



Change Tools

Oregon Health Plan (OHP) and Long-Term Care

Supporting people as they navigate changes to their medical benefits

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact 503-945-5488 (all relay calls accepted) or feedback@odhsoha.oregon.gov.



Overview: Oregon Health Plan Renewals

During the COVID-19 public health emergency (PHE), states kept people on the same level of medical coverage, even when their circumstances changed. These protections are ending this year. The federal government is requiring states to complete medical renewals and act on benefit reductions and closures starting in April 2023. As a result, everyone receiving medical benefits through the state in Oregon—almost 1.5 million people—will go through the renewal process.*



When renewals begin, members will receive a notice between April 2023 and January 2024.

These notices will vary based on the categories below. Click each to follow the member's journey based on their eligibility status.

I'm eligible



I'm not eligible



I need to take action



I receive Long-Term Care



OHP Medical Renewal

*People receiving Long-Term Care (LTC) will complete both an OHP Medical Renewal and Service Eligibility Review. Click "I receive Long-Term Care" to learn more.

Long-Term Care Services Overview

Scenarios & Challenges

- ⦿ OHP Renewal Process
- ⦿ Long-Term Care Process
- ⦿ Marketplace Transition
- ⦿ Medicare Transition



Overview: Medicaid Long-Term Care Services

Overview

Medicaid Long-Term Care Services include a range of services for eligible children and adults with physical, mental health, and intellectual or developmental disabilities to meet their health or personal care needs when they can no longer perform everyday activities on their own.

Long-term care services are generally not covered by traditional health insurance or Medicare. Medicaid pays the long-term care services costs for eligible, low-income individuals through several programs, and services can be provided in a person's home, community, or in a care setting, like adult foster care, assisted living and residential facilities, nursing facilities, and memory care communities.

Roughly 70,000 people in Oregon are currently receiving these critical supports and services and may experience changes to their benefits and services when medical renewals begin in April 2023.

I receive Long-Term Care Services



Scenarios and Challenges



What may change

When renewals begin in April 2023, if you are receiving Medicaid Long-Term Care Services you may experience one of the following:

1. If you no longer qualify for Medicaid, or Oregon Health Plan (OHP), based on your financial eligibility, your medical benefits and long-term care services will end.
2. If you previously qualified for OHP based on your disability and/or other long-term care services criteria but no longer met that criteria at the time of your last assessment, you lost your long-term care services but kept your OHP coverage because of the COVID-19 Public Health Emergency. Once medical renewals begin in April 2023, your OHP benefits will end at the time of your next renewal unless you meet requirements.
3. If you continue to qualify, you may have changes to your long-term care services based on your assessed needs, but your medical coverage through OHP will continue.

What to expect

In addition to completing your annual [OHP Medical Renewal process](#), you'll also participate in a separate assessment, or "[Service Eligibility Review](#)," at a different time with your Case Manager to review your ongoing care needs.

These meetings typically happen face-to-face where you live whether that's in your home, a group or foster home, or care facility.

Journey Map: I'm eligible

I'm eligible

I'm not eligible

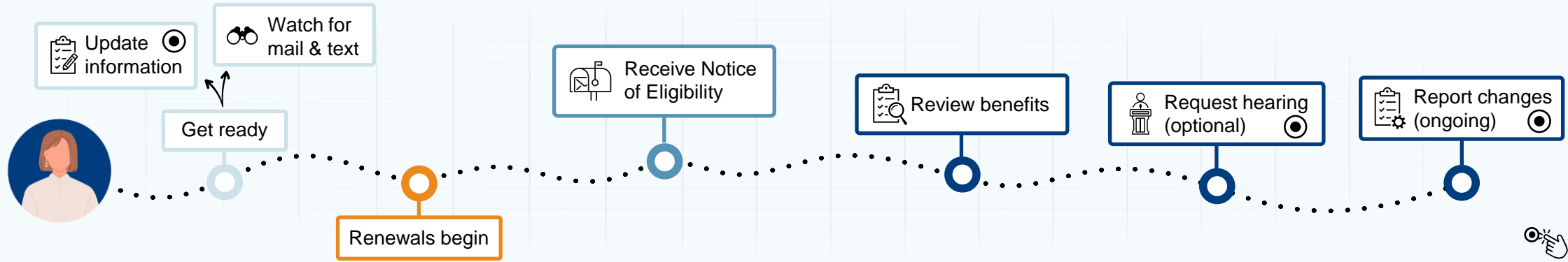
I need to take action

Long-Term Care Services

Main Menu



JOURNEY



STAGES

Get ready

Receive my Notice of Eligibility

Review my benefits and act as needed

I may learn about upcoming renewals in various ways, including:

- [ONE Applicant Portal notices](#)
- My Case Manager if I have one
- Community Partners
- Social media

I receive my Notice of Eligibility in the mail and on my ONE Applicant Portal if I have one. My notice includes a summary of my benefits, what I can do now, and where I can go for help.

