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.
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
- Change journeys
- 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

- HB 4035 Dashboard Prototype and Visual Mockup
- Bi-weekly PHE Unwinding Status Report
The longest timeline for renewal if a member doesn’t respond to a State notice – April group

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 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.

Communications - Printing, distribution, and campaign launch

Outreach - Data sharing with partners, transition support to members no longer eligible

Workload Impact | Call volume | Local Offices | ONE Customer Service Center

Renewal Period - April group

| May 11 – Federal Public Health Emergency declaration expires |

60-Day Adverse Period

90-Day Reconsideration Period

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

Submit Basic Health Program Blueprint to CMS and obtain Federal approval (1331 waiver)

Temporary Medicaid Expansion in effect (Phase 0)

Former OHP population into BHP (Phase 1)
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Main Menu

Workload Impact

- Call volume
- Local Offices
- ONE Customer Service Center

Temporary Medicaid Expansion in effect (Phase 0)

Former OHP population into BHP (Phase 1)

Submit Basic Health Program Blueprint to CMS and obtain Federal approval (1331 waiver)

Communications

- Printing, distribution, and campaign launch

Outreach

- Data sharing with partners, transition support to members no longer eligible

System Activities – April cohort

4/2: First batch of medical renewals begins
- Step 1: ONE System identifies everyone up for renewal in a given month using population sequencing logic
- Step 2: those members will start through the passive renewal process until they can no longer proceed without an action (interview, additional information)
- Step 3: system connects with electronic data verification sources
This is when cases that are up for renewal are split into active or passive renewal categories depending on whether the system and electronic sources can verify eligibility. The member will be mailed a renewal packet.

Activities that impact members and recipients

4/1: Staff will begin processing verifications for new medical applications

4/9: The earliest date that the outcome of a passive renewal becomes visible in Applicant Portal (AP) – includes notice that benefits will continue, a request for information or other activity needing action by the member, or a closure notice.
- Closure for these members would not be effective until June 30, 60 days of continued benefits and additional 30 days to reprocess without new application in the full 90-day reconsideration window from date of closure
- Member could be eligible for Temporary Medicaid Expansion

4/16: The earliest date that an active renewal will appear in Applicant Portal (AP)
- RFI’s or other activity needing action by the member

Any correspondence that populates in AP will also be mailed

Outreach Activities

4/9: First daily report of members referred to the Marketplace is generated to support navigation assistance

4/16: Renewal packets begin mailing
- Due to staffing capacity, there is a ~2-3 week expected delay for mailing renewal notice packets
System Activities – *April cohort*

5/1: Second batch of medical renewals begins for May cohort (follows the same sequence as April batch)
- In each monthly batch of renewals member receives:
  - First Reminder Notice - *60 days to respond*
  - Second Reminder Notice - *30 days to respond*
  - Closure Notice - *60-days of continued benefits begins and referral to Marketplace*
    - 60 days from closure, benefits terminate and 90-Day Reconsideration Period begins

**Activities that impact members and recipients**

**At any time:** Returned Mail Notification
When returned mail is received it is scanned into the system, a ‘Returned Mail’ flag is placed on the member’s profile and they are automatically contacted via their preferred method to update their address.
- Once the address is updated the system automatically removes the flag and processes the mail to be resent.

**At any time:** SMS/Text Nudging
When there is a new task or message in AP members who have not opted out of text messaging who have a mobile number on file will receive an SMS message to review their Applicant Profile.

**Outreach Activities**

5/16: Nonresponse Outreach Report generates, showing members who have not responded to notices
- This report generates *monthly* on the 16th, distributed to the following groups to support outreach to members who have not responded:
  - Coordinated Care Organizations, Kepro, CareOregon, Tribes, Healthier Oregon Program Community Partners, CDDPs, SHIBA
  - Once members close *due to nonresponse* these members will be included in the Nonresponse Outreach Reports for further focused outreach.
### System Activities – April cohort

**6/1: First reminder notice** generated and sent to members whose renewal was initiated in April
- Available in AP and sent subsequently in mail
- This reminder indicates 30 days from start of the renewal period, and 60 days left to respond.

### Activities that impact members and recipients

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The longest timeline for renewal if a member doesn’t respond to a State notice – **April group**

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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.
**System Activities – April cohort**

7/1: Second reminder notice generates and sent to members whose renewal was initiated in April
- Available in AP and sent subsequently in mail
- This reminder indicates 60 days from start of the renewal period, and 30 days left to respond.

