Frequently asked questions about Oregon Health Plan (OHP) and federal changes

Other formats and languages

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Introduction

This document collects responses to common questions about upcoming federal changes.

Where can I learn more?

- To learn more about federal changes to the Oregon Health Plan (OHP) visit OHP.Oregon.gov/HR1
- To find resources for partners to support members, visit OHP.Oregon.gov/Toolkit
- To learn about changes to other programs such as SNAP, or about OHP and data privacy or public charge, visit Oregon.gov/Together.

What is House Resolution 1 (HR1)?

In July 2025, the federal government passed House Resolution 1 (HR1), also known as the One Big Beautiful Bill Act. This law requires updates to OHP programs and policies.

How can I keep my coverage?

Please keep your contact information up to date so OHP can reach you when it is time to renew. Tell us if your mailing address, email, phone number, or other information changes. OHP will send you notices when it is time to renew.

Here's how to get help:

- **For questions about qualifying for OHP, renewals, or to report changes**: Please call 800-699-9075 (all relay calls accepted), use your online ONE account at benefits.oregon.gov or ONE mobile app, or visit your local Oregon Department of Human Services office.
- **For questions about using OHP benefits**: Please contact your coordinated care organization (CCO). If you have OHP Open Card (or don't know if you have a CCO), call OHP Client Services at 800-273-0557. Learn more at OHP.Oregon.gov/Benefits.

More Frequent Renewals

Nearly all OHP members will need to renew more frequently as a result of federal changes.

Some adults ages 19-64 will need to renew every 6 months, and everyone else will need to renew yearly. Currently, most OHP members renew every 24 months, and young children do not need to renew until their 6th birthday.

Who is affected by more frequent renewals?

About 95% of OHP members will be affected by more frequent renewals. Adults age 19-64 who do not have Medicare, are not pregnant, are not American Indian/Alaska Native, and do not qualify for OHP programs based on disability or certain other factors will need to renew every 6 months. All other OHP members will need to renew annually. Members of Medicare Savings Programs, which help pay for Medicare costs, will also need to renew annually as a result of this change.

Additionally, if members report certain changes that mean they are no longer eligible, such as income above the limit, OHP benefits will end sooner. If someone no longer qualifies for benefits, they will get a notice that benefits will soon end.

This will provide at least 10 days' advance notice. Previously, coverage may not have ended during the 2-year continuous eligibility period. Children will still retain "continuous eligibility" protections for a shorter 1-year period.

The 5% of members whose renewal schedule is not affected already have annual renewals (OHP Bridge – Basic Health Program, and Oregon Supplemental Income Program with Services/Acute Care).

When will more frequent renewals start?

More frequent renewals will start in late 2027.

- The transition to more frequent renewals will be a gradual process.
- When members renew after September 30, 2027, OHP renewal dates will change for some members based on the 6- or 12-month renewal schedule. Oregon is awaiting further federal guidance on how this will affect renewal dates for individual members. We will update this FAQ when more information is available.

How will this affect renewal dates?

Members' renewal schedules depend on when they last renewed or applied for OHP. Renewal dates may also change for many reasons, such as if other members of the household or other benefits such as SNAP need to renew sooner.

- When a member renews OHP after September 30, 2027, they will be assigned a new renewal date based on the more frequent renewal schedule.
- Additionally, members who have renewal dates beyond September 2027 may have their renewal dates moved. Oregon is still waiting for further federal guidance on how members' renewal dates will be affected.
- Members can log in to their online ONE account at https://Benefits.Oregon.gov or the ONE mobile app to view their next expected renewal dates. Please note that renewal dates beyond September 2027 may change.

Who will 6-month renewals apply to?

Six-month renewals will apply to adults who:

- Are age 19-64 years old
- Do not have Medicare or Supplemental Security Income (SSI)
- Do not have OHP programs based on disability, pregnancy, or certain other factors
- Are not American Indian/Alaska Native
- Are not on OHP Bridge

Which categories of OHP are affected by 6-month renewals?

6-month renewals only affect the following eligibility categories. “MAGI” stands for “Modified Adjusted Gross Income.” This refers to OHP programs where eligibility is primarily based on income, not other factors like age or disability.

- MAGI Adult
- MAGI Adult – Healthier Oregon
- Young Adults with Special Health Care Needs (but not anyone who also qualifies for OHP based on disability)
- Young Adults with Special Health Care Needs – Healthier Oregon (but not anyone who also qualifies for OHP based on disability)

Do exemptions apply to 6-month renewals?

The exemptions from work or activity rules do not apply to 6-month renewals.

- 6-month renewals do not apply to American Indian/Alaska Native members.
- 6-month renewals do not apply to people who are under age 19, are age 65 and older, have Medicare, receive Supplemental Security Income, are pregnant, or have certain other factors.

Will people who are exempt from work or activity rules need to renew every 6 months?

Yes, some members will be exempt from work or activity rules but will still need to renew every 6 months. For instance, a parent of a child under 14 years old may not need to meet work or activity rules but may still have to renew every 6 months.

