



OHP Members Received Incorrect Approval Notices

*Information for Partners, last updated
9/21/23*

What happened?

At least 11,700 Oregon Health Plan (OHP) and Medicare Savings Program members received incorrect approval notices in August.

These members had either not responded to a renewal or were no longer eligible for OHP for other reasons. They were supposed to receive a closure notice but were mistakenly sent an approval notice instead.

Why did this happen?

A system error generated an approval notice instead of a closure notice for the affected members. The system error has been fixed.

What is being done about it?

All affected members will keep their OHP coverage through at least 12/31/2023.

Members will be sent a notice either mid-September or mid-October informing them they either still need to submit more information to keep their benefits, or, that their coverage is ending.

Members will receive calls from the state in late September explaining what happened, and, what they need to provide for ODHS to determine if they are still eligible beyond 12/31/2023.

There are two groups of affected members that will receive different letters:

1. For about 11,700 members, benefits were supposed to be closed for nonresponse to a request for information. These members will have an additional opportunity to respond to the request for information. Common requests for information include requests to provide proof of income, like pay stubs, or requests to provide proof of identity, like a copy of a government issued ID.
 - This letter will be mailed on Sept. 18. The letter will explain that the member must respond to the request for information within 30 days.
 - If the member has not responded within a month, we will mail a closure notice, telling the member that their coverage will end on Dec. 31, 2023.
 - The member can respond to OHP with the requested information at any time before the end of the year. If they are determined still eligible for OHP, their OHP will not end.
 - If a member's OHP is closed for not responding, the member has up to 90 days to provide the requested information to restart benefits.

2. For the remaining members, their benefits were supposed to close for other reasons.
 - In October, these members will receive a notice that their OHP is ending Dec. 31, 2023.
 - Most of these members will need to look for other coverage starting in January 2024.
 - If their circumstances change before the end of the year, for instance their income changes, the member can report that change and potentially keep their OHP if they are determined still eligible.

How can members know if they are affected?

Most affected members would have received an approval letter in August, despite not having submitted the requested documents. Most will then receive another request for information dated September 17. This will also be visible in members' online ONE accounts.

The state is exploring options to share lists of affected members with Coordinated Care Organization and OHP assister partners to assist with their outreach, and will provide more information on that to these partners soon.

Talking points for people working with OHP members:

OHP sent you an incorrect approval notice. This was a mistake.

Your OHP benefits have been extended until the end of the year, but will end on Dec. 31, 2023, unless you are determined still eligible. If you believe you are still eligible, you need to contact OHP before the end of the year.

We apologize for any confusion this caused. We want to help you keep your OHP if you are still eligible, or help you find other health coverage for next year if not.

- Your OHP continues until Dec. 31, 2023.
- If OHP is requesting any information, you can respond before the end of the year. You will keep your OHP benefits if you are still eligible.
- If anything changes or has recently changed, such as income or family size, report that to OHP.
- If you are an OHP assister, help the member look up their closure reason and help them respond to the request, if possible. Otherwise, connect them with the ways to get help.

Ways to contact OHP if you have questions or need to report a change:

- Online at benefits.oregon.gov
- Calling 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 a 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

Ways to find other health coverage if your OHP benefits are ending:

- Can you get health coverage through your work or your spouse or parent's work?
 - If so, talk to your employer or human resources department.

- Are you over age 65 or otherwise eligible for Medicare?
 - Medicare insurance agents and Senior Health Insurance Benefits Assistance (SHIBA) counselors will help you understand your Medicare options and choose the right coverage. Find local, free help at OregonHealthCare.gov/GetHelp
 - People who need to sign up for Medicare for the first time should contact the Social Security Administration at 800-772-1213 or go to ssa.gov/medicare/sign-up

- Not eligible for other coverage? Enroll through the Oregon Health Insurance Marketplace, likely with financial help.
 - Visit OregonHealthCare.gov/WindowShop and answer a few quick questions to find out what plans and savings are available to you.
 - Coverage through the Marketplace will start the first of the month after you enroll.
 - If you enroll in October or November, you must enroll for the remainder of 2023 and for 2024. You will not be auto-enrolled for 2024!
 - You can also call the Marketplace Transition Help Center at 833-699-6850 (toll-free, all relay calls accepted), open Monday through Friday 7 a.m. to 6 p.m. PST.

- Need help figuring out where to start? Visit OregonHealthCare.gov/GetHelp to find free expert help near you.