-type: none"> • Let people receiving benefits know what to expect and how to prepare. • Reinforce importance and urgency of updating contact information. 	<ul style="list-style-type: none"> • Let people receiving benefits know what they need to do to maintain coverage and benefits or seek other services. • Encourage people receiving benefits to respond to renewal notices right away.

A partner toolkit is now available online in 12 languages:
<https://www.oregon.gov/oha/PHE/Pages/partners.aspx>

What will happen when renewals begin

Members will be scheduled for renewal based on their population category

- This will set the date that they will receive a letter and be expected to respond to the request

They will have 90 days to respond with the requested information before the system will begin processing the termination due to non-response

Members and recipients will call customer service, contact their providers, local ODHS offices, or community partners for help

- They will experience high wait times and difficulty accessing the applicant portal due to the volume of demand
- They may reach out to legislators for information or help

How to help

- Communicate to members and recipients that it is critical to update their contact information with the state so they receive notices when they are mailed
- Disseminate information about where to go and how to find help:

www.oregon.gov/oha/PHE

Questions?