Who will need to renew every 12 months?

The following groups will need to renew every 12 months:

- Children and youth up to age 19
- People age 65 and over
- People who are pregnant, or have OHP while in their 12-month postpartum period
- People who get Medicare or Supplemental Security Income
- Most members who get long-term services and supports, including intellectual and developmental disability services and home and community-based services
- Parents or caretaker relatives with very low income (below 68% of the federal poverty level)
- Do not have OHP programs based on blindness, disability, pregnancy, or certain other factors
- Former foster care youth through age 26
- Members who are American Indian/Alaska Native
- OHP Bridge members

Members of the same household may have different renewal dates.

How will households with different renewal schedules be affected?

Many households will have individual renewal schedules which are not the same between household members. For instance, a child might have a 12-month renewal period while a parent has a 6-month renewal period. The renewal dates that appear in the ONE Online system and renewal notices are the "case renewal date," which is the earliest renewal date coming for any member of the household.

- After September 30, 2027, if changes reported at a renewal mean that adult members of the household are no longer eligible, such as income over the limit, it is possible benefits will end sooner.
- Individual renewal dates will continue to set the 1-year continuous eligibility periods for children at each renewal, even after September 30, 2027.

How does this affect Oregon's "continuous eligibility" protections?

Oregon's expanded continuous eligibility protections will end for adults and reduce to 1 year for children. Oregon has a waiver from the federal government that allowed OHP members over age 6 to renew every 24 months, and keep their benefits during that time even if an income increase makes them ineligible (known as continuous eligibility). This waiver also allows young children to keep their benefits until their 6th birthday. The waiver is expiring on September 30, 2027. The expiration of this waiver will require nearly all members to renew more frequently. In addition, federal House Resolution 1 (HR1) requires many adults to renew every 6 months.

Work activity rule questions

Due to federal changes, many OHP members ages 19-64 will need to work, volunteer, go to school, or have an exemption (a reason they do not need to meet the rules) to keep OHP when they apply or renew.

When will work or activity rules start?

Work or activity rules start January 1, 2027. After this date:

- Many people newly applying or re-applying for OHP will need to meet work or activity rules or have an exemption to get benefits.
- People renewing their OHP who need to meet work or activity rules will need to show qualifying activity or have an exemption in at least one month of the prior six months
- A person's renewal date depends on when they last applied or renewed benefits. OHP will contact members when they need to renew. This may not be until 2028 for some members.

Who may need to meet work or activity rules?

OHP members who are ages 19-64, are not pregnant, and do not have Medicare or Supplemental Security Income, may need to meet OHP work or activity rules unless they have an exemption.

Who does **not** need to meet work or activity rules?

These populations do not need to meet work or activity rules:

- Children and youth up to age 19
- People age 65 and over
- People who are pregnant, or had OHP while pregnant in the prior 12 months
- People who get Medicare, Supplemental Security Income, or Social Security Disability Insurance

- Members who get long-term services and supports, including intellectual and developmental disability services and home and community-based services
- Parents or caretaker relatives with very low income
- People who get OHP programs based on blindness, disability, pregnancy, or certain other factors
- Former foster care youth through age 26
- People who are American Indian/Alaska Native
- OHP Bridge members

Which categories of OHP do work or activity rules apply to?

Work or activity rules only affect the following eligibility categories. “MAGI” stands for “Modified Adjusted Gross Income.” This refers to OHP programs where eligibility is primarily based on income, not other factors like age or disability.

- MAGI Adult
- MAGI Adult – Healthier Oregon
- Young Adults with Special Health Care Needs (but not anyone who also qualifies for OHP based on disability)
- Young Adults with Special Health Care Needs – Healthier Oregon (but not anyone who also qualifies for OHP based on disability)

I received a notice about new rules; what should I do now?

Everyone who may need to meet the work or activity rules should receive a notice in September 2026 telling them they will need to meet the new federal work or activity rules at their next renewal. **No one will lose OHP simply because they received this informational notice.**

Work or activity rules begin January 1, 2027, but they will affect members at different times based on when they apply or renew. Oregon will first use

information already available to determine whether a member is exempt or meets the rules. If more information is needed, the member will receive a notice explaining what to provide and the deadline.

To help with this process, you should make sure the following five items are completed:

- Keep your address, phone number, and email current.
- Read all notices from OHP.
- Create or use your ONE online account at https://Benefits.Oregon.gov to review your information and renewal date. If you have a smartphone, download the free ONE Mobile application.
- If an exemption or qualifying activity is not already reflected in your account, report the change online, or tell staff by calling 800-699-9075 or find your local office at https://ODHSoffices.oregon.gov. You can also get free help from a certified OHP assister at https://OregonHealthCare.gov/GetHelp.

What is an exemption?

An exemption is a reason someone does not need to or cannot meet the OHP work or activity rules. There are many exemptions. Additionally, the work or activity rules do not apply to people who are under 19, 65 and over, have Medicare, or qualify for OHP based on disability, pregnancy, or certain other factors. Additionally, the work or activity rules do not apply to people who are under 19, 65 and over, have Medicare, or qualify for OHP based on disability, pregnancy, or certain other factors.

