



Oregon Health Update Community Partner Office Hours

July 9, 2024



Welcome to the Oregon Health Update series

- Welcome to the second Oregon Health Update webinar/office hours!
- What's Oregon Health Update?
 - Continuation of the COVID-19 Pandemic Health Emergency Unwinding Webinar and Office Hour meeting series
 - Covering topics that are currently relevant to people working with members, such as OHP Bridge and the Pandemic Unwinding
 - We'll start off each meeting with some updates, respond to previous questions, then open the floor for discussion

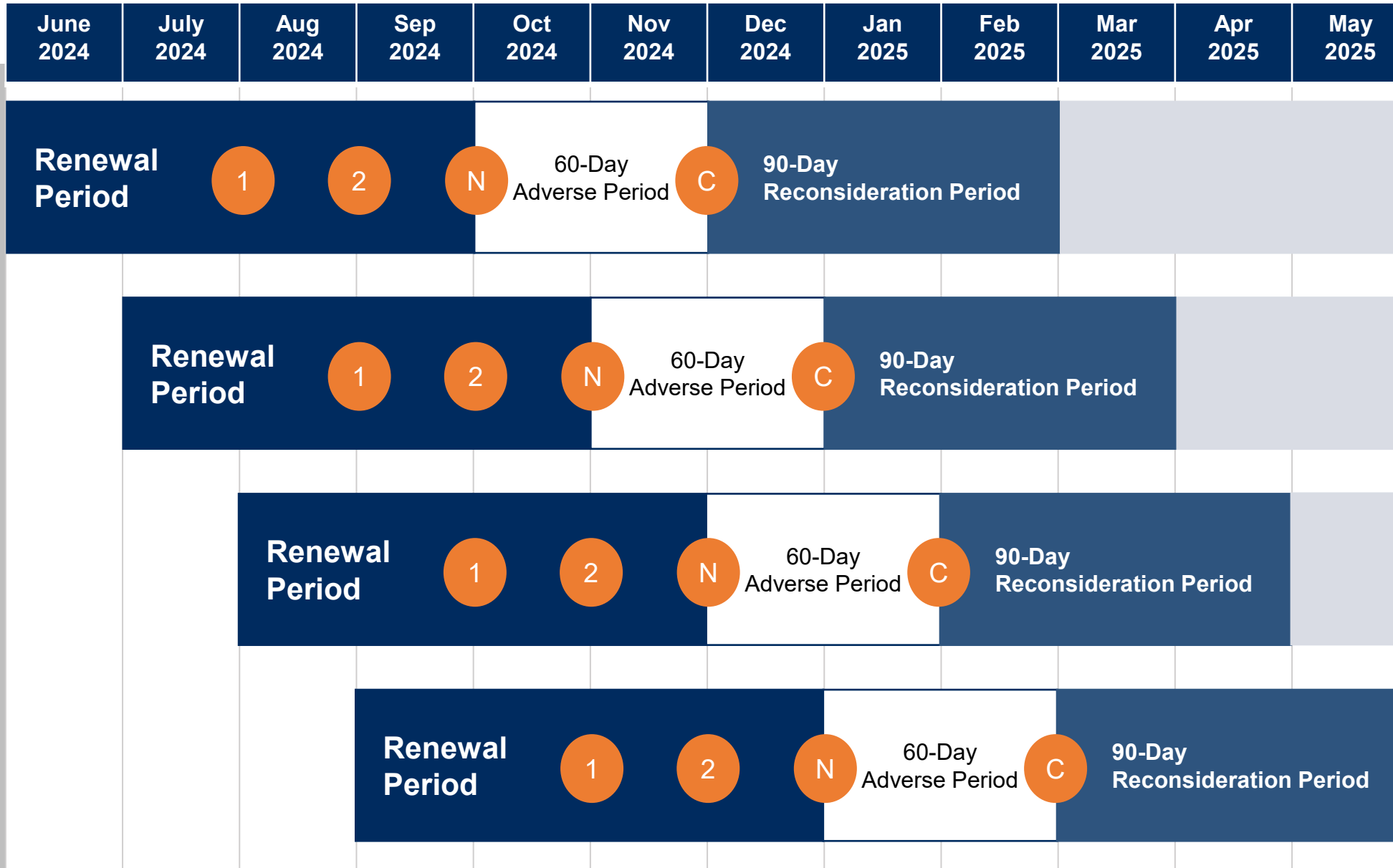
Agenda for Today

- Pandemic Unwinding and Renewal System Updates
- OHP Bridge Updates
 - Question Responses
 - OHP Bridge and address changes
- Upcoming Changes
 - Carceral Waiver
 - DACA changes
- Discussion Time



