

In Focus:

Streamlining Medicare Savings Program Enrollment in Oregon

Medicare Savings Programs (MSPs) are a lifeline for many low-income older adults. They add value for Medicare beneficiaries by helping cover Medicare Parts A and B premiums, cost sharing, and other out-of-pocket costs, making essential healthcare more affordable. However, millions of eligible individuals are not enrolled. Many states have taken actions to improve enrollment—such as using Part D Low-Income Subsidy (LIS) application data from the Social Security Administration (Leads data) to facilitate MSP enrollment, removing asset limits, or aligning LIS and MSP eligibility criteria. Aligned with their commitment to disseminating best practices and cost-effective strategies for benefits outreach and enrollment for older adults, through partnership with L&M Policy Research, the National Council on Aging (NCOA) developed case studies highlighting states' approaches to streamlining MSP enrollment. This case study draws on insights from interviews and publicly available resources to showcase Oregon's experience with streamlining MSP enrollment and describes milestones achieved, challenges experienced, and lessons learned.

Executive Summary

Oregon has made significant efforts to streamline MSP and LIS eligibility and enrollment processes to reduce enrollment barriers for older adults into the programs and alleviate state burden of administering the benefits.

Key takeaways from Oregon's streamlining efforts:

- **The state's integrated eligibility system, known as the ONE system,** has been integral in the coordination of enrollment processes across nine benefit programs. The state noted this integration will ultimately yield efficiencies by reducing the costs of maintaining different eligibility systems, eliminating duplicative enrollment processes, while improving customer experience.
- The state has **developed a process and specialized team that works with a daily Leads data report** generated in the ONE system to facilitate MSP applications.
- **Multiple competing priorities for state agency staff time and resources,** including incorporating state and federal policy changes across benefit programs and functional areas (IT, policy, enrollment), make it difficult to meet tight and often competing implementation deadlines.

The detail found in the subsequent sections in this case study contextualizes these key takeaways and provides additional insights into Oregon's efforts to streamline and coordinate enrollment between MSP and LIS.



State Context and Background

Oregon, a Medicaid expansion state, has an estimated MSP participation rate of 38% of all potentially eligible enrollees.¹ Among LIS recipients in the state, who often are also eligible for MSP, approximately 9% are not enrolled in an MSP.² Oregon has made substantial progress in streamlining enrollment into MSPs, primarily by removing asset limits from its MSP eligibility criteria and operating a robust integrated eligibility system for several benefit programs. Additionally, the state automatically enrolls Supplemental Security Income (SSI) recipients into the Qualified Medicare Beneficiary (QMB) program.³ The state has also implemented a well-defined process for utilizing Leads data to facilitate MSP applications and further streamline enrollment.

In Oregon, two agencies are responsible for overseeing the delivery of public benefits. To administer MSPs, the **Oregon Department of Human Services (ODHS)**, which primarily administers non-health-related programs including food and cash benefits, disability, and family and child services, partners with the **Oregon Health Authority (OHA)**, which oversees all health-related programs. To manage the eligibility process, Oregon created the **ONE Eligibility system** in July 2020, which integrates the application and enrollment system for nine programs including Oregon Health Plan (OHP) (i.e., Medicaid and CHIP), Long-term Services and Supports (LTSS), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Temporary Assistance for Domestic Violence Survivors (TA-DVS), Refugee Services, Employment Related Day Care (ERDC), and MSPs.

ODHS designates different teams within its department to manage the changes in policy, enrollment and IT processes needed for administering public benefits across the state. Their main functions are described on the next page.

¹ <https://www.ncoa.org/benefits-participation-map?program=msp>

² <https://www.cms.gov/files/document/lisenrollmentjune2021.pdf>

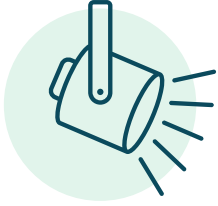
³ The Qualified Medicare Beneficiary (QMB) program pays for beneficiaries' Medicare Part A premium for people who do not have enough work history to get premium free Part A. QMB also pays the Part B premium, deductibles, and coinsurances. Medicaid eligible individuals who qualify for QMB cannot be charged Medicare co-pays.

