
OHA Innovator Agent Update

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Innovator Agent

Serving IHN CCO and Yamhill CCO

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The logo for the Oregon Health Authority. The word "Oregon" is in orange, "Health" is in blue, and "Authority" is in orange. The "H" in "Health" is large and blue, with a horizontal line extending from its base under "Health" and "Authority".

Oregon
Health
Authority

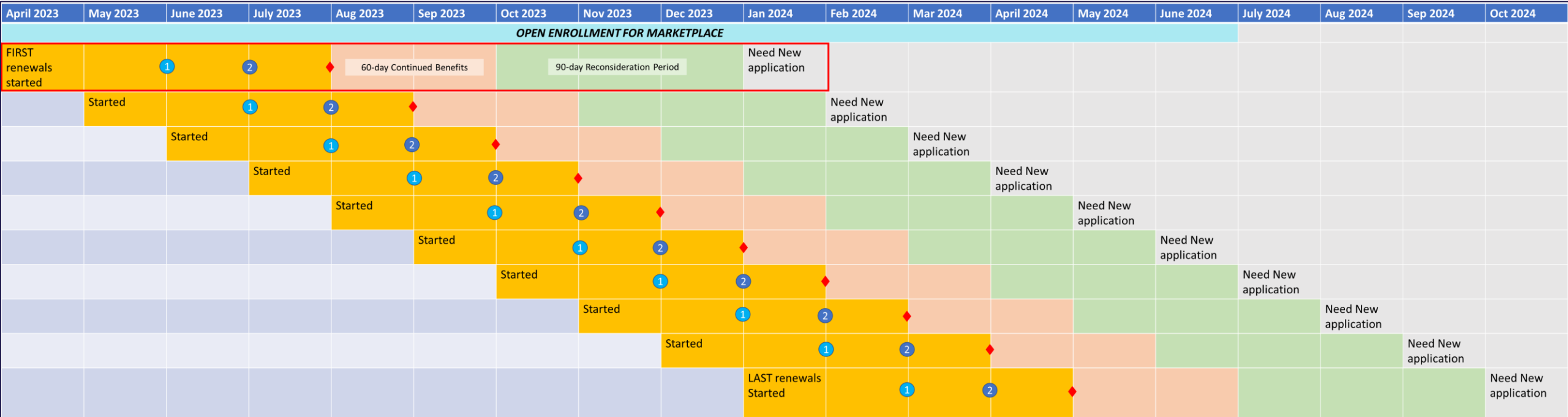


COVID-19 Public Health Emergency (PHE) Unwinding



Operational Timeline

Timeline of Renewals



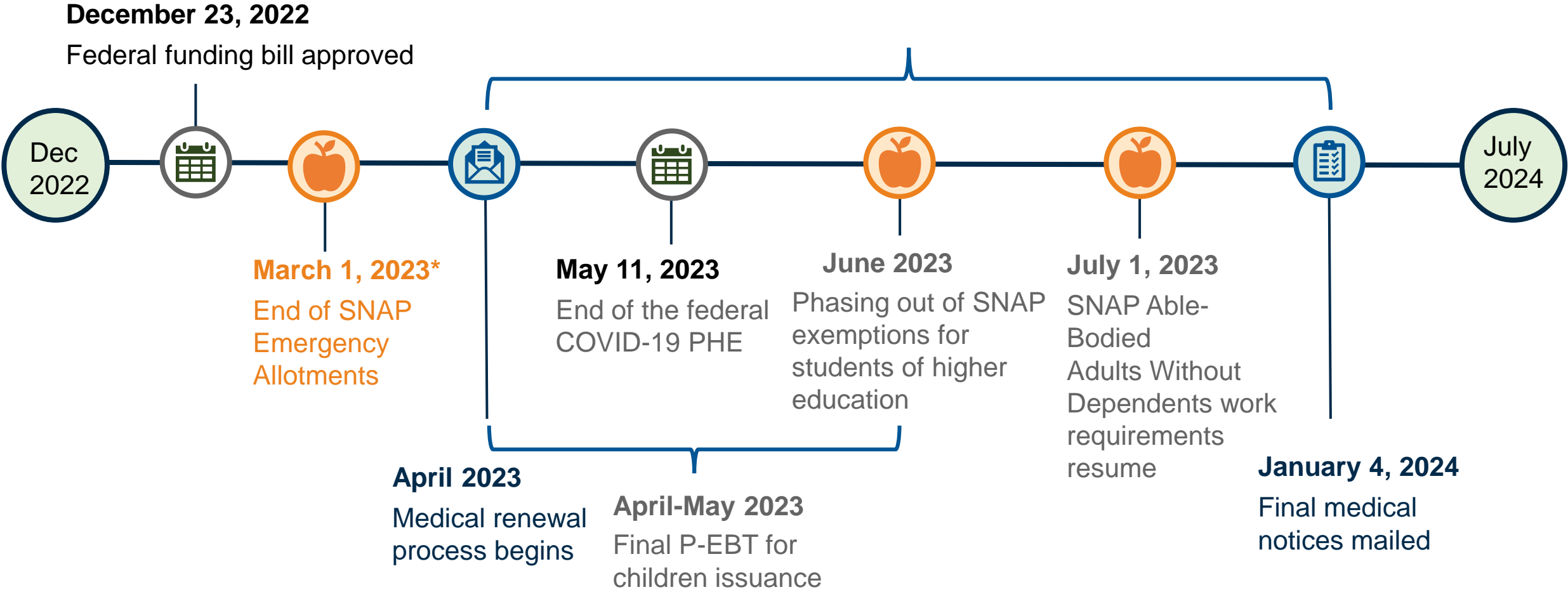
Oregon decided to spread renewals out over 10 months, April – January

