

Agenda

- Medical renewals updates
 - Current status
 - Timeline for remaining renewals
 - Upcoming renewal changes
- Marketplace Unwinding Special Enrollment Period update
- OHP Bridge: What to expect
- Oregon Summer EBT
- Questions and answers
- Future partner webinars
- Resources for partners

Winding down the COVID-19 Public Health Emergency (PHE) Partner Webinar

Hosted by Oregon Department of Human Services (ODHS)
and Oregon Health Authority (OHA)

May 14, 2024



Language and disability access

- We will share today's material at the May 30 Spanish webinar.
- For live captioning, please click on the "cc" button located at the bottom of your screen.
- For real time interpretation to American Sign Language, please see the pinned video on your screen.

Zoom webinar tips



Use the Q&A function to ask questions at any time.

- We will spend the last 15 minutes answering questions.
- We will follow up on any questions we cannot answer today.
- If you would prefer to ask your question verbally, please ask to be unmuted in the Q&A box.



This webinar is being recorded.

- It will be shared on our webinars page at **KeepCoveredPartners.Oregon.gov** as soon as possible.

Medical renewal updates

Current status; timeline for remaining renewals

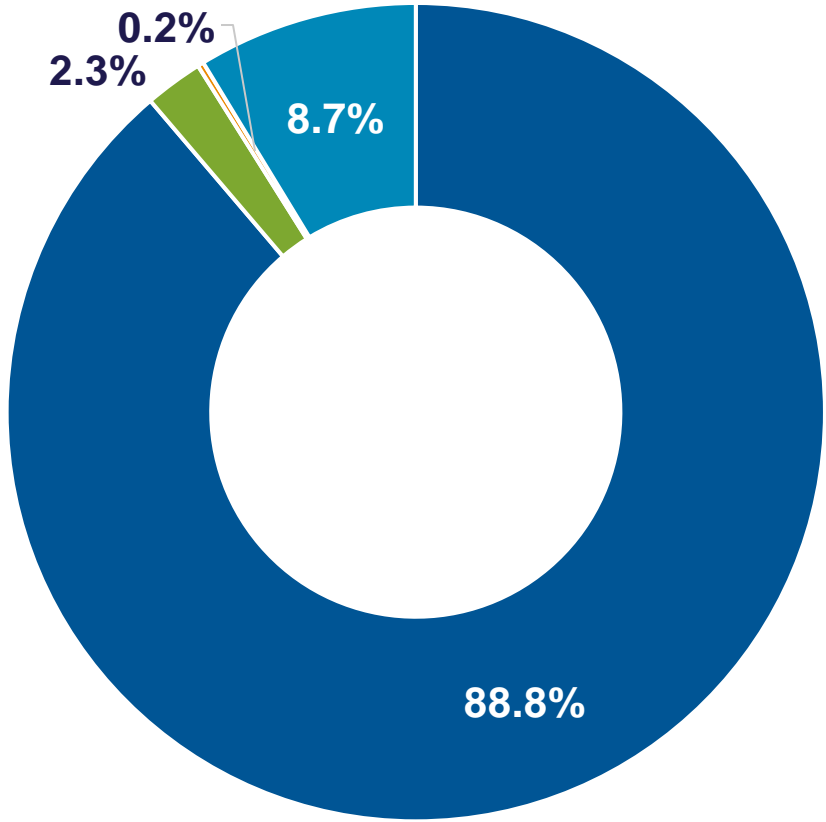
Almost 91 percent of renewals complete

Renewals Initiated
9,504

Status ×

Awaiting State Action
8,559

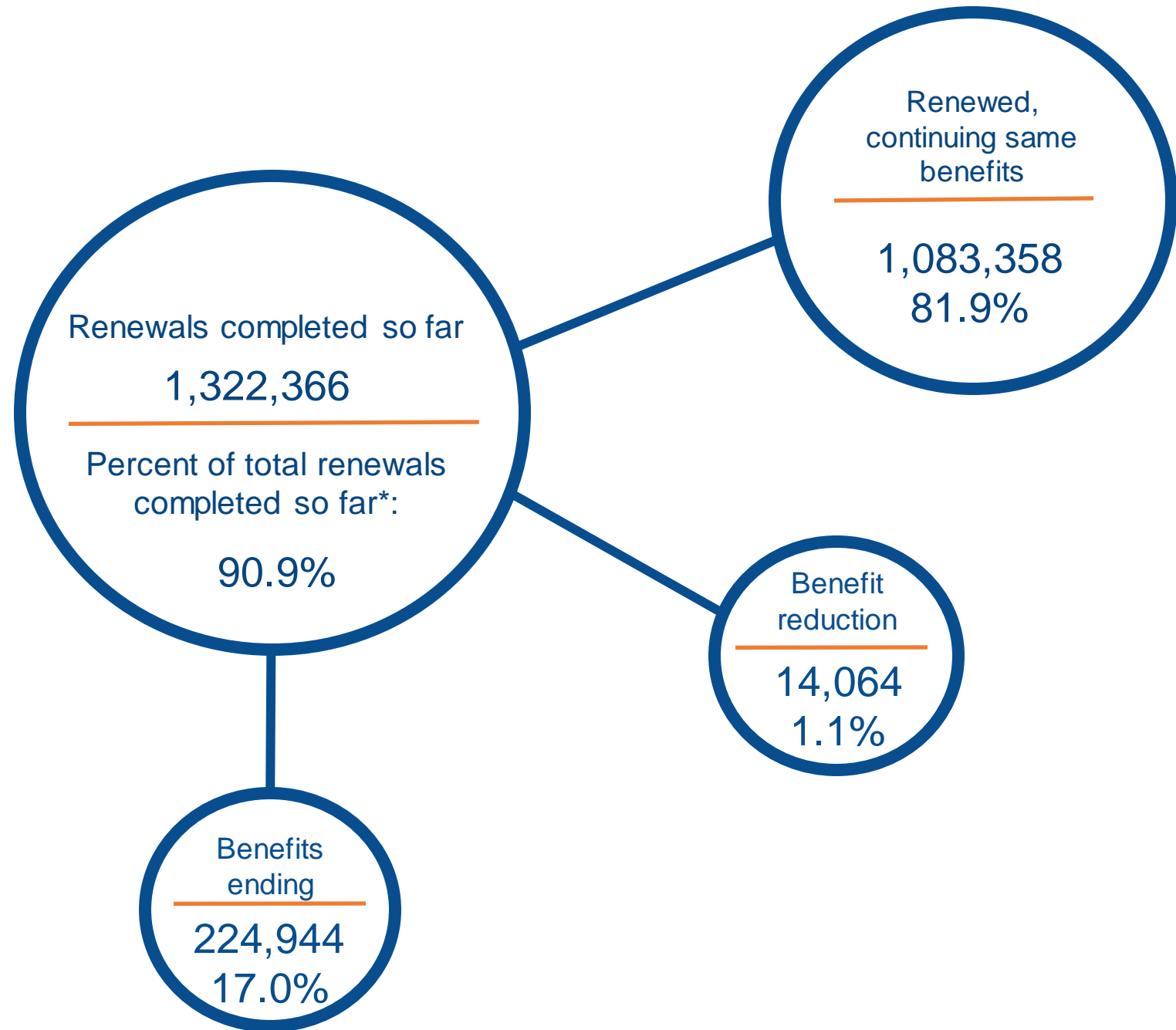
Awaiting Recipient Response
945



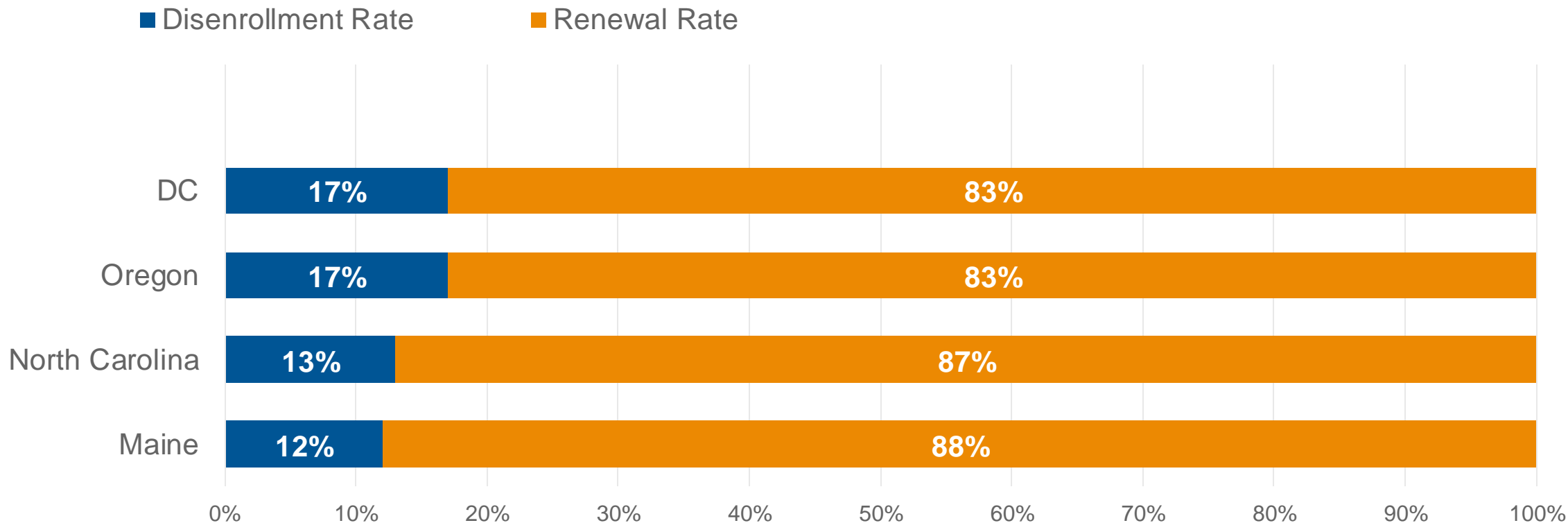
- Complete
- Awaiting State Action
- Awaiting Response
- Delayed until Summer