Operations & Enrollment	IT	Policy
<ul style="list-style-type: none"> ■ The Oregon Eligibility Partnership (OEP) office provides centralized eligibility, enrollment, and application support for nine benefit programs supported by the ONE system. ■ The Statewide Focused Services Team (SFST) within OEP is responsible for initiating MSP applications using LIS data. ■ The Statewide Eligibility Design and Delivery (SEDD) team provides system support to state staff and other OEP eligibility workers. 	<ul style="list-style-type: none"> ■ Business Information Systems (BIS) manages and maintains the ONE Eligibility system, oversees resolution of system defects, and modifies the system in response to policy or operational changes submitted by policy or operations teams. ■ The state's IT contractor resolves issues and implements modifications in the ONE system. 	<ul style="list-style-type: none"> ■ Aging and People with Disabilities (APD) communicates with ODHS's technical, business, and operations teams to ensure compliance with state and federal policy requirements and leads policy efforts to streamline benefits.

While each team has different functions, they maintain communication through designated staff liaisons embedded in each team. These liaisons support broader coordination and alignment efforts across the nine public benefit programs, including identifying potential updates to the ONE system that might impact multiple workstreams to coordinate their approach.

State Efforts to Streamline Enrollment

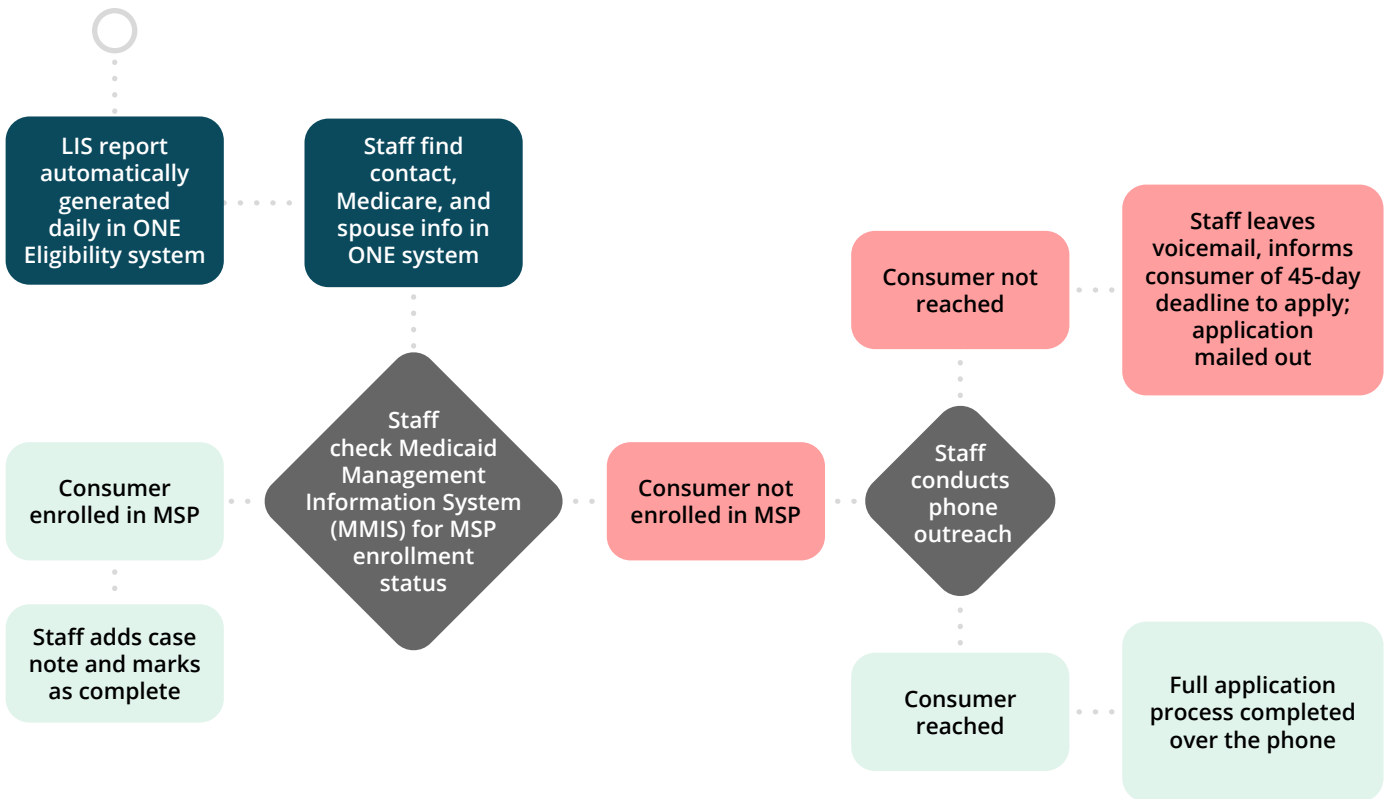
Use of Leads Data for MSP Applications



Policy Spotlight

Federal law requires the Social Security Administration (SSA) to send states Leads data for the purposes of initiating MSP applications, but many states still do not use the data to facilitate MSP enrollment. For states that use the data, there is variation in how they use it for MSP enrollment (e.g., sending out blank MSP applications vs. automatically enrolling identified individuals into MSPs). Utilizing application information from public benefits programs with overlapping eligibility criteria could help reduce barriers to enrollment for older adults and expedite the review and approval process of applications for states.

Oregon has a standard process in place for using Leads data to facilitate MSP applications. This process is detailed out below:



The Leads data is automatically loaded into the ONE system. OEP's Statewide Focused Services Team (SFST), who is primarily responsible for using the Leads data for MSP applications, uses ONE to generate daily Excel reports that contain information needed to initiate MSP applications for consumers identified in the Leads data. The team follows each step outlined above, ultimately initiating the MSP application process through telephone outreach or sending application materials to the consumer. Once a consumer completes an application, eligibility workers use an eligibility guide created by the state to assist in making determinations for MSP.