7/31: First time renewals are processed for closure
- The system will process anyone whose renewal was initiated in April that has taken NO action or not responded
- This process runs overnight and will be reflected 8/1
- Benefit termination is effective 60 days from closure notice

**Activities that impact members and recipients**

*At Any Time:*
Members may respond to renewals or RFIs

**Outreach Activities**

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**System Activities – April cohort**

**8/1: Closure Notices** will be generated and sent to members with active renewals who have not responded for members whose renewal was initiated in April

- Closure notice will reflect in AP on 8/1 and be sent subsequently in the mail

**8/1: Members profile information (who closed 8/1 due to nonresponse) is automatically sent to Marketplace**

**Note:** Marketplace is unable to auto populate an account from this data

**Activities that impact members and recipients**

**8/1: April cohort:** 60-day Adverse Period of continued benefits begins

- Members who were processed for closure will be referred to Marketplace if appropriate
  - PHTech is mailing Marketplace Notice letters to inform households to go to Healthcare.gov to create a [new] application.
  - Marketplace has extended Special Open Enrollment Period from 4/1/23 through 6/30/24
  - For members whose renewal was initiated in April and close due to nonresponse on 8/1, the last day of benefits will be **9/30/23** if no additional action is taken.
  - Members can still respond and contact the Agency with the requested information to process their renewals without a gap in benefits up to the end of the 60-Day Adverse Period.

**Outreach Activities**

**8/16:** Nonresponse Outreach Report generates, showing members who have not responded to notices

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**This report will now include the members that have closed due to nonresponse as of 8/1 and ongoing**
**System Activities – April cohort**

**9/30:** Last day of benefits for members who closed due to nonresponse on 8/1 whose renewal was initiated in April who have not responded to any subsequent attempts to notify them of the renewal or closure.

**Activities that impact members and recipients**

**At Any Time:**
Members may respond to renewals or RFIs

**Outreach Activities**

**9/16:** Nonresponse Outreach Report generates, showing members who have not responded to notices
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**System Activities – April cohort**

**10/1:** Effective date of benefit termination for members who closed 8/1 due to nonresponse and still have not responded.

**10/1:** 90-Day Reconsideration Period begins
- For members whose renewal was initiated in April and were closed 8/1 and benefits were terminated 10/1 due to nonresponse.
- Members can respond in this 90-day period and be reconsidered for benefits without needing a new application.

**Activities that impact members and recipients**

**10/1:** 90-Day Reconsideration Period Begins for members whose benefits were terminated 10/1 due to nonresponse
- Members who respond after their benefits have terminated will experience a gap in coverage.
- Members are still able to respond during this 90-day period and be reconsidered for benefits without needing to fill out and submit a new application.

**Outreach Activities**

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System Activities – April cohort

1/1/2024: 90-Day Reconsideration Period ENDS
- For members whose renewal was initiated in April and were closed 8/1 and benefits were terminated 10/1 due to nonresponse.
- Members who have not responded to this point will need to submit a new application if they want to be considered for health coverage through state programs.

Activities that impact members and recipients

1/1/2024: 90-Day Reconsideration Period ENDS for members whose benefits were terminated 10/1 due to nonresponse, and whose renewal was initiated April 2023

Any time after 1/1/2024
Members who closed 8/1 and whose benefits were terminated 10/1 and who did not respond during the 90-Day reconsideration period (10/1-1/1/2024) may contact the agency or go on AP to submit a new application to be considered for health coverage.

Outreach Activities

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The Bridge Program

The Bridge program is a new program designed to expand health care coverage across the state. If you are eligible for health care coverage through the Bridge Program you will:

- Have access to the same benefits as those afforded through the Oregon Health Plan, except for Long Term Services and Supports (LTSS)
- Have no enrollee costs
- Be able to maintain your current provider and Coordinated Care Organization
- Be able to continue the same treatments and access the same medications as you did on OHP

Bridge program eligibility

In order to qualify for the Bridge Program you must be:

- An adult under 65 years of age with an income between 138-200% FPL
- A citizen or lawfully-present noncitizen
- Unable to receive other affordable coverage (such as employer coverage)
- Complete an application and be determined eligible

Income calculation for 138-200% FPL

<table>
<thead>
<tr>
<th>Family size</th>
<th>138% FPL</th>
<th>200% FPL</th>
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<td>$34,307</td>
<td>$49,720</td>
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<tr>
<td>4</td>
<td>$41,400</td>
<td>$60,000</td>
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Temporary Medicaid Expansion

In order to maintain coverage gains achieved during the pandemic, Oregon is temporarily expanding the Medicaid income threshold up to 200%. This expansion will continue from April 2023 through to July 2024 in order to provide the state with enough time to establish a permanent coverage options for individuals 138-200% of the Federal Poverty Level (FPL). While this temporary Medicaid expansion is in place, members with incomes up to 200% FPL will able to:

- Continue accessing all Oregon Health Plan benefits except for Long Term Services and Supports (LTSS)
- Continue with no enrollee costs
- Maintain their current provider and Coordinated Care Organization
- Continue OHP-covered treatments and medications

Temporary Medicaid Expansion eligibility

The temporary Medicaid eligibility does not change the eligibility requirements for OHP members, it only expands the income eligibility threshold for OHP to 200% FPL.

