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September 23, 2026

Federal Rules and Upcoming Changes to Oregon Health Plan

City of Sweet Home: Health Committee
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Agenda

- 1 | House Resolution 1 (HR1) Overview**
- 2 | Work or Activity Rules**
- 3 | Healthier Oregon Changes**
- 4 | Member Outreach**
- 5 | How to stay informed**



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What is Oregon Health Plan (OHP)?

What is Oregon Health Plan?

Oregon Health Plan (OHP) is Oregon's Medicaid program.

- OHP provides health care coverage for people from all walks of life. It covers things like:
 - Medical, dental, vision, prescriptions, behavioral health, in-home help, and many other services.
- Most OHP members have coverage through a coordinated care organization (CCO) and some members have Open Card/Fee-for-Service.
- Anyone can apply at anytime of the year.

Why is Oregon Health Plan important?

Oregon Health Authority's mission is to make sure all people in Oregon can live healthy, prosperous lives.

Keeping people covered is better for everyone in Oregon.

Oregon Health Plan (OHP) lowers the cost of health care by providing people with access to preventative care.





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House Resolution 1 (HR1)

Changes to Oregon Health Plan

Oregon Health Authority's goals



Keep people covered



Reduce inequities and harm to the people we serve



Adhere to federal rules

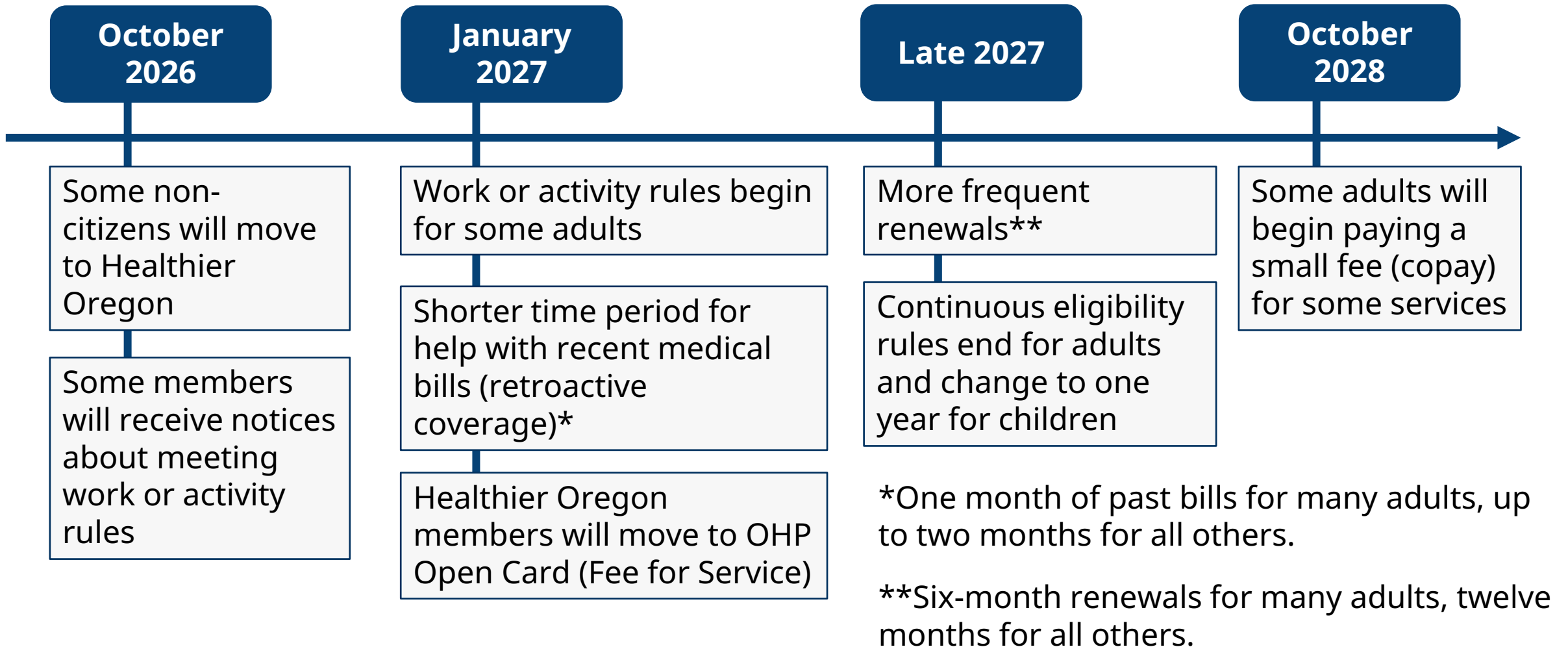
New federal rules require major changes

House Resolution 1 (HR1) and other federal guidance introduced new federal rules that require major changes to Oregon Health Plan.

Some of these changes include:

- Introduction of work or activity rules
- Changes to non-citizen eligibility
- Changes to retroactive coverage
- Introduction of copayments
- More frequent renewals
- Changes to provider taxes and state directed payments
- Changes to the Oregon Health Insurance Marketplace
- Changes to Supplemental Nutrition Assistance Program (SNAP)

Timeline of Changes to Oregon Health Plan (OHP)





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OHP Work or Activity Rules for Some Adults

OHP work or activity rules



Starting in January 2027



Applies to some adults
ages 19 through 64



Does not apply to OHP
programs based on
disability, pregnancy, or
Medicare

**When some adults apply or
renew, they will be reviewed for:**

- One of many exemptions, or
- Qualifying activity (one or in combination)
 - Work
 - Volunteering
 - Education or training



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HR1 Work or Activity Rules: Screening and Exemptions

Two categories of exemptions for OHP work or activity rules

OHA is required to draw distinctions between these two categories:

