



OHP Gender-Affirming Care Carve-Out for Youth: Implementation Guidance

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Background

Effective October 13, 2026, payment responsibility for pharmaceuticals and surgical procedures for gender-affirming care for Oregon Health Plan (OHP) members under age 18 will be carved out of Coordinated Care Organization (CCO) contracts. Instead, the Oregon Health Authority (OHA) will pay for these services using state only funds through its OHP Fee-for-Service (FFS) program, which is referred to as “OHP Open Card” outside of provider payment contexts. This change is in response to the Centers for Medicare and Medicaid Services (CMS) [final rule](#) “Medicaid Program; Prohibition on Federal Medicaid and Children’s Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children”, published on August 13, 2026.

Implementation Checklists:

Provider Checklist

Provider Checklist Table	
1. Identify affected services Determine whether you provide services impacted by the federal rule.	Carved-out services include: • Hormone therapies (including puberty blockers) for OHP members under 18. • Gender-affirming surgeries for OHP members under 18. • See here for code list of carved-out services.
2. Confirm enrollment status Check whether you are enrolled in OHP Open Card/FFS.	• YES → You can continue providing affected services; bill to OHP Open Card/FFS for affected services only. Refer to the Billing for Oregon Health Plan (OHP) Services website for the code list of carved-out services. • NO → Enroll in Open Card to continue providing gender-affirming care services to youth.

3. Enroll in OHP Open Card/FFS (if needed) Complete enrollment to maintain coverage for affected services.	• Visit the OHP Provider Enrollment webpage • For assistance, call OHA Provider Services: 800-336-6016 (option 6).
4. Communicate with patients Let youth and families know your provider enrollment status.	• Inform patients whether you are enrolled in OHP Open Card/FFS. • If you do not plan to enroll: Tell families they will need to transition to a provider enrolled in OHP Open Card/FFS for the carved-out gender-affirming care services. ○ Members of CCOs should contact their CCOs for care coordination and find providers: https://OHP.Oregon.gov/CCO-Contacts ○ Anyone can use the OHP Open Card/FFS provider search tool at https://OHPopencard.org • Find more information in the Communicating to Members section of this document.
5. Continue to provide gender-affirming care services Provide gender-affirming care services and bill according to appropriate billing pathway.	• Submit claims to the member's CCO for non-medication and non-surgical gender-affirming care services. • Submit claims for carved-out gender-affirming services for people under 18 to OHP Open Card/FFS. • Send additional questions to: OHA.GAC@oha.oregon.gov.

CCO Checklist

CCO Checklist Table	
1. Understand the coverage shift Certain gender-affirming care services for people under 18 on OHP will now be covered by OHP Open Card/FFS.	For OHP members, OHP Open Card/FFS now covers: • All gender-affirming medications for youth under 18. • All gender-affirming surgeries for youth under 18. • See here for code list of carved-out services. CCOs continue covering: • All other gender-affirming care and care coordination.
2. Support members Help youth and families find OHP Open Card/FFS-enrolled providers for medications and surgeries.	• CCOs continue to provide care coordination for members receiving gender-affirming care. • Anyone can use the Open Card provider search tool at https://OHPopencard.org • Find more information in the Communicating to Members section of this document
3. Support providers Guide affected providers to enroll in OHP Open Card/FFS to avoid disruptions in care for members.	• Remind affected providers to enroll in in OHP Open Card/FFS if they are not already. ◦ Providers can enroll via the OHP Provider Enrollment webpage, or call OHA Provider Services: 800-336-6016 (option 6). • Provide guidance on network transitions involving Open Card/FFS coverage.
4. Review OHA guidance Refer to OHA documents and websites for up-to-date information.	• Refer to the CCO Contracts Forms website for code list and implementation guide / FAQ.
5. Monitor implementation Monitor for issues and provide feedback to OHA.	• Track member access and continuity of care. • Coordinate transitions smoothly to avoid disruptions for youth. • Send additional questions to: OHA.GAC@oha.oregon.gov.

Technical Specifications for Carve-Out

Starting with dates of service October 13, 2026 and after, claims for specified drugs and procedures for OHP members under age 18 (i.e., 0-17 years of age) should be billed to OHP Open Card/FFS instead of the member's Coordinated Care Organization (CCO). The list of drugs and procedures included in the carve-out can be found here: [OHA GAC Code Lists for Carve Out_10_02_26](#).

- Providers should bill OHP Open Card/FFS for the carved-out services included on tabs 3 – 5 of the above code list on separate claims from those that include any non-carved-out services.
- All gender-affirming care services not included in the code list should be billed to the member's CCO.
- OHA will only accept claim details for the carved-out services included on tabs 3 - 5. OHA will edit carved-out claims as follows:
 - Hospital claims: Qualifying CPT/HCPCS and qualifying diagnosis code in any position on the claim header.
 - Professional claims: Qualifying CPT/HCPCS and qualifying diagnosis code pointed to from the claim detail. Each claim detail must have both a qualifying CPT/HCPCS and a qualifying diagnosis. The diagnosis can be in any position for the claim detail.
 - Pharmacy claims: Qualifying NDC. Diagnosis codes are not required.
- Quarterly code list updates: The list of drugs included on the NDC spreadsheet (tab 4) in this document may become out-of-date as a result of new or discontinued drugs. A tab detailing quarterly updates to this NDC spreadsheet will be added to the “Drug Carve-Out List” posted to OHA's Pharmaceutical Services Program webpage (linked [here](#)). It will first be posted in mid-October and updated every three months thereafter. Updates to CPT/HCPCS codes will be made on an annual basis, as needed.

