



Unwinding the COVID-19 Public Health Emergency

Medical Redeterminations Briefing

for the

House Committee on Behavioral Health and HealthCare

September 2023



Eligibility redeterminations for Oregon Health Plan and other Medicaid benefits

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

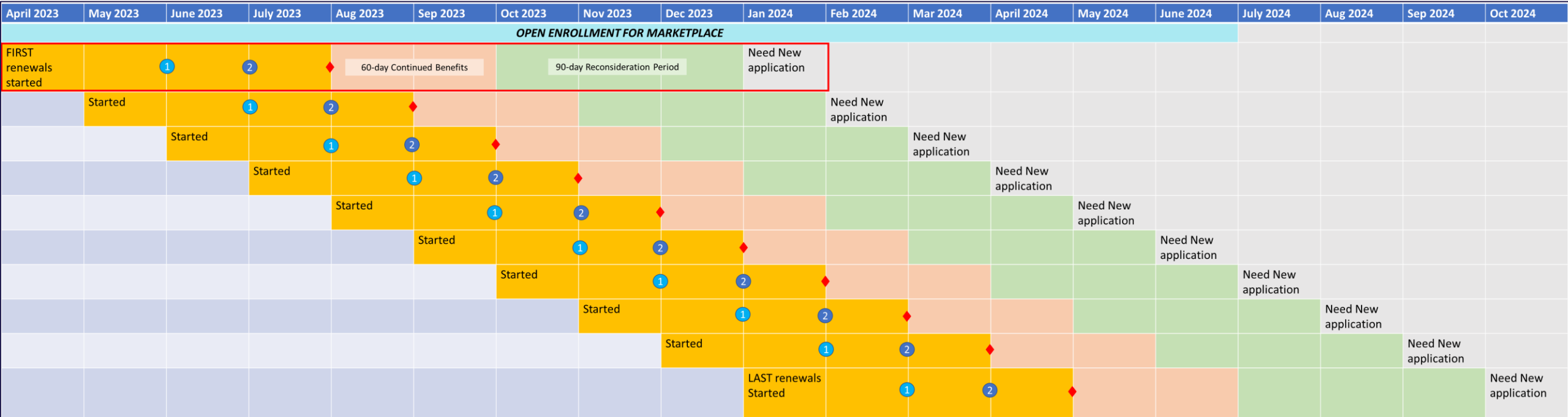
Give those **no longer eligible for benefits clear direction and coordination** of additional resources

3

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



Timeline of Renewals



Oregon decided to spread renewals out over 10 months, April – January

The last batch of renewals will be due April 30, 2024, with benefits closing June 30, 2024 if no response.

Key	
	Renewal period
1	FIRST REMINDER NOTICE
2	SECOND REMINDER NOTICE
◆	Renewal closed due to nonresponse
	60-day period of continued benefits
	90-day reconsideration period where member no longer has benefits, but would not need a NEW application
	Period where member will need NEW application if closed due to nonresponse

