

COVID-19 Public Health Emergency (PHE) Unwinding Partner/Provider Webinar Question & Answer

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

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Category: Communications

1. Will OHA renewal notice be sent to all 1.4 million in April or a certain amount each month after April?

Renewal notices will be spread over the unwinding period. The first renewals will begin mailing in April 2023 and the final renewals will mail in February 2024. The sequencing approach is outlined in the question below.

2. How are the groups being decided on for the notification stage?

One of the key efforts Oregon is undertaking is a sequencing approach. This means that renewals will be scheduled first for groups likely to remain eligible and people who will need fewer interventions and verifications to maintain eligibility. Groups that need maximum protections will be redetermined last, including people who are likely eligible for the Basic Health Program.

3. Do you have a way to reach people who are unhoused?



Yes, we have several communications and outreach strategies to reach people who are unhoused. Based on insights from several of Oregon’s community-based organizations that serve people who are unhoused or experiencing housing insecurity, we plan to supply outreach workers with waterproof half sheets of paper with information and a QR code that lets people immediately indicate their housing status. In collaboration with CBOs, we are working with adults and youth experiencing houselessness who will provide feedback throughout the renewal period on what additional information or support may be needed.

4. How will people be informed whether they will keep or change coverage, and how will they submit additional information? Will this all happen by mail?

OHP Members will receive notices by mail, unless they have chosen electronic notification only. If they selected electronic notification only, they will receive an email and/or text telling them that they have a message in their ONE Applicant Portal account Message Center. Members with an online ONE account will also be able to see their notices in their ONE account. Notices will include information on how to submit information.

5. How will you handle mail returns?

The agency is launching a new returned mail process in April. As part of this process, when returned mail is received, it will trigger an automated outreach response to the case based on available contact information (text, email, then voicemail as a last resort). If we get an updated address within a set timeframe, all relevant priority notices will be resent. No further action will be taken for failure to provide an updated address.

6. If we have created social media encouraging people to update their contact information using the previous OHA toolkit/resources on the partner website, is that information accurate?

Yes.

7. Will materials be made available in Traditional Chinese?

Yes.

8. Will the future Call Center address all of these topics, or is it only related to the Summer P-EBT program?

The Pandemic EBT call center will be active March 27, 2023 and will be able to assist families in questions they have about if their child is eligible for Pandemic EBT, EBT cards, and general information.

9. Does OHA have a plan to counter the Federal message that the pandemic is over? I ask as someone working in rural Oregon where vaccination & bivalent booster rates remain much lower than the state's average.

We cannot confirm specific messaging at this time. The Public Health Division in OHA will continue to promote universal precautions including:

- emphasizing staying up to date with vaccines
- staying home when you are sick
- seeking care and early treatment for COVID

10. Will beneficiaries who experience ex parte renewals be given any type of notice that they are maintaining their OHP coverage?

Yes, they will receive a notice about their medical eligibility that lists the benefit they have been approved for and the beginning and end date of the benefit. The end date will be the next time the member will need to renew again.

11. Are we sending out notices in client's preferred language if it is outside of the 9 languages that the ONE AP automatically translates to?

The ONE System currently supports seven languages: English, Spanish, Vietnamese, Russian, Traditional Chinese, Simplified Chinese, Somali.

There are 11 additional languages that get translated outside of the ONE System: Arabic, Bosnian, Burmese, Cambodian, Farsi, Hmong, Korean, Laotian, Mien, Nepali, and Romanian. This is an external process completed by a translation partner. There is a bit of a delay with these notices being sent because of that external translation process. The system still sends the individual a copy of the English notice in a timely manner.

Category: Community Partners and Application Assistance

1. Should we start encouraging families to start to reapply?

No. Families should be encouraged to keep their contact information updated and report any changes that are required. When a family's renewal date is upcoming, we will attempt to renew the case automatically. If the case is successfully renewed, a notice will be sent with that information. If anything is needed to complete the renewal, a notice will be mailed asking for more information.

2. As Assisters, will we still be able to retro back 90 days if need is there?

The rules for retroactive medical will remain the same; no changes to this process will occur.

