House Bill 4035 Community and Partner Workgroup:
Update on Recommendations to Support Members

Recommendations developed: May 2022 – March 2023
Executive Sponsor: Sarah Dobra, External Relations Division Interim Director
Update on implementation of recommendations: November 15, 2023

Established by House Bill 4035, the Community and Partner Workgroup (CPWG) was chartered to advise the Oregon Health Authority (OHA), the Oregon Department of Human Services (ODHS), and the Department of Consumer and Business Services (DCBS) on the development of outreach and enrollment assistance and communications strategies to assist medical assistance program enrollees in navigating the eligibility renewal process and transitions to other health coverage.

Overall Value:

Focus on improving the Oregon Eligibility (ONE) system and OHP renewal process. These long-term improvements go beyond the end of the COVID-19 Public Health Emergency (PHE). Make changes to:

- Increase passive renewals.
- Provide more ways for members to get help without contacting ODHS. Examples include community partners or ONE system enhancements.
- Increase call center hours and staffing so that members can get help when they do need to call.

Recommendations and Values:

The CPWG developed 63 recommendations, grouped them into nine categories, and created a value for each. When it is not possible or feasible to implement specific recommendations, state agencies should use the values as guiding principles. The categories are:

- ONE System Improvements
- Communication Strategies and Priorities
- Unhoused Populations
- Language Access/ Language Justice
- Navigating Insurance Transitions
- Migrant and Seasonal Farm Workers Transitions
- Community Partners
- Data and Dashboard Reporting
- Accessibility and Disability Access

Implementation Status

ONE System Improvements

The table below provides an update on the progress of implementing recommendations and the value for **ONE System Improvements**.

ID	CPWG recommendation	Update on implementation
	The CPWG recommends that OHA and ODHS focus system enhancement activities and communication resources to make **ONE System Improvements** by making notification paperwork simple and clear, focusing on improving the OHP member experience, reducing confusion, and recognizing the trauma of multiple and confusing messages. Specific CPWG recommendations include: **(10 recommendations total)**	
1.1	**ONE System Improvements** Add a "button" on the EBT app and phone line that allows people to certify that they still qualify for OHP and use that for auto-renewal.	*People can no longer self-attest that they qualify for OHP. The federal government only allowed this during the PHE-related continuous eligibility period which ended March 31, 2023.*
1.2	**ONE System Improvements/Justice-Involved** Add to the data available to OHA from jail/prisons to support re-determination and resuming coverage without needing a new application.	*ODHS and OHA updated Oregon Administrative Rules (OARs) 410-200-0140 and 461-135-0950 April 1, 2023 so that ODHS/OHA has 12 months to learn of a person's release/discharge from a public institution and reinstate suspended coverage without needing a new application.* *ODHS/OHA continue to research possible ways to get automated updates about members' release dates. If getting automated updates is possible, ODHS/OHA could then see whether ONE could reinstate coverage using these updates, without needing individuals to report releases themselves.* *OHA must also consider how automated updates would affect future changes to managing OHP eligibility during periods of incarceration (approved in OHA's 2022-2027 1115 waiver).*
1.3	**ONE System Improvements** Flag people who are up for redeterminations in MMIS and provide talking points for providers and staff checking eligibility to see, so they can provide additional support to their clients.	*OHA shares the scheduled case renewal date in the enrollment file sent to coordinated care organizations (CCOs). MMIS also displays the renewal date on the provider-facing eligibility verification screen. With this information, CCOs and providers can reach out to members whose renewal is coming due. ODHS staff are also trained to review case information when they speak with a member and take appropriate actions in real time. The scheduled case renewal date is the only way cases are "flagged" as due for renewal.*
1.4	**ONE System Improvements** Streamline and simplify the redetermination processes and related communications. Seek to minimize stress and burden for consumers in this process. Gain a better	*In communications, OHA is prioritizing providing OHP members information they need to be prepared and understand the process.* *The Human Centered Design Project aims to update ONE system letters based on member feedback. This is a process to continuously improve notices*

The CPWG recommends that OHA and ODHS focus system enhancement activities and communication resources to make **ONE System Improvements** by making notification paperwork simple and clear, focusing on improving the OHP member experience, reducing confusion, and recognizing the trauma of multiple and confusing messages. Specific CPWG recommendations include: **(10 recommendations total)**		
ID	**CPWG recommendation**	**Update on implementation**
	understanding of how/when ONE system letters are beneficial in communicating information to enrollees of medical assistance programs. • OHA and ODHS should identify strategies to ensure that letters are being distributed efficiently to minimize the quantity and redundancy. • Re-evaluate the process of sending notifications and letters to medical assistance program recipients with the goals of reducing redundancy, unnecessary information, conflicting messages, and errors. • Understand specific areas where eligibility and renewal letters are confusing and revise letters to make the information clearer and more concise.	*and make them easier to understand. The project has already completed many changes to these letters.* *Improving notices and communications with members is an ongoing priority. ODHS and OHA are collecting and reviewing feedback about PHE Unwinding communications and concerns. These include questions about confusing system letters and other information. ODHS/OHA have made more changes to member communications based on this feedback.*
1.5	**ONE System Improvements** Prioritize cell phone accessibility for the ONE System to make mobile friendly.	*ODHS/OHA launched the Oregon ONE Mobile app in spring 2023 so that members can access their ONE account using their phone. It is available for* [Android] *and* [iOS] *mobile phones. With Oregon ONE Mobile members can:* • *Find their application or case status and any actions they need to take.* • *Download and review ONE system notices mailed to them.* • *Check important due dates for benefits reporting and renewals.* • *Get important and time-sensitive alerts and notices about their case.* • *Use their phone to take pictures of supporting documents and upload them.* • *Manage their ONE Online account email and password.* • *Find a guided tour of the app, FAQs and additional resources.* *There are no costs except for data rates.*
1.6	**ONE System Improvements**	*ODHS is exploring options for adding a reminder to the EBT Replacement Cards line. This line is owned and operated by ODHS.*

	The CPWG recommends that OHA and ODHS focus system enhancement activities and communication resources to make **ONE System Improvements** by making notification paperwork simple and clear, focusing on improving the OHP member experience, reducing confusion, and recognizing the trauma of multiple and confusing messages. Specific CPWG recommendations include: **(10 recommendations total)**	
ID	**CPWG recommendation**	**Update on implementation**
	Add redeterminations notifications to the EBT app, website and phone line. This will remind individuals when they check their SNAP balances that they need to also do redeterminations.	*ODHS cannot add custom messages to the ebtEDGE website or mobile app. These are contracted services that ODHS does not own or manage.*
1.7	**ONE System Improvements** State should prioritize incorporating and analyzing additional digital sources of information used in the ex parte eligibility verification process as additional data sources, if needed, to increase the number of people likely to be renewed through the ex parte renewal process. Specifically, prioritize OHA adding additional sources of information that have the potential to allow or increase ex parte redeterminations for non-MAGI individuals. Specific potential sources to prioritize may include IRS, DMV, State Asset Verification System.	*Due to technical complexity, and with consideration of other high priority updates to the ONE System, this change cannot be accomplished during the PHE Unwinding project timeline. ODHS/OHA will revisit this recommendation at a later date.*
1.8	**ONE System Improvements** State should prioritize system and policy changes to allow use of "express lane" eligibility for Medicaid to use other applications.	*Due to technical complexity, and with consideration of other high priority updates to the ONE System, this change cannot be accomplished during the PHE Unwinding project timeline. ODHS/OHA will revisit this recommendation at a later date.*
1.9	**ONE System Improvements** The state should work on resolving the ONE system's technical and operational issues to: a. Minimize barriers to access and reduce loss of coverage for eligible clients, and b. Streamline the process of requesting and gathering additional information from OHP members.	*Improving the ONE System's technical and operational issues is an ongoing priority. The state has been making updates and changes in the ONE System to minimize barriers for members, reduce loss of coverage for those eligible, and streamline processes for gathering information. These tactics include:* • *Revising and redesigning medical renewal notice to improve clarity, readability, and flow.* • *Putting mechanisms in place to prevent closure of medical benefits if the recipient has responded to request for information or has a future appointment scheduled.* • *Increasing scope of outreach to individual who may be eligible to potentially prevent procedural closures.*

