

# HB 4035 Community & Partner Workgroup: Recommendations and Values

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## **Background**

Established by HB 4035, the Community and Partner Workgroup (CPWG) was chartered to advise the Oregon Health Authority (OHA), the Oregon Department of Human Services (ODHS), and the Department of Consumer and Business Services (DCBS) on the development of outreach and enrollment assistance and communications strategies to assist medical assistance program enrollees in navigating the eligibility renewal process and transitions to other health coverage. The CPWG brought 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.

The CPWG developed 63 recommendations for the OHA, ODHS and DCBS. In addition, CPWG developed values as guiding principles, including an overall value.

## **Overall Value**

Focus on improving the Oregon Eligibility (ONE) system and OHP renewal process. These long-term improvements go beyond the end of the COVID-19 Public Health Emergency. Make changes to:

- Increase passive renewals.
- Provide more ways for members to get help without contacting ODHS. Examples include community partners or ONE system enhancements.
- Increase call center hours and staffing so that members can get help when they do need to call.

## **Specific Recommendations and Values**

The CPWG grouped the recommendations into nine categories and created a value for each category. When it is not possible or feasible to implement specific recommendations, the state agencies should use the values as guiding principles. The categories are:

- ONE System Improvements
- Communication Strategies and Priorities
- Navigating Insurance Transitions
- Community Partners
- Data and Dashboard Reporting
- Accessibility and Disability Access
- Language Access/ Language Justice
- Unhoused Populations
- Migrant and Seasonal Farmworkers

The table below lists the 63 recommendations, grouped under each corresponding value. Some categories, values and recommendations overlap.

<p>The CPWG recommends that OHA and ODHS focus system enhancement activities and communication resources to make <b>ONE System Improvements</b> by:</p> <ul style="list-style-type: none"> <li>• making notification paperwork simple and clear,</li> <li>• focusing on improving the OHP member experience,</li> <li>• reducing confusion, and</li> <li>• recognizing the trauma of multiple and confusing messages.</li> </ul> <p>While improvements have been made, more work is needed to ensure that members receiving notification paperwork about their benefits understand what the paperwork is, why they are receiving it, and what actions they need to take. Specific recommendations made by the CPWG include: <b>(10 recommendations total)</b></p>	
1.1	<p><b>ONE System Improvements</b> Add a “button” on the EBT app and phone line that allows people to certify that they still qualify for OHP and use that for auto-renewal.</p>
1.2	<p><b>ONE System Improvements/ Justice Involved</b> Add to the data available to OHA from jail/ prisons to support re-determination and resuming coverage without needing a new application.</p>
1.3	<p><b>ONE System Improvements</b> Flag people who are up for redeterminations in MMIS and provide talking points for providers and staff checking eligibility to see, so they can provide additional support to their clients.</p>
1.4	<p><b>ONE System Improvements</b> Streamline and simplify the redetermination processes and related communications. Seek to minimize stress and burden for consumers in this process. Gain a better understanding of how/when ONE system letters are beneficial in communicating information to enrollees of medical assistance programs.</p> <ul style="list-style-type: none"> <li>• OHA and ODHS should identify strategies to ensure that letters are being distributed efficiently to minimize the quantity and redundancy.</li> <li>• Re-evaluate the process of sending notifications and letters to medical assistance program recipients with the goals of reducing redundancy, unnecessary information, conflicting messages, and errors.</li> <li>• Understand specific areas where eligibility and renewal letters are confusing and revise letters to make the information clearer and more concise.</li> </ul>
1.5	<p><b>ONE System Improvements</b> Prioritize cell phone accessibility for the ONE System to make mobile friendly.</p>
1.6	<p><b>ONE System Improvements</b> Add redeterminations notifications to the EBT app, website and phone line. This will remind individuals when they check their SNAP balances that they need to also do redeterminations.</p>
1.7	<p><b>ONE System Improvements</b> State should prioritize incorporating and analyzing additional digital sources of information used in the ex-parte eligibility verification process as additional data sources, if needed, to increase the number of people likely to be renewed through the ex parte renewal process. Specifically, prioritize OHA adding additional sources of information that have the potential</p>

