OREGON OFFICE of RURAL HEALTH

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Rural Health Transformation Program (RHTP) Webinar Series

H.R. 1 Deeper Dive: Eligibility Changes

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision statement is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

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Webinar Logistics

- Audio is muted for all attendees.
- Select to populate the chat feature on the bottom right of your screen. Please use either the chat function or raise your hand on the bottom of your screen to ask your question live.
- Presentation slides and recordings will be posted shortly after the session at: https://www.ohsu.edu/oregon-office-of-rural-health/rural-health-transformation-program



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NEXUS HEALTH STRATEGIES

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HEALTH STRATEGIES

Goals for webinar

1. Go deeper on H.R. 1 changes to Medicaid eligibility requirements and who is impacted

2. Share ideas and best practices for what your community can do to navigate the changes

3. Hear what your community needs, and whether planning support would help



Agenda

01 Big Picture: H.R. 1 Changes and Timeline

02 Deep Dive: OHP Work or Activity Rules and Eligibility Changes

03 Other Program Eligibility Changes

04 What Can Your Community Do?

05 Resources from OHA and Others

06 Discussion and Planning Support

What we heard after the first webinar

Over 250 attendees

- A lot of questions on work or activity rules and other changes will be rolled out
- What communities, providers, partners should be thinking about to prepare, in particular:
  - Local communication and coordination
  - Understanding how changes between eligibility categories or programs (e.g. SNAP, HOP, children, dual-eligibles)
- What other communities in Oregon and elsewhere are doing to prepare
- Resources available

H.R. 1 impacts on the Oregon Health Plan (OHP)

ELIGIBILITY

Who qualifies

- New work or activity rules: 80 hours/month (expansion adults 19–64)
- Coverage ended for certain non-citizens (refugees, asylees, trafficking survivors)
- Retroactive coverage shortened

ADMINISTRATIVE

How you stay enrolled

- Eligibility redeterminations every 6 months for some adults, at least every 12 months for everyone else (even kids) (In Oregon, t*his change doesn't go into effect until October 1, 2027)*
- Quarterly eligibility & Death Master File checks
- New address-update process; copays for some adults >100% FPL

FINANCING

How Oregon pays for it

- Provider tax cap steps down 6% → 3.5% (FY2028–2032)
- State-directed payments capped at 100% of Medicare
- IGT (Intergovernmental Transfer)-funded payments reduced; Healthier Oregon FMAP shift

Timeline of Changes to Oregon Health Plan (OHP)

October 2026

Some members will receive notices about meeting work or activity rules

Some immigrants will move to Healthier Oregon

January 2027

Work or activity rules begin for some adults

More frequent renewals (every 6-months) for some adults

Shorter time period for help with recent medical bills (retroactive coverage)

Healthier Oregon members will move to OHP Open Card (Fee for Service)

Late 2027

More frequent renewals for everyone:

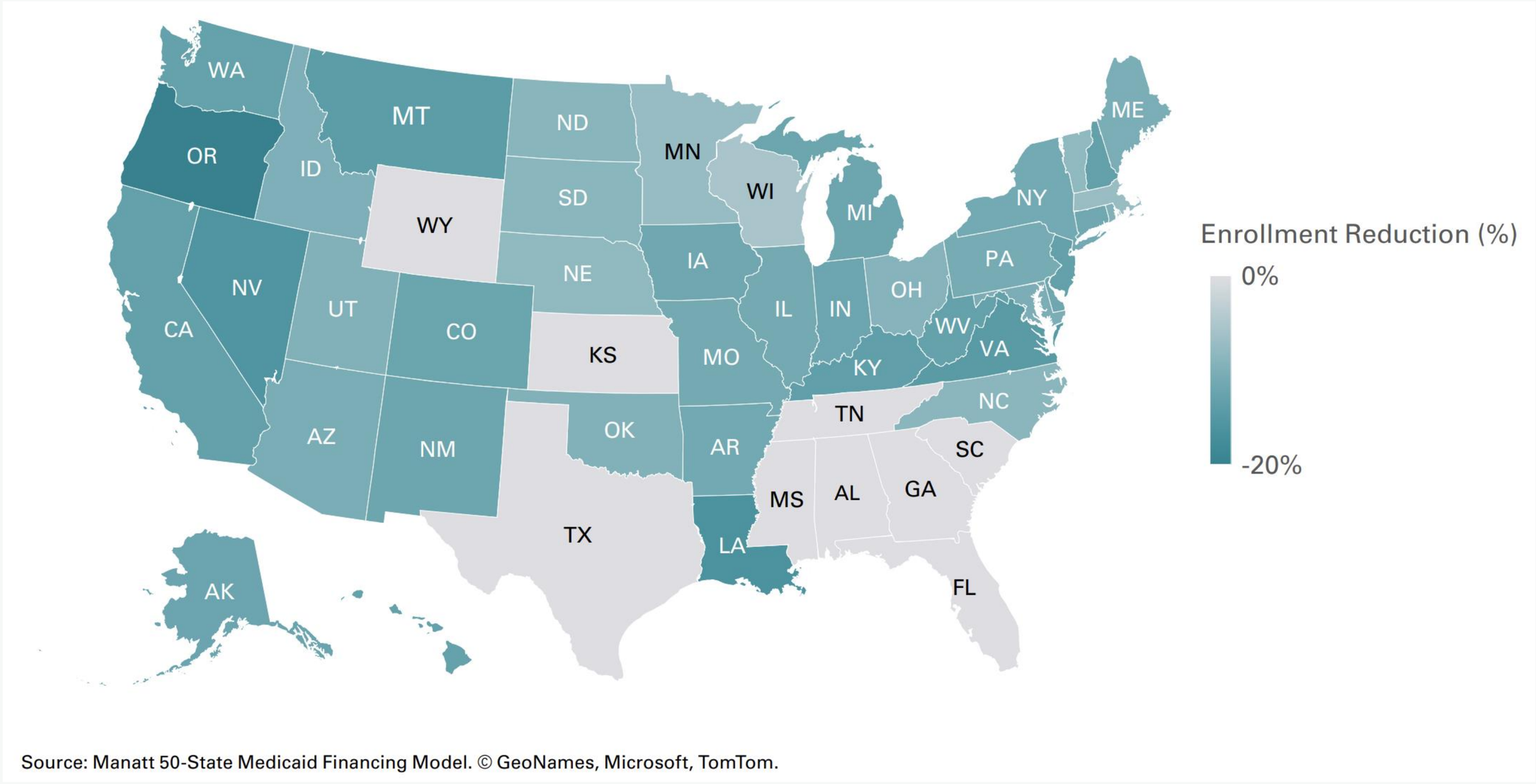
- Every 6-months for some adults
- Every 12-months for all other adults
- Every 12-months for all children

October 2028

Some adults will begin paying a small fee (copay) for some services

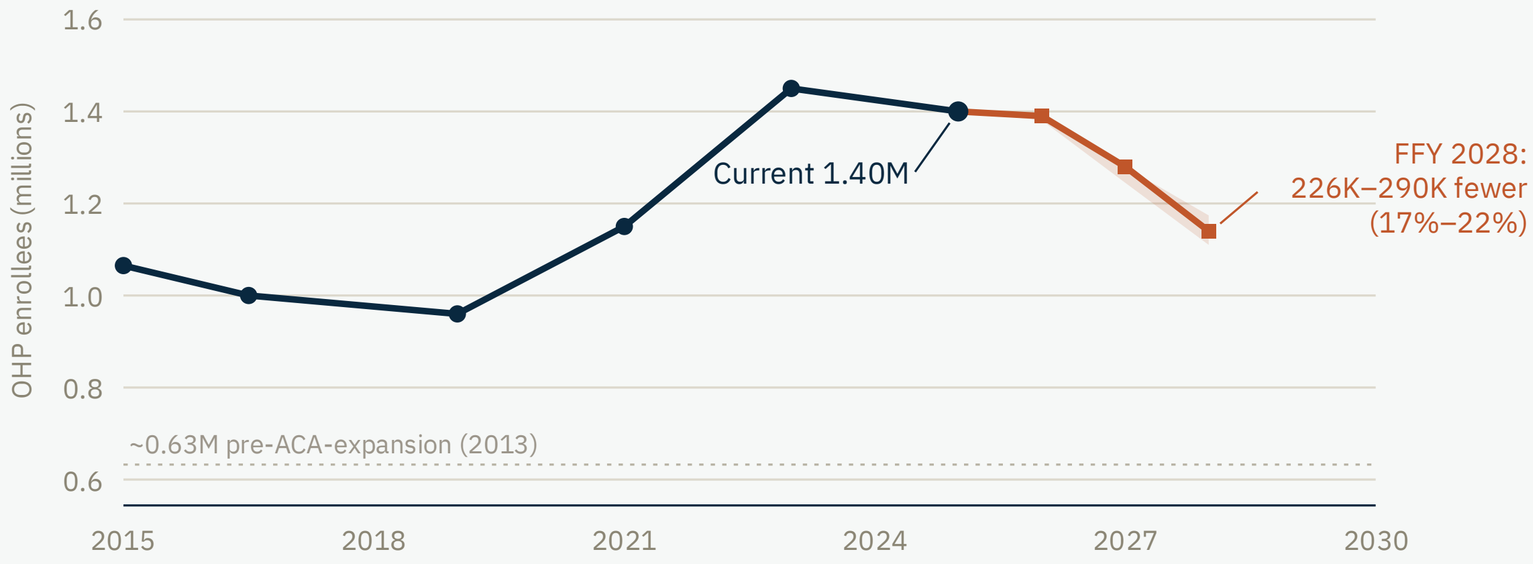
Note: Medicaid in Oregon is part of OHP. References to Medicaid in this presentation mean federal changes that will impact OHP. Healthier Oregon (HOP) is the part of OHP that covers individuals not eligible for federal Medicaid due to immigration status.