Exemptions include people who:

- Have a disability, which includes:
    - Blindness or a physical, intellectual, or developmental disability that significantly impairs ability to perform activities of daily living
    - Veterans with a total disability rating from the Department of Veterans Affairs

- Have a serious or complex medical condition, including a disabling mental health condition
- Have a substance use disorder or are in substance use treatment now or within the last five years
- Are taking care of one or more children under the age of 14 years old
- Are taking care of someone of any age who has a disability
- Are American Indian/Alaska Native
- Are pregnant, or had OHP while pregnant in the prior 12 months
- Former foster youth who are under the age of 26
- Were recently released from incarceration
    - In the last 4 months for new applications
    - In the last 9 months for renewals
- Meet Temporary Assistance for Needy Families (TANF) work rules
- Are getting Supplemental Nutrition Assistance Program (SNAP) and SNAP work and activity rules apply to them.
- Being admitted to stay overnight as a patient in a hospital or facility that provides care or similar acuity.
- Spending at least one week away from home to get medical care for yourself or a household member
- Have a declared emergency or disaster in their county
- Have a high unemployment rate in their county, as determined by a federal formula. OHP will determine if this applies to someone based on their county of residence.

What medical needs qualify for an exemption?

A qualifying health condition is a serious or disabling health condition that makes it hard for a person to work, go to school, or volunteer. The federal government requires that a condition qualifies only if it significantly limits the person's ability to work. Many types of conditions may qualify. These include serious, complex, or disabling health conditions.

- Federal policy refers to many of these conditions as "medical frailty," a technical term that OHA does not use because of its pejorative connotation.

Many types of conditions may qualify. Here are some examples:

- Temporary conditions: Recovering from major surgery (like cardiac bypass); a serious injury (like a fracture); an illness that requires treatment and recovery time, like severe pneumonia; a hospital or care-facility stay for a complex condition, etc.
- Serious or long-term conditions: Cancer requiring chemotherapy or radiation, dialysis, Crohn's disease, chronic obstructive pulmonary disease (COPD), major depressive disorder requiring ongoing treatment, a substance use disorder, etc.
- Conditions requiring frequent monitoring or treatment: Cystic fibrosis, diabetes with complications, etc.
- Life-long conditions: Down syndrome (trisomy 21), cerebral palsy, blindness, or another physical, intellectual, developmental disability, etc.
- Social Security benefits: Receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI).

Do people receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) need to meet work or activity rules?

No. They will not need to meet the work or activity rules.

Are parents and caregivers exempt?

Most parents and caregivers are exempt, which means they do not need to meet the rules. You can learn more in this guide.

- If you care for someone you live with or are related to, including children under age 14, or someone who has a serious or disabling health condition (regardless of age) you qualify for an exemption. If you are a legal guardian, not a parent or relative, you may need a court order or legal document.
- If you are taking care of a child under 14 or someone with a serious or disabling condition who you do not live with and are not related to, you need to provide 80 hours or more of care in a month to qualify for an exemption. If you provide fewer hours of care than that, your caregiving hours can combine with other activity hours (e.g., volunteer hours, job training hours) to meet the 80-hour rule.
    - If this applies to you: Through 2027, tell OHP about your hours. Starting in 2028, send a calendar, schedule, or other proof of your hours.
    - Certain parents/caretaker relatives with very low income may qualify for the Parent Caretaker Relative category of OHP, which does not require work or activities.

If I am a caregiver for someone under age 14 or someone of any age with a disability or serious or disabling health condition, am I exempt?

If you are caring for someone you live with who is under 14 or has a serious or disabling health condition of any age, you are exempt.

If you are caring for someone you do not live with and who you are not related to, you need to provide at least 80 hours per month of care to be exempt. If you are providing less than 80 hours per month of care, your caregiving hours can be combined with work, volunteering or education hours to reach 80 hours of qualifying activities.

Are people with substance use disorders exempt?

Yes.

Work or activities rules include the substance use disorders listed in the most current Diagnostic and Statistical Manual of Mental Disorders (DSM). As required by the federal regulation, people who have been in stable recovery for five years or more will not be eligible for an exemption based on substance use disorder alone.

Do people need to meet work or activity rules every month?

No. New members will need to meet the rules or qualify for an exemption in the month before they apply. People renewing will only need to meet the rules or qualify for an exemption for one month out of the six months prior to their renewal.

How many hours do you need to meet work or activity rules?

If someone has less than $580 in monthly income and is not enrolled in education at least half time, they would need 80 hours per month of qualifying activities to keep their OHP coverage.

Please note:

- In Oregon, $580 is less than 40 hours of minimum wage.
- Oregon’s minimum wages are different for Portland, Urban, and Rural counties. Learn more about Oregon minimum wages at https://www.oregon.gov/boli/workers/pages/minimum-wage.aspx.

What time period do you look at for work or activity rules and exemptions?

