

Medicaid Matters

Hosted by the PeaceHealth Patient Financial
Advocacy & Community Health Teams

Monthly Webinar – 1st Thursday of the month

Medicaid enrollment support

A new federal law is changing who can get Medicaid and what people must do to keep their coverage. If you need help signing up for Medicaid, our financial counselors are here to help you.

[Learn more](#)



Introductions & Reflection

Introductions

Kelly Kikuchi, System Director Patient Financial Experience & Advocacy

Rachel Lucy, Michelle Saunders, & Liz Cattin, Directors Community Health

**This is the very essence
of true community:**

to meet each other where we
are at right now and show up
together to make a difference

LESLIE M. BOSSERMAN

THE *makers* PLACE™

Medicaid Matters

1st Thursday of the Month Webinar; 11:00 a.m. PST

You will learn about:

- Real-time changes to Medicaid programs and Medicaid eligibility requirements.
- Changes as they go into effect and the supportive services available to people who are impacted.
- How to connect people with PeaceHealth Financial Counselors and/or with community assisters.

View slides, previous recordings, and links to resources



Federal Overview

House Resolution One (H.R.1) was signed into law on July 4, 2025, and contains numerous provisions that impact Medicaid eligibility, including non-citizen coverage.

These changes do not affect:

- Children age 18 and under
- Pregnant individuals
- AI/AN
- Aged, blind, disabled

(shorter retroactive coverage periods do apply)

What's changing

H.R.1. includes changes related to:

- Eligibility for some non-US citizens
- More frequent eligibility renewals for Adults
- New federal work requirements for some adults
- Shorter retroactive coverage periods
- Additional verification requirements required by federal law

Implementation will occur phases beginning in 2026–2027.

Medicaid Changes – By State



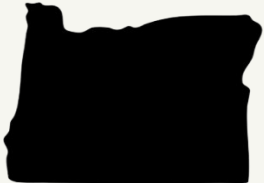
Alaska State

- Administrator: Alaska Department of Health
- Medicaid = Alaska Medicaid



Washington State

- Administrator: Health Care Authority
- Medicaid = Apple Health



Oregon State

- Administrator: Oregon Health Authority
- Medicaid = Oregon Health Plan (OHP)



Apple Health Programs



Individuals who lose coverage may still qualify for certain coverage types

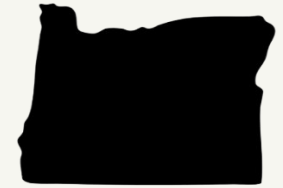
Individuals who lose coverage due to the H.R.1 changes may still qualify for certain coverage types if they meet all other eligibility program requirements, specifically:

- Apple Health for Pregnant individuals
- After-Pregnancy Coverage (APC)
- Emergency Medical (AEM)
- Apple Health Expansion (AHE)*
- Family Planning Only (FPO)
- Medical Care Services (MCS)
- Qualified health and dental plans with savings through Washington Healthplanfinder

Scan QR for
Fact Sheet



Oregon Overview – What's Changing?



Due to updated federal rules, Oregon is required to make changes to Oregon Health Plan (OHP / Medicaid) and Healthier Oregon.

There are three key changes that will affect certain members.

1. Impacted non-citizens will move to Healthier Oregon on October 1, 2026
2. Healthier Oregon members will transition from CCOs to Open Card on January 1, 2027
3. New work or activity rules will apply to some Healthier Oregon Members beginning in January 2027