Oregon projected to be the hardest hit from work or activity rules



Source: Manatt 50-State Medicaid Financing Model. © GeoNames, Microsoft, TomTom.

With new work or activity rules, enrollment drop could hit 290,000 in 2028



WHAT DRIVES THE DROP

80-hour/month work or activity rules (Jan 2027)

Eligibility redeterminations every 6 months

Loss stems mostly from paperwork churn — not people becoming ineligible

Those who lose OHP are barred from subsidized Marketplace coverage

Historical OHP enrollment

H.R. 1 projection (mid)

H.R. 1 loss range (Manatt, FFY 2028)

OHA's initial estimate was ~200,000, but new CMS rules (June 2026 interim final rule) are pushing that number higher. Manatt FFY 2028 estimates: 226,000 (17%) under H.R. 1 to 290,000 (22%) with new CMS rule. *Sources: Manatt Health, CMS Work Requirements Rule 50-State Analysis (Jul 2026); OHA / Governor's Advisory Group (2026).*

PART 2

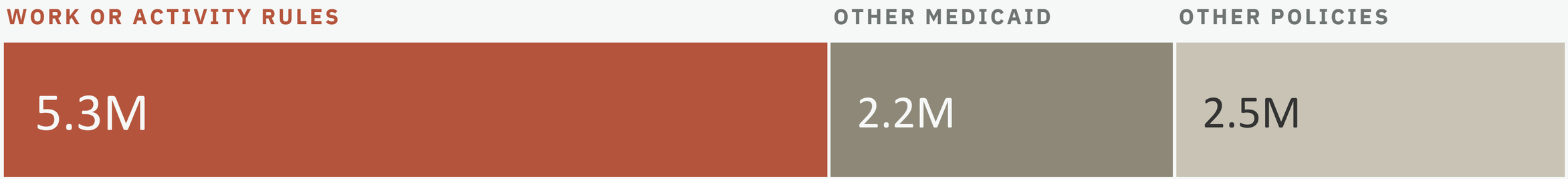
OHP Work or Activity Rules and Eligibility Changes

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Work or activity rules will be the biggest cause for the coming drop in health coverage

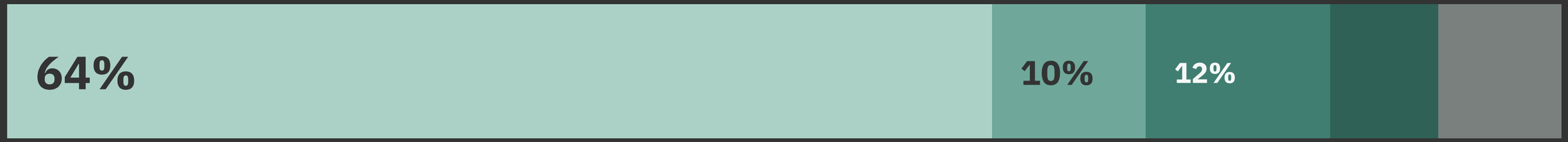
Work or activity rules alone account for **5.3 million** of the 10 million increase in uninsured people, CBO estimates for 2034.



Note: CBO estimated a total increase of 10 million uninsured individuals in 2034. This total and “other policies” includes 300,000 in estimated coverage loss due to interaction between policies; “other policies” also includes Medicare and Marketplace changes. Source: KFF analysis of CBO estimates of the enacted reconciliation package.

Most Medicaid enrollees who can work, already do work

Medicaid work or activity rules will mostly affect people who are working, ill or disabled, caregivers, or students. Medicaid adults ages 19–64 not receiving SSI or Medicare, 2023.



- Working: 64%
- Ill or disabled:* 10%
- Taking care of home or family: 12%
- Going to school: 7%
- Retired, could not find work, or other: 8%

*People receiving Supplemental Security Income (SSI) are exempt from Medicaid work or activity rules. Figure shown here includes people who are ill or disabled but not receiving SSI. Source: KFF analysis of the March 2024 Current Population Survey (2023 data), “5 Key Facts About Medicaid Work Requirements” (Feb. 2025). Totals may not sum to 100% due to rounding.

MUST BE IMPLEMENTED BY JAN. 1, 2027

Work or activity rules: what counts and how it’s verified

Individuals ages 19–64 applying for or renewing coverage through the ACA Expansion Group must meet work or activity rules (called “community engagement” in federal law) to qualify for Medicaid.

QUALIFYING ACTIVITIES	HOW IT IS VERIFIED
80 hours per month of work or a SNAP defined work program, community service	**Federal rule:** States look back 1–3 consecutive months at application and at every renewal.
Enrolled in education at least half time	**New applicants in Oregon:** OHP checks the month before you apply (sometimes the application month too), plus other months if you ask for help with past bills.
Or any combination of the above	**Renewals in Oregon:** OHP checks at least one month in the six months before your renewal date.
Alternatively, individuals can qualify with household income above **$580 a month** — seasonal workers can show an average of at least $580 over six months	**If denied or disenrolled:** File a new application; OHP checks at least the month before you apply.

MUST BE IMPLEMENTED BY JAN. 1, 2027

Ways to meet OHP work or activity rules

Starting January 2027, some adults ages 19–64 who do not qualify for an exemption will need to meet OHP work or activity rules by showing one of the following:

Household income above **$580 a month** (before taxes and deductions)

80 hours per month of work, education, training programs, or unpaid work like volunteering (community service)

Enrollment in high school, a GED program, at least half time in higher education

Federal minimum wage is $7.25/hour; Oregon's is $14.55–$16.80 (Portland Metro).
This means fewer hours than other states — 37.3 hours/month at $15.55.

Work or Activity Rules and 6-Month Renewals Only Apply to the "MAGI Adult" Population

MAGI MEANS:	Eligibility is based on Modified Adjusted Gross Income, a tax-based income test, with no asset test
WHO:	Adults ages 19–64 who aren’t pregnant, don’t qualify for Medicare, and don’t fit another OHP category (Aged, Blind and Disabled, Parents/Caretakers below 40% FPL, etc.)
INCOME RANGE:	**Adults without dependent children:** 0% up to 138% of the federal poverty level. Before the ACA, there was no ongoing Medicaid category for this group. **Parents/caretakers:** above about 40% FPL (Oregon’s pre-ACA parent limit) up to 138% FPL. Parents below that floor stay in the traditional parent/caretaker category.
COVERAGE:	Full OHP Plus benefits
FUNDING:	The federal government pays 90% of costs (compared to Oregon’s regular federal match rate of 60%)

> Before the ACA, Oregon could cover only a limited number of low-income adults through its waiver program, OHP Standard. In 2008, about 90,000 people entered a lottery for roughly 10,000 openings.

There are 560,528 MAGI Adults enrolled in Oregon Health Plan as of Sept. 2026*

~43% of OHP members

**Represents a slight undercount as some of the ~85,000 people in the MAGI Parents/Caretakers eligibility group (those with children 14 and over) will also need to be subject to these requirements.*

County	Enrolled in selected eligibility group(s)	Enrolled in OHP	% of OHP enrolled in selected eligibility group(s)
Baker	2,256	5,198	43.4%
Benton	10,448	20,239	51.6%
Clackamas	41,325	97,210	42.5%
Clatsop	5,916	12,937	45.7%
Columbia	6,178	14,497	42.6%
Coos	10,113	22,319	45.3%
Crook	3,505	8,652	40.5%
Curry	3,750	7,291	51.4%
Deschutes	25,865	56,720	45.6%
Douglas	17,795	40,349	44.1%
Gilliam	247	574	43.0%
Grant	920	2,047	44.9%
Harney	1,077	2,564	42.0%
Hood River	3,059	8,126	37.6%
Jackson	35,249	81,621	43.2%
Jefferson	4,107	10,759	38.2%
Josephine	17,098	36,901	46.3%
Klamath	11,713	27,689	42.3%
Lake	1,278	2,967	43.1%
Lane	55,475	116,812	47.5%
Lincoln	7,871	16,963	46.4%
Linn	17,961	44,097	40.7%
Malheur	4,787	15,190	31.5%
Marion	43,921	128,203	34.3%
Morrow	1,293	5,032	25.7%
Multnomah	128,536	260,184	49.4%
Polk	9,648	24,729	39.0%
Sherman	242	635	38.1%
Total	**560,528**	**1,310,435**	**42.8%**

Work or Activity Rules and 6-Month Renewals Don't Apply to Everyone!

Excluded Population	Description	Proof Needed?
Anyone not in the MAGI Adult Population	There are different categories of Medicaid eligibility. Work or activity rules and 6-month renewals only apply to the MAGI category.	No – checked automatically
Children	Anyone 18-years-old or younger	No – checked automatically
Parent/Caretaker	Anyone caring for child 13 or younger or caring for someone with a serious illness/disability	Tell OHA this applies. Starting in 2028, proof will be needed (custody agreement, calendar, etc.)
Older Adults/Seniors	Anyone 65-years-old or older	No – checked automatically
Medicare	Anyone who has or is eligible for Medicare part A or B.	Maybe – can usually be checked automatically but sometimes requires Medicare card or letter
American Indian/ Alaska Native	An enrolled member of a federally recognized tribe (or whose parent or grandparent is) or a shareholder in an Alaska Native Corporation. Also applies to people who get care from Indian Health Services or a Tribal or Urban Indian clinic.	Tell OHA this applies. This exemption never expires.