Renewal Updates

Extended Renewal Timeline

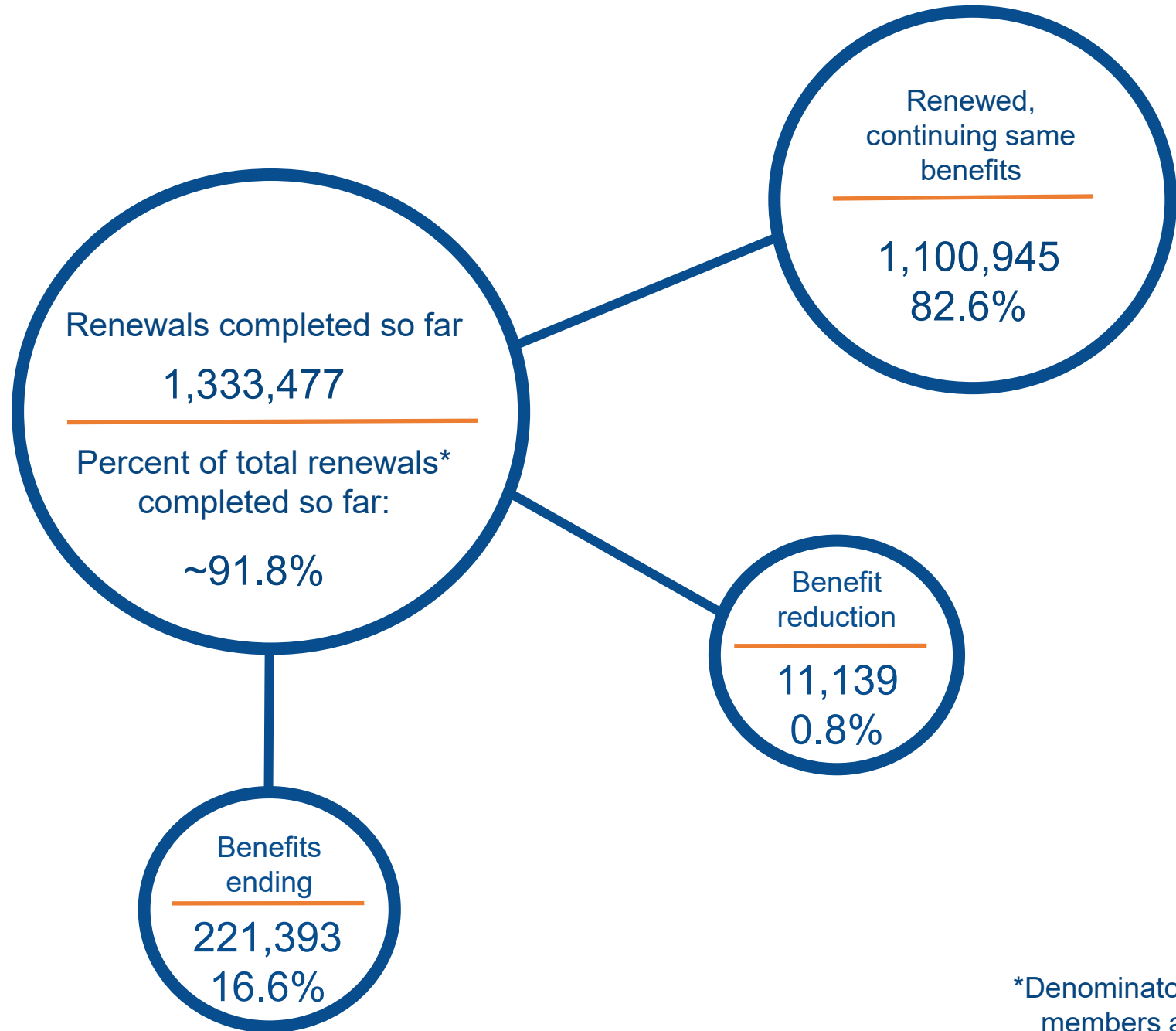


Interactive Key

- 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

Renewal Outcome Summary

Completed renewals as of July 3, 2024

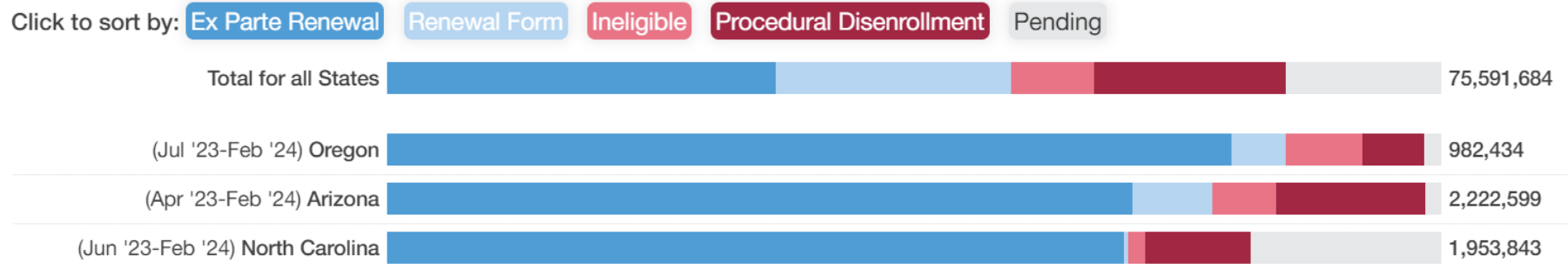


*Denominator uses total members as of May

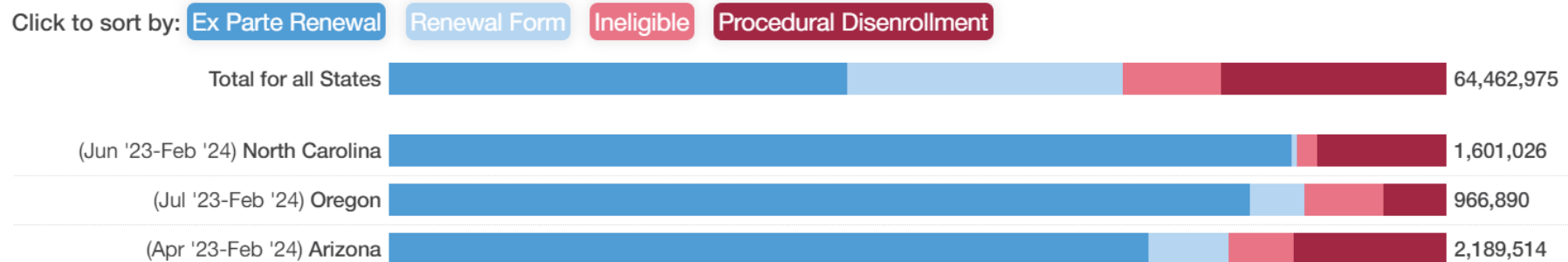
Oregon may have the highest renewal rate

- Press releases to date have used KFF tracking which shows us in third
- A Georgetown University analysis on the other hand shows:

All Renewals Due



Completed Renewals Only



Remaining Renewals

- **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 and have 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
- Compared to broader OHP population, remaining renewals are much more likely to be over 65 and/or have a disability. Spreading renewals across 4 months allows for more support.
- Some members benefits previously closed/reduced, then were restored. If income/resources have not changed, we would anticipate same outcome.
- Upcoming “Helping non-MAGI clients at renewal” guide to assist with financial resources questions, and more extensive non-MAGI training in fall

Questions about Financial Resources

- Members who are over resource limits should always speak to an eligibility worker before making any financial decisions.
- Individuals on OSIPM or LTSS who have higher income or resources at renewal may be at risk of losing benefits. However, they may have options for re-distributing their finances in order to remain eligible.
- People must be careful and seek advice, because some transfers will disqualify them from benefits.
- We do not want people to go without benefits they are eligible for, accidentally disqualify themselves from eligibility, or mistakenly take unnecessary steps like selling their house in order to qualify.

Limitations

- You cannot give legal or financial advice.
- Eligibility workers can tell members about their options to remain eligible. In some cases, members may need additional help from a lawyer specializing in Medicaid planning or help from a financial adviser.
- You cannot give legal advice on whether a specific asset transfer is allowable.
- Members need to make their own financial decisions.

