

Transmittal



Oregon Eligibility Partnership

Date Issued: 4/10/2023

Transmittal #: OEP-PT-23-015

Subject/Topic: Medical Impacts to the COVID-19 Public Health Emergency Unwinding (PHEU) and MAGI Expanded Adult Program

Primary Audience:

<input checked="" type="checkbox"/> Eligibility	<input checked="" type="checkbox"/> Leadership
<input type="checkbox"/> Family Coach	<input type="checkbox"/> LTSS Case Management
<input type="checkbox"/> Support	<input type="checkbox"/> Other:

Effective Date: Click to enter a date.

Transmittal Type: Policy

Impacted Area(s):

<input checked="" type="checkbox"/> New/Updated Policy/Rule	<input type="checkbox"/> Policy Clarification
<input type="checkbox"/> Reference Materials	<input checked="" type="checkbox"/> System(s), specify
<input type="checkbox"/> Other:	

Reference Material(s):

[PHE Unwinding Resource Guide](#)
[OAR 461-135-0880, OAR 461-135-0660](#)
[PHEU Take Time for Training \(TT4T\)](#)
[Public Facing PHEU Website](#)

Summary:

Effective April 1, 2023, Oregon will begin the “unwinding” of many medical policy changes that were made in response to the COVID-19 public health emergency (PHE). This will include:

- Processing medical renewals and acting on benefit reductions and closures
- Implementation of new policies and procedures; and
- New medical program called the MAGI Expanded Adult (EXADLT) program.

Details:

Background:

- In 2020, the Families First Coronavirus Recovery and Relief Act (FFCRA) required states to maintain the same level of medical coverage for anyone who was receiving or began receiving medical coverage while the PHE was in place. This is referred to as the continuous coverage provision.
- In late 2022, congress passed the Consolidated Appropriations Act, which ended the continuous coverage requirement effective April 1, 2023.
- The Consolidated Appropriations Act, requires states to start the transition to what will become the state's normal policy and operations effective April 1, 2023. This means all medical recipients (except REFM) receiving benefits as of March 31, 2023 must undergo a renewal without PHE protections where Requests for Information (RFI), reductions, and termination of medical benefits will be acted on. This is referred to as the "unwinding period" and will take place from April 2023 – June 2024. Renewals will begin in the first 10 months of the unwinding period and must be completed within 14 months.

Planning:

In April 2023, the first round of "unwinding renewals" will begin. Over the following 14 months, all medical cases will go through the renewal process. Renewal dates will be updated based on criteria recommended by the [Community and Partner Workgroup](#) to provide more vulnerable populations time to make plans for potential loss of coverage and balance staff workload. This is known as renewal "resequencing." More information about renewal resequencing, including an [interactive renewal timeline](#), is available in [OEP-IM-23-013](#).

Information considered in the renewal resequencing efforts include but are not limited to:

- Adults and children receiving long-term services and supports, including intellectual and/or developmental disability (I/DD) services
- People who are pregnant and newborns
- Children
- Individuals experiencing homelessness
- Spoken and written languages in the household
- Members of sovereign Tribal nations
- Cases with a COVID-19 Impact indicator

Application processing and timeline changes during the unwinding period:

- Medical eligibility will be determined using reported income information. Electronic verification matches and reasonable compatibility will still be performed, but RFIs for income verification will be sent after medical has been authorized if applicable. This is also referred to as a post-eligibility soft pend.
 - Benefits for individuals who reach the end of their Continuous or Protected Eligibility period, except for non-pregnant adults, will be terminated as a result of failure to respond to a post-eligibility RFI
 - Benefits for children aged 18 and younger and pregnant adults will be maintained for the duration of the Continuous Eligibility period, or the Protected Eligibility period, even if there's a failure to respond to a post-eligibility RFI
- Individuals will be provided 90 days to respond to RFIs
- Citizenship/non-citizen RFIs will be reduced from 180 days allowed during the PHE back to 95 days during the unwinding period and beyond
- Individuals will be provided 60-day advance notice when medical coverage is reduced or ending

During the unwinding period the Centers for Medicare and Medicaid Services (CMS) has given ODHS permission to assume the value of resources previously verified by AVS have not changed. This applies in two scenarios:

1. When a medical renewal interview is waived, and a financial institution does not respond to the automated AVS request after the full processing timeframe for an account that was previously verified through AVS
2. When a medical interview is completed and the individual attests to the same account value previously verified using AVS, AVS is run and the financial institution does not respond after the full processing timeframe

See the [COVID-19 PHE Unwinding Resource Guide](#) under [Special AVS Considerations During PHEU](#) for more information and examples.

Important Information – Please Read:

Do Not Complete Early Renewals During the Unwinding Period

All medical renewal due dates were rebalanced in late March to support PHE Unwinding efforts. New renewal dates have been assigned for medical cases in ONE, spread out over the course of the unwinding period through early 2024. This means individuals had an original medical renewal due date and this date moved to a later month. Since the medical renewal dates were updated in March, individuals with an original March renewal date may have already received their renewal packet and returned it to the agency.

What this means for you:

- **Do not** perform early medical renewals. This will ensure individuals receive PHE protected coverage until their scheduled renewal.
 - ONE will show the new rebalanced renewal dates on the Case Summary Screen.
 - To allow individuals to be considered a Public Health Emergency (PHE) individual for as long as possible, it is important not to perform a medical renewal prior to the date currently displayed in ONE, even if you are renewing other programs on the case.
 - Review the “Case Renewal” section on the Case Summary for program details on renewal status.
 - If the status is “upcoming renewal” it is **not** yet time to renew Medical.
 - If the status is “review requested” it is **now** time to renew Medical.