Even when the requirements apply, there are still exceptions

Exception	Description	Proof Needed
SNAP work rules	Anyone who meets the Supplemental Nutrition Assistance Program (SNAP) food benefits work rules automatically meets the OHP rules. However, the exceptions for both programs are different!	No – checked automatically
TANF work rules	Anyone who gets Temporary Assistance for Needy Families (TANF) cash assistance and already meets TANF's work rules	No – checked automatically
Former Foster Youth	Anyone who was in foster care when they turned 18 and are now aged 19–26.	No – checked automatically
High Unemployment	Anyone living in a county with an unemployment rate at or above 8% or at least 150% of the national rate.	No – OHA will say if this exception applies
Disaster Area	Anyone living in a federal disaster area	No – OHA will say if this exception applies
Pregnant/ Recently Pregnant	Anyone pregnant, recently became pregnant, or had OHP coverage while pregnant sometime in the last 12 months.	Tell OHA this applies

Even when the requirements apply, there are still exceptions

Exception	Description	Proof Needed
Released from Jail or Prison	Anyone released from jail or prison within the last 4 months if you are a new applicant or the last 9 months if you are renewing.	Tell OHA this applies
SUD/AUD treatment	Currently participating in or participated in services or supports to treat a drug or alcohol use disorder within the past 5 years.	Tell OHA this applies. In 2028, proof will be required (document from provider)
Inpatient/Residential Treatment	Anyone who spent at least one night as a patient in a hospital, nursing facility, behavioral or mental health facility, or similar place.	Tell OHA this applies. In 2028, proof will be required (document from provider)
Disabled Veteran	Veterans with a 100% VA Disability rating.	VA Award letter. Non-permanent rating will need proof every 12 months.
Serious/ Disabling Health Condition*	Anyone receiving care for a serious or disabling health condition that prevents you from working at least part time. (*More on next slide)	Tell OHA this applies. In 2028, proof will be required (document from provider)
Traveling for Medical Care	Anyone who was away from home for seven or more days out of a month to get medical care for themselves, a child or other dependent, or who missed work, school, or job activities to help that person.	Tell OHA this applies. In 2028, proof will be required (document from provider)

The medical frailty exemption under H.R. 1

What H.R. 1 says

Medicaid expansion adults who are “medically frail or otherwise have special medical needs” are exempt from work or activity rules, including people who:

- Are blind or disabled (as defined for SSI)
- Have a substance use disorder
- Have a disabling mental disorder
- Have a disability that limits daily activities
- Have a serious or complex medical condition

Longstanding standard: mirrors the medically frail definition Medicaid has used since 2013 (42 CFR 440.315(f)), with no work-impairment test.

What CMS changed (June 2026 rule)

CMS added a new test: the condition must **“significantly impair” the person’s ability to meet the 80-hour monthly requirement.** A diagnosis alone may not be enough.

H.R. 1 Language: a cancer diagnosis could qualify on its own.

CMS Rule: states must also show it significantly impairs the person’s ability to work or do other qualifying activities.

Result: fewer people exempted, fewer automatic exemptions, and more paperwork for enrollees and their doctors.

In court: Oregon is among 26 states challenging the rule, arguing the law does not require a work-impairment test. A ruling could come in November or December 2026, and the states have asked for a six-month stay of enforcement.

Sources: H.R. 1; CMS Interim Final Rule, 91 Fed. Reg. 33,348 (June 3, 2026); KFF (June 23, 2026); CMS guidance (Sept. 2026)

What OHA has shared so far on the medical frailty exemption

Exemption	Does this describe you?	How to show you qualify
Certain serious or disabling health conditions	You are receiving care for a serious or disabling health condition that prevents you from working at least part time. Many types of conditions that require medical care or services may qualify, including things like: • **Temporary conditions**: Recovering from major surgery (like cardiac bypass); a serious injury (like fractures); pneumonia; or a hospital or care-facility stay for a complex condition. • **Serious or long-term conditions**: Cancer requiring chemotherapy or radiation, dialysis, Crohn's disease, chronic obstructive pulmonary disease (COPD), major depressive disorder, or a substance use disorder. • **Conditions requiring frequent monitoring or treatment**: Diabetes with complications or cystic fibrosis. • **Life-long conditions**: Down syndrome (trisomy 21), cerebral palsy, blindness, or another major physical, intellectual, or developmental disability. • **Social Security benefits**: Receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).	Tell us this applies. You do not need a statement from a medical provider in 2027. Visit your primary care provider at least once a year and attend follow up appointments. If you are regularly receiving care, your medical records may be enough for us to verify an exemption. If we ask for proof (starting in 2028), we may need a statement from a medical provider.

Exemptions only apply to work or activity rules!

Even if someone is exempt from work or activity rules, they must still follow the more frequent renewal requirements in H.R. 1

The only exemption for 6-Month renewals for the MAGI population is for American Indians/ Alaska Natives

Oregon’s move to more frequent Medicaid renewals

Oregon’s continuous eligibility waiver runs through Sept. 30, 2027, which delays the H.R. 1 requirement for more frequent renewals for most people.

Population	Today (Waiver, through Sept. 30, 2027)	After the waiver ends (Starting Oct. 1, 2027)
Expansion adults Ages 19–64, income up to 138% FPL	**2-year continuous eligibility** **Renewal every 6 months*** for members whose 2-year continuous eligibility period ends between Jan – Sept 2027.	**Renewal every 6 months***
Other adults Parents/caregivers, older adults, people with disabilities, duals	**2-year continuous eligibility**	**Renewal every 12 months**
Children ages 6–18	**2-year continuous eligibility**	**12 months continuous eligibility** (federal minimum)
Children under 6	**Covered continuously until age 6**	**12 months continuous eligibility** (federal minimum)

***American Indians/Alaska Natives are the only exemption for 6-Month Renewals**

12-Months Renewal: You keep coverage for 12 months as long as your income/eligibility circumstances don’t change. (You are supposed to report changes.)
12-Months Continuous Eligibility: You keep coverage for 12 months, even if your family income/eligibility circumstances changes.

Sources: H.R. 1, Sec. 71107; Oregon Health Plan 1115 waiver (2022–2027); Consolidated Appropriations Act, 2023

More Frequent Renewals Leads to Churn

Reducing Churn Keeps Eligible Families Connected

Churn increases administrative burdens for families and state Medicaid agencies



Factors decreasing churn:

- ✓ *Ex parte* renewals
- ✓ Text reminders
- ✓ Using data sources to verify eligibility
- ✓ Accessible online platforms and call centers

Factors increasing churn:

- X More frequent renewals
- X Insufficient staffing
- X Excess verification requests
- X Confusing notices

Source: CBPP, "Medicaid *Ex Parte* Renewals Are an Efficient Strategy to Ensure Eligible Enrollees Have Healthcare, Increase Accuracy, and Reduce Administrative Costs"

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In 2023, 72% of people who lost access to Medicaid lost it not because of ineligibility, but because they had difficulty navigating complex applications and paperwork.

Source: KFF, *Medicaid Enrollment and Unwinding Tracker* (data as of Sept. 2023)

Preview of the Impact these Requirements Will Have on Enrollment

Nebraska chose to implement work or activity rules earlier than required (May 1, 2026 rather than Jan. 1, 2027)

Early data through August 2026 show the impact these requirements are already having on enrollment

14%

of individuals applying for first time had their application denied due to not meeting work or activity rules

- Most of the 557 denied applications were due to non-response to requests for additional information (84%)
- Only 16% of applicants with denied applications were affirmatively found to be noncompliant

7%

of people renewing lost coverage due to not meeting the work or activity rules

- Of the 533 individuals who lost coverage, 92% did not respond to verification compliance requests.
- The remaining 8% were affirmatively found to be noncompliant

Non-citizen eligibility changes are now in effect

WHAT CHANGED OCT. 1, 2026

- Refugees, asylees, and other lawfully residing non-citizens with temporary protected status are no longer eligible for federally funded Medicaid and CHIP
- Some immigrants moved to the Healthier Oregon Program (HOP)
- OHA projects an immediate loss of $22 million in federal funds
- *Note: Work or activity rules will apply to Adults (ages 19-64) on HOP who don’t meet exemptions.
  - Oregon state law requires HOP to align with Medicaid requirements

Reducing Retroactive Coverage Period Makes a Bad Situation Worse

90-days retroactive coverage has been a feature of Medicaid since 1972

H.R. 1 changes this. Starting in January 2027, it shrinks the period of retroactive coverage goes down to:

30 days

for adults aged 19 to 64 who are enrolled in the ACA Medicaid expansion

60 days

for all other Medicaid enrollees, including children

Without retroactive coverage, health care providers and the state absorb the cost of uncompensated care

This will be serious financial loss for hospitals (who must provide emergency care regardless of coverage), especially rural hospitals

This will also negatively impact nursing homes and exacerbate access problems

Reduced retroactivity is a double whammy combined with changes to redetermination/work or activity rules (which will result in more people losing coverage or ”churning” on and off Medicaid)