	to allow or increase ex-parte redeterminations for non-MAGI individuals. Specific potential sources to prioritize may include IRS, DMV, State Asset Verification System.
1.8	<b>ONE System Improvements</b> State should prioritize system and policy changes to allow use of “express-lane” eligibility for Medicaid to use other applications.
1.9	<b>ONE System Improvements</b> The state should work on resolving the ONE system’s technical and operational issues to: a. Minimize barriers to access and reduce loss of coverage for eligible clients, and b. Streamline the process of requesting and gathering additional information from OHP members.
1.10	<b>ONE System Improvements</b> To the maximum extent possible allowable by CMS, ensure continuous enrollment while eligibility is verified. This will allow individuals struggling to navigate the renewal process or unable to reach the ONE eligibility system customer service phone line time to resolve concerns.
<p>The CPWG recommends that OHA and ODHS utilize <b>Communication Strategies and Priorities</b> that:</p> <ul style="list-style-type: none"> <li>• engage OHP members, providers, contractors, community partners, agency staff and others;</li> <li>• engage those with lived experience in outreach to high priority populations, and</li> <li>• provide materials that are clear, simplified, accessible in multiple languages, and accommodate all accessibility needs.</li> </ul> <p>In addition, the CPWG makes both broad and specific recommendations on communication strategies and priorities related to language access, unhoused individuals, disability access, and ONE System communications. Recommendations and strategies provided to the agencies by the CPWG include: <b>(10 recommendations/strategies total)</b></p>	
2.1	<b>Communication Strategies and Priorities</b> Closely collaborate with community-based organizations, Coordinated Care Organizations, providers, and community partners when preparing and distributing communications and navigation resources to enrollees.
2.2	<b>Communication Strategies and Priorities</b> Do not rely exclusively on phone calls as an outreach method. Problems with this method include low pickup rates, shared phones, frequent changes to phone numbers, use of another person’s number, and suspicion of telephone-based scams
2.3	<b>Communication Strategies and Priorities</b> Ensure consistent messaging across all partners by providing advance notice of communications, talking points, and other resources needed to respond to inquiries.
2.4	<b>Communication Strategies and Priorities</b> As appropriate, highlight key messages and information to recipients during the redetermination process, including: - Responding to notices - Making sure contact information is up to date
2.5	<b>Communication Strategies and Priorities</b> As appropriate, incorporate the following outreach and contact methods into communications plans: - Digital: phone call, email, text message - Paper-based communication: poster, flyer, letter - Community partner and direct OHA outreach - Media platforms: social media, radio, television, other methods of advertising