Renewal Outcome Summary

Completed renewals as of 05/06/2024



Oregon has the third highest renewal rate

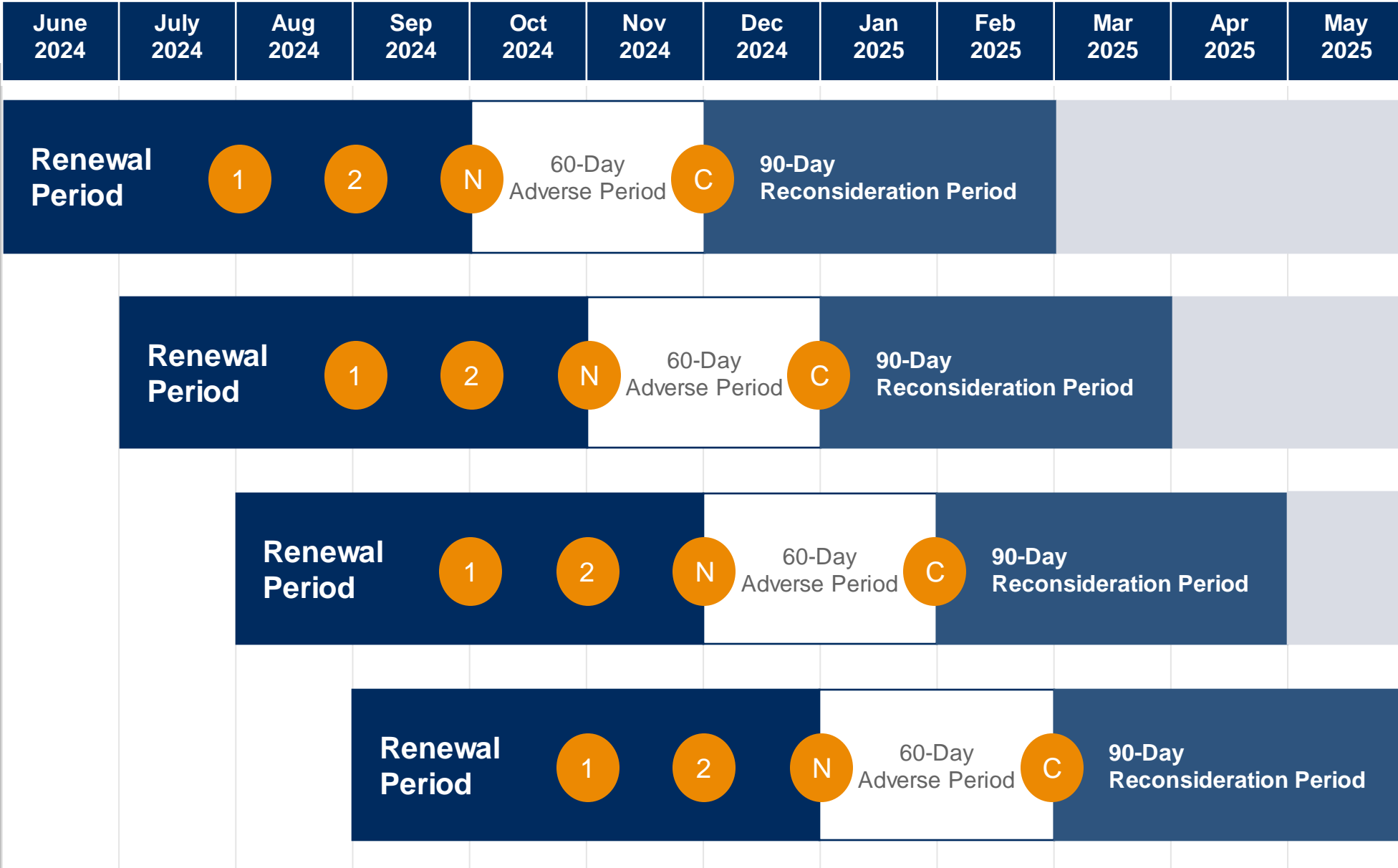


SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS
<https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