PART 3

Other Program Eligibility Changes

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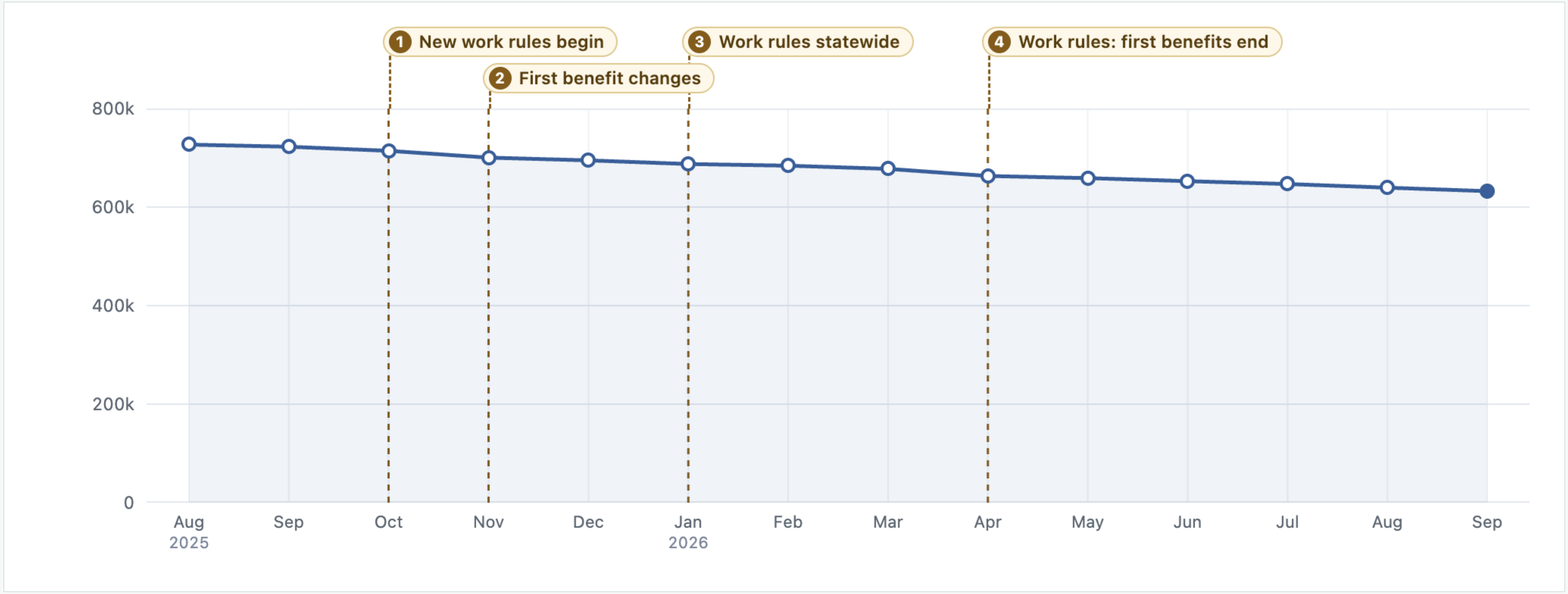
SNAP and OHP work rules: side by side

	SNAP (food benefits)	OHP (Medicaid)
In effect	Now: statewide since Dec. 1, 2025	Starting January 2027
Who	Adults 18–64 without a disability and with no child under 14 in the household	Adults 19–64 in the expansion group who don’t qualify for an exemption
Requirement	80 hours/month of work or approved work or training activities	80 hours/month of work, volunteering, school, or training — or income over $580/month
Veterans, homeless, former foster youth	No longer exempt	Former foster youth (19–26) exempt; veterans exempt only with 100% VA disability rating
If not met	Benefits limited to 3 months in a 36-month period	Coverage can end; can reapply any time
How they connect	Meeting SNAP work rules counts for OHP	Exempt from SNAP rules ≠ exempt from OHP rules

Sources: ODHS news release, “SNAP food benefit work rules now apply statewide” (Dec. 11, 2025); OHA, OHP Work or Activity Rules and Federal Changes (oregon.gov/oha/hsd/ohp/pages/federal-changes.aspx). Enrollment decline: see ODHS SNAP data dashboard on the next slide.

SNAP enrollment has fallen 13% since August 2025 as work rules phased in

About 94,000 fewer people enrolled since August 2025



Source: ODHS SNAP Data Dashboard, oregon.gov/odhs/data/Pages/snap-data.aspx

Changes to Oregon Health Insurance Marketplace

CHANGES ALREADY IN PLACE

- Lawful permanent residents who have had their status less than five years no longer eligible to receive premium tax credits on Marketplace plans — still potentially eligible for Healthier Oregon
- Advance premium tax credit repayment caps removed — individuals responsible for full amount of overpayment

FEDERAL CHANGES FOR 2027 COVERAGE

Some non-citizens no longer eligible to receive premium tax credits on Marketplace plans

Shortened Open Enrollment: Nov. 1 to Dec. 31, 2026 for coverage starting Jan. 1, 2027

Applicants must provide proof of income if reported income doesn't match IRS records

PART 4

What Can Your Community Do?

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What Can You Do to Help People Navigate the Changes?

OUTREACH & EDUCATION TO MEMBERS:

Local trusted organizations (CBOs, providers, etc.) can help Medicaid members understand the requirements, timelines for documenting work activities, who may be exempt, and other key details. Spreading the word everywhere – social media, local libraries, schools, events, provider offices, etc. – will help them be aware of what changes are coming. It's also extremely important to remind OHP members to keep their address current and to open and respond to the letters they receive from OHA!

APPLICATION ASSISTANCE & SELF-HELP RESOURCES:

Some members will need hands-on support navigating the work or activity rules. Additional capacity to provide this help will be needed across the state. Easy-to-understand self-help tools and video tutorials would also be very helpful to OHP members.

ENGAGE COMMUNITY:

CBOs with deep community ties — such as faith-based groups or disease-specific advocacy organizations — that regularly engage with Medicaid members at community events can help identify the most effective ways to reach members. Work in partnership with CBOs, providers/health systems, your CCO(s) and local DHS office and application assisters.

- Community collaboration was an important component in vaccine rollout during COVID. Those same strategies and relationships can help keep people covered!

LISTENING TO MEMBERS:

Communities will see first-hand what kind of help Medicaid members need and what is/isn't working. Sharing these insights, taking input directly from Medicaid members and sharing these insights with partners in your community and OHA will mean efforts to keep people covered can be strengthened over time.

PART 5

Resources from OHA and Others

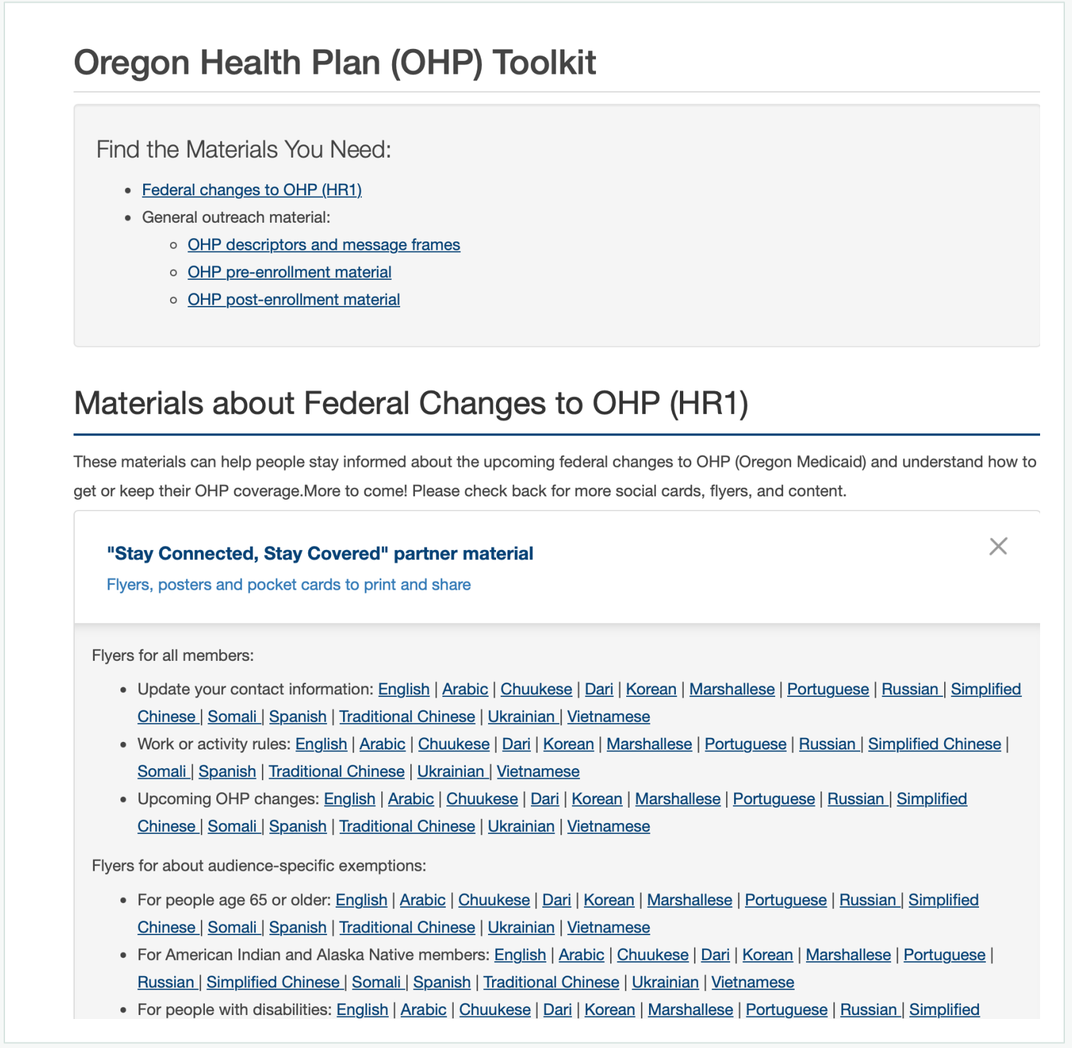
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OHA Resources

OHA has created a toolkit with printable resources

https://www.oregon.gov/oha/hsd/ohp/pages/toolkit.aspx

- General information flyers and posters in multiple languages
- Flyers about specific exemptions in multiple languages
- Fact sheets to share with OHP and HOP members in multiple languages
- Social media kit
- Videos
- Examples of the notices going to members
- Guidance for partners and providers



Oregon Health Plan (OHP) Toolkit

Find the Materials You Need:

- Federal changes to OHP (HR1)
- General outreach material:
  - OHP descriptors and message frames
  - OHP pre-enrollment material
  - OHP post-enrollment material

Materials about Federal Changes to OHP (HR1)

These materials can help people stay informed about the upcoming federal changes to OHP (Oregon Medicaid) and understand how to get or keep their OHP coverage.More to come! Please check back for more social cards, flyers, and content.