ID	CPWG recommendation	Update on implementation
The CPWG recommends that OHA and ODHS focus system enhancement activities and communication resources to make **ONE System Improvements** by making notification paperwork simple and clear, focusing on improving the OHP member experience, reducing confusion, and recognizing the trauma of multiple and confusing messages. Specific CPWG recommendations include: **(10 recommendations total)**		
		• *Introducing additional staff to the ONE Customer Service Center and offering a call-back option.* • *Releasing and expanding functionality of ONE Mobile App to provide an additional channel for receiving notifications and uploading documents.* • *Using recipients' preferred method(s) of communication to ensure timely notice about any needed information or determinations, including SMS nudging, web and Mobile ONE notifications, email, and voicemails.*
1.10	**ONE System Improvements** To the maximum extent possible allowable by CMS, ensure continuous enrollment while eligibility is verified. This will allow individuals struggling to navigate the renewal process or unable to reach the ONE eligibility system customer service phone line time to resolve concerns.	*To support continuous enrollment during the PHE Unwinding period, Oregon extended timelines for each phase of the renewal process:* • *Members now have 90 days to respond to requests for verification (increased from 10 and 30 days).* • *For members who no longer qualify for OHP, ODHS/OHA will send close notices 60 days before their OHP ends (increased from 10 days).* *These changes ensure people remain covered and enrolled while ODHS works to confirm eligibility at intake or renewal."* *For members who are within 30 days of losing their OHP, the Oregon Health Insurance Marketplace will use the 30-day letter file from HealthCare.gov to reach out to members who may be struggling to get enrolled. The Marketplace Transition call center will also try reaching these people with a call, text or email.*

Communication Strategies and Priorities

The table below provides an update on the progress of implementing recommendations and the value for **Communication Strategies and Priorities**.

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that: • Engage OHP members, providers, contractors, community partners, agency staff and others; • Engage those with lived experience in outreach to high priority populations; and • Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs. In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**	

ID	CPWG recommendation	Update on implementation
2.1	**Communication Strategies and Priorities** Closely collaborate with community-based organizations, Coordinated Care Organizations, providers, and community partners when preparing and distributing communications and navigation resources to enrollees.	*ODHS/OHA is sharing information, materials and resources with coordinated care organizations (CCOs), community partners, providers, community-based organizations (CBOs) and other partners through:* • *The project's website for partners at KeepCovered.Oregon.gov* • *The Keep Covered partner newsletter* • *PHE Unwinding webinars* • *Opportunities for engagement such as the project's partner webinars, as well as ODHS/OHA's regular meetings with CCOs and partners* *Close collaboration in preparing communications and resources is ongoing.* • *Nineteen CBOs advised on, helped co-create, and helped distribute materials to priority populations as a part of a media contract with the Metropolitan Group.* • *ODHS/OHA also developed a robust feedback process to respond to additional needs as partners identify them.* *The Marketplace continues to plan and execute a robust communications and engagement strategy to CBOs, CCOs and other insurers, providers, community partners/assisters and insurance agents/brokers. The Marketplace:* • *Developed and shared a Marketplace Transition Project toolkit in English and Spanish. It contains a variety of tools such as key messages, social media graphics, and flyers.*

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that:

- Engage OHP members, providers, contractors, community partners, agency staff and others;
- Engage those with lived experience in outreach to high priority populations; and
- Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.

In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation
		- Has a strong network of more than 1,500 community partners/assisters and insurance agents/brokers. *- Partnered with 10 additional CBOs and insurance agents/brokers to support identified equity gaps shared in the December 2022 CPWG meeting. This includes three Tribal organizations.* *- Held webinars in English and Spanish, available on demand at* http://orhim.info/transition-partner*. .*
2.2	**Communication Strategies and Priorities** Do not rely exclusively on phone calls as an outreach method. Problems with this method include low pickup rates, shared phones, frequent changes to phone numbers, use of another person's number, and suspicion of telephone-based scams.	*ODHS/OHA sends renewal notices by mail. Members can also view electronic copies of mailed notices in their ONE online account. Members who do not respond to renewals will also receive reminders via text and email if they have opted into these services through their ONE online account. Outreach beyond phone calls includes:* *- OHA's network of certified OHP assister partners , who conduct critical outreach, often in person, to make sure members get the information they need. They offer a broad range of ways to get help.* *- The Marketplace Transition Help Center sends personalized letters to members losing their OHP benefits. The letters advise of potential financial help and plan options. The letters also encourage the member to seek help from an expert, which is available in-person, over the phone, and virtually. The Marketplace is attempting to call each person whose personalized letter is returned.* *- The Marketplace is trying to call, text and/or email people who are losing OHP benefits and have not yet enrolled through the Marketplace (depending on communications preferences). Social media has been used to share messages about the legitimacy of the messages.* *- The Marketplace is also coordinating with grantee organizations who are listed as the OHP assister for the case, allowing them*

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that:
- Engage OHP members, providers, contractors, community partners, agency staff and others;
- Engage those with lived experience in outreach to high priority populations; and
- Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.

In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation
		another opportunity to conduct outreach and reduce the risk of people remaining uninsured.
2.3	**Communication Strategies and Priorities** Ensure consistent messaging across all partners by providing advance notice of communications, talking points, and other resources needed to respond to inquiries.	*To support consistent messaging, ODHS/OHA is actively promoting Metropolitan Group's communication toolkit for partners. The toolkit includes outreach materials, call scripts, social media cards and other content. Partners can also request customization or new campaign branded materials to fill gaps.* *The Keep Covered newsletter also provides advance notice of communications, talking points and other resources needed to respond to inquiries.*
2.4	**Communication Strategies and Priorities** As appropriate, highlight key messages and information to recipients during the redetermination process, including: - Responding to notices - Making sure contact information is up to date	*Staff training materials teach staff how to go over notices with members. Community partners share questions from members they serve, which helps staff know what information to highlight when working with members.* *Responding to notices, updating contact information and reminders to check mail have been the core content in all Metropolitan Group's outreach materials for partners.*
2.5	**Communication Strategies and Priorities** As appropriate, incorporate the following outreach and contact methods into communications plans: - Digital: phone call, email, text message - Paper-based communication: poster, flyer, letter - Community partner and direct OHA outreach - Media platforms: social media, radio, television, other methods of advertising	*Digital outreach includes:* • *If a member does not respond to renewal notices, they will receive email and text messages if personal information for these contact methods is available AND they have not opted out. If those methods are unavailable, members will receive robocalls in an attempt to reach them.* • *The Marketplace also uses phone call, email and text message to reach out to members losing OHP who have not yet enrolled in Marketplace coverage.*

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that:

- Engage OHP members, providers, contractors, community partners, agency staff and others;
- Engage those with lived experience in outreach to high priority populations; and
- Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.