Remaining renewals

- **123,000 remaining pandemic unwinding renewals over summer include:**
 - Some people who have Oregon Supplemental Income Program-Medical (OSIPM). 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.
 - Some people whose benefits were restored or whose renewals were rescheduled as part of a federal request to review automated renewal processes.
 - All the other household members on cases with a member in the above groups
- **Other non-unwinding renewals have resumed in limited numbers.**
 - These people are heading in to their second renewal since April 2023.
 - Oregon is in the process of moving to 2-year renewal cycles for most members aligning with continuous eligibility periods and is taking steps to prevent unnecessary renewals.

Extended Renewal Timeline



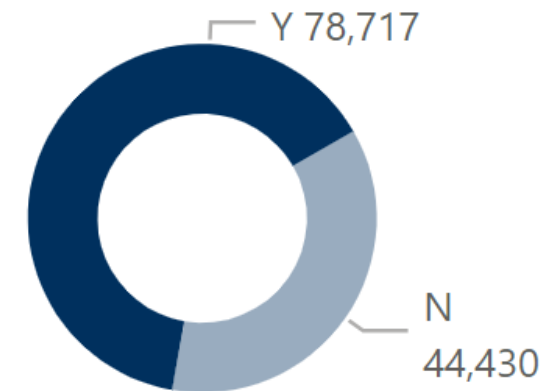
Interactive Key

- 1 1st Reminder Notice
- 2 2nd Reminder Notice
- N Notice of Closure
- C Renewal Closure
- Renewal Period
- 60-Day Adverse Period
- 90-Day Adverse Period

Remaining renewal demographics

- Higher numbers are over age 65 and/or have disabilities compared to the overall OHP population.
 - 64 percent have a disability
 - 43 percent are over 65 years old
- Some of these members' benefits previously closed or reduced, then restored so notices could be updated to provide more information about reasons for closure.
 - If income and financial resources have not changed, we would expect the same outcome
- Spreading out renewals allows for more support:
 - 25 to 34 thousand renewals per month is significantly fewer than earlier in the unwinding
 - Members who have a case manager through their long-term services and supports will receive outreach

Disability Status



Upcoming renewal changes

Introducing definitions:

- **Passive Renewals:** When a case comes up for renewal, the “passive” or “automated” renewal process can verify the information we have on file, then renew the member.
- **Active Renewals:** Renewals that cannot be passively renewed are active renewals. These require a response and signature. All requests for information are now included in the renewal notice and are hard pends, except for citizenship/immigration.



Turning feedback into improvements

- Responses to feedback themes from the Public Health Emergency Unwinding period:
 - Hard to understand our notices and find the relevant information
 - Members needed more information about the reasons for closure
 - Overwhelming number of notices
 - Confusion when requests for information are split into two letters
 - Confusion about passive renewals where responses are also required
 - People losing coverage did not receive a window to respond
- Response to federal government request for 30+ states to address an issue with passive renewal processes
- Keep letting us know your feedback about the new process and notices!

Core changes



ONE Eligibility system changes for renewals

- Updated to handle passive renewals individually instead of by case



Medical renewal process

- No longer allowing terminations or reductions without providing the individual a chance to review and confirm case information
- Changes to requests for information at renewal



Notice improvements

- Single renewal notice replacing previous passive and active renewal notices
- Changes to make medical eligibility and renewal notices easier to read and to give more details about decisions

Passive renewals at individual level

- Fixing an issue found in 30 states' renewal process
- **Previously:**
 - When system attempted to passively renew a household, if one member of the household was unable to passively renew, the whole household would get an active renewal packet and need to respond.
 - If they did not respond, benefits for all members of the household would close, including members who could have been passively renewed.
- **Going forward:**
 - System can individually separate actions required within a household.
 - This will make sure individuals in the household who can be renewed without a required response can keep coverage even if other members of the household do not respond to their active renewal.

Renewal process changes

- Single renewal notice
 - Replacing current passive and active renewal notices
 - No longer having a separate pend notice at renewal
 - No longer using the “renewal packet” as it exists today
- More people will be asked to respond before closing benefits
 - Rather than automatically terminating benefits when someone is over income, system will ask member to verify everything on file is correct
 - Response window and reminder notices will help more people keep benefits if something has changed and they should still be eligible

Fewer passive renewals with requests

- Temporarily approving benefits while requests for information are resolved makes a critical difference to new members, but offers little benefit during renewals and can be confusing.
- Going forward most renewal notices requesting information will just ask for the required proof, rather than telling the member they have been renewed and also need to respond.
- This will not apply to requests for citizenship or immigration information.
 - Notices in this situation will continue to say members were temporarily renewed and need to submit information or potentially lose benefits.
 - Clarified notices for remaining situations where this process is required

