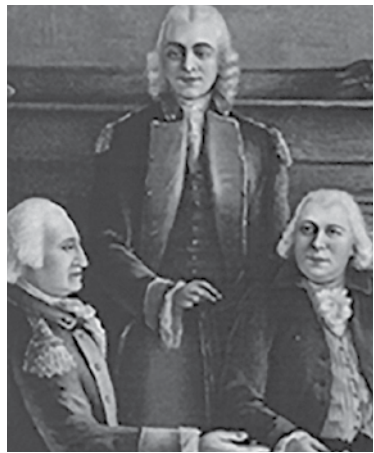


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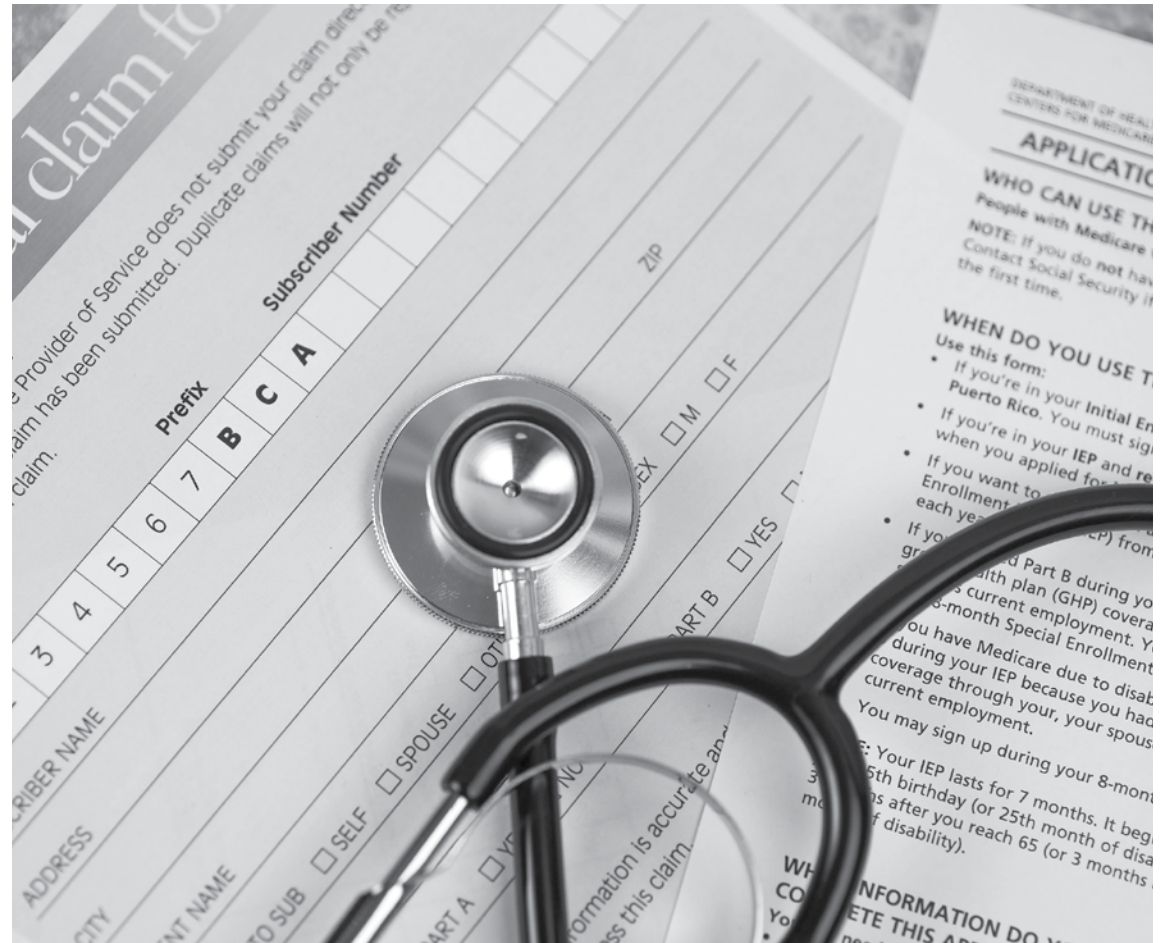


Arts & ENTERTAINMENT

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LOCAL NEWS

Health Benefits Could End For Some



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Renewal notices will be sent to all OHP members within the next ten months in hopes of keeping those eligible up to date

Oregon to review health coverage for 1 in 3 state residents

The Oregon Health Authority (OHA) will review income eligibility for approximately 1.5 million Oregon Health Plan (OHP) and Medicare Savings Program (MSP) members starting April 1, 2023, after federal Public Health Emergency (PHE) protections for continuous eligibility will end. State health officials urge OHP members to review any notices they receive from OHA about their health benefits and respond promptly with any requested information. State administrators need updated information to determine whether a member remains eligible for coverage for OHP and other Medicaid-funded services and supports.

During the federally-declared COVID-19 PHE and the OHA extended coverage for all Oregon Health Plan (Medicaid) members. This extension ended on March 31. When the pandemic began, the federal government allowed states to keep people on Medicaid once

they became eligible. During an historic health emergency, OHP grew to nearly 1.5 million people, or one in three Oregonians.

Today marks an end to the federally enhanced Medicaid coverage. While most people will continue to qualify for existing benefits, OHA is required to review eligibility for all OHP members by mid-2024. Oregon will begin to notify OHP members starting in mid-April.

“We want to do everything we can to make sure Oregon Health Plan members stay covered as long as they are eligible,” said OHA Medicaid Director Dana Hittle. “It’s important for OHP members to keep their address up to date with us and for people to respond to any notices they receive. We know this process can be stressful for many members. We don’t want anyone to lose health coverage because of a missed notice.”

All OHP households will receive a renewal notice over the next ten months. It is very important that people understand that everyone will receive a notice and receiving a notice does not mean that action is required. The notice will tell members what they need to do, or if they don’t need to do anything at all.

If someone is determined to be no longer eligible for OHP, they will have 60 days before their OHP benefits will end. State officials will work to connect people who lose eligibility for OHP to the Oregon Health Insurance Marketplace to find other health coverage. The Oregon Health Insurance Marketplace (OHIM) will be sending information to people who are no longer eligible for OHP benefits and advising of potential coverage options and financial help through the Marketplace. People who do not enroll through the Marketplace will receive a second notice 30 days before their Oregon Health Plan benefits end.

The Marketplace Transition Help Center will be available starting April 13 to help people understand their options, how to transition to the Marketplace, and to find help from local health coverage experts.

“We are committed to helping eligible Oregon Health Plan members maintain their coverage,” said Hittle. “We don’t want anyone to fall through the cracks. We want to protect and expand health coverage so more children and adults have access to the health care they need.”

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