
Community and Partner Workgroup (CPWG)

Meeting 1
June 9, 2022

Sarah Dobra, External Relations Division
Maria Castro, Division of Equity and Inclusion
Megan Auclair, PHE Unwinding Project Lead
Michael Anderson-Nathe, Consultant

Meeting Objectives

1. Continue to build relationships among members
2. Adopt CPWG charter
3. Review existing community input that can inform our work
4. Learn about the Marketplace and the role it plays in transitions

Agenda

Welcome and introductions

Presentation and discussion of existing community input

Review and adopt CWPG charter *

Presentation and discussion on Marketplace

CPWG Member open space

Meeting close and next steps

* = vote using consensus decision-making

Introductions

Please share your:

- Name
- Pronouns you use
- Any needs you might have to help you participate fully
- Prompt: what group(s) are you representing or what perspectives do you bring to this work?

CPWG Website:

<https://www.oregon.gov/oha/Pages/phe-maintain-coverage.aspx>

The screenshot shows a web browser window displaying the Oregon Health Authority website. The page title is "Provisions under House Bill 4035". The navigation bar includes "OREGON.GOV", "About OHA", "Programs and Services", "Oregon Health Plan", "Health System Reform", "Licenses and Certificates", and "Public Health". The main content area includes sections for "Creating a 'Bridge Program'", "About the Joint Task Force On the Bridge Health Care Program", "Outreach and Communication Strategies with Community Partners", "About the Community and Partner Workgroup", "Members", and "Meeting Info and Resources".

Provisions under House Bill 4035

HB 4035 Report to the Legislature: Unwinding the Federal Public Health Emergency

Creating a "Bridge Program"

About the Joint Task Force On the Bridge Health Care Program

House Bill 4035 requires OHA to create a new "bridge program" to provide an affordable, comprehensive source of health coverage to adults in Oregon with income between 138-200% of the Federal Poverty Level. Implementing this program will prevent coverage loss among some people who would otherwise lose OHP during the unwinding of the Federal Public Health Emergency and will improve coverage continuity by reducing instances of "churn" due to small and/or temporary income gains among OHP members. HB 4035 directs OHA to work with the Legislative Policy and Research Office (LPRO) to convene a Task Force to inform development of this program. Oregon will seek Centers for Medicare & Medicaid Services (CMS) approval before implementation of the program.

[Click here for membership details, upcoming meeting dates and times, and links to meeting recordings.](#)

Outreach and Communication Strategies with Community Partners

About the Community and Partner Workgroup

As established in HB 4035, the Community and Partner Workgroup (CPWG) advises OHA, ODHS, and DCBS on the development of outreach and enrollment assistance and communications strategies to communicate and assist medical assistance program members in navigating the redetermination process and any transitions to coverage through the health insurance exchange. This work has the dual goals of:

1. Maintaining the most individuals covered possible so that benefits are not lost, and
2. Ensuring additional protective measures for identified vulnerable populations, priority populations, and populations and individuals facing health inequities during this transition and process.

The CPWG brings together representatives from impacted health systems, community partners, organized labor, individuals enrolled in medical assistance programs, and members of Oregon's Medicaid Advisory and Health Insurance Exchange Advisory committees to advise the state and the departments on the development of outreach and enrollment assistance and communication strategies to communicate and assist OHP members in navigating the redetermination process or transition to coverage through the health insurance exchange.

[Read the charter here](#)

Members

Members were selected based on their availability and willingness to attend CPWG sessions, lived experience and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state. Members representing intersecting identities and Oregon's priority populations were given preference.

Meeting Info and Resources

Date	Materials	Notes
May 26, 2022 3:00 pm – 5:00 pm	5.26.22 Materials	5.26.22 Notes

One place to go for information and materials on our work

Workgroup Recommendations Tracker: agency accountability for recommendations

Date Proposed	Recommendation	Workgroup Notes	OHA & ODHS Response
5/26/2022	Community Partner ability to sign up individuals for other benefits in ONE System. How can this system be leveraged and what is the ONE system capable of?		Oregon Department of Human Services preparing a pilot to expand Community Partner abilities to support benefits in One.
5/26/2022	Community Partners would like View Only access to Medicaid Management Information System (MMIS) to help understand existing benefits when assisting individuals. This is helpful to determine if fully new or already having active Medicaid/ODHS benefits.	Current work in ODHS to achieve. Workgroup would like to understand more about this. OHA can report more on progress towards this after a June 7th meeting.	