3. Will we be closing benefits for those we receive returned mail?

No, the agency will not close cases because of returned mail. The agency is launching a new returned mail process in April. As part of this process, when returned mail is received, it will trigger an automated outreach response to the case based on available contact information (text, email, then voicemail as a last resort). If we get an updated address within a set timeframe, all relevant priority notices will be resent. No further action will be taken for failure to provide an updated address.

4. We know that CCOs can update contact information for OHP members, can they also update preferred language?

Yes.

5. Will CCOs be able to get member lists to understand this timing? Particularly interested in our dual population and how to help prepare them with expectations.

Yes.

6. Will CCOs be provided with copy of the redetermination notice and language?

Yes, we are working on getting samples of the most common notices posted on our public facing website. I don't have an exact date yet, but it shouldn't be too much longer.

Category: Covered Services

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Category: SNAP and other food benefits

Reminder: SNAP benefits do not confer public charge and receipt of SNAP is not utilized in the public charge determination regardless of whether the benefit is being used by the person applying for benefits or if they apply on behalf of their minor children.

1. Will new P-EBT cards be sent out for the retroactive issuance of summer 2022 P-EBT benefits?



Yes, new EBT cards for Summer 2022 P-EBT benefits will be mailed to eligible children between mid-March and the end of May. Families that receive SNAP onto an EBT card or have an EBT card from previous iterations of P-EBT are encouraged to keep this card and continue to use the benefits.

2. In my school district, all students receive free lunch, so there is no eligibility process. How can families of school-aged children in my district access summer P-EBT?

Students who attend a school that is Community Eligible Provision, where all students regardless of household meals receive free meals at school are eligible for Summer 2022 P-EBT. In addition, students who attend a school that participates in the National School Lunch Program and themselves are approved to receive free or reduced-price meals at school are also eligible for Summer 2022 P-EBT.

3. I've spoken with people who receive SNAP and as of February 12th they had not received the mailer indicating the end of the Emergency Allotments. Is ODHS planning on doing broader outreach (media, radio, etc) till the end of the month?

Yes, ODHS provided press releases, a webpage, a communications toolkit, updates on social media (Twitter, Facebook), and radio station ads.

4. When will SNAP Emergency Allotments end?

SNAP emergency allotments will be issued for the last time in February. Some cases may receive EA after February only if they are being issued benefits for February or previous months.

5. The P-EBT lump sum of \$391 is per family, not per child? Is that correct?

This is incorrect, each eligible child will receive \$391 for Summer 2022 P-EBT. The \$391 lump sum is per eligible child. So, if a household has 2 eligible children, they should receive $\$391 \times 2 = \782 .

6. How long is an abled adult able to be on SNAP?

The answer depends on many factors. Normally, a person with an Able-bodied Adult without Dependent (ABAWD) status may only receive 3 months of SNAP if they do not participate in the required work activities. However, if they meet an exemption, participate in at least 80 hours of paid/unpaid work or live in an area not applying time limits, they may receive benefits for longer.

7. Are no income, people who are unhoused required to do the work program for SNAP benefits?

Anyone who has an ABAWD status that is not exempt, or living in a waived area is required to participate in at least 80 hours of paid/unpaid work to receive SNAP for longer than 3 months. However, when they apply for SNAP, they will be screened for any exemptions. With people who are unhoused, we would focus on finding out the causes of their houselessness. If health issues are involved (such as mental, behavioral, physical or struggling with addictions, those would be coded into their case as exemptions). Unfortunately, houselessness in of itself cannot be used as an exemption.

8. Does "school age" include kids in PreK programs who are eligible for state special education?

For Summer 2022 P-EBT, children who are enrolled in a Pre-K program which resides within a school that participates in the National School Lunch Program would be eligible if the child is approved to receive free or reduced-price meals at school.

Category: Redeterminations Process

1. For families that have been automatically renewed for OHP despite any income increase, when will benefits end? And will there be any penalty for these families?

Benefits will not end for individuals until at least 60 days from the point at which they go through the redeterminations process and are found to be ineligible. Medical cases that stayed open due to COVID protections will not face penalties.

2. Will the income guideline go up in March?

Yes, new income limits will be posted externally soon.

3. What is the first month will we start seeing some members actually have coverage termed?

The first month we will see OHP end is July 2023.

