

ODHS and OHA Partner/Provider Webinar Series: Questions and answers

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

This Q&A includes all questions asked during webinars held to date. Last updated 1/25/2023.

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Category: Communications

- 1. Will there be television commercials to remind members to please update info with Oregon Health Plan (OHP)? Seems many people, even the unhoused may be reached in that way.**

We are working with the Community and Partner Work Group to develop specific strategies for reaching populations that have barriers to communication, such as individuals experiencing homelessness. We also will continue using our existing communications channels to remind people to update contact information and are preparing to release a multi-language toolkit for partners to aid us in this effort.



2. Regarding all the returned mail – will you be using in of the forwarding or USPS Sticker information on contacting members?

Yes, we will use the USPS forwarding address information to deliver the letter when a notice is unable to be delivered to an OHP member or benefit recipient.

3. Is it possible to get a copy of the Courtesy Notices?

Yes. Letters are posted in multiple languages on <https://www.oregon.gov/oha/PHE/Pages/phe-renew-your-coverage.aspx>

4. Will the Courtesy Notices be in the recipient’s listed preferred language on their file?

Yes. They are provided in the preferred written language or special format.

5. Will it be possible to get a copy of the presentation slides?

A copy of the slide deck and the recording for all webinars will be emailed out to all people who registered for the webinar regardless of whether they attended or not. These materials, as well as the Q&A, will also be posted to <https://www.oregon.gov/oha/PHE/Pages/partners.aspx>

6. If a member did not receive any information or letters, should they contact the ONE Customer Service Center at 1-800-699-9075? Or is there another way around calling?

Members also have the option to report updated contact information to their CCO, Kepro or CareOregon if they are on fee-for-service, or through their community partner. You can find all the ways you can update contact information on the website at oregon.gov/OR-benefit-changes.

7. Is OHA going to plug at all the USPS Informed delivery resource? This might be a good tool/resource for patients to know they are receiving mail from OHA

That is not known at this time.

8. If we use the toolkit templates, do we need to have ODHS or OHA approve the communication before we distribute it?

No. The toolkit was designed for partners to download and use as they see fit in their own organization's communications channels. The toolkit is available in multiple languages on the website at Oregon.gov/covid-phe-partners.

9. How well does the ONE Customer Service Center call back option work? I have had several different clients say they never got a call back.

The call back option started November 14, 2022. It's brand-new functionality. The call back option is configurable. It only turns on when the wait time is over 15 minutes. The call back option is only in the English eligibility line because the average wait time for other language is less than 15 minutes.

10. Are health plans required to make materials available in all the languages that the PHE unwinding toolkit is available in?

Health plans have a legal requirement to publish their materials in multiple languages, not limited to the languages that the PHE unwinding toolkit is available in. Current Coordinated Care Organization contracts require that written informational materials be in English and translated into all other prevalent non-English languages in the CCO's service area. CCOs are also required to make information available, at no cost to the member, through oral interpretation for all languages.

11. Should English materials from the unwinding toolkit include language access taglines and non-discrimination notices?

The PHE Ending Partner Toolkit is available in 13 different languages and includes an accessibility statement. The accessibility statement includes, but is not limited to, language access. Non-discrimination notices are required in major communications between CCOs and their OHP members. Since this toolkit is for providers, it does not include a non-discrimination

notice, but when CCOs reach out to their members, they are required to include that information.

12. Are there any news campaigns planned to let community know about these changes?

We will be leaning heavily into all of our existing channels to connect with people who receive benefits, our partners who support them, and our staff to make sure that people are prepared and know what to do as the Federal Public Health Emergency (PHE) ends. In addition to that, the Oregon Health Authority (OHA) is planning to do a paid campaign that focuses on populations that are more difficult to reach or may need additional assistance and making sure that we're reaching them through channels they trust with information that's easy to understand. You will hear more about these kinds of efforts once we get 60-day notice that the PHE is ending. We will preview these campaigns and materials in forms like this webinar.

13. If we tweak the toolkit material content for our organization's needs do we need to submit them to you for review/approval?

Partners can customize the toolkit content to fit their channels and audiences. The most important things are to retain the key messages and call to action. When in doubt, don't hesitate to reach out!

Category: Community Partners and Application Assistance

1. Are we as certified Community Partners (CPs) going to be able to continue to get verbal authorizations or do we need to help all this population in person?

Yes, you will be able to continue to get verbal authorizations. If the ability to receive verbal authorizations changes, we will send an update to Community Partners.

2. As certified CPs, are we receiving a list of our clients same as we did with Healthier Oregon?

Community Partners can generate reports to see individuals who have been assigned to them by accessing the information in the ONE System, but we do not have plans to generate client lists at this time.

3. Will we be able to get data on number of those affected by ZIP or County? Especially useful to SHIBA will be the number of Medicare-eligible people affected by county so we can prepare our network of counselors.

The Aging and People with Disabilities (APD) program division in the Oregon Department of Human Services is working to provide this information for SHIBA.

4. Is there going to be a different/additional grant and funds for this work? If so, when is this going to be announced?

That is not known at this time.