Learn more at Oregon Health Authority

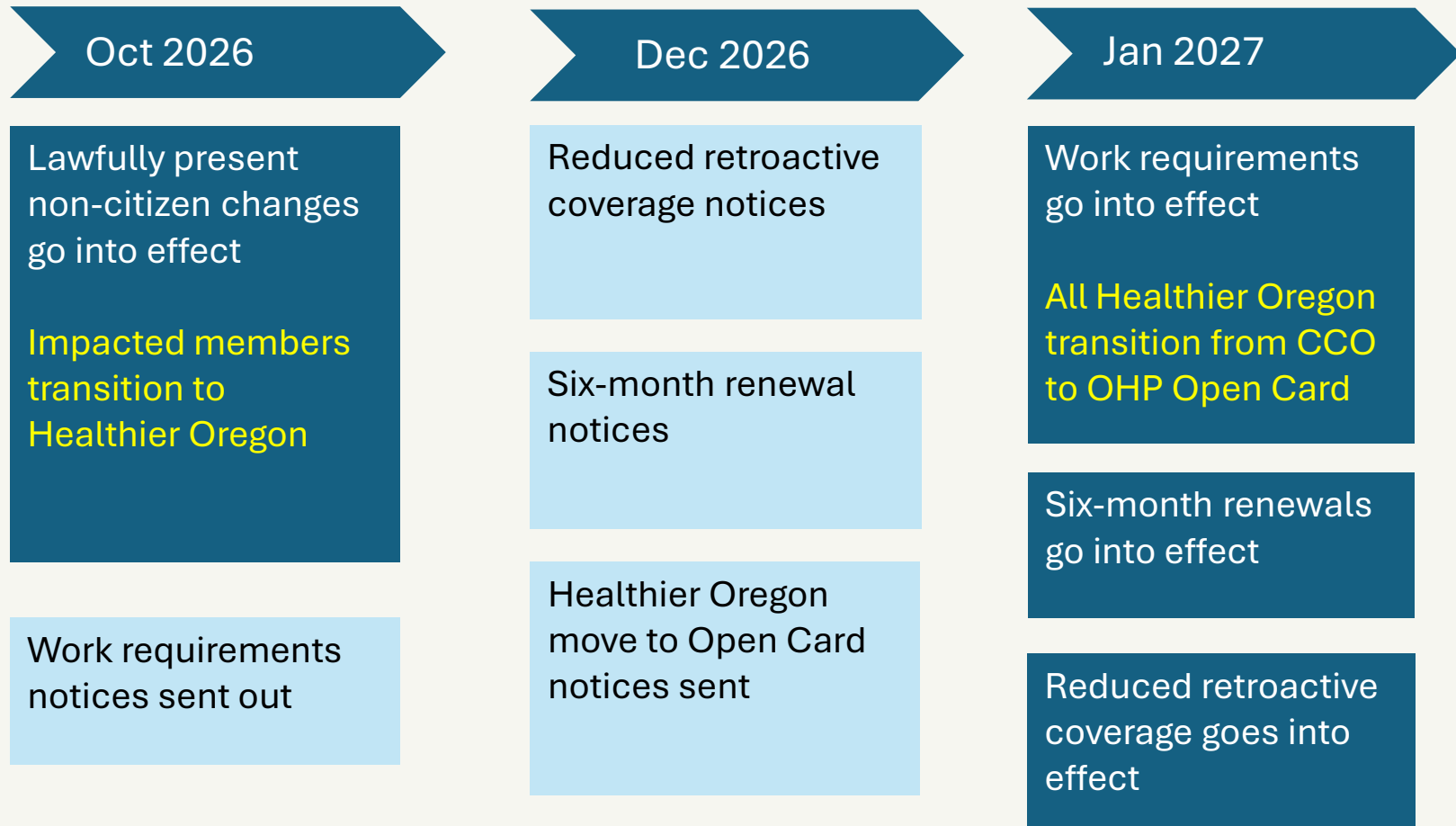
<https://www.oregon.gov/oha/hsd/ohp/pages/federal-changes.aspx>



Timeline of Changes

Customers will receive advance notice prior to any required action

Most H.R.1. changes begin January 1, 2027





Oregon:

Example notices to members who move to Healthier Oregon

- The medical benefit overview lists the dates they qualified for each eligibility category
- A second line will appear with a “Healthier Oregon” addendum



Example of an adult moving to Healthier Oregon:

 **Medical Benefits Overview**

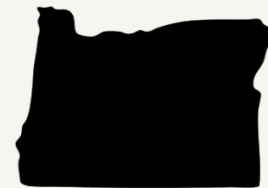
Medical Benefit Overview for [redacted] [redacted] [redacted] **(45 years)**

These are this person's medical benefits. They begin on the 'Benefit Start Date'.

Medical Benefit	Decision	Benefit Start Date	Benefit End Date	Reason
OHP Plus (Full Medical)	Benefit Approved	07/01/2025	No Current End Date	This person was found eligible

MAGI Adult (07/01/2025 - 06/30/2026) is for individuals ages 19-64 years old: 410-120-1210; 410-200-0435 ; 410-120-0006
MAGI Adult - Healthier Oregon (07/01/2026 - No Current End Date) is for individuals age 19-64: 410-120-1210; 410-200-0435; 410-200-0240 ; 410-120-0006
To get full details of these rules visit <https://secure.sos.state.or.us/oard/>

What does OHP Plus cover?
OHP Plus covers services such as regular check-ups, prescriptions, mental health care, addiction treatment, basic dental care and vision services. If this person is pregnant, in their post-partum period, or under 21, they have additional dental and vision coverage. For more information about program benefits, see OAR 410-120-1210.