I'm keeping coverage and:

My benefits are staying the same.

OR

My benefits are reducing.

I can prepare by:

- [Updating my contact and household information.](#)
- Watching for mail and texts from the state and acting when needed.

I can [get help understanding this notice](#) from the ONE Customer Service Center, my local ODHS office, a community partner, or my Coordinated Care Organization (if I have one).

- I can see my next steps to use and keep my health care coverage.
- I can [ask for a hearing](#) if I do not agree or think the state made a mistake with my benefits.
- I should [report changes in my household](#) (like my income) so the state can best serve me.



EXPERIENCE



ACTIONS

Journey Map: I'm not eligible

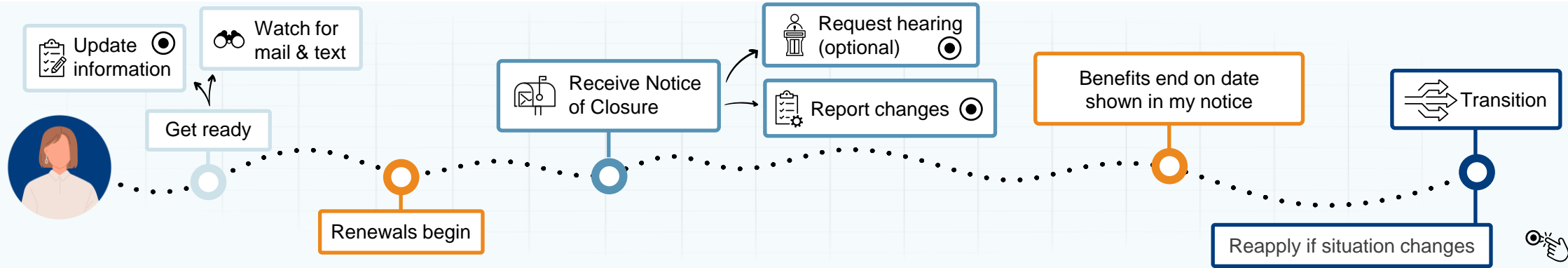
I'm eligible

I'm not eligible

I need to take action

Long-Term Care Services

Main Menu



STAGES

Get ready

Receive and act on my Notice of Closure

Transition to other forms of coverage or access other healthcare resources

EXPERIENCE

I may learn about upcoming renewals in various ways, including:

- [ONE Applicant Portal notices](#)
- My Case Manager if I have one
- Community Partners
- Social media

I receive my Notice of Closure in the mail and on my ONE Applicant Portal if I have one. My notice includes why my benefits are ending and when, what I can do now, and where I can go for help.

- If I'm eligible for the [Marketplace](#), I'll be automatically referred (unless I don't respond to my renewal notice) and will receive notice directly from the Oregon Health Insurance Marketplace.
- If I'm eligible for [Medicare](#), I'll need to check my circumstances. I may be automatically enrolled, or I may need to enroll directly with guidance from Aging and Disability Resource Connection (ADRC) and Senior Health Insurance Benefits Assistance (SHIBA).
- If I'm not eligible for other forms of coverage, my benefits will end on the date shown in my Notice of Closure or after losing a hearing request.

ACTIONS

I can prepare by:

- [Updating my contact and household information.](#)
- Watching for mail and texts from the state and acting when needed.

- I can [get help understanding this notice.](#)
- I can [ask for a hearing](#) if I do not agree or think the state made a mistake with my benefits.
- I should [report changes in my household](#) (like my income) so the state can best serve me.

- Actions I can take will vary based on whether I'm eligible for the [Marketplace](#) or [Medicare](#).
- I can check with my employer to see if I'm eligible for an Employer Sponsored Insurance Program.
- If I'm not eligible for other forms of coverage, I can access [medical care resources for uninsured people](#).

