Appendix B

Social Security Number

- For OCCS Medical the SSN is used to verify identity, income and other assets, and to match with state and federal records.

- With a few exceptions, a participant applying for medical must provide a valid SSN, if they have one. If they don’t have an SSN, they must apply for one and provide the SSN when it is received. The agency may not deny or delay services to an otherwise eligible applicant pending issuance or verification of the SSN or if the applicant meets an exemption reason.

- A participant is exempt from providing or applying for an SSN if:
  - They do not have an SSN and the SSN may only be issued for a valid non-work reason;
  - They are not eligible to receive an SSN;
  - They are a member of a religious sect that has continuously existed since December 31, 1950, and the participant adheres to its tenets or teaching that prohibit applying for or using an SSN; or
  - The participant is an assumed eligible newborn under one year of age.

- The SSN is entered on the ‘Individual’ screen during Application Registration or during Data Collection.

✔ See where the SSN is entered in the ONE system during Application Registration and Data Collection (Example 1)

Race, Ethnicity, Language and Disability (REAL+D)

- There are a series of race, ethnicity, language and demographic disability questions in ONE:
  - These questions are mandated by Oregon Administrative Rules, Division 70, and are asked in an effort to ensure all participants receive the highest quality of care, ensure the best services possible, and address health disparities.
These questions do not impact eligibility.

- REAL+D questions are found on the ‘Demographic Disability’ and ‘Individual’ screens in ONE.

See where the disability questions are asked (Example 2)

See where the language/race questions are asked (Example 3)

American Indian/Alaska Native Status

- Participants who are Native American or Alaskan Native (HNA) may obtain primary care services from an Indian Health Service facility, tribal health clinic/program, or urban clinic via the Fee-For-Service (FFS) delivery system.

- HNA participants who are receiving services through Indian Health Services or HNA applicants who have ESI that the tribe pays for are still eligible for CHIP.

- ONE captures HNA status by the participant having answered ‘yes’ to at least one of the two questions related to American Indian/Alaska Native member status. The question may be answered during Application Registration or Data Collection modules.

See where these questions are asked on the “Individual Information” screen the ONE system (Example 4)

Household status

- The Household Status is required to be enter in ONE Worker Portal for all individuals on a case.
  - If an individual is being claimed as a tax dependent on a case, but is not living in the same household, workers should select the ‘Not in the Household but in the same Tax Group’ option from the drop-down menu.

- The Household Status is used, in combination with Relationships and Tax Filing Status, to calculate the Eligibility Determination Groups (EDGs).
Flowchart for Forming A MAGI-Based EDG for the Monthly Income Test (Example 10)

Flowchart for Forming A MAGI-Based EDG for the 100 Percent Income Test (Example 11)

Address

- A mailing address must be provided by the participant, even if homeless.

- A ‘Physical’ address must be provided in the ONE system unless ‘Has no fixed address’ is selected as ‘Yes’. A separate “Mailing” address can be added if different than the ‘Physical.’

See where the address is entered in the ONE system for the Primary Applicant during Application Registration (Example 6)

See where the address is entered in the ONE system during Data Collection (Example 7)

- Unless the participant is exempt from enrolling into a Coordinated Care Organization (CCO), the physical address (County) is used to determine which CCO(s) are available to the participant.
  - The following participants are exempt:
    (a) Individuals who attest to Heritage Native American or Alaskan Native (HNA)
        - HNA participants will not auto enroll with any level of coverage but can request to be manually enrolled or disenrolled at any time.
        - An exemption in MMIS is not required to prevent medical auto assignment.
    (b) Participants with Third Party Liability (TPL) coverage including private major medical and employer-sponsored insurance will not be auto-enrolled if their MMIS record reflects the TPL.
- Medically fragile children and children in the legal custody of the department or in substitute care

  (a) Child Welfare and OYA participants will not auto enroll with a medical level coverage, but can be manually enrolled if they choose.

  (b) An exemption in MMIS is not required to prevent medical auto assignment.

  (c) Dental and/or mental health coverage will enroll depending on the coverage available in their area.

