

# 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.

**PHE  
activities  
timeline**



**Tools to  
support the  
unwinding**



**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

Tools to  
support the  
unwinding

- 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

## Reporting on progress

- 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

 Click  
 Icons

[Main Menu](#)

Marketplace Special Enrollment Period 

Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
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## Workload Impact | Call volume | Local Offices | ONE Customer Service Center

★ May 11 – Federal Public Health Emergency declaration expires

Renewal Period - April group



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

[Click to See full Timeline](#) 

Communications - Printing, distribution, and campaign launch



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



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)

**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 2<sup>nd</sup> 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 60<sup>th</sup> 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

### 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 16<sup>th</sup>, 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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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.

60-day adverse period, coverage continues. After the 60<sup>th</sup> 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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population into BHP (Phase 1)

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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.

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will end. The member will have 90 more days to respond and resume the renewal process without a new application.

## 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

Family size	138% FPL	200% FPL
1	\$20,120	\$29,160
2	\$27,214	\$39,440
3	\$34,307	\$49,720
4	\$41,400	\$60,000

## 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 expansion 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

Family size	200% FPL
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000

# Full timeline showing each time period for renewals starting in each month from April 2023 through Jan 2024

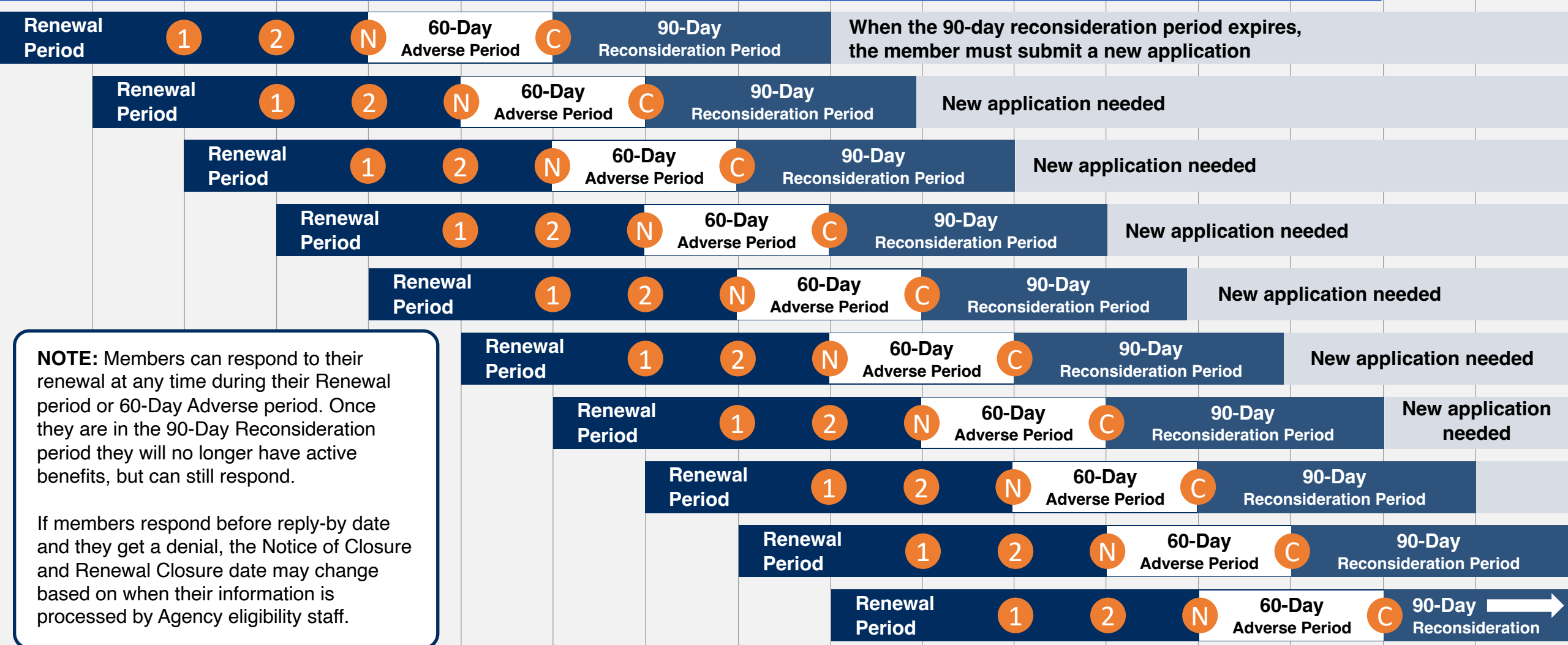
Key

- 1 1<sup>st</sup> Reminder Notice
- 2 2<sup>nd</sup> Reminder Notice
- N Notice of Closure
- C Renewal Closure

