Medical Renewal Operations Timeline

This interactive presentation outlines the key dates, activities, processes and worker impacts that will happen as the public health emergency unwinds.

- Full Renewal Timeline
- Phased Renewals by Population
- Communications & Outreach Timeline
- Tools to Support the Unwinding and Reporting on Progress

You can interact with this presentation by clicking around. To quickly return to this screen, use the Main Menu button. To close out of any pop-ups, use the Back button.
Full Renewal Timeline
Full timeline of each time period for renewals starting in each month from December 2023 through May 2025.

Marketplace Unwinding Special Enrollment Period

Renewal Period

1 2 N 60-Day Adverse Action Period 90-Day Reconsideration Period

When the 90-day reconsideration period expires, the member must submit a new application.

A new application is needed

Non-PHEU renewals are happening in parallel
## Communications and Outreach Timeline

### First six months – Detailed view

This is an interactive timeline. To receive more information on an item, try clicking it.

### Interactive Key
- **Low Workload Impact**
- **Medium Workload Impact**
- **High Workload Impact**
- **Communications Overview**
- **Communications Details**
- **Outreach Overview**
- **Outreach Details**
- **Marketplace Unwinding Special Enrollment Period**

<table>
<thead>
<tr>
<th>Apr 2023</th>
<th>May 2023</th>
<th>June 2023</th>
<th>July 2023</th>
<th>Aug 2023</th>
<th>Sept 2023</th>
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<tr>
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### Marketplace Unwinding Special Enrollment Period

#### Communications – Focused campaign launch
- Phased launch of communication materials designed for populations that are traditionally hard-to-reach
- State and federal communication campaigns designed to spread the message to a broad population about the unwinding and renewal process

**Dates:**
- 4
- 5

#### Outreach – Data sharing with partners, transition support to members no longer eligible
- Regular touch points with partners to provide updated information and answer questions
- Outreach to members determined ineligible for OHP, or who have not responded to notices or requests for information and are at risk of losing coverage

**Dates:**
- 7
- 8
- 9
- 5
- 12

#### May 11 – Federal Public Health Emergency declaration expires
Phased Renewals by Population

Initial plans started renewals in waves across 10 months

Response period from first 10 waves

Adjusted plan: 4 additional waves of renewals after May system update

Response period from 4 additional waves

Unwinding completed after final closures at end of February 2025

Phase 1
Front-load | Apr - Aug

Phase 2
Back-load | Sept - Jan

Phase 3
Spread Throughout

Phase 4
June - Sept

Front-loaded renewals
Groups likely to remain eligible and who need fewer interventions and verifications to maintain eligibility.

Back-loaded renewals
Groups that we want to provide maximum protections after the Public Health Emergency ends and people likely eligible for OHP Bridge.

Spread throughout the renewal process
Groups that may need more support, either to keep OHP or move to other coverage.

Extended timeline
Individuals whose previous due date changed or whose benefits were restored until the system and notices could be updated.

Practical considerations
- Months with fewer staff, agency, and community resources (November, December, January)
- Marketplace enrollment
Tools to Support the Unwinding and Reporting on Progress

Tools to Support the Unwinding
What we have produced to keep partners informed, supported, and able to escalate problems and issues, as well as how we plan to stay connected.

- Partner and provider toolkits
- Interactive timeline
- Talking points for staff and partners

Reporting on Progress
How we are monitoring and reporting on the work to interested parties, escalating issues and risks, and monitoring for inequities in outcomes.

- Medical Redeterminations Dashboard / Unwinding Dashboard / HB 4035 Dashboard
- Bi-weekly PHE Unwinding Status Report
### Full Renewal Timeline

Full timeline of each time period for renewals starting in each month from December 2023 through May 2025.

<table>
<thead>
<tr>
<th>Month</th>
<th>1st Reminder Notice</th>
<th>Renewal Period</th>
<th>60-Day Adverse Action Period</th>
<th>90-Day Reconsideration Period</th>
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**People can submit information:**
- Upload via ONE Mobile app (only if they have an RFI)
- Upload via their ONE online account
- Mail/Fax
- At a local office

**Workload impact:**
- Processing from staff
- Processing mail

Non-PHEU renewals are happening in parallel.
Full Renewal Timeline
Full timeline of each time period for renewals starting in each month from December 2023 through May 2025.

Marketplace Unwinding Special Enrollment Period

Renewal Period

No Response After 60 Days:
2nd Reminder Notice

People can submit information:
- Upload via ONE Mobile app (only if they have an RFI)
- Upload via their ONE online account
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Workload impact:
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Full timeline of each time period for renewals starting in each month from December 2023 through May 2025.

This is an interactive timeline. To receive more information on an item, try clicking it.