"Stay Connected, Stay Covered" partner material

Flyers, posters and pocket cards to print and share

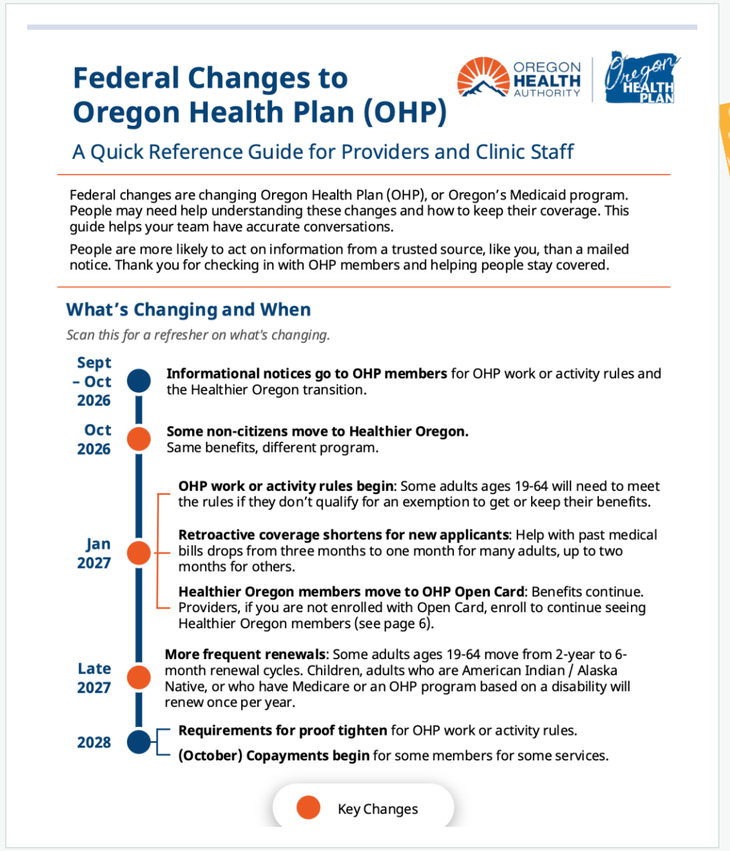
Flyers for all members:

- Update your contact information: English | Arabic | Chuukese | Dari | Korean | Marshallese | Portuguese | Russian | Simplified Chinese | Somali | Spanish | Traditional Chinese | Ukrainian | Vietnamese
- Work or activity rules: English | Arabic | Chuukese | Dari | Korean | Marshallese | Portuguese | Russian | Simplified Chinese | Somali | Spanish | Traditional Chinese | Ukrainian | Vietnamese
- Upcoming OHP changes: English | Arabic | Chuukese | Dari | Korean | Marshallese | Portuguese | Russian | Simplified Chinese | Somali | Spanish | Traditional Chinese | Ukrainian | Vietnamese

Flyers for about audience-specific exemptions:

- For people age 65 or older: English | Arabic | Chuukese | Dari | Korean | Marshallese | Portuguese | Russian | Simplified Chinese | Somali | Spanish | Traditional Chinese | Ukrainian | Vietnamese
- For American Indian and Alaska Native members: English | Arabic | Chuukese | Dari | Korean | Marshallese | Portuguese | Russian | Simplified Chinese | Somali | Spanish | Traditional Chinese | Ukrainian | Vietnamese
- For people with disabilities: English | Arabic | Chuukese | Dari | Korean | Marshallese | Portuguese | Russian | Simplified

OHA Resources



Federal Changes to Oregon Health Plan (OHP)

OREGON HEALTH AUTHORITY | Oregon Health Plan

A Quick Reference Guide for Providers and Clinic Staff

Federal changes are changing Oregon Health Plan (OHP), or Oregon's Medicaid program. People may need help understanding these changes and how to keep their coverage. This guide helps your team have accurate conversations.

People are more likely to act on information from a trusted source, like you, than a mailed notice. Thank you for checking in with OHP members and helping people stay covered.

What's Changing and When

Scan this for a refresher on what's changing.

Sept – Oct 2026
- **Informational notices go to OHP members** for OHP work or activity rules and the Healthier Oregon transition.

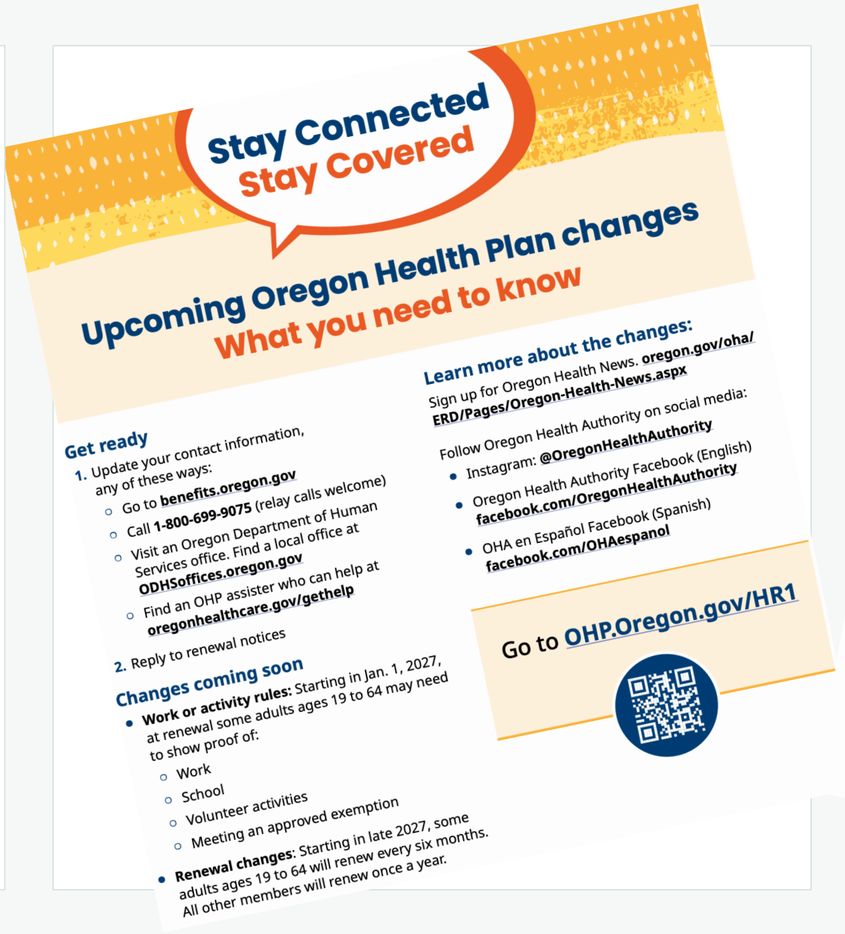
Oct 2026
- **Some non-citizens move to Healthier Oregon.** Same benefits, different program.

Jan 2027
- **OHP work or activity rules begin**: Some adults ages 19-64 will need to meet the rules if they don't qualify for an exemption to get or keep their benefits.
- **Retroactive coverage shortens for new applicants**: Help with past medical bills drops from three months to one month for many adults, up to two months for others.
- **Healthier Oregon members move to OHP Open Card**: Benefits continue. Providers, if you are not enrolled with Open Card, enroll to continue seeing Healthier Oregon members (see page 6).

Late 2027
- **More frequent renewals**: Some adults ages 19-64 move from 2-year to 6-month renewal cycles. Children, adults who are American Indian / Alaska Native, or who have Medicare or an OHP program based on a disability will renew once per year.

2028
- **Requirements for proof tighten** for OHP work or activity rules.
- **(October) Copayments begin** for some members for some services.

