

CAREAssist Advisory Group Meeting Notes

September 9, 2026

OHA Announcements

- Client CAG, being referred to as the 'CAREAssist Client Forum', will launch in December (rather than September); case management partners should see a recruitment flyer from CAREAssist in October.
- CAREAssist's new ORCares database successfully launched on August 17th. We look forward to introducing the Case Manager portal, and eventually, the Client portal. Communication will go out as we approach those milestones.
- The 2026 CAREAssist Client Experience Survey will be sent out to 400 randomly selected clients the week of September 14th. A sample of the survey was shared via ListServes on September 8th.

Agency & Other Announcements

- There were no announcements made from outside OHA

2026-2027 Open Enrollment and Carrier Changes

A review of national and Oregon insurance landscape

Federal policy impacting insurance access:

House Resolution 1 ("HR 1", discussed in the media as the 'Big Beautiful Bill', 7/4/25)

- Mandates Medicaid work requirement documentation
- Implements new Medicaid eligibility verification and administrative requirements
- Implements ACA marketplace changes (e.g.: pre-enrollment income verification, elimination of special enrollment periods)

Expiration of Enhanced ACA Premium Tax Credits (12/31/25)

- Ends subsidies expanded under the American Rescue Plan
- Resulted in across-the-board premium increases

Volatility related to 340B Drug Pricing Program (ongoing)

- Rebate model pilot struck down and then replaced with a rebate pilot starting 1/1/27
- Litigation continues – federally and in Oregon



Oregon-specific issues impacting access:

Carriers are leaving Oregon

- PacificSource and Providence recently announced they will no longer insure Oregonians as of 2027
- Oregon is an especially tough marketplace because we impose regulatory and cost-containment measures that exceed federal standards. This increases the costs of underwriting policies in our state.
- We don't have final information about the negotiated plans or what Rx networks they use until October each year. We have asked DCBS for early information if it is available.
- We do know that the plans that are left right now impose stricter rules around specialty medication pharmacy access. This means we could have less clients using a CAREAssist in-network pharmacy, which would result in less cost savings for the program.

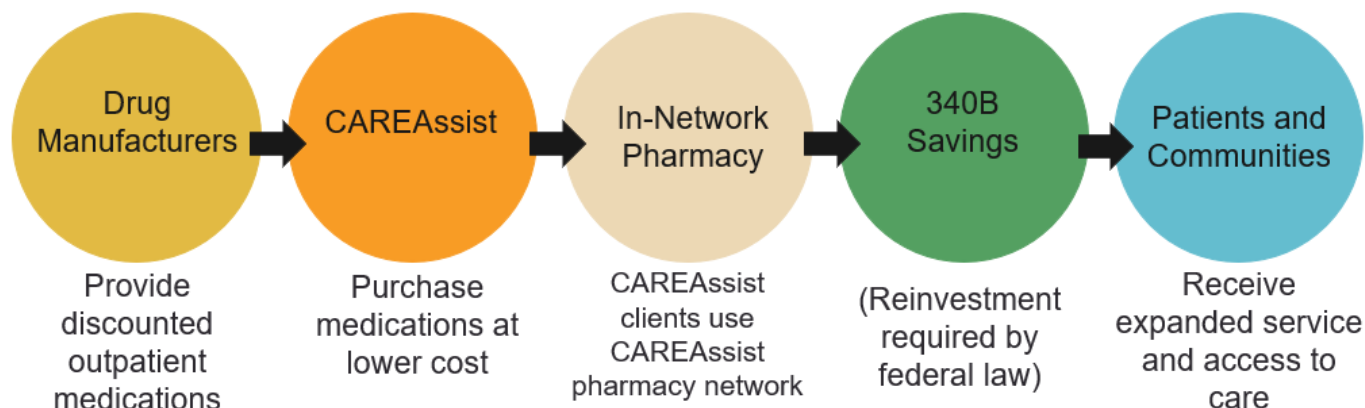
Costs have increased

- CAREAssist Program costs for Kaiser's medication copays has increased by about 338% this year.
- Overall, healthcare-related costs continue to rise across the country.