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

| Key | |
|-----|---|
| | Renewal period |
| | FIRST REMINDER NOTICE |
| | 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 |

Unwinding Timeline

Medical notice mailings go out monthly. Responses to renewal notices and requests for information are due within 90 days.



Sequencing of Renewals

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



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.



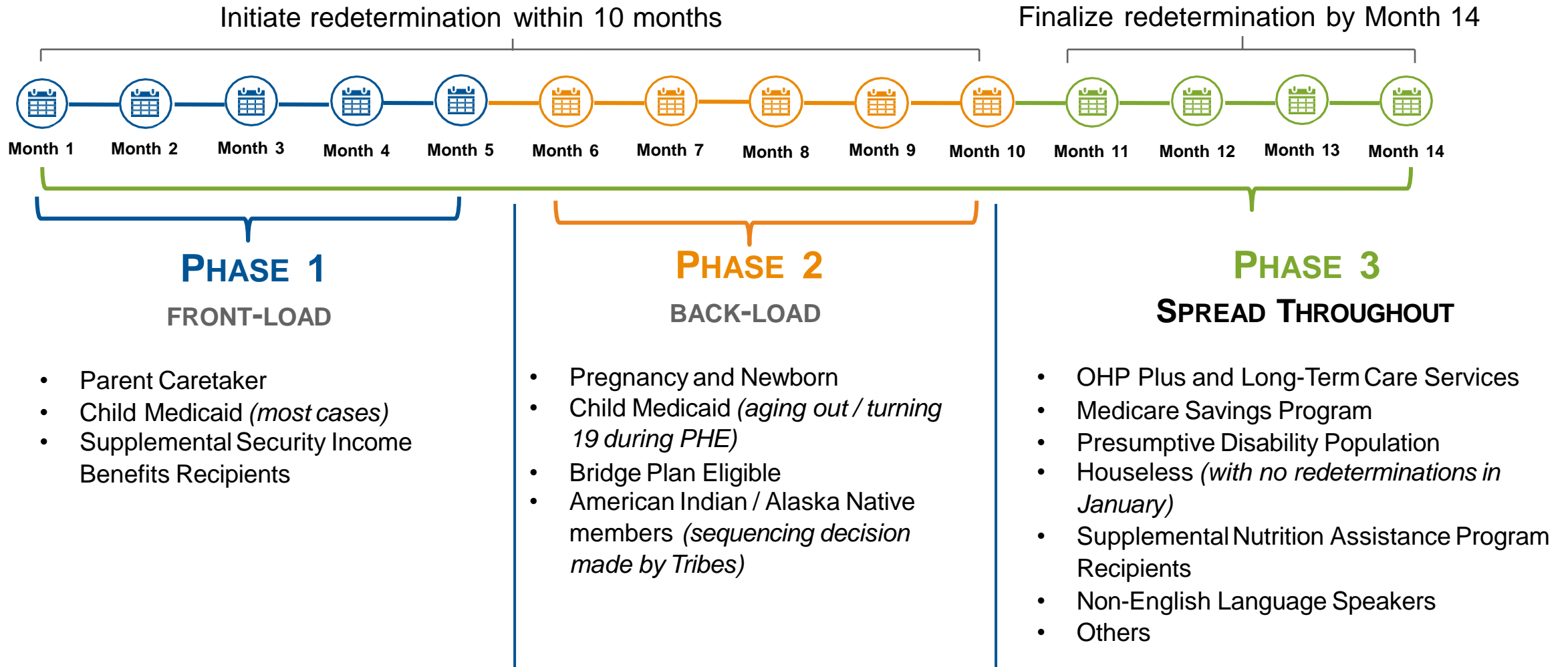
Spread throughout the redetermination process