	- Other methods the meet the needs of priority populations and members who are difficult to reach
2.6	<b>Communication Strategies and Priorities</b> Provide proper training for agency staff and partners engaging in redetermination-related outreach and communications with MAP enrollees, community-based organizations (CBOs), Coordinated Care Organizations (CCOs), and other partners.
2.7	<b>Communication Strategies and Priorities</b> Ensure all written communication identifies that OHP/health care coverage does NOT impact a person’s immigration status or count towards a public charge determination.
2.8	<b>Communication Strategies and Priorities</b> Support schools and youth-serving organizations in outreach.
2.9	<b>Communication Strategies and Priorities</b> OHA and ODHS develop and disseminate content that CCOs and Providers can use to share notices through their own communication channels such as MyChart.
2.10	<b>Communication Strategies and Priorities</b> When appropriate, use written communication when relaying information. Written communications should be as brief as possible, use plain language, and avoid technical jargon. Explain technical jargon when it must be used.
The CPWG recommends that OHA and ODHS focus resources on supporting <b>Unhoused Populations</b> including outreach, policy approaches, communication strategies, and collaborations with organizations serving unhoused populations. Strategies and approaches should seek to take a person-centered and interorganizational approach to reduce barriers and support enrollment. Specific CPWG recommendations include: <b>(10 recommendations total)</b>	
3.1	<b>Unhoused Populations - Communication Strategies and Priorities</b> Provide food and other basic needs at redeterminations outreach events for unhoused populations.
3.2	<b>Unhoused Populations: Unhoused Youth – Community Strategies and Priorities</b> Develop intentional youth-centered approaches to ensure medical coverage for youth experiencing homelessness.
3.3	<b>Unhoused Populations: Unhoused Youth – Community Strategies and Priorities</b> Consider convening homeless youth serving agencies to solicit input on outreach and communication strategies.
3.4	<b>Unhoused Populations: Unhoused Youth – Community Strategies and Priorities</b> Enlist young people with lived experience with homelessness in creating outreach materials and strategies and compensate them for their time.
3.5	<b>Unhoused Populations - Communication Strategies and Priorities</b> Work with HUD Continuum of Care sites to conduct outreach to unhoused populations.
3.6	<b>Unhoused Populations - Communication Strategies and Priorities</b> Work with Oregon Department of Human Services Self Sufficiency programs to conduct outreach to unhoused populations .
3.7	<b>Unhoused Populations</b> Develop ways for homeless serving agencies and programs to check to see if someone needs to do redetermination and connect them to resources.
3.8	<b>Unhoused Populations</b> Explore ways to develop "no wrong door" approaches and mechanisms for homeless service providers to be able to ensure that coverage is not lost by being able to update information.

3.9	<p><b>Unhoused Populations</b></p> <p>For unhoused populations, implement a presumptive eligibility process as is done within hospital settings at other health care provider settings including but not limited to doctor’s offices, clinics and other health settings.</p>
3.10	<p><b>Unhoused Populations</b></p> <p>Prioritize 1 on 1 in-person support for unhoused. Navigators are most effective method to support unhoused individuals. Increase access to navigators – provide in-field access to navigators.</p>
<p>The CPWG recommends that OHA and ODHS frame <b>Language Access</b> as language justice and equip staff and those serving individuals going through the redeterminations process with resources and tools to offer the assistance and support in the preferred language of the member. This includes communicating information and distributing materials in the member’s preferred language. Specific CPWG recommendations include: <b>(5 recommendations total)</b></p>	
4.1	<p><b>Language Access/ Language Justice</b></p> <p>To increase and improve communications, ensure that medical assistance program recipients, providers and partners have equitable access and knowledge about language services. [This is about ONE System customer service and language line access and promotion.]</p>
4.2	<p><b>Language Access / Language Justice</b></p> <p>Use language line to communicate with MAP recipients in their preferred language.</p>
4.3	<p><b>Language Access/ Language Justice</b></p> <p>Provide document translations in individual’s recipient’s preferred language.</p>
4.4	<p><b>Language Access / Language Justice</b></p> <p>See and train eligibility staff on how to best work with interpreters.</p>
4.5	<p><b>Language Access / Language Justice</b></p> <p>State to engage in extensive outreach around language specific phone lines for accessing the VEC/ONE call center.</p>
<p>The CPWG recommends OHA and ODHS prioritize resources – with specific attention on individuals in priority populations – to:</p> <ul style="list-style-type: none"> <li>• support <b>Navigating Insurance Transitions</b> as OHP members transition from one form of coverage to another,</li> <li>• ensure no loss or delay in services during the transition, and</li> <li>• wherever possible, utilize a “no wrong door” approach that reduces the burden on individuals and families navigating from one system to another.</li> </ul> <p>Specific CPWG recommendations include: <b>(4 recommendations total)</b></p>	
5.1	<p><b>Navigating Insurance Transitions</b></p> <p>OHA and ODHS should develop a collaborative plan to support OHP members transitioning to Medicare or off dual eligibility, including training and support for SHIBA volunteers and local Aging and Disability Resource Centers.</p>
5.2	<p><b>Navigating Insurance Transitions</b></p> <p>ODHS should affirmatively look at LTSS members who have reported to any agency that they are over resource/income, and then proactively reach out to them to advise on allowable financial planning and other resources or taking other allowable and appropriate actions to avoid being terminated from Medicaid.</p>

