Oregon Health Plan Renewals

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Preparing for the COVID-19 Public Health Emergency wind down

Oregon's approach to medical redeterminations

Mitigating risks

Tracking progress and monitoring the customer service experience

Supporting partners and OHP members through renewals

Preparing for the COVID-19 Public Health Emergency wind down

Through the Public Health Emergency (PHE), people have stayed covered on Medicaid

Family First Coronavirus Response Act:

- 1. Allowed individuals to stay on Oregon Health Plan (OHP) during the federal public health emergency.
- 2. Made it easier for individuals to enroll.

What we know now:



The Federal COVID-19 PHE will end May 11, 2023.



Oregon began medical renewals for more than 1.4 million individuals who have OHP on April 1, 2023. Oregon **will have 14 months to complete renewals.**

The Goal: Preserve Benefits

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

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

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



How OHP Members May be Affected by the Unwind



Basic Health Program

Oregon's approach to medical renewals

Oregon began preparations a year ago

Oregon will conduct medical renewals for 1 in 3 people in Oregon during the PHE wind down. This is a historical level of work.

Some of the ways we have prepared for the PHE to wind down include:

- Establishing joint agency project to focus on benefits issued through the ONE Eligibility system.
- Developing operational readiness plans
- ONE Eligibility system customer service experience improvements
- Training for ODHS staff who conduct eligibility determinations.
- Contracting with Performance Health Technology
- Preparing our providers and community partners for changes
- Public outreach and engagement

Mitigating Risks

Risks and issues are closely monitored

Historically Low Accuracy of Member Contact Information

> Existing Call Center Wait Time is a Barrier

Confusion for Members and Service Providers

Communities that need more focused outreach, due to Cultural and Linguistic Factors and Housing Security Eligibility Staff who Lack Familiarity with Work Outside of PHE Conditions

> Competing Programmatic Changes to the ONE System

Lack of a State-Based Health Insurance Exchange for Navigating to Marketplace Health Plans

Limited Agency Workforce Capacity to Perform High Volume of Renewals

Unique Challenges Facing Seniors

This timeline illustrates key periods



Renewal Period - During this time the ONE system identifies everyone up for renewal in a given month and notices are sent to members informing them of their status and if further action is required.

60-Day Adverse Period - 30 days after the 2nd reminder is sent and there's still no response from the member is sent a notice of closure. The member will continue to receive benefits for an additional 60 days.

90-Day Reconsideration Period - If the member responds during the 60-day adverse period the renewal can proceed without benefit interruption. After the 60th day, benefits will end. The member will still have 90 days to respond and resume the renewal process. When the 90-day reconsideration period expires and new application must be submitted.

Renewal by Population to Maintain Access



April 2023 Medical Renewal Summary



RFI = Request For Information

Active Renewal = Renewal path where household is sent prepopulated renewal packet

Tracking progress and monitoring customer service

Medical Redeterminations Dashboard





Cases: The number of cases in which any individual will go through medical renewal between June 30, 2023 and March 31, 2024. Individuals: The number of individuals whose medical benefits will be renewed between June 30, 2023 and March 31, 2024. Not Started: The number of individuals whose medical benefits will be renewed but the renewal process has not started. Initiated: The number of individuals whose renewal is due in the next 3 months and the renewal process has not yet been completed. Complete: The number of individuals whose renewal process is complete. This means the individual is either approved or denied for medical benefits and eligibility is authorized.

ONE Customer Service Center Call Wait Times



Supporting partners and members

Outreach methods



Direct Outreach

Direct, targeted nudges by mail, phone, email, and ONE System Applicant Portal



Broad awareness campaigns

across paid, owned, earned,

and social media





Partner Outreach

Equipping partners to support outreach and amplify messages through their channels

Keep Covered Wave One Campaign Begins in May

English and Spanish early May; additional 12 languages by end of May. Partners can download and order printed copies online.



Poster and table tent

Flyer

Fact sheet

Connecting People with Resources



Visit <u>www.oregon.gov/covid-phe-partners</u> for COVID-19 PHE information and communication resources, including a toolkit for legislators.



Read the weekly Keep Covered newsletter for legislators, sent on Wednesdays.



Email PHE-Unwinding@odhsoha.oregon.gov with questions or to share feedback.

What's ahead

Upcoming Renewals & Periodic Reviews

April

- Over 75,000 cases passively renewed
- Over 130,000 individuals' renewals completed
- 46,894 individuals have Requests For Information
- Just over 8,000 individuals notified of termination of benefits
- 13,208 cases in active renewal

- Passive Renewal cycle started in May.
- Over 257,000 individuals between April and May have completed redeterminations.
- Over 84,000 individuals have Requests for Information or are in Active Renewal.



Thank you