Journey Map: I need to take action

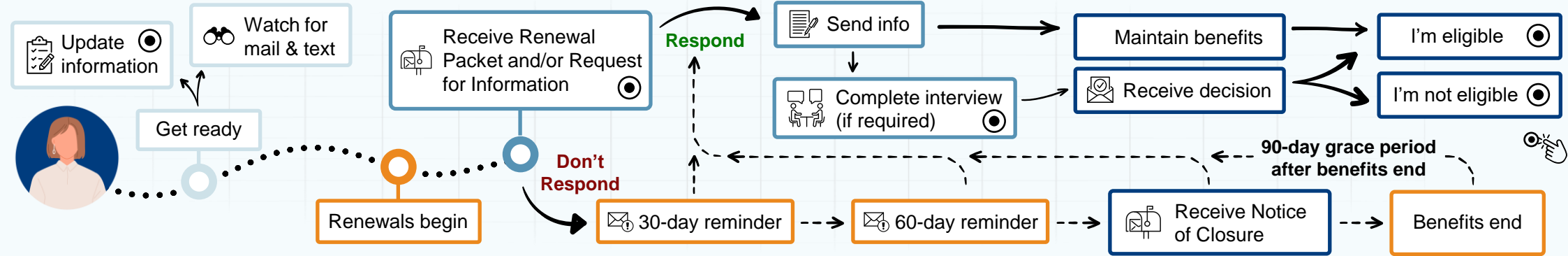
I'm eligible

I'm not eligible

I need to take action

Long-Term Care Services

Main Menu



STAGES

Get ready

Receive and respond to my Renewal Packet and/or Request for Information (RFI)

Receive decision and act OR receive notice benefits are ending because I didn't respond

I may learn about upcoming renewals in various ways, including:

- [ONE Applicant Portal notices](#)
- My Case Manager if I have one
- Community Partners
- Social media

I receive my Renewal Packet and/or [RFI](#) in the mail and on my ONE Applicant Portal if I have one. My notice includes what I need to provide and by when and where I can go for help.

If I do not respond, I will receive reminder notices via mail and text if the state has my phone number 30 and 60 days after receiving my Renewal Packet and/or RFI.

After submitting my information and completing an [interview](#) (if required), I will receive notice that I am eligible or not eligible in the mail and on my ONE Applicant Portal if I have one. In some cases, I may be asked to follow up with additional information.

If I do not respond to my renewal and/or RFI within 90 days, I will receive notice that my benefits are ending. My coverage will end on the date shown in my Notice of Closure.

I can prepare by:

- [Updating my contact and household information.](#)
- Watching for mail and texts from the state and acting when needed.

- I can [get help understanding this notice.](#)
- I should send my information and/or packet as soon as possible and within 90 days.
- I can call or go into my local office to schedule and complete an [interview](#) if required.

- If I'm eligible, I can see my next steps to use and keep my health care coverage.
- If my benefits are reducing or ending, I can [ask for a hearing](#) if I do not agree or think the state made a mistake.
- If I did not respond, once my benefits end, I will have a 90-day grace period during which I can submit information to see if I am eligible without having to reapply.

ACTIONS

Journey Map: I receive Long-Term Care Services*

I'm eligible

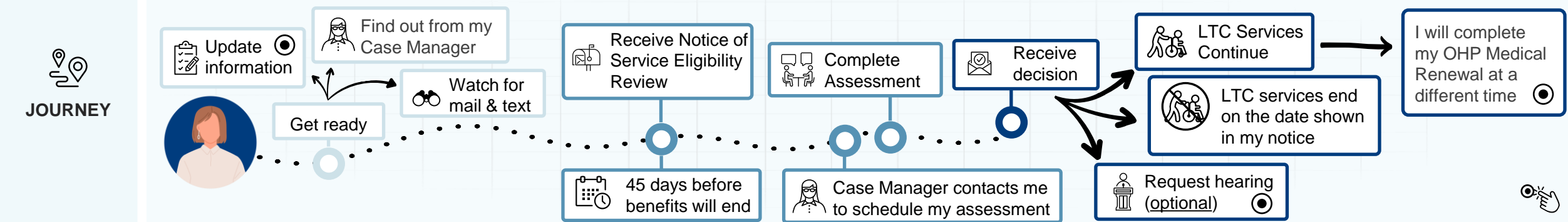
I'm not eligible



I need to take action

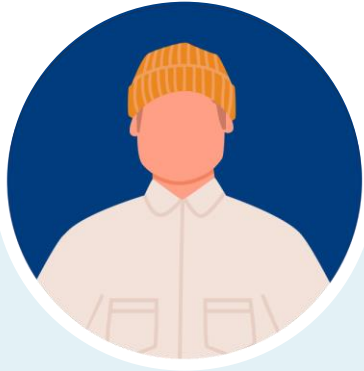
Long-Term Care Services

Main Menu

*In addition to completing a Service Eligibility Review with your Case Manager every year, you will also complete your annual OHP Medical Renewal to make sure you are financially eligible for Medicaid.



