Action Plan preliminary report

Action Plan concludes Oregon’s recovery from Cover Oregon failure

This preliminary report summarizes the results of the Oregon Health Authority’s Action Plan to finalize the eligibility clean-up of 115,233 Medicaid members. These members represent a subset – and the final phase – of a total 951,186 Medicaid eligibility renewals OHA completed since March 2016. These nearly 1 million Medicaid renewals conclude and complete the state’s recovery from the failure of Cover Oregon.

Oregon’s recovery had many federally involved components, including federal waivers to defer eligibility renewals, as well as additional technology support and guidance Oregon received from the federal government, leading to the successful launch of the ONE eligibility system.

In 2016 OHA eligibility workers identified complex member cases that needed extra scrutiny and processing time. In September 2016 OHA informed a federally-mandated Medicaid Advisory oversight committee that these types of member cases would be processed at the end of the Cover Oregon clean-up. On May 24, 2017, Governor Brown directed OHA to complete eligibility renewals for the then-identified 115,233 members (and wrap up the Cover Oregon recovery) by August 31, 2017. On May 31 OHA Director Lynne Saxton launched an Action Plan to complete these remaining renewals by the Governor’s deadline.

This preliminary report summarizes the results of OHA’s Action Plan. OHA will produce a final report and root-cause analysis after the conclusion of the 90-day retroactive benefit period expires for all Medicaid renewals OHA processed during the Action Plan.

OHA and federal CMS respond to Cover Oregon failure

In January 2014 two major events overwhelmed Oregon’s health system: Cover Oregon1 failed at the same time more than 375,000 children and adults gained coverage under the Oregon Health Plan (OHP), through Medicaid expansion under the federal Affordable Care Act (ACA).

Since that time OHA, the Department of Human Services (DHS) and many private sector and non-profit partners have been engaged in an intensive effort to mitigate the impact of Cover Oregon’s failure on Oregon’s Medicaid program and restore Medicaid to standard operations. OHA has kept the federal Centers for Medicare & Medicaid Services (CMS) – the agency that oversees federal Medicaid rules and funding – informed throughout Oregon’s efforts. In working closely with CMS, Oregon has been engaged with CMS’ Seattle regional office,

1 Cover Oregon was the technology platform designed to enable Oregonians to apply for health coverage through the state-based marketplace, or through the Oregon Health Plan, depending on which eligibility criteria they met.
Medicaid clean-up final processing

Children’s and Adults Health Programs Group, Data and Systems Group, State Operations and Technical Assistance (SOTA) team and Performance Indicator Team. The goals of Oregon’s federally approved plan were to:

- **Maintain health coverage for vulnerable children and adults** who qualified for Oregon Health Plan coverage (and coverage under other Medicaid programs), but risked losing coverage if the state resumed renewals without adequate systems to replace Cover Oregon.

- **Replace Cover Oregon with a new eligibility platform (the ONE system).** State employees and private contractors worked intensively to meet critical deadlines to stand up the ONE system. As rapidly as possible, OHA acted to establish ONE’s reliable functionality and complete the labor-intensive process of manually converting all member records from the failed Cover Oregon system into ONE.

- **Manage ONE deployment and complete Medicaid renewals within OHA agency budget and staffing constraints.** OHA responded to the challenge by refocusing agency priorities and resources, engaging private partners to bolster staff capacity and improving systems.

After Cover Oregon failed, the federal government granted Oregon approval in September 2015 to defer Medicaid eligibility renewals to prevent Oregonians from losing health benefits due to flawed technology. Under federal law (42 CFR 435.603(a)(3), 42 CFR 457.315(b), 42 CFR 435.911, 42 CFR 435.912, 42 CFR 435.916, 42 CFR 435.926 and 42 CFR 457.343), every child and adult on Medicaid remains eligible for coverage until an administrative renewal or redetermination finds they no longer qualify. Oregon’s plan was updated with revised timelines.

Oregon kept CMS informed of its progress, including its revised plan to process Cover Oregon member cases. In December 2015, OHA proposed a “leveling plan” to spread renewals out over 2016 to balance the renewal schedule, because staffing and technology constraints limited the agency's processing capacity.