1. **Work or activity rules do not apply to certain populations.** These exemptions are called “specified exclusions” in federal policy.
2. People who work or activity rules apply to may **have reasons they do not need to meet the rules.** These reasons are called “exceptions” in federal policy.

OHA is trying to focus on the actions needed by the member rather than the policy terms. For this reason, we use “exemption” to include both exclusions and exceptions.

Who does NOT need to meet work or activity rules?

OHP members or applicants who:

- Care for a child under 14 or someone with a serious or disabling health condition
- Are pregnant, or had OHP while pregnant in the prior 12 months
- Get SNAP and work rules apply, or already meet work rules for TANF
- Are American Indian/Alaska Native
- Are blind or have a serious or disabling health condition, this includes veterans with a total disability rating
- Have an alcohol and drug use disorder or are in treatment
- Left foster care at age 18 and are now 19-26
- Are in jail or prison

Who does NOT need to meet work or activity rules?

OHP members or applicants who:

- Recently turned age 19
- Spent at least one week away from home to get health care for themselves or a dependent, or missed time in work or school to help a dependent while they traveled for health care
- Were admitted overnight as a patient in a hospital or other care facility, or received critical care in home or another setting
- Were on certain other OHP programs before their renewal (not subject to work rules)
- Were recently in jail or prison
- Lived in an area with a federally declared disaster or high unemployment rate
- Are entitled to or receiving Medicare Part A, or are enrolled in Medicare Part B

What is a serious or disabling health condition?

A serious or disabling health condition is a “physical, mental, or other behavioral health condition that **significantly impairs** the individual’s ability to comply” with the work or activity rules.

- Federal policy and people in community may refer to these conditions as “medical frailty,” but OHA does not use this phrase because of its untrue and pejorative connotation.
- The CMS Interim Final Rule (issued 6/1/2026) added the additional requirement of significant impairment, such as preventing working part-time, which has added confusion and complication.
- Remember: most people with Medicaid who can work are working.

Automatic verification

- Oregon must rely on automated verification processes to the extent possible
- When medical exemptions cannot be automatically verified:
 - Self-attestation will be allowed through 2027 without need for additional external verification
 - In 2028 members with help from their clinicians or community partners may need to submit documentation

What are examples of serious or disabling health conditions?