In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation

	▪ Other methods the meet the needs of priority populations and members who are difficult to reach	*Paper-based communications:*
		  • *The Keep Covered campaign includes posters and flyers. Providers and partners can order them to post in their locations for member awareness.*
		  • *The Marketplace also uses posters, flyers and letters, posted at https://healthcare.oregon.gov/transition/Pages/partner.aspx.*
		
		Community partner and direct OHA outreach:
		  • *OHA's network of certified OHP assister partners offers a broad range of ways to get help.*
		  • *The Marketplace works collaboratively with the overall project engagement and communications team for community partner and outreach direction. The Marketplace team has been working with its existing and new Marketplace grantees via training and regular collaborative sessions.*
		
		Media platforms:
		  • *The Marketplace continues to work collaboratively with the overall project engagement and communications team on this. The Marketplace strategy is primarily based on organic advertising and posting on social media and will have paid campaign elements. This is intentional as the primary goal of the campaign is to ensure people get through the Medicaid renewal process successfully.*
		  • *Direct outreach to people no longer eligible for Medicaid is the primary tactic to reach the Marketplace-specific audience.*
		
		Other methods to meet the needs of priority populations and hard-to-reach members:

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that:
- Engage OHP members, providers, contractors, community partners, agency staff and others;
- Engage those with lived experience in outreach to high priority populations; and
- Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.

In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation
		• *ODHS/OHA are prioritizing resources for targeted paid media outreach to specific communities who are difficult to reach, including social media and other media platforms."* • *The Marketplace is not directing a specific marketing campaign for this project. Trusted CBOs, community partners/assisters, and insurance agents/brokers share feedback with the Marketplace about the specific needs for priority populations. Some priority populations – such as people experiencing homelessness – are not priority populations for the Marketplace because those people will likely still qualify for Medicaid. For populations who are traditionally difficult to reach, the Marketplace is relying strongly on partner agents/brokers and grantee community partner organizations who specialize in reaching those populations and are already trusted resources in those communities.* *Digital, paper-based, community partner, and partial media, other methods for priority population are all part of our "Keep Covered"" campaign materials and advertising through Metropolitan Group contract.*
2.6	**Communication Strategies and Priorities** Provide proper training for agency staff and partners engaging in redetermination-related outreach and communications with MAP enrollees, community-based organizations (CBOs), Coordinated Care Organizations (CCOs), and other partners.	*ODHS/OHA staff and partners have received a broad range of tools and trainings to prepare them to serve members. For staff, this includes an internal resource site, hot topics emails, and many ways to get support.* *ODHS/OHA host regular partner webinars and seek out additional meetings with partners to provide general information, updates, and tools. Beyond its continual work to support OHP assisters, OHA's Community Partner Outreach Program provides a redeterminations-specific training series. OHA also has regular engagements with CCOs and a redeterminations workgroup to coordinate and share information and tools for CCO staff.*

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that:

- Engage OHP members, providers, contractors, community partners, agency staff and others;
- Engage those with lived experience in outreach to high priority populations; and
- Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.

In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation
2.7	**Communication Strategies and Priorities** Ensure all written communication identifies that OHP/health care coverage does NOT impact a person's immigration status or count towards a public charge determination.	*Although it was not feasible to add public charge messaging as suggested at the start and/or during the public health emergency unwind, the communications efforts supporting the Healthier Oregon expansion that launched in July heavily feature messaging to alleviate public charge concerns, and we also have public charge resources available at: https://www.oregon.gov/oha/erd/pages/public-charge.aspx. We also will be looking at how to address concerns about public charge at a future date related to resources that will continue to be utilized beyond PHE Unwinding.*
2.8	**Communication Strategies and Priorities** Support schools and youth-serving organizations in outreach.	*Supports for schools and youth includes:* • *Promoting Keep Covered campaign materials to schools through work with school-based health centers and youth-serving organizations through the Metropolitan Group contract.* • *Met Group outreach to regional Early Learning Hubs—renewal response data indicates families with children 2-5 years old are responding less frequently than other children.* • *P:EAR (a youth-serving organization in Portland) has been advising on campaign materials and doing in-person outreach work.* • *Many OHP assisters supported by the Community Partner Outreach Program are affiliated with school-based health centers or regularly do outreach at schools.* • *Partnership with ODE to raise awareness and distribute the final issuance of Pandemic EBT.* • *The Marketplace completed the annual school outreach campaign to all public school districts sending printed and electronic flyers.* • *Additionally, a breakout session for the Oregon School Board Association conference in November entitled Keeping Children Covered: Oregon Health Plan Changes.*

The CPWG recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that:

- Engage OHP members, providers, contractors, community partners, agency staff and others;
- Engage those with lived experience in outreach to high priority populations; and
- Provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.

In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation
2.9	**Communication Strategies and Priorities** OHA and ODHS develop and disseminate content that CCOs and Providers can use to share notices through their own communication channels such as MyChart.	*Our partner outreach materials at KeepCovered.Oregon.gov include core messages for members and suggested social media content for CCOs and providers to share through their own communication channels.*
2.10	**Communication Strategies and Priorities** When appropriate, use written communication when relaying information. Written communications should be as brief as possible, use plain language, and avoid technical jargon. Explain technical jargon when it must be used.	*All members will receive written communications (ONE system letters) during their renewal process. ODHS/OHA have also produced written outreach materials for our partners to use in their work. Community advisors helped create and review campaign materials to make sure they make the process as easy as possible to understand.*

Unhoused Populations

The table below provides an update on the progress of implementing recommendations and the value for **Unhoused Populations**.

