

CCO Financial Responsibility for Hospitalization of OHP Bridge – Basic Health Program Members

I. Purpose

This guidance document clarifies the financial responsibility of CCOs for individuals who are inpatient in a hospital when they are enrolled in the OHP Bridge – Basic Health Program (BHP). This document will be posted on the CCO Contract Forms [Website](#) and updated as needed.

The information in this document applies only to Members covered under CCOs' [OHP Bridge – BHP](#) Contracts. This guidance does not apply to Members covered under CCOs' [Medicaid](#) and [Non-Medicaid](#) Contracts.

Capitalized terms not defined in this document have the meanings assigned to them in the OHP Bridge – BHP and Medicaid Contracts and associated Oregon Administrative Rules (OARs).

II. Background

Enrolled House Bill [4035](#) (2022) directed the Oregon Health Authority (OHA) to establish the program now referred to as OHP Bridge – BHP. The program must comply with Section [1331](#) of the federal Affordable Care Act, which gives states the option of creating a health benefits coverage program for certain low-income residents, and federal regulations in 42 CFR Part [600](#). Oregon received [approval](#) from the Centers for Medicare and Medicaid Services for OHP Bridge – BHP in June 2024. OHP Bridge – BHP is another pathway for individuals to receive Oregon Health Plan (OHP) benefits, which are mostly the same for OHP Bridge – BHP Members as for other OHP Members.

III. Eligibility, Enrollment and Responsibilities

- **OHP Bridge – BHP eligibility is future-effective.** Unlike for other OHP Members, an individual approved for OHP Bridge – BHP will not have their coverage start immediately or retroactive to the month in which they apply. Instead, coverage will begin

either the first day of next month or the month after that, depending on when they are determined eligible.¹

- **Members must be enrolled in a CCO.** To comply with federal requirements, Oregon must enroll OHP Bridge – BHP Members into a CCO when their eligibility period begins. While they are eligible to receive certain services delivered outside CCOs, there is no fee-for-service or “open card” enrollment option for OHP Bridge – BHP Members as there is for other OHP Members.²
- **The CCO is fully responsible for a Member’s care upon program enrollment.** Upon an OHP Bridge – BHP Member’s eligibility start date and subsequent enrollment in a CCO, the CCO is responsible for all the Member’s services consistent with the OHP Bridge – BHP Contract. This responsibility extends to individuals who are in the middle of an inpatient hospital stay. This is different than for other OHP Members whose enrollment in a CCO may be postponed until after discharge from an inpatient stay, consistent with OAR [410-141-3805](#).
- **The CCO is also fully responsible for a Member’s care.** When transferring from a hospital to a skilled nursing facility for rehabilitative (short-term) stay services and no other insurance is deemed as primary (e.g., Medicare), the CCO is financially responsible for all rehabilitative services during the entirety of the skilled nursing rehab short-term stay.

IV. CCO Care Coordination Responsibilities

- **For OHP Bridge – BHP Program Members,** the CCO must ensure coordinated services in accordance with 42 CFR [438.208](#), OAR [410-141-3860](#), OAR [410-141-3865](#), and OAR [410-141-3870](#). Coordination must encompass all services accessed to address the member’s physical, developmental, behavioral, and dental needs excluding Health Related Social Needs (HRSN) and Long-Term Services and Supports (LTSS).
- **The CCO must ensure the overall coordination of all services and supports.** Regardless of who provides the services, the CCO is responsible for coordinating with

¹ Coverage start date follows standard Marketplace rules. A member approved by the 15th of month will have coverage begin the first day of next month (i.e., a person approved Oct 15 will have coverage start Nov 1). An individual approved between the 16th and the end of a month will have coverage start on the first of the month after the next month (i.e., a person approved on Oct 16 will have coverage start Dec 1).

² Oregon covers a limited set of “additional services” for CCO-enrolled OHP Bridge - BHP members on a fee-for-service basis. These services are specifically referenced in contract as an exclusion from the CCO-covered service package. Services covered in contract by CCOs – such as inpatient hospital stays – cannot be paid directly by the state on a fee-for-service basis.

OHA's Medicaid Division for Carve-Out Services, Community Mental Health Programs (CMHPs), the Oregon Department of Human Services (ODHS) including Aging and People with Disabilities (APD) and Developmental Disability Services (DDS), Local Public and Mental Health Authorities, and any other community and social support organizations.

- **The CCO is responsible for collaborating with other entities involved in the Member's care.** When a Member is engaged in multiple programs (e.g., Intellectual and Developmental Disabilities,) there are care teams or coordinators involved in coordinating services the Member is receiving. To reduce the duplication of services and identify Care Coordination coverage gaps, the CCO is responsible for leading and facilitating Care Coordination for all needs identified that are not addressed or coordinated by another program or entity.
- **The CCO must ensure services are actively coordinated for Members.** When requested by the Member, their representative or guardian, an involved Provider or entity, or when required by the Member's needs and risk level as identified in the Member's Care Profile. This coordination is accomplished through the development and implementation of a Care Plan that scales in complexity relative to the needs, goals, preferences, and circumstances of the Member including hospitalizations and discharge planning.

V. Special Considerations for Members with Other Coverage

- **OHP Bridge – BHP Members with primary source of coverage.** When a Member is enrolled in a CCO during an inpatient hospitalization, this coverage may overlap with their OHP Bridge – BHP coverage. Examples include having OHP benefits through the Medicaid or Healthier Oregon Program pathways, the Oregon Marketplace or having an employer-based commercial insurance plan.
- **Coordination of Benefits.** When the CCO determines a Member has another primary source of insurance coverage, this insurer may be responsible for the entirety of the hospital stay. The CCO should consider itself the secondary payer.

VI. Important Information for CCOs

- **If the OHP Bridge – BHP Member is inpatient with no other coverage,** the CCO should expect to cover the entirety of the costs for the inpatient hospital stay from the date of enrollment into OHP Bridge – BHP through discharge, along with the costs of

separately billed services that were delivered on or after the date in which the Member's eligibility started, typically the first day of month in question.

- **For services delivered prior to OHP Bridge – BHP enrollment**, the CCO is not financially responsible for separately delineated and separately billed services delivered prior to the Member's eligibility start date. Examples of this include ambulance services incurred for a Member prior to OHP Bridge – BHP enrollment, lab work performed prior to enrollment, or specific professional and physician services delivered prior to enrollment.
- **For services delivered upon OHP Bridge – BHP enrollment**, the CCO is responsible for all covered services incurred while the Member is in the hospital unless coordination of benefits determines another source is primary. OHP Bridge – BHP Members should not have patient responsibility amounts, or amounts owed to a provider, for services delivered on or after the OHP Bridge – BHP enrollment start date.
- **Financial assistance for OHP Bridge – BHP Members.** Hospitals must still comply with all relevant financial assistance policy and community benefit requirements in ORS [442.610-615](#) and OAR [409-023-0120](#).

Please contact Debbie Bruns, OHP Bridge – BHP Policy Analyst, at: Debbie.K.Bruns@oha.oregon.gov for any questions related to this guidance.

VII. Additional Resources

- OHP Bridge [webpage](#)
- OHP Bridge [FAQs](#)
- OAR [410-115-0030](#) - OHP Bridge Covered Services
- OAR [410-141-3501](#) - Administration of Oregon Integrated and Coordinated Health Care Delivery System Regulation, Rule Precedence
- OAR [410-141-3565](#) - Managed Care Entity Billing