

Oregon Eligibility Partnership

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Transmittal #: OEP-PT-24-015

Subject/Topic: Medical Updates for ONE Renewal Process and Notices

Primary Audience: Eligibility Leadership
 Family Coach LTSS Case Management
 Support Other:

Effective Date: 5/15/2024

Transmittal Type: Policy

Impacted Area(s): New/Updated Policy/Rule Policy Clarification
 Reference Materials System(s), specify
 Other:

Reference Material(s): Medical renewal policy and notices are being updated. Staff materials being updated including the following RGs:

[Case Actions](#)

[Correspondence Inventory](#)

[Eligibility Worker Tasks Part 1](#)

[Renewals and Recertifications](#)

OPEN will be updated with the July 2024 release.

Summary

Beginning with renewals initiated in June 2024, several updates will be made to the ONE medical renewal process to align with federal guidance. Updates include:

- Renewals shifting to an individual, not case, level.
- Giving individuals the opportunity to review their case information and confirm it's correct before medical is closed or reduced.
- Replacing current medical renewal forms with a single form that gives more detailed information about eligibility decisions.
- Formatting updates to the Medical Notice of Eligibility (MED-005) to align with the new renewal form.

Note: Changes to the MED-005 will be implemented on May 15, when the ONE system is updated.

- Changes to which case members will have medical benefits end when a renewal response is not received.

Details

Background

In August 2023, near the beginning of the COVID-19 public health emergency unwinding period, the Centers for Medicare and Medicaid Services (CMS) informed 30 states, including Oregon, that our medical renewal process did not meet federal guidelines. States were directed to make revisions, as necessary, to bring the renewal process into alignment with federal guidance.

Federal guidance requires that states try to confirm ongoing eligibility at renewal by using data available to the agency without requiring information from the individual, if possible. This process is known federally as an “Ex parte renewal.” In Oregon, we refer to this as a “passive” or “automated renewal.” The process includes having the ONE system compare information on the case to an automated electronic interface (“the hub”) that has information about various eligibility factors, like income and Medicare.

States are also required to review each person on a case individually to determine ongoing eligibility at renewal, without regard to the renewal decision for other members in the household. For example, if one person needs to provide information and respond to an active renewal, other people on the case who can be passively renewed, should be, even if the active renewal form is not returned by the person who needed to provide information.

Based on these requirements, the following changes are being made:

Updates to ONE

As part of the May 15 release, the medical renewal process in ONE will be updated. Beginning with the June renewal batch (for renewals due in August) ONE will:

- Initiate the medical renewal process based on the case level medical renewal date but consider ongoing eligibility on an individual basis. Individuals who cannot be passively renewed will need to complete the active renewal process.
- Begin sending a new renewal notice (MED-001) to the household. See the [Notice Details](#) section below for more details about this notice.
- Stop taking immediate adverse action as part of the renewal process if the case information shows the person is no longer eligible or should experience a reduction. For example, beginning in June, if an individual’s income or resources

are over the program limit, ONE will send the MED-001 to give people an opportunity to review and confirm case information before coverage is reduced or ended.

- Treat all pends at renewal as hard pends, with the exception of citizenship and immigration pends. For example, if the income on the case is not reasonably compatible or otherwise verified when the renewal occurs, ONE will send the MED-001 to request verification prior to renewing benefits for that individual.
- Require the household to review and confirm case information or report changes, and provide a signature, for any member who could not be passively renewed. This means all household members who cannot be passively renewed will need to complete the active renewal process. If multiple people on the case are asked to complete an active renewal, only one MED-001 will be sent and only one signature will be required.
- When a person is eligible for two TOAs (dual-eligible), but only one TOA can be passively renewed, the person will need to complete the active renewal process so eligibility can be determined for that TOA. If there is no response to the active renewal, adverse action will only be applied to the TOA for which more information was needed.

For example, someone is receiving both OSIPMAD and QMBP. If QMBP is passively renewed and the MED-001 is sent to renew OSIPMAD, only OSIPMAD will end if there is no response to the MED-001.

Additional updates to ONE:

- As soon as ONE has completed the passive renewal process, eligibility workers will be able to select the ‘Renew’ button. The renewal notice will be generated and available in the individual’s message center.
- Automated case notes for medical renewals will include individuals’ names and individual numbers.
- After ONE is updated on May 15, the system will also begin using the updated medical Combined Notice of Eligibility (MED-005). This notice was updated based on extensive feedback from individuals receiving medical benefits, staff, community partners, and legal advocates. The changes made to this notice align with the new MED-001. See the [Notice Details](#) section below for more details about this notice.

Updates to Staff Processes

With these renewal changes, staff can anticipate questions from members and may see an opportunity to educate individuals on what to expect when their renewal is due. The following are talking points that may be helpful with these conversations:

- Some household members may be renewed successfully while others will need to complete the active renewal process. If an individual is successfully renewed, any

RFIs for other household members, like income, are not applicable to the individual who was successfully renewed.

- If an individual receives an RFI at renewal, they must respond to that RFI before their eligibility can be renewed (with the exception of immigration/citizenship pends). NOTE: As a reminder, if an individual responds to an RFI and does not provide acceptable verification, take steps to reach out to the individual and/or re-pond them so they know their response was not sufficient.
- When processing a renewal response, select the “Renew” button and allow the system to take you through the system flow. A signature is still required to complete the active renewal process. If a signature is not captured on the Sign & Submit screen when the renewal is processed, a signature RFI will be issued.
- Households can refer to the new MED-001 renewal form when determining who was renewed and if anyone needs to take additional steps to complete the active renewal process.

Notice Details

The section below provides information about notice updates.

Medical Renewal Notice (MED-001)

Beginning with medical renewals initiated in June, the MED-001 will replace all previous medical renewal notices. You can see a sample of the MED-001 notice [here](#). Below are highlights of the structure of the notice and the information it provides:

- Individual Level Summary - First section of the notice provides a summary for each person and their renewal outcome.
- Household Medical Case Summary – a case summary of the current case data in the system is provided and includes information about all household members.
- Action Required – For individuals who could not be passively renewed, the MED-001 provides:
 - Requirements about what’s needed to complete their renewal (e.g., who requires an interview, who must provide verification/proofs or additional information, etc.)
 - A place to confirm if there have been changes to the case summary information
 - Space to collect a signature.
- Eligibility Results – For individuals who were passively renewed, the MED-001 provides details about their ongoing benefits. This information will be provided at a benefit level (ex: OHP Plus, Medicare Savings Program, Dental-only programs, etc.) along with details about the specific programs approved and corresponding Oregon Administrative Rules.

Medical Notice of Eligibility (MED-005)

After ONE is updated on May 15, the updated MED-005 will be sent for medical eligibility decisions. You can see a sample of the MED-005 notice [here](#). Below are highlights of the updates made to this notice:

- Structure changes made so the MED-005 and MED-001 will follow the same format including:
 - Individual level summaries at the beginning of the notice
 - All eligibility results provided in a single section for each individual at a benefit level
- More specific information about income/resources used when someone is determined ineligible based on being over-income/over-resources. For example, instead of just saying you have countable income over program limits, the updated notices will tell the individual the total amount of income counted when determining eligibility, what that program income limit is for their family size, and what part of the OAR has information on the program income requirements.
- More detailed information about Patient Liability
- The MED-005 will no longer be sent when a reported change does not impact eligibility. For example, an individual receiving MAGI Adult benefits reports an income change and they continue receiving MAGI Adult after the income update is made. A MED-005 will not be sent.

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Questions?

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