Workgroup Recommendations Tracker: accountability for recommendations

Date Proposed	Recommendation	Workgroup Notes	OHA Response
5/26/2022	Prior to the PHE CCOs were receiving member renewal dates on the 834 Elig File. This was extremely helpful with member communication if they were to call regarding their medical benefit and why they were lost or when they needed to reapply. Will this be reinstated?	For 6/9/2022 meeting, should we make this action a new recommendation? OHA can look at if possible, to pull reports, compare to MMIS and provide to CCOs as an additional level of eligibility data.	These are currently not being sent because renewals are not being performed. When renewals begin again, CCOs will get this information on the 834 Elig File. One limitation of this is that it is not updated until after a renewal is done. OHA can look at if possible to pull reports, compare to MMIS and provide to CCOs as an additional level of eligibility data. (This action is not yet operationalized)
5/26/2022	Could Public Services Announcements be a possibility regarding the redetermination process	Paid media campaign should be shared with CPWG members	Yes - there will be a paid media campaign.

Community Input

Summary of existing community input for our use

Feedback Sources

Source Number	Program/Team	Data Provided	Time Frame Captured	Pieces of Data
1	OHA Ombuds	Member communications cases from Access.	March 2020 - April 2022	149
2	Community Partner Outreach Program (CPOP)	2022 draft issue log	November 2021 – March 2022	30
3	Community Partner Outreach Program (CPOP)	Oregon Eligibility (ONE) Learning Series Webinar – for CPs	4/27/2022	190
4	Oregon Department of Humans Services– Ombuds Program	Report of trends of concern within One Eligibility Transformation	3/1/2021 – 5/5/2022	20
5	Medicaid Advisory Committee (MAC)	Meeting notes	4/27/2022	8 (pages)
6	Medicaid Advisory Committee (MAC)	Meeting notes	2/23/2022	9
7	Oregon Department of Housing and Community Services	Thoughts and feedback	4/27/2022	2

Themes: Marketplace and Community Partners

A summary of the feedback related to supporting community partners. This includes information on what OHA can do to increase community partners' access to helpful resources and how we can collaborate with partners to improve systems and operations for MAP recipients.

Provide support by:

- Addressing the technical and operations issues related to the ONE system, if/when able.
- Maximizing the use of community partners by increasing the scope of the support they can provide to Medicaid Assistance Programs (MAP) enrollees.
- Providing Community Based Organizations (CBOs), Community Partners (CPs), and Coordinated Care Organizations (CCOs) with advanced notice of the communications OHA will be sending to consumers, so they have a heads-up and are prepared to support consumers if/when they have questions.
- Providing CBOs and CCOs with pre-planned tips and talking points to use when supporting consumers. Providing additional guidance can help make things easier/better when consumers transition in and out of plans.

Collaborate by:

- Using CBOs, CPs, and CCOs established channels to obtain additional contact information from MAP enrollees.
- Actively connecting OHA application assisters with each Community Action Agency for OHP enrollment and renewal.
- Use feedback from CBOs, CCOs, and MAP enrollees to train OHA staff and partners, if/when needed.

Themes: Priority Populations to Consider

Priority populations identified based on the HB 4035 Workgroup Preliminary Feedback Data Report. These groups should receive special consideration when developing Medicaid redetermination processes, especially when designing a “phasing in” strategy.