Income calculation for 138-200% FPL

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</table>
**Full timeline showing each time period for renewals starting in each month from April 2023 through Jan 2024**

<table>
<thead>
<tr>
<th>Key</th>
<th>1st Reminder Notice</th>
<th>2nd Reminder Notice</th>
<th>Notice of Closure</th>
<th>Renewal Closure</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Renovation Period</th>
<th>60-Day Adverse Period</th>
<th>90-Day Reconsideration Period</th>
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<tbody>
<tr>
<td>Renewal Period 1</td>
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<td>C</td>
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<td>C</td>
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<td>Renewal Period 2</td>
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<tr>
<td>Renewal Period 2</td>
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</table>

**Marketplace Special Enrollment Period**

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

New application needed.

NOTE: 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 and Outreach: First six months - detailed view

<table>
<thead>
<tr>
<th>Workload Impact</th>
<th>Call volume</th>
<th>Local Offices</th>
<th>ONE Customer Service Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 11 – Federal Public Health Emergency declaration expires</td>
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</tbody>
</table>

### Communications – focused campaign launch

<table>
<thead>
<tr>
<th>Week</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Phased launch of communication materials designed for populations that are traditionally hard-to-reach</td>
</tr>
<tr>
<td>5</td>
<td>State and federal communication campaigns designed to spread the message to a broad population about the unwinding and renewal process</td>
</tr>
</tbody>
</table>

### Outreach - Data sharing, transition support

<table>
<thead>
<tr>
<th>Week</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Regular touch points with partners to provide updated information and answer questions</td>
</tr>
<tr>
<td>8</td>
<td>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</td>
</tr>
<tr>
<td>9</td>
<td></td>
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<td>5</td>
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<tr>
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<td>11</td>
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<td>12</td>
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</tbody>
</table>
Communications and Outreach: 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)

  6 “What To Do” videos and audio in recommended languages – as well as Mam and Mixteco – to be used as a radio PSA, posted online, and/or played at community events.

Federal communications

  5 Federal “Don’t Wait, Update” national campaign (Feb – May)

...
Outreach - Partner Webinars

8 Partner webinar (English) 10 Repeats monthly
9 Partner webinar (Spanish) 11 Repeats monthly

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)

Federal outreach

5 Federal Marketplace mailings begin (May)
April renewals group

- This is the first group of members who will be scheduled for renewal, with a new group moving through the same cycle each month. The estimated numbers are still in flux as we receive additional guidance from CMS that will impact the distribution of renewals across the entire unwinding period.

Impacted populations – these numbers will change

Front-loaded populations for sequencing – estimated
- Parent Caretaker – 11,320
- Child Medicaid (most cases) – 28,300
- Supplemental Security Income Benefits Recipients – 8,700

Spread throughout populations for sequencing – estimated
- Medicare Savings Program – estimated 6,600
- Other populations – 47,800
  - Financial COVID Exemptions – 6,980
  - Houseless – 4,925
  - Tribal – 342
  - Non-English language – 2,630
Marketplace Special Enrollment Period

- April 2023
- May 2023
- June 2023
- July 2023
- August 2023
- September 2023
- October 2023
- November 2023
- December 2023
- January 2024
- February 2024
- March 2024
- April 2024
- May 2024
- June 2024
- July 2024
- August 2024

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Workload Impact

Call Volume

Local Offices

ONE Customer Service Center

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Former OHP population into BHP (Phase 1)

Submit Basic Health Program Blueprint to CMS and obtain Federal approval (1331 waiver)

Communications

- Printing, distribution, and campaign launch

Outreach

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Renewal Period - April group

Your Medical Benefits Overview

<What You Need to Provide>

- You have approved medical benefits as listed below in ‘Approved Benefits’. Some of these benefits need <<proof of income>> <<immigration status information>> <<information or proof>> from the people listed below. You will get a separate notice that tells you more about what we need and the date it is due. It is important that you respond by the due date to ensure the approved benefits continue.