Key Changes



Stay Connected
Stay Covered

Upcoming Oregon Health Plan changes
What you need to know

Get ready

1. Update your contact information, any of these ways:
   - Go to **benefits.oregon.gov**
   - Call **1-800-699-9075** (relay calls welcome)
   - Visit an Oregon Department of Human Services office. Find a local office at **ODHSoffices.oregon.gov**
   - Find an OHP assister who can help at **oregonhealthcare.gov/gethelp**
2. Reply to renewal notices

Changes coming soon

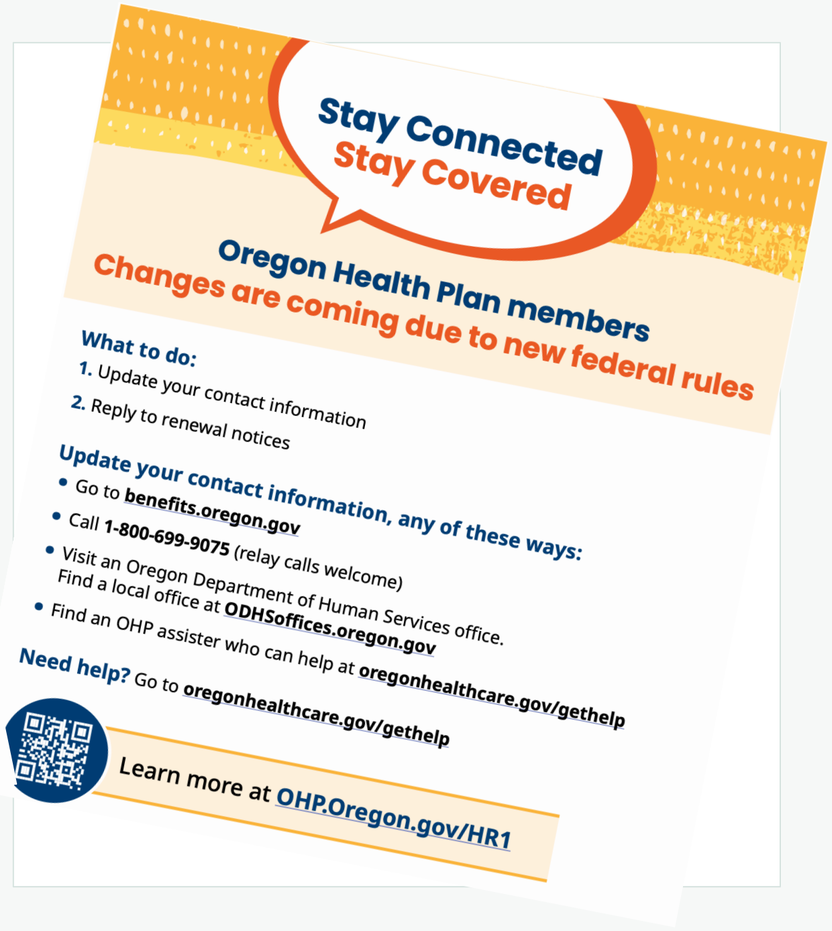
- **Work or activity rules:** Starting in Jan. 1, 2027, at renewal some adults ages 19 to 64 may need to show proof of:
  - Work
  - School
  - Volunteer activities
  - Meeting an approved exemption
- **Renewal changes:** Starting in late 2027, some adults ages 19 to 64 will renew every six months. All other members will renew once a year.

Learn more about the changes:

Sign up for Oregon Health News. **oregon.gov/oha/ERD/Pages/Oregon-Health-News.aspx**

Follow Oregon Health Authority on social media:
- Instagram: **@OregonHealthAuthority**
- Oregon Health Authority Facebook (English) **facebook.com/OregonHealthAuthority**
- OHA en Español Facebook (Spanish) **facebook.com/OHAespanol**

Go to OHP.Oregon.gov/HR1



Stay Connected
Stay Covered

Oregon Health Plan members
Changes are coming due to new federal rules

What to do:

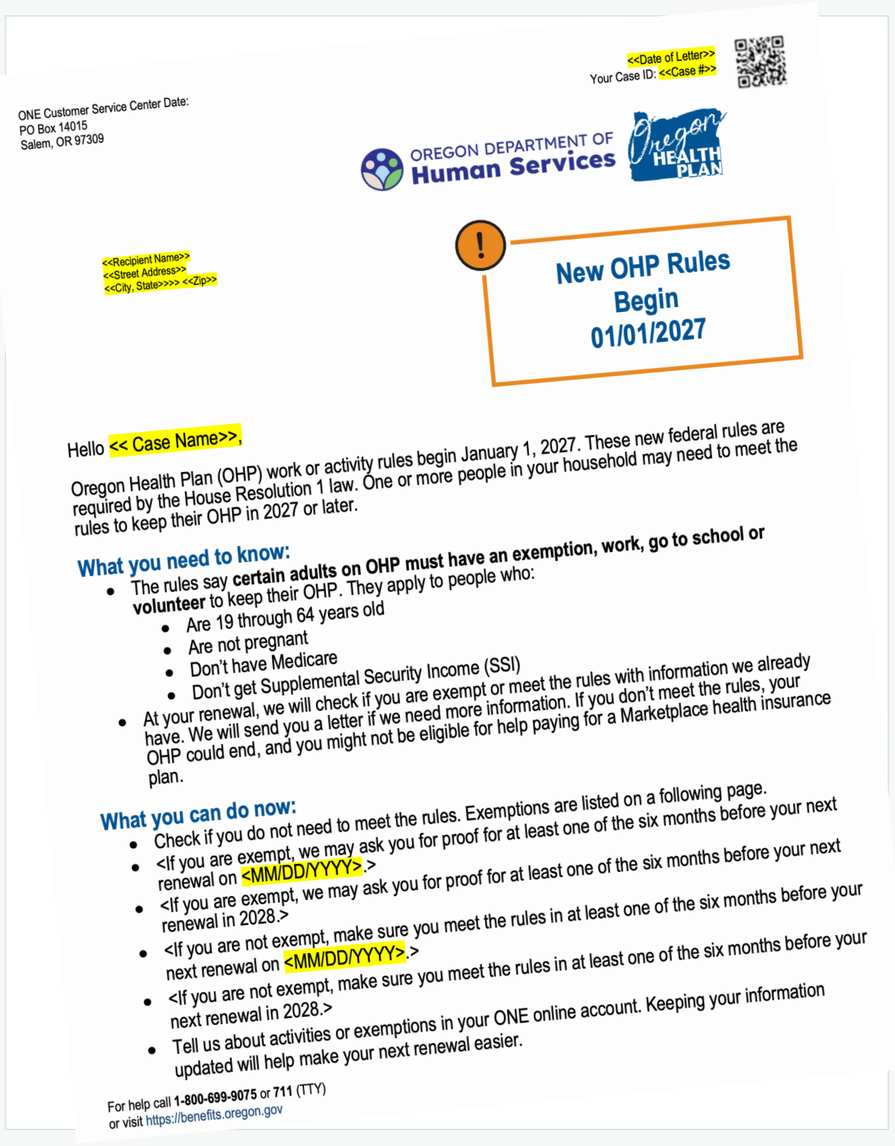
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Need help? Go to **oregonhealthcare.gov/gethelp**

Learn more at OHP.Oregon.gov/HR1

Example Notices



<<Date of Letter>>
Your Case ID: <<Case #>>

ONE Customer Service Center Date:
PO Box 14015
Salem, OR 97309

OREGON DEPARTMENT OF Human Services
Oregon HEALTH PLAN

<<Recipient Name>>
<<Street Address>>
<<City, State>>>> <<Zip>>

New OHP Rules Begin 01/01/2027

Hello << Case Name>>,

Oregon Health Plan (OHP) work or activity rules begin January 1, 2027. These new federal rules are required by the House Resolution 1 law. One or more people in your household may need to meet the rules to keep their OHP in 2027 or later.

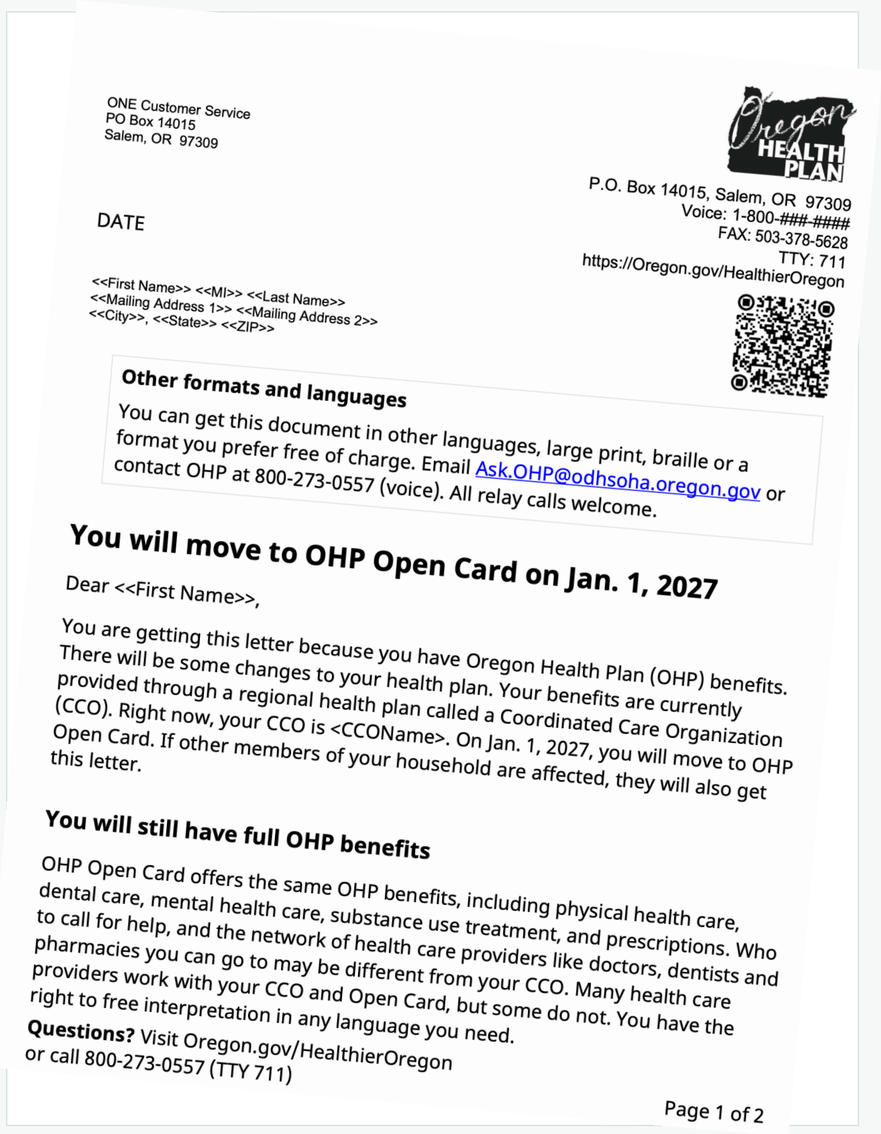
What you need to know:

- The rules say **certain adults on OHP must have an exemption, work, go to school or volunteer** to keep their OHP. They apply to people who:
  - Are 19 through 64 years old
  - Are not pregnant
  - Don't have Medicare
  - Don't get Supplemental Security Income (SSI)
- At your renewal, we will check if you are exempt or meet the rules with information we already have. We will send you a letter if we need more information. If you don't meet the rules, your OHP could end, and you might not be eligible for help paying for a Marketplace health insurance plan.