Oregon Health Authority will provide more information about definitions and proof needed in the coming months when additional CMS guidance is provided.

What we know:

- There are many types of health conditions that may qualify:
 - Receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)
 - Have temporarily disabling conditions: major surgeries (cardiac bypass) or injuries (fractures), illnesses (pneumonia), hospitalization or care facility for complicated conditions (mental health, substance use disorder, physical, intellectual disabilities)
 - Have serious or long-term conditions: dialysis, chemotherapy or radiation, Crohn's disease, chronic obstructive pulmonary disease (COPD), major depressive disorder, substance use disorders
 - Require frequent monitoring or treatment: diabetes with complications, cystic fibrosis
 - Have life-long conditions: trisomy 21, cerebral palsy



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HR1 Work or Activity Rules: Qualifying Activities

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:

Income:

Gross household income of more than \$580 per month

\$580 is under 40 hours at minimum wage in Oregon

OR

Education enrollment:

Enrolled in high school, a GED program, or at least half-time in higher education

OR

Hours: At least 80 hours monthly of work, education, training programs, or unpaid work like volunteering

Qualifying activity updates: Unpaid work

- Unpaid work can include activities like volunteering, caregiving, unpaid work being traded for housing or other needs
- Along with work, education, volunteering and training programs, you may see caregiving or other unpaid work mentioned in the list of activities that can be combined to reach 80 hours
- Note: Caregiving for someone under age 14 or with serious disabling health condition of any age is still an exemption
 - To qualify for an exemption based on caring for someone who is **not** a relative and who does **not** live in the same home, a person must provide **at least 80 hours** of care per month
 - If they provide **less than 80 hours of care per month**, their hours can be considered as “unpaid work” and be combined with other qualifying activities to reach 80 hours

Qualifying activity update: Volunteering

- June guidance on qualifying volunteer activity was more restrictive than expected
- New requirement: Volunteer activities that involve supporting or opposing any political party, candidate, or political beliefs cannot be counted for work or other activity rules.

What volunteer activities count?

- Needs to be a structured program that benefits the community/a civic or public need
- The public or nonprofit organization must provide oversight of the activity and have a process in place to track the community service completed by individuals, including:
 - the type of community service activity
 - dates and hours the community service is completed
 - a point of contact who can confirm the hours completed

OHA will provide more guidance and resources for nonprofits in upcoming months.



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Healthier Oregon Changes

What is Healthier Oregon?

- Healthier Oregon is a mostly state-funded program that allows Oregon to offer full Oregon Health Plan (OHP) coverage, regardless of immigration status.
- The program was created through a bill in the Oregon legislature and launched in 2022.
Healthier Oregon is primarily state-funded but uses some federal Medicaid funds, including for emergency health care services.
- Through Healthier Oregon, children and adults get the same full OHP Benefits, including physical, behavioral, and dental health care, primary care, hospital care, and prescription medications.



Federal changes affecting Healthier Oregon

There are three key changes that will affect some non-citizens:

- 1 Some non-citizens will move to Healthier Oregon
- 2 Healthier Oregon members will transition from CCOs to OHP Open Card
- 3 New work or activity rules will apply to some Healthier Oregon members

Federal changes affecting Healthier Oregon

1 Some non-citizens will move to Healthier Oregon

HR1 requires some adult OHP members with certain non-citizen statuses to move to Healthier Oregon from other OHP programs **October 1, 2026**.

- This will affect adults with the following immigration statuses:
 - Refugee,
 - Asylee,
 - Canadian-born First Nations, and enrolled members of a US Indian tribe born outside the United States who do not have Lawful Permanent Resident (LPR) status,
 - Amerasian-Vietnamese (born in Asia during Vietnam war whose father is a US citizen)
 - Humanitarian parolees, including from Afghanistan and Ukraine, and
 - Survivors of domestic violence and human trafficking

In Oregon, affected members will keep full OHP benefits.