For work or activity rules, this is known as the “lookback period."

- For new applications and when people re-apply, we look back at the month prior to the application month.

- For renewals, we look back at the six months before the renewal date. The member only needs to meet the work or activity rules or have an exemption in a single month out of those six months.

What proof will members need to provide?

Members might need to provide proof of exemptions or qualifying activities. OHP will first attempt to verify information based on electronic data sources. If we need to ask for proof, we will include instructions in the renewal notice.

- For income or work, members can provide pay stubs, time sheets, profit and loss records, tax records, or statements from an employer.
- For education, members can provide documents showing enrollment status, course schedule or credit hours, or other documents from an educational institution.
- For volunteering, members can provide time sheets or statements from the organization they are volunteering for.
- For serious and disabling health conditions, in 2027 OHP members will be able to "self-attest" that their answers are true and correct. In 2028, members may need to provide a statement from their health care providers or other medical records to prove a medical exemption. Oregon is still waiting for further federal guidance on the proof members will be able to provide beginning in 2028. We will share updates as we learn more.
- Some exemptions will not require proof. This includes American Indian/Alaska Native status, caring for one or more children under age 14 in your home, recently turning 19, and other exemption categories. To learn more about exemptions and proof, view the exemptions explainer and checklist.
- For exemptions that require proof, the type of proof needed depends on the exemption. Notices will contain additional instructions and examples when proof is needed.

Will people need to show proof each renewal?

Starting in 2028, the federal government will require OHP to collect proof of exemptions at each renewal. This will end the 2027 method of members "self-attesting" that they have certain exemptions, such as serious or disabling health conditions. Members may need to provide proof at each renewal. Whenever possible, OHP will use existing data, such as electronic data sources and medical records, to determine exemptions rather than asking for proof.

What activity meets the rules?

People who need to meet the work or activity rules can do so through work, volunteering, or school.

More specifically, OHP will check if they meet any of the following:

- Do they have gross household income over $580 per month?
- Are they enrolled in high school, a General Equivalency Degree (GED) program, or higher education at least half time?
- Do they have any combination of at least 80 hours a month of working, school, training programs, volunteering, or other unpaid work, like caregiving?

Does any kind of income over $580 count?

Yes. Income over $580 per month, regardless of the type of income, fulfills the work or activity rules. The income does not need to be from work. For instance, retirement withdrawals or Social Security benefits over $580 can meet the rule.

Do work or activity rules look at the household or individual?

Work or activity rules look at the individual for nearly all factors, including exemptions. However, the option to fulfill the rules with monthly income over $580 looks at gross income for the entire tax household. Other forms of qualifying activity, like education enrollment or engaging in 80 hours of qualifying activities, check the individual's activity and cannot be fulfilled based on another household member.

What volunteer activities count?

Volunteering needs to be a structured program that benefits the community by meeting a civic or public need. For instance, helping mow an individual neighbor's lawn would not count as volunteer hours, but volunteering for an organization or program that helps people in the community by mowing their lawns would.

The volunteer opportunity must meet certain conditions:

The public or nonprofit organization must provide oversight of the activity and have a process in place to track the community service completed by the individual, 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

- Volunteer activities that involve supporting or opposing any political party, candidate, or political beliefs cannot be counted for work or other activity rules.

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

Please note that other forms of unpaid work can also be counted as qualifying activity hours, including hours spent on caregiving and trading unpaid work for housing or other needs. These unpaid work activities, unlike volunteering, do not need to be with a structured program organization.

How will members be able to find work or volunteer opportunities?

You can volunteer with any organization that benefits the community, tracks volunteer hours, and is not political activity.

Oregon Health Authority is currently working on adapting our community resources web page to help list current resources available to members to find work or volunteer opportunities.

How will this affect people who are self-employed, gig workers, or seasonal workers?

Self-employed people with variable income can average their income over 6 months. This includes gig workers and independent contractors.

- People who are applying or reapplying can provide their average income and hours over 6 months, rather than reporting only the month before their application.
- For renewals, OHP primarily looks at the past six months. Members with a single month with income over $580 or more than 80 hours of work will meet the rules. For people who are self-employed or whose income varies seasonally, OHP can consider an average over any six-month period in the last 11 months.
- In 2027, acceptable proof will not vary significantly from current options to prove income. Acceptable documentation includes profit and loss records, tax records, or a written statement of income and business expenses.
- Acceptable forms of documentation may change in 2028. Oregon is awaiting more federal guidance on those 2028 changes.

What proof can people who do not get paychecks or are working ‘under the table’ provide?

Members should provide whatever proof they are able to obtain. If they do not receive pay stubs or tax records, a written statement from their employer may be the best option. In 2027, members will have the option to “self-attest” that their income is accurate. However, this option may change in 2028. Oregon is awaiting more federal guidance about options for proof of income in 2028 and will share updates when more information is available.

What forms of unpaid work count as qualifying activity?