How market changes affect CAREAssist

How CAREAssist generates savings to support PLWH:

- How it works:



340B Drug Pricing is vital

- CAREAssist and many other community health services, like health centers and hospitals, depend on the 340B drug pricing program to stretch limited federal dollars.
- Federally required, every dollar saved must be reinvested in patient care and client services.
- These dollars support 80% of the CAREAssist Program (e.g.: client insurance premiums, co-pays, and other costs), as well as supporting other services to ensure PLWH in Oregon live longer, healthier lives.

Over the past decade, the CAREAssist program's model led to:

- **Top viral suppression outcomes in the U.S.**, with 96% of clients achieving viral suppression
- **Higher income eligibility than most states** – up to 550% of the Federal Poverty Level
- **Consistently high client satisfaction** with services and support
- **Commitment to client choice and access**, ensuring flexibility and responsiveness to client needs/situations.
- **Support along the HIV continuum**, ability to fund enhanced Ryan White services

CAREAssist challenges in the new era

- Some plans do not generate enough cost savings to cover program costs, but we have traditionally supported these plans to maximize client choice.
- The reduced number of carriers, less competition, and the overall increase in insurance and health care costs mean increased costs to CAREAssist
- Rising costs, when combined with less cost savings, mean certain carriers place a disproportionately high financial burden on the program. Continuing to support those plans would risk undermining CAREAssist's long-term stability



CAREAssist Response

Changes for 2027

- The CAREAssist model is most effective when it partners with insurance carriers that allow clients to fill their medications at CAREAssist-contracted in-network pharmacies.
 - CAREAssist is pursuing this objective through a phased approach that relies heavily on collaboration with insurance carriers – these change annually.
- CAREAssist will limit the plans it can financially support to maximize savings and reduce costs.
- **Therefore, CAREAssist will no longer support NEW Kaiser Permanente enrollments, beginning in 2027:**
 - Existing Kaiser members will experience no change in 2027
 - People offered new workplace coverage through Kaiser may choose to pay their own costs or decline workplace coverage and receive a CAREAssist covered off-exchange silver plan that will work with the CAREAssist pharmacy network.

These changes are necessary to support optimal client health

- HRSA directs programs to obtain medications in the most economical manner feasible.
- This insurance model is like those implemented by other State ADAPs.
- To maintain long-term program stability, CAREAssist must coordinate with carriers that offer in-network access to CAREAssist pharmacies for HIV medication fills.

Communicating with clients about CAREAssist changes

- CAREAssist will send all clients letters about Open Enrollment, including information about requirements for those on Providence and PacificSource to enroll with another carrier.
- We are working on additional educational materials and communications about all the issues discussed in today's presentation.

2026-2027 Open Enrollment Process

How many people will be affected by carrier changes this year?

- Approximately 418 clients currently insured by PacificSource, Providence, and Providence Medicare must transition to new plans:

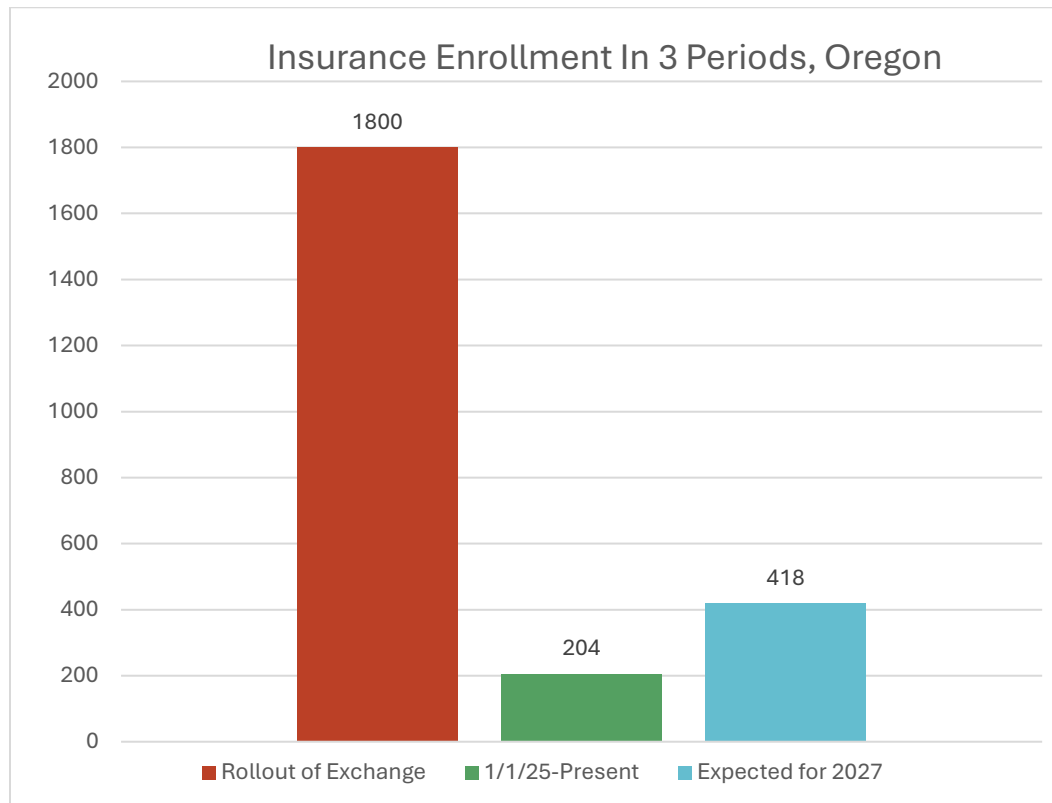


- Enrollment will happen during Open Enrollment
- New plans will start at the beginning of 2027

Have enrollments changed over time?

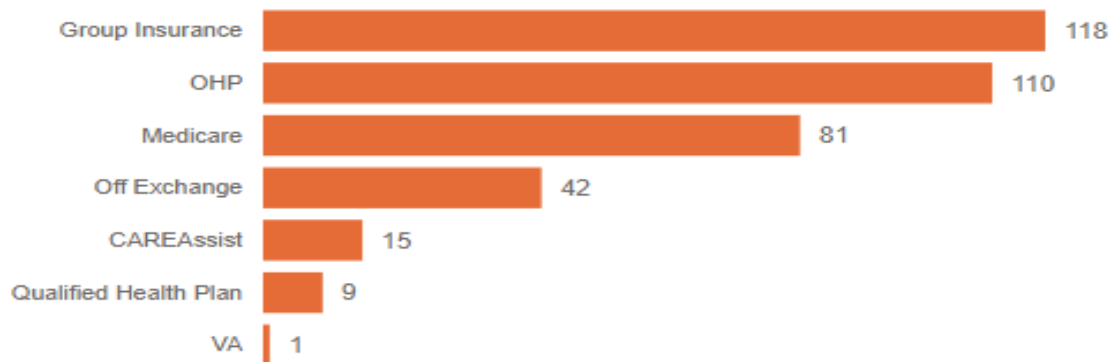
For context,

- Enrollments may double next year compared to 25-26 but are minimal compared to the rollout of the Exchange.
- CAREAssist still invests in the infrastructure built during the Exchange rollout.



Enrollments by insurance type, 1/1/2025 – Present

Total New Clients by Current Insurance Type



Standard communications with clients about Open Enrollment

Communication will start in September

- Letters starting with Medicare clients (go out next week), then all others
- Work with the CAREAssist caseworker or case managers. We will need auto enrollment letters (if keeping the same coverage for off-exchange), new insurance information and start date, along with a summary of coverage for new insurance, copy of Insurance ID card, premium bill for off-exchange or Medicare clients.

What about HR-1 and Medicaid?