Federal changes affecting Healthier Oregon

2 Healthier Oregon members will transition from CCOs to OHP Open Card

The Centers for Medicare & Medicaid Services (CMS) released a new interpretation of an existing federal rule that state programs like Healthier Oregon cannot be administered through coordinated care organizations (CCOs).

Starting in January 2027, Healthier Oregon will use the OHP Open Card provider network instead of coordinated care organizations.

Healthier Oregon members covered through Open Card will **continue to have the same covered benefits, but the network** of health care providers that members can seek health care from **may be different**.

What is OHP Open Card?

- OHP Open Card, also known as Fee-for-Service (FFS), is managed directly by OHA.
- The Oregon Health Plan (OHP) provides coverage through either a coordinated care organization (CCO), via Open Card, or through a mix of both.
- Most OHP members get care through a CCO, which is a local group of health care providers that care for OHP members in their area.
- Open Card and CCOs cover the same basic health care benefits, but the doctors and clinics that take OHP Open Card might be different.

General differences between CCO and Open Card

	Coordinated Care Organization (CCO)	Open Card
Management & Payment	Local network of providers manages care, paid per person	State pays providers directly, paid per service
Provider Network	Restricted to providers within specific CCO network	Any provider who accepts Open Card patients
Care Coordination	Includes dedicated local coordinators	Managed by Acentra Health and CareOregon
Member Enrollment	Per federal changes, Healthier Oregon members will be transitioning from CCOs into Open Card.	

Does Open Card have the same benefits?

- Open Card has the same OHP covered benefits as CCO membership.
- There are a few services available through CCOs which OHP Open Card does not offer, such as flexible services.
 - Flexible services (also known as “flex funds”) are items or services that help members stay healthy that a CCO can offer, even though they are not a part of regular OHP benefits.
- Members who have questions can contact OHP client services at (800) 273-0557 or Ask.OHP@odhsoha.Oregon.gov

Will members be able to see the same doctors?

- The network of health care providers members can see may be different from their CCO.
- Many health care providers work with CCOs and Open Card, but some do not.
- Members should contact their current health care providers and ask if they accept OHP Open Card.
 - They can keep seeing any providers that accept Open Card after the transition.
 - Members can also ask for help planning care for the rest of 2026 and around the transition.

If Healthier Oregon members need to pick new providers:

- If members' current health care providers do not accept OHP Open Card, they will need to find a new provider going forward.
- **Before Jan. 1, 2027**, members can find providers who take OHP Open Card by using the online Open Card provider search tool at OHPOpenCard.org.
 - Please keep checking back as the search tool is improved and new providers are added into the network.
- **After Jan. 1, 2027**, members can call OHP Open Card at (800) 562-4620 for help finding providers or coordinating care.

Federal changes affecting Healthier Oregon

3 New work or activity rules will apply to some Healthier Oregon members

Because of HR1, many adult Healthier Oregon members must meet the new federally required work or activity rules starting January 2027.

Some members ages 19 to 64 years old will need to complete work or other qualifying activities – such as work, go to school, be in job training, or volunteer.

Many members will qualify for exemptions that mean they do not need to meet the rules.

Upcoming Healthier Oregon Partner Work Sessions



Provider Network Development

Purpose: Engage, recruit, educate, retain, and support Open Card providers to serve the new and larger Open Card population well.

Second Tuesdays, 2-3 PM

Register [here](#).



CCO → Open Card Transition

Purpose: Engaging health system partners to ensure technical aspects of the transition are timely and coordinated. Ensuring Healthier Oregon members' care and care coordination needs continue to be met.

Fourth Tuesdays, 2-3 PM

Register [here](#).