Notice changes overview

- Design changes to make renewal and eligibility notices easier to read
 - Summary of important information up front on page 1
- Reduced scenarios when notices will trigger after reporting a change if it doesn't affect eligibility
 - For example: If someone reports an income change and they remain eligible for the same program after the update, an eligibility notice will not be sent.
- More focus on benefits level rather than specific program
- More details when a person is closed or reduced due to being over-income or over-resource

Notices: Page 1 summaries

- Changes to renewal notices as well as eligibility notices
- Color-coded summary of changes and required actions now up front on page 1
- One box per member of the household summarizing the outcome and/or actions needed for that individual





Earliest Action Required by 07/19/2024

Medical Renewal Notice

Hello [Redacted]

We used the information we have in our system to check if your household is eligible. A summary of the results for each member of the household requiring a renewal is below:

 [Redacted] (22 years)	
Action required to complete this person's renewal	This person needs to provide proof, information, and a signature to complete their renewal. The details on what is needed is included in this letter.
 [Redacted] (Under 1 year)	
Medical benefits approved	This person is approved for medical benefits. The details are found in their Medical Benefit Overview.

Notices: Medical Benefits Overview

- One benefits overview page per member of the household
- Focuses on Continuous Eligibility periods rather than renewal dates
- Descriptions emphasize medical benefit type rather than program
 - OHP Plus language displays for most OHP programs, including Healthier Oregon and people who have both OHP and Medicare
 - Different language for OHP Bridge and Medicare Savings Programs

Medical Benefits Overview

Medical Benefit Overview for [REDACTED] (Under 1 year)

These are this person's medical benefits. They begin on the 'Benefit Start Date'.

Medical Benefit	Decision	Benefit Start Date	Benefit End Date	Reason
OHP Plus (Full Medical)	Benefit Approved	07/01/2024	08/31/2024	This person was found eligible
OHP Plus (Full Medical)	Benefit Approved	09/01/2024	No Current End Date	This person was found eligible

Continuous Eligibility Period: 09/01/2024-08/31/2029

MAGI Child - under age 1 (07/01/2024 - 08/31/2024) is for children up to 1 year old: 410-120-1210; 410-200-0415 ; 410-120-0006

MAGI Child - age 1 through 18 (09/01/2024 - No Current End Date) is for individuals ages 1-18 years old: 410-120-1210; 410-200-0415 ; 410-120-0006

What is Continuous Eligibility?

The Continuous Eligibility Period is the period of time when someone can keep their medical benefits even if something changes. An example of a change is that someone gets more income.

What does OHP Plus cover?

OHP Plus covers services such as regular check-ups, prescriptions, mental health care, addiction treatment, basic dental care and vision services. If this person is pregnant, in their post-partum period, or under 21, they have additional dental and vision coverage. For more information about program benefits, see OAR 410-120-1210.

New program move explanations

- Example Notice:
a child turns 1 and moves from “MAGI Child under age 1,” to “MAGI Child age 1 through 18.”
- This is a move between programs within the same OHP Benefit Category.
- Page 1 summary now explains: “they will continue to receive the same benefits”

- Page 1 Summary:



[Redacted] (Under 1 year)

Medical benefits approved: This person has been moved to a different program because something changed, but they will continue to receive the same benefits. Details can be found in their Medical Benefit Overview.

- Individual Overview:



Medical Benefits Overview

Medical Benefit Overview for [Redacted] (Under 1 year)

These are this person's medical benefits. They begin on the 'Benefit Start Date'.

Medical Benefit	Decision	Benefit Start Date	Benefit End Date	Reason
OHP Plus (Full Medical)	Benefit Approved	07/01/2024	08/31/2024	This person was found eligible
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Reasons for closure

- Notices provide more specific information about income/resources used when someone is ineligible based on being over-income or over-resources.
- Instead of just saying you have “countable income over program limits,” updated notices will tell the individual:
 - The total amount of income counted when determining eligibility,
 - The program income limit for their family size, and
 - Which Oregon Administrative Rule has information on the program income requirements.

Clarifying temporary approvals

- Notice more clearly states when benefits are temporarily approved. Examples of when this might occur:
 - Request for verification of income
 - Requests for immigration or citizenship information during renewals

[Name]
[Address]



**Earliest Action
Required by
09/07/2024**

Medical Renewal Notice

Hello [REDACTED],

We used the information we have in our system to check if your household is eligible. A summary of the results for each member of the household requiring a renewal is below:



[Name]

Medical benefits have been temporarily approved to give you time to provide more information or proof that is needed for this person.