STAGES	Get ready	Receive my Notice of Service Eligibility Review* and Complete my Assessment	Receive decision and act as needed
 <p>EXPERIENCE</p>	<p>I may learn about upcoming renewals in various ways, including:</p> <ul style="list-style-type: none"> • My Case Manager • <u>ONE Applicant Portal notices</u> • Community Partners • Social media 	<ul style="list-style-type: none"> • I receive my Notice of Service Eligibility in the mail and on my ONE Applicant Portal if I have one 45 days before my benefits will end. My notice includes my review by date and what I can expect during my assessment. • My Case Manager will call me to schedule a time to meet and review my care needs where I live. During my assessment, we'll discuss what kind of care I need, including how long and how often. 	<ul style="list-style-type: none"> • If I'm eligible, I will receive paperwork to sign and return. If I decide to receive paid care in my home, my Case Manager will determine how many hours I'm eligible for. • If my benefits are reducing or ending, my Case Manager will send me information that lets me know why, when my services will end, and how to request a hearing.
 <p>ACTIONS</p>	<p>I can prepare by:</p> <ul style="list-style-type: none"> • <u>Updating my contact and household information.</u> • Watching for mail and texts from the state and acting when needed. 	<ul style="list-style-type: none"> • I can get help understanding my notice from my Case Manager. • I can request a time and date before my review due date that is convenient for me to complete my assessment. • During my assessment, I can share how often I need help from others and in what ways. I can also show the Case Manager around my home or care setting to help them better understand my care needs. 	<ul style="list-style-type: none"> • If I'm eligible, I need to review, sign, and return my paperwork to my Case Manager immediately. • If I decide to receive care in my home and need more hours, I can work with my Case Manager to request more hours. • If my benefits are reducing or ending, I can <u>ask for a hearing</u> if I do not agree or think the state made a mistake. • At a different time, I will complete my <u>OHP Medical Renewal</u>.



Scenario 1: Individual who has never gone through the renewal process

An individual signed up for OHP during the pandemic when renewals were paused. As such, they may have never experienced the process and/or completed a Request for Information and don't know what to expect. For people who are houseless or move often, it may be extra hard to get and respond to information from the state.

Anticipating needs

People new to OHP and the renewal process may need additional support learning what to do and how. In particular, people who need to complete Requests for Information or interviews will likely contact the state or community partners for help.



Scenario 2: Family receiving multiple types of benefits

A family receiving multiple types of benefits, like medical and SNAP food benefits, may receive different notices at different times with different actions they need to take. Additionally, the family may continue receiving some benefits, while losing or experiencing a reduction in others, which may cause confusion and frustration.

Anticipating needs

Unless this family is familiar with renewals and has experience completing them in the past, the process and amount of information they receive can be overwhelming. They will likely have questions as they navigate their unique renewal experience and may contact the state or community partners for help.

CHALLENGES



Long wait times to get help through the call center

People with questions or needing to respond to notices may prefer or need to talk to someone from the state by phone. Long wait times are frustrating in general but are also barriers for people who do not have time to wait or the means to access other channels.



Difficulty reaching people with outdated or no address on file

It will be challenging to reach people who are houseless, move often, and/or do not have an updated address on file. Unless they have other ways of receiving information from the state, they may miss their opportunity to renew and could lose coverage.



People may be new or unfamiliar with the renewal process

People who signed up for OHP during the pandemic may have never experienced the renewal process and will need help understanding what to do and how.



Limited language options in ONE Applicant Portal

The ONE Applicant Portal is the quickest way someone can update their contact information or respond to RFIs, but it is only available in English and Spanish. People who prefer or need other languages can use [a toll-free language line](#) or get help from community partners.

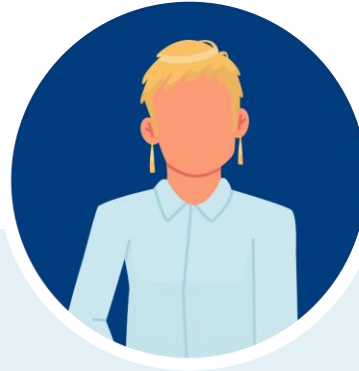


Scenario 1: Individual who makes too much money to qualify for OHP

An OHP member started a new job during the pandemic and makes more money. Under normal circumstances, this person would have lost their OHP because they made too much money to qualify. When their renewal begins, they will lose OHP and need to enroll in a Marketplace plan as soon as possible to avoid gaps in health coverage.