Unpaid work can take many forms. If you are not sure if the unpaid work that you do counts toward the hours you need for OHP work or activity rules, please contact an eligibility worker. Unpaid work can include:

- Volunteering or other community service
- Trading work for housing or other needs. For instance, someone who trades labor for rent and utilities.
- Caregiving, if your caregiver status does not already make you exempt from work or activity rules. When providing care to someone you do not live with and are not related to, you need to provide at least 80 hours of care per month. If you are providing fewer hours of care than that, your caregiving hours can be combined with other types of qualifying activity to reach the 80-hour rule.

How and when will members be informed about the work or activity rules?

Members who may be affected by the work or activity rules will get notices in late September 2026 telling them about the rules, the exemptions, qualifying activities, and how to prepare for their next renewal.

- These letters will be sent to all members ages 19-64 on OHP programs the work or activity rules apply to, except for American Indian/Alaska Native members. American Indian/Alaska Native OHP members are exempt from work or activity rules and will not receive a notice.
- It is a federal requirement for OHP to send notices to all members who may need to meet the rules, even if data shows they will be exempt (such as parents with one or more children under 14 years old in the household).
- Please note that people who are on OHP programs for which work or activity rules do not apply due to age, disability, pregnancy, Medicare, or other factors will not receive the notice.

An example copy of this notice is available in English and Spanish.

What changes are being made to renewal notices and the eligibility system for work or activity rules?

Many changes have been made to renewal notices and the eligibility system to collect all the new information OHP needs to assess whether people meet these rules. Some of these system updates will launch in September, and the rest will begin in November. Major updates and features include:

- A dashboard showing work or activity rule status, such as whether someone is exempt or has qualifying activity that meets the rules.
- New features allowing people to connect the eligibility system with their payroll or educational system, which allows OHP to more easily access proof for future renewals and potentially avoid asking the member to take additional steps to provide proof.
- More actionable information is being added to the text and email messages sent when someone needs to renew, including direct links to notices, and information in the email about what someone needs to do.
- Notices will include a new section about work or activity rules.
- People can use their online ONE account at benefits.oregon.gov to ask questions about the notice they received through our OHP work and activity rules chatbot.

How will members submit verification to show they are meeting the work or activity rules?

Members can provide verification, report changes, and respond to renewals through any of the paths that they currently use to get help. This includes:

- Using the online ONE eligibility system at https://Benefits.Oregon.gov. We encourage members to use the online ONE system or ONE Mobile app whenever possible. It is available 24 hours a day, seven days a week—except during scheduled updates—and is the quickest, most secure way to upload documents and provide information, allowing staff to focus on interviews and processing cases. It is available 24 hours a day, seven days a week—except during scheduled updates—and is the

quickest, most secure way to upload documents and provide information, allowing staff to focus on interviews and processing cases.

- Calling (800) 699-9075. All relay calls welcome.
- Their local Oregon Department of Human Services (ODHS) office. You can find your local office at https://ODHSOffices.Oregon.gov
- Getting help from a local certified OHP assister. Find one at https://OregonHealthCare.gov/GetHelp

Remember, when providing documents, you do not need to provide the same document multiple times unless requested to do so by staff. Make sure you provide the full information requested, including information names, dates, and amounts are shown and readable. This will save you time and us needing to follow up.

What is the best way to get information to OHP?

The quickest and most secure way to provide information is through your ONE Online account or the Oregon ONE Mobile app. These services are generally available 24 hours a day, seven days a week, except during scheduled updates. Members can upload documents, report changes, respond to renewals, view notices, check their application or renewal status, and manage appointments. Using self-service also allows eligibility staff to focus on interviews and processing submitted information.

A full list of options includes:

- ONE Online at Benefits.Oregon.gov
- Oregon ONE Mobile app
- Phone: 800-699-9075
- Local ODHS office
- Certified OHP assister
- Fax and mail

Are the rules for OHP work or activity rules the same as SNAP?

No, the rules are similar but there are some differences. Check the comparison tool to learn more. Here are some key things to know:

- People who are subject to SNAP work or activity rules and receiving SNAP benefits are exempt from the OHP work or activity rules.
- This exemption includes people currently getting SNAP benefits for up to three months per three years despite not meeting SNAP's work or activity rules.
- SNAP has some rules, like counties exempt based on not having an employment office, that do not apply to OHP.
- There are many small differences, like people being in higher education being an exemption for SNAP, and a way to meet the rules for OHP.
- To learn more about SNAP work rules, visit https://www.oregon.gov/odhs/food/pages/snap-time-limits.aspx

How many people are subject to the work or activity rules?

About 600,000 people are subject to the new work or activity rules for OHP. This number includes people who are exempt.

Which counties are exempt based on unemployment rate?

Counties will be exempt based on an unemployment rate either over 8% or over 1.5 times the national unemployment rate. For renewals, we will look back at the prior six months. Members will not need to provide information about this exemption. It will be automatically applied to members who qualify.

Oregon will add more information about which counties this currently applies to on the https://OHP.Oregon.gov/HR1 website in early 2027.