Interactive Key

1. 1st Reminder Notice
2. 2nd Reminder Notice
N. Notice of Closure
R. Renewal Closure
B. OHP Bridge
M. Marketplace Unwinding Special Enrollment Period
Renewal Period
1. 60-Day Adverse Action Period
N. 90-Day Reconsideration Period
C. Non-PHEU renewals are happening in parallel

Please select when you received your notice.

I received my notice on or before May 15, 2024
I received my notice after May 15, 2024
Reflected in AP and sent subsequently in mail
A new application is needed
When the
Higher call volumes to explain a new application
Processing from staff

- Hearings and appeals
- Processing mail

**Mass termination for nonresponse April Cohort effective** (for active renewals who have not responded to RFIs, lose coverage end of September)
- Reflected in AP and sent subsequently in mail
- Extended adverse action period
- 60 days of continued coverage
- Last notice members will receive from the ONE system for their medical renewal

**Workload impact:**
- Hearings and appeals
- Higher call volumes to explain why someone was closed
- Processing from staff
- Processing mail
**Medical Benefits Overview**

*These medical benefits are ending and are not active after the date listed below. We gave the reason why below. Let us know if the reason no longer describes this person’s situation, as it could mean they could continue to be eligible for benefits.*

<table>
<thead>
<tr>
<th>Medical Benefit Package</th>
<th>Decision</th>
<th>Benefit Start Date</th>
<th>Benefit End Date</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>&lt;&lt;Benefit Closed&gt;&gt;</td>
<td></td>
<td>&lt;MM/DD/YYYY&gt;</td>
<td>&lt;MM/DD/YYYY&gt;</td>
<td>We sent this person a renewal notice and they did not respond. Their benefits are ending because they did not respond by the due date.</td>
</tr>
</tbody>
</table>

*Continuous Eligibility Period: <MM/DD/YYYY> - <MM/DD/YYYY>*

**TOA Description**

<<Begin Date>> - <<End Date>>

<<Eligibility Summary>>

<<Approval OARs>>

<<Oregon Administrative Rules we used to make this decision: Closed Benefit OARs>>

To get full details of these rules visit [https://secure.sos.state.or.us/oard/](https://secure.sos.state.or.us/oard/)

Mass termination for nonresponse April Cohort effective (for active renewals who have not responded to RFIs, lose coverage end of September)

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<td>Renewal Period</td>
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<td>Non-PHEU renewals are happening in parallel</td>
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B. OHP Bridge
M. Marketplace Unwinding Special Enrollment Period
R. Renewal Period
60-D. 60-Day Adverse Action Period
90-D. 90-Day Reconsideration Period

Please select when you received your notice.

- I received my notice on or before May 15, 2024
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Note about members’ response time
A new application is needed when the 90-day Member profile information will be sent to the Marketplace to receive a report with who has been referred. Only people potentially eligible for benefits will be referred.

Marketplace will send a household their own notice to tell them to go to healthcare.gov to create a new application to apply for the Marketplace.

- PH Tech call center outreach (still finalizing details on this process)

**Activities**
- Closure notice with effective date of at least 60 days in the future
  - Member profile information will be sent to Marketplace
  - Marketplace will receive a report with who has been referred
    - Only people potentially eligible for benefits will be referred
    - Marketplace will send household their own notice to go to healthcare.gov to create a new application to apply for the Marketplace
  - PH Tech call center outreach (still finalizing details on this process)

**Workload impact:**
- Hearings and appeals
- Higher call volumes to explain why someone was closed

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**Partial Image Description**
- A new application is needed when the 90-day Member profile information will be sent to the Marketplace.
- Only people potentially eligible for benefits will be referred.
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**Workload impact:**
- Hearings and appeals
- Higher call volumes to explain why someone was closed

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**Table Example**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Program</th>
<th>Reason</th>
<th>Benefit End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Individual Name&gt;&gt;</td>
<td>&lt;&lt;Age&gt;&gt;</td>
<td>&lt;&lt;MM/DD/YYYY&gt;&gt;</td>
<td>&lt;&lt;Reason&gt;&gt;</td>
<td>&lt;&lt;MM/DD/YYYY&gt;&gt;</td>
</tr>
</tbody>
</table>

Oregon Administration Rule we used to make this decision: <<OAR Reference>>
Medical Benefits Overview

<Medical Benefit Overview for <<Individual Name (Age)>>>

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<td>&lt;MM/DD/YY YY&gt;</td>
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Continuous Eligibility Period: <MM/DD/YYYY> - <MM/DD/YYYY>

<<TOA Description>>: <<Begin Date>> - <<End Date>> <<Eligibility Summary>>:

