

How will providers be affected by federal changes to Oregon Health Plan (OHP)?



The federal government passed a new law (HR1) that creates more rules for Medicaid. Oregon Health Plan (OHP) is Oregon's Medicaid program.

Starting in 2027, you can help your OHP patients in a few key ways:

- Direct people to update their contact information
- Encourage people to watch for mail and notices from OHP
- Discuss potential medical exemptions and how people can report a health condition to OHP
- Encourage recommended care, like annual well visits and follow-up appointments
- Submit claims promptly to help avoid claims lag

Use your OHP badge buddy for quick reference (found on <https://OHP.oregon.gov/toolkit>).

OHA knows these federal changes may be hard for members and providers and may create extra work for providers. OHA is committed to supporting providers and members through these changes. This document covers what the changes mean for providers and how you can help patients stay connected and covered.

Background

OHP Work or Activity Rules

Changes Affecting Some Non-Citizens

Billing and Admin

You can get this document for free in other languages, large print, braille, or a format you need. Email us at one.communications@odhsoha.oregon.gov.

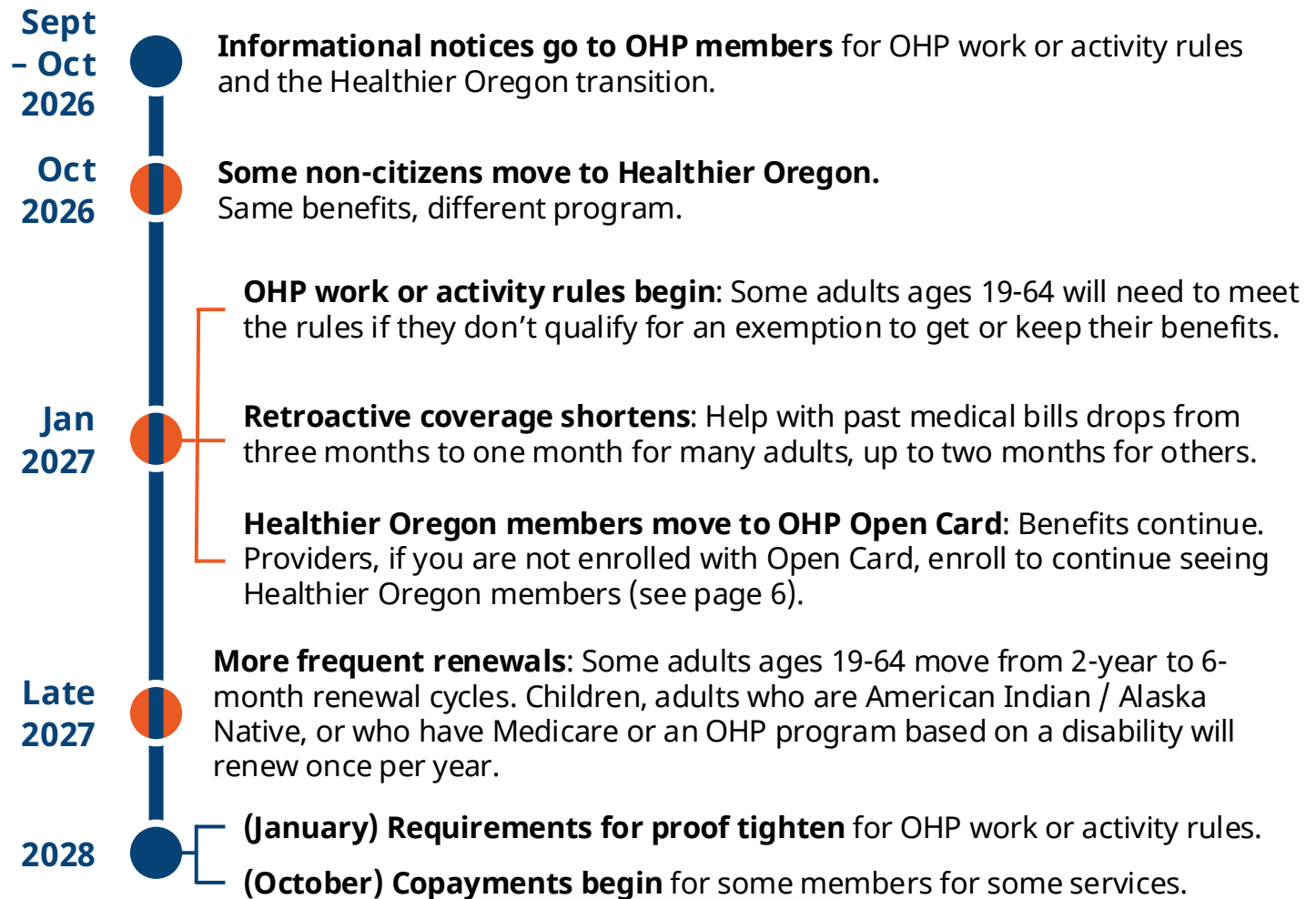


Background

What's changing and when?

For more details, check the **full timeline of changes**:

<https://www.oregon.gov/odhs/news/Documents/hr1-partner-timeline.pdf>



Key Changes

Where can I go for more information?

- For more information about changes to OHP, and where to direct OHP members, visit <https://OHP.Oregon.gov/HR1>
- For resources to share as providers, community organizations, health plans, or other OHA partners, visit <https://OHP.oregon.gov/toolkit>
- For additional guidance on your role in patient conversations, use the Patient Conversation Guidance tool found on <https://OHP.oregon.gov/toolkit>



OHP Work or Activity Rules

Who is affected, and when?

Due to federal changes, starting January 1, 2027, most adults ages 19–64 on the Oregon Health Plan (OHP), Oregon's Medicaid program, must work, go to school, volunteer, do job training, or qualify for an exemption when they apply for or renew their OHP coverage. Keep your contact information updated and reply to renewal mail.

How can people meet OHP work or activity rules?

If the rules apply to a person, when they apply or renew they will be reviewed for:

- An exemption
- Qualifying work or activities, which can be:
 - More than \$580 per month of household income
 - Being in school at least half-time
 - A combination of work, volunteer, education, or training that adds up to 80 hours a month.

What is an exemption?