In January 2016 CMS responded. Although CMS was not prepared to approve all parts of a new waiver, CMS staff wrote: “(we) agree with your plan to keep renewals on schedule as much as possible and catch up on the backlog as soon as possible.”

In March 2016 OHA restarted the Medicaid renewal processing for an eventual total of 951,186 members placed on temporary hold as a consequence of Cover Oregon’s failure. Prior to September 2016 OHA identified a then-unknown quantity of members who posed significant processing complexity. OHA informed the federal government (and a federally mandated oversight committee) these members would be processed at the conclusion of the restarted Medicaid renewal process. These members would eventually comprise a total of 115,233 members and ultimately became the focus of the Action Plan.
Medicaid clean-up final processing

Preliminary Results

1. OHA has completed Medicaid eligibility renewals for all members whose renewals were put on hold following the Cover Oregon failure.

- OHA completed processing of 115,233 Medicaid eligibility renewals, including the identification of member due-process rights, under the Action Plan on Aug. 28, 2017. All renewals were processed in advance of Governor Brown's Aug. 31 deadline for this remaining subset of the post-Cover Oregon caseload.
- OHA completed 835,953 of previously scheduled Medicaid eligibility renewals from the failed Cover Oregon system as of March 31, 2017. The federal government approved deferring renewals for this caseload in September 2015 while Oregon took steps to replace Cover Oregon. OHA informed the federal government renewals would be resumed in March 2016. All renewals for these members were completed by March 2017.
- All Oregon Medicaid members are on regular annual eligibility renewal cycle. As a result of this intensive 17-month effort:

  o OHA renewed a total of 951,186 Medicaid members whose renewals were deferred as a consequence of Cover Oregon's failure (including the 115,233 Action Plan members). There are no deferred renewal members remaining.

Action Plan members are in line with past eligibility trends (at the initial stage of processing): Under the Action Plan, 52 percent of Medicaid members were found eligible at this initial stage of processing, while 20 percent were found to no longer qualify to receive benefits (28 percent of member cases were closed due to non-response). See Appendix III for a complete breakdown.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remained qualified for benefits</td>
<td>60,353</td>
<td>52 percent</td>
</tr>
<tr>
<td>Closed due to non-response</td>
<td>31,895</td>
<td>28 percent</td>
</tr>
<tr>
<td>Closed after administrative review (No longer qualified for benefits)</td>
<td>22,937</td>
<td>20 percent</td>
</tr>
<tr>
<td>Within the period of due-process rights**</td>
<td>33</td>
<td>--</td>
</tr>
<tr>
<td>Duplicates (found and removed)</td>
<td>15</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>115,233</td>
<td></td>
</tr>
</tbody>
</table>

*Processed as of Aug. 31, 2017. **Due process: Members have completed renewal processing and notification but remain within due process period prior to case action.
Medicaid clean-up final processing

The number of case closures will fall. Federal law provides a standard 90-day period in which Medicaid members who fail to respond or have changed circumstances can return to the caseload and qualify for retroactive benefits.

The 20 percent of member cases found no longer qualified for benefits represents less than 2 percent of the total Oregon Medicaid caseload.

By comparison, OHA found 49 percent of previously processed 835,953 Cover Oregon members were qualified for benefits at the current stage of processing. That percentage rose to 66 percent at the end of the 90-day due process period, as shown in the table below.

<table>
<thead>
<tr>
<th align="left">Outcomes of prior Cover Oregon clean-up cases (and post-Cover Oregon cases) compared to Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">![Bar chart showing outcomes of prior Cover Oregon clean-up cases compared to Action Plan]</td>
</tr>
</tbody>
</table>

Final results for the Action Plan members will not be available until after the federally required 90-day retroactive eligibility period ends.

**Higher eligibility rates for post-Cover Oregon members:** The most recent completed post-Cover Oregon renewals through the ONE system resulted in higher eligibility (88 percent) and lower closure rates (12 percent) than past Medicaid renewal trends. (See table above.)