What you can do now:

- Check if you do not need to meet the rules. Exemptions are listed on a following page.
- <If you are exempt, we may ask you for proof for at least one of the six months before your next renewal on <MM/DD/YYYY>.>
- <If you are exempt, we may ask you for proof for at least one of the six months before your next renewal in 2028.>
- <If you are not exempt, make sure you meet the rules in at least one of the six months before your next renewal on <MM/DD/YYYY>.>
- <If you are not exempt, make sure you meet the rules in at least one of the six months before your next renewal in 2028.>
- Tell us about activities or exemptions in your ONE online account. Keeping your information updated will help make your next renewal easier.

For help call **1-800-699-9075** or **711** (TTY)
or visit https://benefits.oregon.gov



ONE Customer Service
PO Box 14015
Salem, OR 97309

Oregon HEALTH PLAN
P.O. Box 14015, Salem, OR 97309
Voice: 1-800-###-####
FAX: 503-378-5628
TTY: 711
https://Oregon.gov/HealthierOregon

DATE

<<First Name>> <<MI>> <<Last Name>>
<<Mailing Address 1>> <<Mailing Address 2>>
<<City>>, <<State>> <<ZIP>>

Other formats and languages

You can get this document in other languages, large print, braille or a format you prefer free of charge. Email Ask.OHP@odhsoha.oregon.gov or contact OHP at 800-273-0557 (voice). All relay calls welcome.

You will move to OHP Open Card on Jan. 1, 2027

Dear <<First Name>>,

You are getting this letter because you have Oregon Health Plan (OHP) benefits. There will be some changes to your health plan. Your benefits are currently provided through a regional health plan called a Coordinated Care Organization (CCO). Right now, your CCO is <CCOName>. On Jan. 1, 2027, you will move to OHP Open Card. If other members of your household are affected, they will also get this letter.

You will still have full OHP benefits

OHP Open Card offers the same OHP benefits, including physical health care, dental care, mental health care, substance use treatment, and prescriptions. Who to call for help, and the network of health care providers like doctors, dentists and pharmacies you can go to may be different from your CCO. Many health care providers work with your CCO and Open Card, but some do not. You have the right to free interpretation in any language you need.

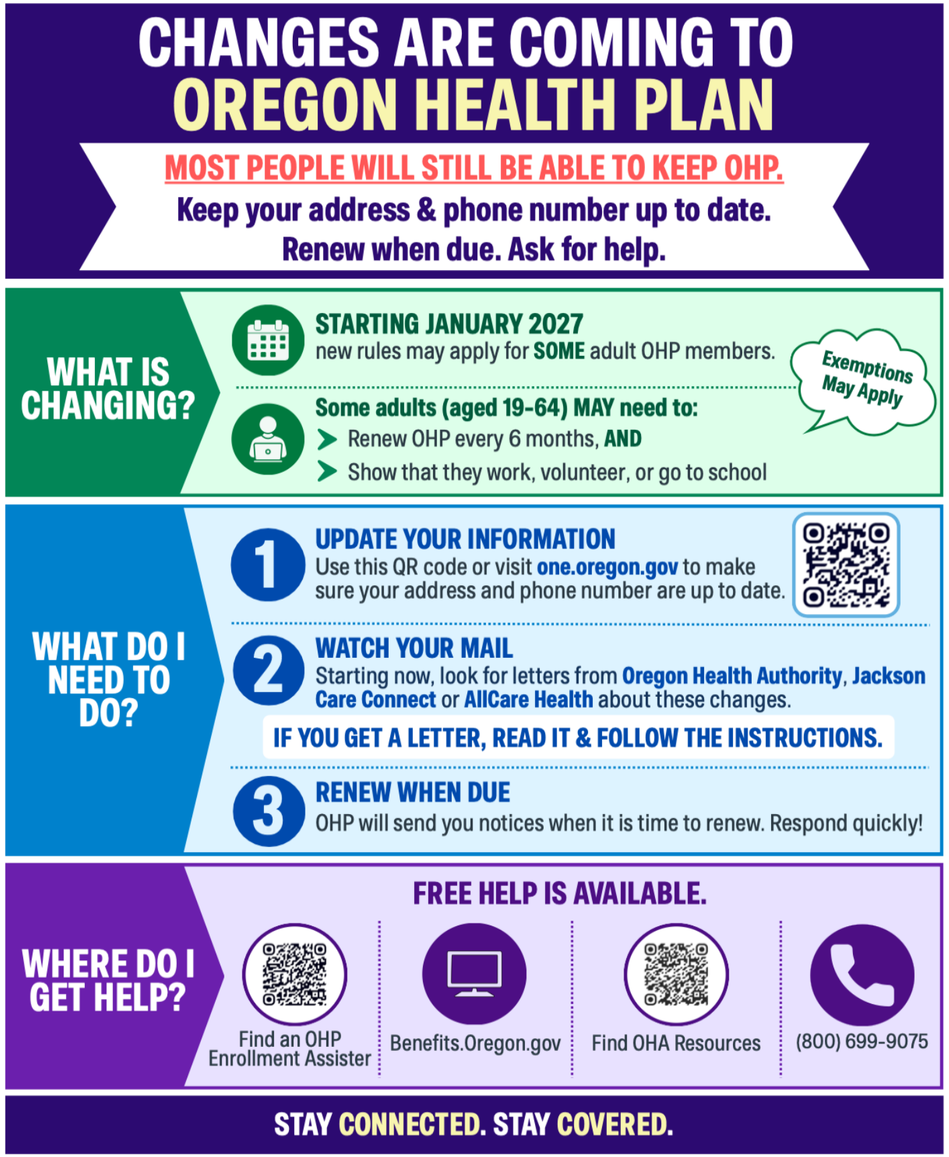
Questions? Visit Oregon.gov/HealthierOregon
or call 800-273-0557 (TTY 711)

Page 1 of 2

- **Jefferson Regional Health Alliance** convened providers, CBOs, CCOs, county government and others to discuss how they could work together regionally to prepare for the impacts of H.R. 1 in Jackson and Josephine counties.

- A Communications Committee drafted and is disseminating a one pager.
  - They are happy to share this template freely with other organizations and regions!
  - Spanish and Samoan language versions also available

- An Assisters Committee is getting an accurate count of available assisters and setting up a databank, hosted by Jackson County.



- A partnership of two organizations, **Communities for Kids** and **First Five Nebraska,** has created resources aimed at Parents/Caregivers and Pregnant Woman, including a Protect Your Coverage video that can be shared on social media

Medicaid Work Requirement Exemptions

Work Requirements Are Now in Effect for Adult Medicaid Expansion Members

What does that mean for Nebraska's mothers and young families?

The federal government's Medicaid work requirements went into effect in Nebraska on May 1, 2026, making us the first state in the nation to implement these changes in compliance with H.R.1. This means current and new enrollees of Medicaid expansion must participate in work, approved work programs, community service or education for at least 80 hours per month, unless they qualify for an exemption.

Pregnant Individuals or Parents with Young Children Are Exempt from Work Requirements

New Medicaid applicants and current enrollees are **exempt** from work requirements if they are:

- Pregnant
- Postpartum (up to 12 months) **and** had Medicaid while pregnant
- A parent or caretaker of a child age 13 and under

It is important that individuals take the necessary steps to confirm exemption in order to receive coverage.



Did You Know?

- In Nebraska, **24,300 Medicaid expansion adults and 3,000 children** are at risk of losing health care coverage due to Medicaid cuts.
- Of all persons enrolled in Medicaid in Nebraska, **46% are children**.
- Medicaid pays for **38% of all births in Nebraska** and helps ensure access to prenatal, maternity and postpartum care.

firstfive NEBRASKA

Medicaid Work Requirements Are Now In Effect*



Here's what those who are pregnant or have young children in the home should know:

You are **exempt** from work requirements if:

You are pregnant

You are postpartum (up to 12 months) and had Medicaid while pregnant

You are a parent or caretaker of a child age 13 and under

It is important that new applicants and current enrollees take the necessary steps to confirm exemption in order to receive coverage.

Establishing Work Requirement Exemption

New Medicaid Applicants

Individuals who are applying for Medicaid and are pregnant or have dependents age 13 and under in the home must indicate this (including expected due date if pregnant) when completing the application in order to be exempt from work requirement activities.

Current Medicaid Enrollees

Individuals currently enrolled in Medicaid who become pregnant must report this to DHHS in order to claim exemption. Enrollees can declare changes in status to DHHS online through the iServe portal, by calling DHHS or by visiting a local DHHS office. This step is important as current enrollees will be reviewed on a rolling basis and must alert DHHS of any changes in status prior to renewal.