Anticipating needs

Marketplace plans have more costs than OHP, so this person will wonder how this transition will impact their budget. They may also need help understanding how the Marketplace works. In some cases, they may be confused why they are no longer qualified when they've kept their coverage for years.



Scenario 2: Individual who is not eligible for health coverage

An individual who previously did not qualify for OHP benefits because they are undocumented was able to sign up for the new Healthier Oregon Program. Since then, they've started making more money and no longer qualify for OHP. When their renewal begins, they will lose OHP and may not qualify for other options, like the Marketplace, but could get private insurance.

Anticipating needs

Resources for people who are undocumented are limited, and it is scary and overwhelming to not know where to go for medical care. This individual will need guidance on what organizations and programs exist in their area to meet their care needs.

CHALLENGES



Marketplace plans have more costs than Oregon Health Plan

While people may be eligible for financial assistance to help pay their premiums and out-of-pocket health care costs, Marketplace plans typically are more expensive than OHP and may have a big financial impact on people who transition to it.



Private insurance can be a big change

From choosing a plan to understanding special enrollment periods to paying monthly premiums, transitioning to the Marketplace can be confusing and may overwhelm people who are new to it and do not know where to go for help.

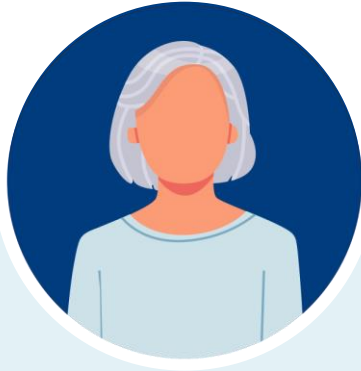
Transitioning to Marketplace



Few options for those who are not eligible for health coverage

Some people who no longer qualify for OHP will also not be eligible for the Marketplace, Medicare, or employer-sponsored insurance because they are incarcerated or are not a U.S. citizen or national (or lawfully present). In these cases, they will have limited options for accessing the care and services they need to get and stay healthy.

Access free healthcare resources



Scenario 1: Individual who turned 65 and is not enrolled in Medicare

An OHP member turned 65 during the pandemic and became eligible for Medicare but did not enroll. When their renewal begins, they will lose OHP and need to sign up for Medicare as soon as possible to avoid gaps in health coverage and penalties for enrolling late, like paying higher premiums.

Anticipating needs

Medicare is more expensive than OHP, so this person will need help understanding how the transition will impact their budget. Medicare also has different parts that cover different services at different costs, which can be confusing and tough to navigate without help.



Scenario 2: Individual who is 65 and already enrolled in Medicare

An OHP Plus member is 65 and already receiving Medicare. When their renewal begins, their OHP benefits will end, but they may remain on OHP Plus based on their healthcare needs and if they are within income and resource limits for their benefit program. They may also qualify for a Medicare Savings Program.

Anticipating needs

It is likely this person will not know all their options and may need support understanding the difference between OHP and OHP Plus benefits and eligibility requirements by program. They may also need help with specific parts of the RFI process, like completing an interview and having the state verify their assets.

CHALLENGES



Medicare is more expensive than OHP

While people may be eligible for financial assistance to help pay their premiums and out-of-pocket health care costs, Medicare typically is more expensive than OHP and may have a big financial impact on people who transition to it.



Medicare is hard to understand

Medicare has different parts that cover different services at different costs, which can be confusing and tough to navigate without help from a health coverage expert.



There are costly penalties for enrolling late

If eligible people wait to sign up for Medicare, they may be charged penalty fees for parts of the program that cover different healthcare services. These costs can be high and long-lasting.



Extra complexity for dual eligible people

Dual eligible beneficiaries, or people who qualify for both OHP and Medicare, will have different needs and eligibility considerations beyond income and asset limits. Their renewal process may require extra steps, be harder to navigate, and take longer to complete.



Scenario 1: Individual receiving in-home care

An individual with multiple sclerosis receives care in their home to get in and out of bed, use the restroom, and bathe. This person does not have family nearby and relies on state-paid caregivers to meet their care needs. Recently, this person moved to a more affordable home but forgot to update their address with their Case Manager.

Anticipating needs

Unless this person has an updated email or phone number on file, they may not receive notice of their renewal and/or annual assessment and could be at risk of losing the people and support they need. Case Managers could reach this person through their caregivers to ensure they act when needed.



