




Medicaid and Healthcare Access Planning Partner Convening Report

Updated June 2026



: Tracy Carver PANOW CEO, Jenny Robinson PANOW Board Chair, Maria Tafolla of Health Share of Oregon, and Holden Leung of Asian Health & Service Center in October 2025 at PANOW's offices.

Convening held October 2025
Communications Workshop Series held April 2026

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Table of Contents

Project Summary	3
Context and Challenges	4
Anticipated Policy and Funding Changes	4
About PANOW.....	4
Focus Populations.....	5
Key Themes and Concerns	5
Recommendations	6
Updated State and Federal Policy and Budget Impacts, As of June 2026	9
Medicaid.....	9
Marketplace	10
Appendix A – Partner Organizations	11
Appendix B: Populations Most Impacted, What They Will Need, Possible Responses (October 2025)	12
Immigrant Populations.....	12
People who make less than 400% FPL, do not qualify for Medicaid or Bridge plan.....	14
LGBTQIA+.....	15
Workforce.....	16
Appendix C: Offers and Requests (October 2025)	17
OFFERS: What they / their organization can offer to strengthen the safety net?	17
REQUESTS: What do they/ their organization request from others in the room to strengthen the safety net?	18
Appendix D: April 2026 Key Communications Skill Building/Topics Presented	19
Appendix E: April 23, 2026 Key Topics Communications Brainstorm	20

Special thanks to our partner organizations, meeting facilitators, volunteers, and funding partners for their support related to this initiative. We are stronger together.

And to our community and clients – you are the heart of all we do. For questions, please contact: Rebecca Raab, 971.254.2704 or rebecca.raab@projectaccessnow.org.

Project Summary

Medicaid and Healthcare Access Convening – October 2025

On October 30, 2025, Project Access NOW (PANOW) convened over 40 leaders from Portland metro area safety net organizations to address the current and upcoming gaps in health insurance and access to health and social care services. Additionally, PANOW leadership engaged numerous organizations and elected officials who were unable to attend on the day but wished to contribute their ideas and concerns. The convening focused on compiling information and generating a shared understanding of the impact of federal policy changes and state budget shortfalls on the populations served, identifying which populations required the most focus of resources, and developing strategies for a coordinated response. Participants ended the day by sharing Offers and Requests, available in Appendix C.

Communications Workshop Series – April 2026

In April 2026, participating organizations joined a three-part series to begin discussions about how to align on messaging and advocacy for shared concerns related to HR 1 impacts. As more information has continued to be released from CMS and OHA, updates were discussed by the partners during the April sessions and partners shared their approach to keeping their members, clients and patients apprised of the forthcoming changes. A summary of this work is included in Appendix D and E.

Donated Care Program – June 2026 Update

Project Access NOW (PANOW) is collaborating with Portland metro health systems and safety net clinics to anticipate coverage losses driven by recent federal policy changes. As part of these efforts, we are working towards a relaunch of the Donated Care Program.

**

Thank you to the organizations and individuals who participated in both initiatives and brought their knowledge to the meeting series. Project Access NOW is underwriting these endeavors as a response to our historical role as a convening organization and due to the urgency in addressing safety net gaps that will result from HR1 and other legislation. A list of participating organizations, from all described initiatives, has been included in Appendix A.

Context and Challenges

Anticipated Policy and Funding Changes

As a result of HR1 and other changes, an unprecedented number of policy and funding changes are occurring and are expected in the coming years. These changes will significantly affect Medicaid, Marketplace coverage, access for undocumented immigrants, and access to related safety-net programs such as Supplemental Nutrition Assistance Program (SNAP) and the Housing Choice Voucher program (Section 8). Oregon is expected to face disproportionate impacts due to existing challenges regarding Medicaid and a projected state budget shortfall. This combined with forthcoming federal work requirements, restrictions on eligibility, and more frequent redetermination will strain the safety net and force difficult choices about how to allocate limited resources.