How Partners Can Help

- You may tell members they may have options to spend their savings in order to be eligible, and that it is important to speak to an eligibility worker to learn how to do so properly to prevent future disqualification
- Refer to an eligibility worker, or to resources for legal or financial advice through 211, legal aid, or the Aging and Disability Resource Connection
- Respond to renewals and update their available financial resources
- Help members who disagree with decisions request hearings
- Help members schedule interviews, or connect them to the CP-focused team to complete the, on demand
- Help members return asset verification forms (MSC 2639) when requested

May Renewal System 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 systems
- **Previously:**
 - When system attempted to passively renew a household, if one household member was unable to passively renew, household gets an active renewal packet and needed to respond.
 - If they do not respond, benefits for all members of the household could close, including members who could be individually renewed.
- **Going forward:**
 - System can individually separate actions required within a household.
 - This will make sure individuals in the household who could be passively renewed keep coverage even if other household members do not respond.

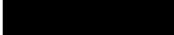
Notice Changes Overview

- Design changes to make renewal and eligibility notices easier to read
 - Summary of important information up front on page 1
- More focus on benefit level (OHP Plus) rather than program (MAGI adult)
- Examples Notices now available:
 - <https://www.oregon.gov/oha/HSD/OHP/OHPLetters/MED-001-ES.pdf>
 - <https://www.oregon.gov/oha/HSD/OHP/OHPLetters/MED-001-EN.pdf>
 - Notice guide updates in the works







**Earliest Action
Required by
07/19/2024**

Medical Renewal Notice

Hello 

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:

  (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.
  (Under 1 year)	
Medical benefits approved	This person is approved for medical benefits. The details are found in their Medical Benefit Overview.

New Program Move Explanations

- Example Notice:
After a child turns 1, they move 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.
- New explanation: “they will continue to receive the same benefits”

- Page 1 Summary:



(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 **(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

Renewal Process Changes

- **Single renewal notice**
 - Replacing current passive and active renewal notices, fixing situations where renewal notices and request for information could arrive separately
- **Reduced and clarified passive renewals with requests for information**
 - Most renewals will just ask for the required information, instead of telling the member they have been renewed and need to submit information. Notices are now clearer for the remaining situations (immigration and citizenship requests)
- **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 income on file is correct

Other Updates

DACA Changes

- Federal government recently announced that starting November 1st, people with Deferred Action for Child Arrivals (DACA) status will qualify for the Health Insurance Marketplace and financial assistance
- This will apply to OHP Bridge as well
- Currently not certain this will take effect for OHP Bridge on November 1st
- Oregon is committed to implementing this as soon as possible!

Carceral Waiver Update

- What's the status of the upcoming changes to OHP and incarceration?
 - Oregon's request to offer benefits to people transitioning out of incarceration was recently approved.
 - Benefits would be available in the 90 days prior to release to support reentry into the community and prevent gaps in physical and mental health care
 - OHA is building benefits with timelines to be announced, likely in 2026.
 - Read more in last week's press release:
<https://content.govdelivery.com/accounts/ORHA/bulletins/3a69790>

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.

In Oregon, we will have two OHP Bridge programs with largely the same benefit package.