Healthier Oregon members moving to OHP Open Card

What you need to know:

In January 2027, federal changes mean all Healthier Oregon OHP members will move to OHP Open Card.

Oregon provides full OHP benefits regardless of immigration status through a program called Healthier Oregon. Unlike in other states, people in Oregon will not lose OHP due to immigration status.

OHP Open Card (also known as fee-for-service)

- OHP Open Card offers full OHP benefits for people who are not enrolled in a CCO.
- The network of health care providers that take Open Card is different than CCOs. Many providers work with both CCOs and open card.

Coordinated care organizations (CCOs)

- A CCO is a local network of health care providers in your area that work together to care for OHP members.
- Each CCO has a different network of health care providers.

Will I need to find new health care providers?

You can keep seeing any providers that accept Open Card after the transition. Many health care providers work with CCOs and Open Card, but some do not.

Please ask your current health care providers if they accept OHP Open Card. If they do not, also ask for help planning care for the rest of 2026 and around the transition.

If you need to find providers that accept OHP Open Card:

Before Jan. 1, 2027:

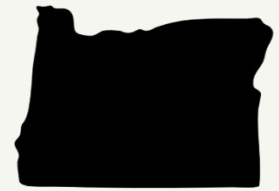
- Use the online Open Card provider search tool at OHPOpenCard.org. Please keep checking back as the search tool is improved and new providers join the network.

After Jan. 1, 2027:

- You can call OHP Open Card at 800-562-4620 for help finding providers and coordinating care.

Oregon:

Example notices to members who move to Open Card



Open Card move notices

- Around 100,000 Healthier Oregon members will get notices about the upcoming move to Open Card in early October providing advance notice of the upcoming change
- Affected members will get two additional notices in December:
 - Coverage letter, including paper ID card
 - Updated OHP Open Card welcome packet

ONE Customer Service
PO Box 14015
Salem, OR 97309

OREGON HEALTH PLAN
P.O. Box 14015, Salem, OR 97309
Voice: 1-800-###-####
FAX: 503-378-5628
TTY: 711
<https://Oregon.gov/HealthierOregon>

DATE

<<First Name>> <<MI>> <<Last Name>>
<<Mailing Address 1>> <<Mailing Address 2>>
<<City>>, <<State>> <<ZIP>>

Other formats and languages
You can get this document in other languages, large print, braille or a format you prefer free of charge. Visit <https://Oregon.gov/HealthierOregon> or contact OHP at 800-273-0557 (voice). All relay calls welcome.

You will get an ID
OHP will mail you two for new OHP Open Card to any health care providers.

What do I need
If your current health plan is able to keep seeing the Open Card. If your primary health care you need plan for all primary care planning your health care January 1, 2027.

Find health care providers
If your current providers who accept

- To find providers online Open Card Please keep providers are
- After Jan. 1, 2027 patients you

You will move to OHP Open Card on Jan. 1, 2027
Dear <<First Name>>,
You are getting this letter because you have Oregon Health Plan (OHP) benefits. There will be some changes to your health plan. Your benefits are currently provided through a regional health plan called a Coordinated Care Organization (CCO). Right now, your CCO is <<CCOName>. On Jan. 1, 2027, you will move to OHP Open Card. If other members of your household are affected, they will also get this letter.

You will still have full OHP benefits
OHP Open Card offers the same OHP benefits, including physical health care, dental care, mental health care, substance use treatment, and prescriptions. Who to call for help, and the network of health care providers like doctors, dentists and pharmacies you can go to may be different from your CCO. Many health care providers work with your CCO and Open Card, but some do not. You have the right to free interpretation in any language you need.
Questions? Visit Oregon.gov/HealthierOregon or call 800-273-0557 (TTY 711)

Page 1 of 2

Questions? Visit Oregon.gov/HealthierOregon or call 800-273-0557 (TTY 711)

Page 2 of 2

Federal: Medicaid Work Requirements and 6-month renewals

Under Medicaid work requirements, some adults must show they are working or engaged in other activities as a condition of enrolling in and renewing their Medicaid coverage every 6 months.

Who is subject to Medicaid Work Requirements?

Medicaid expansion adults ages 19-64

How do states verify compliance?

States must rely on data (as opposed to requesting documentation/information from individuals) to the greatest extent possible.

What are the consequences of noncompliance?