The state noted that average volume of consumers identified in the Leads file contacted to initiate an MSP application varies by month and date but is highest on the first day of January. In 2024, the state processed an average of 250 consumers from the Leads data per month. In the first three months of 2025 alone, Oregon received over 2,000 Leads.

While the state has implemented the standard process for using the Leads data outlined above, state streamlining efforts are hindered by the fact that the **Leads data file does not provide all the information necessary to make MSP determinations.** Specifically, the Leads data doesn't include the consumer's residential address, household information, or accurate income information in a usable format or with the necessary level of granularity, all of which are needed to assess eligibility for MSPs. This is particularly challenging, as CMS requires states to make an eligibility determination for a consumer within 45 days of the consumer being identified in the LIS data, regardless of whether the individual can be reached to fill the information gaps.

Other challenges noted by the state with the current Leads data process include:

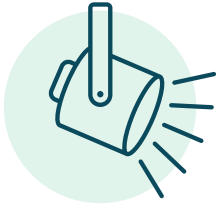
- **Consumer information is not all in one place:** As discussed above, the Leads data alone is insufficient to make MSP eligibility determinations. As such, eligibility workers must manually access different data sources using multiple systems to retrieve additional information.



- **Consumer confusion:** Some consumers identified in the Leads data are confused when they are contacted by eligibility workers or receive MSP applications since they did not initiate the application themselves.
- **Staff lack of familiarity with Leads data process:** When consumers who were identified in the Leads data call the state with questions about an MSP application they received, general eligibility workers, who are unfamiliar with how Leads data can serve as an avenue for initiating MSP applications, sometimes find it challenging to explain why the consumer is receiving an application. This occurs because when Oregon integrated statewide eligibility into the ONE system, eligibility workers were required to be trained on all nine programs, each with their own complexities. As a result, some eligibility workers have less specialized knowledge about the program as compared to the Statewide Focused Services Team who focus on MSP applications and using Leads data.
- **Multiple competing state priorities:** State policy staff regularly generate change requests (which IT staff must then implement) to accommodate new federal and state-level policy changes across multiple programs that impact the system's logic. As such, any planned enhancements in the ONE system, including those outlined above, must be appropriately assessed and prioritized alongside other system changes and program requirements to ensure they align with overall agency needs and priorities.