HR-1 Changes: What you should know

- CAREAssist staff are not Medicaid experts and do not know more than what is available online (no inside information)

What we do know:

- Changes will not happen all at once. They will be phased in based on rolling client enrollment dates.
- Number of CAREAssist clients who will be disenrolled from OHP is unknown. We estimate 60-120 clients could be affected, but this depends on individual situations.
- **Re-enrollment process will be the same as always.**

HR-1 Changes: How CAREAssist will help



- CAREAssist can pay for an off-exchange insurance plan for clients who have been denied Medicaid/OHP:
 - for any reason other than failure to recertify, and
 - who are not eligible for employer or group coverage
- To qualify for a Special Enrollment Period (SEP), clients must provide a copy of their Medicaid/OHP denial or termination letter.
- Clients will continue to be assessed for the insurance programs they qualify for during their scheduled CERs.
- **This is not new.** This is the same process as always.

We have an FAQ. What other resources would you like?

Covers background information:

- What is HR-1?
- When do changes take effect?
- How many CAREAssist clients might be affected?
- How will CAREAssist handle disenrollments?
- How can we help clients retain OHP?
- What resources are available to clients and case managers?



FREQUENTLY ASKED QUESTIONS RELATED TO MEDICAID CHANGES AND CAREASSIST

(last update 8-20-26)

Background:

The Public Health Division, HIV/STD/TB Section (PH-HST) has assembled this FAQ to provide references to Oregon Medicaid Division websites for technical information related to HR-1 and the Oregon Health Plan, and to provide answers specific to CAREAssist, Oregon's AIDS Drug Assistance Program.

Q: What is HR-1?

House Resolution 1 (HR-1) is federal legislation passed in July 2025 that requires states to implement [new rules](#) related to Medicaid. The rules include more frequent member renewals and work and activity reporting requirements for some members.

Q: When will these changes take effect?

A: The two rules expected to have the most impact – work and activity rules and more frequent renewals – will begin in 2027. [The OHA website](#) provides a more comprehensive list of changes with their implementation dates.

Q: How many CAREAssist clients might this impact?

A: The number of CAREAssist clients who will be impacted by these policy changes is difficult to determine, as outcomes will be influenced by individual circumstances. Applying estimates from [OHA](#) and [Health Care for All Oregonians](#), we believe between 60 and 120 CAREAssist clients may be disenrolled from OHP in 2027.

Q: How will CAREAssist handle client disenrollments from OHP?

A: CAREAssist clients who are denied or disenrolled from OHP for any reason other than failure to recertify and who are not eligible for employer or group coverage can be enrolled in an off-exchange insurance plan, paid for by CAREAssist. This is business as usual for CAREAssist; the procedure for re-enrollment remains the same as it's always been. It's

Resources

Services available to help clients with health insurance enrollment

- CAREAssist Case Workers and DDI
- Ryan White Case Managers
- SHIBA (Senior Health Insurance Benefits Assistance)
- State-certified Navigators & Community-based partners via oregonhealthcare.gov
- Project Access NOW



