
Community and Partner Workgroup (CPWG)

Work Group Kickoff

May 26th, 2022

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Megan Auclair, PHE Unwinding Project Lead
Michael Anderson-Nathe, Consultant



Meeting Objectives

1. Begin to build relationships among CPWG members
2. Review and adopt CPWG foundational elements (charter, working agreements, and decision-making model)
3. Review and solicit input on the proposed redetermination process, timeline, and milestones

Agenda

Welcome and Introductions

Review and adoption of CPWG foundational elements

Review of proposed redetermination process, milestones, and timelines

Summary of existing community input

Meeting close and next steps

Introductions

Please share your:

- Name
- Pronouns you use
- Any needs you might have to help you participate fully
- Hopes for this workgroup and what you want to accomplish

CPWG Foundational Elements

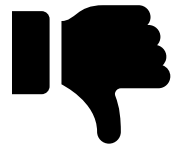
Review and adoption of charter, working agreements, and decision-making process

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



Charter - Purpose

The workgroup will advise OHA on **outreach, enrollment and communication strategies** to:

- help people currently receiving OHP navigate the changes (redetermination process), and
- maximize continuity of coverage for as many people as possible



Charter - Scope

Recommend and provide advice to OHA on strategies for:

1. Obtaining and updating member contact information
2. Outreach and communications regarding the redetermination process and availability of navigator assistance
3. Maximizing awareness of and utilization of navigational assistance
4. Other strategies for redetermination to minimize loss of coverage
5. Maximizing use of CBOs and other organizations to provide navigational assistance



Charter – CPWG Composition

Bring together representatives:

- 4 community partners
- Up to 4 (but minimum of 1) current OHP members* or individuals who have had OHP in the last year and have transitioned to the Marketplace, private insurance, Medicare, or who have lost health insurance coverage
- Up to 3 representatives of affected health systems with a focus on representation from across the state
- 1 representative of organized labor
- 1 tribal representative (appointed)
- 1 representative from the Medicaid Advisory Committee (appointed)
- 1 representative from the Health Insurance exchange Advisory Committee (appointed)



Charter - Membership

Anji Djubenski, Deschutes County Behavioral Health	Beth Englander, Oregon Law Center
Erin Fair Taylor, Pacific Source CCO	Gladys Boutwell, HIMAC member
Jackie Leung, Micronesian Islander Community	Jake Gariepy, Member
Kalyna Korok, IRCO	Lavinia Goto, Medicaid Advisory Committee
Lourdes Reyna Alcala, GOBHI	Natalia Anand, Community member
Shelia Anders, AllCare CCO	Stephanie Castano, Oregon Primary Care Association
Tara Gray, Community member	Thomas Brown, Rise Partnership/SEIU
Rosetta Minthorn, Tribal representative	Elizabeth Fox, Providence Health System

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

Charter – Guiding Principles

Our work will be guided by:

- **Oregon’s strategic goal to end health inequities by 2030**
- **Oregon’s Health Equity definition**
 - Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
 - The equitable distribution or redistribution of resources and power; and
 - Recognizing, reconciling, and rectifying historical and contemporary injustices
- **Using existing community input as a starting point** – the community has already told us much
- **Centering those directly impacted** – seeing lived experience and community wisdom as valid and valued sources of data

Draft Working Agreements

- We will focus on equity
- Show up with good intentions and be accountable for what you say
- Commit to repair work as needed
- Listen respectfully
- Share the microphone
- Be respectful
- Commit to being uncomfortable
- We are greater together