Note: This list is not comprehensive, and there are other priority populations not captured here that the workgroup will likely choose to make specific support recommendations around

Population	Consideration(s)	Recommendation(s)
<ul style="list-style-type: none"> Non-English Speakers Non-native English Speakers/LEP 	Less likely to complain in the same way or use established compliant mechanisms due to language barriers and different cultural practices.	<ul style="list-style-type: none"> Provide doc. translations and comms in MAP recipient’s preferred language. Offer resources in a variety of languages. Add member experience into OHAs compliance framework for language access.
Deaf and hard of hearing	Can be difficult for members of this group to receive support and assistance via phone call.	<ul style="list-style-type: none"> Use video communication, when/if possible, and offer ASL interpretation. When appropriate, use easy to understand written communication.
Aging and older adults	Changes that can come with aging include: <ul style="list-style-type: none"> Decreased/low vision Decrease/loss of hearing Declining cognition 	Train navigation and application assisters to be aware of the potential needs of this group and be flexible in accommodating the individual’s needs.
Migrant and seasonal workers	<ul style="list-style-type: none"> Inadequate or unsafe housing Continuity of care issues Cultural and language barriers Fear of using healthcare system 	These considerations should be kept in mind when providing support and resources to members of this population.
Unhoused population	<ul style="list-style-type: none"> Additional stresses due to health, finances, housing, etc. Potential mental illness or substance abuse. Lack of stable housing 	<ul style="list-style-type: none"> Providers for people who are unhoused having access, as community partners, to the ONE system. Be aware of the unique challenges faced by those in this group when designing processes to provide support.

Recommended Outreach and Communication Strategies

Recommended strategies and avenues for obtaining and updating contact information for MAP enrollees. - identified by participants of the Oregon Eligibility (ONE) Learning Series Webinar



Digital: phone call, email, text message – recommended in 42/76 (55%) responses.

- “A callback line, or callback option within the automated system.” **ONE Customer Service Center will be implementing a call back option later this year.**
- “More frequent check-ins, such as semi-annual courtesy calls, to check in with patients.”



Paper-based communication: poster, flyer, letter – recommended in 14/76 (18%) responses.

- “notices with minimal words--often times, my clients will say that the letter was too long so they didn't read it”
- “Flyers that i can put up in our lobbies would be wonderful. I'm also going to let intake staff know about this so they can direct the client to me.”



Community partner (CP) and OHA outreach- recommended in 14/76 (18%) responses.

- “Cp's can-do outreach since they likely have contacts and connections that are able to access.”
- “CP's attending local events and having information available”



Media platforms: social media, radio, television, other methods of advertising – recommended in 10/76 (13%) responses.

- “In our rural area, Facebook is one of the popular ways to reach our ranchers and outlying small communities.”



Coordinated care organizations (CCOs), healthcare system/provider – recommended in 7/76 (9%) responses.

- “outreach to the member PCP to see if they can add a msg in their system or hand out flyers on how to update (using CP assisters, using 800 numbers)”

Others – recommended in 7/76 (9%) responses

- “Offer raffle prize, they have to enter contact info to enter/win”

Barriers to Access

Enrollees of medical assistance programs (MAPs) and community partners (CP) face equity and non-equity related barriers when trying to gain access to systems and services.

Equity, policy and access-related issues - identified by the Community Partner and Outreach (CPOP) team

- Equity: Callers requesting languages other than English are being routed to English speakers.
 - ONE Customer Service Center begins rollout soon of 16 language-specific, toll-free call lines for people in Oregon to apply for or manage benefits by phone.
- Policy: Community partners are requesting the ability to help with non-medical benefits via the ONE-Applicant Portal.
- Access: Some OHP members are sometimes unable to connect/reach an assister.

Concern and confusion about letters and notifications – identified by Oregon Department of Human Services (ODHS) Ombuds

- Reports of numerous notifications that have conflicting information.
 - A person who is OHP active received a letter stating that if they disagree with their eligibility decisions, they could appeal the decision in a hearing. This was confusing for the person.
 - Duplicate notices sent to MAP enrollees causing confusion.
 - Notice went out to multiple people stating their OHP Plus and QMB coverage would be ending, but this was in error and coverage continued.

Themes: ONE System

Technical issues with the ONE system – Community Partner and Outreach Program (CPOP)

- System timeouts at unexpected intervals, causes case information to be lost.
- The ONE system does not allow applicants to have different tax filing statuses for last year/this year or this year/next year.
- Denying the application of a community partner who works with pregnant women & newborns, who believes she should be approved.
- ONE Customer Service Center is not efficiently/effectively helping community partners with addressing issues.
- Community partners are experiencing dropped calls when trying to contact the ONE Customer Service Center.