Individuals may have their applications for Medicaid denied or their coverage terminated at renewal.

How can an individual satisfy Medicaid work requirements?

They must do one of the following:

- Meet an exclusion
- Meet an exception
- Meet a qualifying activity:
 - 80 hours/month of work, work program, or community service
 - Educational enrollment at least half-time
 - Any combo of above activities for a total of 80 hours/month
 - Income of at least \$580/month (with special consideration for seasonal workers)

Federal: Work requirement exclusions

Some individuals do not need to meet work requirements because they meet a “current month exclusion.”

- Pregnant or in 12-month postpartum period
- Under age 19
- Foster youth or former foster youth under age 26
- American Indian/Alaska Native (AI/AN) and certain Tribal populations
- Parent, caretaker, or guardian of a child under age 14
- Household member of SNAP (food assistance) or TANF (cash assistance)
- Parent, caretaker, or guardian of an individual with a disability
- Entitled to Medicare Part A or B
- Incarcerated or within 90 days post-release period
- Alcohol or substance use disorder treatment (AUD/SUD)
- Disabled veteran with 100% total disability
- In short-term hardship
- Medically frail
 - Requires both a qualifying condition and impairment of the beneficiary's ability to comply with the work requirement

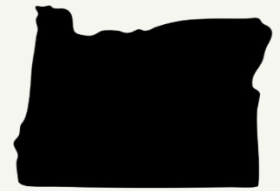
Short-term hardship exemptions (Washington)



There are four short-term hardships.

Two hardships you must request, while two are automatic when you apply.

Hardship	Automatic/Requested
Travelling outside your community for care related to a serious or complex condition for yourself or your dependent.	Requested
Spending part or all of a month in an inpatient hospital, nursing home, ICF/IID, inpatient psychiatric hospital services or other services of similar acuity.	Requested
Living in an area where the President has declared a disaster.	Automatic
Living in a county with an unemployment rate that is 1.5 times the national unemployment rate.	Automatic



Short-term hardship exemptions (Oregon)

There are four short-term hardships:

- Being admitted to stay overnight as a patient in a hospital or nursing facility
- Spending at least one week away from home to get medical care for yourself or a household member
- A declared emergency or disaster in a person's county
- When there is a high unemployment rate in a person's county

Short-term hardship exemptions (Alaska)



A temporary hardship is a circumstance that may allow you to meet Work and Community Engagement Rules (WCER) without completing the usual work or community engagement activities.

Temporary hardships may include:

- Receiving inpatient or institutional care;
- Receiving certain intensive services similar to inpatient or institutional care;
- Traveling outside your community for necessary medical care for you or dependent;
- Living in an area affected by a qualifying emergency or disaster; or
- Living in an area that meets the federal high-unemployment standard.

Some hardships must be requested, while others may be applied automatically based on where you live and circumstances affecting your area.

Verification

Self attestation will be accepted through 2027.

Beginning January 1, 2028, states will first use their available data sources to verify work requirements, exclusions and exemptions.

If the states are unable to verify information with the data sources, additional documentation will be requested.

Medical Frailty:

Who qualifies for the Medicaid medical frailty exemption?

The IFC was issued in early June to implement regulations for the [Medicaid work requirement](#), formally known as the community engagement requirement. Congress legislated the requirement as part of the OBBBA.

In the September guidance, **CMS reiterates that medical frailty requires both a qualifying condition and impairment of the beneficiary's ability to comply with the work requirement. The qualifying conditions are:**

- Blindness or disability (statutory definition)
- Substance use disorder
- Disabling mental disorder
- Physical, intellectual or developmental disability significantly impairing at least one activity of daily living (ADL)
- Serious or complex medical condition

States cannot expand the medical frailty exemption beyond those five categories but are expected to develop their own lists of sub-diagnoses, disorders and other conditions by which to identify medically frail individuals. A state's list must be auditable, justifiable and consistent with CMS's definition, and should be subject to revision over time.

The lists of diagnoses should not be seen to represent a hard cutoff regarding what constitutes medical frailty. A beneficiary should have a reasonable process through which to be considered for the exemption even if the diagnosis is not on the state's list.

States are encouraged to identify medical frailty using existing data such as adjudicated claims, managed-care encounter data and health information exchange (HIE) data.

WA has published its Medically Frail Code List, Oregon and Alaska have not yet published.