About PANOW

The organization was founded in 2007 to fill gaps in the healthcare system and provide a "safety net to the safety net." Since then, it has continually adapted to changes in the healthcare landscape, focusing on connecting individuals to care and resources and advocating for systemic solutions. This work – to date – has involved facilitating donated care, assisting with health insurance enrollment, providing premium assistance, and addressing social determinants of health in community settings.

- The Community Assistance Program (CAP) links individuals to a wide array of services that address health-related social needs. This program currently uses funding provided by referring partners (such as hospitals and insurance plans). Our team simplifies contracts and billing and streamlines support for vulnerable populations.
- Insurance Enrollment - Our experts assist with enrollment in the Oregon Health Plan, federal Marketplace plans, and others as well as support understanding how to use benefits, schedule appointments, navigate billing processes, and more.
- The Payment Support program pays insurance premiums to help make private insurance more affordable and avoid coverage gaps.
- Navigation – Staff respond to social needs and other support requests, connecting clients with resources identified through social needs screenings.

Focus Populations

In October 2025, the convening group agreed to focus on the following populations, seeing these as most urgently impacted. It is acknowledged that many are facing access issues and that this group cannot solve them all.

- Medicaid participants, especially immigrants: Increased eligibility requirements alongside increased fear among the immigrant population means decreased access and utilization of services. Many immigrant populations are already delaying care.
- Individuals earning between 200% and 400% federal poverty level (FPL): At risk of losing Marketplace coverage due to unaffordable premiums and expiring subsidies. These individuals are over-income for Medicaid or the Basic Health Plan, but do not make enough to afford private insurance.
- LGBTQIA+ communities: Impacted by restrictions on gender-affirming care and Planned Parenthood services.
- Healthcare workforce: Experiencing burnout, resource shortages, and financial strain in a period where rising uncompensated care is expected to increase.

Key Themes and Concerns

In October 2025, the group prioritized the following key themes and concerns, given the context shared above:

- Coverage Gaps: Develop solutions for those losing Medicaid or Marketplace coverage.
- Safety Net Strain: Strengthen partnerships to maintain access to primary and specialty care. Consider alternative care models to meet need, including the Health Systems Access to Care Fund with Oregon Community Foundation and PANOW's Donated Care program.
- Advocacy and Policy Alignment: Mobilize efforts to align priorities and coordinate advocacy. Leverage organizations with expertise and capacity to lead advocacy efforts to advance aligned priorities.
- Communication and Coordination: Continue the conversation including the creation of shared messaging and collaborative outreach strategies.

Recommendations

Based on discussion and prioritization, the following recommendations were proposed in October 2025 with June 2026 status updates also included below:

- 1) **Establish an ongoing collaborative forum to develop a plan for how we will serve the impacted populations collectively.**
 - a. Establish a regular meeting to convene partners for information sharing and aligning strengths and resources.
 - b. Develop collaborative solutions to serve populations who will lose access to care because of federal policy prohibitions and state budget challenges.

→ *June 2026 Status: Underway – Project Access NOW is working collaboratively with Health Share to establish the capacity needed to continue to support convening and responsive service implementation. This work is an integral part of our mission and will continue with Project Access NOW working closely with partners to support planning and execution.*
 - c. Determine if a Donated Care or other care models will be needed for primary and/or specialty care. Seek braided funding to relaunch PANOW infrastructure to support if necessary.

→ *June 2026 Status: Underway – Project Access NOW (PANOW) is collaborating with Portland metro health systems and safety net clinics to anticipate coverage losses driven by recent federal policy changes. As part of these efforts, we are working towards a relaunch of the Donated Care Program. This program was offered for nearly two decades through Project Access NOW through a collaboration with metro area health systems. In recent years, the need for the program went down due to the expansion of insurance coverage in the state, reaching a peak of 97%. With the passage of HR 1 and other Executive Orders, we are now seeing a renewed need for the program. More to come!*

d. Develop collaborative solutions to close the coverage gap for people who will lose access through the Marketplace.