Technical and operations issues - Oregon Department of Human Services (ODHS) Ombuds

- Individuals receiving letters from ONE data base to inform them on eligibility decisions for programs they didn't apply for.
- Receiving a notice asking for more information to verify eligibility, which delayed benefits. This was due to conflicting information in the ONE system.
- Letter from ONE sent in language other than the preferred language of the client.
- ONE system incorrectly sent an overpayment notice to a person receiving SNAP.
- General difficulties understanding how to submit requested information in ONE system.
- Lengthy wait time for ONE Eligibility assistance and/or unable to speak to 'live person' when having issues with ONE system and application.
- Client had name change which impacted access to benefits in ONE system.

Charter Adoption

Review and adoption of charter

Charter Review

Draft charter was sent to you all with all the changes and additions based on our May 26th meeting and onboarding sessions

Any comments, questions, or suggested revisions?

Let's vote!

Consensus Decision-Making

Thumbs up, Thumbs sideways, Thumbs down



Fully Agree



Fully Disagree



Could go either way

Fist to Five



5 fingers = Fully Agree and will champion

4 fingers = I'm fine with it

3 fingers = I see minor issues we can resolve later

2 fingers = I see minor issues we need to resolve now

1 finger = I see major issues that we need to resolve

Fist = I can't support this



Stretch break

- Let's take a 5-minute break – make sure to mute your microphones



Marketplace

An overview and discussion

Medicaid Migration to the Marketplace



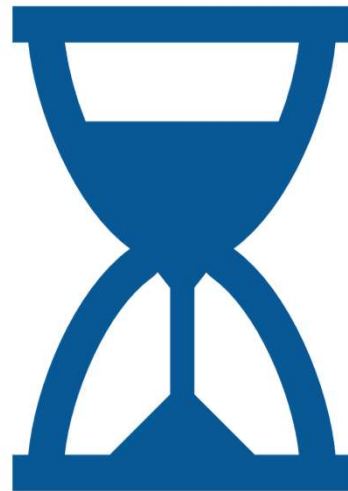
Chiqui Flowers
Marketplace Administrator



Timeline

Redeterminations

- When the public health emergency (PHE) ends the state has 14 months to complete redetermination process