The CPWG recommends that OHA and ODHS focus resources on supporting **Unhoused Populations** including outreach, policy approaches, communication strategies, and collaborations with organizations serving unhoused populations. Strategies and approaches should seek to take a person-centered and interorganizational approach to reduce barriers and support enrollment. Specific CPWG recommendations include: **(10 recommendations total)**		
ID	CPWG recommendation	Update on implementation
3.1	**Unhoused Populations - Communication Strategies and Priorities** Provide food and other basic needs at redeterminations outreach events for unhoused populations.	*ODHS/OHA have no events planned at this time; however, individual organizations can request event support (for instance OHP assisters doing outreach events to unhoused members) and/or special outreach materials via our media contractor's technical assistance bank.*
3.2	**Unhoused Populations: Unhoused Youth – Community Strategies and Priorities**	*OHA's media contractor and OHA staff met with organizations serving houseless members in July to evaluate effectiveness of outreach so far and assess remaining support needs. OHA also met with CBOs serving youth and*

The CPWG recommends that OHA and ODHS focus resources on supporting **Unhoused Populations** including outreach, policy approaches, communication strategies, and collaborations with organizations serving unhoused populations. Strategies and approaches should seek to take a person-centered and interorganizational approach to reduce barriers and support enrollment. Specific CPWG recommendations include: **(10 recommendations total)**		
ID	**CPWG recommendation**	**Update on implementation**
	Develop intentional youth-centered approaches to ensure medical coverage for youth experiencing homelessness.	*the ODHS Youth Experiencing Homelessness Program to discuss youth-centered approaches and outreach opportunities.* *OHA did not develop outreach materials specific to unhoused youth due to significant overlap between this population and other outreach efforts (for example, other CBO efforts and school-based outreach). Existing campaign materials and materials for outreach to schools met our campaign advisor NAMI Clackamas' outreach needs for this population.*
3.3	**Unhoused Populations: Unhoused Youth – Community Strategies and Priorities** Consider convening homeless youth serving agencies to solicit input on outreach and communication strategies.	*Metropolitan Group contracted campaign advisors representing houseless communities to provide input on campaign materials. Organizations serving houseless youth participated in the July meeting with Metropolitan Group and OHA staff to evaluate remaining needs and where OHA can provide additional support.*
3.4	**Unhoused Populations: Unhoused Youth – Community Strategies and Priorities** Enlist young people with lived experience with homelessness in creating outreach materials and strategies and compensate them for their time.	*As noted above, advisors representing houseless communities provided input on campaign materials. ODHS/OHA value the feedback of young members with lived experience of homelessness but did not find it operationally feasible to recruit member advisory panels to craft outreach materials.*
3.5	**Unhoused Populations - Communication Strategies and Priorities** Work with HUD Continuum of Care sites to conduct outreach to unhoused populations.	*OHA has bi-weekly connections with the HUD Continuum of Care sites through the [Statewide Oregon Unhoused Response & Recovery Network for COVID-19 and Wildfires](#). Metropolitan Group offered Keep Covered campaign materials and additional support where needed.*
3.6	**Unhoused Populations - Communication Strategies and Priorities** Work with Oregon Department of Human Services Self Sufficiency programs to conduct outreach to unhoused populations.	*ODHS/OHA uses existing avenues with ODHS community partners and contracted grantees that serve unhoused populations via the monthly SSP Partner Call, Youth Experiencing Homeless Program (YEHP), and Oregon Housing and Community Services (OHCS) service providers and partners.* *ODHS/OHA will reach out to Public Housing Agencies to engage with their service populations, some who may be unhoused while looking for a rental. Additionally Metropolitan Group will be conducting sponsored outreach to unhoused populations.*

The CPWG recommends that OHA and ODHS focus resources on supporting **Unhoused Populations** including outreach, policy approaches, communication strategies, and collaborations with organizations serving unhoused populations. Strategies and approaches should seek to take a person-centered and interorganizational approach to reduce barriers and support enrollment. Specific CPWG recommendations include: **(10 recommendations total)**

ID	CPWG recommendation	Update on implementation
3.7	**Unhoused Populations** Develop ways for homeless serving agencies and programs to check to see if someone needs to do redetermination and connect them to resources.	*OHA's Community Partner Outreach Program (CPOP) brought on Portland Street Response and Portland Rescue Mission as new volunteer organizations providing OHP assistance. OHA is providing additional funding to expand capacity for organizations providing significant OHP assistance to unhoused members: Central City Concern ($500,000), White Bird Clinic ($200,000), Neighborimpact ($200,000) and Rogue Retreat ($200,000).* *Providing access to non-contracted organizations raises some privacy concerns and may be challenging to overcome. CPOP recognizes and values members' need for access to assisters at important touch points in their community. CPOP is committed to building that network and referral networks. CPOP will continue seeking additional houseless serving organizations who are not currently contracted to provide assistance to join the network of assisters and provide the ongoing support to do this work.* *CPOP considered funding more organizations serving the unhoused to expand OHP assistance capacity but did not pursue due to available funds.*
3.8	**Unhoused Populations** Explore ways to develop "no wrong door" approaches and mechanisms for homeless service providers to be able to ensure that coverage is not lost by being able to update information.	*As described above, CPOP brought on new volunteer organizations providing OHP assistance and provided additional funding to expand capacity for organizations providing significant assistance to unhoused members. This ensures that more homeless service providers can update member information to protect coverage for unhoused members.*
3.9	**Unhoused Populations** For unhoused populations, implement a presumptive eligibility process as is done within hospital settings at other health care provider settings including but not limited to doctor's offices, clinics and other health settings.	*OHP assisters could perform presumptive eligibility determinations during the pandemic, but very few assisters did so. OHA is still deciding whether assisters can resume making these determinations.* *Presumptive eligibility does not remove barriers for unhoused populations.* • *It provides temporary coverage. Members still need to complete a full application to keep coverage.* • *This temporary coverage cannot be verified by providers' billing systems until ONE and MMIS contain the member's eligibility information.*

ID	CPWG recommendation	Update on implementation
The CPWG recommends that OHA and ODHS focus resources on supporting **Unhoused Populations** including outreach, policy approaches, communication strategies, and collaborations with organizations serving unhoused populations. Strategies and approaches should seek to take a person-centered and interorganizational approach to reduce barriers and support enrollment. Specific CPWG recommendations include: **(10 recommendations total)**		
		Where possible, other application routes better serve the member.
3.10	**Unhoused Populations** Prioritize 1 on 1 in-person support for unhoused. Navigators are most effective method to support unhoused individuals. Increase access to navigators – provide in-field access to navigators.	*By bringing on both new volunteer organizations and providing additional funding to organizations already providing OHP assistance to the unhoused, CPOP has taken steps to increase access to navigators.* *As noted above, CPOP considered funding more organizations serving the unhoused to expand OHP assistance capacity but did not pursue due to available funds.*

Language Access/Language Justice

The table below provides an update on the progress of implementing recommendations and the value for **Language Access/Language Justice**.

ID	CPWG recommendation	Update on implementation
The CPWG recommends that OHA and ODHS frame **Language Access** as language justice and equip staff and those serving individuals going through the redeterminations process with resources and tools to offer the assistance and support in the preferred language of the member. This includes communicating information and distributing materials in the member's preferred language. Specific CPWG recommendations include: **(5 recommendations total)**		
4.1	**Language Access/Language Justice** To increase and improve communications, ensure that medical assistance program recipients, providers and partners have equitable access and knowledge about language services. [This refers to ONE System customer service and language line access and promotion.]	*In June 2023, ODHS released a new public website at Oregon.gov/ODHS. The website:* • *Is an inclusive, mobile-friendly site designed around user needs.* • *Includes a redesign of the benefits.oregon.gov page and adds a Spanish version of the page. Is the page people visit for information about the medical, food, cash and child care benefits issued through the ONE Eligibility System.* • *Includes a new page called "Help in Your Language." This page includes information about ODHS's interpreter line which supports more than 18 languages.*
4.2	**Language Access /Language Justice** Use language line to communicate with medical assistance program recipients in their preferred language.	*ODHS staff use language line services for phone communications with anyone who has requested contact in a language not spoken by the ODHS worker.*