Eligibility category changes for certain non-citizens

Oregon offers full OHP benefits to people who meet income and other rules regardless of their immigration status. People who do not meet the federal immigration status requirements for Medicaid, but meet all other income and requirements, receive a category of OHP called Healthier Oregon. Changes to the federal immigration status rules mean up to 5,000 adults who have certain immigration statuses moved to Healthier Oregon from other categories of OHP on October 1, 2026. Unlike in other states, people did not lose OHP due to this change.

On its own, this change in October does not affect members' benefits. They will get a notice informing them that they have moved from their current OHP eligibility category to Healthier Oregon.

However, another federal change will require all Healthier Oregon members, including people with the below immigration statuses, to move from regional coordinated care organization networks to the OHP Open Card network on January 1, 2027. OHP Open Card has the same covered benefits, but the health care providers members can see may be different. Please see the next section to learn more about Healthier Oregon members moving to OHP Open Card.

Which immigration statuses are affected by the non-citizen eligibility change?

This will affect adults with the following immigration statuses:

- Refugees
- Asylum granted
- 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

- Survivors of domestic violence and human trafficking
    - Victim of Human Trafficking or family member (T-visa)
    - Abused spouses, children, or parents (approved or pending prima facie determination)
- Humanitarian parolees, including
    - Parole granted for at least one year
    - Afghan nationals granted parole between 7/31/2021 and 9/30/2023
    - Ukrainian nationals granted parole between 2/24/2022 and 9/30/2024
- Amerasian-Vietnamese (a person born in Vietnam during 1962-1975 to a U.S. citizen father, or their spouse, mother, or child)

What communication will members get about the non-citizen eligibility change?

In late September, members received a notice about the October 2026 non-citizen change. It says they have moved to another program because something changed, but they are keeping the same benefits.

- The notice also shows the end date for their current category of eligibility and the start date for the Healthier Oregon category.
- This notice does not address the move to Open Card in January.
- An example notice is available in English and Spanish.

Do members need to do anything in response to this notice?

Members do not need to do anything in response to the move to Healthier Oregon in October unless their immigration status has changed. However, members will receive another notice in December explaining what they need to do to prepare for the move to Open Card in January.

- If someone's immigration status has changed, please report that change to OHP as it may affect which program they qualify for. Visit https://Benefits.Oregon.gov or call 800-699-9075 to report changes. You can also get help from a local certified OHP assister. Find one at https://OregonHealthCare.gov/GetHelp
- To prepare for the transition to Open Card on January 1, members can ask their current health care providers if they accept OHP Open Card. If they do not, they can use the provider search tool at https://OHPOpenCard.org to find providers that accept Open Card.
- After January 1, 2027, they can contact the Open Card help line at 800-562-4620 for help finding providers. If they have questions about the transition, OHP benefits, or billing, call OHP Client Services at 800-273-0557 or email Ask.OHP@odhsoha.oregon.gov

Healthier Oregon members moving to OHP Open Card

People who qualify for OHP through Healthier Oregon due to their immigration status will move to OHP Open Card in January because of new federal rules.

How will this affect members?

OHP Open Card provides full OHP benefits, but this may change which doctors and health care providers a member can see.

Who will move to Open Card in January?

All Healthier Oregon members who are not already on Open Card will move to Open Card in January. Healthier Oregon includes adults with immigration statuses including nonimmigrant visas, refugee or asylum statuses, most adults with permanent resident status for less than 5 years, and adults and children who do not have an immigration status that qualifies for other OHP programs. Members who are affected will get a notice in October.

What do members need to do?

Members can take three steps:

- First, ask their current providers if they accept OHP Open Card.
    - If they do take Open Card, you will be able to continue seeing them after the move.
    - If they do not take Open Card, ask them for help planning care for the rest of 2026 and through the move. Contact your current coordinated care organization (CCO) for help coordinating care for finding providers in 2026. You can find your local CCO's contact information at https://OHP.Oregon.gov/CCO-Contacts
- Second, learn how to find health care providers that accept Open Card:
    - After January 1, 2027, you can call the OHP Open Card help line at 800-562-4620 for help finding providers and coordinating care.
    - You can use the OHP Open Card search tool at https://OHPOpenCard.org
- Third, contact OHP Client Services at 800-273-0557 with any other questions you have before the move.
    - OHP Client Services cannot help find Open Card providers.
    - You can also learn more about OHP Open Card in the handbook at https://OHP.Oregon.gov/Handbooks

How can members find providers that take Open Card?

Before Jan. 1, 2027:

- Use 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 to the network.

After Jan. 1, 2027:

- Members can call OHP Open Card at 800-562-4620 for help finding providers and coordinating care.

- OHP Open Card will also start contacting members in January to make sure they know how to find health care providers and assess their health care needs.

How can members get answers to questions about more complex needs?

- For all care in 2026 and leading up to the transition, contact your current health care providers or coordinated care organization.
- Members who have questions can contact OHP Client Services at (800) 273-0557 or Ask.OHP@odhsoha.Oregon.gov. OHP Client Services cannot help find providers. Use the online search tool at OHPOpenCard.org to find a provider that accepts Open Card. After January 1, 2028, the OHP Open Card help line (800-562-4620) can help find providers and coordinate care.