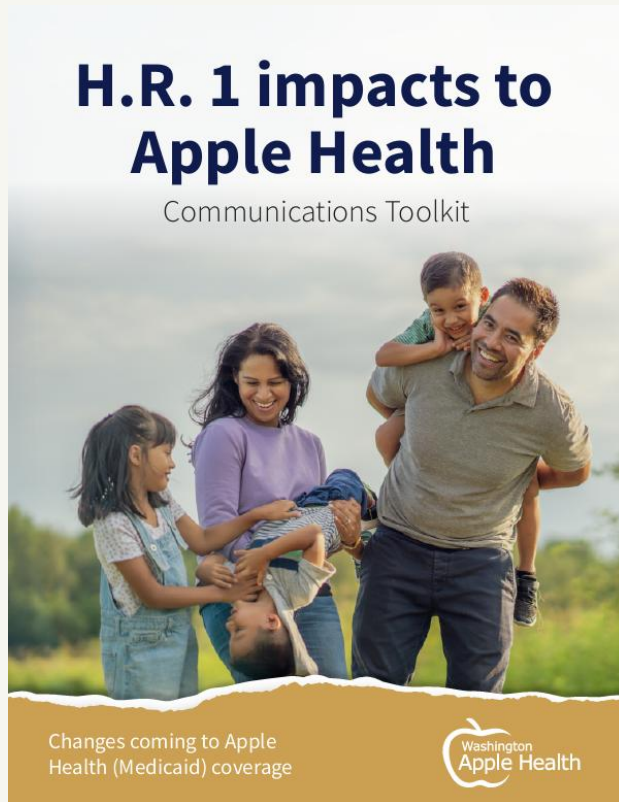
[HCA Published Medically Frail Code List](#)



Toolkits & Guides



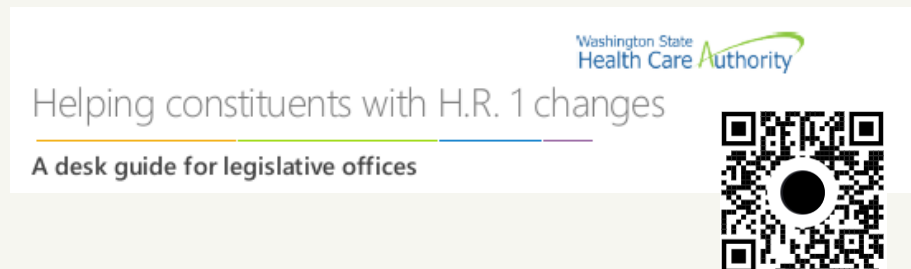
H.R. 1 communications toolkit



H.R. 1 social media toolkit



Helping constituents with H.R. 1 changes: a desk guide for legislative offices





Stakeholder Webinars:

To learn more about H.R. 1 and its impact on Apple Health, join us for the following stakeholder webinars.

Session 1 | [View the webinar](#) | [Presentation slides](#) | [Session 1 webinar FAQ](#)

Session 2 | [View the webinar](#) | [Presentation slides](#)

Session 3 | September 3 at 10 a.m.

Session 4 | December 3 at 10 a.m.

Fact Sheets:



View the [H.R. 1 noncitizens fact sheet](#) for details on Apple Health changes for noncitizens. [Available in 15 languages.](#)



View the [H.R. 1 work requirements and renewals fact sheet](#) for details on work requirements and renewal changes to Apple Health for Adults. [Available in 15 languages.](#)



View the [H.R. 1 retroactive coverage fact sheet](#) for details on retroactive changes to Apple Health. [Available in 15 languages.](#)

Find a Navigator

[Navigator Search | Washington Healthplanfinder](#)

Navigator Search

Navigators across the state can answer insurance questions and get enrolled for free. Use the search below to find one in your area.

ORGANIZATION NAME
- Select an Option -

LAST NAME
E.g.: Smith

ZIP
E.g.: 12345

SERVICE LANGUAGE(S)
- Select an Option -

HELP REQUEST TYPE
- Select an Option -

Important:

The navigator you select will contact you using the information in your Washington Healthplanfinder™ account. Requests that are not accepted after 7 calendar days will expire. If you do not have an account, you will need to create one or contact the navigator using the information provided.

You can only have one pending or accepted help request at a time. To end a pending or accepted request, call 1-855-923-4633. You can also end an accepted request by clicking "Manage My Navigator" in your dashboard.

