

Community and Partner Workgroup (CPWG)
Workgroup Charter – Approved June 9, 2022**Overview**

Objective: The Community and Partner Workgroup (CPWG) is chartered to advise the Oregon Health Authority (OHA), the Oregon Department of Human Services (ODHS), and the Department of Consumer and Business Services (DCBS) on the development of outreach and enrollment assistance and communications strategies to communicate and assist medical assistance program enrollees in navigating the redetermination process and any transitions to coverage through the health insurance exchange.

Problem statement:

Due to an unprecedented public health emergency (COVID-19 epidemic), the federal government adopted a national policy of continuing the enrollment of individuals in medical assistance programs to ensure as many individuals as possible could maintain coverage throughout the pandemic and public health emergency. Additionally, Congress also authorized reductions in administrative barriers to enrolling in medical assistance programs including allowing participants to self-attest to eligibility criteria to make it easier for individuals to enroll and maintain participation in medical assistance programs.

As a result, Oregon as well as several other states, allowed continuous eligibility for individuals enrolled in medical assistance programs. This means the state did not require enrollees to participate in the process of redetermination thus allowing Oregonians on OHP (Medicaid) or participating in programs like SNAP to maintain their enrollment throughout the pandemic. Redetermination is the process enrollees go through each year to provide documentation that they meet eligibility criteria and to reapply for continued medical assistance programs.

During this time, Oregon experienced a significant increase in the number of Oregonians enrolled in medical assistance programs including 95.4% of Oregonians enrolled in health care. We have also seen a significant reduction in inequities in health care coverage in 2021 with the rate of uninsurance for Black or African American individuals shifting to 5 percent from 8.2 percent. These shifts have also produced a reduction in the number of people who leave medical assistance programs and then reenroll a short time later (what we call churn).

While we have seen positive impacts from allowing continuous enrollment and reduced administrative barriers to enrolling in medical assistance programs, with the ending of the public health emergency in Oregon, Oregon will be required to begin redeterminations again and to ensure eligibility for medical assistance programs. This will result in Oregon having to conduct redeterminations for everyone enrolled in medical assistance programs in Oregon

and possibly hundreds of thousands of Oregonians exiting the medical assistance program and losing access to health care.

Purpose: The CPWG will bring together representatives from impacted health systems, community partners, organized labor, individuals enrolled in medical assistance programs, Tribal representation and members of Oregon’s Medicaid Advisory and Health Insurance Exchange Advisory committees to advise the state and the departments on the development of outreach and enrollment assistance and communication strategies to communicate and assist OHP members in navigating the redetermination process or transition to coverage through the health insurance exchange.

This work will require the dual goals of 1) maintaining the most individuals covered possible so that benefits are not lost, and 2) ensuring additional protective measures for identified priority populations and populations and individuals facing health inequities during this transition and process.

Authority: The CPWG is established by the State of Oregon and as directed in HB 4035, section 3. The CPWG will be supported by the OHA. This charter defines the objectives, responsibilities, and scope of activities of the CPWG. The CPWG is an advisory and not a decision-making body. Due to the short timeline and limited resources, the CPWG will not use a co-creation model of community engagement. Rather, state staff will bring draft recommendations, strategies and plans to the CPWG for discussion and input. This will be based on feedback provided by community in various forms and will be compiled and provide to the CPWG along with transparent documentation by OHA of what can and cannot be done. The CPWG will provide advice and make recommendations through a consensus-based process and will capture minority voices to inform this work. This group is not tasked with implementation, creating technical solutions, or identifying funding streams.

Additional Partner Engagement:

OHA recognizes and values the extensive community input that they have already received through various community forums including: the Medicaid Advisory Community, ODHS Ombuds Program, OHA Ombuds Program, OHA Civil Rights Office, the CPOP team monthly meetings, the state health improvement plan and 1115 Waiver process. As such, OHA will compile, categorize, and incorporate previous input into this process to inform initial redetermination plans and strategies related to this work. These outputs will then be used to engage the CPWG for advice and recommendations.

Additionally, OHA will continue to engage the MAC and CPOP monthly enrollment workgroup for further input, as well as, seek ways to solicit input from all the CPWG applicants even if they are not appointed to the CPWG.

Panel

Sponsor:

- Leanne Johnson
- Jillian Johnson

Key Staff:

- Megan Auclair (lead)
- Sarah Dobra
- Maria Castro
- Michael Anderson-Nathe (consultant)

	<p>Other Staff:</p> <ul style="list-style-type: none"> • Jeremiah Keisling (admin support) • Brandy Hemsley (Compensation support)
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Membership: The CPWG will be a 10 – 15 member workgroup with representation from the following sectors:

- 4 community partners
- Up to 4 (but minimum of 1) current OHP members* or individuals who have had OHP in the last year and have transitioned to the Marketplace, private insurance, Medicare, or who have lost health insurance coverage
- 4 representatives of impacted health systems with a focus on representation from across the state (CCOs, hospital systems, clinics)
- 1 representative of organized labor
- 1 tribal representative (appointed)
- 1 representative from the Medicaid Advisory Committee (appointed)
- 1 representative from the Health Insurance exchange Advisory Committee (appointed)

Members will be selected based on their availability and willingness to attend CPWG sessions, lived experience and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state. Members representing intersecting identities and Oregon’s priority populations will be given a preference.

Language access and accessibility is a priority for the state and as such, interpretation and access to materials in plain language and alternative formats will be provided as needed. Community and medical assistance program members will be offered compensation for their time.