- ➔ *June 2026 Status: Ongoing – Project Access NOW is a grantee of the Oregon Health Insurance Marketplace and is working alongside staff at this agency to message out changes to Marketplace plan access.*
- ➔ *Additionally, PANOW convenes the Health Systems Partners Committee, comprised of metro area health system partners, who fund a program called Payment Support. Through this program, PANOW enrolls clients in Marketplace plans and pays premiums for clients who are between 200%-375% FPL. The participating hospitals write off deductibles for enrolled clients. This program has a waitlist and is another lever that can be used to close coverage gaps as need grows.*

2) **Strengthen partnership between free clinics, FQHCs and PANOW to support a more streamlined safety net for those who lose access or coverage.**

a. Leverage and further connect existing collaborative safety net tables (e.g., PANOW Health System Partners Committee, Health Systems Access to Care Fund with Oregon Community Foundation, Coalition of Community Health Clinics, Oregon Primary Care Association) to build out a strategic response plan.

b. Continue to build mechanisms on the ground to understand patient and community needs in real time.

c. Work upstream with associations to provide streamlined support and solutions for and with clinical partners.

d. Strengthen support networks and referral pathways with safety net organizations for people who have barriers to coverage or care.

- ➔ *June 2026 Status: Ongoing – Conversations with safety net leaders are providing valuable insight into current capacity, challenges and visions for partnership. These perspectives are helping us map potential paths forward as we better understand how policy changes will begin to translate into impacts for the community. PANOW continued to engage with partners throughout the spring of 2026 through the Communications Sessions, 1:1 meetings and by participating in partner supported meetings and events. Partners remain concerned about impending Medicaid work requirements, redeterminations, eligibility changes, and the recent news that the*

Healthier Oregon program will be funded through Oregon's Open Card/fee-for-service system in 2027 instead of the Coordinated Care Organization system as it has been traditionally. Many have raised concerns about how these changes will impact safety net organizations and their capacity, as well as the ability for Oregonians to access care. See the State and Federal Policy and Budget Impacts section in the above linked report for more information on these policy updates.

3) Align on critical policy priorities and engage advocacy partners in aligning efforts on these areas.

a. Partner with organizations who have advocacy capacity and expertise to advance priorities in the 2026 short session and into the 2027 session.

➔ *June 2026 Status: Underway – Project Access NOW engaged with lawmakers during the short session to elevate the concerns about forthcoming changes to coverage and access. Project Access NOW is in discussion with partners about opportunities to align priorities in anticipation of the long session.*

b. Share information on policy changes that are forthcoming.

➔ *June 2026 Status: Ongoing – See the State and Federal Policy and Budget Impacts section for more information on these policy updates.*

c. Develop ongoing and consistent messaging strategies to maintain awareness and visibility.

➔ *June 2026 Status: Ongoing – Participants met in April 2026 and brought forward their organizational priorities and developed three foundational key messages to be shared:*

- We are stronger together and will work collaboratively toward community-driven solutions to ensure as many Oregonians as possible retain health care access.*
- We will elevate the most impacted communities by sharing their stories and ensuring information is reaching these groups.*
- In the long term, we will advocate for the reshaping of Oregon's policies to strengthen protection of coverage and access. We are seeking innovation, as Oregon has always done in its healthcare solutions for underserved and vulnerable populations.*

