

<b>WHO</b>	Community and Partner Workgroup	<b>DATE</b>	Thursday January 26, 2023 3-5pm
<b>FACILITATOR</b>	Yamileth Gonzalez Perez Sarah Dobra	<b>NOTE-TAKER</b>	Hilde Hinkel (notetaker) Jeremiah (share slides)
<b>WORKGROUP ATTENDEES</b>	<input checked="" type="checkbox"/> Beth Englander <input checked="" type="checkbox"/> Jill Andrews <input type="checkbox"/> Natalia Anand <input checked="" type="checkbox"/> Sheila Anders	<input type="checkbox"/> Thomas Browne <input checked="" type="checkbox"/> Tara Gray <input type="checkbox"/> Jackie Leung <input checked="" type="checkbox"/> Stephanie Castano	<input checked="" type="checkbox"/> Erin Fair Taylor <input checked="" type="checkbox"/> Lavinia Goto <input checked="" type="checkbox"/> Rosetta Minthorn <input type="checkbox"/> Lourdes Alcala <input checked="" type="checkbox"/> Anji Djubenski <input type="checkbox"/> Gladys Boutwell
<b>OHA &amp; ODHS ATTENDEES</b>	<input checked="" type="checkbox"/> Yami Gonzalez <input checked="" type="checkbox"/> Jillian Johnson <input type="checkbox"/> Emily Burnett	<input checked="" type="checkbox"/> Sarah Dobra <input checked="" type="checkbox"/> Jeremiah Keisling <input type="checkbox"/> Miranda Amstutz	<input type="checkbox"/> Megan Auclair <input type="checkbox"/> Christy Sinatra <input checked="" type="checkbox"/> Hilde Hinkel <input type="checkbox"/> Micheil Wallace <input checked="" type="checkbox"/> Vivian Levy <input checked="" type="checkbox"/> Lilly Bork
<b>Guests</b>	Vivian Levy (OHA), Jewel Kallstrom (OHA) Ada Osana (ODHS APD), Heather Burkus (ODHS APD), Katherine Bodi (ODHS APD) Jillian Johnson (ODHS) Melissa Gomez (ODHS)		
<b>Meeting Link</b>	Microsoft Teams meeting Join on your computer or mobile app Click here to join the meeting< <a href="https://dhs.oha.sharepoint.com/:x/r/teams/OHAODHS-UnwindingthePublicHealthEmergency/Shared%20Documents/Communications%20and%20Engagement/Communications%20Plans/PHE%20Unwinding%20Comms%20%26%20Engagement%20Activity%20Tracker.xlsx?d=w5e55210c53744280b5c1a50152b26585&amp;csf=1&amp;web=1&amp;e=ZxKijp">https://dhs.oha.sharepoint.com/:x/r/teams/OHAODHS-UnwindingthePublicHealthEmergency/Shared%20Documents/Communications%20and%20Engagement/Communications%20Plans/PHE%20Unwinding%20Comms%20%26%20Engagement%20Activity%20Tracker.xlsx?d=w5e55210c53744280b5c1a50152b26585&amp;csf=1&amp;web=1&amp;e=ZxKijp</a> > Or join by entering a meeting ID Meeting ID: 237 124 540 251 Passcode: HNTWfQ Or call in (audio only) +1 971-277-2343,,158363284# United States, Portland Phone Conference ID: 158 363 284# Find a local number   Reset PIN		

**Mtg Goals:**

1. Continue developing recommendations
2. Discuss ex parte renewals, also called passive renewals
3. Provide online dashboard updates, including live demo
4. Provide update on language line data

**Agenda**

TOPIC	TIME	SPEAKERS	PURPOSE
1. Welcome and Introductions	10 mins	Yami G.	<ul style="list-style-type: none"> <li>Name, pronouns, and any access needs to fully participate</li> </ul>

