



who	Community Partner Workgroup	DATE	Thursday December 15, 2022 3-5pm			
FACILITATOR	Michael Anderson-Nathe Sarah Dobra	NOTE-TAKER	Hilde Hinkel (share slides) Jeremiah (notetaker)			
WORKGROUP ATTENDEES	X Beth Englander X Elizabeth Fox Natalia Anand X Sheila Anders X Stephanie C	Lav	X Erin Fair Taylor X Lourdes Alcala Lavinia Goto X Anji Djubenski Rosetta Minthorn Nashoba Temperly Gladys Boutwell			
OHA & ODHS ATTENDEES	Vivian Levy X Sarah Dobra X Jillian Johnson X Jeremiah Ko X Misty Rayas X Miranda Ar X Chelas Kronenberg X Amy Cover X Katherine Bodi X Alacia Laue X Brian Kirk X Michael Mc X Laune Thomas X Yamileth G	eisling Chr nstutz X Ben S n X Stace er X Lilly cdaid X Ada C	y Spelman X Heather Burkus Bork X Emily Burnett			
Guests	Alacia Lauer (Metropolitan Group) Miranda Amstutz & Micheil Wallace (Marketplace) Ada Osana (ODHS-APD), Heather Burkus (ODHS-APD), and Katherine Bodi (ODHS-APD) Mat Rapoza (ODHS-LTSS), Ben Sherman (ODHS-LTSS), Stacey Spelman (ODHS-LTSS) Brian Kirk (ODHS-PMDDT) and Chelas Kronenberg (ODHS-ODDS)					
Meeting Link	Microsoft Teams meeting Join on your computer or mobile app Click here to join the meeting https://teams.microsoft.com/l/meetup-join/19%3ameeting NDNjNmJjOTEtNTJiZS00YjNiLWJhMjktNDU4ZDZIN2M2YTAw%40th read.v2/0?context=%7b%22Tid%22%3a%22658e63e8-8d39-499c-8f48- 13adc9452f4c%22%2c%22Oid%22%3a%2207b69f57-e102-4442-a97b- 3cb305598cea%22%7d> 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# <tel:+19712772343,,158363284#> United States, Portland Phone Conference ID: 158 363 284#</tel:+19712772343,,158363284#>					

Mtg Goals:

- 1. Continue discussion on Non-MAGI populations (dual eligible and LTSS) and finalize CPWG recommendations on programmatic, data, and community approaches for Non-MAGI populations
- 2. Discuss and solicit recommendations on maximizing use of Marketplace Assisters and grant opportunity

Agenda

TOPIC	TIME	SPEAKERS	PURPOSE
1. Welcome and Introductions	10 mins	Michael	Name, pronouns, and any access needs to fully

				participate • Check in question— Originally, we planned on doing a deep dive on the pregnancy/newborn group. Given continuous eligibility for children up to age 6, is this a group you still want to discuss? If so, what do you want to hear about and/or who do you want to hear from?
2.	Updates and follow up	15 mins	Michael & Hilde	 Follow up on any 11/10 items Ex Parte renewals Medicare eligible MET Group follow up CPWG spokesperson
3.	Marketplace Assisters and Grant opportunity	30 min	Miranda A.	 Marketplace Assisters and how best to leverage them for redeterminations Presentation and discussion on Marketplace Assister Grant funding opportunity and approach
4.	STRETCH BREAK	5 mins		
5.	5. Deep Dive: Non-MAGI with a focus on dual eligible and LTSS populations Sarah D. Discussion on Non populations		Discussion on Non-MAGI: dual eligible and LTSS populations	
6.	Review and Finalize CPWG recommendations for Non-MAGI pops	15 mins	Sarah D.	 Review CPWG recommendations for: Non-MAGI populations Equity and accessibility Protecting coverage Renewal processes
7.	Meeting close and next steps	5 mins	Michael	Discuss future meetings and agendas

Notes

Welcome and Introductions

- OHA staff and guests introduced themselves: names, agency, pronouns, and any access needs for participating
- CPWG members introduced themselves: name, affiliation, pronouns, any access needs for participating and then responded to check in question:
 - Question: We were initially planning on having a deeper dive conversation on the Pregnancy and Newborn population that we discussed during redetermination sequencing. The deeper dive would focus on identifying outreach, programmatic, and communications concerns and strategies for this population. Does the group still want to have this discussion given the Waiver change of Continuous Eligibility for children up to age 6?
 - All five of the CPWG members present at the time agreed that the group no longer needed to have this deep dive discussion.