4. How are impacted individuals being notified?

Individuals will receive a notice letting them know if and how their eligibility has changed. The notice will be sent via their preferred method of communication. The agency has also implemented an SMS reminder process, individuals who do not respond to an RFI will be periodically reminded via SMS as well. Individuals are able to opt out of the SMS reminders if they chose.

5. Is no coverage a very real possibility?

Most individuals who lose OHP will be eligible to get help through the Marketplace. Some individuals who are receiving OHP and have Medicare, may lose OHP coverage, but that should not impact their Medicare coverage.

6. What happens if individuals don't respond to the medical renewal notices within 90 days? Are they automatically moved to the 60-day period once the 90 days are over?

When the response deadline arrives and no response has been received, those without continuous or protected eligibility will be terminated for non-response. They'll receive 60-day advance notice of termination.

7. Can people appeal terminations?

Yes, the hearings process remains unchanged. Information about how to act on hearing rights are included in decision notices.

8. Will anyone who has signed up in the last two months also be required to renew on April 1?

Not all cases will be renewed on April 1. All cases with open medical as of April 1, 2023, will be part of the unwinding renewal process and will have a renewal initiated at some point between April 2023 and January 2024.

9. From which date will the 60-day closure notice be sent?

The 60-day notice will be sent on the day the eligibility decision is made that they are no longer eligible. If the reason for closure is due to not responding to a renewal mailing, that close notice will be sent

after midnight on the day the renewal RFI or active renewal was due. For example, if the renewal response was due 07/31/2023 and there was no response, then the system will send the notice at 2:00 am on 08/01/2023.

10. Will everyone be reviewed for eligibility starting 4/1 or just those who are at the point that their eligibility is up for renewal?

Renewals are not following eligibility dates. Renewals will be scheduled first for groups likely to remain eligible and people who will need fewer interventions and verifications to maintain eligibility. Groups that need maximum protections will be redetermined last, including people who are likely eligible for the Basic Health Program.

11. One can't assume that the income listed on the case is accurate. How will ODHS be determining if members are still eligible? I assume ODHS will attempt to verify income through their sources?

For medical cases there are a few things we are doing to make it easier for individuals to verify income. We updated our ONE eligibility system to perform what is called a “reasonable compatibility” (RC) check. RC is an automated process that compares reported income to various federal databases. If the reported income, and the income on the electronic sources is similar, the system will consider that income verified and there is no need to request verification from the individual. A system change was also made so that if an individual has other program benefits, for example, SNAP, and the income has been verified, the system will also consider that income verified for their medical case.

12. What process is set up to determine continued eligibility? Do members need to provide documentation?

The ONE eligibility system will attempt to perform an automated renewal, where it will check available electronic data sources. If the information on the case is similar to what is returned from the electronic sources, the case may renew without any need for the individual to provide information. If the automated renewal is not able to verify needed information, or an interview is needed, the ONE eligibility system will send out information to the individual to complete.

13. Are there any advantages or disadvantages to submitting renewal applications as soon as somebody receives their notice? For example, if the patient responds within 30 days, can they actually lose their benefits sooner?

Individuals will maintain coverage for longer if they wait until they are contacted with steps they need to take, if any, to maintain coverage. Those who are no longer eligible for benefits will have benefits end with a 60-day advance notice. The 60 days is calculated based on when the renewal response is processed. This means, an individual who is no longer eligible and responds on day one may experience a different closure date than someone who responds on day 60 and is not eligible.

14. There are some clients who are past due for renewal--for example, some of them have renewals due back to 2021, but were not closed due to PHE. what will happen to these clients on April 1?

Those dates are no longer related to their renewal date. All members will remain on OHP until they go through the renewal process. We are starting to renew individuals and families on April 1 and will continue mailing monthly unwinding renewals until February 2024. We will attempt to perform an automated renewal and OHP members will be informed when their renewal date will be and what they need to do to, if anything, to keep their benefits.

15. Will all medical insurance via OHP end on May 11, or will determinations be made case by case starting May 11 and then letters will be sent out?

We are starting to renew individuals and families on April 1 and will continue mailing monthly unwinding renewals until February 2024. We will attempt to perform an automated renewal and OHP members will be informed when their renewal date will be and what they need to do to, if anything, to keep their benefits. If they are no longer eligible, they will be sent information about transitioning to other coverage. This may include information about financial help available for Marketplace health plans.