- The following participants can opt-out of CCO enrollment without a medical reason, and do not need to submit a Continuity of Care form:

  (a) Participants who are dually eligible for Medicare and Medicaid. If these individuals want to opt-out of enrollment they will need an exemption on their MMIS record.

  (b) Newly eligible OHP participants who are in their third trimester of pregnancy

  (c) Participants who are Fee-For-Service (FFS) or “open card” when admitted to the hospital and those who are determined eligible through hospital presumptive eligibility (HPE) must remain FFS until discharged from the hospital

  (d) Participants who are FFS when entering residential treatment services must remain FFS until released from the facility

- Enrollment exemption requests received by phone will be transferred to the Client Services Unit Hotline at 1-800-273-0557. If the request is received via email or with an application, the worker will send the request to CSU Issues CSU.Issues@dhsoha.state.or.us.

- All other participants will auto assign unless exempted from enrollment. Participants can be exempt from any level of care (medical, dental, or mental health) if approved by the OHA Health Services Division Medical Unit. This includes but is not limited to exemptions for continuity of care, access to care, and pregnancy exemptions. The CCO Account Representatives may also ask CES to temporarily exempt clients from enrollment for administrative reasons.

  - Participants calling to request an enrollment exemption who do not meet one of the reasons listed above will be transferred to the Client Services Unit (CSU) at 1-800-273-0557.
The participant will be informed that both OHP and their CCO must agree that they have important medical reasons for the exemption.

CSU staff will assist the participant in completing fields 4-9 of the Continuity of Care Form OHP 0416 prior to mailing it to them to complete and return.

- See where the CCO is selected in the ONE system (Example 8)

Relationships

- Relationships to each other are required for all individuals on a case. The ONE system will auto populate the relationship when it has been previously identified under another individual. For example, if Estella has been identified as Keith’s spouse under his tab, ONE will automatically update her tab to show Keith is her spouse as well.

- See where the relationships are entered in the ONE system (Example 9)

- Relationships are used to calculate Eligibility Determination Groups (EDGs) as well as to help assess eligibility for specific programs, such as Parent or Other Caretaker Relative or Assumed Eligible Newborn.

- See flowchart for Forming A MAGI-Based-EDG for the Monthly Income Test (Example 10)

- See flowchart for Forming A MAGI-Based-EDG for the 100% Annual Income Test (Example 11)

Tax Filing Status

- Tax Filing Status are required for all individuals on a case. All tax dependents listed must also be listed on the case, even if not applying for medical or living in the same household.

- See where the Tax Filing Status is entered into the ONE system. (Example 12)
• The Tax Filing Status is used, in combination with Relationships and Household Status, to calculate the Eligibility Determination Groups (EDGs).

| ✔ See flowchart for Forming A MAGI-Based-EDG for the Monthly Income Test (Example 10) |
| ✔ See flowchart for Forming A MAGI-Based-EDG for the 100% Annual Income Test (Example 11) |

Citizenship/alien status

• An applicant who is applying for medical must indicate whether or not they are a U.S. Citizen.

• If an applicant indicates they are not a U.S. Citizen, the ONE system collects information about their immigration status.

• Applicants who are noncitizens will meet the noncitizen requirement based on their immigration status:
  - Adults that do not meet the noncitizen requirements may be eligible for Citizen/Alien Waived Emergent Medical (CAWEM)/CAWEM Plus benefit package.
  - Children that do not meet the noncitizen requirements may be eligible for the Cover All Kids benefit package.

• Those applicants who meet the noncitizen requirement are subjected to immigration verification requirements. For these individuals, the ONE system will make a call to the Verify Lawful Presence (VLP) Business Service interface to obtain verification.
  - The VLP Business Service is part of the Federal Data Services Hub (FDSH) which retrieves citizenship and immigration status verification from the Department of Homeland Security (DHS) for use in determining eligibility for APTC/CSR/QHP, Medicaid, and CHIP.
  - The Department of Homeland Security is the same source of information for both VLP and SAVE
Reasonable Opportunity Period

- The ONE system will attempt to verify Citizenship or Immigration information for applicants who are U.S. Citizens, or a noncitizen whose status is subject to the immigration verification requirements.