This timeline illustrates key periods for members who do not respond

1 1st Reminder Notice
2 2nd Reminder Notice

N Notice of Closure
C Renewal Closure

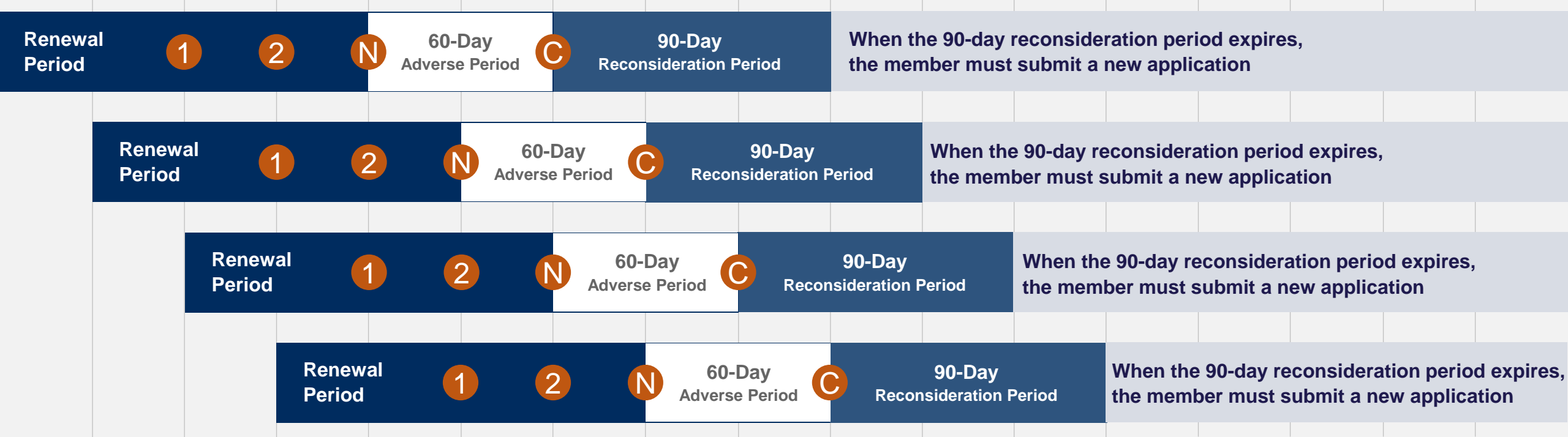
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Marketplace Unwinding Special Enrollment Period

Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
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Workload Impact
 Call volume • Local Offices • ONE Customer Service Center