Close

Reset

Search

Find a Health Benefit
Exchange Navigator near you

Go to Navigator Search

Search by organization name,
zip code, or preferred
language



Oregon Health Plan (OHP): Toolkits & Guides



OHP Work or Activity and Federal Changes to Oregon Health Plan



Last updated Sept. 18, 2026

[En español](#)

What You Need to Know

The federal government requires changes to Oregon Health Plan (OHP), also known as Medicaid. This is due to House Resolution 1 (HR1), a federal law passed by Congress.

Most members will keep their benefits

Renewals will be more frequent, some adults will need to meet work or activity rules, and there will be coverage changes for some non-citizens. These changes will start in late 2026 and through 2028. For current OHP members, what changes apply to you will vary. Click to learn more about each change:

[OHP Work or Activity Rules](#)

[More Frequent Renewals](#)

[Changes for Non-Citizens](#)

[Less Time for Help with Bills](#)

[Fees for Some Services in 2028](#)

[OHP.Oregon.gov](#)

[Home](#)

Member Resources

Videos:

- [Stay Connected, Stay Covered](#)
- [Introduction to OHP work or activity rules](#)
- [How to meet OHP work or activity rules](#)

Fact Sheets:

- [Work or activity rules](#)
- [More frequent renewals](#)
- [Healthier Oregon transition to Open Card](#)
- [Non-citizens moving to Healthier Oregon](#)

[Provider Resources](#)

[OHP.Oregon.gov/Toolkit](#)



Find toolkit at <https://www.oregon.gov/oha/hsd/ohp/pages/toolkit.aspx>

Enrollment Help



For questions or to report changes:

- Call 800-699-9075, go to Benefits.Oregon.gov, or [visit your local Oregon Department of Human Services benefits office](#).
- Manage benefits online using the free [Oregon ONE Mobile app](#) or by creating a [ONE Online account](#).
- Get help from a certified OHP assister at OregonHealthCare.gov/GetHelp

Help is free of charge and available in your area

There are many ways to get health coverage. Use the form below to find an expert who can help you sign up. You can set up an appointment with one of the experts listed.

See what health coverage you can get before finding help

Answer a few questions in our [window shopping tool](#) to see what health plans you can get and how much money you could save.



Find Local Help

Your Address or Zip Code

Language

I'm looking for help with

- ☐ Oregon Health Plan (P)
- ☐ Medicare Agents (A)
- ☐ Marketplace (HealthCare.gov) (I)
- ☐ SHIBA / Medicare Counselors (V)
- ☐ Small Business (S)

County

Results



State of Alaska Department of Health - Resources



H.R.1 Impacts to Alaska:

[H.R. 1 - AK Impacts | State of Alaska | Department of Health](#)



Sign up to receive updates via email:

[Alaska Department of Health - Alaska Medicaid & SNAP – HR-1 Updates and Requirements](#)



Tool Kit:

[Medicaid Stay Covered partner tool kit | State of Alaska | Department of Health](#)



Includes:

- Radio public service announcements
- Social media graphics and posts
- Downloads and printables
- Newsletter blurb
- Talking Points
- [FAQ's](#)



Visit [StayCovered.alaska.gov](https://staycovered.alaska.gov) for current Alaska Medicaid Work and Community Engagement Rules (WCER) information.

You can also call the Division of Public Assistance at 1-800-478-7778

if you need help understanding a notice or what the rules may mean for you.

Alaska: Enrollment Help



You can get support and help with Alaska Medicaid enrollment by calling the State's Virtual Contact Center at **800-478-7778** (TDD/Alaska Relay: **711**).

Contact Numbers for Help

- **Medicaid Eligibility & Enrollment Support:** 800-478-7778 (Virtual Contact Center)
- **Medicaid Coverage or Billing Questions:** 800-780-9972 (Recipient Helpline)
- **Alaska Medical Assistance / Conduent:** 800-770-5650 or 907-644-6800

How to Apply

- **Income-Based Medicaid:** Apply online quickly through HealthCare.gov.
- **Age or Disability-Based Medicaid:** Apply using Alaska Connect or call the Virtual Contact Center to apply over the phone.
- **Community and Local Support:** Rural and local health organizations (such as the [Yakutat Community Health Center](#)) provide local outreach and hands-on appointment scheduling for state insurance enrollment.