Will members have the same benefits?

Yes. OHP Open Card has the same covered benefits.

- However, there are a few services available through CCOs which Open Card does not offer, such as flexible services. Flexible services (also known as "flex funds") are services or items that CCOs can provide to members to help them stay healthy. They can be offered by CCOs even though they are not part of regular OHP benefits.
- Members who have questions can contact OHP Client Services at (800) 273-0557 or Ask.OHP@odhsoha.Oregon.gov

What communications will members get about the move to Open Card?

All affected members will get three notices.

- The first will be a notice sent in early October. It will include initial information about the upcoming move to OHP Open Card. An example of this notice is available.

- The second notice will be sent in December. It will provide information about the move to Open Card and the upcoming end of their CCO coverage. It will also include a new copy of the paper "Oregon Health ID" card.
- The third notice will also be sent in December. It will include the OHP Open Card new member welcome packet and Open Card member ID card.
- Examples of the December notices and the initial notice will be added to https://OHP.Oregon.gov/Toolkit as soon as they are available.
- In January 2027, OHP Open Card care coordinators will make a few attempts to call new Open Card members to assess their care needs and connect them to health care providers or needed services. Members with specific care needs may receive additional contacts.

What steps should someone take after gaining lawful permanent resident or another immigration status that allows them to move back to a CCO?

A change in immigration status may mean that the member could qualify for another OHP program and may be able to re-enroll in a CCO. When a member's immigration or citizenship status changes, they should report this change to Oregon Department of Human Services in their online ONE account, by calling 800-699-9075 (relay calls welcome), or by getting help from a certified OHP assister (find one at https://OregonHealthCare.gov/GetHelp).

- For children, gaining lawful permanent resident status would result in moving to categories of OHP other than Healthier Oregon/Cover All Kids.
- For adults, newly gaining lawful permanent resident status may not result in moving back to Healthier Oregon until they have held that immigration status for 5 years. There are exceptions to the 5-year requirement for people who previously held certain immigration statuses, such as refugee, people granted asylum, and other statuses.

How will coverage work for families where some members are on Open Card and some are on CCOs?

Since eligibility factors and enrollment in a CCO or Open Card are determined on an individual basis for each member of a household, there are currently and will continue to be households who have different health coverage details. This is determined by factors like age, income, immigration status, other health coverage, and disability status. Individual members of a household will need to seek care from providers that accept their coverage type, which may mean different members of a household may need to see different providers.

What is being done to ensure an adequate provider network?

OHA is working alongside CCOs, OHP Open Card, and other partners to engage, recruit, educate, retain, and support Open Card providers to serve the new and larger Open Card population. This includes facilitating new Open Card provider enrollment, training providers on billing for Open Card, updating OHA and Open Card websites, and holding Provider Partner Work Sessions.

Will Healthier Oregon members also need to meet work or activity rules?

Yes. Adults ages 19-64 may need to meet the rules unless they qualify for an exemption. Oregon state law aligns the Healthier Oregon program with Medicaid. This means, except for immigration status, the rules to qualify for Healthier Oregon are the same as for other OHP programs. Under current law, federal changes from House Resolution 1 (HR1) apply to Healthier Oregon members as well.

How can Healthier Oregon members meet work or activity rules if they do not have employment authorization?

Healthier Oregon follows the same rules for eligibility as other OHP programs under Oregon law, including for work or activity rules.

- OHP does not check work authorization status.
- The way people report income will stay the same.

- We still need to know about any income sources applicants and members have.
- If someone does not receive pay stubs, they can provide a written statement of their income. This option may be more limited in 2028.
- There are exemptions and other qualifying activities that meet work or activity rules, such as volunteering or education.
- We understand some Healthier Oregon members may have concerns about data privacy and public charge. Members can learn more about these topics at Oregon.gov/Together.

How is Healthier Oregon funded?

Healthier Oregon is mostly funded by the state, with some federal funding. Emergency services and pregnancy coverage are funded through Federal Medicaid within Healthier Oregon. This uses the same funding tool that was previously called CWM (Citizenship Waived Medical) before Healthier Oregon was created in state statute.

How will changes to federal public charge rules affect members?

OHA is aware that the U.S. Department of Homeland Security has issued a final rule that withdraws the 2022 public charge regulation and sets new criteria. These changes took effect on September 18, 2026. OHA is reviewing the final rule and assessing how this change may affect Oregon families and communities. The public charge web page will be updated with more information as soon as it becomes available: https://Oregon.gov/PublicCharge.

Retroactive Coverage Changes

How many months will people be able to get retroactive coverage for?

Due to federal requirements starting January 1, 2027, OHP will cover recent medical bills from a shorter time period for new members. Currently, new members can get help with up to three months of past medical bills from before they applied for OHP. This will change in 2027.