Updated State and Federal Policy and Budget Impacts, As of June 2026

Medicaid

- Loss of funding: The Department of Administrative Services is anticipating an \$11.7 billion cut to the Oregon Health Plan over the next decade. Provider tax caps (beginning FY2028) and a reduced federal match for undocumented immigrant emergency medical services (formerly CAWEM, beginning October 2026) will result in reduced funding for Medicaid in Oregon. In response to a federal ban on Medicaid funding for Planned Parenthood, Oregon is covering the gap to keep this critical resource available for OHP members. This shift was not projected in initial state estimates.
- Administrative burden: Work requirements (beginning 1/1/2027) and 6-month renewals/redeterminations (start date TBD) for ACA Expansion Medicaid enrollees will create significant admin, tech, & budgetary burden on community-based organizations (CBOs), Oregon Health Authority (OHA), health systems, enrollees, etc. New guidance from CMS in June 2026 has established that exceptions to work requirements for conditions like “medical frailty” will be even more administratively challenging to prove than originally anticipated, exacerbating the administrative burden across the system.
- Reduced eligibility: As more Oregonians drop their coverage due to new administrative challenges and eligibility restrictions, the state receives less funding from the federal government. An estimated 100,000 to 200,000 Oregonians could lose their Medicaid coverage.
- Consumer access challenges: A federal ban on serving undocumented immigrants for FQHCs has been blocked by a preliminary injunction but will create significant access challenges for HOP enrollees if implemented. All Medicaid enrollees will be discouraged from seeking care due to new cost-sharing requirements (start date of 10/1/2028).
- Threats to Data Security from CMS/DHS: New data-sharing agreements between CMS and the Department of Homeland Security and requests for data from OHA to verify immigration status of enrollees have put enrollees at risk of targeting by immigration enforcement and created fear in the community around enrollment and benefit utilization.

- Healthier Oregon Shift to Fee-for-Service Payment Model: Benefits for Healthier Oregon OHP members will no longer be delivered by CCOs and will instead be delivered under Oregon's Open Card/fee-for-service payment model (start date 1/1/2027). The number of members on Open Card will more than double overnight, and there are concerns about provider network adequacy and the availability of care coordination services for these members, both of which may have impacts on access to care.

Marketplace

- Expiring Enhanced Tax Credits: Individuals purchasing plans on the Marketplace are paying significantly more for their premiums as the subsidies they receive were reduced for plan year 2026. As a result, over 21,000 fewer people enrolled in a Marketplace plan this year compared to last year, a 15% drop in enrollment. The OHP Bridge program, which receives funding based on those tax credits, has lost significant federal funding.
- Reduced Eligibility: Certain groups (including DACA status – Deferred Action for Childhood Arrivals - recipients) are no longer be eligible for Marketplace and/or tax credits. This will increase the burden on Healthier Oregon and likely increase the uninsured population.
- Shorter Open Enrollment Period: Reduced from 2.5 months to 1.5 months. CBOs, insurance agents, OHA, and the Marketplace will need to enroll the same number of people in about half the time.
- Significantly Increased Premium Rates: On top of reduced tax credits, the base rates of Marketplace plans for plan year 2026 increased at a median of 10% in Oregon to match rising costs, higher than the historic average increase.

Appendix A – Partner Organizations

- 211info
- Adelante Mujeres
- Asian Health and Service Center
- Blanchet House
- Borland Clinic
- CareOregon
- Cascade AIDS Project
- Cascadia Health
- Central City Concern
- Clackamas County Health Centers
- Clackamas Free Clinic (Volunteers in Medicine)
- Coalition of Community Health Clinics
- Community Services Network
- Familias en Accion
- Health Care for All Oregon
- Health Share of Oregon
- Hillsboro Medical Center
- Hospital Association of Oregon
- Housecall Providers
- Immigrant and Refugee Community Organization (IRCO)
- Kaiser Permanente
- Latino Network
- Legacy Health
- LIFT UP
- Meals on Wheels People
- Metro
- Multnomah County Health Centers
- Neighborhood Health Center
- NW Family Services
- NW Pilot Project
- Office of Community Health and Engagement (OCHE)
- Oregon Academy of Family Physicians
- Oregon Community Health Information Network (OCHIN)
- Oregon Health Authority Office of the Ombudsperson
- Oregon Health Insurance Marketplace (OHIM)
- Oregon Health and Science University (OHSU)
- Oregon Academy of Family Physicians
- Oregon Health Leadership Council
- Oregon Latino Health Coalition
- Oregon Medical Association
- Oregon Primary Care Association
- Pacific Source Health Plans
- Planned Parenthood Columbia Willamette
- Providence
- Raices de Bienestar
- Reliance HIE
- Samaritan Medical Group
- The Oregon Clinic
- Trillium Community Health Plan
- Virginia Garcia Memorial Health Center
- Wallace Medical and Dental
- Washington County
- Yakima Valley Farm Workers Clinic

We would like to recognize the broad network of partners that have informed this work on an ongoing basis and through a variety of capacities. If you would like to be included (or not included) in this list, please email rebecca.raab@projectaccessnow.org.