The CPWG recommends that OHA and ODHS frame **Language Access** as language justice and equip staff and those serving individuals going through the redeterminations process with resources and tools to offer the assistance and support in the preferred language of the member. This includes communicating information and distributing materials in the member's preferred language. Specific CPWG recommendations include: **(5 recommendations total)**

ID	CPWG recommendation	Update on implementation
4.3	**Language Access/Language Justice** Provide document translations in individual's recipient's preferred language.	*OHA and ODHS, including the Oregon Health Insurance Marketplace, are dedicated to ensuring people receive information in their preferred language.* • *OHP and Marketplace letters are translated into the top 14 requested languages.* • *Marketplace emails are sent in the top 14 requested languages, depending on preference.* • *ONE Eligibility System and Marketplace text messages are sent in both English and Spanish.* • *Outreach materials are translated in the top 14 requested languages, with additional translations completed as-needed.* *Currently, ONE produces system letters in seven languages: English, Spanish, Vietnamese, Simplified Chinese, Traditional Chinese, Russian, Somali.* *ODHS has a contractor coordinate translation of ONE system letters into 11 additional languages (Arabic, Bosnian, Burmese, Cambodian, Farsi, Hmong, Korean, Laotian, Mien, Nepali, Romanian).* • *The contractor receives a daily report of all English notices generated that need translation in the 11 languages.* • *The contractor downloads the English version of the notices and sends the notices to the translations vendor.* • *The translations vendor translates each individual notice and sends them for printing and mailing.* *Benefit recipients receive the English version of the notice produced through the ONE Eligibility system. The translated version follows 2-3 weeks later.* *In August, leadership for the ONE Eligibility System considered a request to update the system to produce ONE notices in nine additional languages. This change would also allow ONE to produce text messages in these languages. Leadership asked that ODHS/OHA present a plan for making this change. ODHS/OHA are now working with Deloitte to identify a plan.*

ID	CPWG recommendation	Update on implementation
	The CPWG recommends that OHA and ODHS frame **Language Access** as language justice and equip staff and those serving individuals going through the redeterminations process with resources and tools to offer the assistance and support in the preferred language of the member. This includes communicating information and distributing materials in the member's preferred language. Specific CPWG recommendations include: **(5 recommendations total)**	

ID	CPWG recommendation	Update on implementation
		ODHS is also exploring semi-automated ways to request and produce translations of English ONE notices (for any languages which ONE does not support) through a "proof of concept" change request (435639). ODHS expects the semi-automated translation process to reduce the time for these translations. If efforts prove successful through the proof of concept, then ONE leadership could approve work to fully implement semi-automated translations.
4.4	**Language Access/Language Justice** See and train eligibility staff on how to best work with interpreters.	*ODHS's Office of Equity and Multicultural Services and the Oregon Eligibility Partnership have begun providing eligibility staff trainings focused on best practices for using interpretation services. The most recent trainings were held in August 2023 for ONE Customer Service Center staff.*
4.5	**Language Access/Language Justice** State to engage in extensive outreach around language specific phone lines for accessing the VEC/ONE call center.	*ODHS redesigned the benefits.oregon.gov website in June 2023 to increase accessibility and equity. There is now a Spanish version of the site . Both versions feature new Help in Your Language pages where people can see options for connecting with state staff. Options include an interpreter line that supports more than 18 languages.* *ODHS is also developing promotional materials to publicize the Help in Your Language lines, including flyers, videos and social media.*

Navigating Insurance Transitions

The table below provides an update on the progress of implementing recommendations and the value for **Navigating Insurance Transitions**.

The CPWG recommends OHA and ODHS prioritize resources – with specific attention on individuals in priority populations – to:

- Support **Navigating Insurance Transitions** as OHP members transition from one form of coverage to another,
- Ensure no loss or delay in services during the transition, and
- Wherever possible, utilize a "no wrong door" approach that reduces the burden on individuals and families navigating from one system to another.

Specific CPWG recommendations include: **(4 recommendations total)**

ID	CPWG recommendation	Update on implementation
5.1	**Navigating Insurance Transitions** OHA and ODHS should develop a collaborative plan to support OHP members transitioning to Medicare or off dual eligibility, including training and support for SHIBA volunteers and local Aging and Disability Resource Centers.	*To ensure there are no gaps in coverage during the transition from OHP to Medicare, ODHS will mail letters to people who are losing OHP but qualify for and have not yet transitioned to Medicare.* *ODHS prepared materials for staff to help consumers during the PHE Unwinding. The PHE Unwinding Resources Guide contains talking points for Eligibility Workers, including topics for Medicare choice counseling and Medicare Transition Guarantee Issue Rights vs. Special Enrollment Period.* *The re-designed ONE Notice of Eligibility contains information about Guaranteed Issues (GI) rights and provides consumers with SHIBA contact information for assistance.* *ODHS provided SHIBA a geographical breakdown of individuals who could potentially reach out to SHIBA for help. This report helped SHIBA:* • *Thoroughly assess the impact of these individuals seeking their help.* • *Prepare and enhance their services.* • *Be better equipped to meet the needs of those seeking assistance.* *ODHS also conducted SHIBA volunteer and ADRC training prior to PHE Unwinding.*
5.2	**Navigating Insurance Transitions** ODHS should affirmatively look at LTSS members who have reported to any agency that they are over resource/income, and then proactively reach out to them to advise on allowable financial planning and other resources or taking other allowable and	*Beginning in May case managers in local ODHS offices began receiving lists of consumers who were potentially over the income/resource limits for LTSS.* • *Case managers are calling consumers before their recertification to inform them about the potential closure and the reasons for it.* • *The calls focus on the consumer's options and offering additional resources such as money management.*

The CPWG recommends OHA and ODHS prioritize resources – with specific attention on individuals in priority populations – to:

- Support **Navigating Insurance Transitions** as OHP members transition from one form of coverage to another,
- Ensure no loss or delay in services during the transition, and
- Wherever possible, utilize a "no wrong door" approach that reduces the burden on individuals and families navigating from one system to another.

Specific CPWG recommendations include: **(4 recommendations total)**

ID	CPWG recommendation	Update on implementation
	appropriate actions to avoid being terminated from Medicaid.	*They offer instructions for consumers to update their information or contact an eligibility worker if they think the information ODHS has is wrong.* *In September,ODHS Aging and Disability Services (APD) and a contractor started calling LTSS consumers who have not replied to requests for information or renewal notices. If they reach a consumer during the call, they connect the consumer with an eligibility worker.* *When medical benefits end, the ONE system notifies case managers. ODHS asks case managers to check the system regularly, so they are aware of closure as soon as possible. Case managers are working with these consumers to navigate the financial eligibility process before the closure effective date.*
5.3	**Navigating Insurance Transitions** When sending health coverage denial letters and notices, include information about navigational assistance and similar resources that people can use to help transition to another form of coverage.	*ODHS/OHA have taken these steps to inform members losing medical benefits about other coverage options:* • *Updated ONE closure notices to more clearly outline other enrollment and coverage opportunities, next steps and how to find local help.* • *The Marketplace Transition Project is reaching out to individuals losing OHP benefits during the Medicaid renewals process to inform them about their coverage options through the Marketplace.* • *The OHP and Marketplace teams are working closely with authorized community partners to contact their clients who are losing OHP benefits and offer assistance for securing other coverage. People referred to the Marketplace who have not enrolled in private coverage are called, emailed, and/or sent a text message by the Marketplace Transition Project.*

The CPWG recommends OHA and ODHS prioritize resources – with specific attention on individuals in priority populations – to:

- Support **Navigating Insurance Transitions** as OHP members transition from one form of coverage to another,
- Ensure no loss or delay in services during the transition, and
- Wherever possible, utilize a "no wrong door" approach that reduces the burden on individuals and families navigating from one system to another.