Prior Authorizations

Existing Prior Authorizations for Drugs

OHA will honor existing CCO prior authorization approvals approved before October 13, 2026.

- *Pharmacy billing:* Through April 30, 2027, OHA will implement coding to auto-approve prior authorization requests based on a history of the drug in the member's previous claims. These auto-approvals will be effective for six months, after which the prescribing provider will need to submit a new prior authorization request form (form linked [here](#)) to the pharmacy call center through one of these submission methods: fax: 1-888-346-0178; phone: 1-888-202-2126; or upload via the provider web portal (web portal linked [here](#)).
- *Professional/medical billing:* OHA will manually identify members with a claims history of drugs that require approval (primarily GnRH agonists) and preemptively load authorization for the drug.

For members with no prior claims history, the prescribing provider should complete an OHP Open Card/FFS prior authorization request [form](#) and send it, as well as the existing CCO approval letter, to the pharmacy call center through one of these submission methods: fax: 1-888-346-0178; phone: 1-888-202-2126; or upload via the provider web portal (web portal linked [here](#)). This scenario is most likely to occur for newly approved prior authorizations for members that have not yet filled a prescription. This may not come to your attention until you receive a denial for 'prior authorization required' after submitting the claim.

Existing Prior Authorizations for Procedures

OHA will honor existing CCO prior authorization approvals approved before October 13, 2026.

For prior authorizations for procedures already approved by the member's CCO, the member's provider should send both the prior authorization request form and CCO approval letter to Prior.Authorization@oha.oregon.gov. This submission process is to be used to submit prior authorization information specifically related to this transition and not thereafter. To prevent any disruptions in service, please submit this information before the October 13, 2026 effective date, especially for any procedures or for prescriptions that were recently approved.

Submitting New Prior Authorization Requests

Providers should submit prior authorization requests for *surgical procedures* to OHA by following the instructions linked [here](#).

Providers should submit prior authorization requests for *prescriptions* to OHA by following the instructions outlined in the most up-to-date Oregon Medicaid PA Criteria Guide, located on this [page](#) (scroll down).

Care Coordination

Aside from the services defined in the technical specifications for the carve-out, CCOs are responsible for providing and paying for all other gender-affirming treatment services as described in [ORS 414.769](#). CCOs are responsible for office visits, labs, and other covered services that may be ancillary to the carved-out services. CCOs are also responsible for providing care coordination for all members who receive gender-affirming care, including care coordination related to surgical procedures and pharmaceuticals. OHP members should contact their CCO for help finding OHP Open Card/FFS providers who provide gender-affirming care services and for Non-Emergency Medical Transportation (NEMT) rides to appointments.

Communicating to Members and Providers

Members

If an OHP member has a concern about receiving gender-affirming care after the federal rule change is implemented, they should:

- Speak with their current providers and ask if those providers either are or will be enrolled in OHP Open Card/FFS.
 - If their provider is or will be enrolled, OHP members do not need to do anything. They can continue to have their care covered by OHP without interruption.
 - If a provider won't be enrolling in OHP Open Card/FFS, members enrolled in a CCO will need to see another provider that is in network for OHP Open Card/FFS.

- CCO members who want help finding health care providers who are enrolled in OHP Open Card/FFS should contact their CCO. Members can find contact information for all CCOs at <https://OHP.Oregon.gov/CCO-Contacts>.
- CCO members can also search OHPOpenCard.org to find providers who are in network for OHP Open Card/FFS. If additional assistance is needed, OHP members can also contact the OHA Ombuds Program: 1-877-642-0450 or OHA.OmbudsOffice@odhsoha.oregon.gov.

Providers

If an OHP provider who provides gender-affirming care services that will be affected by the federal rule change is not already enrolled in OHP Open Card/FFS and wants to continue providing those services to OHP members, they should enroll in OHP Open Card/FFS now. To enroll in OHP Open Card/FFS, go to the [OHP Provider Enrollment webpage](#). For additional assistance, providers can contact OHA Provider Services at 800-336-6016 (option 6).

Frequently Asked Questions (FAQs)

Question: *Are drugs on hospital and professional claims also carved out to OHP FFS/Open Card regardless of a qualifying diagnosis code related to gender dysphoria (like they are on pharmacy claims)?*

Answer: For drugs billed on a hospital or professional claim, the claim **must** include a qualified diagnosis code for gender dysphoria to be carved out. For hospital claims, the qualifying diagnosis code may be in any position on the claim header. For professional claims, the claim detail must point to a qualifying diagnosis code (which can be in any position on the claim).