Appendix B: Populations Most Impacted, What They Will Need, Possible Responses (October 2025)

The following tables highlight the populations identified by participants as most at risk of experiencing significant negative impacts resulting from federal policy change, what they may need, and possible actions to address the needs.

Immigrant Populations

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
<p>Loss of coverage due to federal policy changes impacting eligibility and state budget gaps</p>	<p>Support staying enrolled in health insurance through redetermination and work requirements verification processes.</p>	<p>Collaborate with OHA and CCOs to mobilize networks of organizations who are experienced with navigating insurance enrollment and redetermination, such as through the Community Partner Network.</p>	<p>Enrollment support:</p> <ul style="list-style-type: none"> * Navigators, Community Health Workers * Certified Assisters <p>System of care:</p> <ul style="list-style-type: none"> * Coordinated referral systems and network
<p>Fear about accessing care due to data security concerns and personal safety concerns. Partners indicated that patients are already delaying care due to these concerns, and we expect it to increase.</p>	<p>A system of coverage and care to support and potentially expand continuity of HOP benefits that are disconnected from federal funds and accessible to people in a way that mitigates barriers and threats.</p>	<p>Convene a collaborative workgroup and leverage PANOW infrastructure and experience facilitating patient referrals to specialty services/donated care to design and mobilize a solution for people who are no longer able to access care in other ways.</p>	<ul style="list-style-type: none"> * Donated Care or use of infrastructure for like system * Telehealth * Primary care <p>Collaboration:</p> <ul style="list-style-type: none"> * New partnerships between entities to address barriers to enrollment and access.

<p>Populations disproportionately impacted by cuts in other areas (e.g., food assistance, housing, etc.).</p>	<p>Immigrant rights support</p>	<p>Leverage and further connect existing collaborative spaces (PANOW Health Systems Partners Committee, Health Systems Access to Care Fund, Oregon Primary Care Association and Coalition of Community Health Clinics) to build out strategic response plan</p>	<p>Pooled funding: * Joint grant proposals * Data security, governance, and agreements</p>
	<p>Primary care that provides continuity of services</p>		
	<p>Specialty care</p>		
	<p>Culturally responsive services that address social determinants of health</p>		

People who make less than 400% FPL, do not qualify for Medicaid or Bridge plan

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
Loss of coverage due to unaffordability of Marketplace plans.	Financial assistance programs	Expansion of PANOW's Payment Support Program	Direct support: * Funding to expand financial assistance programs. * Resources to ensure capacity of certified assisters * Pooled funding * Grant writing Advocacy: * Aligned policies and communications * Engaged law makers
Population may churn on and off Medicaid due to changes in income and job status.	Support navigating enrollment	Partner with organizations who have certified assisters to support people in navigating insurance eligibility and enrollment and financial assistance programs.	
		Aligned policy initiatives and partnerships with lawmakers to support policy change or state level subsidies.	
		Leverage and further connect existing collaborative spaces (PANOW Health Systems Partners Committee, Health System Access to Care Fund, OPCA, and CCHC) to build out strategic response plan.	