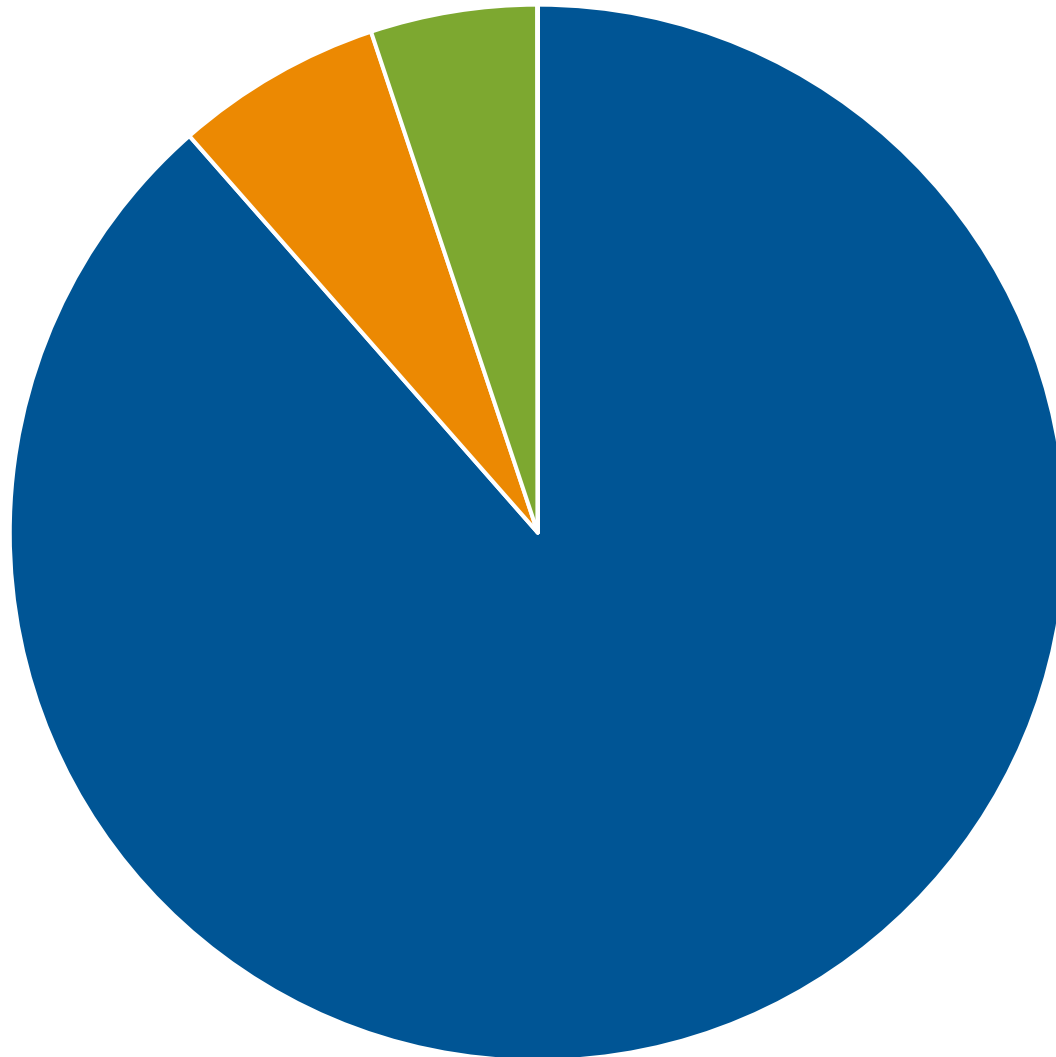
OHP Bridge - Basic Health Program (BHP)

- Managed exclusively by CCOs
- No option for open card

OHP Bridge - Basic Medicaid (BBM)

- Allows enrollees option to choose between CCO and open card
- Only available to American Indian/Alaska Native individuals

July 1 launch statistics (25,736 members)



- 22,784 people moved to OHP Bridge effective July 1
- 1,636 people remained on TME pending further eligibility review
- 1,313 people moved to another Medical eligibility category (i.e., Medicaid)
- 3 people were closed due to valid reason

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 three years.

People Moving From Oregon Health Plan

People with income 138-200% FPL kept OHP following the end of the pandemic emergency (“Temporary Medicaid Expansion”). Most will move to OHP Bridge on July 1.

Partner Training

- OHP Bridge partner training is available **on-demand as of May 15** via Trackstar at:
 - English – orhim.info/BridgeTraining
 - Spanish – orhim.info/CapPuente
- Strongly encouraged to take the training prior to the July launch.

New Resources

- An **FAQ** and **Outreach Toolkit** are now available on the OHP Bridge web page. Additional materials be available soon!
 - English – ohp.Oregon.gov/Bridge
 - Spanish – ohp.Oregon.gov/Puente
- Updated CPOP Income Guides available on forms server and groupsite (9954d)



OHP Bridge Outreach Toolkit

2024

A communications resource for Oregon Health Plan partners to raise awareness of OHP Bridge.

Published May X, 2024



OHP Bridge and Reporting Address Changes

- When an individual on OHP Bridge – BHP reports an address change where they are moving to a new service area, there will be a gap in their enrollment before the new CCO is assigned.
- For OHP Bridge Basic Medicaid members this is not usually an issue because they can access care under Open Card/fee for service (FFS) during the gap period, but BHP members must be enrolled in a CCO in order to access care.
- Guide will be included in Thursday's CP Update Newsletter

OHP Bridge and Reporting Address Changes

To help reduce FFS gaps in coverage for OHP Bridge – BHP individuals:

1. Enter the address change in ONE Online via the “Report a Change in How we Contact You” button.
2. Email OHP’s Client Service Unit at Ask.OHP@odhsosha.oregon.gov to request faster re-enrollment into the new CCO

Question Response

Assister/Community Partner Inquiries

- Assisters and community partners can submit questions to the OHP Bridge team in three primary ways:
 - through their Community Partner Outreach Program (CPOP) ROCs
 - via the OHP Bridge Email (OHPBridge@oha.Oregon.gov)
 - [Via the Oregon Health Update registration form](#)
 - Attending these monthly office hours.
- Answers will be provided during the office hours each month.
- Written responses will be sent out to the original inquirer following the office hours.