16. Will people receiving benefits have 90 days to send in paperwork and an additional 60 days before coverage ends?

This is correct. If an individual does not respond by the 90th day, the individual will be sent a notice letting them know their benefits will close in 60 days.

17. If an update is made in an OHP case after April 1st that makes someone ineligible for OHP, but they have not received their redetermination letter yet, will they end?

Cases will still have COVID protections applied until the case goes through the redetermination process.

18. Who is deciding when each medical case is to be renewed? And what is the basis for the timing?

One of the key efforts Oregon is undertaking is a sequencing approach. This means that renewals will be scheduled first for groups likely to remain eligible and people who will need fewer interventions and verifications to maintain eligibility. Groups that need maximum protections will be renewed last, including people who are likely eligible for the Basic Health Program.

19. What are some examples of circumstances where people will get automatic/passive eligibility for OHP?

See questions above relating to reasonable compatibility (RC). It's difficult to give specific examples, but cases that can have income verified through the reasonable compatibility process will have a higher rate of passively/automatically renewing. Examples could include SSI recipients, MSP-only and/or MAGI recipients who pass RC.

20. Will accurate redetermination date populate in 834 so we understand when our members are being redetermined?

Yes, after April 1st, the 834 will reflect accurate renewal dates.

21. When will the updated list for income requirements for 2023 posted on the OHP site? All I am seeing is an effective date of March, 1st, 2022? Should I assume March of 2023?

Yes, the agency will post the 2023 requirements soon.

22. If someone in their last recertification (renewal) has received a letter that their OHP coverage ends in January 2024, do they have to certify before that date?

If they receive a letter or renewal notice, asking for additional information to determine if you are eligible, they will have 90 days to respond, starting from the date indicated in the letter. The renewal process concludes in July 2024. If someone receives your letter in January 2024 (the last month the letters will be sent), they will still have 90 days to respond and turn over their information.

23. Do you know the demographic of people who will no longer be enrolled?

No, we don't have that information yet.

24. Will renewal packets be sent to all OHP members or only to cases that cannot be verified?

Renewal packages will only be sent to people whose coverage cannot be automatically renewed.

25. How is Ex-Parte recertification done?

"Ex-Parte" is a renewal method for OHP that allows people to be automatically renewed, without the need for action on the part of the person receiving benefits. The ONE eligibility system automatically renews people who qualify. The ONE system through its verification functions, tries to verify all case information through federal income pages, including the social security system, and more. If the system manages to verify all the information, the person receiving OHP benefits will be automatically renewed. The member will receive a notice letter informing them that their coverage was automatically renewed, and that they do not need to do anything else.

26. Will this recertification affect refugees, Haiti and Afghanistan?

All people who currently receive OHP benefits will have to go through the renewal process (which begins April 1, 2023). If a person needs to provide verification of their immigration information, that request will be included in their renewal notice.

Category: Special Populations

1. Can you say more about changes to collecting demographics of members, including sexual orientation and gender identity?

There will be changes in how OHA and ODHS agencies obtain information about their members. These changes are only related to demographic questions: race, ethnicity, language, disability, sexual orientation, and gender identity expression. This does NOT include immigration status. OHA and ODHS only obtain demographic information for statistics that aid in our process of eliminating health inequities. Demographic information obtained by applying does not affect eligibility for benefits.

As part of our partnership with OEMS/OEI in collecting demographics of members that meet our internal system needs, external federal interface requirements, and comply REaL+D and SOGIE data collection, we're collecting the following:

- First/Given Name
- M.I.
- Last/Family Name
- Suffix
- First name the individual wants us to use
- MI the individual wants us to use
- Last name the individual wants us to use
- Suffix the individual wants us to use
- Date of Birth
- Sex that matches the individual's current federal information
 - Male
 - Female
- Gender Identity
 - Girl, Woman
 - Boy, Man
 - Non-binary
 - Agender/No Gender
 - Questioning
 - Other
 - I don't know
 - I don't know what this question is asking
 - I don't want to answer
- Is the individual transgender
 - Yes
 - No
 - I don't know
 - I don't know what this question is asking
 - I don't want to answer
- How the individual identifies their race, ethnicity, tribal affiliation, country of origin, or ancestry
- Ethnicity – is this individual Hispanic, Latina/o/x or of Spanish ancestry
 - Yes
 - No
 - I don't want to answer
- Race
 - a. Per REaL+D legislation
- Primary Racial/Ethnic identity

We are not collecting sexual orientation or pronouns at this time.