LGBTQIA+

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
<p>Loss of access to care due to federal restrictions on Planned Parenthood and gender affirming care</p>	<p>A system of coverage and care that is disconnected from federal funds and accessible to people in a way that mitigates barriers.</p>	<p>Convene a collaborative workgroup and leverage PANOW infrastructure to design and mobilize a solution for people who are no longer able to access care in other ways.</p> <p>Leverage and further connect existing collaborative spaces (PANOW Health Systems Partners Committee, Health Systems Access to Care Fund, OPCA, and CCHC) to build out strategic response plan</p>	<p>Enrollment support: * Navigators, Community Health Workers * Certified Assisters</p> <p>System of Care: * Coordinated referral systems and network * Donated Care * Telehealth</p> <p>Collaboration: * New collaborative partnerships between entities to address barriers to enrollment and access. * Pooled funding * Data security, governance, and agreements * Joint grant proposals</p>

Workforce

Expected Impact	What They Will Need	Possible Actions/ Partnerships	Resources Needed
Workforce reductions due to reduced revenue and rising costs	Stabilized resources to keep operating	Aligned policy initiatives and partnerships with law makers to support policy change	Advocacy: * Aligned policy proposals * Engage lawmakers Collaboration: * MOUs and data sharing agreements to support shared staffing and services * Workforce development
Provider burn out and lack of capacity	Wrap around support to keep people insured and understanding how to use their benefits	Shared staff models	* Workforce development Infrastructure: * Data governance
Increased strain on hospitals and clinics due to increase in uninsured, delayed care and reduced resources		Increased efficiencies in referral and coordination systems and partnerships	

Appendix C: Offers and Requests (October 2025)

This list continues to grow. Please reach out with additional offers and requests.

OFFERS: What they / their organization can offer to strengthen the safety net?

- Latine-focused CBO: CHW training and support, provide education and updates about changes in healthcare
- Resource navigation CBO: Provide people who call with information on eligibility; give referrals to organizations filling gaps in OHP; coordination centers can help people navigate application process.
- Health Center: Offer care in the safety net community; regardless of ability to pay.
- Free clinic: An on-demand, primary care home for uninsured / undocumented patients with nowhere else to go
- Latine-focused CBO: Ensure our CHWs are well informed and trained to provide resource navigation in this new context.
- Asian-focused CBO: Culturally and linguistically specific services for Asian, Chinese, Korean and Vietnamese communities
- Homelessness-focused CBO: Continue to support advocacy at all levels including the governor and OHA
- Advocacy organization: Policy expertise / interpretation and legislative engagement (advocacy, coalition building)
- CCO: Local decisions on Medicaid priorities
- Healthcare IT: Technology and integration for healthcare providers to connect with CBOs & each other
- Large health system: Funding, partnership
- Food-focused CBO: Help stand up and market a medically tailored meal program for any health partner contracted with PANOW (CAP) to include: a referral form, program fliers, lunch & learn for care management/referring teams.

REQUESTS: What do they/ their organization request from others in the room to strengthen the safety net?

- Homelessness-focused CBO: More collaboration and open forums about how we will serve the community collectively
- CCO: Ideally – align priorities on what is most important to protect
- Health System: Ongoing CBO collaboration forum. Existing free clinics share their funding model/lessons learned/tricks of the trade.
- Food-focused CBO: If you're a PANOW contracted partner, schedule an exploratory meeting to learn how we can stand up a medically tailored meal program to help support your members' health and reduce healthcare utilization.
- Advocacy Organization: Collaboration/partnership for patients we can't see (federal prohibitions)
- Free clinic: Consider us a resource and a partner in the broader safety net healthcare landscape
- County Government: Partnership - we can't do this alone
- Health System: Communication, connection
- Health Center: Need assistance with enrollment / reenrollment for OHP
- Resource navigation CBO: Trainings for staff on what different organizations provide; organizations that provide services to provide us with information and updates on what they offer, how to refer, how to get in touch with them; organizations to refer clients to the coordination center.

