

<b>WHO</b>	Community Partner Workgroup	<b>DATE</b>	Thursday September 15, 2022 3-5pm		
<b>FACILITATOR</b>	Michael Anderson-Nathe	<b>NOTE-TAKER</b>	Jeremiah Keisling		
<b>WORKGROUP ATTENDEES</b>	<input type="checkbox"/> Beth Englander <input checked="" type="checkbox"/> Elizabeth Fox <input type="checkbox"/> Natalia Anand <input checked="" type="checkbox"/> Sheila Anders	<input checked="" type="checkbox"/> Thomas Browne <input checked="" type="checkbox"/> Tara Gray <input type="checkbox"/> Jackie Leung <input type="checkbox"/> Stephanie Castano	<input checked="" type="checkbox"/> Erin Fair Taylor <input checked="" type="checkbox"/> Lavinia Goto <input checked="" type="checkbox"/> Rosetta Minthorn <input type="checkbox"/> Gladys Boutwell	<input checked="" type="checkbox"/> Lourdes Alcala <input checked="" type="checkbox"/> Anji Djubenski <input type="checkbox"/> Nashoba Temperly	
<b>OHA &amp; ODHS ATTENDEES</b>	<input type="checkbox"/> Maria Castro <input checked="" type="checkbox"/> Jillian Johnson <input checked="" type="checkbox"/> Emily Burnett <input checked="" type="checkbox"/> Laune Thomas	<input checked="" type="checkbox"/> Sarah Dobra <input checked="" type="checkbox"/> Jeremiah Keisling <input checked="" type="checkbox"/> Yer Vue-Xiong <input checked="" type="checkbox"/> Cameryn Mccoy-Blake	<input type="checkbox"/> Megan Auclair <input checked="" type="checkbox"/> Hilde Hinkel <input checked="" type="checkbox"/> Kaela Kennington <input checked="" type="checkbox"/> Heather Burkus	<input type="checkbox"/> Chiqui Flowers <input checked="" type="checkbox"/> Miranda Amstuts <input checked="" type="checkbox"/> Michael Mcdaid <input type="checkbox"/>	
<b>Guests</b>					

**Mtg Goals:**

1. Continue to solicit recommendations on priority populations and redetermination sequencing and outreach considerations

**Agenda**

TOPIC	TIME	LEAD	PURPOSE
1. <b>Welcome and Introductions</b>	20 mins	Michael	<ul style="list-style-type: none"> <li>Name, pronouns, and any access needs they have to fully participate</li> </ul>
2. <b>Updates and follow up</b>	10 mins	Sarah	<ul style="list-style-type: none"> <li>Follow up on any items from previous meetings</li> </ul>
3. <b>CPWG member open space</b>	15 mins	Megan	<ul style="list-style-type: none"> <li>Provide time on the agenda at each meeting for members to raise topics, provide relevant updates, identify discussions they want to have, etc.</li> </ul>
4. <b>Continued conversation on priority populations and redetermination sequencing</b>	70 mins	Sarah	<ul style="list-style-type: none"> <li>Discuss the sequencing of redeterminations for priority populations</li> <li>TAKE 5 MINUTE STRETCH BREAK DURING THIS PORTION</li> </ul>
5. <b>Meeting close and next steps</b>	5 mins	Michael	<ul style="list-style-type: none"> <li>Discuss future meetings and agendas</li> </ul>

Notes

**Welcome and Introductions**

- Reminder that this is the first of two meetings in September and that the CPWG agreed to return to meeting twice a month to ensure adequate time for meaningful discussion and feedback on redeterminations and populations of special interest

## Community Partner Workgroup

- Additionally, there was a last-minute change to the agenda and The Metropolitan Group was unable to make it to today's meeting and will be moved to a future meeting agenda. The focus of today's meeting will be solely on continuing the conversation on redetermination sequencing and special populations.
- The introduction check in question was: What questions or concerns are you hearing in your community or with those you work about public health emergency unwinding/redeterminations?
  - Overall, the common theme in CPWG member responses was that they were getting more comments, questions, and concerns from staff at their organizations focused on:
    - When the public health emergency was going to end, and redeterminations start
    - What communication tools or information were available for them to share with their staff

### Updates and Follow Up

- OHA staff are in the process of compiling the CPWG member feedback provided thus far into a more formal document to be used to carry forward CPWG member recommendations on the redetermination process and will bring it back to this group for review and approval before sharing more widely within OHA
- Sarah shared that OHA was looking into what other states are doing for their redetermination process and unwinding the public health emergency and just highlighted the appreciation for the CPWG member input and Oregon's focus on maintaining insurance coverage for as many Oregonians as possible as other states do not have that focus