5. Will there be "train the trainer" sessions, so we are prepared with slides and materials when OHA and ODHS staff talk to partners and staff?

Staff will have access to presentations, messages, toolkit and project updates through the [ODHS and OHA OWL webpage](#). We do not currently have plans to conduct train the trainer events but will send the suggestion along to our Engagement team for consideration. In addition, eligibility staff will receive training from the Oregon Eligibility Partnership Learning and Engagement Team on changes to eligibility determination processes when the COVID-19 emergency ends.

6. With the PHE unwinding, will this mean that we will need to meet individuals in-person to get their consent signatures? If so, by when will CPs begin this?

No. If a certified application assister would like to continue to provide remote assistance, they may do so and will need to continue to follow the

protocol established for assisters to get consent to assist. Despite the eventual end of the PHE emergency this is a process that can continue even after the end of the PHE.

7. Is there going to be a different/additional Grant and funds for this work? If so, when is this going to be announced?

At this point the answer is no but that may change. Stay tuned.

8. Will the communications toolkit be available to certified assisters?

The toolkit is available to any interested community partner. It is posted online in multiple languages at

<https://www.oregon.gov/oha/PHE/Pages/partners.aspx>

9. How well does the ONE Customer Service Center call back option work? I have had several different clients say they never got a call back.

The call back option started November 14, 2022. The call back option is configurable. It only turns on when the wait time is over 15 minutes. The call back option is only in the English eligibility line because the average wait time for other language is less than 15 minutes.

10. Se seguira utilizando la firma del cliente en la forma de autorizacion a distancia? (Will the customer's signature still be used on the remote authorization form?)

Sí, la firma del cliente se seguirá utilizando en la forma de autorizacion a distancia (Yes, the customer's signature will still be used on the remote authorization form.)

11. Will OHA be providing any financial support to community partners to help people understand the need to redetermine eligibility for OHP?

As it's specifically related to the Community Partner Outreach Program (CPOP), if you are a grantee of the Oregon Health Authority (OHA) CPOP program, in the last several months we've increased funding for all our

community partners with the hope and intent that this will increase capacity for our existing grantees as workloads increase when the Federal Public Health Emergency ends. Most Community Partners associated with CPOP are non-funded or are volunteer organizations. There has been funding that has gone specifically to the grantee organizations.

Category: Covered Services

1. Will there be a list of services that will no longer be eligible/covered for Telehealth as the wind-down occurs?

The current telehealth coverage described in OAR 410-120-1990 is not expected to change once the PHE period ends, but the provider will determine when a telehealth visit is appropriate. If there are changes in federal guidance about telehealth related to the end of the PHE, we will provide updates.

2. Could we get a list of the 13 counties **NOT affected by the Supplemental Nutrition Assistance Program (SNAP) Able Bodied Adults Without Dependents (ABAWD) change?**

The 13 counties are Clatsop, Tillamook, Lincoln, Curry, Klamath, Lake, Harney, Grant, Crook, Wheeler, Jefferson, Sherman, Gilliam.

3. Does the Bridge Health Care Program apply to Medicare beneficiaries as well?

No, people receiving Medicare or those who are over the age of 64 are not eligible for the Bridge program.

4. Does the Supplemental Nutrition Assistance Program (SNAP) Periodic Report have the current eligibility standards with the Public Health Emergency (PHE) or without the PHE going forward?

The SNAP standards are independent of the PHE and we get new SNAP standards every year. Standards refers to the regular SNAP allotment issued on the first to the ninth of every month, which is based on the

household size, the countable income, and any deductions the household is eligible for. The regular SNAP allotment is not changing. What will change are the emergency allotments that households have been receiving in the middle of the month as supplemental payments related to the PHE.

5. When will families start to see the P-EBT funds?

Tentatively, the payments are scheduled for early 2023 however we do not know the exact date yet. Expect these payments no later than April 2023. We will provide additional updates as more information becomes available.

Category: Public Health Emergency

1. What about our people who got Monkeypox instead of COVID-19? Will there be a different meeting for this topic?

The process of redetermining eligibility will begin when the federal COVID-19 Public Health Emergency ends. The Monkeypox outbreak does not impact people's health coverage. More information about the Monkeypox outbreak can be found at <https://www.oregon.gov/oha/ph/monkeypox>.

2. How can I keep informed and stay involved?

You can stay updated by visiting [Oregon.gov/OHA/PHE](https://www.oregon.gov/OHA/PHE) and registering for future webinars by visiting <https://www.oregon.gov/oha/PHE/Pages/partners.aspx>.

3. California announced a February 1, 2023, PHE ending date. Will Oregon do the same?

California announced the upcoming ending of their State public health emergency, not the federal declaration. Oregon's state public health emergency ended April 1, 2022.

4. What is the end date of the current Federal Public Health Emergency (PHE) declaration based on the most recent extension?

On January 11, 2023, HHS officially extended the declaration another 90 days, which means the soonest the PHE will end is mid-April and states will receive notice in mid-February.

Category: Redeterminations Process

1. Once the PHE ends, in the future when families start renewing, will there still be passive renewals or only active renewals?