Appendix D: April 2026 Key Communications Skill Building/Topics Presented

Session 1 – April 3	Session 2 – April 10	Session 3 – April 24
<ul style="list-style-type: none"> • Presentation, <i>Working Together to Prepare for Widening Health Care Access and Coverage Gaps</i> • Understanding Impacts and Opportunities in Our Individual Organizations • Effective Communications for Stakeholder Impact • Functional Communications SWOT Analysis and Audit, Role Identification • Methods and Roles for Communications Understood • Impact of Trust • Implementing Simple, Direct, Human-Center Messaging • Leading with Impact • Using the P.E.S.O. Media Model (Paid, Earned, Shared and Owned) 	<ul style="list-style-type: none"> • Health Literacy Refresher • Plain Speaking Preparedness • The 5-Step Communications Audit/Your Org’s Inventory • Developing Our Unique Organizational Messaging Platform • Key Message Collaboration • How To Engage Staff and Key Stakeholders • Using the R.A.C.E. Model to Create Your Organization’s Communications Plan • Building Our Advocacy Capabilities and Tools (with Oregon Primary Care Association team) 	<ul style="list-style-type: none"> • Interactive Discussion and Knowledge Sharing on these Questions: <ol style="list-style-type: none"> 1. How can we communicate what Re-enrollments/Re-determinations mean, and how can members avoid losing their coverage as a result? 2. How can we describe the work/activity requirement so people understand when and to whom it applies and what may already count? 3. How do we tell people who to contact for help and that help is free? 4. How can we explain the Healthier Oregon shift from the CCO model to the Open Card/ Fee-for-Service model? 5. What do we still not know yet and how can we explain this in a way that is honest and transparent, while also reassuring people that they won’t be left without information or support?

Special thanks to Dianne Danowski Smith, APR, Fellow PRSA for leading these workshops and providing Project Access NOW and our community with ongoing service as a supporter, board member, and volunteer.

Appendix E: April 23, 2026 Key Topics Communications Brainstorm

This final session focused on identifying and building a shared communications strategy, one that aligns both owned and shared approaches as participating organizations collectively manage and communicate the funding and operational impacts of HR1 and other changes. This work is intended to complement and operate alongside other efforts to raise public awareness, with a particular focus on targeted outreach to underserved communities.

Ultimately, our goal is a shared direction and aligning messages in the areas where our communities, partners, and clients will feel the most immediate impact. We are stronger together and, given the complexity and accelerated timeline of these changes, a shared approach is the most effective approach. The following has been lightly edited for clarity.

6-Month Redeterminations for Medicaid - How can we help communicate what this means and how they can avoid losing their coverage as a result?

- Did you update your address with OHA? Have you been checking your mail? Where can you go to get help? Did you know that even if you are exempt from work rules, you still have to renew every 6 months?
- If you are not sure about your eligibility or what's going on, you should go in-person so you can ask specific questions to your case manager and also can get interpreter to help translate for you.
- Many people lose coverage simply because they miss a notice or don't return a form in time. Even if you still qualify, you could lose coverage if you don't respond.
- You don't have to do this alone—we can help you complete your renewal.
- Keep your contact info updated! Name, address, phone, etc. so OHP can reach you and you don't lose coverage.
- Instruct members on what they need to do to complete a redetermination, so they can have any information and supporting documents they'll need prepared in advance.
- Digital status checker - does it apply to me? When is my renewal? What do I have to do?
- Front desk scripts: “Have you updated your OHP info recently?”
- Posters in waiting rooms
- Updates included in AVS (after-visit summaries)
- Staff talking points
- Partner orgs (shelters, food banks, schools)
- Social media (short, repetitive reminders)

- Utilize community health workers / peer staff
- The three basics of all OHP coverage maintenance is still apply: Open your mail (and texts/email) from OHP, complete your renewal form right away, and update your contact information if it's changed.
- Alert that change is coming, action required (by members) to keep coverage, where members should go to find out what to do + any basic instructions applicable to the majority of members.
- Inform who will be reaching out (OHA vs CCO), how they will know when the time is ready for renewal, and how much time they'll have to respond.
- Communicate early and often.
- Minimize confusing people the changes do not apply to to minimize burden.
- Amplify OHA alerts.
- Provide clarity on who is responsible for what type of communication.
- Make the help feel: local (“talk to your care team”), accessible (phone, in-person, drop-in), non-judgmental (remove jargon).
- Equip providers, emergency departments, clinic admin staff.
- Information in schools - oftentimes kids become the expert in immigrant families.
- Messaging that conveys URGENCY without creating FEAR.

