Updated 8/25/2026

HR1 CCO Frequently Asked Questions (FAQ)

Other formats and languages
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Enrollment & Renewal

Q: Will everyone be renewed every 6–12 months?
A: Yes. Most adult members aged 19-64 will be on a 6-month renewal, and all other members will be on a 12-month renewal cycle. 6-month renewals will not apply to adults who are on OHP Programs other than MAGI Adult, MAGI Adult – Healthier Oregon, or Young Adults with Special Health Care Needs (based on disability, pregnancy, or certain other reasons, also including OHP Bridge).

Q: Will there be any change in rules for how CCOs can help re-determine members?
A: No.

Q: What is the cutoff for foster care youth?
A: Cutoff age is 26. The exemption applies to anyone who was in foster care at age 18 and is currently under 26.

Q: When will renewal dates on form 834 be updated?
A: As soon as they are available.

Medicaid Policy

Q: How does HR1 impact our current CMS waiver for continuous eligibility? Do we have wiggle room on implementation?
A: Oregon's expanded continuous eligibility waiver ends on September 30, which will end continuous eligibility for adults and reduce it to 1 year for children. This does have some effect on the transition to a more frequent renewal schedule. We are still awaiting further federal guidance on how this will affect renewal dates.

Eligibility: Other

Q: What is the FPL for eligibility for SNAP?
A: Individuals or households may qualify if their gross income is at or below 200% FPL. Guidance available online at https://www.oregon.gov/odhs/food/pages/snap.aspx.

Q: Because CCOs are not allowed to provide eligibility assistance, what is considered eligibility assistance?
A: Eligibility assistance includes but is not limited to:
(a) Health coverage application

(b) Help to enroll in health insurance plans
(c) Health coverage renewal assistance
(d) Healthcare system navigation
(e) Outreach and engagement related to the above
(From OAR 410-120-0000(68))

Q: Will OHA publish template notices to the HR1 webpage or send the notices to CCOs?
A: Example notices have been published on the https://OHP.Oregon.gov/Toolkit website and shared through meetings and the CCO weekly newsletter.

Work or Activity Requirements / Exemptions

Q: Is OHA expecting anyone under 100% FPL (or outside the ACA population) to not meet work requirements?
A: Yes, everyone who will not meet the work or activity rules is under 100% FPL.

One of the ways to meet the rules is having monthly income over $580. Anyone over 100% FPL would have income much higher than that. For a single individual, $580 is about 43% of FPL. The FPL percentage $580 amounts to decreases for higher household sizes (32% for a household of 2, 21% for a household of 4).

The ACA Medicaid expansion population is not the same as the population work or activity rules apply to. The ACA expansion term does not appear in any member materials and we discourage its use when communicating these changes.

Work or activity rules apply to adults anywhere between 0-138% FPL who are on MAGI Adult, MAGI Adult – Healthier Oregon, or 0-205% FPL on the standalone Young Adult with Special Health Care Needs benefit. We have been approaching this topic in communications as "OHP members age 19-64, who do not have Medicare or qualify for OHP programs based on disability or pregnancy"

Q: Who will qualify for ACA but not meet work requirements?
A: MAGI Adult and MAGI Adult – Healthier Oregon range 0–138% FPL; Young Adults with Special Health Care Needs range 0–205% FPL. Those who do not meet exemptions, have monthly income below $580, are not enrolled half-time in education, and do not meet combined work/volunteering/education/caregiving requirements may not meet work rules.

Q: Which population is subject to the work requirements?
A: MAGI Adult and MAGI Adult – Healthier Oregon range 0–138% FPL; Young Adults with Special Health Care Needs range 0–205% FPL.

Q: Is it the March 1 or April 1, 2027 cohort that starts with work requirements upon renewal?
A: April, but we want to be careful about using general terminology used here. People renewing benefits for April 1 will get notices in early January, asking for a response by early March, with benefits ending March 31 if they do not respond.

Copayments

Q: Will OHA have a household indicator or unique identifier on form 834 about which member will be affected by copayments?
A: A response to this question will only be available after IT design sessions start in 2027.

Q: Can states set the $ amount of copays?
A: Yes, according to our understanding of current CMS guidance, states have some flexibility in determining the $ amount of copays and for what services that aren't excluded.

Q: Does OHA intend to put copays on the OHP Bridge population?
A: No. OHP Bridge is largely unaffected by HR1 changes, including copays.

Non-Citizen Eligibility Changes

Q: Will people lose OHP due to HR1 non-citizen eligibility changes?
A: No. They will transition into Healthier Oregon OHP. Estimated to be up to 7,000 people (adults only).

Operations & Coordination

Q: When will OHA develop member-facing materials?
A: Currently available materials can be found at OHP.Oregon.gov/Toolkit. Some additional materials will be available in August, along with the bulk of our toolkits in English and Spanish in September and October.

Outstanding Questions (No Response Yet)

Eligibility

Q: Do you have information regarding custody arrangements and caretaking for children, and whether it affects eligibility and exemptions?

Enrollment & Renewal

Q: Is OHA planning to move members to a 6-month schedule in waves?

Q: Is late 2027 for more frequent renewals likely to mean a start date of 10/1/27? How does renewal timing work for 2027?

Q: Is the lookback on all of this "since the last renewal"?

Work/Activity Requirements and Exemptions

Q: Will a qualifying exemption need to apply at the time of application/renewal, or will there be a lookback period?

Q: Will there be immediate termination of benefits for failure to meet work requirements?

Q: For those subject to work requirements in January 2027, will they be renewed at that time or later?

Q: Can you define who qualifies for the caregiver exemption?

Q: Can you provide information on whether OHA shares employment information with ICE, as some people may be fearful to attest to that?

Medical Exemptions

Q: Can you provide more information related to what documentation will be needed to qualify for medical exemptions?

Copayments

Q: Concerns regarding encounter acceptance for members who do not pay copays.

Data Sharing

Q: Is OHA able to provide VA disability data to CCOs?

Q: Is OHA able to provide SNAP/TANF work requirement compliance data to CCOs?

Q: Can OHA provide clearer parent/child or dependent relationship data?

Operations & Coordination

Q: Will CCOs receive end dates for members who do not meet the work or activity requirements (e.g., SUD inpatient)?

Q: Will exemption timing use lookback periods?

Q: Will immediate termination occur for failure to meet work requirements?

Q: Will ONE share eligibility communications with CCOs?

Q: When can we expect CCO-facing communications for Oct 1 eligibility changes?

Q: When will member-facing materials for CCOs be published?

Q: Will OHA provide formal guidance for what CCOs may tell members

Q: Is OHA unable to mandate care for CW-enrolled members?

Q: How does OHA define who qualifies for the caregiver exemption?

Q: Can ONE application include opt-in texting for both ONE & CCOs?

Medicaid Division
CCO Operations
500 Summer St NE
Salem OR 97301
503-508-5872
CCO.Ops@odhsoha.oregon.gov

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