Specific CPWG recommendations include: **(4 recommendations total)**

ID	CPWG recommendation	Update on implementation
5.4	**Navigating Insurance Transitions** OHA should identify and prioritize individuals who are medically complex or have multiple health needs and provide additional navigation assistance to support OHP renewals.	*To help members with complex medical conditions or multiple health needs understand renewal notices, how to respond to notices and what they need to do:* • *ODHS Case Managers are reaching out to people receiving non-Modified Adjusted Gross Income (non-MAGI) services.* • *For MAGI populations, OHA is providing data to CCOs identifying members who have complex medical conditions. CCOs will use this data to support direct outreach to these members.*

Migrant and Seasonal Farm Workers Transitions

The table below provides an update on the progress of implementing the recommendation and value for **Migrant and Seasonal Farmworkers Transitions**.

Migrant and Seasonal Farmworkers (1 recommendation total)		
ID	CPWG recommendation	Update on implementation
6.1	**Migrant and Seasonal Farmworkers** Provide support and resources tailored to the specific needs and circumstances of migrant and seasonal farm workers.	*To provide resources tailored for this community, The Next Door, a community-based organization, is a paid campaign advisor for this population. The Next Door advised on the creation of all outreach materials and helped distribute them.* *To provide tailored support for this community:* • *OHA's Community Partner Outreach Program (CPOP) develops content and webinars for assisters providing direct support and outreach to this community.* • *The Next Door conducted in-person outreach at orchards over the summer, distributing Spanish outreach materials. They also distributed materials to schools, libraries, community centers, farmers markets, and health clinics commonly serving this community, and ran ads on Radio Tierra.*

Community Partners

The table below provides an update on the progress of implementing recommendations and the value for **Community Partners**.

The CPWG recommends that OHA and ODHS leverage, elevate, partner with, and compensate accordingly **Community Partners** to reach populations throughout the state, particularly high priority populations. Specific CPWG recommendations include: **(8 recommendations total)**		
ID	**CPWG recommendation**	**Update on implementation**
7.1	**Community Partners** The state legislature, through OHA and ODHS should ensure funding continues for current Community Partner organizations who are certified OHP assisters and expand funding to new organizations to fill in the geographical and cultural gaps where assisters currently aren't reaching.	*OHA is committed to reaching members culturally and geographically with local resources through new and continued partnerships.* *The Community Partner Outreach Program (CPOP) continues to support its network of certified OHP assisters. CPOP is committed to supporting members with renewal assistance and continuing to expand the partner network membership.* *The Marketplace partners with community-based organizations serving many communities of focus, linguistically and with cultural sensitivity and awareness.* *The Marketplace continues to partner with interested community partner organizations who are certified OHP and Marketplace assisters (currently over 1,200 trained certified assisters in both OHP and Marketplace).* *The Marketplace will expand to new organizations that focus on identified geographical and cultural gaps (see presentation and feedback request presented to CPWG on Dec. 15, 2022).* *The Marketplace is also expanding a specific grant program to support American Indian/Alaska Native individuals called the Tribal Health Grant Program. This program is for interested Oregon Tribal Nations.*
7.2	**Community Partners** Community Partners should be further empowered in scope and through ONE System Changes to support all benefits redetermination.	*The ONE Online Improvement Committee includes community partners and program recipients. It meets regularly to prioritize suggested ONE system improvements. The committee gets suggestions from CPOP members, other partners, and a public-facing request form. The first improvements in ONE from this effort will be in fall 2023.* *ODHS and OHA are collaborating on a pilot program to allow CPOP grantees to assist with SNAP, TANF, and child care assistance. ODHS is seeking a contractor to create the necessary training materials and requesting federal approval to move forward.*

The CPWG recommends that OHA and ODHS leverage, elevate, partner with, and compensate accordingly **Community Partners** to reach populations throughout the state, particularly high priority populations. Specific CPWG recommendations include: **(8 recommendations total)**		
ID	**CPWG recommendation**	**Update on implementation**
7.3	**Community Partners** Increase funding for assisters when application assisters are asked to track more information, perform more services such as supporting health care navigation for individuals new to benefits, and conduct more reporting.	*The Marketplace is partnering with nine new organizations. Due to increased funding for transition work during the PHE Unwinding, the Marketplace was able to increase funding to existing grantees.*

7.4	**Community Partners**
	Increase trust and improve communication between agencies and community partners by:
	   a. Providing consistent avenues for community partners to share technical and operational issues that impact them most, and
	   b. Addressing issues and removing related barriers in a timely and transparent way.
		ODHS and OHA regularly engages community partners through:
		  • *The Keep Covered newsletter.*
		  • *Regular webinars in English and Spanish.*
		
		Community partners can share technical and operational issues through:
		  • *The webinars,*
		  • *Engagement seminars, and*
		  • *The feedback team by email or through the feedback form.*
		
		OHA will work directly with community partners to transparently address issues and allow partners to track the progress of their suggestions.

7.5	**Community Partners – Communication Strategies and Priorities** Use application assisters to help AI/AN and other enrollees understand what notifications/letters mean and what action(s) are required when they receive one.	*The Marketplace's Tribal Grant Program will focus on supporting AI/AN enrollees during the renewal process. The program offers funding to any interested Oregon Tribal Nations. Interested AI/AN application assisters will also have direct contact information to the Marketplace's Tribal Liaison.*
7.6	**Community Partners** Use feedback from and the voice of trusted community partners to understand experiences of OHP members going through redeterminations.	*Trusted community partners serving OHP members advised on the Keep Covered campaign. Their feedback is incorporated into outreach campaign materials.* *The Feedback Team collects, analyzes, responds to and reports on feedback from all partners. This includes flagging systemic, equity and urgent issues for quick response.* *ODHS/OHA are also engaging trusted partners and collecting their feedback and questions through webinars and other engagements.*

The CPWG recommends that OHA and ODHS leverage, elevate, partner with, and compensate accordingly **Community Partners** to reach populations throughout the state, particularly high priority populations. Specific CPWG recommendations include: **(8 recommendations total)**

