Information Memorandum Transmittal
Medical Assistance Programs

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Issue date: 04/03/2020
Correction: 04/17/2020

Authorized signature

Topic: Medical Benefits
Due date: 04/03/2020

Subject: OCCS/MAGI Medical policies and guidance during COVID-19 emergency period

Applies to (check all that apply):

☐ All DHS employees
☐ County Mental Health Directors
☐ Area Agencies on Aging: {Select type}
☐ Health Services
☐ Aging and People with Disabilities
☐ Office of Developmental Disabilities Services (ODDS)
☐ Self Sufficiency Programs
☐ ODDS Children’s Intensive In Home Services
☐ County DD program managers
☐ ODDS Children’s Residential Services
☐ Support Service Brokerage Directors
☐ Stabilization and Crisis Unit (SACU)
☐ ODDS Children’s Intensive In Home Services
☐ Child Welfare Programs
☐ Other (please specify): CAF-Transmittals-SS group

Message:
Due to the passage of the Families First Coronavirus Response Act (FFCRA H.R. 6201) on the evening of March 18, 2020, and guidance received from state leaders, certain eligibility policies are being temporarily revised for MAGI Medicaid/CHIP medical programs. The revised policies are outlined below.

Adverse actions
Anyone receiving benefits as of March 18, 2020, or who begins receiving coverage during the emergency period, will maintain coverage through the emergency period. This means that no adverse actions (i.e., reductions or closure of benefits) will occur for any reason, except those listed below:

- An individual becomes deceased;
- An individual becomes incarcerated. Benefits will be suspended while incarcerated;
• An individual requests closure; or
• It is confirmed that an individual has moved out of state for a reason that is not related to the COVID-19 emergency (the receipt of returned mail with an out-of-state sticker is not, on its own, confirmation that an individual has moved out of state).

Operational and automated steps will be taken to maintain coverage for other eligibility actions that would normally result in a reduction or termination:

• When a change is reported that would normally result in ineligibility, such as an increase in income or change to household composition;
• Individuals for whom current address is unknown;
• Individuals receiving coverage under a pregnancy-related benefit who would normally experience reduction or closure at the end of the 60-day post-partum period, including those who:
  o Are receiving CAWEM Plus benefits and would normally experience reduction to CAWEM benefits; and
  o Have income exceeding the MAGI Adult program standard.
• Individuals who age out of their current program and would otherwise experience a termination, including those who:
  o Turn 65, are receiving coverage under the MAGI Adult Program and who are not eligible for an APD medical program with the same level of coverage; or
  o Turn 19, are receiving coverage under MAGI Child or MAGI CHIP and would otherwise be over the income threshold for the MAGI Adult program
• CHIP recipients who obtain coverage under another Minimum Essential Coverage health plan;
• Individuals receiving coverage under the MAGI Adult or MAGI CHIP programs who become eligible for Medicare
• Individuals who do not respond to soft pend RFIs for proof of citizenship/immigration status or Social Security Number; and
• Individuals who requested a continuation of benefits while their administrative hearing was being processed

**Please note:** Individuals who are covered under a MAGI program and who become potentially eligible for a non-MAGI program through APD will still be evaluated for those benefits. A separate transmittal will be issued outlining that process. If not eligible for an APD program, those individuals will maintain their MAGI program coverage through the end of the emergency period.

**Please note:** Some individuals who were receiving coverage on March 18, 2020, had a termination already processed on their case with an effective date of the end of March or April. The state is in the process of identifying and restoring benefits for these individuals and will send a notice to let them know their benefits are being restored.
Verification Requirements
The agency will accept and determine eligibility based on client-attested information for all eligibility criteria except citizenship and immigration status

- Request for Information (RFI) notices will still be sent for items related to US Citizenship and immigration status. Benefits will continue through the emergency period, without reduction or termination, whether there is a response or not.

Changes to Countable Income
The following types of income will not be considered countable for any MAGI program:

- Unemployment Compensation (UC). The Families First Coronavirus Response Act (FFCRA) allows for federal UC benefits of $600 per week in addition to an individual’s regular weekly state UC benefit. These benefits are authorized by the federal government through July 31, 2020. These benefits will be excluded for all medical programs; and
- Stimulus payments. The federal government is sending stimulus checks to help families during the COVID-19 emergency. These payments are not considered taxable income, and therefore will not be considered countable for the MAGI program.

Presumptive Eligibility (PE)
Community partners on the Active Assister Report (AAR) have been approved to make PE determinations using the existing Hospital Presumptive Application (OHP 7260) and processes currently used by hospitals for making Hospital Presumptive Eligibility (HPE) (OHP 7260) determinations.

