

Frequently Asked Questions: Healthier Oregon – Pathway to full OHP

Program basics

What is Healthier Oregon?

Healthier Oregon is a pathway to full Oregon Health Plan (OHP) benefits and other medical assistance benefits, **regardless of immigration status**. This is possible because House Bill (HB) 3352 (2021) put into law a program called "Cover All People." The program is now known as "Healthier Oregon."

To learn more, go to <u>Oregon.gov/HealthierOregon</u> or <u>Oregon.gov/OregonMasSaludable</u> for the Spanish version.

Program eligibility and outreach

Who can enroll?

Anyone meeting income and other OHP eligibility requirements. Immigration status no longer determines if someone can qualify for full OHP.

What about lawful permanent residents (LPRs)? Do they need to wait five years to qualify?

No, lawful permanent residents qualify as long as they meet all other OHP eligibility requirements.

Will current Citizenship Waived Medical (CWM) members transition to Healthier Oregon?

Yes. On July 1, 2023, eligible CWM members will automatically move from emergency coverage to full OHP benefits.

How will people know about this change?

The Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) will work closely with community partners and grantees to let people know and support new enrollments.

We will also launch a media campaign in multiple languages. It will run through June 30, 2025.

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Program benefits

What benefits will members get?

Members enrolling through Healthier Oregon will get full OHP benefits. Full OHP covers many health services at no cost to members. These include:

- Medical
- Behavioral health
- Dental
- Eye exams
- Prescriptions
- Tests
- X-rays
- Hospital care
- Travel for health care visits

OHP members 65 or older or with a physical, intellectual, developmental, mental or cognitive disability may qualify for more services and supports. These services help with activities of daily living such as:

- Personal care: Bathing, dressing, personal hygiene, grooming
- Mobility: Walking or moving from one location to another
- Eating
- Toileting
- Help understanding information, communicating with others, and making decisions to support their daily needs and avoid unsafe behaviors.
- Independent living: Housekeeping, laundry, preparing meals, managing medications, shopping, travel

OHP members can ask about getting these services. Members can call OHP Client Services at 800-273-0557 or contact their local Oregon Department of Human Services office.

What health plan will members enroll in?

OHP has local health plans called coordinated care organizations (CCOs). They help members get the care they need. Most Healthier Oregon members will enroll in a CCO. Members can choose their CCO when there is more than one where they live. They will automatically enroll in a CCO if they don't select one.

Some members will get their benefits through an OHP "open card" with a fee-for-service network. "Fee for service" states how OHP pays doctors for their services. It does not mean the member will owe any payment for OHP-covered services.

Other program impacts

What if someone has a Marketplace plan?

When someone enrolls or gets a notice saying they're enrolled in full OHP benefits, they must report this change to the Marketplace. People eligible for full OHP benefits do not qualify for financial help through the Marketplace. They must report the new OHP benefits and cancel Marketplace coverage to avoid getting financial help when they no longer qualify. To do so they can log in to <a href="https://example.com/help-united-saying

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or call 800-318-2596 (toll-free). If they want help with this, they can call 855-268-3767 (toll-free, all relay calls accepted) or go to OregonHealthCare.gov/GetHelp to find free local help.

If the member does not cancel their Marketplace plan, they may have to pay back premium tax credits used while getting OHP benefits.

Will Healthier Oregon affect immigration status?

OHP should not affect immigration status. OHP and long-term services and support in community-based care settings¹ are not considered a public charge. More information is in this <u>public charge fact sheet</u>. For complex situations, the person may need to consult an immigration lawyer. For example, a public charge does apply to people who get long-term care services in a nursing facility or mental health institution.

Group care homes

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Community Partner Outreach Program at Community.Outreach@ODHSOHA.Oregon.gov or 971-283-1955 We accept all relay calls.

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¹ Medicaid home and community-based care includes services in the following settings:

[•] In-home care (includes Independent Choices Program)

Adult foster care

Assisted living facility

Residential care facility

Specialized living facility