



HB 4035: Post-PHE Eligibility Redeterminations & the Basic Health Program

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Agenda

1. PHE Unwinding and HB 4035
2. Post-PHE Redeterminations Plan
3. Basic Health Program

PHE Unwinding & HB 4035

Throughout the pandemic, Oregonians have maintained Oregon Health Plan and other benefits, long-term services and supports, and additional food support.

Under the Family First Coronavirus Response Act:

- Oregonians have continuous coverage for Medicaid (OHP) and other medical benefits, long-term services and supports, and more food benefits for people enrolled in SNAP for the duration of the federal public health emergency (PHE).



When the PHE ends, **Oregon will have 14 months to redetermine eligibility** for all 1.4 million households who have received continuous coverage of benefits and supports during the PHE.



Oregon must **initiate the redetermination process** for each person receiving medical benefits, including long-term services & supports and Medicare Savings Programs **within 10 months** to allow enough time for the entire process to be completed by the end of the 14-month period.

Significant Changes Coming Beyond OHP

- Ending of Supplemental Nutrition Assistance Program (SNAP) temporary pandemic food programs
- Reinstatement of SNAP time limits for able-bodied adults without dependents
- Update to childcare eligibility (HB3073)
- Resuming SNAP periodic reviews and renewals
- Compact of Free Association (COFA) Dental
- Veteran Dental
- Changes related to capturing information about race, ethnicity, language, disability, sexual orientation, gender identity and expression
- Updates to federal reporting requirements



Timing

- The Public Health Emergency was officially extended for another 90 days on July 15, 2022.
- The Department of Health and Human Services (HHS) has **not** provided 60 days advance notice for the October 13, 2022, expiration date.
- Until official notice is given, we can assume the PHE is not ending in October.
 - The PHE will likely be extended until January 11, 2023.
- States will be given 60 days advance notice prior to the end of the PHE confirming that the expiration will occur on that date.

HB 4035 (2022)

Medicaid Redetermination Timing and Process

- **Community and Partner Workgroup** - advise Oregon's outreach, enrollment and communications strategy
- **Phased Approach by Population** - give people more time to complete process, smoother transitions to marketplace
- **Transparent Process with Regular Updates** – reports due May 2022 and March 2023

Creation of New Bridge Program for PHE Unwind & Beyond

- Ensure continuous coverage for people with incomes 138-200% FPL
- **Short-term Task Force** to develop new program – reports due September and December 2022



Post-PHE Redeterminations Plan

The Goal: Preserve Medical Benefits

1

Ensure all people and families eligible for benefits offered through the ONE system **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**



Phased Renewals by Population

Initiate the redetermination process for each person
receiving medical assistance within 10 months

Everyone must be renewed-
closed by Month 14

M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14
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Front-load redeterminations

Groups likely to remain eligible and need fewer interventions and verifications to maintain eligibility.



Back-load redeterminations

Groups that we want to provide maximum protections after the Public Health Emergency ends *and* people likely eligible for the new temporary Medicaid program.



Spread throughout the redetermination process

Groups that may need more support, either to remain enrolled in OHP or move to a different type of coverage.



- Practical considerations:
 - Months with fewer staff & agency and community resources (Nov, Dec, Jan)
 - Marketplace enrollment

ONE Customer Service Improvements

- ✓ **Rights & Responsibilities Recordings** Recordings people are required to hear when applying by phone have been shortened.
- ✓ **Application Checklist** Information to have when applying for benefits in English and Spanish at benefits.oregon.gov
- ✓ **Notice Location Guide** Information to assist with accessing eligibility notices from the ONE applicant portal in English and Spanish.
- ✓ **Customer Service Survey** People can opt into a survey after conclusion of call with ONE Customer Service Center staff. September 2022.
- Email Processing** New platform to enable email processing of applications and questions from people receiving benefits. Pilot in Fall 2022.
- Call Back Option** Callers on hold can opt to receive a call back when their place in line comes up. Fall 2022.
- Dedicated 800# in 16 languages** Callers greeted by message in their chosen language and immediately obtain an interpreter. September 2022.