Medicaid Work or Activity Requirements - How do we describe the work or activity requirement, so people understand who it applies to, who is exempt, and that many everyday activities already count?

- Checklist to help people assess if they are excluded from the requirement; provide to assisters as well for when they are screening, assisting
- Work requirements don't just mean having a job. Many everyday activities count.
- Give people a list of the documentation they will need long in advance, so they have plenty of time to gather documents before implementation
- Make a flyer with clear checklist in like bullet points assessable to their language to make sure that they can see clearly whether they fall into those with explanation of what they should do
- To keep your coverage, some people may need to show they are working, looking for work, or taking part in activities like school, training, or caregiving.”
- Need to understand more about the pop. demographics - how many are non-English speakers? impacts solutioning

- Digital person says digital help tool :)
- Your Oregon Health Plan (OHP) coverage is not going away—but how you use it is changing.

Healthier Oregon → OHP Open Card - How would we explain the Healthier Oregon shift from the current CCO model to an Open Card/Fee-for-service model?

- You will now have to work very hard to find a doctor who will take your coverage and wait many months to get an appointment.
- Instead of getting care through a health plan, you'll use your OHP card directly to get services.
- Reassure members that they are not losing coverage but that the way they access care will change.
- Are there specific messages needed for those enrolled in the Marketplace now that their premium subsidies have ended?
- Communication needs to come in tandem with the CMS data sharing situation, environment of fear.
- What, where, when why, and how
- Your Oregon Health Plan (OHP) coverage is not going away—but how you use it might change.
- You may need to change providers, here's a list of providers who accept Open Card.
- Get more information about what, if any, care coordination support is available for members in absence of what they currently receive from their CCO

Who to Reach Out to for Help - How do we clearly tell people who to contact for help (and that help is free), especially if they are overwhelmed, don't trust systems, or have limited English or internet access?

- No wrong door approach, make sure culturally specific orgs have the resources they need so people can get their information from a trusted source
- Ensure CBOs, Clinics and other social service partners have plain language flyers and talking points that point people to where they can go/call to get help.
- Non-traditional outreach points - churches, barber shops/beauty salons
- school-based health centers
- schools, churches, food banks as trusted entry points

- Ensure organizations who have CHWs doing outreach have the information and training they need
- Two types of distrust (government and scammers) to deal with, so need two paths: OHA + list of safe orgs to talk to
- We will be telling folks while they're in the clinic and have application assister available in our wellness centers, including peer providers.
- Work to do around risk stratification.
- People are at risk of losing an array of other benefits (SNAP, etc.).
- Start with trusted contact to the client such as CHW or when they come in for activities, we can have a presentation during their weekly activity and ask them to ask our CHW if they need help

What We Still Don't Know Yet - What do we still not know yet and how can we explain this in a way that is honest and transparent, while also reassuring people that they won't be left without information or support?

- What medical conditions will qualify someone for an exemption?
- When the renewals will start.
- What is the plan for automating some of what will be needed to reduce some of the burden on individuals, assisters, clinics, etc.
- What will be the process to submit work documentation every month? Attestations? And how?
- Will OHA provide any new care coordination support for Open Card HOP members that they used to get from their CCO?
- How will we help people who can no longer afford Marketplace plans due to reduced tax credits but don't qualify for OHP?
- When will 6-month redeterminations go into effect: Jan 2027 or when the waiver ends in Sept 2027
- Will OHA apply work requirements and redeterminations to any populations that they are not required to by federal law?
- How will OHA operationalize 6-month redeterminations? Is it based on when someone originally got OHP (especially for folks who've had OHP for 1 year or even close to 2)?
- How does OHA plan to expand the Open Card provider network to meet the needs of the additional members who will be added?
- Will there be any expanded assister grantee grant funding for organizations who are helping members meet these new requirements?