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

Summary of Recommendations for Renewal Approaches to Maintain Access



ONE Notices Guides

Resource: ONE Notices Guides

Overview: ONE Notices Guides outline the general sections and content of different types of notices. Partners can use these guides to help people receiving benefits understand what to expect and how to navigate the renewal process. Access the tools [here](#).

Sample Page

The cover page summarizes people's current benefit status and outlines any actions they need to take.

The sample notice page includes the following elements:

- Header:** ONE Customer Service Center, PO Box 14015, Salem, OR 97309. Date: <<Date of Letter>>, Your Case ID: <<CaseID>>.
- Logos:** Oregon Department of Human Services and Oregon Health Plan.
- Recipient Information:** <<Recipient Name>>, <<Street Address>>, <<City, State>>>> <<Zip>>.
- Call to Action Boxes:** Two boxes labeled <<Calls to Action>>. One is orange (warning) and the other is green (success).
- Notice Name:** <Notice Name>.
- What you need to do:** A section with three steps:
 - <<1st Main thing the member should know about>>
 - See your next steps to use and keep your health care coverage.
 - Report changes in your household so we can best serve you.
- Body Text:** Hello << Case Name>>. <The medical benefits on your case are renewed and they will continue. You also need to check the Household Medical Case Summary we sent with this letter. The Case Summary shows the information we have on your case. You need to check the information on the summary and tell us if anything has changed. If it is right, you do not need to do anything else with the Case Summary.>

Callouts from the right side of the image point to these elements:

- The QR code in the upper left corner is for the state to track returned mail.
- Areas marked in double brackets << >> will vary based on people's household information (e.g., name, address, Case ID number) and what they need to do.
- Each notice has a "call to action" box that shows the purpose of the notice. The text in the box will vary based on the person's situation and what the state needs from them. The color around the box will vary based on whether people's benefits were successfully renewed (green) or partially renewed, denied, or closed (orange).
- The "What You Need To Do" section provides an overview of what people need to do and by when. It may also direct people to other parts of the notice to find information they need. This text will vary based on the type of notice.

Information specific to people

Single (< >) and double brackets (<< >>) throughout indicate areas that include people's unique information, like their name, address, Case ID number, and actions they need to take.

Detailed page notes

Paragraphs to the right of the notice image highlight specific elements or sections of each page.

Title and page summary

Descriptions to the left of the notice image summarize the information included on each page.

Basic Health Plan

CMS Updates

- **Temporary Medicaid Expansion**
 - Amendment was approved 4/20/23!
- **Basic Health Program**
 - CMS recently decided they cannot authorize a BHP launch that limits enrollment to those already enrolled in OHP
 - BHP implementation must allow for all eligible individuals to enroll in the BHP at launch
 - Currently working with CMS and Treasury to finalize details for mid-2024 launch that minimizes disruption to individuals in the marketplace

Mid-2024 Implementation Plan for OHP and Uninsured

When the BHP launches in 2024, **eligible individuals** who are currently:

- **OHP enrollees** will transition to the BHP
- **Uninsured** may enroll in the BHP through the federally facilitated marketplace (FFM) or ONE System



Mid-2024 implementation plan for Marketplace enrollees

When the BHP launches in 2024, **eligible individuals** who are currently **Marketplace enrollees** may enroll in the BHP through the FFM or ONE System.

- BHP-eligible Marketplace enrollees will NOT be automatically migrated to the BHP
- To enroll in the BHP, Marketplace enrollees must update their FFM application or apply to the BHP via the ONE System.
- BHP-eligible individuals who update their FFM application or apply for coverage through the ONE System will no longer be eligible for tax credits to purchase coverage on the Marketplace.
- Because Marketplace enrollees may auto-re-enroll in their plans, migration of BHP-eligible marketplace enrollees will happen over time from launch through December 2026

Feedback Team

Share your feedback with us!

Share your questions, comments and concerns about the end of the COVID-19 Public Health Emergency. We will use your feedback to help improve our services.

We value your input and partnership!

Submit your feedback to:

feedback@odhsoha.oregon.gov



OHP 1115 Medicaid Waiver Update

Questions



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