Project Overview

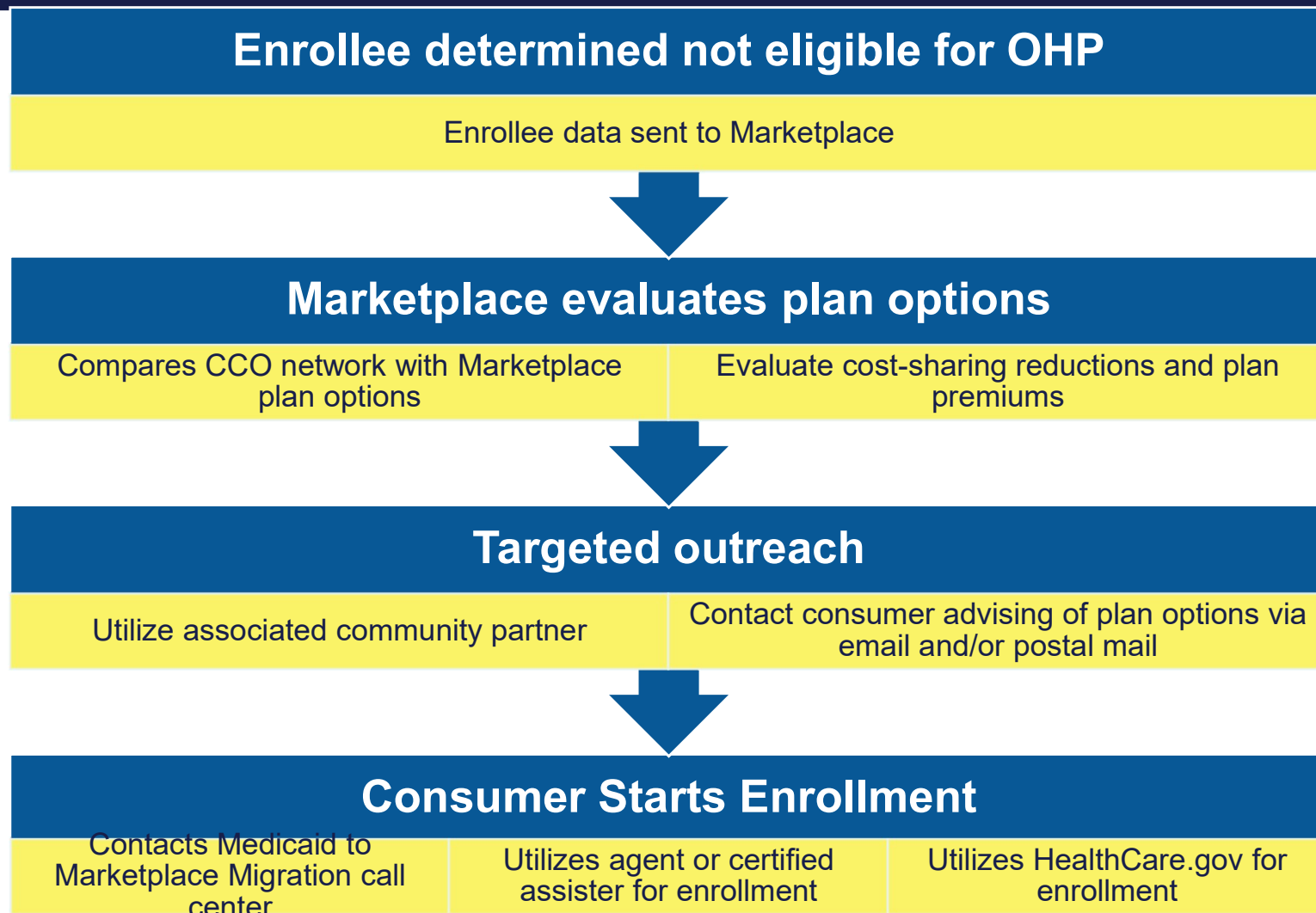
- Up to 300,000 Oregonians enrolled in Oregon Health Plan (OHP) may no longer be eligible
- Large influx of new qualified health plan (QHP) eligible enrollees
- Oregon Health Authority (OHA) and Oregon Department of Health and Human Services (ODHS) collaborating closely to implement a process

Marketplace Health Plans

- 6 carriers offer medical plans on the Marketplace
 - BridgeSpan
 - Kaiser
 - Moda
 - PacificSource
 - Providence
 - Regence
- Carriers are required to offer plans at all metal tiers
 - Bronze
 - Silver
 - Gold
- Plans available by county range from 26 to 68

Project Overview

Proposed Process



Advance Premium Tax Credits

	139% FPL	151% FPL	201% FPL	251% FPL	350% FPL
2022 Income	\$17,903	\$19,448	\$25,888	\$32,328	\$45,080
APTC - Tri-County (age 40)	\$407	\$406	\$363	\$298	\$134
APTC - Marion (age 40)	\$433	\$433	\$389	\$324	\$161
APTC - Columbia (age 40)	\$449	\$449	\$405	\$340	\$177
APTC - Union (age 40)	\$521	\$521	\$477	\$412	\$249

Example Lowest Cost Silver Plans

FPL Levels	139%	151%	201%	251%	350%
2022 Income	\$17,903	\$19,448	\$25,888	\$32,328	\$45,080
Tri-County KP OR Silver 4500/40	\$1.00	\$1.00	\$56.00	\$42.00	\$270
Tri-County Regence Alliance Silver 6500 Legacy LHP	\$1.30	\$2.30	\$45.30	\$110.30	\$272.67
Marion County KP OR Silver 4500/40	\$1.00	\$1.00	\$1.00	\$81.00	\$243.27
Marion County Regence Alliance Silver 6500 Legacy LHP	\$1.93	\$1.93	\$45.93	\$110.93	\$272.19
Columbia County KP OR Silver 4500/40	\$1.00	\$1.00	\$1.00	\$65.00	\$227.27
Union County Moda Health Affinity Silver 4500	\$1.00	\$1.00	\$1.00	\$96.00	\$258.19
Union County Moda Health Affinity Silver 3500	\$1.00	\$1.00	\$45.00	\$110.00	\$272.16