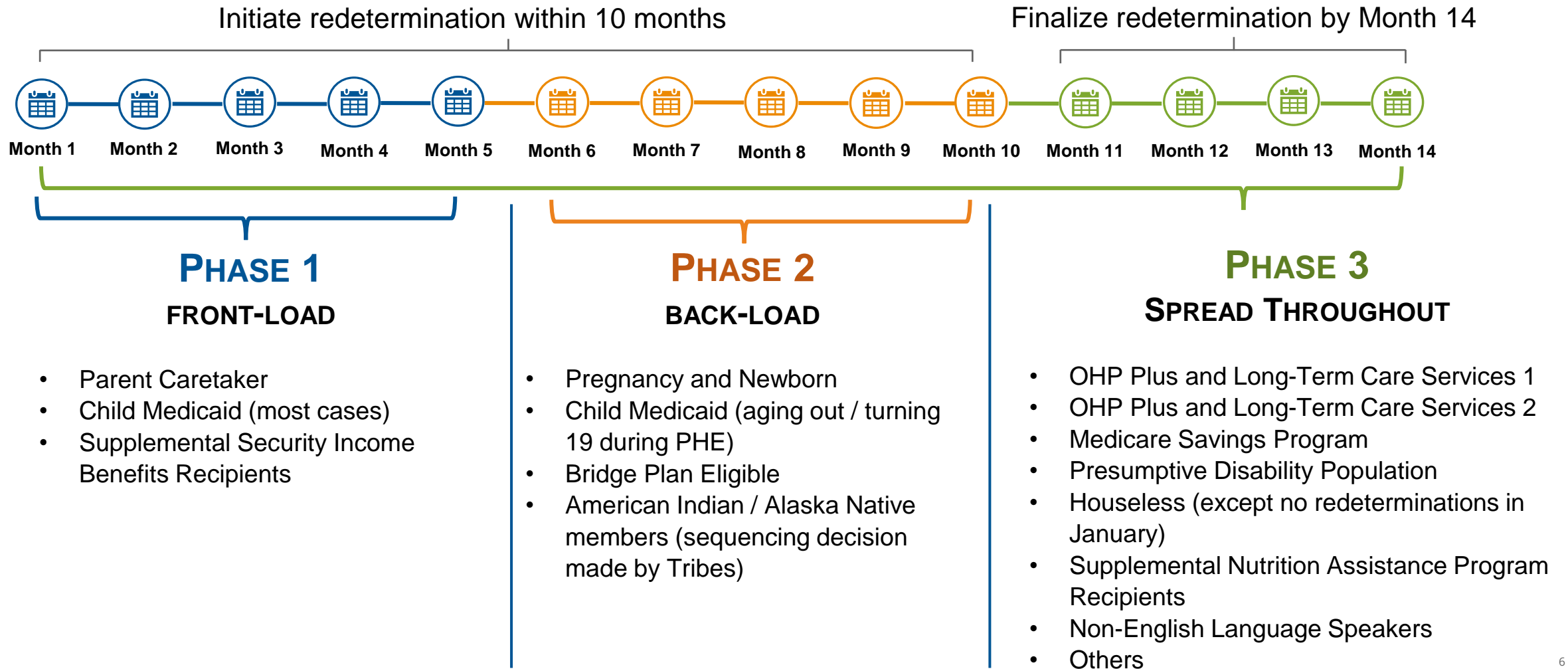


Renewal Period - During this time the ONE system identifies everyone up for renewal in a given month and notices are sent to members informing them of their status and if further action is required.

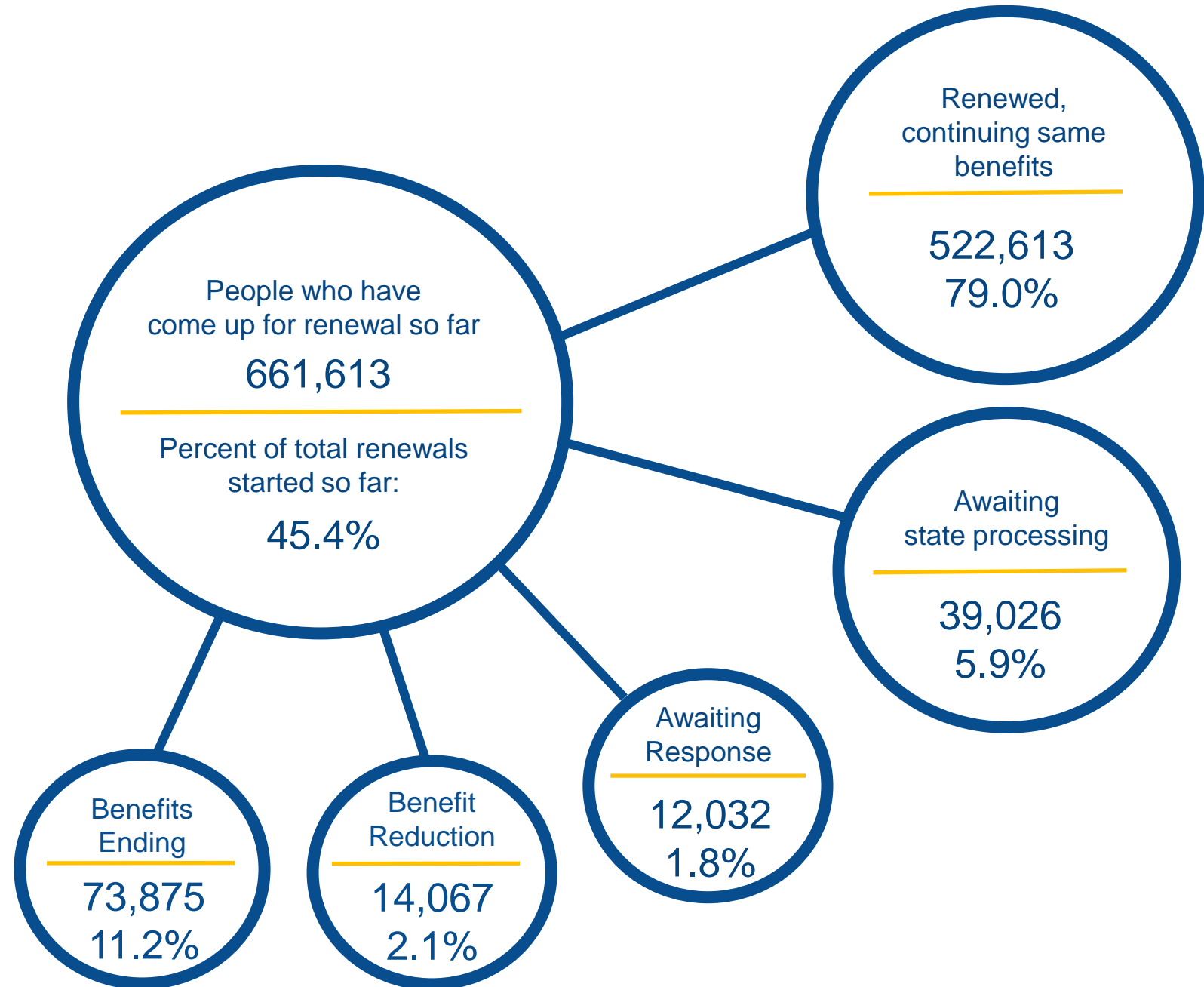
60-Day Adverse Period - 30 days after the 2nd reminder is sent and there's still no response from the member is sent a notice of closure. The member will continue to receive benefits for an additional 60 days.