ID	CPWG recommendation	Update on implementation
7.7	**Community Partners** – **Justice Involved Populations** State should ensure application assisters in every jail in Oregon through technical assistance and Community Partners in order to integrate access to coverage into the discharge process in ways adapted to local community need. This may include prioritizing Community Partner working in county jails in each Oregon county. Understand and connect with jail and those leaving incarceration so that all individuals leaving jail settings have OHP active at release.	*OHA's Community Partner Outreach Program (CPOP) always strives to ensure those leaving carceral settings have active OHP benefits upon release. CPOP's goal is to have a justice-involved CP assister connected to each county jail to ensure this happens, and to connect individuals to medical services and other services that apply to their social determinants of health.* *CPOP recently added a Justice-Involved Statewide Strategist to their team. The strategist will:* • *Develop systems and processes statewide to address the gaps and obstacles that justice involved individuals face when leaving a carceral setting.* • *Find solutions to CPOP's goal of having justice-involved assisters assigned to each county jail.* *CPOP will also have two justice-involved navigators. The navigators will work directly with justice-involved assisters and individuals to help connect them to medical services and resources in their community.* *The Marketplace has community partners that help individuals leaving incarceration in the Portland metro tri-county area.*
7.8	**Community Partners – Language Access** Fund the community partners who work with people who prefer language other than English to host in person community "Renew OHP" events, and have people be able to renew right there.	*OHP assisters heavily prioritize outreach in languages other than English. CPOP encourages assisters to conduct renewal events offering their services.* *Because renewals are staggered across a year, only people who received their renewal notice would be able to participate in events to "renew on the spot." Renewing before getting their notice is not an option (per federal Medicaid requirements).* *Marketplace grantees focus on supporting individuals not eligible for OHP. Holding "Renew OHP" events is outside their scope of work.*

Data and Dashboard Reporting

The table below provides an update on the progress of implementing recommendations and the value for **Data and Dashboard Reporting**.

The CPWG recommends that OHA and ODHS focus **Data and Dashboard Reporting** on areas providing greater understanding of potential inequities among priority populations, are easily understandable and accessible to read and use and are used to inform and strengthen services. Specific CPWG recommendations include: **(9 recommendations total)**

ID	CPWG recommendation	Update on implementation
8.1	**Data and Dashboard Reporting – Workforce** State agencies should develop and share contingency plans and mitigation strategies, including supporting and training eligibility workers and other staff, to address service issues, discrepancies, equity issues, and other problems made visible by the online data dashboard.	*Eligibility workers and other ODHS/OHA staff have ongoing training and support. OHA and ODHS continue to evaluate renewal progress to identify service issues and respond with training and supports. The ONE Eligibility Operations Dashboards are fully implemented and include demographic data. ODHS/OHA regularly analyze data from the dashboards to identify disparities in service delivery. This analysis informs engagement actions.*
8.2	**Data and Dashboard Reporting** Collect and publicly report data, such as percent of member appeals compared by equity and language access markers, and use this to inform improvements to the redeterminations process.	*After careful consideration, ODHS/OHA determined that appeals data could not be included on the Medical Redeterminations Dashboard due to challenges in capturing the data. The dashboard does include demographic information for closures and reductions of benefits.*
8.3	**Data and Dashboard Reporting** The public-facing dashboard should include hover-over definitions to explain what each term means in plain language and in an applicable way.	*ODHS/OHA tried to clearly define terms and describe the information presented in Medical Redeterminations Dashboard. However, the technology does not allow for hover-over definitions.*
8.4	**Data and Dashboard Reporting** The public-facing dashboard should track number and percentage of people who responded after they received a notice that their benefit was terminated with ability to view data by geography, demographics, and preferred/primary language and REALD.	*The Medical Redeterminations Dashboard will track people whose benefits ended.* *The dashboard will not show how many of these people contacted ODHS after getting a termination notice, because ODHS does not track calls at the individual level. However, if a member responds to a termination notice and is then found eligible, ODHS will update the dashboard to count this as an approved renewal.*
8.5	**Data and Dashboard Reporting** The public-facing dashboard should track number and percentage of people who do not renew because they did not respond to information that was requested from the state with ability to slice by geography, demographics, and preferred/primary language and/or REALD.	*The Medical Redeterminations Dashboard contains data on individuals who do not renew. The dashboard will display these high-level closure/ termination reasons:* 1. *Out of State Coverage* 2. *Justice Involved* 3. *Missing Requested Info* 4. *Deceased*

ID	CPWG recommendation	Update on implementation
	The CPWG recommends that OHA and ODHS focus **Data and Dashboard Reporting** on areas providing greater understanding of potential inequities among priority populations, are easily understandable and accessible to read and use and are used to inform and strengthen services. Specific CPWG recommendations include: **(9 recommendations total)**	
		5. *Missing Required Activity* 6. *Financial / Age Requirements* 7. *Other Program Requirements* *The dashboard provides geographic and demographic data as well.*
8.6	**Data and Dashboard Reporting** The public-facing dashboard should track what type of insurance coverage OHP members have at the end of the redeterminations process (e.g., track those remaining on OHP, those moving to marketplace, those in the temporary extended benefits program, those who are uninsured, those are dually enrolled in Medicare and Medicaid, those who are otherwise double-covered, etc.).	*The Medical Redeterminations Dashboard contains data on individuals who:* • *Remain on medical benefits,* • *Had a reduction in coverage and* • *Were referred to the Marketplace.* *However, the dashboard does not include the level of detail recommended here due to data limitations.*
8.7	**Data and Dashboard Reporting – Non-Modified Adjusted Gross Income (MAGI) Populations** The public-facing dashboard should track renewals for MAGI separately from non-MAGI.	*The "New Applications" section of the Medical Redeterminations Dashboard includes pending and completed applications (new and renewal) by program, which includes MAGI and non-MAGI categories. However, it does not include demographic data due to data limitations.*
8.8	**Data and Dashboard Reporting** On online dashboard, include live, real-time wait times to the ONE call center so that individuals calling in know the estimated wait time before calling. Include live wait times when people call in, so they have a real-time estimate.	*ODHS moved to a new phone service vendor for the ONE Customer Service Center in spring 2023. After exploring data reporting options with the new vendor, ODHS found that they could not report call wait times in real time. ODHS will continue to report historical data and trends. ODHS refreshes call center data daily to include the previous day.*
8.9	**Data and Dashboard Reporting** The dashboard should include additional information, such as: a. Wait times, wait times by language, dropped calls, and dropped calls by language. b. Phone access, including calls that come in, how many calls answered, how many dropped, etc.	*The ONE Customer Service Center Dashboard shows data for the three call center queues (Eligibility, Support, and Applicant Portal technical assistance) combined and separately.* • *It includes call volume (total calls), wait times, accepted (answered) calls, and abandoned (dropped) calls.* • *It does not include calls by language. This is because the dedicated language lines direct callers to an interpreter and then connect to an expedited queue. This process prevents reliable capture of this data for the dashboard.*

Accessibility and Disability Access

The table below provides an update on the progress of implementing recommendations and the value for **Accessibility and Disability Access**.