These data are preliminary, but they indicate that post-Cover Oregon process and technology improvements are improving the accuracy of Medicaid eligibility processing. (See Appendix IV.)

2. The 115,233 Medicaid renewals completed under the Action Plan do not change the Medicaid forecast for the 2017-2019 biennium
No impact on 2017-2019 budget: All Action Plan members were accounted for in the current forecast.

- The number of member closures that resulted from the Action Plan are not sufficient to alter the 2017-2019 forecast or produce cost savings for the Medicaid budget. They account for less than 2 percent of the entire Medicaid caseload.
- No deferred renewals going forward: All of the more than 1 million Oregon Medicaid members are now on a regular review cycle.

Minimal financial risk: Under federal law, children and adults on Medicaid are eligible for coverage until an administrative renewal or redetermination finds they no longer qualify.

- There is minimal financial risk to the state because all Cover Oregon clean-up members (including 115,233 Action Plan members) remained eligible for Medicaid coverage based on federal law and renewal schedules approved by the federal government.

3. OHA has taken additional measures to improve the Medicaid eligibility renewal process.

- Strengthen quality control and quality assurance: OHA will establish a Medicaid Eligibility Compliance Office to provide systematic quality assurance and quality control over the Medicaid eligibility system, monitor eligibility system changes and test the validity of data.
- Centralize systems: Under the Integrated Eligibility/Medicaid Eligibility project, OHA is centralizing eligibility processing with DHS to simplify the benefits application process for vulnerable Oregonians, improve the accuracy of benefits data and improve the reliability of benefit renewal notification systems.
- Prevent fraud, waste and abuse: OHA has taken steps to identify and reduce Medicaid fraud and improve quality control and quality assurance practices.

Conclusion

The completion of the Action Plan concludes Oregon’s recovery from the failure of Cover Oregon. Cover Oregon set Medicaid eligibility processing back by more than 30 months (including the compressed timeframes and intensive effort needed to replace Cover Oregon and manually transfer members into the new ONE system). Lacking a functional eligibility processing technology, the state could not verify and complete Medicaid eligibility processing – without jeopardizing coverage for more than 840,000 Oregon children and adults.
Medicaid clean-up final processing

Beyond the Cover Oregon failure, OHA has learned difficult but vital lessons about how to better manage the people, processes and technology necessary to maintain current levels of coverage in the state’s Medicaid program. As a result of this process OHA is committed to:

- **Improving transparency** with the legislature, stakeholders and community partners to provide more accessible, actionable and real-time data about the Medicaid system.
- **Improving partnerships** with private contractors and public employee bargaining units to deploy staffing resources more efficiently and address emerging problems with greater nimbleness.
- **Strengthening contract management systems** to hold vendors more accountable for results.
- **Strengthening performance management systems** to improve results achieved by OHA staff.
- **Improving collaboration and coordination** within OHA and across inter-agency partnerships to streamline processes more efficiently, speed problem-solving and spur greater innovation.

Preliminary post-Cover Oregon data indicate early application of these lessons is beginning to have an impact:

- **More accurate Medicaid processing:** Initial and final member closure rates have begun to significantly decline since January 2017. (See Appendix IV.)

Many states and the federal government struggled to implement effective eligibility technology in the wake of the Affordable Care Act (ACA) and Medicaid expansion. Oregon was not alone, but Oregon’s results matter most to this state’s residents and taxpayers.

More than one in four Oregonians depend on Medicaid and the Oregon Health Plan for health coverage. Oregon’s nationally renowned health system transformation has saved taxpayers $1.3 billion since 2012, improved the health and well-being of more than a million OHP members and generated tens of thousands of jobs (especially in rural parts of the state).

Now that the Action Plan is concluded, Oregon has completed its recovery from the catastrophic consequences of the Cover Oregon failure. OHA will apply the lessons learned from this experience to ensure Oregonians can have as much confidence in the state’s Medicaid eligibility system as they can in Oregon’s innovative, cost-saving health reforms.
APPENDIX I

Chronology of Oregon’s recovery from Cover Oregon failure

January 2014 – January 2015: Cover Oregon fails while Medicaid enrollment increases

Cover Oregon failed to launch in 2014, leaving Oregon without a functioning system to determine Medicaid eligibility (as well as eligibility for income-based tax credits through the federal insurance Marketplace, under the Affordable Care Act).