***UPDATED* Question: Age and eligibility for OHP Bridge**

Question

If someone who is 64 gets accepted to the bridge program but turns 65 later in the year, do they get kicked off when they turn 65?

***UPDATED* Answer**

For most members, yes. OHP Bridge Basic Health Program members would close at the end of the month of their 65th birthday. People who instead have OHP Bridge Basic Medicaid who do not enroll in Medicare upon turning 65 would keep coverage until the end of their continuous eligibility period (but would lose OHP Bridge eligibility upon enrollment in Medicare). Everyone will be evaluated for other programs they may be eligible for before closing benefits.

Question: Medicare and OHP Bridge

Question:

Can people who have Medicare and are between 19-64 years old, be eligible for the OHP Bridge program if they meet the income criteria?

Answer:

No. OHP Bridge will not be available to people who have access to other health coverage such as Medicare

Question: Contact number on Notices

Question:

I am an Eligibility Worker who sat in on yesterday's TT4T training. Called the number just a minute ago that was listed in the BRIDGE Notice that has already gone out to clients. The recording indicated the office is currently closed and office hours are 8:00 AM – 5:00 PM and to call back between those hours. Is there a computer glitch of some sort like we had yesterday that affected telephone calls, staying logged in, etc? Why is this a different number from the ONE Customer Service Center number?

Answer:

The number in the notices directs to PH Tech support staff who are part of the customer service center. The phonenumber issue has been resolved as of 6/28, and the phones are up and running.

Question: Opting out of OHP Bridge

Question:

We have clients now who would qualify for OHP but don't want to enroll because they have critical medical providers that don't accept OHP or because even though their current taxable income is low, they have large amounts of assets and are willing and able to pay for health insurance. We have been able to add potential "dividend, investment or other" income to put them over the OHP threshold. The Basic Plan makes this even harder because now the income threshold is so much higher. This will force more clients to either pay full premium to keep their providers and their current insurance carriers. Is there not an opt out option?

Answer:

There is not an "opt-out" option for OHP Bridge that would enable someone to choose to receive financial assistance through the Marketplace instead of being enrolled in OHP Bridge. As of July 1, 2024, individuals applying for health coverage through the Marketplace whose income is between 138-200% FPL will be referred to the state for potential OHP Bridge eligibility. If the state finds those individuals eligible for OHP Bridge, they will not be eligible for financial assistance through the Marketplace.

Question: Communications to Marketplace Clients

Question:

This program goes into effect July 1, in 19 days. I have seen nothing in the news and none of my marketplace clients have reported receiving any information about this program. Who is responsible for sending out information and instructions to the marketplace clients likely to be eligible?

Answer:

Neither HealthCare.gov or the Oregon Health Insurance Marketplace are able to identify which current Marketplace enrollees may qualify for OHP Bridge. In addition, no Marketplace enrollees will automatically move to OHP Bridge. Current Marketplace enrollees will learn about the program when they update their application if they are determined to be potentially eligible for OHP Bridge.

Partners can find additional resources at our website ohp.oregon.gov/bridge. This includes an FAQ that will be frequently updated as well as an outreach toolkit that partners, assisters and agents can use to help guide potential members through the application process.

Question: OHP Access Specialists and OHP Bridge

Question:

Will OHP Access Specialists (housed in our building mostly for the FQHC) also help people get onto the new program?

Answer:

Yes, OHP certified community partners can help people apply for OHP Bridge. You apply for OHP Bridge through the same routes as OHP.

Question: CCO Options

Question:

What are the CCO options in Lane County; will it be the same as OHP (Trillium & Pacific Source)? And will individuals have the choice between the options?

Answer:

The same CCOs that administer traditional OHP will administer OHP Bridge and cover the same service areas.