Scenario 2: Individual living in an assisted living facility

A 70-year-old individual receiving long-term care lives in a Memory Care Facility and receives assistance with most daily activities. During the pandemic, this individual inherited money from a loved one and is now over the resource limit. When their renewal begins, if they are still over the resource limit, they may lose medical benefits and long-term care services.

Anticipating needs

This person may not have affordable options for receiving care in a different setting and will need help understanding what they can do to avoid losing their coverage in advance. This may include using funds to remain under the resource limit, if they choose, or seeking legal advice to determine their best options.

CHALLENGES



Difficulty acting without assistance

People with disabilities may need additional help navigating the review process and providing needed information. Those without authorized representatives or extra support may struggle to learn about and complete required actions on time.



Little or no time to adjust to decreases in care services

People may not have enough time to understand what's happening and ask questions. Others may not receive direct notice in the mail if their mailing address is out of date or they have recently moved into a different care setting.



High level of care needs and cost of care

People receiving long-term care services have a range of needs based on their temporary or permanent disabilities and may struggle to find affordable alternatives to care should their benefits end. Gaps in coverage can be the difference between life and death.



Loss of housing and/or caregivers may follow loss of benefits and services

People who no longer qualify for OHP or long-term care services could lose their housing if they are living in a long-term care facility or adult foster home or their access to critical in-home caregivers.

You can get help in various ways:



Online

Log on or create a ONE account at benefits.oregon.gov.



Through your local community partner

By contacting an OHP-certified Community Partner at [OHP Local Help](#).



By phone

1-800-699-9075 on Mondays through Fridays from 7 a.m. to 6 p.m. (PST). Hold times are lowest from 7 to 8 a.m. All relay calls accepted.



Through your Coordinated Care Organization (CCO)

Visit [CCO Plans](#) to find CCO contact information.

You also can connect with an interpreter in 16 different languages before being transferred to the Customer Service Center by selecting [a toll-free language line](#).



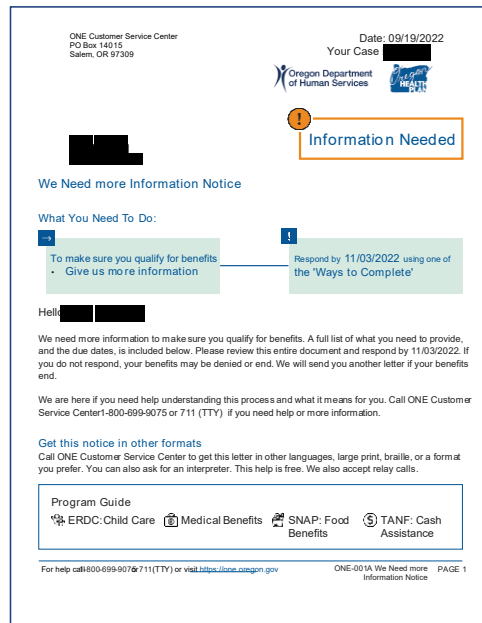
In person

Visit any Self-Sufficiency Program, Aging and People with Disabilities or Area Agency on Aging office. Find locations and phone numbers at: [ONEOfficeLocations](#).

Act immediately so we can best serve you

1 Read your RFI carefully to understand what you need to do

RFIs provide you with the specific information (earned income verification like W2 forms or expenses) needed to process your renewal and determine eligibility. This information will be different depending on your individual medical coverage and circumstances, so it is important to review the notice carefully.



2 Send your information or proof by the due date stated on your notice

To avoid delays in your benefits, send the requested information and include the cover sheet on the last page of the notice you received. You can send your information in any of the following ways:



Online

You can upload copies of your documents electronically. Go to <https://benefits.oregon.gov> to login or create your online account.



Call

You can give us this information by calling us at 1-800-699-9075 or 711 (TTY).



Mail

You can mail copies of your documents to: ONE Customer Service Center
PO Box 14015 Salem, OR 97309



Fax

You can FAX copies of your documents to 503-378-5628



In-Person

You can bring your documents to your local DHS office. Find your local office at <https://www.oregon.gov/dhs/Offices/Pages/one-services.aspxm>.

Note: You'll receive reminders by mail and/or in your Applicant Portal (if you have one) to complete your RFI 30 days and 60 days from the start of your renewal period if we do not receive your information.

You may need to complete an interview if:

- You are newly applying for long term care services.
- You receive ongoing long term care services, but do not receive SSI benefits.
- You are newly starting Medicare Savings Program (MSP) and have not previously interviewed for a medical program.
- You are being considered for medical benefits on a basis of need (65+, disabled, blind).