By the end of 2014 Oregon’s Medicaid enrollment grew to more than 1 million people (covering more than one in four Oregonians). In 2014 the Centers for Medicare & Medicaid Services (CMS) approved the first in a series of waivers to pause Medicaid renewals, to prevent any Oregonian from losing health coverage due to inaccurate or incomplete Cover Oregon records.

Oregon pursued Cover Oregon remediation efforts with Oracle, the vendor responsible for the Cover Oregon system. The state was forced to abandon system fixes when it became apparent Cover Oregon was inoperable. Oregon initiated litigation against Oracle and began transferring unreliable member records from Cover Oregon files into state databases. OHA and DHS began evaluating the feasibility of the ONE system as an immediate Cover Oregon replacement.

February 2015 – January 2016: Oregon stands up ONE system to replace Cover Oregon

Oregon moved rapidly to stand up the ONE eligibility system (which replaced Cover Oregon). In February 2015 OHA (in partnership with DHS) moved to adapt the ONE platform to replace Cover Oregon.

In September 2015 CMS approved Oregon’s proposed plan to delay Medicaid renewals. Under federal law (42 CFR 435.603(a) (3), 42 CFR 457.315(b), 42 CFR 435.912, and 42 CFR 435.916), children and adults on Medicaid are eligible for coverage until an administrative renewal or redetermination finds they no longer qualify.

In December 2015 OHA informed CMS about a “leveling” plan to stage renewals over time at a graduated rate, once Oregon had a new eligibility technology platform and had sufficient staffing capacity to process the large number of renewals. CMS acknowledged Oregon’s revised schedule.

OHA eligibility workers began using ONE to process new Medicaid applications.
OHA informs the Legislature and LFO about delayed renewals: In December 2015 OHA provided the Legislative Fiscal Office (LFO) with a detailed report of renewal and closure delays, renewal populations and renewal procedures for the conversion effort. In January 2016 OHA submitted rebalance materials (report and presentation) to LFO and House Health Committee, noting data and system issues resulting from Cover Oregon failure, and plans for correcting the data across eligibility systems.

March 2016: Oregon resumes Medicaid eligibility renewals

OHA resumed Medicaid eligibility renewals in March 2016. OHA kept CMS informed about its progress through weekly State Operations and Technical Assistance calls and other contacts.

- **Manually convert Cover Oregon members into ONE:** OHA staff began to manually enter what would eventually total more than 950,000 members from Cover Oregon and other legacy databases into the ONE system so these members could undergo an eligibility renewal. The painstaking, labor-intensive manual entry process was necessary to ensure data were accurate, up-to-date, complete and verified.

- **Complete Medicaid eligibility renewals:** Between March 2016 and March 2017 OHA staff completed Medicaid eligibility renewals for 835,953 members whose reviews had been temporarily deferred as part of the state's “leveling plan” to recover from the Cover Oregon failure.

Complex member cases identified and scheduled for renewal at the conclusion of Cover Oregon clean-up: During the Cover Oregon clean-up, OHA staff encountered difficulties completing renewals on a variety of complex member cases in the Cover Oregon and other related databases. These member cases included:

- Pregnant women and children under age 1.
- Breast and Cervical Cancer program patients and others with presumptive eligibility.
- Non-responders associated with an eligible active Medicaid case (e.g., non-respondent child of an eligible parent).
- Members in legacy systems.

OHA informs CMS about plan to process complex members: Due to their complexity, OHA informed CMS through weekly SOTA calls and other contacts that renewals for these type of members would be completed after March 2017 at the end of the Medicaid “leveling” clean-up process to prevent delaying the efficient processing of other members. OHA informed CMS about its progress in completing the Action Plan in SOTA calls on June 28, July 19, and August 10, 2017.