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

Draft Group Commitments

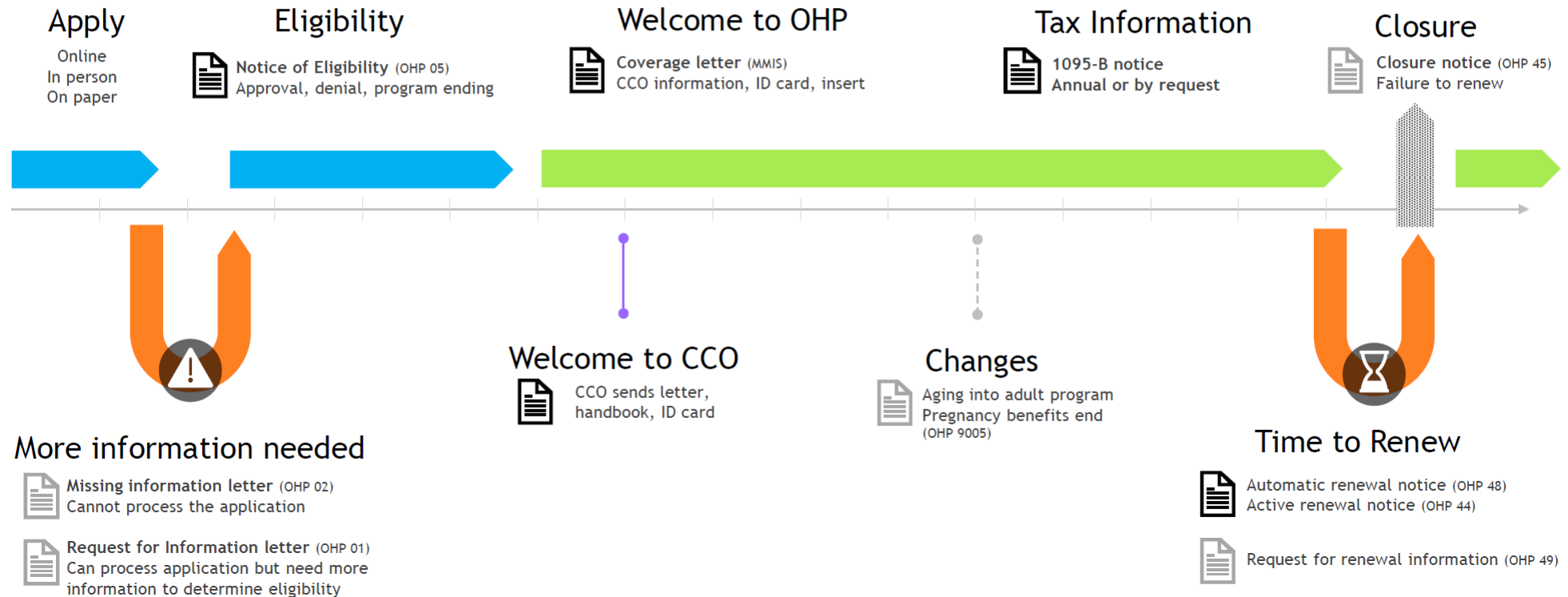
- To prioritize attending CPWG meetings
- To review meeting materials ahead of time and come prepared to participate
- To stay present and engaged in meetings to the best of my ability
- To be respectful to other CPWG members and their ideas and viewpoints
- To take the time we need to make sure everyone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

Redetermination

Proposed process, timelines, and milestones

The renewal process

Oregon Health Plan Member Experience



During the public health emergency

- System has been trying to passively renew members and recipients
- If passive renewal would normally require additional information from the member, this step would be skipped and medical would be renewed
- If passive renewal wasn't possible, the system sent out an active renewal packet, but no disenrollment for non-response was processed

Timelines

	Phase 1	Phase 2	Phase 3
	Pre-PHE Expiration	PHE Expires	Renewals begin + 14 months
	<i>Now – October 15, 2022</i>	<i>October 15 – November 1, 2022</i>	<i>November 1, 2022 – January 1, 2024</i>
PHE Key Activities	<p>Medical redetermination activity suspended during PHE.</p> <p>HHS will provide notice to states that the PHE will expire 60 days prior to the date of expiration.</p>	<p>Once the PHE expires, States will have 14 months to complete the redetermination process.</p> <p>The 14-month window begins on the month following the expiration.</p>	<p>States must have distributed all renewal notices to members and recipients and completed the review of responses within the 14 months after the PHE expires.</p> <p>Members and recipients are given 60 days to respond to notices before a case is closed.</p>