Automatic Qualified Medicare Beneficiary (QMB) Program Enrollment for SSI Recipients

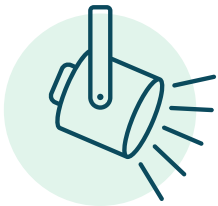


Policy Spotlight

Given overlapping eligibility criteria between the programs, SSI recipients are always deemed eligible for QMB. However, to date, many states have required a separate application for SSI recipients to enroll them into QMBs. State efforts to automatically enroll SSI recipients into QMB, with no extra application or additional steps (e.g., initial interview, information verification) to determine eligibility, could help streamline enrollment into MSP.

The state previously required an interview prior to enrollment in a QMB during which the state eligibility workers provided the consumer counseling on the MSP benefit. However, Oregon currently automatically enrolls verified SSI recipients into QMB without conducting an application interview.

Aligning MSP and LIS Eligibility Rules and Definitions

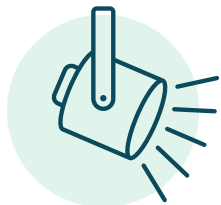


Policy Spotlight

Variations in common eligibility criteria (e.g., income and family size) between programs results in substantial state burden in conducting cross-program eligibility determinations and can create barriers to older adults applying for multiple programs. Aligning MSP financial eligibility criteria or definitions with LIS, such as income thresholds or family size definitions, could streamline cross-program enrollment and support states in processing applications using Leads data.

Currently, the ONE system only recognizes spouses and children under 18 as members of the “family” filing group for determining eligibility. To better align definitions between LIS and MSP, the state was considering changing the family size definition to include other dependent relatives, as well as income requirements with regard to family size, but these plans are currently on hold. The state noted that changing family size definitions would require updates to the Oregon Administrative Rules (OAR) and the business algorithms that the system currently operates under, all of which would necessitate additional resource investments.

Reducing Documentation Requirements for MSP Applications



Policy spotlight:

Income documentation requirements associated with the benefit enrollment process require significant time and resources for consumers and state agencies. Requiring less documentation for certain assets that are marginal or likely to depreciate such as interest and dividend income, non-liquid resources, and burial funds, would reduce barriers to enrollment for consumers and alleviate state burden of reviewing and verifying the information.

Oregon has taken steps to reduce administrative burdens and simplify the application process by eliminating asset limits from MSP eligibility criteria. For example, applicants are not required to provide documentation of checking and savings accounts, since asset tests have been removed from the determination process. Additionally, while the state considered excluding dividend and interest income from documentation requirements, they do not plan to do so at this time.

Streamlining and Integrating Applications

To further simplify the benefit enrollment process, some states have made efforts to streamline (i.e., reducing repetitive elements, simplifying language) and integrate (i.e., providing systems for interoperability among agencies) public benefit applications, including MSP. These efforts eliminate unnecessary barriers to enrollment caused by lengthy applications and save state resources in reviewing and validating duplicative information across applications.

As discussed in the *State Context and Background* section, Oregon launched an integrated application in the ONE system in July 2020. Within ONE, the basic application collects enough information to determine eligibility for medical programs (MAGI and non-MAGI Medicaid,⁴ including MSP), with the option for applicants to select additional programs they are interested in applying for (e.g., SNAP, TANF, etc.). For each additional program, the system will ask supplemental questions and information required to assess eligibility. The ONE system employs skip logic to avoid repeated questions across programs. Additionally, to further ease the burden of completing the application process, Oregon accepts alternate signature methods, including electronic and telephonic signatures.

⁴ Modified Adjusted Gross Income (MAGI) populations include individuals under the age of 65 who are not eligible for Medicare. Eligibility for health benefits are determined on an income-basis. Non-MAGI populations include disabled individuals under the age of 65, or individuals aged 65 and over; eligibility for health benefits is dependent on more restrictive income and resource tests than for MAGI applicants.

Cost-Benefit Analysis: Despite the initial resource investment, the decision to integrate MAGI and non-MAGI systems was supported by the potential cost savings for the state by eliminating the need for IT contractors to develop and maintain two separate platforms and reduced administrative burden for state workers, who benefited from a streamlined process that eliminates the need to navigate and coordinate enrollees across systems.

Oregon's enrollment efforts are bolstered by a coalition of community partners who assist individuals through the application process. Within ONE, community partners can become certified partners, which allows them to register for their own account and assist consumers with completing applications. Oregon regularly hosts forums and shares resources with these partners on how to use the ONE system to enroll individuals in benefits.