This person will temporarily receive medical benefits, but a response is needed. The details about these benefits can be found in their Medical Benefit Overview. These benefits need information or proof.

Marketplace Unwinding Special Enrollment Period update

Special Enrollment Period extended through Nov. 30, 2024

OHP vs. Marketplace Income Eligibility

OHP for children 0-18*

305%

OHP for pregnant adults*

190%

OHP for adults 19-64*

138%

FPL

100%

200%

300%

400%

Potentially eligible for OHP

Premium tax credits (no upper income limit to qualify)

Cost-sharing reductions 250%

Members of federally recognized Tribes

Zero cost-sharing

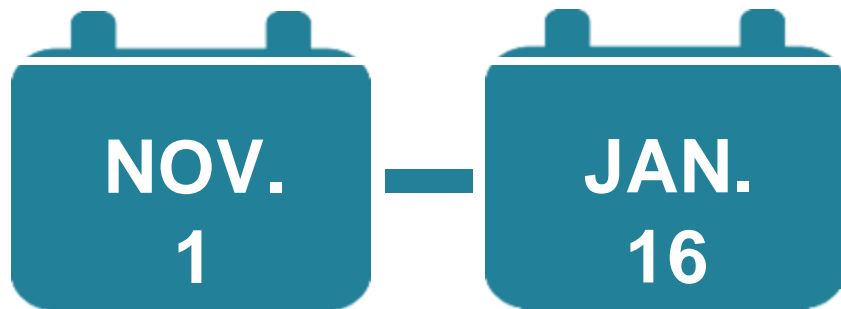
300%

Limited cost-sharing

Marketplace Enrollment Periods

Open enrollment period (OEP)

Apply for coverage



For the next plan year

Special enrollment period (SEP)

Apply for coverage



For the current plan year



Birth/adoption



Loss of coverage



Turned 26



Immigration/
citizenship



Change in
income



Moving



Leaving
incarceration




Marriage

Unwinding Special Enrollment Period (SEP)

- **Update:** March 31, 2023, through **Nov. 30, 2024**
- Available to Marketplace-eligible individuals who:
 - Submit a new application or update an existing application between March 31, 2023, and Nov. 30, 2024,
 - Answer “Yes” to the application question asking if their Medicaid or CHIP coverage ended recently or will end soon, and
 - Attest to a last date of Medicaid or CHIP coverage between March 31, 2023, and Nov. 30, 2024.
- Individuals will not be required to submit documentation of a qualifying life event to be eligible for this SEP.
- Coverage starts the first of the month following enrollment.

Window Shopping Tool: OregonHealthCare.gov/WindowShop



1 Coverage Profile 2 Browse Plans 3 Select a Plan

[Get Help](#) English ▾

Browse Health Plans

52 plans in 97302 (Marion County)

Medical Plan Sort By

- Good Year Estimates
Lower monthly cost plans
- Balanced Cost Estimates**
Balances cost & coverage
- Bad Year Estimates
Plans with more coverage

My Coverage Profile

Edit Profile | Start Over

Myself (32)

Filters

52 / 52 plans shown

Metal Level

- Bronze
- Silver
- Gold

Plan Type

- EPO
- PPO

Plan Features

- HSA Eligible




KP OR Silver 4000/40 CSR 87%

Overall Rating: ★★★★★ (Silver CSR-87) Compare [View Plan Details](#)

Monthly Premium: \$15.94 after \$426 subsidy Annual Deductible: \$650 Out-of-pocket Limit: \$2,800

Annual deductable and out-of-pocket limit shown are per-person.

Annual Cost Estimates

 Good Year \$200	 Balanced \$1,000	 Bad Year \$3,000
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[Show More](#)

KP Oregon Standard Silver Plan CSR 87%


Overall Rating: ★★★★★ (Silver CSR-87) Compare [View Plan Details](#)

\$5 visits - 1st 3 PCP/Mental Health

Find Local Help Tool: OregonHealthCare.gov/GetHelp

An official website of the State of Oregon [How you know »](#)

OREGON.GOV Home Get Started Find local help Oregon Health Insurance Marketplace Oregon Health Plan Medicare Resource center Español

 OregonHealthCare.gov
Connecting Oregonians to health coverage

Losing Oregon Health Plan benefits?
Explore your coverage and savings options.

Marketplace Intro Video

The screenshot shows the OregonHealthCare.gov website. At the top, there is a navigation bar with the Oregon state seal and the text 'An official website of the State of Oregon' and 'How you know »'. Below this is a blue navigation menu with links for 'Home', 'Get Started', 'Find local help', 'Oregon Health Insurance Marketplace', 'Oregon Health Plan', 'Medicare', 'Resource center', and 'Español'. A search icon is located on the right side of the menu. The main content area features a large banner with a background image of a suspension bridge at sunset. The banner includes the Oregon state seal and the text 'OregonHealthCare.gov Connecting Oregonians to health coverage'. Below the banner is a yellow box with the text 'Losing Oregon Health Plan benefits? Explore your coverage and savings options.' At the bottom of the page, there is a video player showing a video titled 'Marketplace Intro Video' with a play button and a question mark icon.