### CPWG Member Open Space

- Several of our CPWG members have been sharing updates on the work of the CPWG at various committees, stakeholder groups, and organizations. OHA has reiterated their willingness to help develop content or provide additional support to any member who wants to share more updates:
  - Rosetta will be sharing an updated to our Tribal Partners
  - Lavinia shared an update at the MAC as well as at OHPB
  - Shelia, Lourdes, and Erin have been sharing updates with their affiliated CCOs including staff, leadership, advisory councils and more
- There was an update requested regarding the addition of a call back option for when folks are calling the OHP line (to reduce hold times). This has yet to be implemented, but OHA is hoping this to be in place in early October.
  - Lavinia provided input that it would be ideal if the system allowed callers to select a time for a return call or at least an estimate waiting time for when a call would be returned
    - This is very helpful for people as they have other commitments to attend to
    - It can also reduce repeat calls from people worried that they haven't received their call back. These repeat calls further bog down the system
    - It can also help alleviate stress and anxiety for callers if they know when to expect a return call
  - Staff will investigate these options and pass on this input
- The question of what information and what materials would be available for community partners to distribute came up again.
  - OHA has completed their Provider Toolkit that was presented to CPWG at a previous meeting but are waiting for it to be translated into a total of 11 additional languages before distribution. They anticipate it being ready in the next week or two
  - It will be available in:
    - Arabic
    - Bosnian

**Commented [MAN1]:** Sarah, I am surprised that Chinese and Vietnamese are not included - do you know why? Also Russian?

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- Burmese
- Cambodian
- English
- Farsi
- Hmong
- Korean
- Laotian
- Mien
- Nepali
- Romanian
- Spanish

- The toolkit includes digital meeting, templates for flyers and posters, messaging, etc.

- Another update was provided regarding a change in updating member contact information. Up until now, OHA has not been able to receive updated member contact information from CCOs even if they have more up-to-date information. OHA recently applied for a special CMS waiver and received approval that will now allow them to utilize member contact information updates from CCOs. The state is actively working on putting the systems in place to make this happen.

### **Continued conversation on priority populations and redetermination sequencing**

- An initial question came up about dual eligible populations and where they fall on the redetermination sequencing plan. Dual eligible populations are people who are eligible for Medicaid and Medicare
  - Staff responded with, “we would look to the expertise and wisdom of this group to let us know what the needs might be for this population and where they should fall in redetermination sequencing.
  - Additionally, we learned that having Medicare is considered as having minimum medical coverage
- As a recap, we discussed how the CPWG voted and aligned with the recommended sequencing of OHP Plus and LTCS 1, OHP Plus and LTCS 2, and Pregnancy and Newborn groups.
- Today’s conversation is going to focus on the 8 additional populations or subgroups and redetermination sequencing as in many ways that is a more important group in determining when redeterminations would start for an individual.
- We also clarified that the estimated number of cases for each group and subgroup were added to the slides as requested by CPWG members
  - NOTE: there is some question as to how the number was arrived at for the Bridge Plan subgroup as it conflicts with numbers reported in the Bridge Plan group
    - Initial thinking is that the difference is that our number is based on current Medicaid recipients who may be eligible for the Bridge Plan and not inclusive of people who may be from the Marketplace or uninsured.
- We then continued our redetermination sequencing conversation on three of the subgroups and achieved consensus on two of the groups and agreed we needed further conversation on one of them. The notes are below:
  - Bridge Plan subgroup
    - This population are folks who are 139 – 200% of the FPL and who would otherwise not be eligible for Medicaid. The recommended approach is to back-load this population to ensure they have insurance coverage for as long as possible and that they have a Bridge Plan that they can transition to.
    - There was a question as to how much coverage does the Bridge Plan provide. This is being determined right now but people believe it is going to mirror Medicaid coverage

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- Plan approach: Back-load
- **Group agrees Back-Load is the best option**
- Covid Exemptions subgroup
  - This group includes cases with at least one individual who has identified as receiving financial or non-financial COVID exemption, indicating that they've maintained eligibility solely due to PHE protections
  - The proposed approach is to Front-Load this group
  - There were several questions regarding this subgroup:
    - A question about how long members would have to get new coverage after losing eligibility?
      - Members will have approximately 60 days after losing eligibility.
    - This sounds like the exact population back loading was made for. With the potential of spreading it out to make life easier on Marketplace workers.
    - What's the average time it takes to get insurance off the Marketplace?
      - Policies typically start at the first of the month. If a member has the paperwork filled out by the end of the month coverage should start by the beginning of next month.
    - Front loading might be the option to prevent double coverage.
    - Where can people find assistance?
      - There is a website that allows for looking up assistors: OregonHealthCare.gov
    - The end of PHE the marketplace is going to allow a special enrollment period (SEP).
    - Suggestion to Back-Load if possible.
    - Would Spread Throughout be a compromise that could offer more flexibility?
  - **It was decided that we didn't have enough information and needed access to a marketplace insurance staff person to field questions so we would come back to this subgroup at a future meeting.**
- Presumptive Disability Population
  - This group includes cases with at least one individual who is receiving disability based OHP who self-attested to being disabled during the PHE. Disability verification by the SSA or the Presumptive Medicaid Disability Determination Team pending.
  - Currently Plan is to Spread Throughout
  - This group comes with a lot more complications and the process can take a very long time. There is a dedicated team at OHA that handles these cases and there is concern about not overwhelming the team so considering spread throughout.
  - **Group agree Spread-Throughout is the best approach**

### Meeting Close and Next Steps

- Our next meeting will be Sept. 29<sup>th</sup>, 3-5pm and we will be continuing this conversation.