*For the purposes of this workgroup, OHP members can include those directly covered by OHP or a parent or legal guardian of someone on OHP.

Scope

The CPWG scope is to both recommend and to provide advice to OHA. The CPWG will provide advice and recommendations to support Oregon in its redetermination process with a goal of maximizing access to health insurance and medical assistance programs and to maintain or improve Oregon’s uninsurance rate for Oregon’s priority populations. In particular, the CPWG will advise Oregon on:

1. Strategies for obtaining and updating contact information for medical assistance program enrollees
2. Strategies for outreach and communication with enrollees in the medical assistance programs, health care providers, community partners and other organizations regarding the redetermination process and availability of navigator assistance
3. Strategies to maximizes awareness of and utilization of navigational assistance for enrollees
4. Other strategies for conducting medical assistance program redeterminations to minimize loss of enrollees’ medical assistance coverage

5. Strategies to maximize the use of community-based organizations and other organizations that contract with the authority to provide navigational assistance

Additionally, OHA is required to consult with the CPWG and seek recommendations in several areas outlined below:

The **authority shall consult with and seek recommendations** from the work group for additional changes to the medical assistance program redetermination process that may be done within the authority's legislatively approved budget, such as:

1. Conducting ex parte, automatic or active eligibility renewals;
2. Changes to streamline the process for requesting additional information from medical assistance program enrollees;
3. Changes to the post-eligibility verification process to allow continuous enrollment while eligibility is verified;
4. Extending deadlines of up to 90 days for medical assistance program enrollees to respond to requests from the authority to verify eligibility factors;
5. Increasing the use of application assisters; and
6. Phasing in renewals by population.

As mentioned above, due to the short timelines and limited resources, state staff will be responsible for developing draft recommendations, strategies and/or plans for the CPWG to review and comment on. These initial drafts will be based on prior community input received through various state-sponsored community engagement activities in order to leverage existing community input. Advice and recommendations from the CPWG will then be used to inform Oregon's redetermination process and incorporated into authority's May 31, 2022 and March 1, 2023 reports to the interim committees of the Legislative Assembly related to health, the subcommittee of the Joint Interim Committee on Ways and Means related to human services, the President of the Senate, the Speaker of the House of Representatives and the Legislative Fiscal Officer.

Meetings

The CPWG is anticipated to launch in May of 2022 and extend through April of 2023. The CPWG will meet for 2.5 hours twice a month in May – July of 2022 and then monthly for the remainder of the time.

May 2022 – onboarding and review of draft redetermination process and timelines and draft report (2 meetings)

June 2022 – review of draft strategies for obtaining and updating contact information for medical assistance program enrollees and strategies for outreach and communication (2 meetings)

July 2022 – review of strategies to maximize navigation assistance and use of community-based organizations to provide navigational assistance and strategies to minimize loss of enrollees' medical assistance coverage.

August – September 2022 – review of actions taken by state to incorporate CPWG advice and recommendations into redetermination process, timelines, and strategies

October 2022 – January 2023 – monitoring and oversight and continued advice and recommendations on redetermination process.

February - March 2023 – review and endorsement of draft report to legislature

If a member can't make a meeting, they can provide input via email or by talking with a staff person. Members cannot send proxies to participate in meetings on their behalf.

Decision-Making Process

The CPWG agrees to make any decisions through a consensus-based decision-making process.

- Simple decisions will use the Thumbs Up, Thumbs Sideways, Thumbs Down process
- More nuanced or complex decisions will use the Fist to Five method

Members

The following individuals will serve as CPWG members:

- Lavinia Goto, Medicaid Advisory Committee Member
- Gladys Boutwell, HIMAC Member
- Nashoba Temberly, HIMAC Member
- Erin Fair Taylor, Pacific Source, Portland Metro
- Beth Englander, Oregon Law Center, Portland Metro
- Thomas Browne, Rise Partnership- Carewell SEIU 503 Benefits, Portland Metro
- Tara Gray, Community Member, Willamette Valley
- Lourdes Reyna Alcala, GOBHI, Eastern Oregon
- Anji Djubenski, Deschutes County Behavioral Health, Central Oregon
- Natalia Anand, Community Member, Portland Metro
- Jackie Leung, Micronesian Islander Community, Willamette Valley
- Stephanie Castano, Oregon Primary Care Association, Portland Metro
- Sheila Anders, AllCare CCO, Southern Oregon
- Rosetta Minthorn, Tribal Representative
- Elizabeth Fox, Providence Health System

Guiding Principles

The following principles and definitions will guide the work of the CPWG:

- Oregon's strategic goal to end health inequities by 2030
- Oregon's health equity definition: Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices
- Using existing community input as a starting point – the community has already told us much and we should use that information
- Centering those most impacted – seeing lived experience and community wisdom as valid and valued sources of data

Working Agreements

The following agreements will guide how the CPWG members will work together.

We will:

- Focus on equity

- Show up with good intentions and be accountable for what we say and do
- Commit to addressing and repairing any harm we cause to one another
- Listen respectfully to each other
- Make sure everyone’s voice is heard/share the microphone
- Be respectful to each other
- Commit to being uncomfortable
- Know that we are greater together
- Avoid using acronyms or explain them when we do

Group Commitments

Each member of the CPWG agrees to the following commitments:

- To prioritize attending CPWG meetings
- To review meeting materials ahead of time and come prepared to participate
- To stay present and engaged in meetings to the best of my ability
- To be respectful to other CPWG members and their ideas and viewpoints
- To take the time we need to make sure everyone understands the material and they have the information they need to participate

Background

For more information on the work of this committee, see HB 4035

