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Memorandum

To: Coordinated care organizations (CCOs)

From: Stephen White, CCO Services manager

Date: Nov. 6, 2026

Subject: Healthier Oregon Transition Data Guidance for Prior Authorizations

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This memo provides guidance about:

- The prior authorization (PA) data CCOs must submit for Healthier Oregon members, and
- When and how CCOs will need to submit this data.

This is the last of four guidance memos about data submissions required to support member transitions to the Oregon Health Plan (OHP) Open Card program effective Jan. 1, 2027. Other memos in this series include guidance about:

- Care coordination,
- Health-Related Social Needs (HRSN), and
- Non-Emergency Medical Transportation (NEMT).

Why is this happening?

Oregon Administrative Rule (OAR) 410-141-3850 for Transition of Care was updated effective Oct. 1, 2026, through the temporary rulemaking process. The rule allows OHA to issue additional

guidance to CCOs to facilitate member transitions that involve 500 or more members.

CCOs' timely submission of prior authorization data will help ensure continuation of benefits for Healthier Oregon members as they transition from CCO enrollment to the OHP Open Card program.

What should you do?

CCOs must use the file layouts below to send PA data to OHA as comma-separated values (CSV) text files.

- CSV File Layout – Procedure Code
- CSV File Layout - Revenue Code
- CSV File Layout - ICD Procedure Code
- CSV File Layout - NDC

See OHA's PA Data Dictionary for descriptions of accepted values for each file layout.

Include data for all approved PAs for Prescription, Medical, Behavioral and Oral Health services to be rendered on or after Jan. 1, 2027, and program exception approvals.

Naming convention:

Each PA data file must include CCO name, "PA" and submission date and type in the file name. For example:

- HOT_[CCO Name]_PA_Prescription_[Date########}
- HOT_PacificSource_PA_Medical_11162026

Due date:

OHA will enter PA data into MMIS for fee-for-service claims processing on the following dates:

- Nov. 16, 2026,
- Dec. 18, 2026, and
- Jan. 4, 2027.

OHA must receive data for all active PAs containing effective dates on or after Jan. 1, 2027, by November 16.

- CCOs that approve PA requests after November 16 must submit those approvals by Dec. 18, 2026.
- After December 18, any additional approved PAs must be delivered no later than Jan. 4, 2027.
- If CCOs approve currently pended PAs after Jan. 4, 2027, CCOs must share this information with OHA upon approval.

Care coordination:

Every PA requires appropriate care coordination to ensure continuity of care for members transitioning to Open Card. CCO enrolled providers must follow the protocol for warm handoff.

Note: Emergency services do not require PA. CCOs should send all urgent PA transfers to CEDSU, and send PAs with short timeframes first to ensure prioritization.

Managed File Transfer (MFT) upload process

Upload the file(s) to the Incoming MFT/MOVEIt server, also known as the Actuarial MFT. The Office of Health Policy and Analytics will monitor the delivered data on this date and deliver it to the appropriate teams for the transition.

Disclosure

This guidance is meant to accompany the CCO contracts and applies to the transition of care as stated in OAR 410-141-3850. This guidance memo may be updated from time to time, and as such, the version reflected on the CCO Contract Announcements web page is the most up to date, with the last revised date noted.

Questions?

If you have any questions, please contact Mary Durrant at Mary.Durrant@mary.durrant@oha.oregon.gov.

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