- <<Individual Name (Age)>>

<Approved Benefits>

- Benefits for the people listed below are pending for information or proof. You will receive a separate notice requesting that information.

- <<Individual Name (Age)>>

These are medical benefits you have. They begin on the ‘Benefit Start Date’ and will renew on the ‘Benefit Renewal Date,’ unless something changes.

<table>
<thead>
<tr>
<th>&lt;&lt;Medical Care Level&gt;&gt;</th>
<th>(Coverage Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Age</td>
</tr>
<tr>
<td>Program</td>
<td>Benefit Start Date</td>
</tr>
</tbody>
</table>

Oregon Administrative Rules we used to make this decision: <<OAR Reference>>

<<Individual Name>> <<Age>> <<Program Name>> MM/DD/YYYY <<MM/DD/YYYY>>

Oregon Administrative Rules we used to make this decision: <<OAR Reference>>

<<Individual Name>> <<Age>> <<Program Name>> MM/DD/YYYY <<MM/DD/YYYY>>

Date: 10/07/2022
Your Case ID: [Blank]
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People can submit information:
- Upload on mobile app (easiest)
- Upload on AP
- Mail info
- Fax
- Walk into office and drop off

Workload impact:
- Processing from staff
- Processing mail

Communications - Printing, distribution, and campaign launch

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Temporary Medicaid Expansion in effect (Phase 0)
Submit Basic Health Program Blueprint to CMS and obtain Federal approval (1331 waiver)

Former OHP population into BHP (Phase 1)
### Marketplace Special Enrollment Period

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<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<th>Nov</th>
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The longest timeline for renewal if a member doesn’t respond to a State notice – April group

### Renewal Period

- **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.

### Workload Impact

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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Submit Basic Health Program Blueprint to CMS and obtain Federal approval (1331 waiver)

### Former OHP population into BHP (Phase 1)

Submit Basic Health Program Blueprint to CMS and obtain Federal approval (1331 waiver)

### Communications - Printing, distribution, and campaign launch

Outreach - Data sharing with partners, transition support to members no longer eligible

### Workload Impact

**Old Workload Impact**
- Processing from staff
- Processing mail

**New Workload Impact**
- Processing from staff
- Processing mail

### Federal Public Health Emergency declaration expires

May 11 – Federal Public Health Emergency declaration expires
Marketplace Special Enrollment Period

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The longest timeline for renewal if a member doesn’t respond to a State notice – April group

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 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.

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

**Workload Impact**

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<th>Workload Impact</th>
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<td>Hearsings and appeals</td>
<td>Explains why someone was closed</td>
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<td>Higher call volumes</td>
<td>To explain closure</td>
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<td>Processing from staff</td>
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<td>Processing mail</td>
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**No Response by reply-by date:**

**Closure Notice sent.**
<Closed Benefits>
These medical benefits ended and will not be active after the date listed below. We gave the reason(s) why. Let us know if the reason no longer describes your situation, as it could mean you are still eligible for benefits.>

<table>
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<tr>
<th>&lt;&lt;Individual Name&gt;&gt;</th>
<th>&lt;&lt;Age&gt;&gt;</th>
<th>&lt;&lt;Program Name&gt;&gt;</th>
<th>&lt;&lt;Reason&gt;&gt;</th>
<th>Benefit End Date</th>
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Oregon Administrative Rules we used to make this decision: <<OAR Reference>>

For help call 1-800-996-9675 or 711 (TTY) or visit https://benefits.oregon.gov

MED-005 Notice of Medical Eligibility

Workload Impacts:
- Hearings and Appeals
- Higher call volumes to explain why someone was denied/closed
**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 homelessness, individuals who prefer to speak a language other than English) will launch in phases starting in mid-April. These dates are tentative and may change.

**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.

**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: [https://oregon.gov/oha/phe](https://oregon.gov/oha/phe)
- Email distributions to providers, community partners, and other interested parties are drafted on a bi-weekly basis
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 touch points and data transfer

- Monthly community partner webinars in English and Spanish
- Weekly Audience Engagement meeting with external partners – *what are you hearing, what questions do you have, what resources do you need?*
- 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

Temporary Medicaid Expansion in effect (Phase 0)

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The longest timeline for renewal if a member doesn’t respond to a State notice – April group

Renewal Period - April group identifies everyone up for renewal in a month and sends notices to members informing them of their status and if further action is required. Notice of closure is sent 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.

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Communications - Printing, distribution, and campaign launch

1. Print and distribute materials
2. Launch campaign

Outreach - Data sharing with partners, transition support to members no longer eligible

1. Data sharing with partners
2. Transition support to members

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