OHP 1115 Medicaid Waiver 2022-2027 Update

May 3, 2023



Welcome!

Please keep yourself muted until called



This Session is being Recorded



 You can also email your input at any time to 1115waiver.renewal@odhsoha.oregon.gov



Virtual Meeting Practices

- You may notice staff doing the following:
- Giving Visual Descriptions of our appearances onscreen
- Stating our names each time we speak
- Pausing for close captioning
- Explaining acronyms the first time they are used



Today's Topics

- Health Equity and Community Engagement
- Overview of OHP and Medicaid in Oregon: How to get and keep benefits
- Special rules during the COVID-19 Public Health Emergency unwinding
- Continuous eligibility overview and timeline
- Feedback and Questions



Health Equity Goal

 Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.



Health Equity Goal

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.



OHA's Commitment to Community Engagement

 We acknowledge the State of Oregon (and its systems) has perpetuated institutional, systemic, and structural barriers that have silenced the voices of communities over time.

 We recognize community-engaged health improvement is a longterm and adapting process. OHA is committed to meaningful engagement with communities via traditional and emerging mechanisms for community engagement.



OHA's Commitment to Community Engagement

 We are committed to transparency. Information will be openly and honestly shared so everyone has the benefit of the same information.

 We welcome feedback about how to make Community Engagement more inclusive and accessible.



Oregon Health Plan

Getting, using and keeping coverage

What is the Oregon Health Plan?

Medicaid

Medicaid is the nation's public health insurance program for families. In Oregon we call it the Oregon Health Plan (OHP).

Oregon Health Plan

The Oregon Health Plan (OHP) is free health coverage available to individuals—children, teens, and adults—who live in Oregon and meet income and other criteria. You can apply for OHP at any time during the year.



Medicare

- Medicare is the federal health insurance program for:
 - People who are 65 or older
 - Certain younger people with disabilities
 - People with permanent kidney failure requiring dialysis or a transplant
- You can have Medicaid and Medicare at the same time.
 - Some people will qualify for "full" OHP on top of Medicare
 - Medicaid also runs Medicare Savings Programs to help pay Medicare costs.
 - About 7.7% of Oregon Medicaid members also have Medicare



How people qualify for OHP

Some of the rules considered for different OHP programs include

- Oregon residency (must live in Oregon)
- Household size and income
- Citizenship and/or immigration status
- Age
- Pregnancy
- Other major health coverage
- Disability, Medicare eligibility, and refugee status
- Resource test (may require an interview)



OHP – what it covers

OHP provides full Medical, Dental, and Behavioral Health coverage, and more!

- Medical Care
 - Check ups, shots, tests & procedures
 - Urgent care, emergency care, hospital stays
 - Physical, occupational and speech therapy
- Dental care such as cleanings, fluoride, fillings and extractions
- Vision care for children through age 21 and pregnant women
- Prescriptions
- Behavioral health services
 - Mental health care such as therapy, counseling, or medication management
 - Help with addiction to cigarettes, alcohol and drugs
- Rides to health care appointments
- Emergency care: Adults between 27 and 54 who do not meet immigration status requirements can get emergency coverage called CWM.





Getting OHP

Online using the ONE Applicant Portal (ONE.oregon.gov)

- For Certified Assisters and the public
- Often the quickest, easiest way to apply

Paper or PDF: OHP 7210 (print or fill out electronically)

Phone: 1-800-699-9075

Local ODHS Offices across Oregon

Assisters: Find one at oregonhealthcare.gov/gethelp



Keeping OHP

- Reporting changes
- Responding to notices requesting more information
- Responding to renewal notices

Examples of changes to report:

- Change in income
- A change in mailing address or residence
- A change of legal name for anyone receiving OHP
- For anyone in the household, getting, losing, or changing other health coverage
- Changes in household, including becoming pregnant, when a pregnancy ends (including a birth), death, or if someone moves in or out
- Changes in tax filing status or who is claimed as a tax dependent
- A motor vehicle accident or claim for a personal injury



How to report changes

Changes need to be reported within 10 days by one of the following ways:

- Online using the ONE Applicant Portal at ONE.Oregon.gov
- ONE Customer Service Center: 1-800-699-9075
- Find a local office at <u>Benefits.Oregon.gov</u>
- Connecting with a Certified Assister oregonhealthcare.gov/gethelp





COVID-19 Public Health Emergency

Special rules and changes

OHP during the COVID-19 Emergency Period

- Between March 2020 and March 2023 it was easier to maintain medical benefits due to a public emergency period
 - Benefits did not close during the emergency period for most members; even if income rose above the limits or started Medicare, people kept OHP.
 - More people could get instant coverage if they qualified, without steps like submitting copies of paystubs
- Additional flexibilities in coverage and new benefits were added in response to COVID-19 prevention, vaccination, and treatment.



Unwinding Process & Auto Renewals

The Medicaid special rules expired in April 2023

- By mid 2024, we need to check if all ~1.5 million members are still eligible.
- Oregon is required to spread out renewals across at least 10 months
- We call this process of returning to normal rules "unwinding"
- "Auto renewal" process: automated attempt to verify information we have on file. We expect to renew a majority of cases without action from the member.
 - If still eligible: members notified benefits have been renewed.
 - If no longer eligible: notified of end date at least 60 days in advance.
 - If we can't "auto renew:" member response needed within 90 days



Renewals: Action Required

Members will receive a letter telling them what if any action is needed:

- Requests can take a few forms, including:
 - Requests for information
 - Full renewal
 - Interview (only for certain programs)
- Members get 90 days to respond to a renewal. It is possible multiple response steps will be triggered.
- For returned addresses (~10%): If a still-eligible member missed their **active** renewal letter, up to 90 days after the end date, we can reopen the case.