Timelines - operations

<p>Phase 1 Pre-PHE Expiration <i>Now – October 15, 2022</i></p>	<p>Begin scoping and designing any system changes that must be in place to implement the temporary medical assistance eligibility category and Bridge Program. Execute contract with supplemental call center to perform early outreach and divert call volume from eligibility workers.</p> <p>Planning and implementing operational changes needed to:</p> <ul style="list-style-type: none">- Process redeterminations in phased approach- Align SNAP and medical redeterminations- Manage redetermination backlogs during unwinding- Train staff and partners to process medical renewals- Shift members and recipients to passive renewal
<p>Phase 2 PHE Expires <i>October 15 – November 1, 2022</i></p>	<p>ONE System begins to schedule renewals based on phased approach to populations.</p> <p>Training of staff and partners and new workflow processes that reflect system changes are implemented.</p>

Timelines - operations

Phase 3 Renewals begin + 14 months <i>November 1, 2022 –</i> <i>January 1, 2024</i>	Renewals commence and regular business operations resume. Current status of renewals and regular progress reporting is published to external-facing website. Renewals related to the public health emergency complete.
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Timelines - communications

<p>Phase 1 Pre-PHE Expiration <i>Now – October 15, 2022</i></p>	<p>Encourage members to update their contact information so their coverage can be renewed.</p> <p>Develop and launch external web sites, internal change management plan, provider and partner tool kits, establish audience profiles and key messaging.</p> <p>Provide draft communications plan to Community and Partner Work Group for feedback and revision (June)</p>
<p>Phase 2 PHE Expires <i>October 15 – November 1, 2022</i></p>	<p>Help people in Oregon prepare for upcoming changes.</p> <p>Communicate with community partners, CCOs, insurers, brokers, navigators, pharmacies and providers so they can help those they serve navigate the changes.</p> <p>Provide CCOs, providers, CBOs, Ombuds program, member services, eligibility staff, AAAs the tools and information to help members/clients prepare for upcoming changes before communicating with beneficiaries or launching paid campaign.</p>

Timelines - communications

Phase 3
Renewals begin + 14
months
November 1, 2022 –
January 1, 2024

Communicate actions needed for people in Oregon to navigate the changes to retain coverage or secure new coverage.

Coordinate with the Marketplace to ensure that members who lose OHP are supported in their transition to a private plan.

Coordinate with and promote bridge plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.

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	ODHS Governor's Advocacy Office (GAO) – 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

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.”
- “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 CPOP team

- Equity: Callers requesting languages other than English are being routed to English speakers.
- 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 ODHS GAO Ombuds

- Reports of numerous notifications that have conflicting information.
- A person who is OHP active letter 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 – CPOP Team

- 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 app. of a community partner who works with pregnant women & newborns, 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 - ODHS GAO 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 on 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.

ONE place to apply for
medical, food, cash
and childcare benefits.



Visit benefits.oregon.gov to learn more.

Department
Services

Oregononeeligibility

Oregon
Health
Authority

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: these are not the only priority populations to consider.*

Population	Consideration(s)	Recommendations
<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 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. Mental illness or substance abuse. Lack of stability in housing 	<ul style="list-style-type: none"> Homeless providers having access, as community partners, to the ONE. Be aware of the unique challenges faced by those in this group when designing processes to provide support.

Next Steps

June meetings

Mtg 1: date and time TBD

Topic(s): strategies for obtaining and updating contact info

Mtg 2: date and time TBD

Topics: strategies for outreach and communications

Are there any topics or presentations you want to see to help you on this workgroup?

Meeting Close

Are there any presentations or information you want/need to help you on this workgroup?

- Needs of unhoused populations
- Medicaid to Medicare transitions
- Medicaid to Marketplace or other private insurance
- Enrollment experiences of people with limited English proficiency
- Other?

Thank you!