The CPWG recommends that OHA and ODHS prioritize overall **Accessibility and Disability Access** so that high-priority populations in need of accommodations receive support in a proactive, trauma-informed, and person-centered way. Specific CPWG recommendations include: **(6 recommendations total)**		
ID	**CPWG recommendation**	**Update on implementation**
9.1	**Accessibility and Disability Access** Extend deadlines up to 90 days for medical assistance program (MAP) enrollees and increase the promotion and use of accessible application assisters to give people accessing OHP through non-MAGI services the time and additional support needed to correctly apply for coverage and respond to requests for information.	*ODHS/OHA already allows extended deadlines for medical renewals.* • *During the Unwinding period, individuals have approximately 90 days to respond to requests for information (RFI) or to their active renewal packets.* • *If they don't respond to their RFI or renewal packet, they will receive a reminder notice 60 and 30 days before the RFI due date.* • *If they no longer qualify for medical benefits by the RFI due date, they get an extended "adverse action period." This means they keep their benefits for another 60 days. This period applies to non-responders as well as any situation where ONE determines that benefits should terminate.* *To give non-MAGI service recipients more support during the renewal process, ODHS has spread their cases throughout the redetermination period. This will ensure consistent availability of support from case workers and partners serving this population.*
9.2	**Accessibility and Disability Access** Identify and implement strategies to provide additional time and resources to people who face additional barriers when trying to understand notices and what is required of them to verify eligibility, such as people disabilities, elderly persons, and people with limited English proficiency.	*Oregon gives all members more time to respond than any other state Medicaid program.* • *Whenever possible ODHS automatically renews members based on verified information on file.* • *As described above, all members have extended due dates and an adverse action period. These allow members to keep their coverage longer and have more time to complete their renewal.* • *If a member does not respond after the adverse action period, they could reapply for OHP by completing a new application. If ODHS approves their application, OHP can cover medical bills from the previous three months. This retroactive coverage can provide another layer of protection.*

The CPWG recommends that OHA and ODHS prioritize overall **Accessibility and Disability Access** so that high-priority populations in need of accommodations receive support in a proactive, trauma-informed, and person-centered way. Specific CPWG recommendations include: **(6 recommendations total)**

ID	CPWG recommendation	Update on implementation
		The state has also made resources available for partners to help members understand notices they receive and what they need to do. *ODHS/OHA are also spacing out renewals for members with language preferences other than English throughout the Unwinding. This will help ensure consistent availability of language resources, such as interpreters, workers and partners who speak a particular language.* *The Marketplace has extensive support for people transitioning out of OHP. This includes:* • *A network of trained application assisters and insurance agents/brokers speak languages other than English, live in rural communities, and support communities harmed by health inequities.* • *A close partnership with the Senior Health Insurance Benefits Assistance (SHIBA) program along with assisters and insurance agents/brokers who support persons eligible for Medicare.* • *A Marketplace Transition call center to support individuals losing OHP coverage enroll in a Marketplace plan. This call center has customer service representatives that speak multiple languages, access to translation services, and workers trained on how to help individuals who have questions about enrolling.* • *Focused outreach on helping people avoid a gap in health coverage by enrolling in a Marketplace plan before their OHP benefits end.* *For people who lose their OHP benefits before they find other coverage, the federal government opened an extended "Unwinding" special enrollment period from March 31, 2023 through July 31, 2024. This gives people more time to enroll in a Marketplace plan.*
9.3	**Accessibility and Disability Access – Community Partners** State should staff eligibility workers using a model that increases overall staffing ratios and ensures higher ratios for populations whose redeterminations will	*ODHS partnered with the vendor North Highland to complete a Workload Model that incorporates timings of eligibility activities as they vary by single and multiple programs. ODHS shared this information as testimony during the 2023 Legislative Session. This resulted in the approval of House Bill (HB) 5026 to fund additional eligibility worker staffing.*

ID	CPWG recommendation	Update on implementation
	require additional support, such as non-MAGI renewals. State should look at Community Partners within this to leverage redeterminations that only eligibility workers can do vs. those that Community Partners can do.	*ODHS/OHA also contracted with vendor PH Tech to staff the more than 40 percent of ONE Customer Service calls that do not require an eligibility worker. This allows eligibility workers to prioritize time for tasks that require an eligibility worker. This added support significantly improves eligibility workers' availability and queue times.* *Community partners can help members respond to renewals, but may not be able to assist with interviews required for non-MAGI programs. Instead, they can help the member connect to an eligibility worker or help the member call to schedule required interviews.* *Spreading out more complex renewals like non-MAGI renewals also helps maintain consistent availability of the staff needed to support them.*
9.4	**Accessibility and Disability Access – Workforce** State to ensure there is sufficient staff to answer calls/help people who have access needs related to their disability and can't use the online methods for updating or renewing.	*To ensure there is sufficient staff to help people with access needs, ODHS Is updating the ONE system and hiring workers who will focus on supporting people applying for complex long-term services and supports. ODHS expects these supports to be in place in fall 2023.* *As described above, ODHS/OHA also engaged PH Tech to answer the more than 40 percent of ONE Customer Service calls that do not need an eligibility worker's assistance. This gives eligibility workers more time to provide support for tasks such as verbal applications and non-MAGI interviews.*
9.5	**Accessibility and Disability Access** Require caseworkers to reach out to provide personal attention and support to help individuals receiving Non-MAGI OHP if they have not responded in the first 30 (or 60) days.	*ODHS regularly sends nonresponse reports of individuals who have LTSS benefits and a case manager to local offices and Acentra (formerly known as Kepro). Local offices and Acentra use these reports to reach individuals who may still need to take action to renew their benefits. During monthly contacts with people receiving long-term services and supports, ODHS Aging and People with Disabilities (APD) case managers now ensure clients understand what they need to do to complete the renewal process.* *ODHS' Office of Developmental Disabilities Services (ODDS) case managers are also tracking and contacting cases involving people receiving benefits*

ID	CPWG recommendation	Update on implementation
The CPWG recommends that OHA and ODHS prioritize overall **Accessibility and Disability Access** so that high-priority populations in need of accommodations receive support in a proactive, trauma-informed, and person-centered way. Specific CPWG recommendations include: **(6 recommendations total)**		
		who have intellectual and developmental disabilities, sorted by services provided, including foster care or housing, and renewal date. ODDS case managers area also sending reminders to those who still need to respond to their renewal letters.
		OHA shared engagement tools with CCOs and Acentra(the care coordinator for members not enrolled in a CCO). OHA encourages, but does not require, CCOs to conduct outreach to individuals who may need help completing the renewal process. Acentra, however, is contractually obligated to conduct nonresponse outreach to their members.
		OHA and ODHS continue to partner with community-based organizations (CBOs) and provide outreach and engagement tools. Many people who experience barriers to engaging with government systems and agencies rely on supports from CBOs.
		ODHS outreach for older adults and people with disabilities focuses on those receiving LTSS.
		ODHS/OHA will explore options to support other people with non-MAGI benefits who do not have a case worker, such as expanding the assister role to support non-MAGI interviews.
9.6	**Accessibility and Disability Access** Use video communication, when/if possible, and offer American Sign Language interpretation for meetings with application assisters, community-based organizations, community partners, and other partners.	*In April OHA completed videos in English and Spanish about what members need to do during renewal. In August Metropolitan Group completed a series of 15- and 30-second videos on the same topic in multiple languages.* *ODHS/OHA hold partner webinars and engagement meetings using video communication such as Microsoft Teams or Zoom. Accommodations, including sign language, are available by law upon request.* *The Marketplace also offers closed captioning during their meetings.*