Discussion

1. What additional communications & client support would be most helpful?
2. What is the best timing?
3. What do you need from OHA during this process?
4. What questions or concerns do you have at this point?
 - Julia (Partnership Project) asks if, during Open Enrollment, clients will still need to directly contact CAREAssist leadership if they turn down their employer-offered group insurance (or are not offered group insurance) for CAREAssist to provide other health insurance? Joanna: Clients need to contact their CAREAssist case worker. Myriam did this work last year on behalf of the case workers.
 - Scott (Quest Integrative Health) asks if there is any sort of reasonable accommodation for clients to enroll in plans beyond silver level. Joanna: Recommended by NASTAD, we direct clients to and support Silver Level plans due to cost-sharing reductions being exclusive to Silver plans. Silver plans have historically expanded access to broader healthcare, primary care and diagnostics beyond HIV medications. Silver plans are more financially efficient through cost savings/rebates. However, if someone had a non-Silver plan they are interested in, we could look at a comparison of the cost effectiveness.
 - Lauren (Partnership Project) wants clarification around clients aging into Medicare; will clients have to go elsewhere? Joanna: CAREAssist cannot support new clients enrolling into Kaiser, including those looking at Kaiser Medicare plans.
 - Julia (Partnership Project) asks if a client can opt out of employer-sponsored insurance (Kaiser) to receive CAREAssist sponsored off-exchange insurance? Joanna: Yes, we support carriers and plans that allow clients to access medications through the CAREAssist pharmacy network.
 - Dayna (AETC) noted that our presentation indicates 418 clients will be impacted by Providence and PacificSource leaving the insurance market; does that include Kaiser? No. That 418 does not include Kaiser clients as we are not asking CAREAssist clients currently enrolled in a Kaiser plan to change coverage for 2027.
 - Zachary provided Kaiser data: Of the 494 clients on Kaiser plans, 186 are on employer coverage, 260 on Medicare. Off-exchange = 40 and Qualified Health Plans: 10.

New Public Charge Rule



Public Charge

- Public Charge Rule Update (eff. Sep. 18, 2026)
 - The Dept. of Homeland Security has rescinded the 2022 Public Charge regulation. Immigration officers will now apply a “totality of circumstances” test when evaluating cases, restoring broader discretion.
- Expanded Review Criteria
 - Officers will consider multiple factors: age, health, family status, finances, education/skills, and the I-864 Affidavit of Support, rather than focusing solely on cash benefits or long-term care reliance.
- Impact on ADAP/Ryan White
 - ADAP (Ryan White) benefits continue to be not categorized as means-tested. However, under the totality framework, a client’s health condition may be weighed.
- Not Legal Advice
 - While CAREAssist may help with ADAP enrollment, individuals with concerns about their immigration status or potential impact should consult a qualified immigration attorney.

Discussion

1. Julia (Partnership Project) states that the above impacts clients who have newly applied and asks where CAREAssist obtained the information, as it differs from information she has seen. Joanna: This guidance came from NASTAD (National Association of State and Territorial AIDS Directors). CAREAssist recommends that any client with questions or concerns related to the existing or new rule seek assistance from an immigration attorney. CAREAssist does not provide legal advice. Joanna provided this link: <https://www.uscis.gov/>
2. Linda Drach (OHA) posted in the chat that OHA is working with the Governor’s office and others. Additional conversations are planned to ensure all partners are working together to navigate the transitions.
3. Zachary (CAREAssist) was asked if client lists (those who will need to switch plans) can be sent soon; Zachary said an initial list will be going out this month.
4. Lauren (Partnership Project) noted, in chat, that there may be a severe shortage of capacity in the community for a large number of clients coming into other clinics. Especially with limited insurances at HHSC and changes with OHSU insurances. Are there talks already happening about this? Joanna: Moda may absorb Providence clients and that means those clients would be able to continue their care in the Providence network.
5. Dayna (AETC), responding to Dayna, said, ‘Thanks; we are working on it. We’ve been more focused outside Portland metro but maybe we need to rethink that. Link provided: <https://www.oraetc.org/hiv-providers>



From the chat:

- Ashley Allison: I'm open to bringing that to Breakfast Club; we have a November slot open right now.
- Linda Drach: We'll circle back with you, Ashley
- Dayna: Do we have a list of Oregon originated plans (subject to OARs for medication approval) to consider when switching insurance? Long-acting injectables are covered by Oregon plans.
- Devon: They can prescribe an 'oral bridge' with an oral regimen before their insurance coverage ends and that would buy a month of time to get into care elsewhere.
- Dayna: This may be helpful for case managers to reference; I just don't know if anyone has a magic list.
- Linda Drach: Same – this will be presented next week at OSPG and notes sent to all OSPG members / partners. There's also an available FAQ that'll be sent out, which will hopefully be helpful.
- Dayna: Can we move to bi-monthly CAG meetings in the current landscape?