An exemption is a reason people don't need to or cannot meet the OHP work or activity rules. People may need to tell us about their situation or give us proof. There are many kinds, like being the caretaker of a child under 14, caregiving for someone of any age who has a disability or a serious or disabling health condition, being American Indian/Alaska Native, or having a qualifying health condition. For the full list of exemptions, visit <https://OHP.Oregon.gov/HR1>.

This FAQ focuses on medical exemptions, since that's most relevant for your role.

What counts as a qualifying health condition 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. 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 on-going 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).

How will OHP check for qualifying medical exemptions?

OHP checks its own records first by looking at the patient's OHP claims and encounter data from the past 12 months. If that history shows enough information to confirm a patient's condition, no further additional documentation is needed.

More guidance will be shared in the future about what additional documentation providers may need to provide, if anything. Here's how you can help this process work smoothly:

- Submit claims on time.
- Document relevant diagnoses clearly.
- Encourage patients to schedule regular annual wellness visits and recommended follow up appointments.

Up-to-date claims and diagnosis documentation help the state confirm a patient's exemption without extra paperwork for you or your patient.

How will I know which health conditions qualify?

The federal rules require states to develop a process to automatically verify medical exemptions. Oregon will use a code set of qualifying health conditions and health services as a tool to support automated verification for medical exemptions. The Oregon Health Authority will publish this code set of qualifying health conditions. There are many health conditions that may qualify, but might not be listed on the initial code set. If OHP is unable to automatically verify a person's qualifying health condition, they may be asked to provide additional information. Health care providers should continue to follow best practice for coding and clinical care.

In 2027, members can just tell OHP if they have a health condition that prevents them from working - no additional documentation is needed. Starting in 2028, some members may need to submit additional supporting documentation, like a clinician's statement or other options.

Are members receiving respite services exempt?

Respite care alone isn't one of the exemptions listed by federal rule. If someone has a qualifying health condition they may meet that exemption.