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Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
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Marketplace Special Enrollment Period



**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

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[PHE Timeline](#)

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Marketplace Special Enrollment Period

Apr 2023

May 2023

Jun 2023

Jul 2023

Aug 2023

Sep 2023

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

★ May 11 – Federal Public Health Emergency declaration expires

**Communications** – focused campaign launch

4

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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

**Outreach** - Data sharing, transition support

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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

## 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)

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of losing coverage



Marketplace Special Enrollment Period

## 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)

Back

determined ineligible for OHP, or who have not responded to notices or requests for information and are at risk of losing coverage

### 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

Former OHP population into BHP (Phase 1)

Renewal Period - the ONE system id everyone up for renewal in a month ar notices to members informing them of status and if further action is required.

Benefits will continue for an additional 60 days. renewal process without a new application.

→ Take Action

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)>> >

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

- << Individual Name (Age)>> >

<Approved Benefits

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

<<Medical Care Level>> <<(Coverage Type)>>				
Name	Age	Program	Benefit Start Date	<<Benefit Renewal Date>> <<Benefit End Date>>
<< Individual Name>>	<<Age>>	<<Program Name>>	<MM/DD/YYYY> ><sup>>	<MM/DD/YYYY>
Oregon Administrative Rules we used to make this decision: << OAR Reference >>				
<< Individual Name>>	<<Age>>	<<Program Name>>	<MM/DD/YYYY> ><sup>>	<MM/DD/YYYY>
Oregon Administrative Rules we used to make this decision: <<OAR Reference >>				

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Former OHP population into BHP (Phase 1)

Period - If the member responds during the coverage continues. After the 60<sup>th</sup> day, benefits have 90 more days to respond and resume the new application.

...best timeline for

**Workload Impact** | Call v

★ May 11 – Federal Renewal Period - April group

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**Communications** - Printing, distr

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**Outreach** - Data sharing with part

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**No Response after 30 days:**  
**1<sup>st</sup> Reminder Notice**

**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

Member Service Center

Expires

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

Communications -

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

Temporary Medicaid Expansion in effect (Phase 0)

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Workload Impact

★ May 11 – Federal Renewal Period - April group

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7 8 9 Outreach - Data sharing with partners, transition support to members no longer eligible

No Response after 60 days: 2nd Reminder Notice

**People can submit information:**

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**Workload impact:** 

- Processing from staff
- Processing mail

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### <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. >

<<Medical care level>> <<(Coverage Type)>>				
Name	Age	Program	Reason	Benefit End Date
<<IndividualName>>	<<Age>>	<<Program Name>>	<<Reason>>	<<MM/DD/YYYY>>
Oregon Administrative Rules we used to make this decision: << OAR Reference >>				
<<IndividualName>>	<<Age>>	<<Program Name>>	<<Reason>>	<<MM/DD/YYYY - MM/DD/YYYY>>
Oregon Administrative Rules we used to make this decision: << OAR Reference >>				

No Response by reply-by date: Closure Notice sent.

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

effect (Phase 0)

Former OHP population into BHP (Phase 1)

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No Response by reply-by date: Closure Notice sent.

- #### 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
  - 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 Impacts:
- *Hearings and Appeals* 
  - Higher call volumes to explain why someone was denied/closed

## Send to a State notice – April group

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### effect (Phase 0)

Former OHP population into BHP (Phase 1)

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**90-Day Reconsideration Period** - If the member responds during the 60-day adverse period, coverage continues. After the 60<sup>th</sup> day, benefits will end. The member will have 90 more days to respond and resume the renewal process without a new application.

## 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. 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>
- 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)

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

Former OHP population into BHP (Phase 1)

**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 2<sup>nd</sup> 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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Marketplace Special Enrollment Period

Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
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## Marketplace Open Enrollment

Marketplace Special Open Enrollment Period – *April 1<sup>st</sup>, 2023 through June 30<sup>th</sup>, 2024*

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

Click to See full Timeline

### Workload Impact

★ May 11

Renewal Period - April

0

1

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

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

7

8

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Temporary Medicaid Expansion in effect (Phase 0)

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