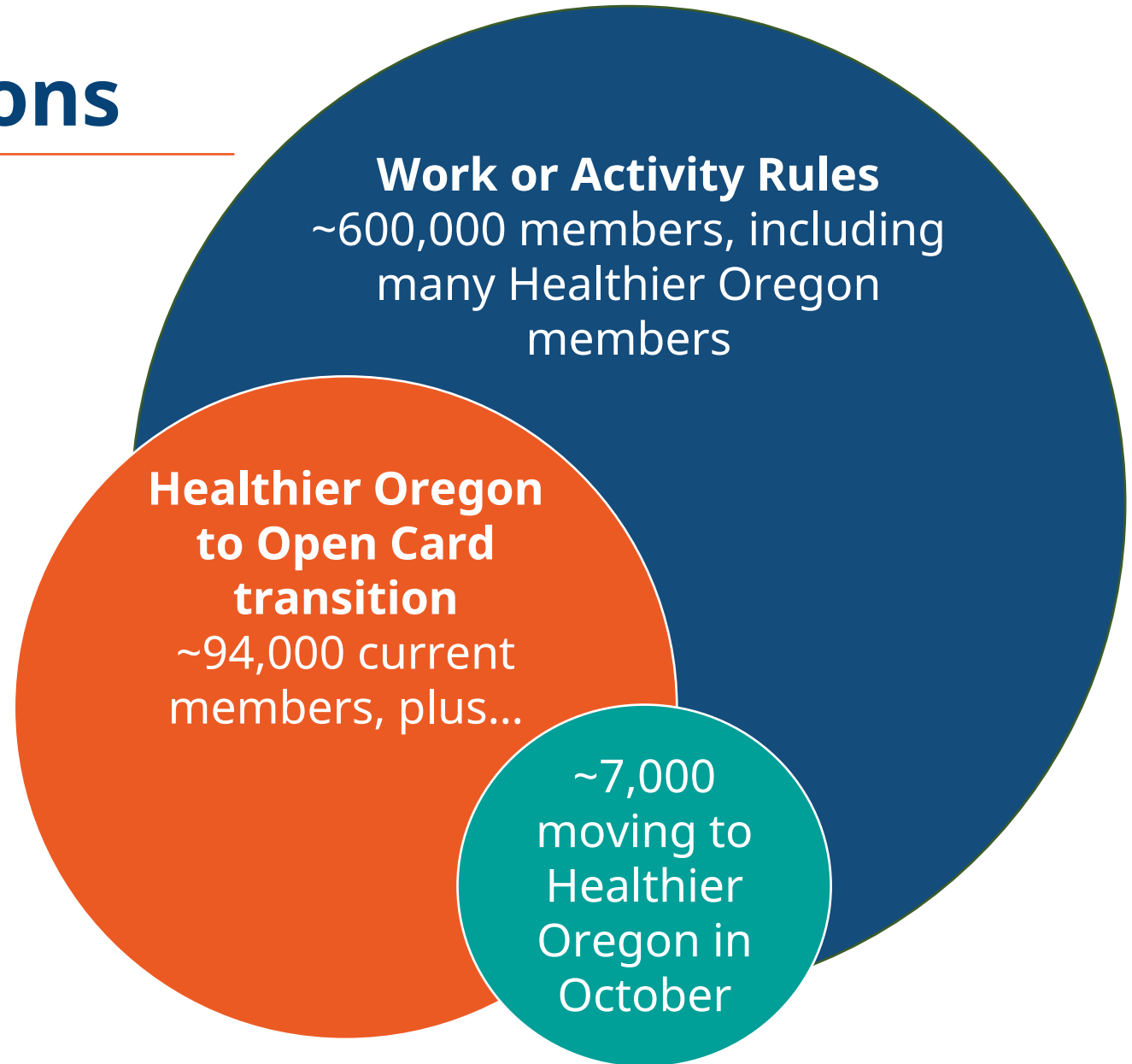
Engaging Healthier Oregon Members

Purpose: Share communications and outreach opportunities with community members — and collect feedback directly from members via community partners.

