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# Post-Public Health Emergency Eligibility Renewals Planning

Medicaid Advisory Committee

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# Background and the Challenge Ahead

# Through the Public Health Emergency, people have had continuous Medicaid coverage



## Family First Coronavirus Response Act

1. Provides continuous Medicaid coverage *for the duration of the federal public health emergency.*
2. Removes administrative barriers to enrollment

When PHE ends, states will have 12 months to redetermine eligibility for all members.

**Oregon will have to redetermine eligibility for all 1.4 million people on OHP.**

# What's happening and how members are impacted

- The public health emergency expires and states are required to begin processing redeterminations
- Some members will no longer be eligible for OHP but may be eligible to enroll in other health plans on the Health Insurance Marketplace
- Some people receiving SNAP will no longer be eligible for food assistance
- Redeterminations won't begin until the month after the PHE ends; exact date is unknown



# Other program changes

- **SNAP (food assistance).** Participants have received extra money every month throughout the pandemic. Benefits will return to normal levels in 2022, with 30 days' notice to participants.
- **Healthier Oregon.** People 19-25 or 55+ who are enrolled in Citizenship Waived Medicaid (CWM) will automatically move to full OHP benefits starting July 1, 2022.

# Challenges and risks

- Unprecedented scale of needed outreach
- Human Services caseloads and staffing
- Member confusion
- Limitations of healthcare.gov
- Competing ONE/system changes
- High rates of returned mail and incorrect contact information



# The goals

- ✓ **Ensure all people and families eligible for all service types offered through the ONE system receive and continue to receive services** in a timely manner without interruption
- ✓ **Give those no longer eligible for benefits clear direction and coordination** of additional resources
- ✓ **Give people who assist members and benefit recipients clear information about how they can help**

# OHP renewals update



# HB 4035 approach to renewals

## Redeterminations Process

Under the normal (default) redeterminations process, the total caseload 1.4 million would be spread over 12 months at random.

**HB 4035 Proposed Approach: Phase closures of OHP coverage by population** to maintain coverage longer for higher risk cases.



## New Bridge Program for Churn Population

**Create a new “bridge” program for churn population** that “catches” individuals with low income (churn) under 200% of FPL exiting Medicaid to provide continuity of care and a more affordable option.

If needed **temporarily expand OHP eligibility** to continue coverage for individuals with lower-income (churn) until transitioned to the new program.

# What we are doing

- ✓ Formed a team across three agencies (OHA, ODHS, DCBS) to develop the plan for performing redeterminations, communicating to members, providers, and partners; and connecting people to coverage
- ✓ Coordinating communications strategies across Medicaid, SNAP, TANF, and Marketplace programs, including partnerships with CCOs, CBOs, providers and others for member outreach.
- ✓ Encouraging members and recipients to update contact information to reduce returned mail and allow for auto-renewal where possible

# Phase redeterminations by population

- Adjust timelines to allow more time for members to submit information and for outreach to occur before closures
- OHP members grouped for into populations

*Front-load* easier cases (i.e., complete information)

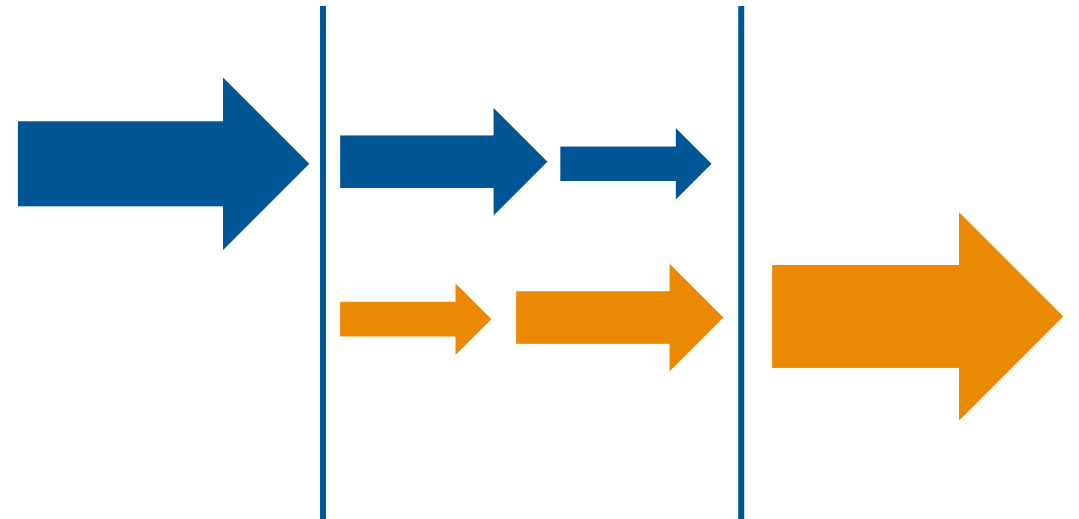
*Back-load* higher risk cases to allow ramp-up, more time for outreach, and preserve coverage for churn or higher-risk members, such as:

Income-levels (e.g., 138-200% of FPL)

Age and disability (likely to age out and/or receipt of long-term care)

Health status (recent claim history with CCOs)

Special circumstances (domestic violence, houselessness, variable income)



# Develop new “bridge” program

Seek federal approval to create a more affordable option that provides continuity of care in a CCO for adults with low-income (138-200% of FPL) who are likely to “churn” in and out of OHP.

- Leverage federal Marketplace subsidies to provide an alternative coverage option; aim to have a minimal cost to the state and members.
- Aim is to “catch” (auto-enroll) eligible exiting OHP members with option to stay in CCO.



# Outreach planning update

# Outreach is key

*The end of the Federal Public Health Emergency will affect millions of people in Oregon due to changes in health care and support policies enacted during the pandemic.*

**The goal of the communications plan is to deliver timely, person-centric, actionable information to help people keep or receive the health coverage and benefits they need.**

# Phased approach

**Pre-PHE  
expiration**  
(April – July)

Encourage members  
to update contact  
information

**PHE expiration  
notice**  
(July – October)

Let members know  
what to expect;  
reinforce importance  
of updated contact  
information

**Renewal period**  
(October – October)

Let members know what  
they need to do to maintain  
coverage or seek other  
services

# Website planning

Updated information source for people receiving services and partners about the PHE unwinding process:

- Updated timeline
- Effects on programs and what recipients can do to retain benefits
- Materials for partners; talking points, decks
- Links to program pages for more specific information

**Launch by end of April**





# **Community & Partner Workgroup BHP Taskforce**

# Community and Partner Workgroup

**Recruitment under way.** People interested in serving on this workgroup can complete short application via this [survey](#). The first meeting is May 19.

**Scope -** The workgroup will advise OHA on outreach, enrollment and communication strategies to help people currently receiving OHP navigate the changes and maximize continuity of coverage for as many people as possible. Community and medical assistance program members will be compensated for their time.

**Composition.** A 10- to 14-member workgroup with OHP members, community partners, and others.



# Bridge Program Task Force

Co-chairs: Senator Steiner Hayward & Representative Prusak

Meeting Schedule:

- Kickoff meeting April 26, second meeting May 10
- Meeting schedule and cadence to be determined at first meeting

Task Force must submit two reports to the Legislature:

- By September 1: Recommendations for proposed bridge plan including potential federal waivers, suggested timelines for phased implementation, and a funding request if necessary.
- By December 31: Recommendations to lessen disruptions to individual and small group coverage in Oregon

**Questions?**