



Date: January 21, 2022

To: Coordinated Care Organizations

From: Dana Hittle, Interim Medicaid Director
Dr. Dawn Mautner, Medicaid Medical Director

Subject: Hospital payments for members experiencing barriers to discharge

Throughout the COVID-19 pandemic, hospitals have experienced situations in which a patient no longer requires inpatient level of care, but there is no capacity at an appropriate facility offering a lower level of care to which the patient can be discharged. As a result, the patient remains hospitalized while awaiting an opening in a facility.

For Oregon Health Plan (OHP) members receiving services through the Fee-For-Service (FFS) program, the Oregon Health Authority (OHA) recently decided to pay hospitals for the portion of an inpatient stay when the patient no longer meets medical necessity criteria for inpatient level of care and is awaiting discharge to a lower level of care. This decision will be reflected soon in the “Acute Care Hospitals” section of the [Oregon Medicaid COVID-19 Provider Guide](#).

OHA strongly encourages CCOs to adopt this practice for their members experiencing barriers to discharge. Regardless of the payment arrangements CCOs choose to make with their contracted providers, CCOs should continue to participate in discharge planning with hospital staff for their members. Discharge planning and care coordination include outreach to and coordination with community and provider partners including, but not limited to local Oregon Department of Human Services (DHS) offices and other social services entities, Skilled Nursing Facility (SNF) providers, and Home Health Care providers.

Questions?

If you have questions about this communication, please contact Cheryl Henning, CCO Contracts Administrator, at Cheryl.L.Henning@dhsola.state.or.us.

Thank you for your continued support of the Oregon Health Plan and the services you provide to OHP members.