Public response and comments

Andrew Tarab from chat:
Is the Public Health Emergency (PHE) federal or statewide? The response is yes, the PHE is federal.

Jill McMahon – Kaiser
Will we be spreading new QHP members out geographically?

> **Response from Vivian Levy, OHA:**
> Yes, as soon as we know more about where they'll be. This is one of the things we are trying to figure out. Right now we don't know who we need to reach out to until the redetermination process has been completed. Talking to CMS and other states to determine strategies.

Jeremiah Rigsby from chat:
thank you so much for this presentation. very curious about plans to use community navigators?

Bill Bouska from chat:
Is the slide deck available?

> **Marketplace team response:**
> We will be posting the slide deck to the website at https://healthcare.oregon.gov/marketplace/gov/Pages/community-conversations.aspx

Tom Sincic – Health Care for All Oregon (HCAO) President
When you say reach out to community members--who do you specifically mean? Who is responsible?

> **Response from Vivian Levy, OHA:**
> We have been working with our community partner team focusing on getting a diverse representation. Doing direct outreach to members through ODHS offices or through community partner organizations to get their perspective.

Barb Clare from chat:
I have a client who tried to enroll through the marketplace mid December and because of his income should be eligible for OHP. He still has not received any communication from OHP. Is OHP that backlogged?

> **Response from Vivian Levy, OHA:**
> There is a backlog and it is not surprising that someone who applied in December has not gotten a response. There is a active team that is working on the backlog issue with all hands on deck. OHP is trying to get through the backlog before concentrating on the redeterminations.

Sean McAnulty – Mosaic Medical from chat:
Per some processing center stats from about a month back, 39% of tasks were taking longer than their ordinary deadline. For many applications, this can be more than 45 days.

Rick Blackwell – PacificSource
Can you elaborate on what the team is envisioning with updates to plans?

> **Response from Chiqui Flowers, Marketplace:**
> We don't have enough information yet from our Medicaid counterparts, next week we have a consultation session set up to address this issue with the Medicaid Advisory Committee. Wanting to know what parameters to use when cross-walking. There are a lot of variables that we are looking at.

Robert Mulcare – Agent
Make sure notices are simple. Instead of letters, maybe OHP can send a postcard letting them know they need to go through redetermination. That way, they don't have to open anything. Agents can help get the message out as well if they have some advanced notice.

Mark S – Insurance agent from chat:
I think that people losing OHP should be informed of names and phone numbers of agents that are local. Also I think that they should be informed that using an agent is at no cost to them.

> **Response from Chiqui Flowers, Marketplace:**
> This was a good question.

> **Response from Misty Rayas, Marketplace:**
> That this will be a part of the outreach plans.

Tom Sincic – Health Care for All Oregon (HCAO) President
When this is done, the complexity of healthcare will remain until we reform the system. Market-based solutions are only the short-term answer. What is your plan for keeping the houseless people enrolled? Can you extend the eligibility criteria for longer periods of time? Are you looking to partner with the universal health care task force?

Holly Sorensen – Northeast Oregon Network (NEON)
It's hard to balance keeping information simple while also providing enough information. My suggestion is keeping it simple. Have very clear deadlines about when OHP is ending and when the 60 days end and when they need enroll in a QHP. The more we can message to members now will help when people attempt to take action on their own later. Worried about retro terminations and tax credit issues. Suggest messaging duals to let them know what to do. Many are not aware of the pandemic rules.

Andrew Tarab from chat:
I know our focus is predominately focused on lives eligible for Market Place, but I was wondering what considerations are being thought of re: dual eligible Medicare lives who may lose their Medicaid eligibility.

> **Response from Vivian Levy, OHA:**
> They will be working with SHIBA for this particular topic to make sure this transition goes as smoothly as possible.

John Santa from chat:
Is it possible to "manage" the timing of disenrollment to avoid disruption of an episode of care i.e. pregnancy, needed medical or surgical treatment, mental health treatment, addiction treatment?

Sean McAnulty – Mosaic Medical from chat:
In April OHP will start extending benefits for a full year postpartum, which should at least address the pregnancy aspect.

> **Response from Vivian Levy, OHA:**
> This is something to consider, but we have to follow federal guidelines. Information about their medical situations and their eligibility can get complicated.

Tom Sincic – Health Care for All Oregon (HCAO) President
Is there a way to make the system to benefits aren't variable from plan to plan? And a way to allow a person continue with their provider of choice, regardless of which plan they have? That's how we get rid of the systemic problems that currently exist and making the plans more equal.

Zac Aulson from chat:
You consider Marketplace plans temporary only due to their often prohibitive pricing, or for some other reason? Assumption is many of these Medicaid members will qualify for federal tax credits.

Sean McAnulty – Mosaic Medical
Messaging should start as early as possible, ideally when they are first notified of the change. They should be sent instructions on how to look at Marketplace plans post pandemic.