Meet the Patient Financial Advocacy Team

Touros, Krista N

Regional CFO & Revenue Cycle • SJH - Administration



Kikuchi, Kelly

Dir Patient Financial Advocacy
SSC - Patient Financial Services

Supervisor onsite Hospital FC's (WA, OR, AK)



Dodge, Elizabeth

Supv PFS

21 ^



Furimsky, Ronnie

Supv PFS

13 ^

Supervisor FAP & Patient Financial Specialists System Wide



Clough, Argon

Financial Counselor



Graham, Sara

Financial Counselor



Salas, Kassandra

Financial Counselor



Dorman, Tonio

Financial Counselor



Hale-Walston, Agina

Financial Counselor



Madsen, Adrienne

Financial Counselor



Eck, Jennifer

Financial Counselor



Howard, Marie

Financial Counselor



Ele, Brenda

Financial Counselor



Kelso, Ashley

Financial Counselor



Faber, Nancy

Financial Counselor



Knoll, Korie

Financial Counselor



Gardiol, Kari

Financial Counselor



Lewis, Peter

Financial Counselor



Magnan, Debi

Patient Financial Specialist



Maxam, Shelly

Patient Account Specialist



Mazi, Cynndi

Patient Account Specialist



Price, Matthew

Patient Account Specialist



Schaffran, Tanya

Patient Account Specialist



Thornton, Deb

Patient Financial Specialist



Asher, Paula

Patient Account Specialist



Cumberbatch, Maria

Patient Account Specialist



Damon, Rebecca

Patient Account Specialist



Hansen, Rebecca

Patient Account Specialist



Harris, Sarah

Patient Financial Specialist



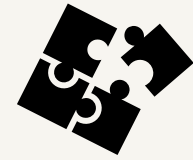
Krannich, Emily

Patient Financial Specialist



Lorenzo, Ruby

Patient Account Specialist



Scope of Services

Effective 5/1/2025: A referral can be sent to Financial Counseling to request that they assist the patient with screening to determine if they qualify for Medicaid (or other state or federal programs), as well as Financial Assistance.

FC will attempt to meet with patients prior to visit, during their visit, and follow up contacts will continue post discharge if unable to meet with patient during their stay.

► Financial Counselors can help with the following:

- ✓ State Medicaid enrollment
- ✓ State Medicaid Long Term Care enrollment
- ✓ Screening and Referral for Qualified Health Plan enrollment support
- ✓ NICU/Newborn Social Security enrollment for Low Birth Weight
- ✓ Social Security Disability screening and referral for enrollment
- ✓ Hospital Presumptive Eligibility (Temporary Medicaid - AK)
- ✓ PeaceHealth Financial Assistance

When and How to Send a Referral:

When: Anytime a caregiver identifies that a patient has a financial hardship, or if a patient expresses a financial need for FAP or Medicaid

How:

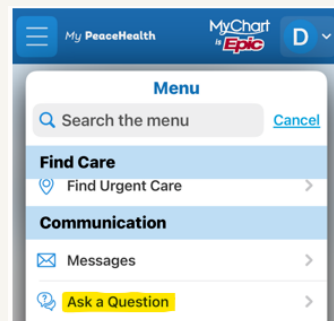
➤ **Internal Referral via Billing Indicator 926 in CareConnect**

➤ **Inbound call to 877.202.3597 (Option #3)**

Our Financial Assistance team is available M-F 8:30am-5pm

➤ **MyPeaceHealth:**

If a patient is a MyChart User and would like to self serve versus being transferred, they can request support through MyChart Messages:



What would you like to do?



Ask a customer service question

You have a question about billing, insurance, financial assistance or a different non-medical concern. →

D Customer service question :

What type of customer service question?

Financial Assistance Program Questions →

Bill or Statement Questions →

Medicaid Enrollment Support →

When and How to Send a Referral continued

Email/Website

New email request option for Medicaid Enrollment Support



After Visit Summary (AVS)

FAP and Medicaid support information is live on the AVS in 9 languages with QR Code

FAP and Medicaid Support Flyer

Flyer shown right also available on our website



Need help signing up for Medicaid or financial assistance?

You can ask for help from our financial counseling team in these ways:

1. Email us

Send an email to RSSYS-PatientFinancialAdvocacy@peacehealth.org. You can also visit the My PeaceHealth patient portal at www.peacehealth.org/MyPeaceHealth. From the drop-down menu, click **Ask a Question>Ask a customer service question**.

So we can better support you, please include:

- Your name
- Your phone number
- The best time to call you between 8:30 a.m. and 5 p.m. (PT), Monday through Friday.

A financial counselor will call you back within 1 – 2 business days.

2. Call us

Call 877-202-3597 and **press option 3** to speak to a customer service representative. Translation support is available.

For additional information about financial assistance support and changes to Medicaid, visit peacehealth.org/patient-financial-services or scan the QR code. We're here to support you.



