

November 6, 2023

House Committee on Behavioral Health and Health Care
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Dear Members:

This letter provides an update on Oregon's progress with medical redeterminations following the end of the federal COVID-19 Public Health Emergency.

If you have questions, please contact Vivian Levy, interim State Medicaid Director at vivian.levy@oha.oregon.gov.

Overview

Oregon is over halfway through medical redeterminations for more than 1.5 million members with Oregon Health Plan (OHP) and other medical benefits. As of Oct. 19, 2023:

- 668,265 people (82.5%) were renewed and kept their benefits.
- 111,998 people (13.8%) were found ineligible and received 60-day notices of termination. Losses of coverage began at the end of June.
- 25,714 people (3.2%) had a reduction in their benefits. Most of these members lost full OHP, but were able to continue our Medicare Savings Programs that help pay their Medicare costs.

In October, ODHS/OHA SENT renewal letters to an additional 137,032 people.

- 65.4 percent were renewed without any action needed.
- 19.4 percent were asked to provide some information to renew. The most common requests are for income-related proof, like paystubs, or forms of identification, like a government identification or birth certificate.
- 11.9 percent were asked to fill out a renewal form.
- 3.4 percent had previously reported that they no longer met income limits or other requirements, so received a notice that their benefits will be ending in 60 days.

Oregon Department of Human Services (ODHS) also recategorized some renewals in the [Medical Redeterminations Dashboard](#). People who renewed but still need to submit some information were previously categorized as completed renewals with continuing benefits. These renewals now appear as initiated renewals awaiting member response. With this change, ODHS/OHA renewal data now focuses only on completed renewals.

This allows for state-by-state comparisons, which now [show Oregon has the fourth-highest renewal rate in the nation](#).

ODHS and Oregon Health Authority (OHA) are watching renewal rates closely. ODHS/OHA began the renewal process with people most likely to keep their benefits after renewal. Now ODHS/OHA is initiating renewals for people less likely to remain eligible after renewal. This may result in decreased renewal rates moving forward.

As of October 1, 10,950 people kept OHP via the “Temporary Medicaid Expansion,” which lets people likely to qualify for the upcoming Basic Health Program keep their OHP until July 2024. The Basic Health Program expands OHP’s income limits for adults without other coverage.

Issue resolution

ODHS and OHA continue to explore and respond to issues as they emerge. These issues and responses are summarized below.

Incorrect approval notices

In August, at least 11,700 OHP and Medicare Savings Program members had not responded to their request for information during renewal. The system should have sent these members close notices due to non-response. Instead, the system sent letters approving coverage with two years of continuous eligibility going forward.

- September 18, ODHS/OHA mailed affected members letters asking them to respond to their RFI by Oct. 18, 2023. If members do not respond by this date, they will receive notices that their coverage is ending Dec. 31, 2023.
- In October, Deloitte’s P-EBT Call Center completed outreach to affected members about what happened and what to do to keep their coverage. Members can still provide the requested information by the end of the year to prevent closure. Members should also report any changes, such as income, before the end of the year in case the change qualifies them to keep their OHP.
- If their benefits close, members can still provide the requested information up to 90 days after closure to have their coverage restored without a new application.

Members who do not provide the requested information will need to look for other coverage starting January 2024.

Mitigation plan for automated renewals process

In Oregon, when ODHS/OHA cannot automate renewals for the entire household using available information, the household must complete and return an active renewal form.

If this form was not returned, everyone in the household, including those who could have been found eligible through automated renewal, had their benefits end due to non-response.

In August, the Centers for Medicare & Medicaid Services (CMS) required states using such a process (also known as passive or ex parte renewals) to submit a mitigation plan and correct their processes to protect benefit coverage for those who should have gone through the automated renewal process. As part of Oregon's mitigation plan, ODHS/OHA are:

- Restoring benefits for 2,268 members whose benefits ended Sept. 30, 2023.
- Pausing closure for households with members who would otherwise lose coverage at the end of October.
- Notifying affected members that their benefits are continuing.
- Meeting with CMS to finalize Oregon's mitigation plan and next steps.
- Scoping work and timeline for full system changes to correct the automated renewal process.

In the meantime, the ONE Eligibility System can no longer close cases due to non-response to an active renewal.

Oregon Supplemental Income Program benefit reinstatement

Oregon Supplemental Income Program – Medical (OSIPM) is a Medicaid program that provides medical coverage to eligible Oregonians who are legally blind, have a physical or developmental disability, and/or are 65 or older. OSIPM limits resources to qualify for the program, though some resources do not count, like the home a person lives in. People who are eligible for OSIPM can lose their OSIPM coverage for being over income or resource limits, among other reasons. To support the estimated 20,000 people who could potentially have closed or reduced OSIPM benefits due to excess income or resources, ODHS/OHA are:

- Pausing OSIPM benefit closures and redeterminations for those found over income or resource limits.
- Restoring coverage for people who lost OSIPM benefits for being over income or resource limits since the redetermination process began.
- Encouraging people to connect with their case workers to update their contact information as well as their income and resource amounts.
- Updating notices of eligibility to provide more specific information for individuals to help them make an informed decision.

Once the notices are updated, ODHS/OHA will resume redeterminations for these people, including those previously found over income and resource limits.

These steps give people another opportunity to update their information and ask questions about how they can retain their eligibility. After a second eligibility review, OSIPM benefits may still end for being over income or resource limits.

ONE Customer Service Center wait times

On top of the medical renewal workload from the PHE wind-down, people continue to apply for medical, food, cash and child care assistance in record numbers. Medicare and Oregon Health Insurance Marketplace open enrollment periods also drive more questions. ONE Customer Service Center call wait times for eligibility help — publicly available on this [dashboard](#) — are already high. ODHS expects elevated call volumes and wait times to continue due to open enrollment.

ODHS is adopting an all-team approach during these critical upcoming months. The approach:

- Is based on a temporary plan to minimize the impact of new and upcoming events on phone wait times, deliver benefits accurately and on time, and align agency business functions to achieve these goals.
- Includes making as many staff as possible accessible to people during these next few months. ODHS will ask managers to take a close look at what each staff member is doing and to shift workers to phones or application processing wherever possible. ODHS has implemented daily reporting on staff availability. A team is currently analyzing that data and developing a plan with action steps to improve call wait times and customer service.

ODHS executives will meet weekly to address support function needs and develop a business support function dashboard to share solutions and progress toward them.

ODHS is messaging that ONE Customer Service Center wait times are high and encouraging people to consider all the ways they can connect with staff about medical, food, cash and child care benefits. Information about options is available at benefits.oregon.gov, including a downloadable flyer in [English](#) and [Spanish](#).