- Adults ages 19 – 64 who do not qualify for OHP because of disability, pregnancy or other factors can get help with one month of past medical bills.
- Up to two months for all other members, including children, people over 65, and anyone pregnant or on OHP programs based on disability or certain other factors.
- Some medical benefits, such as OHP Bridge – Basic Health Program, do not offer retroactive benefits.

Copays starting in late 2028

What information is available about the upcoming copays?

Due to federal requirements starting in October 2028, some adults will need to pay a small fee for certain types of health care. This is called a “copayment" or “copay".

- These fees will not apply to adults who have Medicare or OHP based on a disability, pregnancy, or certain other factors.
- Members who make less than $15,000 a year will not need to pay the copays.
- Members will not need to pay copays for checkups, emergency care, or mental health care.

- There will be no copays for prenatal care, substance use treatment, or care at community health clinics.

Oregon Health Authority will share additional information about this change as we get closer to implementing it in 2028. Please check this document and our https://OHP.Oregon.gov/HR1 member page for updates as more information is available. Please check this document and our https://OHP.Oregon.gov/HR1 member page for updates as more information is available.

Population-specific questions

This section covers questions Oregon Health Authority has received about how specific populations are affected by federal changes.

How are people with disabilities affected by federal changes?

People with disabilities will need to renew more frequently, but should not need to meet work or activity rules to keep their benefits.

- Beginning in late 2027, people with disabilities who are getting Supplemental Security Income, are on OHP programs based on disability, or have Medicare will need to renew every 12 months, and will not be affected by the work or activity rules.
- People who have disabilities or serious health conditions that prevent working at least half time can also qualify for exemptions. Exemptions mean that the work or activity rules that begin in January 2027 do not apply to them.
- Beginning in 2028, people may need to provide proof of serious or disabling health conditions.

How are people over 65 years old affected by federal changes?

Beginning in late 2027, people over 65 will need to renew annually. They will not be affected by work or activity rules.

How are children affected by federal changes?

Children and youth under 19 years old will need to renew annually and will not be affected by work or activity rules.

- Unlike adults, children will keep "continuous eligibility" protections for a 1-year period. This means they will keep OHP even if their family's income or certain other circumstances change between annual renewals. These protections are decreasing from 2 years, or until a young child's 6th birthday, to just 1 year.

- Oregon launched rules in 2023 that meant young children would not have needed to renew until their 6th birthday. This means children had "continuous eligibility" until their 6th birthday, so they could keep benefits even if their family's income or certain other circumstances changed. These protections will end in late 2027, and OHP will need to assign annual renewal dates. OHA is awaiting more federal guidance on how to change children's renewal dates to a yearly schedule.

How are non-citizens affected by federal changes?

How non-citizens are affected depends on their immigration status. Nearly all members will need to renew more frequently. Many adults will need to meet work or activity rules, following all the same rules as other OHP categories for who is affected and who is exempt.

Two groups will experience additional changes:

About 5,000 adult non-citizens with immigration statuses including refugee, asylee, and humanitarian parolee moved to Healthier Oregon from other categories of OHP on October 1, 2026.

- There will be no immediate change to members' benefits or regional coordinated care organization enrollment as a result of this change in October. There will be no immediate change to members' benefits or regional coordinated care organization enrollment as a result of this change in October. They will get a notice informing them that they have moved from their current OHP eligibility category to Healthier Oregon.

Also, around 100,000 people who qualified for OHP through Healthier Oregon will move from coordinated care organizations to OHP Open Card on January 1, 2027. This includes the group of approximately 5,000 adult non-citizens who moved from other categories of OHP to Healthier Oregon in October 2026.

OHP Open Card provides full OHP benefits, but this may change which doctors and health care providers members can see. This change affects adults with statuses including nonimmigrant visas, refugee or asylum statuses, most adults with permanent resident status for less than 5 years, and adults and children who do not have an immigration status that qualifies for other OHP programs.

Members who are affected get a notice in October 2026.

How are houseless people affected by federal changes?

Almost all Houseless people will need to renew more frequently, either annually or every six months. Many adults will need to meet work or activity rules unless they meet one of the exemptions, or qualify for categories of OHP the work or activity rules do not apply to. Federal rules do not allow Oregon to make an exemption for being houseless.

- People who do not have stable addresses may have trouble getting renewal notices from OHP.
- OHP text and email options are being improved. We encourage all members to opt in to text or email if that is a better way to get messages about renewals.
- People who are houseless can get free Post Office boxes or set up general delivery at a local post office. Learn more here: https://faq.usps.com/s/article/Is-there-mail-service-for-the-homeless OHP members may qualify for free or discounted smart phones and data plans through the Oregon Telephone Assistance Program. Visit the following web pages to learn more or apply online.

Partner and provider questions

Where are materials for partners available?

Fact sheets, flyers, talking points, outreach materials, and other materials are available at https://OHP.Oregon.gov/Toolkit. OHA will add additional resources to this page as they become available. More information about federal changes to OHP is also available at https://OHP.Oregon.gov/HR1.

Medicaid Division
Community Engagement and Communications
Ask.OHP@odhsoha.oregon.gov
OHP.Oregon.gov/HR1