System and process changes

Direct Courtesy Notice mailing to inform members how to report address changes


- Mailing scheduled to begin the week of September 26th
- Anticipate high volume of returned mail
- Performance Health (PH) Tech (contractor providing additional customer service support) will scan & match returned letters against enrollment data to create an outreach list for CCOs/Community Partners

CMS approved Oregon's request to partner with CCOs to gather contact info

- CCOs will support courtesy notice mailing by conducting outreach to Oregonians whose mail was returned to capture updated contact information
- OIS created *CCO/Case Mgmt. Organization Contact Information Update Tool* to support the collection of this updated information

Public Health Emergency Ending

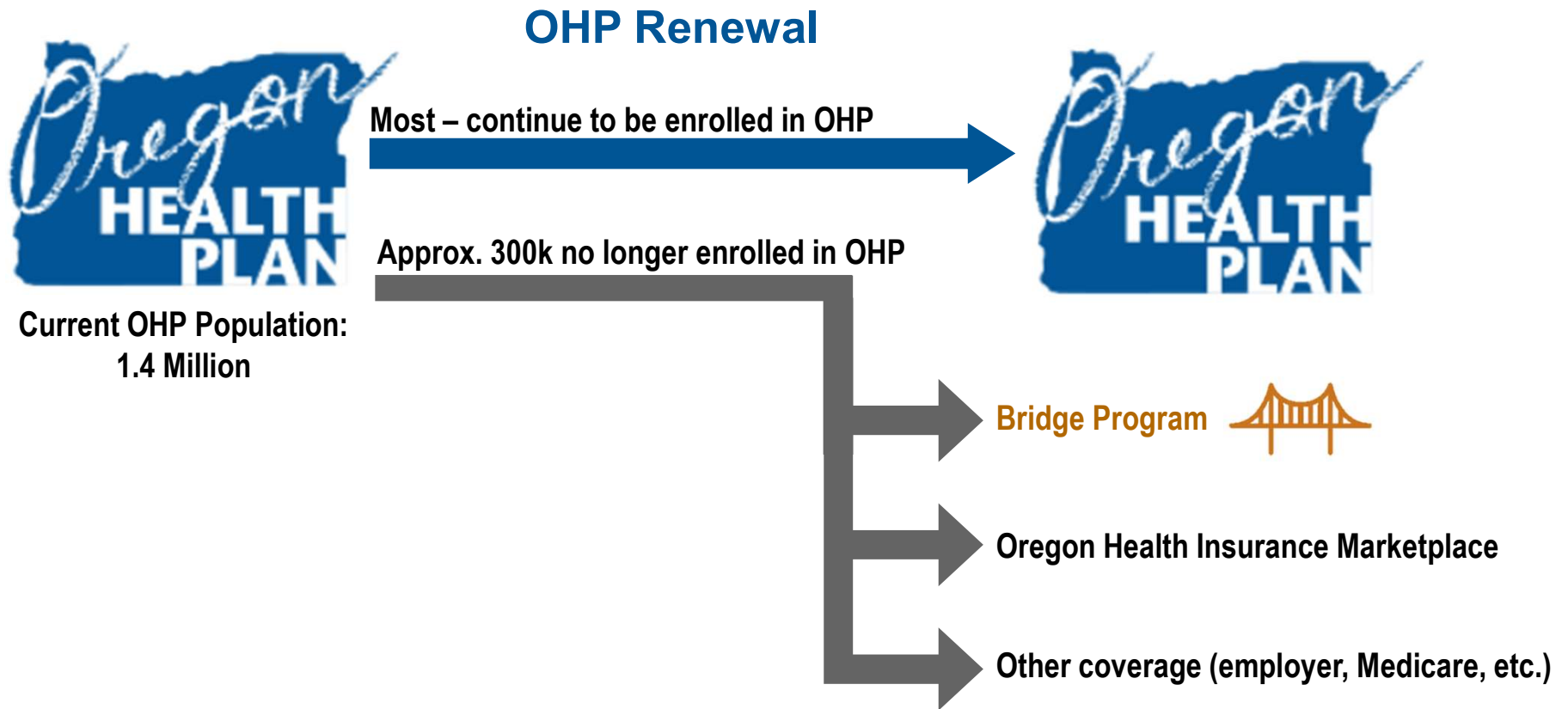
How we'll communicate by phase

	Pre-PHE Ending	PHE Ending Notice	Renewal Period
	Now through Nov. 2022	Nov. through Jan. 2023	Jan. 2023 through Feb. 2024
Objectives	Encourage people to update their contact, income and household information.	<ul style="list-style-type: none"> Let people know what to expect and how to prepare. Reinforce importance and urgency of updating their information. 	<ul style="list-style-type: none"> Encourage people to read their notices and quickly submit information to continue benefits. Let people who may experience benefit loss or reductions know about other resources.