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<b>2. Updates and follow up</b>	25 mins	Yami G. & Sarah D.	<ul style="list-style-type: none"> <li>Follow-up on outstanding items/questions</li> <li>CPWG Recommendations Survey results and discussion</li> </ul>
<b>3. Ex Parte Renewals</b>	30 min	Vivian L.	<ul style="list-style-type: none"> <li>Provide information about the current process, take recommendations, and discuss what can be prioritized and when</li> </ul>
<b>4. STRETCH BREAK</b>	5 mins		
<b>5. Online Dashboard update</b>	20 mins	Jillian J.	<ul style="list-style-type: none"> <li>Provide an update on the online dashboard</li> </ul>
<b>6. Language line data update</b>	20 mins	Melissa G.	<ul style="list-style-type: none"> <li>Provide update on data usage for new language line and general interpreter use</li> </ul>
<b>7. Meeting close and next steps</b>	5 mins	Yami G.	<ul style="list-style-type: none"> <li>Discuss future meetings and agendas</li> </ul>

## Notes

**NOTE:** Recommendations drafted during the meeting have been added to a survey. The survey was sent to CPWG members on 2/3/23 for decisions by EOD 2/7/23 on whether to adopt, not adopt, or flag for further discussion.

### Welcome and Introductions

- New member: Jill Andrews is joining us from Providence in place of Elizabeth Fox, who has moved on to a position outside of Providence.
- Sarah shared that this will be Jeremiah Keisling's last CPWG meeting and thanked him for his contribution to this important work.
- CPWG members introduced themselves: name, affiliation, pronouns, any access needs for participating.
- OHA and ODHS staff introduced themselves in the chat.
- Sarah reviewed the agenda.

### Updates and Follow Up

- CPWG recommendation survey results
  - Thank you to CPWG members for taking the survey to help finalize some of the recommendations made in previous meetings.
  - The legislative report, which is due to the Legislature on March 1, will summarize CPWG recommendations that:
    - have been acted on/adopted
    - are being acted on/planning to adopt
    - the agency wants to act on but has limitations
    - can't be acted on and why

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- From the survey, there were nine unanimously approved recommendations for adoption.
- Recommendations that need discussion:
  - **Discussion for recommendation 1 on the slide:**
    - The workgroup recommends that caseworkers be required to reach out to provide personal attention and support to help individuals if they have not responded in the first 30 days.
  - Recommendations 2 and 3 will be discussed at the next CPWG meeting
- Question from MAC: If a person changes CCOs, will authorizations that are in process automatically extend to the next CCO?
  - OHA has not built this into the process. OHA did this for CCO 2.0 contracts.
  - The workgroup brought up the approval process for equipment, such as wheelchair, and whether the “continuity of care” rules ensure that member transition from one CCO to the other will have to start the approval process of if they can transfer their pending approval.
  - Will confirm the continuity of care rule and get back to the workgroup

## **Ex Parte Renewals (Passive/ Automated renewals for Medicaid Eligibility)**

- Ex parte renewals have been conducted during the redeterminations process since 2016.
- Ex parte renewals, or passive/automated renewals, are a requirement as part of the Affordable Care Act. The implementation was delayed from 2014 to 2016. CMS requires this process to help people get coverage with as little effort from people as possible. The agency has information from other programs and sources that are used before reaching out to members to get more information. If the agency can review eligibility without the member doing anything, the agency must do that.
- This is an annual process. The agency conducts ex parte renewal process as much as possible, and the rate of members redetermined through this process is high.
- Non-financial reasons can push someone to the active renewal process. This would be an event such as turning 65 or obtaining Medicare.
- The ONE System interfaces with the Federal Data Services Hub (FDSH) and gathers available information about earned income (through the Verify Current Income, or VCI, database), social security administration income (SSI/SSB/SSDI), unemployment compensation income, incarceration status, Medicare status, and citizenship/immigration status.
- Our data verification does not include IRS information, because there are a lot of requirements for states who want to use IRS information. It also only includes annual income, which is great for the Marketplace as they verify tax credit income. For Medicaid, OHA looks at monthly income and point in time income instead.
  - **Member Question:** For MAGI, it seems that IRS information would be the most helpful data.
    - **Agency Subject Matter Expert:** Because IRS information is from the previous year, and people experience income changes prior to applying, the annual income on the most recent tax return might not be the most up to date, which is why we use the Verify Current Income interface, which is month to month.