OHA informs Medicaid Advisory Committee: In September 2016 OHA alerted the Medicaid Advisory Committee (a federally mandated oversight committee for Oregon's Medicaid program) that there was a then-unknown quantity of complex members that required additional investigation, which would be finalized at the conclusion of the Medicaid renewal process.
August 2017: OHA completes Medicaid eligibility clean-up

On May 17, 2017, the Secretary of State issued an alert that highlighted the remaining complex members who had not yet undergone Medicaid renewal processing.

On May 24, 2017, Governor Brown directed OHA to accelerate this final phase of the post-Cover Oregon Medicaid eligibility clean-up and complete the remaining members by Aug. 31, 2017.

On May 31, 2017, OHA Director Lynne Saxton initiated an Action Plan to meet the Governor’s deadline. To complete Action Plan, OHA prioritized resources and worked with private contractors.

- KPMG provided project management expertise.
- Contractors PH Tech, GALT and Chaves made renewal application calls that allowed Member Services staff to focus on the more complex and challenging task of completing renewals for the 115,233 members in the legacy systems.
- In addition to Member Services staff, other OHA staff volunteered to assist in the processing center, and coordinated care organizations made calls to their members and located addresses. DHS also processed renewals.

By August 31 OHA staff and contractors finished the last 115,233 Medicaid renewals that had been delayed (and CMS had been informed of). This action concluded the Oregon’s recovery from the Cover Oregon failure.

As a result of this intensive 17-month effort:

- All Oregon Medicaid members are on regular annual eligibility renewal cycle:
  - A total of 951,186 members with deferred eligibility reviews due to the Cover Oregon failure have been resolved (including the 115,233 Action Plan members). There are no deferred renewal members remaining.
  - All current Oregon Medicaid members are on a regular Medicaid eligibility renewal cycle.
APPENDIX II

Characteristics of the Action Plan caseload

The complex cases that make up the 115,233 individuals scheduled for renewal as part of the Action Plan are comprised of the follow characteristics:

**Demographic composition of Action Plan cases**

<table>
<thead>
<tr>
<th>Demographic/Eligibility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>42 percent</td>
</tr>
<tr>
<td>Adult</td>
<td>58 percent</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53 percent</td>
</tr>
<tr>
<td>Male</td>
<td>47 percent</td>
</tr>
<tr>
<td>Enrollment</td>
<td></td>
</tr>
<tr>
<td>Enrolled in Coordinated Care Organization</td>
<td>86 percent</td>
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<tr>
<td>Enrolled in Fee-for-service</td>
<td>14 percent</td>
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<tr>
<td>ACA Medicaid expansion</td>
<td></td>
</tr>
<tr>
<td>ACA*</td>
<td>42 percent</td>
</tr>
<tr>
<td>(*Earns 138 percent Federal Poverty Level (FPL) or less; 100 percent federal funding)</td>
<td></td>
</tr>
<tr>
<td>Non-ACA*</td>
<td>58 percent</td>
</tr>
<tr>
<td>(*Earns at or below 100 percent FPL; 64 percent federal funding/36 percent Oregon funding)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity/Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>65 percent</td>
</tr>
<tr>
<td>Hispanic</td>
<td>23 percent</td>
</tr>
<tr>
<td>African-American</td>
<td>3 percent</td>
</tr>
<tr>
<td>Asian</td>
<td>3 percent</td>
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<tr>
<td>Native American-Pacific Islander</td>
<td>2 percent</td>
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</table>
## Final Action Plan Dashboard