Will I need to give a patient a medical document to support an exemption?

In 2027, no additional documentation will be needed for medical exemptions. Patients can just tell OHP about their inability to work due to a health condition. A system update allows members to see and report their exemptions in the ONE System starting in mid September 2026.

Starting in 2028, some people may need to submit a supporting document from a provider, like a clinician's statement or other options. The Oregon Health Authority will provide future guidance on clinician statements and other options in 2027.

Who can confirm a qualifying health condition? Does it have to be a physician?

No. More specific guidance is coming in 2027 about what additional documentation may be needed in 2028. In general, this can be confirmed by most health care practitioners whose license or credential allows them to assess how a health condition affects a patient's daily functioning. This includes practitioners such as nurse practitioners, physician assistants, psychologists, physical therapists, clinical social workers, etc.

What can I do to help OHP members keep their OHP?

Continue seeing your patients and be ready to answer questions from OHP members. Thank you for caring for OHP members. Continue to follow your normal standards for coding and clinical care.

Here's how you can help people stay enrolled:

- Direct people to update their contact information
- Encourage people to watch for mail and notices from OHP
- Discuss potential medical exemptions and how people can report a health condition to OHP
- Encourage recommended care, like annual well visits and follow-up appointments
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Use your OHP badge buddy for quick reference.



Billing and Admin

What does shorter retroactive coverage mean for billing?

For new OHP members and people who reapply after their OHP benefits end, help with past medical bills, also called “retroactive coverage,” is reducing. Starting January 1, 2027, most adults ages 19 to 64 who don't qualify for OHP based on disability or pregnancy will get one month of coverage for past medical bills, instead of up to three. Everyone else, including children, people over 65, and people who are pregnant or have OHP based on disability, will get up to two months.

Will more frequent renewals affect people?

Yes. Starting late 2027, most OHP members will need to renew more often. Most adults ages 19–64 move from 2-year to 6-month renewals. All other OHP and Medicare Savings Programs members, including children and people on OHP programs based on disability, will need to renew once a year.

This is a significant change. Expect more patients to re-verify eligibility more often and experience coverage gaps.



Changes Affecting Some Noncitizens

What is Healthier Oregon? What is changing?

Healthier Oregon is a mostly state-funded program that allows Oregon to offer full Oregon Health Plan (OHP) coverage, regardless of citizenship or immigration status. Two things are changing in late 2026 and the beginning of 2027 due to updated federal requirements:

- In October 2026, approximately 7,000 OHP members with certain immigration statuses (refugees, asylees, survivors of domestic violence or trafficking, some humanitarian parolees) will move to Healthier Oregon.
- In January 2027, all approximately 100,000 Healthier Oregon members will move from coordinated care organization (CCO) coverage to OHP Open Card, also known as Fee-for-Service. Their benefits will continue, but their provider network may be different.

How can I help my patients who are transitioning to OHP Open Card?

Verify you accept OHP Open Card, so you can keep seeing these patients after January 2027.

If you don't accept OHP Open Card, you can:

- Consider enrolling as an OHP Open Card provider: Visit <https://www.oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx>, email provider.enrollment@odhsoha.oregon.gov, or call 800-336-6016 (option 6) to get started.
 - Help affected patients plan care through their current CCO for the rest of 2026. For example, consider requesting 90-day supplies of maintenance medications so they don't run out mid-transition. They can find their local CCO's contact information at <https://OHP.Oregon.gov/CCO-Contacts>.
 - Refer patients to the provider search tool at <https://OHPOpenCard.org> or beginning January 1, 2027, have them call OHP Open Card at 800-562-4620 for help finding providers that accept Open Card.
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How can I learn more about OHP Open Card?

Start with the provider resource page at <http://www.OHP.Oregon.gov/Providers>, which covers enrollment, billing, and training for OHP Open Card.

For specific payment rates, check the OHP Fee Schedule at <http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

To enroll as an OHP Open Card provider, visit <https://www.oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx>, email provider.enrollment@odhsoha.oregon.gov, or call 800-336-6016 (option 6) to get started.