2. Will a child under six years old keep OHP even if they have not renewed during the PHE?

All members will retain coverage until their eligibility is renewed during the unwinding period. If a person is found ineligible at that renewal, their eligibility will be terminated.

If a child goes through renewal prior to July 1, a one-year continuous eligibility (CE) period will be given. In July, expanded CE will be implemented, and any child who has already experienced a renewal during the unwinding period, and who are impacted by the CE policy changes, will have their CE date adjusted. Example: a 3-year-old who was found eligible during renewal in May will receive a 12-month CE end-date. Then, after the expanded CE is implemented, their CE date will be adjusted to the month of their 6th birthday.

3. Do you have an estimate of how many individuals may be transitioning from OHP to Medicare?

Potentially several thousand, but we frankly don't feel comfortable making projections of this kind because there are too many factors involved, and changes could have occurred that qualify them for the same or another OHP Plus program at renewal. For example, they may have service needs, they may be disabled and started working, they may have had SSI in the past but didn't report it in the past. We won't know for sure until the unwinding has concluded.

4. What is the agency doing to support members that are identified in the ONE AP as being unhoused?

We have several communications and outreach strategies to reach houseless individuals and help them keep their coverage. In collaboration with CBOs, we are working with adults and youth experiencing houselessness who will provide feedback throughout the renewal period on what additional information or support may be needed.

5. Please explain the process of a person who turned 65 during the PHE. They should already be on Medicare. Did their OHP coverage continue during the PHE despite being eligible for Medicare?

There are some OHP programs available for individuals who turn 65 or start receiving Medicare. During the PHE, if an individual turned 65 and/or started receiving Medicare, they were considered for these programs. If they were not eligible, benefits were maintained and will continue until their unwinding renewal. During their unwinding renewal, another evaluation will be done to determine if they meet the criteria for any OHP and/or Medicare Savings Plan, and if so will, they will transition to those programs.

6. What is the new Veterans dental program?

It is a new program as a result of House Bill 4095 passed in 2022 that provides dental coverage for Veterans up to 400% of the Federal Poverty Level. Learn more about the new program here: <https://www.oregon.gov/odva/Documents/Partner%20Veteran%20Dental%20Fact%20Sheet%20FINAL.pdf>

7. Starting April 1st renewals will begin. My question is specific to kids under 6: will their 5-year continuous OHP coverage begin when they receive a renewal this year? Or will it begin retroactive to the last time it was renewed?

It is not retroactive. If a child goes through renewal prior to July 1, a one-year continuous eligibility (CE) period will be given. In July, expanded CE will be implemented, and any child who has already experienced a renewal during the unwinding period, and who are impacted by the CE policy changes, will have their CE date adjusted. Example: a 3-year-old who was found eligible during renewal in May

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8. Will all members 65 and over need to switch to Medicare? Are there any exceptions? And will these individuals be notified by NWSDS?

We cannot tell someone that they do or don't need to enroll, we can only provide options and information about the potential result. Anyone who is eligible to enroll in Medicare and losing OHP Plus may want to enroll in Medicare if they have previously opted out because they will otherwise be left with no health coverage. Those who do not qualify for free Part A can be referred to the marketplace if they lose eligibility for OHP Plus. If the question is whether MAGI Adult recipients specifically need to switch to Medicare, we can only say that they won't qualify for MAGI Adult when they turn 65 regardless of their Medicare status, but that doesn't mean they won't qualify for another Medicaid program. There are too many factors involved to address all scenarios, but in general, we encourage everyone eligible to enroll in Medicare to do so. Opting out to maintain OHP Plus eligibility will not have the same result once the unwinding begins, and even though someone no longer qualifies for OHP Plus, they may qualify for a Medicare Savings Program which will assist with the cost of Medicare.