CareOregon

Redetermination information for providers and community partners

During the COVID-19 public health emergency, rules about the Oregon Health Plan (OHP) changed. For those three years, most OHP members could keep their coverage even if their income went up or they qualified for Medicare.

As you may know, the public health emergency ended May 11, 2023. That means Oregon is returning to its previous policies for OHP, initiating a "redetermination" period. Redetermination is when the Oregon Health Authority (OHA) evaluates an OHP member's information to determine if they meet eligibility requirements to still qualify for OHP. (Please note: We are not using the word "redetermination" in member-facing materials, because this is an unfamiliar term for most members.)

A member cannot complete redetermination through CareOregon, Columbia Pacific CCO, Jackson Care Connect or CareOregon Advantage; they must do so through OHA. However, we will help support members through this process by answering questions, helping them update their contact information, and providing a warm handoff to OHA.

Redetermination: Past and present

Past redetermination (up until March 2020)

- Historically, Medicaid recipients in Oregon have had to reapply for Medicaid coverage every 12 months. This process ensured they still met eligibility requirements.

Redetermination from March 2020 to April 2023

- The Oregon Health Authority (OHA) has continued to ask individuals to turn in the necessary eligibility paperwork but has not removed anyone's Medicaid coverage if they did not respond or were deemed ineligible.

Redetermination starting May 2023

- OHA will restart redetermination, and everyone who is currently covered by Medicaid will need to provide current information to OHA to evaluate if they still qualify for OHP coverage.
- Kids 0–5 only need to apply for Medicaid once and can stay on Medicaid until their 6th birthday.
- After the initial redetermination starting in May 2023, everyone over age 6 must reapply every two years (24 months). This redetermination will occur between May 2023 and January 2024.

Frequently asked questions

Q: Who will need to redetermine once the process is started again?

A: Individuals currently covered by Medicaid will have to redetermine at some point and will receive a notice between May 2023 and January 2024. Members will not lose their benefits immediately. If they no longer qualify, they will have 60 days before coverage ends to find coverage elsewhere.

Q: Will everyone receive a notice?

A: While every OHP enrollee will be considered for redetermination, not all will have to do anything to keep their coverage. If a member has kept their income information up-to-date with OHA and still qualifies, they will receive a notice that they are still eligible for OHA. They will not need to take action. Those who receive a notice that instructs them to provide more information to determine eligibility must respond to OHA to determine if they are still eligible.

Q: When will each individual need to redetermine?

A: OHA is planning to carry out redetermination in monthly batches. They will begin sending notices in May 2023 and will stop in January 2024.

- OHA will be front-loading redeterminations:
- This means that groups who are likely to remain eligible and need fewer interventions and verifications to maintain eligibility will be redetermined first.
- The last group of people they will redetermine are those that they want to provide maximum protection after the Public Health Emergency ends and people likely eligible for the new temporary Medicaid program.

Q: How will individuals know they need to "redetermine" and where can they go for assistance?

A: OHA will notify every individual through the mail about their benefits.

- The notice will tell people the next steps, if any, they will need to take to keep their medical benefits. This notice will have detailed instructions on where and how to do this as well as contact information for where they can get help with the process. Individuals will have 90 days to reply to the notice.
- People receiving benefits can get help to follow the instructions on the letters by calling 800-699-9075 or visiting *bit.ly/ohplocalhelp* to get help in person or through a trusted community partner. OHA and ODHS accept all relay calls.
- Even if people no longer qualify for OHP, there are other options. It is important they respond to letters from the state so they can get help finding coverage they qualify for. If they no longer qualify, OHA will mail a notice that they will no longer be covered after 60 days. During the 60 days, OHA will provide support to individuals in finding appropriate coverage on the Marketplace or through the Bridge plan.

Q: What timeframe do Medicaid individuals have to respond to the redetermination documentation request from OHA?

A: Normally individuals have 30 days to respond to the request for documentation, but OHA is allowing individuals 90 days to respond to their renewal notice.

Q: What can members do while waiting for their notice from OHA?

A: Keep their information current.

- This includes address, email, and phone number.
  - Creating an account at *benefits.oregon.gov* is the easiest and fastest way to keep information up to date.
  - Once they've entered their contact information, they can check the boxes to receive important text and email messages from Oregon Department of Human Services about their benefits.
- Watch their mail for a renewal notice from OHA.

Q: How can members update their contact information?

A: Members can update their contact information online, by phone, or in person:

- Online at *benefits.oregon.gov*
- Create an account or log into an existing account.
- English and Spanish are available.

By phone

- OHP Customer Service Center
  - Toll-free at 800-699-9075 (all relay calls accepted)
  - 7 a.m. to 6 p.m. Monday through Friday
  - Interpreters are available. You can also get an interpreter in your preferred language before talking with staff. Find a language line at *benefits.oregon.gov*
- Local community partners. Visit *bit.ly/ohplocalhelp* to find an OHP-certified community partner.
- Any Aging and People with Disabilities, Area Agency on Aging or Self-Sufficiency Programs office anywhere in Oregon:
  - Find locations and phone numbers at *Oregon.gov/DHS/Offices*
  - Interpreters are available.
- People enrolled in coordinated care organizations (CCOs) can update their information through their CCO. Visit *bit.ly/ccoplans* to find CCO phone numbers.

In Person

- Any Aging and People with Disabilities, Area Agency on Aging or Self-Sufficiency Programs Office anywhere in Oregon:
  - Find locations and phone numbers at *Oregon.gov/DHS/Offices*
  - Please call before going to an office.
  - Interpreters are available.

Q: Once members receive a notice, what should they do?

A: Members should respond to information requests and submit renewal forms right away if they receive them. It is important they provide the information the state needs to help them continue to receive benefits or connect with other resources when they don't qualify or see a reduction in benefits.

Q: What happens if someone is no longer eligible or does not submit the required documentation?

A: If someone is over income for Medicaid (which varies by aid category), they will no longer be covered by Medicaid 60 days after they have been determined ineligible.

- Adults with income falling within the Federal Poverty Level (FPL) of 139%–200% may be eligible for the new Bridge and Basic Health Plans that OHA is developing. More information on this will come.
- Adults from 200%–400% FPL will be eligible for the Marketplace exchange.
- Children are eligible for Medicaid up to 300% FPL.
- There are other individuals who have different FPL requirements. They include those who are pregnant, living with disabilities or in foster care.

Q: What do CareOregon, Columbia Pacific CCO, Jackson Care Connect and CareOregon Advantage plan to do to assist individuals during this time?

A: We have and will continue to work with the OHA on the plan for redetermination. We will also be doing an outreach and awareness campaign to make sure that members update their information and respond to OHA's notice within the 90-day window.

- Coordinated care organizations (CCOs) are not allowed to directly assist members redetermine. But we can help answer questions about redetermination and direct members to OHA for more assistance. Our Customer Service team can help members with updating their contact information, and adding their preferred language and format. Our goal is to provide a warm handoff to OHA and help members feel seen, valued and heard throughout the process.

Q: What has OHA done to communicate with members?

A: OHA sent courtesy notices to members toward the end of 2022 asking members to update their information. They have received more than 60,000 responses so far. Notices are now being mailed to members, with plans for follow-up voicemails and texts.

Q: How do members get assigned a CCO during redetermination?

A: Members can choose their CCO during the redetermination process. If they were a prior member of CareOregon, Columbia Pacific CCO or Jackson Care Connect, they will stay with that CCO unless they actively choose another CCO.