Updates and Follow Up

- Ex Parte renewals is a topic that has been raised by the CPWG on multiple occasions, do we want to talk about Ex Parte Renewals in a meeting in January?
 - CPWG consensus is yes we should.
- Update on a CPWG request to find out if presumptive disability cases cannot be closed if the case is still pending and goes past the redetermination timeline given.
 - The question came up as to whether CPWG wants to make a recommendation directing OHA/ODHS to ask CMS if the time for disability redeterminations can be extended.
 - o Staff members provided some additional context:
 - As of now, there has been no special allowance from CMS to extend the deadline for presumptive disability cases. This means that CMS hasn't addressed this issue or made an offer to extend the deadline – that doesn't mean we can't put in a request – just that CMS doesn't have a current pathway for it.
 - It would be within the scope of CPWG to review this and make a recommendation on a request if the group would like.
 - ODHS shared that the presumptive disability group is inclusive of cases where people self-attested that they were disabled and, therefore, received services/coverage; however, because of continuous eligibility under COVID, they have not been able to verify or complete redetermination on them. This is the group they want to focus on and try to find a way to reach them for redetermination. There are some cases and situations that allow the state to go past the 90-day timeline.
 - CPWG members seemed to express some consensus that we should request a formal
 exception for this group given the multitude of reasons why someone may not respond to a
 redeterminations request, but staff expressed they didn't think it was necessary.
 - Michael proposed that we collect more information on how big this group is and bring it back to the next meeting for follow up and decision on whether to recommend making a special request.
- Metropolitan Group provided a brief update on the final 5 populations they selected for focus groups and for the survey. Due to time constraints, we agreed to also provide an update via email.
 - There was a specific request to CWPG members to help promote a survey to BIPOC communities. The link is below and will be send as via email as well.
 - Survey Link: https://www.surveymonkey.com/r/52FKCMF
- Staffing changes:
 - This is Michael Anderson-Nathe's last CPWG meeting as his contract with the state to support CPWG is coming to an end, and he has other projects to attend to. OHA is bringing in another staff member, Yami Gonzalez, to co-facilitate with Sarah Dobra. Yami has previous experience with community engagement and facilitation as well as navigator experience. Yami will join later in the meeting and introduce herself.
 - State staff and CPWG members expressed appreciation and gratitude for Michael's contributions and efforts.

Marketplace Assisters and Grant Opportunity

 Micheil Wallace and Miranda Amstutz presented on Marketplace Assisters and an upcoming grant opportunity to expand Marketplace Assisters in Oregon (see meeting slide deck for full information).

- Marketplace Assisters often help people who are no longer eligible for Medicaid find new health coverage through the Marketplace.
- The state currently funds assisters via their Medicaid to Marketplace Migration Community Partner and Agent Grant program that funds community partners to provide outreach and enrollment assistance for the Marketplace.
- HB4035 allocated \$2.5M of additional support to this grant program:
 - \$2M to community partners
 - \$500,000 to agents
- These funds will be provided to current grantees to ensure continued assister support throughout the post-Public Health Emergency redetermination period.
- Funds can also be used to fund new partners and agents. If the state adds new partners, funding
 will prioritize partners who can reach communities that are most at risk of being harmed by
 healthcare inequities, experience historical and contemporary injustices, and are most affected
 by social inequities.
- Current contracts with partners end 7/31/22, so the plan is to use these additional funds to extend the contracts past that date and add any new contracts by then.
- Using a variety of data sources, the state has identified gaps and additional service needs by county and population demographics.
- Question for CPWG: Of the following two approaches for how to spend the \$2.5 M funds, which option does the CPWG think is best?
 - Option 1: Use funds to extend contracts with current partners AND add new partners.
 - Option 2: Use the money to extend contracts with ONLY current partners and request that they address services gaps and additional needs.
- CPWG members expressed some support for Option 1 fund current AND add new but also expressed concern that they didn't know enough to make an informed recommendation.
 - CPWG did seem to express that given that needs, resources and capacity differ by region and organization, the state would likely need to use Option 2. There was general support for using the best strategy to meet the additional service needs AND address any gaps, first with existing partners and then, if necessary, with additional partners if existing partners are unable to develop plans or capacity to meet the additional need.
- Additional information and CPWG questions:
 - The Find Help Tool <u>Oregonhealthcare.gov/gethelp</u> is very useful in helping someone find assistance.
 - o How will organizations know that they can apply for this grant?
 - The state would not use a competitive RFP process and instead provide direct awards to community partners and agents that are recommended or known for their connections and success reaching priority populations.
 - CPWG members can provide additional input on this via email through Sarah or Hilde or submit input via a QR Code (see slide deck).