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.

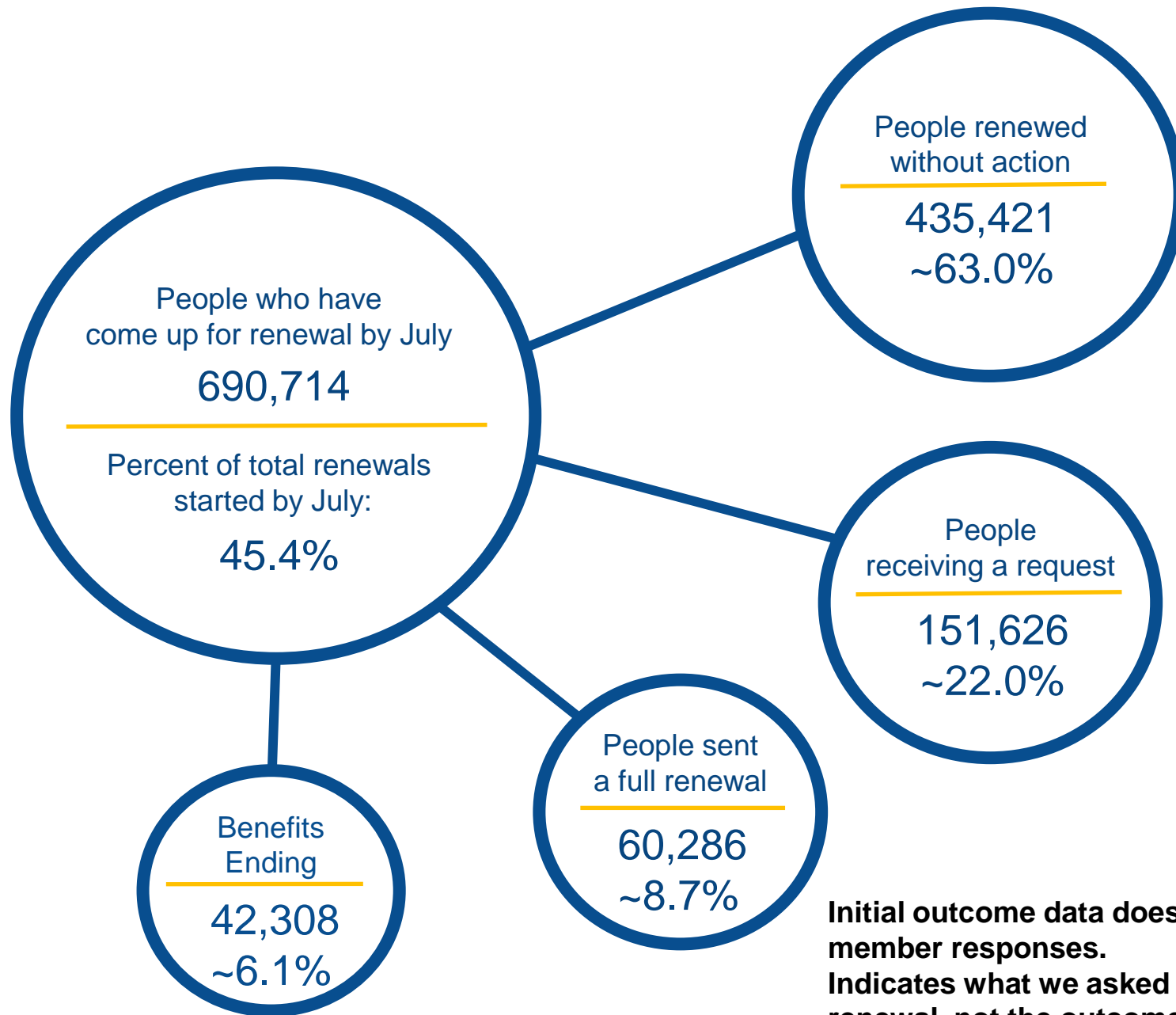
Renewal by Population to Maintain Access