<<Approval OARs>>

Oregon Administrative Rules we used to make this decision: <<Closed Benefit OARs>>

To get full details of these rules visit https://secure.sos.state.or.us/otard/

Activities

- Closure notice with effective date of at least 60 days in the future
  - Member profile information will be sent to Marketplace
  - Marketplace will receive a report with who has been referred
    - Only people potentially eligible for marketplace get referred
- Marketplace will send household their own notice to tell them to go to healthcare.gov to create a new application to apply for the Marketplace
  - PH Tech call center outreach (still finalizing details on this process)

Workload impact:

- Hearings and appeals
- Higher call volumes to explain why someone was closed
Full Renewal Timeline
Full timeline of each time period for renewals starting in each month from December 2023 through May 2025.

Interactive Key
1. 1st Reminder Notice
2. 2nd Reminder Notice
N. Notice of Closure
C. Renewal Closure
B. OHP Bridge

Non-PHEU renewals are happening in parallel
Marketplace Unwinding Special Enrollment Period

Marketplace Special Enrollment Period – April 1st, 2023 through June 30th, 2024

If a member is no longer eligible for benefits, referral to the marketplace will occur so member can consider other affordable coverage options.

At the end of the special open enrollment period, individuals will have 60 days following loss of benefits to purchase coverage from the marketplace.
Renewal Period

The ONE system identifies everyone up for renewal in a month and sends notices to members informing them of their status and if further action is required.
60-Day Adverse Action Period

30 days after the 2nd reminder, if there’s still no response from the member, they are sent a notice of closure. Benefits will continue for an additional 60 days.
90-Day Reconsideration Period

If the member responds during the 60-day adverse period, coverage continues. After the 60th day, benefits will end. The member will have 90 more days to respond and resume the renewal process without a new application.
Full Renewal Timeline
Full timeline of each time period for renewals starting in each month from December 2023 through May 2025.

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When the 90-day reconsideration period expires, the member must submit a new application.

A new application is needed.

Non-PHEU renewals are happening in parallel.

**Note about members’ response time**

Members can respond to their renewal at any time during their Renewal period or 60-Day Adverse period. Once they are in the 90-Day Reconsideration period, they will no longer have active benefits, but can still respond.

If members respond before reply-by-date and they get a denial, the Notice of Closure and Renewal Closure date may change based on when their information is processed by Agency eligibility staff.
Communications Planning

In addition to the notices that will be mailed directly to members, a campaign focused on priority populations with barriers to communication (such as people experiencing houselessness, individuals who prefer to speak a language other than English) will launch in phases starting in mid-April.

Metropolitan Group

Designing the communications campaign for community outreach including messaging, materials, and the co-creation of products and collateral for widespread distribution.

Printing and Distribution

State of Oregon – (DAS, OCE, ODHS/OHA Shared Services Printing and Distribution)

- Printing and mailing renewal notices and packets (DAS Printing and Distribution, with oversize packets processed by Oregon Correctional Enterprises)
- Manual production of translated communication in languages not supported by the ONE System

Traditional Channels

- An external-facing site is regularly updated with information about tools and resources for partners in multiple languages: keepcoveredpartners.oregon.gov
- Email distributions to providers, community partners, and other interested parties are drafted on a bi-weekly basis
- Monthly community partner webinars in English and Spanish
**Outreach to Members and Engagement with Partners**

- Community outreach campaigns utilizing trusted advisors, with co-created, culturally and linguistically appropriate materials
- Iterative process to determine if campaign and communication materials are having an impact on the responsiveness of members – pilot use of the dashboard to identify issues

**Regular Touchpoints and Data Transfer**

- Monthly data files to support outreach by the Oregon Health Insurance Marketplace to individuals deemed ineligible for OHP
- Monthly data file showing individuals who have not responded to notices after 30 and 60 days (Nonresponse Outreach Report) to CCOs, Kepro, CareOregon, Tribes, Healthier Oregon Program Community Partners, CDDPs, SHIBA
Communications and Outreach Timeline

First six months – Detailed view

Communications - Metropolitan Group

Designing the communications campaign for community outreach including messaging, materials, recruitment of community ambassadors, and the co-creation of products and collateral for widespread distribution.