If a member is in an area that is served by multiple CCOs then they will have the chance to choose just like they do in OHP Plus. If they live in an area that is only served by one CCO then they will not.

Question: Provider/Clinic Preparation for OHP Bridge

Question:

Our office is just learning of the new OHP Bridge plan that launches July 1st. Is there anything that we need to do on our end to make sure we are credentialed/contracted to see clients with this new plan?

Answer:

No, providers enrolled with their local Coordinated Care Organizations should not need to do anything additional to see clients on OHP Bridge. OHP Bridge requires CCO enrollment for the vast majority of members. Only American Indian/Alaska Native members will have the option for Open Card/Fee for Service coverage through OHP Bridge - Basic Medicaid.

Question: How does OHP Bridge determine income?

Question:

How is the Bridge Plan determining income? As you know, there is a difference between marketplace AGI and Oregon Health Plan household income determination. Which is the Basic Plan using? For example, pastor of a church receives a housing allowance from the congregation. That is not taxable income so not counted as marketplace income. But OHP counts it as household income. Which income is going to be used for The Bridge?

Cont'd Question: How does OHP Bridge determine income?

Answer:

Income will be calculated using Modified Adjusted Gross Income (MAGI) rules, like the Marketplace uses. Oregon Health Plan/Medicaid programs based on Modified Adjusted Gross Income also do not count pastoral housing allowances towards eligibility. However programs based on Age, Blindness, or Disability (known as "non-MAGI") would count the pastoral housing allowance towards eligibility. The ONE eligibility system asks members to provide that income information and will count or discount it as needed. You can see what income and deductions will be considered using the Marketplace MAGI under the ACA cheat sheets:

English: <https://orhim.info/MAGI-ENG>

Spanish: <https://orhim.info/MAGI-SPN>

Question: Marketplace renewals and OHP Bridge

Question:

The tool kit says that people with marketplace coverage now will be able to keep their tax credits until their “automatic re-enrollment period ends” unless they make an application change sooner. Further that “people eligible for OHP Bridge will need to cancel their own marketplace plan, it will not cancel on its own.” If clients don’t come in during open enrollment, their marketplace plan auto renews right at the end of December. If they are deemed eligible for The Bridge Plan and the tax credits stop for January, their EFT for premium with their carrier drafts by the 5th of January – if they don’t know any of this is happening and don’t cancel their marketplace plan and have full premium pulled from their account a few days into January – this is a recipe for disaster. As agents, we don’t have a way to sort our clients by income so without looking at each client manually we don’t know for sure which clients will qualify for The Basic Plan.

Cont'd Question: Marketplace renewals and OHP Bridge

Answer:

Marketplace enrollees who have given HealthCare.gov permission to access their IRS records will be automatically re-enrolled with financial assistance - including both premium tax credits and cost-sharing reductions - during open enrollment for the next plan year. Individuals who have not given that permission will be automatically re-enrolled without financial assistance. When a Marketplace enrollee actively updates their HealthCare.gov application, the system will reassess eligibility for coverage, including for OHP and OHP Bridge. If determined potentially eligible for OHP or OHP Bridge, their information will be sent to the state for additional assessment. If an individual is confirmed to be eligible for OHP or OHP Bridge by the state, they must return to the Marketplace to cancel their Marketplace coverage.

The Marketplace sends a notice prior to open enrollment each year that confirms enrollment for the next plan year. When eligibility is reassessed, an Eligibility Notice is produced which guides the individual to their next steps. All Marketplace correspondence is available in the enrollee's HealthCare.gov account.

Question: Retroactive Benefits for OHP Bridge

Question:

I am an eligibility worker in Eugene. Will the bridge program allow retroactive benefits?

Answer:

In most cases, no.

There is no retroactive coverage for OHP Bridge Basic Health Program. This program has a future effective date based on when they're determined eligible. People determined eligible by the 15th of a month will have coverage begin the 1st of the next month, while those determined eligible between the 16th and the end of the month will have coverage begin the first of the month after next.

For OHP Bridge Basic Medicaid (which is only available to American Indian / Alaska Native individuals) follows existing retroactive coverage rules for Medicaid. However, it will not offer any retroactive coverage for months before the July 1st 2024 OHP Bridge launch date.