Coming soon: OHP Bridge

What's OHP Bridge?

- OHP Bridge is a new benefit for adults with higher incomes. People who get OHP Bridge must:
 - Have income up to 200 percent of the federal poverty level,
 - Be 19 to 64 years old,
 - Not have access to other affordable health insurance, and
 - Have an eligible citizenship or immigration status to qualify.
- OHP Bridge is almost the same as OHP Plus.
- OHP Bridge is free coverage with no member costs like copays or deductibles.

Who will enroll in OHP Bridge over the next few years?

People Moving From being Uninsured

New members can apply starting July 1.

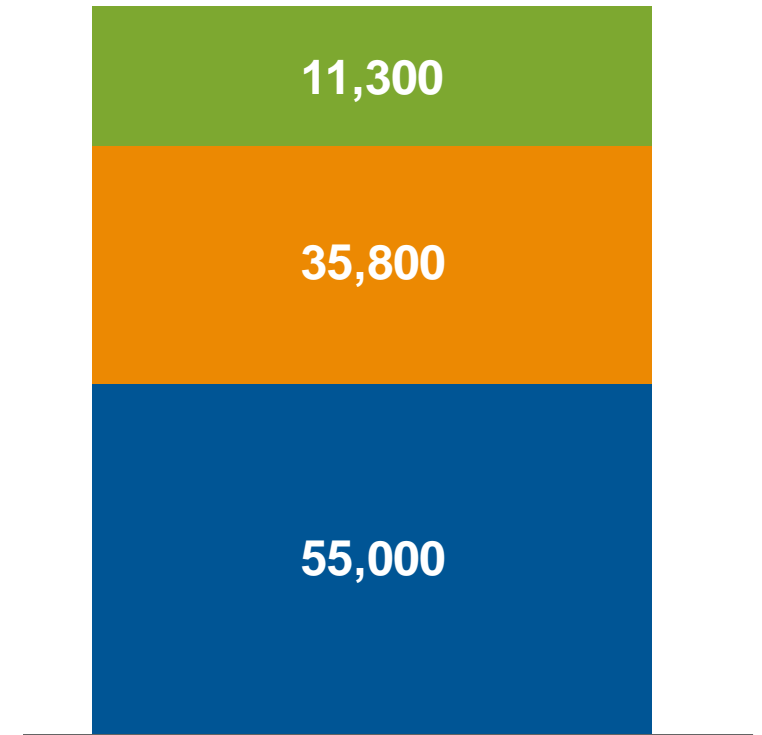
People Moving From Marketplace

People currently covered in the Marketplace with income between 138-200% FPL will move to OHP Bridge gradually over the course of 3 years.

People Moving From Oregon Health Plan

People with income 138-200% FPL kept OHP following the end of the pandemic emergency. Most will move to OHP Bridge on July 1.

Total: ~102,100



Partner training and new materials

- OHP Bridge partner training will be available **on-demand starting May 15** via Trackstar at:
 - English – orhim.info/BridgeTraining
 - Spanish – orhim.info/CapPuente
- An **FAQ** is now available on the OHP Bridge web page. Additional materials such as a toolkit and flyers will also be available soon:
 - English – OHP.Oregon.gov/Bridge
 - Spanish – OHP.Oregon.gov/Puente
- Assisters and community partners can submit questions to the OHP Bridge team via ohpbridge@oha.oregon.gov.

Coming soon: Oregon Summer EBT

Nutrition program for school-age children

Summer EBT will help shrink the summer hunger gap

Summer EBT is a new grocery benefits program to help families buy food for their school-age children during the summer when school is out.

- Starts in Summer 2024; date to be announced
- Provides \$120 for each eligible child
- Benefits are issued in one payment on an Oregon EBT card
- School-age children participating in SNAP, TANF or OHP are automatically enrolled
- Children who are not participating in public assistance programs and attend schools with free- or reduced-price meal programs may apply if they meet financial requirements




Summer EBT will serve an estimated 294,000 Oregon children with a total annual issuance of \$35.3 million in food benefits.

Learn more about Oregon Summer EBT

Oregon Summer EBT

[Español](#)

Summer EBT is a new grocery benefits program to help families buy food for their school-aged children during the summer when school is out.