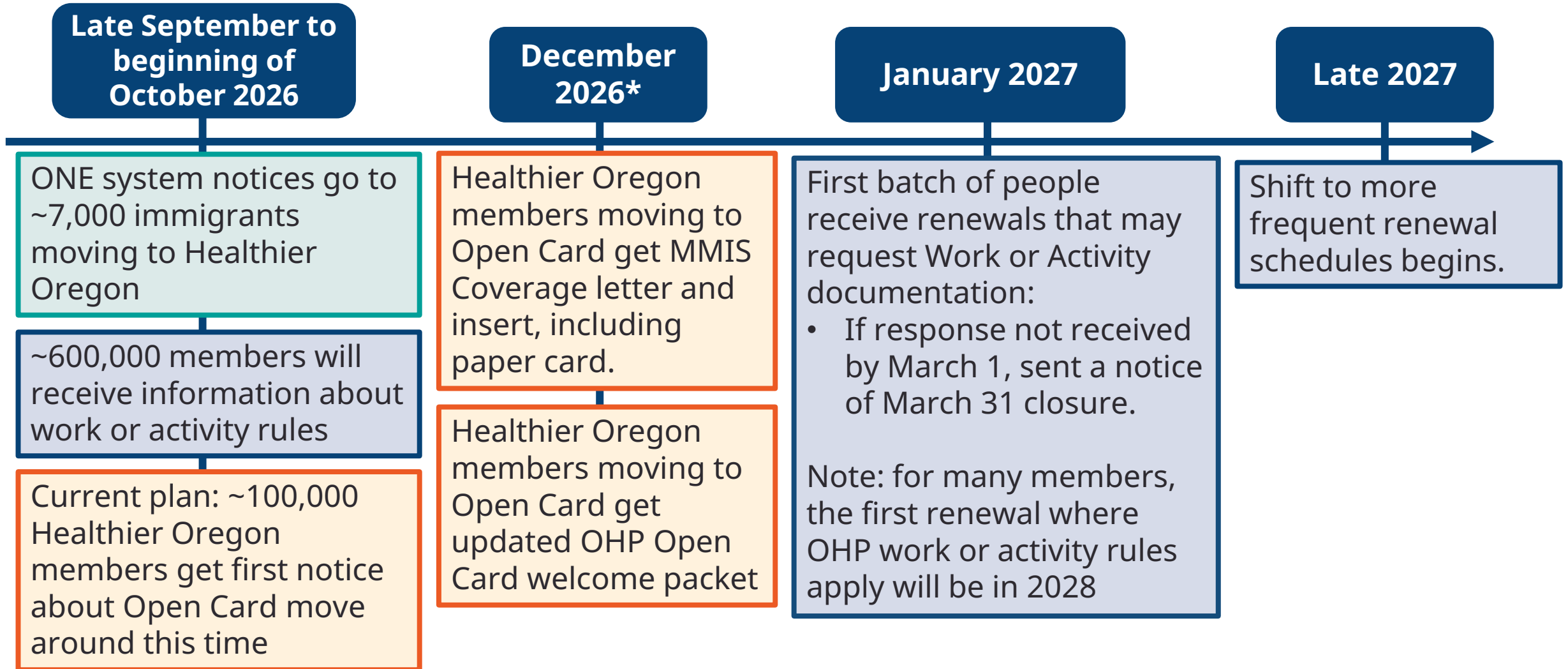
Third Tuesdays, 2-3 PM

Register [here](#).

Clarifying populations



Affected OHP members will receive several notices



Outreach notices

- Over 600,000 members will get informational notices about work or activity rules in late September
- Federal requirement: to include all people on applicable programs, even those who will be exempt.
- May be more than a year before the member's next renewal; case-specific renewal date is listed in the letter.

PCS Page Sequencing
Envelope Sequencing
ONE Customer Service Center Date:
PO Box 14015
Salem, OR 97309

«Date of Letter»
Your Case ID: «Case ID»

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» «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» «in 2028».
- Tell us about activities or exemptions in your ONE online account. Keeping your information updated will help make your next renewal easier.
- If you need help finding a job or volunteer work, visit [placeholder URL](#).