Yes, there will still be passive renewals. Only individuals who cannot passively renew will go through an active renewal. Examples of when an active renewal may be needed include when an interview is required, or additional information is needed.

2. When clients start receiving notifications based on the phase they fall into, for those who are still eligible, will their renewal date change? Will Requests for Information (RFI) be required like in the past?

Yes, a Request for Information (RFI) will still be required. They will be notified of the due date ahead of time, like previous renewal correspondences, and they will have an extended amount of time to respond. There will also be a reminder notice. If additional verification is required, the system will generate an RFI.

3. Will due dates for past due medical renewals be moved out to allow time for consumer to respond? Especially long-term care (LTC) consumers are high risk. Is there a way for past due LTC to have system resend out paperwork for renewal to consumers prior to PHE ending?

Medical renewals that are past due when the PHE Unwinding work begins will have their renewal date adjusted to reduce the risk of losing coverage for high-risk populations, including long-term care. The system will send out renewal paperwork to all consumers prior to their updated renewal date.

4. What metrics will you be monitoring to determine your level of success?

An online dashboard is in development to track the progress in completing renewals and transitioning individuals who are ineligible for OHP to other forms of coverage. The primary measure of success will be how many people were able to maintain some form of medical coverage once the renewal period is complete.

5. How will the data from the returned mail be shared with Coordinated Care Organizations (CCOs)?

Returned mail data will be shared via a secure portal, and CCOs will be notified in advance about how to access the appropriate portal for their data file.

6. If OHP Members are disenrolled, would it be a HIPPA Violation for the CCO's, Kepro, etc., to reach out to clients?

No, it would not be a HIPPA violation because no protected health information will be shared.

7. How is the PMDDT program preparing for a large influx of people who need determinations? Is there any way to get those determinations started now for those who self-attested?

The majority of PMDDT determinations have been completed throughout the PHE. There is a small number of individuals who were unable to complete the PMDDT process. Any required PMDDT determinations will occur in coordination with the person's renewal date for Medicaid. If the individual was not able to complete the PMDDT process previously, they will have another opportunity at that time

8. Will the ONE eligibility system be updated with new renewal dates?

Yes, it will be updated before the COVID-19 federal PHE ends.

9. You mentioned staffing shortages as you navigate the PHE ending processes. Is the staff working in this area separate from

staff working customer service when providers call in to review denied claims or are all staff working both areas?

The data and information shared in this presentation is specific to what we call the eligibility workforce within the Oregon Department of Human Services. These are the individuals who support the people in Oregon in obtaining benefits, applying for, updating, and navigating food benefits, medical benefits, childcare benefits, and cash benefits. These are different customer service staff than the staff who provide support to providers.

10. Is this correct: Each member will remain on OHP for 14 months but still needs to respond to the 60- and 90-day notices they receive in the meantime?

No, each member will receive a renewal packet at some point during the 14 months and that will signal the start of their renewal process. Members will have 90 days to respond. Members will then receive a 60-day notice if their medical benefits will be closed or reduced.

Category: Special Populations

1. Will OHA consider children currently in foster care as an at-risk population and prioritize them as such?

We do consider children in foster care to be an at-risk population and are working directly with program staff to develop plans for mitigating the risk of children in foster care or transitioning out of foster care losing access to benefits.

2. If we work with a high-risk population such as people who have recently undergone an organ transplant, would we be able to work with the work group on prioritizing this population?

If you work with a high-risk population, the best way to support is to ensure the individual has up to date contact information. This will allow the state to process their renewal using the most accurate information or to reach out

to them or the person supporting their care in a timely manner to gather any other information that's needed.

3. Like pregnancy or newborn notification forms, have you created a short, quick form client can complete at community partner agencies or ODHS offices that can be forwarded for address updates?

There is a form called the APD 400 that is available in English, Spanish, Russian, and Vietnamese. It also is available in Large Print English and Large Print Spanish. The form can be downloaded from [here](#).

4. Will there be special consideration during the redetermination process for persons in rural areas that have additional barriers to accessing supports?

At this time, people living in rural areas have not been identified as a specific population in the redetermination resequencing work. OHA will be working actively with community partners and providers to support individuals who may experience additional barriers due to living in rural areas, and we welcome additional ideas about how to provide support.

5. Will the Aging and Disability Resource Connection (ADRC) team be equipped with access to the ONE eligibility system?

There are no plans to provide ONE access to ADRC.

6. Please clarify how the state wants ADRC to support consumers without access to ONE.

There are many layers of ADRC. For example, in Clackamas County, the ADRC staff are with Clackamas County Social Services, they're not State of Oregon staff, and so to gain access for ADRC, staff within the area require an agreement between Clackamas County, social services, and the State of Oregon to gain access. The same approach would be required statewide with all the different entities that support the ADRC. Access must be an agency-to-agency conversation, and a discussion is not planned now.

7. How about coverage for kids with disability?

Children who experience disabilities, who have not been already evaluated by the SSA, will continue to be referred to PMDDT should that determination be required to approve or continue their OHP+ benefits.