



WHO	Community Partner Workgroup	DATE	Thursday June 23, 2022 3-5pm
FACILITATOR	Sarah Dobra Megan Auclair	NOTE-TAKER	Jeremiah Keisling
WORKGROUP ATTENDEES		y 🔀 Lav eung 🔲 Kal	h Fair Taylor
OHA & ODHS ATTENDEES	✓ Maria Castro ✓ Sarah Do ✓ Jillian Johnson ✓ Jeremiah ✓ Laune Thomas		gan Auclair
Guests			

Mtg Goals:

- 1. Review and add to Issues Tracker
- 2. Review renewal and eligibility pathways and supports; provide recommendations around this process.
- **3.** Recommend data to track to understand those impacted within renewal process.

Agenda

	TOPIC	TIME	LEAD	PURPOSE
1.	Welcome and Introductions	20 mins	Megan	 Name, pronouns, and any access needs they have to fully participate Question: what do you think are the biggest challenges when it comes to communicating with members or member communications? Or What have you seen be most successful around member communications?
2.	Issues Tracker follow up	20 mins	Laune	 Review and report out on Issues Tracker items Member discussion on topics
3.	CPWG member open space	20 mins	Sarah	 Provide time on the agenda at each meeting for members to raise topics, provide relevant updates, identify discussions they want to have, etc.
4.	STRETCH BREAK	5 mins		
5.	Discussion on information needed for renewals and processes for how we get collect it	30 mins	Sarah	 Review renewal and eligibility pathways and supports. Provide recommendations around this process Identify barriers to collecting that information Brainstorm solutions

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6. Data discussion		15 min	Megan	 Data that might help this workgroup understand who is impacted What would be helpful to include in a public facing dashboard to understand renewal process?
7. Meeting close and next steps		5 mins	Megan	Discuss future meetings and agendas

Notes

Welcome and Introduction

Identified challenges when it comes to communicating with members or member communications:

- Several partners expressed difficulty in utilization of formal written communication in correspondences – need plain language, simple to understand formal messages and communications often confusing
- Phone:
 - Communicating with older population via phone can be a challenge, particularly to conduct outreach from unknown or unidentified numbers.
 - For many populations phone is found to be one of the least effective forms of communication one group found that 70% of calls went to voice message and the majority were not returned.
 - Some families and individuals share phones or use Track phones where the phone number changes frequently
 - Some community members without a phone number provide an alternate number that does not belong to them. Is there a way we can track if the phone number provided belongs to someone else? Possibly "Message Phone".
- English Language Proficiency (LEP) and communication a challenge for LEP members face general challenges
 - Some groups are hard to work with not just because of language but also because of language dialect.
- Update to date contact information a challenge for effective communication
 - o Particularly for lack of housing prove to be huge barriers
 - Gap/ barrier: need for assisters coming directly to shelter sites strong assisters going to shelter sites and homeless camps. It's difficult getting a health navigator on site/enrollment assister. Process has become convoluted making it far more complicated than just requesting a navigator.
- General mistrust of communication and not knowing what information to trust; One concern brought to the group was around trust in the world today. So many scams have been in the news and the local newspapers. OHP members tend to contact their local CCOs (Coordinated Care Organization) or other trusted partners for help in identifying the source.
 - One concern brought to the group by several sources was there is no "one source" for all the information needed; need consistency in messaging was a common concern.

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 No one trusted place where the majority of people go for information – means different channels work better for different populations - E.g., different Spanish language radio stations; Facebook messenger; emails for some populations, for others email doesn't work well.

Member communications successes

- On-on-one relationship-based communications from individuals and groups already working with OHP members.
 - Tribal Office is often trusted place for Tribal members to understand written mail from OHP, etc.
 - o For unhoused populations, in person visits from health navigators often most effective.
- SMS Text messages:
 - Several community partners have had positive experiences using SMS text messaging have found that individuals more likely turn calls after receiving text messages. For individuals without internet or computer access, phone SMS text messages often works well.
 - SMS text messaging used opens a web browser with appropriate information and or forms
 this was used effectively to help individuals schedule appointments.
- Online chat platform: Some community partners have found chat platform on websites useful. One CCO uses this effectively. Benefit is that the chat can be intreated into the client record for further follow-up.
- Having a message with the Governor's seal or on official letterhead lends a lot of credibility to a message people often respond to name recognition (vs. general agency or organization)
- Setting up clinics in places like libraries or community centers to interact with consumers has been successful.
- Ensuring same messaging and talking points for all partners in the community
- One of the best sources for connecting with the community is in person or in office visits.

Discussion on information needed for renewals and processes for how we get collect it

- What would be helpful to communicate to these groups as we prepare to support members?
- What tools might they benefit from?
- What are they in a position to do to help members that we haven't considered?
 - Add Regional Outreach Coordinators (ROC) (OHA staff that support community partners, who support enrollment).
 - o https://healthcare.oregon.gov/pages/find-help.aspx
- Recently a member called the APD office to update their information and were told that their CCO would have to update this. This is known to be incorrect.
- What is going to happen with the Dual Eligibility population during the redetermination?
- Dedicate a future meeting to a Dual Eligible member.
- All the CPOP (OHA Community Partner Outreach Program) grantee orgs must be cross trained in OHP and Marketplace enrollment and navigation to assist with these. Many of these CP groups can handle the complexity of these transitions and enrollment options.
- Are Marketplace Community Partners knowledgeable about Medicare and Medicaid?

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- Marketplace Community Partners may be knowledgeable at the intermediate or advanced proficiency level if they are also OHP Community Partners and/or SHIBA (Senior Health Insurance Benefits Assistance) Volunteers.
- The Marketplace includes high-level overviews for Medicare, and we partner very closely with the CPOP team for training on the OHP side.
- Work group request to see some of the communications that has already gone out to the community.

Data Discussion

What would be helpful to include in a public facing dashboard?

- By renewal period: Number and percentage renewed and not reviewed renewed
 - o By REALD data
 - COFA populations
 - o Healthier Oregon population
 - o MAGI vs. Non-MAGI
 - o By unhoused populations
 - o Include reasons for non-renewal
- Return mail rate Number and Percentage

Future Meeting Topics

- Communications topic on July 14th meeting
- Non-MAGI (Medical Adjusted Gross Income) populations look at this population specifically
 - Talk about impact of different renewal process for non-MAGI (Medical Adjusted Gross Income) OHP renewals vs. MAGI renewals (which can occur passively)happening differently from MAGI (OHP auto renewals?
 - o MAGI is based on provisions in the affordable care act. NON MAGI is typically made up of aged or disabled population.
 - Challenge for NON MAGI auto renewal is the required interview except for those who receive SSI.