5.3	<p><b>Navigating Insurance Transitions</b></p> <p>When sending health coverage denial letters and notices, include information about navigational assistance and similar resources that people can use to help transition to another form of coverage.</p>
5.4	<p><b>Navigating Insurance Transitions</b></p> <p>OHA should identify and prioritize individuals who are medically complex or have multiple health needs and provide additional navigation assistance to support OHP renewals.</p>
<p><b>Migrant and Seasonal Farmworkers (1 recommendation total)</b></p>	
6.1	<p><b>Migrant and Seasonal Farmworkers</b></p> <p>Provide support and resources tailored to the specific needs and circumstances of migrant and seasonal farm workers.</p>
<p>The CPWG recommends that OHA and ODHS leverage, elevate, partner with, and compensate accordingly <b>Community Partners</b> to reach populations throughout the state, particularly high priority populations. Specific CPWG recommendations include: <b>(8 recommendations total)</b></p>	
7.1	<p><b>Community Partners</b></p> <p>The state legislature, through OHA and ODHS should ensure funding continues for current Community Partner organizations who are certified OHP assisters and expand funding to new organizations to fill in the geographical and cultural gaps where assisters currently aren't reaching.</p>
7.2	<p><b>Community Partners</b></p> <p>Community Partners should be further empowered in scope and through ONE System Changes to support all benefits redetermination.</p>
7.3	<p><b>Community Partners</b></p> <p>Increase funding for assisters when application assisters are asked to track more information, perform more services such as supporting health care navigation for individuals new to benefits, and conduct more reporting.</p>
7.4	<p><b>Community Partners</b></p> <p>Increase trust and improve communication between agencies and community partners by:</p> <ul style="list-style-type: none"> <li>a. Providing consistent avenues for community partners to share technical and operational issues that impact them most, and</li> <li>b. Addressing issues and removing related barriers in a timely and transparent way.</li> </ul>
7.5	<p><b>Community Partners – Communication Strategies and Priorities</b></p> <p>Use application assisters to help AI/AN and other enrollees understand what notifications/letters mean and what action(s) are required when they receive one.</p>
7.6	<p><b>Community Partners</b></p> <p>Use feedback from and the voice of trusted community partners to understand experiences of OHP members going through redeterminations.</p>
7.7	<p><b>Community Partners – Justice Involved Populations</b></p> <p>State should ensure application assisters in every jail in Oregon through technical assistance and Community Partners in order to integrate access to coverage into the discharge process in ways adapted to local community need. This may include prioritizing Community Partner working in county jails in each Oregon county. Understand and connect with jail and those leaving incarceration so that all individuals leaving jail settings have OHP active at release.</p>