Question: *I've already received an approval letter from my patient's CCO for a prior authorization request for a prescribed drug included on the carve-out list. Do I need to submit a new prior authorization request to OHP Open Card/FFS?*

Answer: No. Through April 30, 2027, OHA will implement coding to auto-approve prior authorization requests based on a history of the drug in the member's previous claims. These auto-approvals will be effective for six

months, after which the prescribing provider will need to submit a new prior authorization request form (form linked [here](#)) to the pharmacy call center through one of these submission methods: fax: 1-888-346-0178; phone: 1-888-202-2126; or upload via the provider web portal (web portal linked [here](#)). However, if there is no claims history for the patient, either because it's a new prescription that hasn't been filled or because the CCO hasn't yet sent OHA the claims data, the provider should submit a new OHP Open Card/FFS prior authorization request form and send it, as well as the existing CCO approval letter, to the pharmacy call center (see submission methods above).

Question: *For members with active gender-affirming care-related prior authorizations, should CCOs plan on terming those prior authorizations and also issuing Notices of Adverse Benefit Determinations (NOABDs) or are they not required since the coverage is transitioning to OHP Open Card/FFS?*

Answer: CCOs should not term existing prior authorizations or issue NOABDs for the services carved out of CCO payment responsibility. OHP Open Card/FFS will honor CCO prior authorizations under the transition of care rules. Members will not lose coverage with the change of payers. After transition, prior authorization and NOABD responsibility will sit with OHP Open Card/FFS.

Question: *Should new prior authorization requests for a medication go OHP Open Card/FFS or to the CCO?*

Answer: If you anticipate that the medication will be dispensed or administered before October 13, 2026, send it to the CCO as usual. If it will be dispensed or administered ON or AFTER October 13, 2026, send a prior authorization request [form](#) to the pharmacy call center through one of these submission methods: fax: 1-888-346-0178; phone: 1-888-202-2126; or upload via the provider web (web portal linked [here](#)).

Question: *Does the carve-out impact 340B-eligible drugs?*

Answer: Yes. When billing a pharmacy or professional claim to OHP Open Card/FFS for a 340B drug, providers must bill the acquisition cost. Provider and hospital billing systems should already have systems to identify 340B-qualified drugs and should already be compliant with OHP Open Card/FFS



billing guidance. While this will have no impact on clients, providers and clinics will receive a lower reimbursement rate when claims containing 340B drugs are redirected to OHP Open Card/FFS compared to CCO rates.

Question: *If the CMS rule also affects 18-year-olds on the federal Child Health Insurance Program (CHIP), does OHA's gender-affirming care carve-out also apply to 18-year-olds enrolled in CHIP?*

Answer: No. The CMS rule includes 18-year-olds that are receiving Medicaid specifically through CHIP. However, OHA's analysis indicates the number of 18-year-olds in that group (qualifying for OHP only through CHIP and seeking gender-affirming care services prohibited by the CMS rule) is near zero, and will be zero on January 1, 2027, when the Healthier Oregon Program population moves to the OHP Open Card/FFS. Therefore, OHA can ensure that state only funds will be used for 18-year-olds on CHIP without the gender-affirming care carve-out. 18-year-olds enrolled in OHP should not experience any impact on their services due to the CMS rule.

Question: *What about Washington patients receiving care through Apple Health? Will the carve-out apply to them?*

Answer: No. Oregon's gender-affirming care carve-out plan does NOT apply to Washington patients enrolled in Apple Health. Washington is working on its own plan for coverage continuity for affected patients. For more information about gender-affirming care coverage through Apple Health, visit [Transhealth program | Washington State Health Care Authority](#) or email applehealth.transhealth@hca.wa.gov.

OHA Contact Information

Additional Resources	Description
OHA Provider Services Unit	For provider questions specific to billing OHP Open Card/FFS: dmap.providerservices@oha.oregon.gov , 800-336-6016
OHP Client Services Unit	For client questions about OHP Open Card, benefits, billing, or switching between CCOs or Open Card/FFS: https://www.oregon.gov/oha/HSD/OHP/pages/csu.aspx , 800-273-0557
OHA Pharmaceutical Services	For information about prior authorization requests for drugs, preferred drug lists, and drug carve-out lists: https://www.oregon.gov/oha/hsd/ohp/pages/policy-pharmacy.aspx
OHA Pharmacy Call Center	For provider questions about prescribed drugs: dmap.rxquestions@oha.oregon.gov , 888-202-2126
OHP FFS/Open Card Provider Billing Guidance	For information about prior authorization requests for procedures, enrolling as an OHP FFS/Open Card provider, and carve-out implementation updates and details: https://www.oregon.gov/oha/HSD/OHP/Pages/Billing.aspx
OHP Open Card/FFS Provider Locator	To find providers who are in network for OHP Open Card/FFS: OHPOpenCard.org
Carve-out guidance for CCOs	For CCOs seeking additional information on carve-out, including code list of carved-out services/medications: https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx
Updated NDC code list (available mid-October 2026)	NDC code list for CCOs: https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-Pharmacy.aspx (updated quarterly, available under the "Drug Carve-Out List" section)
OHA gender-affirming care email address	For general questions about gender-affirming care and/or to provide feedback on this document, email: OHA.GAC@oha.oregon.gov