Question: Reporting a life change to the FFM

Question:

Scenario: A QHP enrollee reports a life change to FFM, then FFM sends their info to OHP due to FFM determining they might be eligible for OHP. Could you explain a bit more about what will happen after that? Will OHA enroll the individual in OHP once OHA approves their eligibility? If so, what will the process look like, also the corresponding timeline? Would it be more efficient to the individual to apply for OHP through one.oregon.gov after FFM sends their info to OHP?

Cont'd Question: Reporting a life change to the FFM

Answer:

When Marketplace enrollees submit a change to HealthCare.gov, the system will reassess eligibility for coverage programs and financial assistance. If an individual is found to be potentially eligible for OHP or OHP Bridge, their information is sent to the state. The state will decide if that individual is actually eligible and will enroll them in the program for which they qualify.

Alternatively, enrollees who believe they may qualify for OHP or OHP Bridge may apply directly through the ONE system at benefits.oregon.gov. If they are found eligible for OHP or OHP Bridge, they must report their new coverage to HealthCare.gov, which will end their financial assistance and cancel their enrollment. Due to data transfer and processing timelines, this may be a quicker way for individuals to receive OHP or OHP Bridge benefits.

Question: Income verification and OHP Bridge

Question:

What is the process for income verification? And will it be by month (eg paystubs) or by previous yearly tax returns?

Answer:

Income verification will work similarly to income verification for other OHP Benefits; when applying, the ONE system will request proof of income if needed.

OHP Bridge eligibility for most members will be based on their annual income, so documents submitted should support the annual income reported on the application.

Either paystubs or tax returns can be used in response to a request for proof of income. Including an explanation of any difference between proofs provided and the income can be helpful.

Question: June Notices

Question:

A consumer came into office with a OHP Bridge notice 200-568804 form in Spanish, when we tried to view the correspondence in ONE this document dated June 14, 2024, wasn't in correspondence. Were this OHP Bridge letters sent outside of ONE?

Answer:

Yes, the first of the two letters sent to people moving from OHP to OHP Bridge - Basic Health Program was a custom notice sent outside of the ONE system and not visible in ONE correspondence. This was the only option in order to meet 10-day advance notice requirements. The second notice after the ONE system action on 6/27 that moved people to OHP Bridge is visible in ONE correspondence.

Question: Coverage Choice

Question:

Will Oregonians who make 138% and 200% of the FPL but who want to get insurance through the Exchange rather than enroll in the OHP Bridge lose their Federal ACA tax credit nonetheless?

Answer:

Individuals who are eligible for OHP Bridge will not be eligible for tax credits through the Marketplace. However, current Marketplace enrollees will not automatically lose their Marketplace coverage or financial assistance now that OHP Bridge has launched. Enrollees can remain on their plan with financial assistance - including both premium tax credits and cost-sharing reductions - as long as they have given permission for HealthCare.gov to renew with access to IRS records or until they update their information, whichever comes first. Enrollees who have not given permission for HealthCare.gov to access their IRS records will be automatically renewed through HealthCare.gov without financial help.

Question: Annual vs monthly income

Question:

Is Bridge based on 200% FPL per year or monthly? For example, someone might earn under 200% monthly but due to bonuses, they earn 205%+ per year.

Answer:

There are two programs within the OHP Bridge category, OHP Bridge - Basic Health Program and OHP Bridge - Basic Medicaid. OHP Bridge - Basic Health Program has an annual income limit of 200% of the federal poverty level (FPL). OHP Bridge - Basic Medicaid instead uses a 205% FPL monthly income limit. OHP Bridge - Basic Medicaid allows American Indian/Alaska Native members the choice between Open Card coverage or to enroll in Coordinated Care Organization. American Indian/Alaska Native applicants will be screened for both programs.

Question: No member costs

Question:

What was the reasoning for not having co-pays or some cost?

Answer:

This population already qualified for coverage with significant financial help, but were also more likely to be uninsured and report delaying care due to cost. Deductibles and co-pays can stop people from seeking care, which can result in health problems becoming more serious and more expensive before being treated. Without cost as a barrier, it will be easier for more people to use preventive and primary care to treat problems early, both improving that member's health and driving down health care costs across the system.

Open Discussion Time

Next Meetings:

- Spanish June Webinar:
 - July 17th at 1pm
- August Partner webinar:
 - August 8th at 1pm
- Office hours webpage: <https://www.oregon.gov/oha/PHE/Pages/Office-Hours.aspx>
 - [Registration link](#)

Thank You

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. The entire logo is centered within a light blue, rounded rectangular background.

Oregon
Health
Authority