CCO 2.0 Algorithm

Recommendations Process

- Will be used to help enrollees choose QHPs that cover at least some of their most seen providers
- Medicaid to provide the Marketplace with consumer information
- Marketplace will evaluate plan options and provide information to consumer along with link to Window-Shopping tool

Resources

Internal 3M Unit and Call Center

Milestone	# months (relative to 1st of the month after PHE end)	Date (based on current PHE end date 7/15/2022)
Begin recruitment for internal Medicaid to Marketplace Migration Team (3M)	-2.5	5/15/2022
Internal 3M core team onboarding complete	-1	7/1/2022
Execute call center contract with vendor	0	8/1/2022
Vendor call center core team onboarded	1.5	9/15/2022
Vendor 1st month teams onboarded	2.5	10/15/2022
OHP post-PHE redeterminations begin	3	11/1/2022
Personalized redeterminations outreach begins	3	11/1/2022
Initial baseline set for ongoing vendor staffing level assessments	5	12/31/2022
Vendor 25% of peak projected staff	5	1/1/2023
Vendor 50% of peak projected staff	7	3/1/2023
Vendor 75% of peak projected staff	9	5/1/2023
Vendor 100% of peak projected staff	10	6/1/2023

Resources

Community Partners and Insurance Agents

- Additional grant funding will be available
- Grant supplements for existing Marketplace partners who would like to take on this additional work
- New grants for new partners
- As approved by HB 4035 (2022) Community partners for 24 months
 - Community partners: \$2,666,664
 - Insurance agents: \$666,672

Partners

Roles

Community partners and insurance agents will play critical roles for the Medicaid Migration to the Marketplace

- Targeted outreach and education
- Plan/choice counseling
- Application/enrollment assistance

Partners

Engagement and Implementation

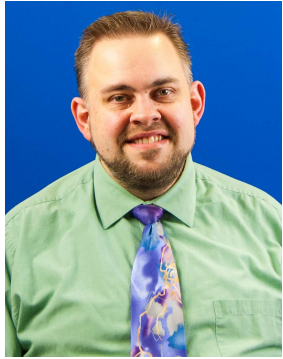
- Engagement with our partners will be critical
 - Soliciting information/feedback to aid in planning
 - Maintaining open communication
 - Providing timely and frequent updates
 - Continuous feedback loop for process improvement

Partners

Training and Timeline

- Collaboration between Marketplace and CPOP
 - PHE updates and timelines
 - Coordinate training for community partners
- Notice received of PHE ending
 - Marketplace to share approved messaging within 5 working days
 - Training outlets, schedules, and requirements
- Training to be completed 90 days after PHE ends