If you receive a renewal task or renewal packet and the Case Summary shows a later renewal date (see image below for visual):

- Do not process as a renewal.
- Upload the document to the ECF and create a task to be processed as appropriate
- Review and update for any reported changes and use the “Report a Change” case action.
 - Please Note: To correct IBP 23-011 there was a data fix on 4/03/2023 which added an interview record when an incorrect interview RFI was generated while reporting a change. It may be necessary to run eligibility to clear the interview RFI.
- Add a case note with important details and close the task once completed.

PHEU-related vs Non-PHEU-related case continued

This case is ready for staff to process a renewal

The status shows as *Review Requested* and the Medical Renewal Status shows as *Active Renewal Required*. This gives staff the green light to start processing the renewal.

Programs	Due Date	Renewal Start Date	Status	Medical Renewal Status
Medical	01/31/2023		Review Requested	Active Renewal Required
SNAP	04/30/2024		Upcoming Renewal	



Staff should not renew either case below

The first case is not yet up for renewal, notice the first case status is 'Upcoming Renewal'.

Programs	Due Date	Renewal Start Date	Status	Medical Renewal Status
Medical	06/30/2023		Upcoming Renewal	Passive Renewal Completed on Prior Renewal



The second case is in the renewal window however it is currently going through the Passive Renewal process.

Programs	Due Date	Renewal Start Date	Status	Medical Renewal Status
Medical	01/31/2023	01/11/2023	Review Initiated	Passive Renewal Initiated
SNAP	06/30/2024		Upcoming Renewal	



Extending SELG Required By Date to Align with RFI Due Dates

During the unwinding period, RFI due dates have been extended to 90 days. This means ONE may deny medical TOAs for not having an SELG record before an interview or other verification is due. When the RFI due date is past the SELG required by date, extend the SELG required by date on the Individual Information screen to align with the furthest RFI due date to prevent an early denial or closure.

This guidance does not extend assessment timeframes for Case Managers. Assessments must be completed within 45 days.

Permanent Changes to Self-Attestation and Verification Requirements

During the COVID-19 Public Health Emergency, we have been able to use a person's self-attestation for most medical eligibility factors without needing proof or other documentation. This policy is changing effective April 1, 2023. RFIs will be automatically generated when verification is required by the program.

- Asset Verification (AVS) results will be required before authorizing medical when required by a program
 - AVS can take 10 – 15 days to return results. When AVS is required by a program, medical will pend for AVS results. Medical cannot be authorized while AVS is pending
- Resources that cannot be verified by AVS will need verification from the individual when required by a program

- Individuals who attest to blindness or disability and do not have a blindness or disability determination from the Social Security Administration or Presumptive Medicaid Disability Determination (PMDDT) will be required to complete the PMDDT process when blindness or disability is used as the [basis of need](#) for medical
 - PMDDT can take up to 90 days to complete. Medical cannot be authorized while the PMDDT decision is pending. If the individual has an urgent need, contact [APD Policy](#)

New MAGI Expanded Adult Program:

In 2024, Oregon will offer the Basic Health Program (BHP) for adults. The BHP will allow individuals to receive OHP Plus-equivalent coverage with countable income up to 200% of the Federal Poverty Level (FPL). Rather than losing eligibility for OHP and being referred to the health insurance marketplace, they will be enrolled in BHP. There will be no cost to individuals enrolled in BHP. Eligible individuals will receive the same level of coverage as OHP, including CCO enrollment.

Oregon won't implement the BHP until 2024, so to avoid ending coverage during the unwinding period, Oregon has received approval to create a temporary Medicaid program for adults who would otherwise be eligible for the BHP. The temporary program is called the MAGI Expanded Adult program and will be in place until the BHP begins in 2024. The type of assistance (TOA) is EXADLT with MMIS case descriptors AMO AEP.

The MAGI Expanded Adult program is effective April 1, 2023, and will be available until the Basic Health Program is implemented. EXADLT will be available to individuals who:

- Lose eligibility for other medical benefits due to an increase of countable income;
- Are 19 - 64 years of age;
- Have household income greater than 138% FPL through 200% FPL;
- Meet the dependent Minimum Essential Coverage (MEC) check: No dependent children in the home who are uninsured;
- Meet citizenship or non-citizen status requirements outlined in OAR 410-200-0215;
- Are not entitled to or enrolled in Medicare benefits under part A or B; and
- Are not receiving SSI benefits.

The following individuals will not be eligible for MAGI Expanded Adult benefits:

- New applicants and individuals reapplying after a break in coverage
- Individuals who do not meet the citizenship/non-citizen status criteria for OHP Plus, including those who are eligible for Healthier Oregon coverage

While EXADLT is OHP Plus-equivalent coverage, there are some differences between EXADLT and other OHP programs:

- Individuals enrolled in EXADLT are not eligible for long-term services and supports, including State Plan Personal Care (SPPC)
- Protected eligibility for pregnancy does not apply to EXADLT, and EXADLT recipients who become pregnant will not be entitled to the enhanced dental and vision benefit provided to other pregnant OHP recipients

When the BHP becomes available, EXADLT recipients will experience a redetermination and if eligible, be transitioned to BHP coverage.

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Questions?

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