2023 OHP Renewal Outcome Summary



2023 OHP Outgoing Renewal Summary (April-August)



Initial outcome data does not include member responses. Indicates what we asked of people during renewal, not the outcome in cases where a response was required.

ONE Customer Service Center

Recent customer service improvements

Redesign of Notices

- With community input and using Human-Centered Design Principles
- 70% higher customer satisfaction

Service Assistants

- For ONE Online applicants
- Uses Artificial Intelligence technologies
- Available 24/7
- Assists 40,000 applicants each month

Text Reminders

- Customized benefits sent about urgent matters affecting specific benefits
- People are 1.25 times more likely to attend appointments
- People are 1.7 times more likely to renew cases on time

Returned Mail & Address Updates

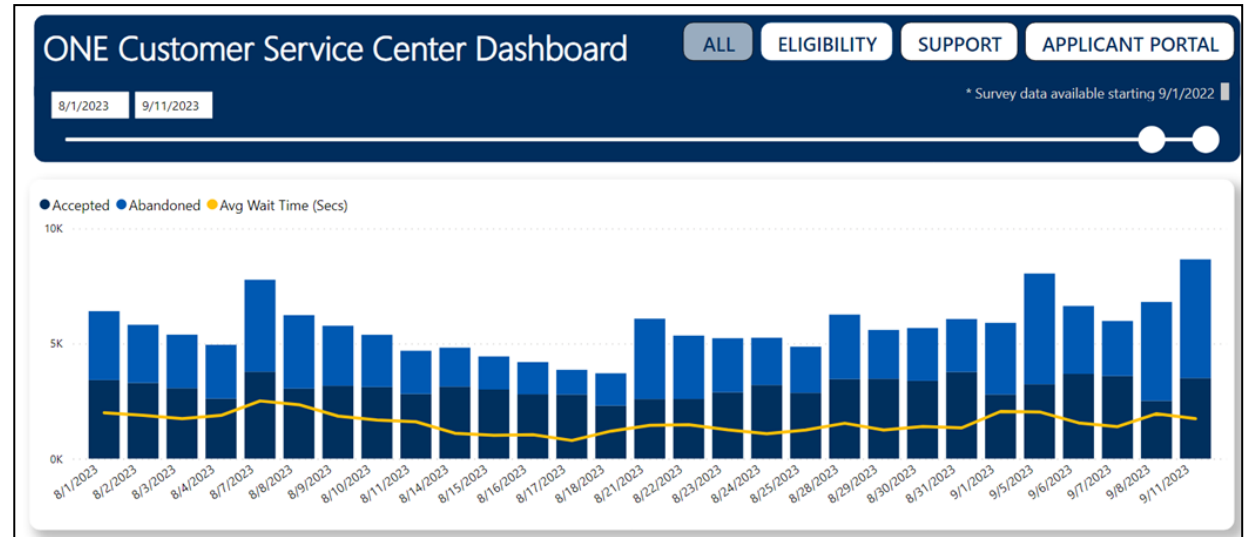
- Artificial Intelligence technologies used to process returned mail and contact people by text or email to ask for updates
- 60% increase in returned mail process capacity