Linzay Shirahama – Project Access NOW (PANOW) from chat:
1. Clear explanation of why they are no longer eligible. A list of information needed to transition to the marketplace. Explanation of the special enrollment period they will have since their OHP will be ending.
2. Some type of referral process for clients who want to transition to the marketplace. ie. how to contact CPs and agents and that our assistance is Free. Maybe include a list of local CPs and agents?

Mark S – Insurance agent from chat:
A lot of the clinics are not keeping their participating provider lists with insurance carriers current. They need to be encouraged to update participating provider lists

John Santa
Should providers who participate in both a CCO and a Marketplace option be identified? Should there be coordination between some CCOs and a Marketplace plan in order to maintain provider relationships? Is the plan to bring in CCOs to the Marketplace via a public option?

> **Response from Chiqui Flowers, Marketplace:**
> This will be a critical piece. Hoping to revive the algorithm that was used previously.

> **Response from Tim Sweeney, OHA:**
> I don't think that we could say that is the plan. More of a conversation about how to better connect folks to their coverage.

Mark S – Insurance agent from chat:
You might also inform people on OHP that there are many people in private health insurance that have $100 deductible and $2 per month premiums. The subsidies are much larger than before. There are many errors on the healthcare.gov website in the provider lists.

Linzay Shirahama – Project Access NOW (PANOW) from chat:
It would be a great help for consumers to know which providers are on the Marketplace as well as covered by CCOs (and which CCOs).

Tom Sincic – Health Care for All Oregon (HCAO) President from chat:
Find out more about the work to true transformation to a publicly funded universal healthcare system go to hcao.org. To engage with the Joint Task Force on Universal Health Care https://olis.oregonlegislature.gov/liz/2021I1/Committees/JTFUHC/Overview

Lindsey Hopper from chat
Wearing my PacificSource CCO and Marketplace hat, we are cross mapping provider participation and identifying overlaps/potential gaps

Robert Mulcare – Insurance agent
Leveraging agents and community partners will be the most helpful for these folks. Sitting down with consumers and hearing what's going on in their lives helps them get the best plan for them. The process is complicated, so it would be best to have someone knowledgeable to help them.

Mark S – Insurance agent from chat:
Automatic cross walk is a poor idea as there are many providers issues in the current plans in Jackson County

Om Sukheenai – Insurance agent from chat:
Agreed.

> **Response from Misty Rayas, Marketplace:**
> We don't have the ability to do automatic crosswalk. To what Robert is speaking to is how we foresee supporting individuals with support from trained Agents and Community Partners.

Bill Bouska – Samaritan
The people who are currently in a CCO – how do we move them to agents and CPs? How can we make sure our CCO customer service folks and people in the clinics can help them move to the right place? I think there are a lot of advantages to having the CCO staff connect.

Andrew Tarab from chat:
Does the OHP have a rough estimate of how many OHP eligible lives will lose OHP eligibility due to the member having employer sponsored health insurance?

> **Response from Vivian Levy, OHA:**
> Having employer sponsored health insurance is generally not a reason why a person would lose OHP. Only the CHIP program for higher income kids has rules that prevent eligibility when a person has employer sponsored coverage.

Kirsten Isaacson from chat:
Are there are there estimates on the number of people who will be deemed ineligible for OHP, but would not be eligible for subsidies due to employer coverage?

Sean McAnulty – Mosaic Medical from chat:
Current OHP members that have gone over income but are still on benefits due to the freeze would need to take their work insurance at the next opportunity or be without coverage after the pandemic. If OHP can start communicating this to members who are over income explaining their future options post pandemic (Marketplace if not offered employer coverage, employer coverage if they're offered it) it'd help more folks continue coverage.

Tom Sincic – Health Care for All Oregon (HCAO) President from chat:
How will having all this planning and these plans, agents, etc. reduce administrative waste and burden on patients and direct providers?

Zac Aulson from chat:
I have a carrier perspective, but in this impending - dare I say - crisis, where close to 300k may/will lose their free health insurance, I think the ability to keep your current PCP should not be one of the top 3 focuses. Most of the QHPs offered on the Marketplace offer comprehensive coverage, meaning a provider for each specialty and practice. Acknowledged there are gaps in some counties for this type of comprehensive coverage but that is where the Agent/Broker comes in - helping you navigate the system to find comprehensive coverage that works for you (for free).

Linzay Shirahama – Project Access NOW (PANOW)
One thing that's been really successful for us is giving someone a phone call. I know that's a massive undertaking for this project, but having that personal connection with clients is really helpful for them. Once we know for sure that the PHE is going to be lifted, messaging should go out to everyone on OHP. From chat Linzay expressed concern about the homeless population since most mail would be returned.

Holly Sorensen – Northeast Oregon Network (NEON)
I agree with everything Linzay said. Community partners have experience assisting OHA outreach with lists of members. Like, Cover All Kids and COFA Medicaid expansion. In chat Holly added I'd also add that an outreach toolkit with clear talking points for all CPs to use in alignment with OHA in our designated communities will be very helpful!