Unwinding Timeline

April 2023

First medical renewal batch. Letters sent midmonth.

Medical renewals will occur in monthly batches between April 2023 and January 2024. This timeline focuses on closure dates for the April wave of renewals. Remember most members will continue to be eligible.



June 30

 First closures for households that renew automatically or respond quickly.

July 31

 Deadline for first wave of responses to renewals

September 30

- First closures for not responding to a renewal request.
- Most April renewals will be resolved by now, except cases needing multiple responses

December 31

 End of window to reopen cases that didn't respond to renewal mail from April

January 2024

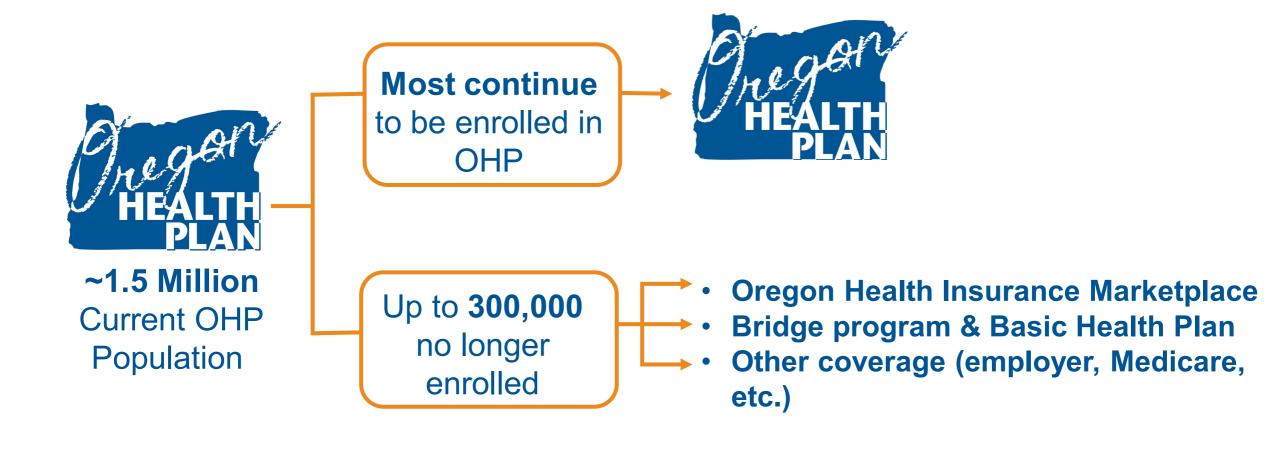
Final medical renewal batch initiated

Unwinding: Messaging to Members

- We'll send you a renewal letter between now and mid 2024.
- Keep your address up and other information up to date.
- Wait for your renewal letter to arrive in the mail.
 - Read it closely and follow any instructions.
- Find the ways to get help or report changes at benefits.oregon.gov



How OHP Members May be Affected by the Unwind



Options if losing OHP coverage

Members who are losing OHP have options to get coverage.

- Are you eligible for Medicare?
- Are you offered affordable employer coverage?
- Otherwise, apply for the Marketplace!
- If your situation changes, reapply for OHP.



1115 Waiver Continuous Eligibility

Special rules and changes

OHP Continuous Eligibility

Part of the 1115 OHP Medicaid Waiver, starting July 2023

- Oregon will provide continuous eligibility for children through the month in which they turn age 6, regardless of when they first enroll in the Oregon Health Plan, and regardless of changes in circumstances that would otherwise cause a loss of eligibility.
- OHP will provide two-years of continuous eligibility for people age six and up even if their circumstances change.

NOTE: Continuous eligibility does not apply to long term care services and supports.

What is Continuous Eligibility?

- "Continuous" means coverage continues longer once someone has OHP
 - Renewals happen every two years instead of every year
 - Special rules for children up to age six
 - Eligibility continues even if household information changes, including income
 - It is still important to keep household information up-to-date
 - Exceptions exist, such as moving out of state

- Benefits to members:
 - Easier to plan health care in advance
 - Avoid costly and disruptive changes in coverage
 - Improved health outcomes



Continuous Eligibility Timeline

Public Health Emergency ends, renewals begin



OHP members get renewed in monthly batches

Later in 2023

Continuous eligibility updates

 New applicants and renewing members will see continuous eligibility dates in ONE and on notices



July 2023

Continuous eligibility rules built into OHP systems

- Previously renewed households get continuous eligibility rules applied back to renewal date (May 2023 onwards)
- ONE System and notices may still show annual renewal dates

Example situation

OHP primarily uses current monthly income when deciding eligibility.

Sarah earns \$1250 per month in most months, but every year she gets extra business during the holidays and earns \$2500 in winter months (November through January).

- Right now she's eligible for OHP
- If she comes up for renewal in June, she is eligible and will get two-year period of eligibility, even with the winter additional income
- If her renewal came up in December, she would lose her OHP and would need to reapply once her monthly income falls again.



Questions:

- After participating in this Webinar, how would you rate your level of awareness on the topics covered?
- How can we better reach you/engage with communities?
- What topics about the OHP waiver would you like to learn more about in the future?



Thank you!

Updates and information:

oregon.gov/1115waiverrenewal

Subscribe to updates that will be sent out in the coming months:

https://public.govdelivery.com/accounts/ORDHS/subscriber/new?topic_id=ORDHS_573

Reach out to us anytime:

1115waiver.renewal@odhsoha.oregon.gov