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- **Member input:** Concerned that for some months, someone might earn more than other months, effecting eligibility.
  - **Agency Subject Matter Expert:** We perform an annual tax calculation to account for that and would be happy to talk more about that.
- **Member Question:** I was under the impression that SNAP renewals already happened.
  - **Agency Subject Matter Expert:** This has not changed. We'll attempt to adjust medical renewals so that they'll occur within a few months after the SNAP renewal. The info verified during SNAP renewal can be used for medical renewal. If an individual has had SNAP renewal within the previous three months, when medical renewal happens, the person does not have to do anything. If someone has active SNAP/TANF/ERDC, we can verify for determining Medicaid eligibility.
- **Member Question:** Does this mean you are using SNAP eligibility as part of the ex parte renewal?
  - **Agency Subject Matter Expert:** We are considering any information verified for other programs for medical; if information has been verified for SNAP, it won't have to be re-verified for medical.
- **Member Input:** When members report an income increase and they become "over income," when do they lose their OHP?
  - **Agency Subject Matter Expert:** Oregon's new 1115 demonstration waiver authorizes continuous coverage for children up to age 6 and 2 years of continuous coverage for individuals ages 6 through 19. So, a change in income for these populations will not mean losing OHP. Continuous enrollment will begin when the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) ends April 1, 2023. OHA is still working on a timeline for continuous enrollment for adults.
- The more electronic data sources that the State uses, the less people will have to provide for verification. The State will look at and prioritize data resources for this purpose.
- There are three paths:
  - Automated renewals without additional verification:
    - When passive renewals start, OHA provides a 90-day period for that to happen. The first step is for the system to identify the cases that need to be for that cycle (based on CPWG recommendations for sequencing), and it will evaluate eligibility using existing case information, and attempt to verify data in the system. If no additional verification is needed, the system will send an eligibility notice and a 'case summary' of the information used in the renewal. If the recipient reviews the case summary and determines the information correct, no action is needed (no signature required).
  - Automated renewals with request for information:
    - Eligibility will be redetermined using the current information on the case. If any of that information is discrepant or cannot be verified through the automated process, the agency may request verification. In these cases, OHA generates a similar packet that includes eligibility status, a summary of case information, as well as a request for needed verification. Members have 90 days to respond.
  - Active Renewals:

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- When someone has non-financial reasons why they are no longer eligible, or they're required to have an interview, the ONE System will initiate the active renewal process. Eligibility isn't evaluated on these cases until a response is received. The individual is sent an Active Renewal packet which includes a case summary, and other documents a person may need to report new information. Some members may be able to complete the Active Renewal process by simply indicating that there are no changes by checking a box. If they have changes, they can fill out the form and send it back, and an eligibility worker will process it.
- **Member Question:** Why are non-MAGI part of the active renewals process?
  - **Agency Subject Matter Expert:** Many Non-MAGI programs require an interview. Federal requirements permit states to require an interview, which Oregon believes is most supportive in assisting individuals keep and maintain the maximum level of benefits they're eligible for. There are complex eligibility factors that don't apply to MAGI. A lot of individuals don't know the difference between Medicare vs Medicaid. These questions can be answered during the interviews. We do resource assessment, disqualifying transfer, etc. Non-MAGI are more vulnerable, so for example, they may be less likely to use a computer, and an interview process helps to support these members in keeping and maintaining coverage that they qualify for.
  - **Agency Subject Matter Expert:** An interview is a request for information. Cases requiring an interview may be subject to an active renewal or may experience an automated renewal with a request for information (the RFI being the interview).
    - Could put this on the agenda for an Oregon Law Center meeting for deep dive?
- **Questions for follow-up:**
  - Request to spend additional time talking about the notification paperwork with Vivian at some point as well
  - For non-MAGI folks who are aging into Medicare where interview is required, if they don't respond, is there any special effort made to reach out to people?

## Online Dashboard Discussion

- The state is launching a public-facing dashboard, focusing on medical renewals and what's unfolding. This will have data, including by county level, and will help us leverage data to engage partners. The expected rollout is April 1.
- The slides include snapshots of the dashboard demo. The data are not accurate since we do not yet have any data on renewals, so the snapshots just show what and how data will be presented.
- First slide shows the landing page, what and why we are doing this, and a state-level snapshot.
- Second slide shows an overview of medical renewals. Note: 1) It is missing ability and disability data 2) gender is binary - It won't be on the final dashboard. We will have more inclusive options.
- You will be able to look at all the renewals, or ones that are started, and what percent of cases are waiting for responses from people in Oregon. It will help us see discrepancies.
- The third slide shows that we can also have views by case. What is the demographic within a county? Note: Language codes will be fixed.
- We want this be accessible to anyone who is on the internet who wants to know what is happening. We have people helping with the accessibility of the site.