Kirsten Isaacson – SEIU
It's very important that we pay careful attention to these people because data shows that keeping this population enrolled in accessible, affordable care helps achieve health equity goals. As we look at this very manual effort ahead of us, I'm curious about solutions that have longevity, like possibly the basic health plan.

> **Response from Tim Sweeney, OHA:**
> Our 1115 waiver application contains proposals to extend coverage for two years to help with the churn population. It's not necessarily going to assist with the migration, but it will help the churn population in general, on a long-term basis.
>
> **Response from Chiqui Flowers, Marketplace:**
> In terms of communication to no longer eligible folks there have been suggestions of postcards and other types of mediums. I would like us to narrow our focus on what would be

the most effective and what doesn't work. We can mail, email, call, and text. Would like the top three suggestions from everyone.

Tom Sincic – Health Care for All Oregon (HCAO) President from chat:
Person to person was best.

Zac Aulson from chat:
Person to person for 300k = a tall order with public resources

Sean McAnulty – Mosaic Medical from chat:
Many folks disregard notices entirely.

Ffinn from chat:
Attach a flyer with any notice indicating the best options they have for insurance.

Om Sukheenai – Insurance agent
The letter is a good thing for documentation, but the envelope is very important. For people who don't speak English, they don't understand OHA/OHP. If you have a stamp that you could put on there in other languages, they'll be more likely to open the letter. Likewise, if you can send letters to the agents, we can reach out to our clients and community members.

Linzay Shirahama – Project Access NOW (PANOW) from chat:
Messaging in multiple languages is essential.

Holly Sorensen – Northeast Oregon Network (NEON) from chat:
Please also consider allowing ongoing use of remote verbal consent - even post PHE, this has really removed barriers for our most geographically isolated rural frontier community members.

Linzay Shirahama – Project Access NOW (PANOW) from chat:
Agreed that remote consents have been helpful.

Sean McAnulty – Mosaic Medical from chat:
Also agreed that remote consent forms make a huge difference for rural and limited mobility clients.

Bill Bouska, from chat:
What percentage of "good" addresses or contact information does OHA have on current OHP members?

Josh Balloch – AllCare Health CCO:
The vast majority of the Medicaid population is young families or children. Most of them communicate via text. We're missing an opportunity here to better communicate with people. Right now text is opt-in, but I think we should change it to opt-out. Most people don't answer numbers they don't know, and they don't use mail. Using texts and the CCOs to send out clear, consistent messaging will help a lot.

Holly Sorenson, Mallory Roberts, and Tom Sincic from chat:
Agree text is a good idea.

Sean McAnulty – Mosaic Medical from chat:
Even if they disregard it, people will nearly always read the text message which is a huge improvement over a letter going unopened.

Om Sukheenai – Insurance agent from chat:
Text is great. I agree when the message is too long it can easily to be ignored too.

Linzay Shirahama – Project Access NOW (PANOW) from chat:
Direct communication. a phone call from a real person. Maybe not the First contact attempt, but maybe if renewal notices go out 3 months before renewal is due, then 1 month before due call people. We also have had results with texting members. Maybe a text could include info about where to get their complete notice even if it suggests opening mail...

Sean McAnulty – Mosaic Medical
For people who do lose coverage (because there will be some), we should also have messaging about how folks can access care on a sliding scale from hospitals and clinics in their area.

John Santa from chat:
How much notice will a provider get that a patient is to be disenrolled? In some cases I think Providers would benefit knowing that disenrollment is imminent. I believe that providers are still the most trusted folks.

> **Response from Vivian Levy, OHA:**
> When action is taken for a person to be disenrolled that information goes to their CCO within a business day or two. Providers are different and it depends on the CCO.

Sean McAnulty – Mosaic Medical from chat:
We generally don't get any notice, but the local CCO is happy to provide us with monthly lists.

Lindsey Hopper from PacificSource CCO from chat:
Yes, we provide notice to providers...sometimes the list proves helpful and sometimes it doesn't--usually provider-by-provider preference

Vince Porter from chat:
Some folks might be redetermined because they might have employer-sponsored coverage. Should there be a question about encouraging folks to seek out coverage with their employer?

Cesar Trejo – Interface Network from chat:
There are so many people who struggle with the process on their own, and they just don't understand what the notices say. Adding color or highlighting the important pieces might be helpful. If there's a CP assigned to them, putting that in the notice would also be useful. I've noticed the Hispanic population we've been working with struggle to read and understand the notices, even when it's in Spanish. The complicated jargon is not very friendly for people to read. When should outreach begin? Is there a media outreach campaign for this transition?

Sean McAnulty – Mosaic Medical from chat:
At least prior to the pandemic, we usually found that the vast, vast majority of the CCO disenrollment list would end up continuing benefits (they managed to complete the renewal somewhere in between the list being generated and us trying to outreach to it)

Response from Amy Coven, Marketplace:
Some of Cesar's suggestions are something we are currently brainstorming and working through!