Meet the OHP work or activity rules by:

- Having a monthly household income of at least \$580 per month before taxes and deductions.

For help call 1-800-898-0075 or 711 [TTY](#)
or visit <https://benefits.oregon.gov>

«Footer Seq»
«CO Code» «Language Code» «Notice Name»

Learn more at
<https://OHP.Oregon.gov/HR1>

• Being in school half-time or more
• Doing at least 80 hours per month of training or work program. This includes:

- Some activities may not count to learn more.

Exemptions

The OHP work or activity rules

- Care for a child under 14 any age with a serious or health condition.
- Are pregnant or were pre 12 months.
- Get SNAP and work rules already meet work rules for
- Are American Indian or Alaska

The rules apply to you, but

- Recently turned age 19.
- Spent at least one week at home to get health care for dependent, or you missed school or job activities to dependent while they travel care.
- Were admitted overnight to a hospital or other care facility received critical care or surgery or in another setting.
- Were enrolled in certain other OHP programs before your renewal.



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How to Stay Informed

How partners can stay informed

- Visit the HR1 web page: OHP.Oregon.gov/HR1
- Attend ODHS | OHA Forward Together [bi-monthly partner webinars](#)
- Attend [Oregon Health Update](#) bi-monthly office hours
- Via [CCO weekly update](#), [OCHE community partner update](#), [Provider Matters](#), or [Oregon Health News](#) newsletters
- Participate in Healthier Oregon transition work sessions for CCOs, partners, and providers

How to stay informed

Web page: Oregon Health Plan Changes Coming Soon

[OHP.Oregon.gov/HR1](https://ohp.oregon.gov/HR1)

Newsletter: Oregon Health News

www.oregon.gov/oha/erd/pages/oregon-health-news.aspx

Social Media

- Instagram: [@oregonhealthauthority](https://www.instagram.com/oregonhealthauthority)
- Facebook (English): [facebook.com/OregonHealthAuthority](https://www.facebook.com/OregonHealthAuthority)
- Facebook (Spanish): <https://www.facebook.com/OHAespanol/>
- LinkedIn: [linkedin.com/company/oregon-health-authority](https://www.linkedin.com/company/oregon-health-authority)

Key materials available now

- Member websites:
 - Healthier Oregon page: Oregon.gov/HealthierOregon or Oregon.gov/MasSaludable
 - Open Card page: OHPOpenCard.org or OHPTarjetaAbierta.org
 - OHP Changes page: OHP.Oregon.gov/HR1
- OHP Toolkit hub page: OHP.Oregon.gov/Toolkit
 - Healthier Oregon fact sheet ([English](#) & [Spanish](#))
 - [Member notice examples](#) and [fall 2026 notice guide](#)
 - External talking points for partners ([English](#) & [Spanish](#))
- Ongoing touchpoints: Forward Together Oregon webinar (bi-monthly), Oregon Health Update Office Hours, and many local, regional, and statewide meetings with partners



**Oregon remains committed
to keeping health care as
accessible as possible.**





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Thank you!



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Retroactive Coverage Changes

Shorter time period for help with recent medical bills



Starting January 2027



Only one month for most adults ages 19-64, unless qualifying for OHP based on disability or pregnancy



Up to two months for all others

- When a member is newly enrolled, they can ask for help with recent medical bills. This is also known as **retroactive coverage**.
- Members can currently get up to 3 months of retroactive coverage, which will shorten to 1 or 2 months.



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More Frequent Renewals

More frequent renewals



Starting in late 2027



Some adults will renew every six months



All other OHP members will renew once per year

- Currently, most OHP members renew every two years.
- The federal government will require more frequent Oregon Health Plan (OHP) renewals.
- More frequent renewals increase **churn**, the process of rotating on and off Medicaid.
- A greater number of people in Oregon will be uninsured.



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Oregon Health Insurance Marketplace Changes

Changes to Oregon Health Insurance Marketplace

Federal Changes Coming 2027

- 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

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