How the process works



Review your notice carefully

Your Request for Information (RFI) will tell you if you need to complete an interview, how to schedule one, and what to expect.



Schedule your interview

You can schedule an interview with an eligibility worker by:

- Calling ONE Customer Service at 1-800-699-9075. All relay calls accepted.
- Going in person to your local office. Find locations at: [ONEOfficeLocations](#).



Complete your interview

You can complete your interview in person or over the phone. In some cases, you can complete an interview in your home.

If your interview date is set past the 90-day response period, your case will remain open, and you will continue to receive benefits until at least 60 days after the interview is held.




Receive and act on decision


You will receive notice that you are eligible or not eligible in the mail and on your ONE Applicant Portal if you have one. In some cases, you may be asked to follow up with additional information.

If you are not eligible, you can ask for a hearing if you disagree or think the state made a mistake with your benefits.

What to do if you would like to ask for a hearing and appeal your eligibility determination

I'm eligible 

I'm not eligible 

I need to take action 

Long-Term Care Services 

Main Menu 

You have a right to appeal your eligibility determination

If you disagree with a decision about your benefits, you can ask for a hearing to challenge the decision. If you ask for a hearing, you may also ask for your benefits to continue until there is a decision made. If you want a hearing or continued benefits you must ask for them on time.

How the process works



Review the Hearing Rights Section of your notice

Your notice includes a section with information about your hearing rights. This section includes ways to ask for a hearing and answers common questions about hearings.



Request a hearing immediately

You must request a hearing within a certain amount of time depending on the program (see "Ways to ask for a hearing"). Your notice will tell you your deadline.



Complete hearing

The Office of Administrative Hearings (OAH) holds hearings. At the hearing, you can tell OAH why you do not agree with the decision. You can have people testify for you. ODHS will tell OAH why they support the decision and may have people testify. Your notice will tell you how to learn more about your hearing rights and the hearing process.



Receive and act on decision

At the end of your hearing, you will learn the outcome and what you can do in response to OAH's decision.

Ways to Ask For a Hearing

For food benefits and medical eligibility:



Ask a Worker at a ODHS Office

Find locations at: [ONEOfficeLocations](#).



Call

Call any ODHS office, or ONE Customer Service Center: 1-800-699-9075. All relay calls accepted.



Fill Out a Form

Fill out an Administrative Hearing Request Form (MSC 0443) at <https://go.usa.gov/xz2mx>



In Writing

Put your request in writing and give to a ODHS office.

For all other benefits:



Fill Out a Form

Fill out an Administrative Hearing Request Form (MSC 0443) at <https://go.usa.gov/xz2mx>