Marketplace Liaisons



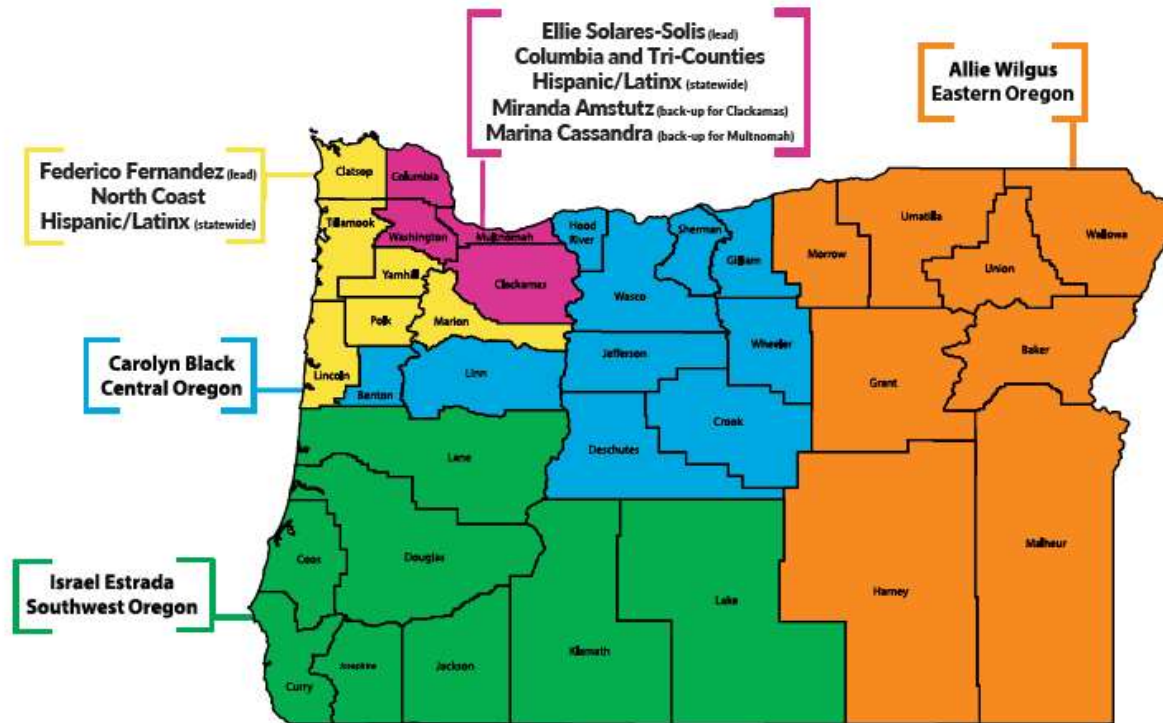
Micheil Wallace; Agent and Small Business Liaison
Micheil.Wallace@dhsoha.state.or.us
(503) 956-3495



Miranda Amstutz; Community Partner Liaison
Miranda.s.amstutz@dhsoha.state.or.us
(971) 301-1960

Marketplace Outreach and Education Team

Marketplace Outreach and Education Turf Map



Questions?

CPWG Member Open Space

Upcoming Meeting dates

Mtg 2: Thursday, June 23, 3-5pm

Topics: strategies for outreach and communications

Mtg 3: Thursday, July 14th, 3-5pm

Topics: ?

* August 18th (3-5pm)

* September 15th (3-5pm)

Thank you!

Feel free to reach out if you have any questions or need any support.

Appendix

Slides that we might want to come back to.

Consensus Decision-Making

Thumbs up, Thumbs sideways, Thumbs down



Fully Agree



Fully Disagree



Could go either way

Fist to Five



5 fingers = Fully Agree and will champion

4 fingers = I'm fine with it

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Fist = I can't support this

Draft Timeline and Workplan

Month	Work
May 26, 2022	Mtg 1 – Review background and redetermination process
June 2022 - 2 mtgs, TBD	Mtg 1 – strategies for obtaining and updating contact information Mtg 2 – strategies for outreach and communication
July 2022 – 2 mtgs, TBD	Mtg 1 – strategies to maximize navigation assistance Mtg 2 – strategies to minimize loss of coverage
August – September 2022	Review plan and responsiveness to input
October 2022 – January 2023	Monitoring and oversight of redetermination process
February – March 2023	Review and endorsement of report to legislature

Draft Working Agreements

- We will focus on equity
- Show up with good intentions and be accountable for what you say and do
- Commit to addressing and repairing any harm we cause one another
- Listen respectfully to each other
- Make sure everyone's voice is heard/Share the microphone
- Be respectful to each other
- Commit to being uncomfortable
- Know that we are greater together
- Avoid using acronyms or explain them when we do

**What is
missing or
what would
you add?**

Draft Group Commitments

- To prioritize attending CPWG meetings
- To review meeting materials ahead of time and come prepared to participate
- To stay present and engaged in meetings to the best of my ability
- To be respectful to other CPWG members and their ideas and viewpoints
- To take the time we need to make sure everyone understands the material and they have the information they need to participate