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- Because the data is live, it's updated once a day. Because of that, we should be able to monitor and respond to current trends we are seeing and learn and be proactive for future months.
- **Member Question:** Appreciate that the agency is making an effort for data transparency. Is the dashboard going to separate MAGI and non-MAGI information?
  - **Agency Subject Matter Expert:** This is a great recommendation, and one should be included in the dashboard.
- **Member Question:** The intent is for people to be insured in some way. It would be interesting to see how many people have insurance after redeterminations and to gauge if we were successful in helping people keep coverage.
  - **Agency Subject Matter Expert:** Yes, the intent to see what is happening to members after they are no longer eligible. Are they going to the Bridge Plan? Did they make to the Marketplace? Are they getting employer insurance? All key information will be captured.
- **Facilitator:** Will individuals' appealed denials be represented? The workgroup would like to look at the demographic data for this group.
  - **Agency Subject Matter Expert:** The data shows the reasons for closure, for example, if a case is closed because someone misses the interview. We can look at the demographic data to see if there are trends that point to inequities. This will help shape our outreach, engagement, etc.
- **Facilitator:** Individuals who prefer other languages are less likely to appeal when they receive a denial. Looking at who appeals might not suffice.
  - **Member Input:** I support this point. Also, I think it would be helpful to see what percentage of people were terminated because of failure to respond/failed to take action as well as a data point that shows people who only responded once they received notice that their coverage was terminated.

## Language Access Information

- The first slide shows data regarding written language for people receiving benefits through the ONE System. 98% chose English and Spanish.
- Second slide shows language preferred for ONE Customer Service calls.
- The ONE Customer Service has 16 dedicated languages. People can be connected to an eligibility worker through their preferred language line. We have not been doing a great job marketing it, and the data is basically nonexistent. We did a soft rollout in November and shared with partners. We are bringing a workgroup together in February for this purpose. Any recommendations on launching the language line would be really helpful.
- Language options include in person, by phone, and other alternative formats (see slides for more).
- We are developing additional materials, such as flyers and wallet cards, in different languages for outreach.
- Here is a link to a pdf that lists out the 16 different lines:
  - The ODHS Benefits page listed here <https://www.oregon.gov/DHS/benefits/Pages/index.aspx> has a list of the specific language lines. <https://www.oregon.gov/dhs/Benefits/Documents/one-language-lines-translation.pdf>

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- I Speak Language Card: People can point to this card and help identify what types of language support they need for spoken language.
- Eligibility workers have quick reference guides on their computers, which they can click on for instant support. ODHS had workshop with equity and multicultural services around ODHS language services for staff. Exploring opportunities to educate staff on how to work with individuals who need an interpreter.
- **Member Question:** Really important for CPWG members to know if the phone lines are overwhelmed. For example, what is the wait time by language line?
  - **Subject Matter Expert:** We are hoping to include that in the dashboard. We are getting a new phone vendor in April. We want to be able to have accurate data on wait times. We are exploring options to make this a reality.
- **Member Input:** I know currently OHA has a dashboard regarding call wait times. However, it is not by language line and not in real time. Adding current call center stats and by language to the dashboard would be great.
  - **Note:** Potential recommendation added to survey.
- **Member Input:** Concerned about call center capacity. People waiting one hour, two hours, during high volume changes. Are there recommendations we can make about engaging partners or spill over capacity if the state runs into call center capacity challenges?
  - **Agency Subject Matter Expert:** We brought in a vendor to support call center. As they onboard, the wait time is decreasing. Our cases have increased by 30%, but the number of eligibility staff we can hire has not changed. As we bring on contractors, there are limitations to what they can do, so members still have to speak to an eligibility worker. We are trying to put in automated systems to support people who don't need 1-to-1 support, so others can connect with an eligibility worker. We will have teams focused on LTSS cases.
- **Member Question:** When we click into our county, will we see a break down in there, too?
  - **Agency Subject Matter Expert:** Yes. However, if it's a small county, we do have limitations to protect anonymity.

## Wrap up

- **Action:** Support staff will compile recommendations from this meeting and send to workgroup members via survey.
- **Future meeting topics:** OHA will host separate, standalone Bridge Program presentation for those interested.