Changes in status that could lead to exemption from work requirements should be reported to DHHS as soon as possible to ensure continuation of coverage.

Please visit the DHHS Medicaid Work Requirements page for more information and to learn about additional exemptions.

Connecticut Health Policy Project

HUSKY changes coming -- Caregivers keep your coverage

Learn more about changes to HUSKY

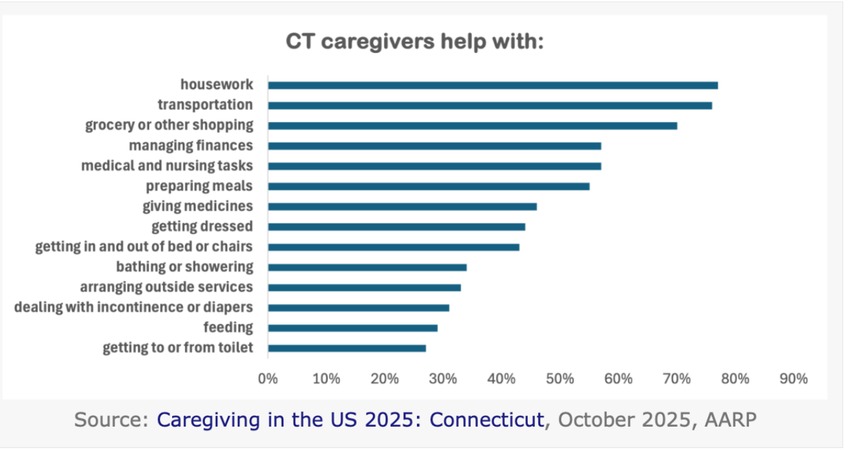
- Join us in Hamden for an Info Session, sponsored by the Town of Hamden
- Wednesday, October 21st at 6pm
- Keefe Community Center, 11 Pine St.

Impact on caregivers

Family or friends providing regular care for people with health needs, including people with disabilities and seniors, don't have to comply with the Medicaid work requirements. **But many may never know that they are exempt and could lose their HUSKY coverage.**

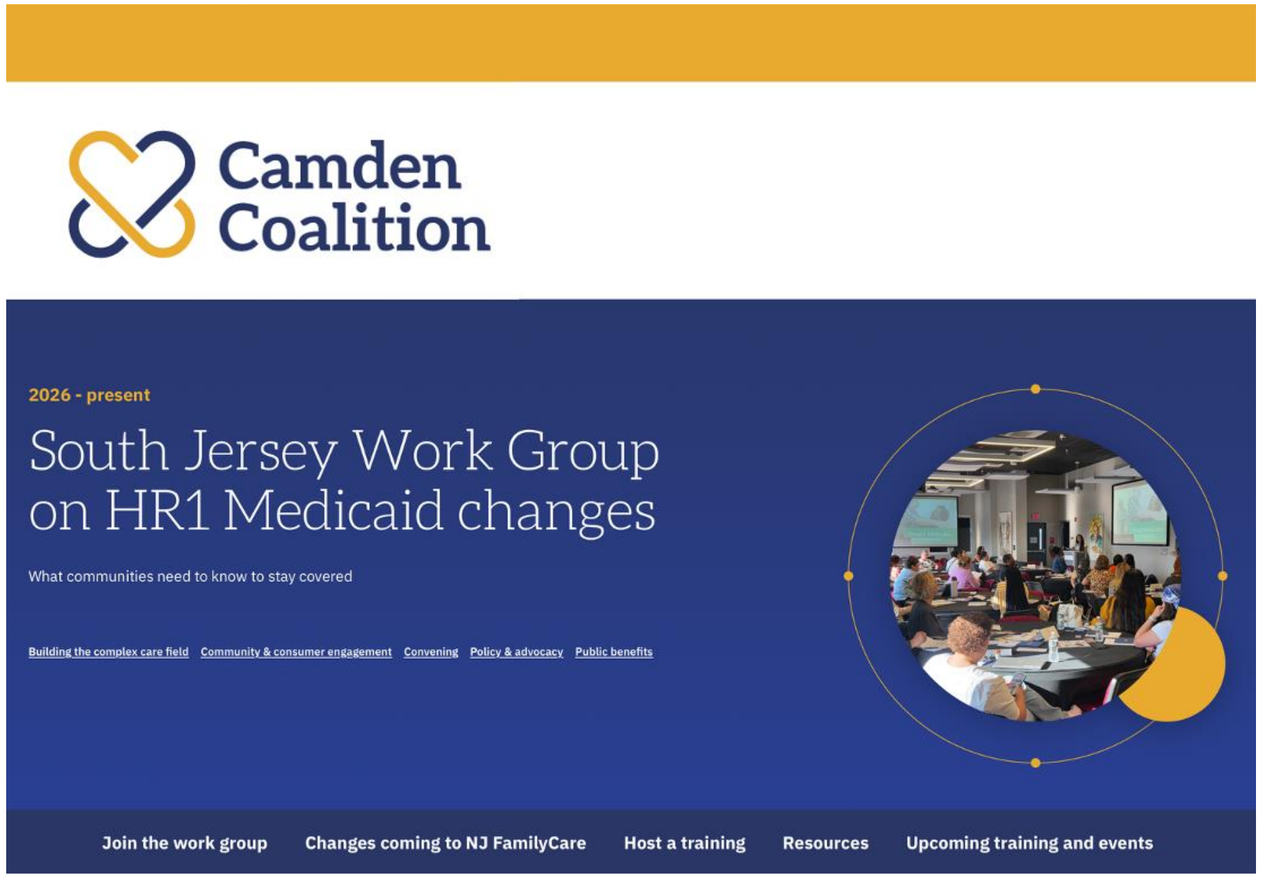
AARP estimates that **60,000 people in Connecticut with incomes below $25,000 per year are providing critical care for family or friends.** Many are likely to be covered by HUSKY Part D and at risk of losing their healthcare coverage.

Caregivers provide critical care we could never afford to pay for. This care allows people with health needs to stay in their homes, avoiding costly hospital and institutional care.



Source: Caregiving in the US 2025: Connecticut, October 2025, AARP

- The **Connecticut Health Policy Project** has created resources and is conducting an outreach and education campaign aimed at **caregivers**
- This education campaign will help make sure people with serious health needs or disabilities know they are exempt – as well as caregivers!
- They are holding town halls to share information and answer questions



Starting in July 2026, the Camden Coalition hosts a monthly virtual work group meeting to address upcoming changes to NJ FamilyCare. The group aims to share resources and engage in advocacy to ensure that every eligible person enrolled in NJ FamilyCare Medicaid retains their coverage, and that people who become uninsured get connected to alternative coverage and free and low-cost healthcare.

The group's objectives are to:

1. Share information about the harmful Medicaid changes starting October 2026.
2. Share information about how we can all help NJ residents successfully renew their coverage or apply for the first time.
3. Share information about how we can all help people who have become uninsured to secure alternate insurance coverage and/or access free and low-cost healthcare.
4. Advocate for the resources necessary to do the above things **AND** to prevent additional detrimental policy changes.

The group is for anyone and everyone interested in achieving the goal and objectives above – especially people at organizations who work with people enrolled in NJ FamilyCare Medicaid and the GetConnected NJ Marketplace.

PART 6

Discussion and Planning Support

NEXUS
HEALTH STRATEGIES

RHTP funds cannot supplant Medicaid funding

> RHTP dollars can help rural systems adapt to federal Medicaid cuts, but they cannot be used to directly offset or replace those cuts or to pay for services that should be covered by Medicaid or other insurance.

> RHTP funds may not be used to finance the non-federal share of Medicaid — no use as state match, Intergovernmental Transfer equivalents, or to plug Medicaid budget holes.

> RHTP cannot be used to directly replace federal Medicaid cuts in H.R. 1 or to restore coverage or benefits that H.R. 1 removes. CMS has stated the program is not intended to “replace the funding cut in H.R. 1.”

There are other non-allowable uses of RHTP funding (in addition to above).
For more information, see OHA's website.

How could your community and the Oregon Rural Health Collaborative prepare for H.R. 1 (and how could RHTP funds help)?

Some examples:

Communication and coordinated messaging support	Education and training	Outreach to Medicaid enrollees	Application support to Medicaid enrollees
Coordinating access to volunteer/job opportunities	Leveraging CHW navigators	Convening regional stakeholders to coordinate and leverage community resources	Planning for increased numbers of uninsured patients

Your ideas here!

Would your community benefit from planning support around H.R. 1?

Much of the work to get ready for 2027 goes better when local partners plan it together.

We could help your community:

- Bring local partners together: clinics, hospitals, CCOs, public health, and community organizations
- Shared learning on H.R. 1 changes
- Build a shared plan for outreach, renewals, and application support
- Identify activities RHTP funds could support

LET US KNOW IN THE CHAT

Would your community like planning support?

Put your name, organization, and community in the chat, and we'll follow up after the webinar.

Discussion and feedback

What do you want to learn more about?
What ideas are you considering in your community?

Questions?

Stay informed by checking OHA's website.
www.oregon.gov/oha/hsd/ohp/pages/federal-changes.aspx

NEXUS
HEALTH STRATEGIES



ORH Announcements

- **Next H.R. 1 Webinar:**
  - **Nov. 10** at 2 p.m. | H.R. 1 Administrative Changes and New Redetermination Rules

- Do you have an idea for another webinar you'd like to see? A question that came up that you didn't have answered? Would you like to request technical assistance? (*Submit a request/ comment here*)

OREGON OFFICE of RURAL HEALTH

OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Thank you!

Kenna Dickard
Technical Assistance Specialist
Dickard@ohsu.edu

OHSU