- If the system is unable to verify the individual’s self-attestation, benefits are approved based on their self-attestation and an RFI is sent. The RFI allows 95 days for the applicant to resolve the discrepancy regarding their US citizenship or immigration status.

 Notices

- There is no minimum amount of time a participant must live in Oregon to be a resident. The participant is a resident of Oregon if:
  - The participant intends to remain in Oregon; or
  - The participant entered Oregon with a job commitment or is looking for work.

- In ONE, the question “Do you live in Oregon and plan to stay in Oregon (includes to work or look for work in Oregon)?” is what determines if a client is an Oregon resident. An out of state mailing or physical address may be entered so long as the participant is an Oregon resident. ‘State of Residency’ is also asked on the same ‘Individual Demographic’ screen.

 Incarceration

- A Medicaid/CHIP recipient who becomes incarcerated shall have their benefits suspended, effective on the day following the incarceration date.
• Benefits shall be restored for a participant without the need for a new application as long as:
  - They report their release to the Agency within 10 calendar days of the release date;
  - They report their release to the Agency more than 10 calendar days from the release date, and there is good cause for the late reporting;
  - They are released to a medical facility not associated with the institution where they were an inmate and begin treatment as an inpatient.

• A participant’s release may also be reported by the public institution via the OHP 7100 form when they are released.

• When an inmate whose benefits have been suspended due to incarceration is admitted as an in-patient to a hospital, benefits shall be provided during the hospitalization period.

• An inmate who is admitted as an in-patient at a hospital may apply and be found eligible for Medicaid/CHIP benefits during their hospitalization even if they were not receiving benefits at the time they were incarcerated (benefits were not suspended). When the individual returns to the facility at which they’re incarcerated, their benefits shall be suspended.

• ONE runs a verification process through the Social Security Administration Interface to verify the incarceration status, or identify discrepancies with the attested incarceration information.
  - A separate manual record can be created to show an incarceration beginning or end date.
  - A separate manual record can be created to provide eligibility for hospitalizations.

✔ See the “Incarceration Status” screen. (Example 16)

Eighteen-year-old full-time high school student

• This question is asked to determine if the child is considered a ‘dependent child’ of an adult on the case. If marked yes, the caretaker of the child could potentially be eligible for Parent or Other Caretaker Relative benefits.
• NOTE

This question is only asked if there is an 18 year old in the household.

✓ See where this question is asked (Example 17)

Verification

• The state accepts self-attestation for the following eligibility requirements, unless questionable:
  - Date of birth
  - Relationship to other household members;
  - Household composition;
  - Legal name;
  - Medicare;
  - Pregnancy;
  - Receipt or availability of other healthcare coverage;
  - Residency;
  - American Indian/Alaska Native status.

• For other eligibility requirements, the ONE system will attempt to verify the information through the Federal Data Services Hub (FDSH). If unable to be verified via this process:
  - If an application is entered via the Applicant Portal (AP), the ONE system will generate a Request for Information (RFI).
  - If an application is entered via the Worker Portal (WP), the worker can use other electronic systems to attempt to verify the information. If
information still cannot be verified, the worker can allow the RFI
generated by the ONE system to be sent.

When an item cannot be verified, it will either result in a ‘Soft Pend’ RFI or a
‘Hard Pend’ RFI.

- Soft Pend RFI = Case in ONE can be authorized but client must provide
  verification within 90 days (95 days for Immigration Status verification
  needed)

  (a) A Soft Pend can be identified in the following ways:

  (b) EDG Summary

  (c) Case Summary (Proceed to Verification button is blue)

  (d) Navigating to the RFI screen by selecting RFI from the ‘Eligibility
      Determination’ module tab.

- Hard Pend RFI = Case in ONE cannot be authorized until the item has been
  marked with a verification source other than ‘Client Statement’.

  (a) A Hard Pend will display a ‘Pending’ Eligibility Determination on
      the Eligibility Summary screen. It can also be viewed the same
      ways as a Soft Pend.

• Each night, RFI’s initiated by the system during that day are sent to the print plant
to be printed and mailed. These can then be viewed in the ‘Completed’
corresponences.

✅ See where to an RFI can be located in the ONE system. (Example 18)

✅ See Verification Guidance while process an OHP application or clearing
an RFI in the ONE system.