### Medicaid Clean-up Final Processing

### APPENDIX III

#### Final Action Plan Dashboard

<table>
<thead>
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<tbody>
<tr>
<td>Total Members Enrolled in Process</td>
<td>100,000</td>
<td>105,000</td>
<td>110,000</td>
<td>115,000</td>
<td>120,000</td>
<td>125,000</td>
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<td>175,000</td>
<td>180,000</td>
<td>185,000</td>
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<tr>
<td>Compliance Rate (Monthly)</td>
<td>95%</td>
<td>96%</td>
<td>97%</td>
<td>98%</td>
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<tr>
<td>Benefits Claim Payment Accuracy (Annual)</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
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<tr>
<td>Benefits Claim Administrator Review (Annual)</td>
<td>90%</td>
<td>95%</td>
<td>98%</td>
<td>100%</td>
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<td>100%</td>
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<tr>
<td>Total (final counting)</td>
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<td>115</td>
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<td>165</td>
<td>170</td>
<td>175</td>
<td>180</td>
<td>185</td>
<td></td>
</tr>
</tbody>
</table>

#### Unmet Challenges, innovative solutions, or opportunities as of August 15, 2027

- **Increased challenges:** innovative solutions, or opportunities as of August 15, 2027

### Notes on Action Plan Elements

1. **Medicaid Benefits Payments (95%)**
   - **Compliance:** Complete (95%)
   - **Accuracy:** Complete (95%)
   - **Timeliness:** Complete (95%)

2. **EOC Integration (90%)**
   - **Compliance:** 85%
   - **Accuracy:** 90%
   - **Timeliness:** 95%

3. **Benefit Claim Administrator Review (90%)**
   - **Compliance:** 85%
   - **Accuracy:** 90%
   - **Timeliness:** 95%

4. **EOC Integration (90%)**
   - **Compliance:** 85%
   - **Accuracy:** 90%
   - **Timeliness:** 95%

5. **Benefit Claim Administrator Review (90%)**
   - **Compliance:** 85%
   - **Accuracy:** 90%
   - **Timeliness:** 95%
APPENDIX IV

Medicaid member renewal and closure rates (since October 2016)

In October 2016 OHA began processing renewals from the ONE system. The chart below compares changes in the rates of Medicaid eligibility renewals versus member closures (due to non-response or administrative action – i.e., member found to no longer qualify) at the point of initial determination.

The chart below compares changes in the rates of Medicaid eligibility renewals versus member closures (due to non-response or administrative action – i.e., member found to no longer qualify) at the point of final determination (accounting for 90-day retroactive eligibility).

Findings:

- Rates of Medicaid renewals have increased at both initial and final determination since January 2017.
- Rates Medicaid closures have dropped at both initial and final determination stages since January 2017.
# Medicaid eligibility report to legislature

### Medicaid eligibility reports to legislature, MAC and stakeholders

<table>
<thead>
<tr>
<th>2015 Interim Legislative Session</th>
<th>2016 Interim Legislative Session</th>
<th>2015 interim Legislative Session</th>
<th>OTHER STAKEHOLDER MEETINGS</th>
</tr>
</thead>
</table>
| 9/30/15 – Joint Committee on Information Management and Technology  
  • HAPI Project Overview  
  • HAPI Project 3D Themes to Know | 9/24/15 & 9/24/16 – Senate & House Health Care  
  • CHIP Enrollment & Eligibility Update | 9/28/17 & 12/1/17 – Joint Subcommittee on Human Services – HHS Budget Presentation | MEDICAID ADVISORY COMMITTEE  
  (Please specifically ask 9/30/16)  
  Monthly Meetings as required  
  503-644-9101  
  503-644-9102 |
| 1/11/16 – House Health Care  
  • ONC Go Live | 12/12/15 & 12/13/16 – Senate & House Health Care (Ann & Eric, OHA)  
  • CHIP Enrollment & Eligibility Status  
  • CHIP Enrollment & Eligibility Status Update | 3/15/17 – House Health Care – Impact of Retrospective on Medicaid Enrollment | Monthly CHIP Enrollment &
  Renewal Update for Stakeholders  
  1/2016 |
| 1/13/16 – Joint Committee on Information Management and Technology  
  • ONC Go Live | 4/20/17 – Joint Committee on Legislative Information Management and Technology  
  • Integrated Eligibility Medicaid Eligibility Practices Update | | |

Medicaid Advisory Committee Charter:  
“Oregon is required by federal law (42 CFR 431.12) to have a committee that advises the Oregon Health Authority (OHA) about the health and services offered through Medicaid.”