Bedrock Strategies	<ul style="list-style-type: none"> Equip internal staff with scripts and supporting materials to use in every client interaction. Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes. Reach people through broad and targeted awareness campaigns, preferred channels, and trusted senders to meet them where they are with the information they need when they need it. 		<ul style="list-style-type: none"> Coordinate with the Marketplace to ensure people who lose OHP are supported in their transition to a private plan. Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.
	Solicit and use partner, benefit recipient and Community Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHE-unwinding efforts.		



Bridge Health Care Program

Creating paths to affordable coverage



HB 4035: Bridge Program vision

Adults with income 138-200% FPL
stay in their CCOs

Little-to-no costs for enrollees

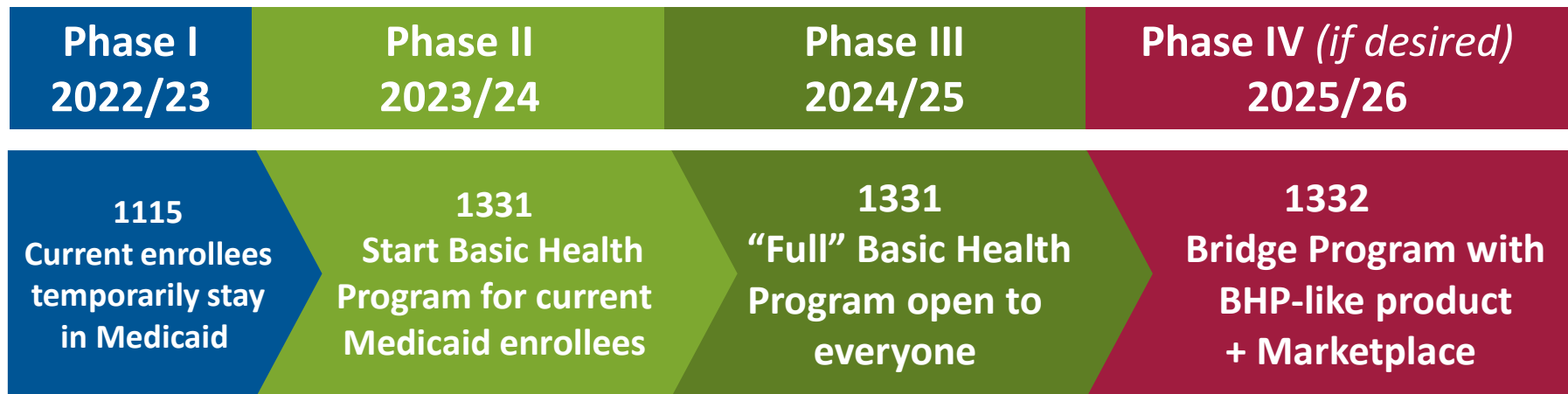
Plan covers
robust set of benefits

Provider reimbursement rates **at
or above OHP rates**

Choice between Basic Health
Program (BHP) and subsidized
Marketplace coverage



Viable pathway to a Bridge Program for individuals 138-200% of the federal poverty level



Update on program development

- Submitted Task Force HB 4035 interim report on development of a BHP and strategies to ensure market stability and limit coverage disruptions.
- OHA pursuing federal approval of an 1115 amendment (phase 1) to keep people 138-200% FPL covered by OHP until program launch.
- Proposing amendment to 1332 waiver to recoup federal savings from BHP and enable a state subsidy program for people who remain on QHPs.
- Working with CCOs and Marketplace carriers to develop and refine BHP proposal and accompanying strategies to ensure market stability.

Questions