Deep Dive: Non-MAGI with a focus on dual eligible and LTSS populations

Sarah Dobra provided some context for returning to our deep dive on non-MAGI populations –
with today's focus on dual eligible populations and people receiving Long Term Services and
Supports (LTSS).

LTSS

- LTSS provides long-term care services for eligible individuals with physical, mental health, and intellectual of developmental disabilities.
 - What will change:
 - Anyone receiving Medicaid LTSS who no longer qualifies for Medicaid based on their financial eligibility will lose both medical and LTSS benefits, which may include their housing if they are living in a long-term care facility or adult foster home.
 - Anyone whose eligibility for Medicaid is based on meeting LTSS criteria and who no longer meet those criteria will lose all Medicaid coverage.
 - There are no equivalent benefits, state bridge program, or other payer source available for long-term services and supports.
 - People may have reductions to LTSS benefits based on assessed needs, but their medical coverage will continue.
- Medicare Savings Programs (MSPs)
 - MSPs help eligible Medicare beneficiaries who have income below certain limits with out-of-pocket Medicare costs. They are the Qualified Medicare Beneficiary Program (QMB), the Specified Low-income Medicare Beneficiary program (SMB) and the Qualified Individual Program (SMF). All MSPs pay the Medicare Part B premium; however, QMB also pays the Part A premium (if no free Part A) as well as Part A and Part B deductibles, coinsurance, and copayments. The MSP income limits are based on the Federal Poverty Level and change every year in March. Beneficiaries can receive QMB and SMB concurrently with OHP Plus, but SMF is a stand-alone program and not available to those who qualify for OHP Plus. There are no resource limits for MSPs in Oregon.
 - What will change:
 - Individuals who no longer qualify for MSPs AND who also are not eligible for OHP Plus benefits will be responsible for their out-of-pocket Medicare costs currently paid by Medicaid. They may choose to privately purchase Medicare Supplemental Insurance (Medigap) or enroll in a Medicare Advantage Plan.
- Supports that are being put in place to assist people with these transitions:
 - Phasing medical renewals by population to allow more time for outreach and longer coverage for those most at risk of losing OHP coverage
 - Creating the Bridge Health Care Program, a new option for people with income between 138-200% FPL who lose OHP during post-PHE renewals because of income
 - Strengthening connections with the Marketplace team for people transitioning from OHP to the commercial market
 - Equipping our resource and referral networks like Aging and Disability Resource Connection (ADRC) and Senior Health Insurance Benefits Association (SHIBA) Medicare certified counselors to support people
 - o Inviting partners to help us raise awareness and support people
 - o Communicating directly with benefit recipients in multiple ways
- The state then reviewed three case examples related to LTSS transitions

- Due to time constraints, we agreed to continue this conversation in January and focused on collecting questions from CPWG members related to this group to prepare for the January meeting.
- Questions to prepare for continuation of non-MAGI discussion:
 - Is there prospective work that could be done to help members manage their resources in a way that would allow them to keep their coverage? (E.g., outreach to LTSS recipients to help them understand how to spend down their resources)
 - Has the financial history been tracked during the PHE so that we know how many may be over the resources? What is the size of cases we estimate to be impacted when the PHE ends?
 - Can we proactively reach out to those that might be over income? And what would this look like?
 - Is the LTSS group eligible for the Extended Waiver Eligibility (EWE) program?
 - If people are no longer eligible for LTSS in this program because they are over resources, can they be eligible for OHP for MAGI program? (This wouldn't cover LTSS, but it would include health care coverage.)
 - How does the Pickle Amendment factor into eligibility renewals post-PHE? (The Pickle Rule prevents people from losing Medicaid benefits when SSI COLAs increase their income over eligibility limits.)
 - o Can we learn more about MSPs at the next meeting?

Meeting Close and Next Steps

- Since we didn't have time to finish the **non-MAGI conversation** on LTSS and dual eligible populations, we agreed to continue this in January. At that meeting, the CPWG will also review all non-MAGI draft recommendations and chose what to adopt.
- Sarah noted that Hilde has reviewed previous CPWG meeting notes and compiled CPWG member feedback that could become **formal recommendations** from this workgroup. We will bring these draft recommendations to CPWG to determine if CPWG members want them to become formal recommendations to the state for implementation. This may be done via an online survey or at a future meeting.
- Yami Gonzalez was introduced as the co-facilitator stepping in for Michael and is excited to be part of the CPWG staffing team.