Signature Requirements
Community Partners are allowed to accept verbal signatures on the Community Partner Consent Form (OHP 6610).

Similarly, hospitals and community partners who are qualified to determine HPE and PE are permitted to accept verbal signatures on the Hospital Presumptive Application (OHP 7260).

System Changes to Support Policy Revisions
Work is in progress in ONE, MMIS and the CM systems to support the revised policies outlined above, and to ease the workload impact. Future communication will detail the system changes and required staff action.

In the ONE system:
ONE system changes are currently being developed and tested, with the first batch of
changes moving into production on the evening of April 10, 2020. Until those updates are in place, the following steps have been taken:

- The daily RFI Mass Update batch has been suspended, preventing closures for non-responses to RFIs.
- The Automated Renewal cycle that would be initiated this month (targeting June, 2020 renewals) will be delayed, and then re-initiated after system updates have been made. This will allow the majority of cases to move through Automated Renewal without generating an RFI or negative action.
- A report will be developed to identify any cases or individuals that are already set to close this month or next month to ensure these cases are properly restored with new notification to the client. This may involve some manual work.

**MMIS**

Logic in the MMIS system is being updated to allow individuals to continue receiving benefits in the same program, and at the same level, as they were receiving on March 18, 2020.

**CM**

A Bypass End Date (BED) code of 09/2020 was added to cases that were expected to close at the end of March 2020. A BED code will be added each month, to cases that are expected to close, through the emergency period, to prevent terminations and reductions.

**Operational/Manual Processes**

Operational workflow may be adjusted to focus on benefit issuance and avoidance of adverse actions. Use the guidance below if taking any of the processing actions described here.

*Please note: It is not necessary to create an additional task for tracking.*

**New applicants:**

New applicants, via intake or being added to an existing case, may still be denied if they attest to information resulting in a failure to meet the financial or non-financial eligibility requirements.

Until system changes are in place, if an income or expense RFI is generated for new applicants, mark the income/expense as verified and re-run eligibility. Use the verification codes listed below:

- Earned income and expenses - select “Other Verification”;
- Unearned income – select "Document Showing Payment from Person/Agency"
No income – select “Collateral Contact”

**Returned mail:**
Staff should not close a client’s coverage due to returned mail. Staff should continue to follow existing procedures by attempting to obtain a newer and valid address from the client; however, if no new address is obtained, narrate the information and allow the coverage to remain open.

**Reported changes:**
Staff should continue to process reported changes that increase eligibility (for example, a CAWEM recipient becomes eligible for OHP Plus) or produce eligibility for new applicants. Changes which may negatively impact eligibility should not be processed until further guidance and processes are developed.

**System-generated RFIs:**
- Customer statement will be accepted for most eligibility criteria that would usually require verification;
- Until system changes are in place, if an income or expense RFI is generated for new applicants, use the verification codes listed below to clear the RFI and re-run eligibility:
  - Earned income and expenses - select “Other Verification”;
  - Unearned income – select "Document Showing Payment from Person/Agency"
  - No income – select “Collateral Contact”
- If a Citizenship/Immigration/Identify RFI is generated, allow it to be mailed. If a soft-pend is generated at the same time as a hard-pend, clear the hard-pend so eligibility can be produced and allow the soft-pend to remain.

**Manual RFIs:**
- If a manual RFI was sent for a new applicant, and they fail to respond, benefits should be denied. If an individual was being added to an existing case, only the new applicant should be denied, benefits for the other household members should continue.
- If a manual RFI was sent for a case with ongoing recipients, do not terminate benefits if no response is received. Close the task and narrate that no action was taken due to agency direction related to "Families First Coronavirus Response Act (Public Law 116-127). This is true regardless of the date the manual RFI was mailed.
- For manual RFIs sent after release of this transmittal, do not create a Manual Pend Sent task, a task will be created if a response is received.
**Narrations**

If staff take an action on a case that is a result of guidance given during the emergency period, do not narrate “COVID19”, as it relates to a health condition. Staff should use the terminology, "Families First Coronavirus Response Act (Public Law 116-127),” instead.

**Additional Resources**

**OHP member fact sheet**

This is a [member-facing fact sheet](#) that includes information about eligibility, federal stimulus, telehealth, mail order pharmacies and other information. Also available as a [webpage](#) and in [Spanish](#). Social media messaging to come.

**OHP eligibility during COVID-19 emergency**

This is a [stakeholder/provider document](#) that explains who is and is not up for termination during this national emergency.

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*If you have any questions about this information, contact:*

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