Oregon ONE Mobile App

- Available in English and Spanish
- Allows people to manage their benefits and directly respond to inquiries from their mobile device

Historically high workloads keep wait times long

- ONE Customer Service Center dashboard being synched with new software platform; live data to resume soon
- Call volumes and wait times remain high, as projected
- We continue advising Oregonians to take action right away when receiving requests and use self-service options to respond, manage benefits



Other Updates & New Issues

Continuous Eligibility

- People get to keep their OHP for 2 years, even if circumstances like income change.
- Keeps people covered for 2 years even if they no longer meet eligibility rules; prevents multiple coverage changes.
- Young children keep coverage until 6th birthday.
- A few exceptions:
 - Moving out of state
 - Long-term Supports & Services
 - Provisional approval after application/renewal
- Applies after pandemic renewal and to new applications.

New Issue: Incorrect Notices

- ~19,000 OHP and Medicare Savings Program members received incorrect approval notices instead of termination notices in August.
- Most of these members had not responded to their request for information during renewal.
- An error occurred when we started the new continuous eligibility rules. Rather than issue termination letters to members who had not responded to requests for information, the system closed the requests and sent approval letters.
- Members received a letter saying they were approved for coverage with 2 years of continuous eligibility going forward.

Incorrect Notices: Our Response

- All affected members will keep their medical benefits through the end of the year
- A contracted call center from Deloitte is reaching out to affected members explaining what happened, and what information is needed to keep their coverage
- ~18,000 of these members will receive an extended window to provide the information. This was sent on September 17, 2023.
 - If these members do not respond before mid-October, they will receive notices that their coverage is ending at the end of the year (December 31, 2023).
 - Members can still provide the requested information **by the end of the year to prevent closure.**
 - Members can reopen their coverage **up to 90 days after closure.**
- The remaining ~1000 members were found ineligible for various reasons, and will receive the notice in October that their benefits will end at the end of the year, but not the request for information.
- FAQ/script provided to support partners, CCOs, and staff with communications around this process.

Where to refer for information, help

OHA and ODHS are collaborating with partners to support members throughout the PHE unwinding.

Oregonians can find information and help:

- **Keep Covered Webpage:** KeepCovered.Oregon.gov helps people learn what to do now and when they get their renewal letters, including all the ways they can update contact information or submit documents
- **Community partners** who provide medical assistance can help people navigate the renewals process. Find local help at oregonhealthcare.gov/gethelp
- Oregon Health Insurance **Marketplace Window Shopping Tool** helps people who lose OHP find other health coverage: OregonHealthCare.gov/WindowShop
- Finding details on how to find an **ODHS or Type B AAA office** or how to **apply online** or **over the phone** can be found at: benefits.oregon.gov;



Seeking and acting on feedback

We invite questions, comments and concerns about the end of the COVID-19 Public Health Emergency.

Our goal is to funnel all feedback to a single location where we can **prioritize and resolve urgent equity issues** while also tracking trends to enact changes across state systems.

Partners can share feedback with us at:

feedback@odhsoha.oregon.gov

Or directly through our [Feedback Webform](#)