- Families will get \$120 for each eligible child. A one-time payment will be issued each summer.
- **Already have SNAP, TANF or OHP?** You don't need to apply. Summer EBT will be automatically added to your EBT card.
- **Don't have SNAP, TANF or OHP?** Check below to see if you're eligible. A simple application will be available starting this summer.

[Resources for partners](#)


- Who is eligible +
- How to apply +
- How it works +
- Other summer meal programs +
- i Getting Summer EBT does not affect immigration status +

sebt.oregon.gov

EBT de Verano de Oregon

[English](#)

El EBT de Verano es un nuevo programa de beneficios de alimentos para ayudar a las familias a comprar comida para sus niños en edad escolar durante el verano cuando no van a la escuela.



- Las familias recibirán \$120 por cada niño elegible. Se realizará un pago único cada verano.
- **¿Ya tiene SNAP, TANF o OHP?** No es necesario llenar una aplicación. El EBT de Verano se agregará automáticamente a su tarjeta EBT.
- **¿No tiene SNAP, TANF o OHP?** Revise la siguiente información para ver si es elegible. Una aplicación sencilla estará disponible este verano.

[Recursos para socios \(en inglés\)](#)

- ¿Quién es elegible? +
- ¿Cómo funciona este programa? +
- ¿Cómo puedo aplicar? +
- Otros programas de comidas de verano +
- i Obtener EBT de Verano no afecta el estatus migratorio +

ebtv.oregon.gov

Question and answer session

- Use the Q&A function to submit your questions!
- If you would prefer to ask your question verbally, please ask to be unmuted in the Q&A box.
- We will respond in writing to any questions that we cannot answer today.
- Questions and answers from past webinars are also posted at **[KeepCoveredPartners.Oregon.gov](https://www.KeepCoveredPartners.Oregon.gov)** (click “Webinars”).



Future partner webinars

Oregon Health Update: News and conversations supporting Oregon's health coverage partners

Joint Community Partner Office Hours

Ask additional questions about PHE Unwinding and share your experiences, so we can better prepare for the needs of people in Oregon.

Upcoming Office Hours at 1 p.m. Pacific Time:

- May 14, 2024
- June 11, 2024
- July 9, 2024

[Register for the full office hour series](#)

[View material and recordings from past office hours](#)



Oregon Health Update series begins June 2024

- Starting next month, OHP and Marketplace updates will continue in a new webinar series, Oregon Health Update.
- Partners can ask questions, make suggestions, as well as share feedback and experiences to help better serve people in Oregon.
- Upcoming months will focus on:
 - Remaining Unwinding renewals
 - OHP Bridge
 - All the other changes happening

Upcoming webinars

- May Unwinding Office Hours: This afternoon at 1 p.m.!
 - Topic: OHP Bridge Campaign Preview and Feedback
- Spanish Partner Webinar: May 30 at 10 a.m.
- June Oregon Health Update — links coming in post meeting email
 - English: June 11 at 10 a.m.
 - Spanish: June date to be determined

Partner resources

How to help members respond to renewal notices

Partner Toolkit

- The [Partner Toolkit](#) has messaging to help you guide members to the help and next steps they need to take to:
 - Respond to their renewal letters, or
 - Find other coverage if they no longer qualify for OHP.
- Find the toolkit in 14 languages at **[KeepCoveredPartners.Oregon.gov](https://www.KeepCoveredPartners.Oregon.gov)**.







Keep Covered partner newsletter

- Every other month, get updates about:
 - Webinars
 - Renewal progress
 - Changes to food or medical benefits
 - Information to share with members
- [Sign up for free text or email updates](#)

Keep Covered - Updates on changes to Oregon benefits
Oregon Health Authority sent this update at 10/26/2023 03:45 PM PDT

Having trouble viewing this email? [View it as a Web page.](#)



Oct. 26, 2023

In this update:

- Renewal updates: Oregon's progress, incorrect notices update, where members need help
- What is the Marketplace?
- Member messages: P-EBT food benefits and ONE Customer Service Center wait times
- Winding down the COVID-19 Public Health Emergency webinars: November webinar agenda now available

Dashboards at Benefits.Oregon.gov

ONE Eligibility Operations Dashboards

One out of every three people in Oregon are supported and served through the ONE Eligibility and families receive the medical, food, cash and child care benefits that help them thrive through

These dashboards are designed to display data for:

- Tracking the state's progress in determining eligibility for medical programs
- Monitoring the customer service experience for people calling the ONE Customer Service Center to apply for or ask for medical and child care benefits

Medical Redeterminations Dashboard

ONE Customer Service Center Dashboard



Two dashboards at **benefits.oregon.gov**.
Scan the QR to go to the webpage.

Thank you for attending!

[Email us](#) or [use the webform](#) to let us know what you would like to learn at future partner webinars.