While the development of ONE was vital for coordinating enrollment efforts across programs, the implementation did not come without challenges. Specifically, the state noted the following challenges:

Launching the system virtually during the height of COVID:

Given that the launch of the system and subsequent implementation support were all conducted virtually, the state faced challenges with onboarding staff virtually, the identification and resolution of issues, and the provision of technical assistance. Training and problem resolution would have been easier to conduct in person.

Unwinding COVID policy flexibilities:

As the state unwound COVID flexibilities, it required consumers and state workers to understand and implement traditional policy provisions, which led to confusion as to what programs beneficiaries were eligible for following the unwinding.

Cross-training previously "siloes" staff on eligibility rules for nine new programs:

Prior to implementing ONE, the state had separate eligibility workers responsible for conducting eligibility determinations for each benefit program. When the state integrated statewide eligibility, the staff had to learn eligibility policies for all nine different programs, which is an ongoing training process.

Aligning MAGI and non-MAGI Eligibility Requirements

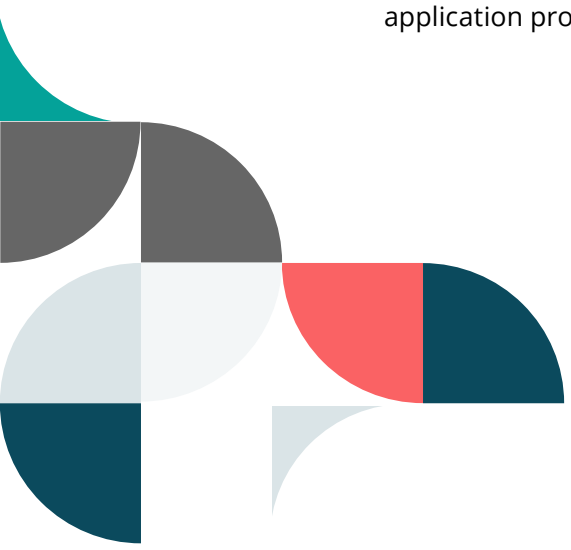
Aligning MAGI and non-MAGI eligibility and enrollment requirements (e.g., eliminating interview requirements, standardizing recertification periods, etc.) is one potential approach for states to streamline enrollment efforts for older adults and reduce state administrative burden associated with managing the different enrollment systems.

Prior to the launch of the ONE system, the state had separate applications and systems for non-MAGI programs. By implementing the ONE system, the state effectively aligned eligibility and enrollment processes for MAGI and non-MAGI programs. Outside of systems, the state also aligns MAGI and non-MAGI renewal timeframes, verification requirements, change processing, and continuous eligibility provisions. For MSP specifically, the state has filed a state administrative rule change and requested system updates to eliminate interview requirements both at initial and renewal determinations for all MSP applicants and enrollees.

Use of Other Administrative Data for Reviews and Approvals

Using information from other benefit programs or other administrative data sets can assist states with reducing the burden of the application and recertification process, and streamlining enrollment into benefits for older adults without requesting additional information.

While the ONE system implementation has expanded the potential for data sharing across programs, Oregon is not currently using any other administrative data to fill gaps in the information from the Leads data file for the purposes of conducting eligibility determinations and relies on client attestation of information to complete the application process.



Wrap Up and Next Steps

As highlighted throughout the case study, Oregon has made significant progress in streamlining MSP and LIS enrollment, reducing enrollment barriers for older adults, and alleviating state burden of administering the benefits.

Moving forward, the state will continue to work across the various functional areas to modernize the ONE system to implement the various streamlining efforts outlined above, along with making the required updates within their own state administrative code.

Insights highlighted throughout this case study provide an overview of the barriers and supports Oregon has encountered through their streamlining efforts, which could inform other states as they refine their own processes. Additionally, federal partners can leverage these insights to guide program improvements, enhance support for states, and ensure policies are responsive to the diverse operational environments and challenges faced at the state level. Oregon's experience offers actionable lessons to both state and federal partners who are interested in streamlining enrollment, reducing administrative burden, and promoting access to MSP and LIS.





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