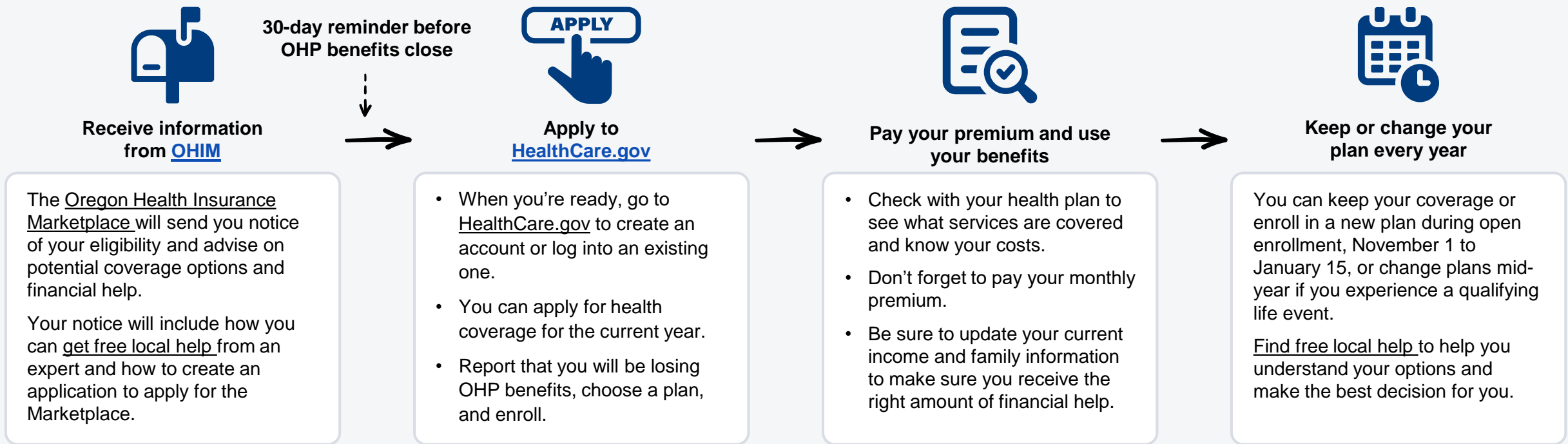
What you need to know

If you make too much money to qualify for OHP, you may be eligible for the Marketplace. Generally, the Marketplace can provide quality health coverage with financial assistance for both monthly premiums and out-of-pocket costs. Financial assistance is largely based on income, household size, and the cost of plans available. Marketplace open enrollment is November 1 to January 15, but people who lose coverage mid-year can enroll within 60-days of losing coverage. There is also a new special enrollment period available to help people transition to the Marketplace beginning in April 2023. The process can be confusing, especially if you're new to the Marketplace, so consider seeking free help from local health coverage experts at:

- **English** - OregonHealthCare.gov/GetHelp.
- **Spanish** - CuidadoDeSalud.Oregon.gov by selecting "Encuentre ayuda local."



How the process works



What to know

You're eligible for Medicare if you:

- Are 65 or are going to turn 65 in the next 7 months.
- Have a disability and receive Social Security Disability Income.
- Have permanent kidney failure or ALS, also called Lou Gehrig's Disease.

You can delay enrolling in Medicare without penalty if you're covered by:

- Active work group health benefits
- Employer-sponsored group health benefits
- Your own or your legal spouses' active work

You can get free help and should always get your Medicare information from an official source (see "Who can help").

You should always document your contact with official sources and note the date, time, number you called from (calls are recorded), name of the representative with whom you spoke, and what was said.

What to do

If you currently receive Title II (e.g., early retirement, survivor benefits, Social Security Disability Income) or Railroad Retirement benefits:

You're auto-enrolled in Medicare Part A and Part B and will receive a Medicare card and packet in the mail about three months prior to your 65th birthday. Review your packet carefully and act as needed.

If you turned 65 or are turning 65 in the next seven months and are not already receiving Social Security or Railroad Retirement benefits:

You need to enroll in Medicare by applying through the Social Security Administration (SSA). You can call ADRC or SHIBA (see "Who can help") to learn about Medicare and make the right decisions for you.

If you currently have Medicare Part A (hospital insurance benefits), you may be eligible for Medicare Savings Programs. These programs can help you pay your Medicare co-pays, premiums and deductibles. You can learn more and apply at <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/pages/qmb.aspx>.

Who can help

Aging and Disability Resource Connection (ADRC)

helps people learn about Medicare and OHP benefits. They can help you use your coverage in the best way.

- **Call** 855-673-2372 (toll free) to get your local APD or AAA office phone number.
- **Visit** www.ADRCoforegon.org

Senior Health Insurance Benefits Assistance (SHIBA)

is a statewide network of certified counselors volunteering in their community to help all Oregonians make educated Medicare decisions. As part of the Oregon Department of Human Services, Medicare information and counseling services offered through SHIBA are a free public service.

- **Call** 800-722-4134 (toll-free)
- **Visit website** shiba.oregon.gov
- **Fax:** 503-947-7092
- **Email:** shiba.oregon@odhsoha.oregon.gov

Social Security Administration (SSA)

- **Call** 800-772-1213 (available 8 a.m.–7 p.m. Monday through Friday).
- **Online** socialsecurity.gov
- To find a local field office, **visit** <https://www.ssa.gov/locator> for Medicare Part A and Part B questions.
- **Call** 800-MEDICARE (800-633-4227) with **Part D** (drug plan) questions.

If you are not eligible for OHP or other forms of health coverage, like Medicare or the Marketplace, you can access medical care resources for uninsured or underinsured people and request financial assistance at hospitals and clinics.



Financial help may be available through a local clinic or hospital near you:

- Depending on your household income, you may qualify for free health care or care at a sliding scale at not-for-profit hospitals, health systems, and affiliated clinics. Hospitals are not allowed to deny care based on your lack of ability to pay for care or services. You must request financial assistance from the facility to apply and be found eligible.
- To see if your preferred hospital is part of this program, see page two of the document at <https://orhim.info/ORHospitals>



Virginia Garcia

- Website: <https://virginiagarcia.org/what-we-do/>



Central City Concern

- Website: <https://centralcityconcern.org/>



ArrayRx Discount Card Program (formerly Oregon Prescription Drug Program)

- Website: <https://www.oregon.gov/oha/HPA/dsi-opdp/Pages/index.aspx>



Dial 2-1-1, or text your zip code to 898-211, www.211info.org