7.8	<p><b>Community Partners – Language Access</b></p> <p>Fund the community partners who work with people who prefer language other than English to host in person community "Renew OHP" events, and have people be able to renew right there.</p>
<p>The CPWG recommends that OHA and ODHS focus <b>Data and Dashboard Reporting</b> on areas providing greater understanding of potential inequities among priority populations, are easily understandable and accessible to read and use and are used to inform and strengthen services. Specific CPWG recommendations include: <b>(9 recommendations total)</b></p>	
8.1	<p><b>Data and Dashboard Reporting – Workforce</b></p> <p>State agencies should develop and share contingency plans and mitigation strategies, including supporting and training eligibility workers and other staff, to address service issues, discrepancies, equity issues, and other problems made visible by the online data dashboard.</p>
8.2	<p><b>Data and Dashboard Reporting</b></p> <p>Collect and publicly report data, such as percent of member appeals compared by equity and language access markers, and use this to inform improvements to the redeterminations process.</p>
8.3	<p><b>Data and Dashboard Reporting</b></p> <p>The public-facing dashboard should include hover-over definitions to explain what each term means in plain language and in an applicable way.</p>
8.4	<p><b>Data and Dashboard Reporting</b></p> <p>The public-facing dashboard should track number and percentage of people who responded after they received a notice that their benefit was terminated with ability to view data by geography, demographics, and preferred/primary language and REALD.</p>
8.5	<p><b>Data and Dashboard Reporting</b></p> <p>The public-facing dashboard should track number and percentage of people who do not renew because they did not respond to information that was requested from the state with ability to slice by geography, demographics, and preferred/primary language and/or REALD.</p>
8.6	<p><b>Data and Dashboard Reporting</b></p> <p>The public-facing dashboard should track what type of insurance coverage OHP members have at the end of the redeterminations process (e.g., track those remaining on OHP, those moving to marketplace, those in the temporary extended benefits program, those who are uninsured, those are dually enrolled in Medicare and Medicaid, those who are otherwise double-covered, etc.).</p>
8.7	<p><b>Data and Dashboard Reporting – Non-Modified Adjusted Gross Income (MAGI) Populations</b></p> <p>The public-facing dashboard should track renewals for MAGI separately from non-MAGI.</p>
8.8	<p><b>Data and Dashboard Reporting</b></p> <p>On online dashboard, include live, real-time wait times to the ONE call center so that individuals calling in know the estimated wait time before calling. Include live wait times when people call in, so they have a real-time estimate.</p>
8.9	<p><b>Data and Dashboard Reporting</b></p> <p>The dashboard should include additional information, such as:</p> <ul style="list-style-type: none"> <li>a. Wait times, wait times by language, dropped calls, and dropped calls by language.</li> <li>b. Phone access, including calls that come in, how many calls answered, how many dropped, etc.</li> </ul>

The CPWG recommends that OHA and ODHS prioritize overall **Accessibility and Disability Access** so that high-priority populations in need of accommodations receive support in a proactive, trauma-informed, and person-centered way. Specific CPWG recommendations include: **(6 recommendations total)**

9.1	<p><b>Accessibility and Disability Access</b>            Extend deadlines up to 90 days for medical assistance program (MAP) enrollees and increase the promotion and use of accessible application assisters to give people individuals accessing OHP through non-MAGI services the time and additional support needed to correctly apply for coverage and respond to requests for information.</p>
9.2	<p><b>Accessibility and Disability Access</b>            Identify and implement strategies to provide additional time and resources to people who face additional barriers when trying to understand notices and what is required of them to verify eligibility, such as people disabilities, elderly persons, and people with limited English proficiency.</p>
9.3	<p><b>Accessibility and Disability Access – Community Partners</b>            State should staff eligibility workers using a model that increases overall staffing ratios and ensures higher ratios for populations whose redeterminations will require additional support, such as non-MAGI renewals. State should look at Community Partners within this to leverage redeterminations that only eligibility workers can do vs. those that Community Partners can do.</p>
9.4	<p><b>Accessibility and Disability Access – Workforce</b>            State to ensure there is sufficient staff to answer calls/help people who have access needs related to their disability and can't use the online methods for updating or renewing.</p>
9.5	<p><b>Accessibility and Disability Access</b>            Require caseworkers to reach out to provide personal attention and support to help individuals receiving Non-MAGI OHP if they have not responded in the first 30 (or 60) days.</p>
9.6	<p><b>Accessibility and Disability Access</b>            Use video communication, when/if possible, and offer American Sign Language interpretation for meetings with application assisters, community-based organizations, community partners, and other partners.</p>