4. Fact sheets, posters, flyers, tabletop cards, social media posts (content + graphics), graphic banner for e-newsletters, 2-page general FAQ designed and launched (English)

5. Fact sheets, posters, flyers, tabletop cards, social media posts (content + graphics), graphic banner for e-newsletters, 2-page general FAQ designed and launched (14 languages)

Federal Communications

Federal “Don’t Wait, Update” national campaign (Feb – May)
Communications and Outreach Timeline

**Outreach – Partner Webinars**
- 8 Partner webinar – English (repeats monthly, only first instance is shown)
- 9 Partner webinar – Spanish (repeats monthly, only first instance is shown)

**State of Oregon Outreach**
- 5 Marketplace SMS and outreach calls begin
- 7 Marketplace outreach to ineligible members begins
- 12 Non-response Outreach Report generated for partners (repeats monthly, only first instance is shown)

**Federal Outreach**
- 5 Federal Marketplace mailings begin (May)
Phased Renewals by Population

Initial plans started renewals in waves across 10 months

Response period from first 10 waves

Adjusted plan: 4 additional waves of renewals after May system update

Response period from 4 additional waves

Unwinding completed after final closures at end of February 2025

Phase 1
Front-load | Apr - Aug
- Parent Caretaker
- Child Medicaid (most cases)
- Supplemental Security Income Benefits Recipients

Phase 2
Back-load | Sept - Jan

Back-loaded renewals
Groups that we want to provide maximum protections after the Public Health Emergency ends and people likely eligible for OHP Bridge.

Phase 3
Spread Throughout

Spread throughout the renewal process
Groups that may need more support, either to keep OHP or move to other coverage.

Phase 4
June - Sept

Extended timeline
Individuals whose previous due date changed or whose benefits were restored until the system and notices could be updated.

Practical considerations
- Months with fewer staff, agency, and community resources (November, December, January)
- Marketplace enrollment

This is an interactive timeline. To receive more information on an item, try clicking it.
Phase 2 Phased Renewals by Population

This is an interactive timeline. To receive more information on an item, try clicking it.

Main Menu

Apr 2023 | May 2023 | June 2023 | July 2023 | Aug 2023 | Sept 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024

Initial plans started renewals in waves across 10 months

Response period from first 10 waves

Adjusted plan: 4 additional waves of renewals after May system update

Response period from 4 additional waves

Unwinding completed after final closures at end of February 2025

Phase 1

Front-load | Apr - Aug

Phase 2

Back-load | Sept - Jan
- Pregnancy and Newborn
- Child Medicaid (aging out / turning 19 during PHE)
- Bridge Plan Eligible
- American Indian / Alaska Native members (sequencing decision made by Tribes)

Phase 3

Spread Throughout

Phase 4

June - Sept

Extended timeline

Individuals whose previous due date changed or whose benefits were restored until the system and notices could be updated.

Front-loaded renewals

Groups likely to remain eligible and need fewer interventions and verifications to maintain eligibility.

Spread throughout the renewal process

Groups that may need more support, either to keep OHP or move to other coverage.

Practical considerations

- Months with fewer staff, agency, and community resources (November, December, January)
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Initial plans started renewals in waves across 10 months

Response period from first 10 waves

Adjusted plan: 4 additional waves of renewals after May system update

Response period from 4 additional waves

Unwinding completed after final closures at end of February 2025

Phase 1
Front-load | Apr - Aug

Phase 2
Back-load | Sept - Jan

Phase 3
Spread Throughout

- OHP Plus and Long-Term Care Services 1
- OHP Plus and Long-Term Care Services 2
- Medicare Savings Program
- Presumptive Disability Population
- Houseless (except no redeterminations in January)
- Medicare Savings Program
- Presumptive Disability Population
- Houseless (except no redeterminations in January)
- Supplementary Nutrition Assistance Program Recipients
- Non-English Language Speakers
- Others

Extended timeline
Individuals whose previous due date changed or whose benefits were restored until the system and notices could be updated.

Practical considerations

- Months with fewer staff, agency, and community resources (November, December, January)
- Marketplace enrollment

Front-loaded renewals
Groups likely to remain eligible and need fewer interventions and verifications to maintain eligibility.

Back-loaded renewals
Groups that we want to provide maximum protections after the Public Health Emergency ends and people likely eligible for OHP Bridge.
Phased Renewals by Population

Initial plans started renewals in waves across 10 months

- Phase 1: Front-load | Apr - Aug
- Phase 2: Back-load | Sept - Jan
- Phase 3: Spread Throughout

Response period from first 10 waves

Adjusted plan: 4 additional waves of renewals after May system update

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Spread throughout the renewal process
Groups that may need more support, either to keep OHP or move to other coverage.

Practical considerations
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- Marketplace enrollment

Phase 4: June - Sept

- OSIPM provides OHP coverage to people who are legally blind, have a disability, and/or are 65 or older with limited income and financial resources.
- People whose benefits were restored and renewals rescheduled as part of a federal request to review automated renewal processes.
- As well as other household members of people in the above groups

*Note: Some of these individuals were discontinued earlier in the redetermination process and were reinstated so they can be evaluated after changes are made based on updated guidelines from CMS and the Department of Justice.