



Oregon Health Plan & Medicaid Incorrect Terminations

Information for Partners

Last updated 10/23/23

Medical benefits for some people who did not respond to Oregon Health Plan (OHP) or other Medicaid renewals were incorrectly ended, and some people were incorrectly notified their benefits would end.

All potentially affected peoples' benefits will be restored, or will be prevented from closing. Affected people will receive a notice that their benefits are continuing.

In 2024, we will send another notice saying who was able to be renewed passively, and who still must respond to a renewal to keep benefits going forward.

Background and Terms:

- “Ex Parte,” “Automated,” or “Passive” Renewals: A required first step in the renewal process where the system compares information on file about the member to federal data verification sources. If the data matches, we can renew benefits without needing a response from the member.
 - The Centers for Medicare and Medicaid Services (CMS) uses the Latin “Ex Parte” meaning “one party” to refer to this process
 - In Oregon, this process is called a “passive” or “automated” renewal.
 - This prevents unnecessary paperwork. Between April and September, more than two thirds of renewals in Oregon went through the passive renewal process and did not require a response.
- “Active” or “Full” Renewal: the member needs to fill out an online form, paper packet, or talk to an eligibility worker to complete the renewal process.
 - Full renewals are distinct from simpler requests for information, which only ask the member to provide documents to renew (for instance income proof like paystubs).
 - Between April and October, ~9% of members were asked to do a full renewal.

Why did this happen?

The Centers for Medicare and Medicaid Services (CMS) identified an issue with renewal systems in more than 30 states, including Oregon's.

- The system does not currently have the capability to separate the passive and full renewal processes for individuals in a household.
- When one member of the household cannot be passively renewed, but other family members could have been, the whole family needs to complete a full renewal.
- If the family does not respond to the full renewal, the benefits for the whole family end.
- Some individual members of that family may have individually been able to be passively renewed though, without requiring a response.

What is being done about it?

We are restoring or preventing closure of benefits for everyone potentially affected. Then we will need to renew these households again to figure out who is eligible to keep benefits going forward. We will renew some family members passively, but some will need to respond.

- 2,268 people's medical benefits ended at the end of September. This includes 1,549 adults and 719 children. The system will attempt to reopen all affected cases by October 31st. For any cases that are unable to be systematically reopened, or in the case of a system error, staff will manually work these cases to ensure all cases have been restored. Members facing urgent issues should speak to a worker to restore benefits sooner.
- 1,226 people have received letters saying their benefits will end at the end of October for not responding to a renewal. These members' benefits will not be closed.
- Oregon has halted future terminations that would result from this problem.

We will send affected people a new notice in November that their benefits have been restored or are continuing. In 2024 we will send them a new notice saying who was able to be renewed passively, and who must respond to a renewal to keep benefits going forward.

- Some people in these households will be renewed passively without needing a response.
- In each affected household, there is at least one person we will need a response from to figure out if they can keep their individual benefits going forward.

How can members know if they are affected?

If you were affected, you will receive a new notice in November.

If you were affected, you were previously sent a termination letter saying your benefits would end due to nonresponse at the end of September or October.

If you have not responded to renewal requests, please speak to a worker to confirm the status of your benefits and respond to the renewal.

Ways to contact a worker if you have questions or need to renew:

- Call 800-699-9075 (Open Monday through Friday, 7 a.m. to 6 p.m. PST. Help is available in many languages, all relay calls accepted)
- By calling or visiting your local office, which can be found at: <https://www.oregon.gov/odhs/Pages/office-finder.aspx>
- You can get free help from a local community partner: OregonHealthCare.gov/GetHelp

Talking points for people working with affected members:

Did you receive a notice in saying your benefits were ending at the end of September or October due to not responding to a renewal?

If so, OHP may have sent you an incorrect termination notice due to a system error. If you were affected you will receive a new notice in the mail.

If you were affected by this, your OHP benefits will be reopened by November, or will be prevented from ending.

In 2024 you will receive more information about which family members can be renewed without needing a response, and who will need to complete the renewal process for their medical benefits to continue.

We apologize for any confusion this caused. Please contact a worker with questions or to respond to the original renewal. If you have other health coverage, or information such as your income, address, or family size has recently changed, please tell that to OHP as well.

Additional notes for partners:

- We are exploring options to share lists of affected members with Coordinated Care Organizations to assist with outreach, and will provide more information soon.
- If you are an OHP assister, help the member check whether their benefits are active. Their messages in the ONE system can help determine if they may have been affected. Until cases are automatically restored, for people with urgent medical issues please contact an eligibility worker for assistance restoring benefits manually.
- If people have enrolled in health coverage through the Health Insurance Marketplace, they will need to contact either the Marketplace or OHP to end overlapping coverage.