Website – Email Request option for FAP and Medicaid Support

Patient Financial Services | PeaceHealth

<https://www.peacehealth.org/patient-financial-services>



For Patients and VisitorsFor ProvidersCareersDonateAbout UsMy PeaceHealth

Find a DoctorFind a LocationCare & ServicesPay a Bill



Hope. Healing. Peace.

While change is constant, PeaceHealth remains devoted to your well-being.

Our heritage calls on us to support you and your family in body, mind and spirit.

We're here for you: Today, tomorrow, always.

Our valuesPlan your carePatient portal

Care & ServicesFind a DoctorFind a Location

I am a patient looking for...

- My PeaceHealth patient portal
- Urgent and Priority Care
- Primary or specialty care
- A provider near me
- A location near me
- Billing and insurance information
- Financial Assistance and Medicaid Enrollment Support



Medicaid enrollment support

A new federal law is changing who can get Medicaid and what people must do to keep their coverage. If you need help signing up for Medicaid, our financial counselors are here to help you.

[Learn more](#)

Medicaid Enrollment Support | PeaceHealth

<https://www.peacehealth.org/patient-financial-services/medicaid-enrollment-support>



For Patients and VisitorsFor ProvidersCareersDonateAbout UsMy PeaceHealth

Find a DoctorFind a LocationCare & ServicesPay a Bill

[Home](#) / [Patient Financial Services](#) / [Medicaid Enrollment Support](#)

Medicaid Enrollment Support

Changes coming to Medicaid

A new federal law is changing who can get Medicaid and what people must do to keep their coverage.

- In Washington, state Medicaid is called Apple Health. [Learn more.](#)
- In Oregon, state Medicaid is called The Oregon Health Plan. [Learn more.](#)
- In Alaska, state Medicaid is called Medicaid. [Learn more.](#)

Need help signing up for Medicaid?

Our financial counselors are here to help you.

You can ask for help in one of these ways:

- Email us**

Send an email to PeaceHealth's financial counseling team by clicking the button below. So we can better support you, please include:

- Your name
- Your phone number
- The best time to call you.

A financial counselor will call you back within **1-2 business days.**

Email: RSSYS-PatientFinancialAdvocacy@peacehealth.org

- Call us**

Call **877-202-3597** to:

- Get help with PeaceHealth Financial Assistance, or
- Ask for help signing up for Medicaid.

Translation support is available.

To	Patient Financial Advocacy
Cc	
Bcc	
[SECURE] Medicaid Enrollment Support	
Hello,	
I am requesting support with Medicaid Enrollment. Here is my contact information:	
Your name:	
Your phone number:	
The best time to call you between 8:30 a.m. and 5 p.m. PST, Monday through Friday:	





FAP and Medicaid Support Info on After Visit Summary (AVS)

Do you need help paying for your care?

We're here to help!

- **Receive Free or Discounted Care**
 - Coverage for your care costs and interest free payment plans may be available. We can help you apply.
- **Speak with our Patient Financial Services team**
 - Call (833) 375-0291, Monday – Friday, 8:30am – 5:00pm PST
 - Translation services are available
 - Dial 711 for TTY Services
- **Learn More:**
 - Go to <https://www.peacehealth.org/patient-financial-services/request-financial-assistance>
 - Scan:



Available Translations:

- ✓ Tagalog
- ✓ Vietnamese
- ✓ Arabic
- ✓ Spanish
- ✓ Russian
- ✓ French
- ✓ Chinese
- ✓ German



What can you count on from PeaceHealth

What to expect after support is requested:

- FAP team will assist with FAP or route to a Financial Counselor or Patient Financial Specialist for Medicaid enrollment support/FAP
- Our team of certified counselors will assist with the screening and enrollment process until there is a final determination for Medicaid/FAP.
- Cases/Trackers are added into CareConnect along with notes to indicate status of support/enrollment. Medicaid Pending coverage is added during the pending Medicaid application process.
- Email/MyChart requests or CRM requests (from FAP team) are responded to same day or within 48hrs

Ways we're mitigating coverage loss

Multi-modal/multi-lingual communications plan

Internal/External education & collaboration

Digital outreach and patient education

Robust reporting for risks and successes

Resources and Contacts



Please reach out if any support is needed.

Thank you for all you do daily to support our patients and communities with their access to care and coverage needs – and for connecting them with our team for FAP/Medicaid support. It takes a village, and we are grateful for ours!

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Thank You

