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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED: 09/30/2026 8:34 AM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Transition Healthier Oregon to Open Card/Fee-for-Service

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/21/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Brenna Bird
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 10/19/2026
TIME: 1:00 PM - 1:45 PM
OFFICER: Brenna Bird

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 1-669-254-5252
CONFERENCE ID: 1653099488
SPECIAL INSTRUCTIONS:
Refiled to Correct Hearing Time

Topic: Public Hearing Healthier Oregon Transition Chapter 410 Rules
Time: Oct 19, 2026 01:00 PM Pacific Time (US and Canada)
Join ZoomGov Meeting
https://www.zoomgov.com/j/1653099488?pwd=tZoSPYiiLOKo2xazvcU9SaQuAQS6aP.1

Meeting ID: 165 309 9488
Passcode: 521880

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Find your local number: https://www.zoomgov.com/u/adYB2H04x4

NEED FOR THE RULE(S):

The Centers for Medicare and Medicaid Services (CMS) directs states to ensure their Medicaid managed care programs comply with section 71109 of House Resolution 1 (H.R. 1). Due to this change, all Healthier Oregon members will need to shift from receiving Healthier Oregon coverage through a coordinated care organization (CCO) to receiving Healthier Oregon coverage through Open Card (also known as Fee-for-Service or FFS), starting in January 2027. This move ensures that those at risk of losing coverage remain enrolled without Oregon Health Authority (OHA) adjusting Medicaid capitation rates and Medicaid managed care (CCO) contracts.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Oregon Health Plan Demographics Dashboard: https://www.oregon.gov/oha/hpa/analytics/pages/medicaid-demographics.aspx

Public Law 119-21, House Resolution 1, Section 71109: https://www.congress.gov/119/plaws/publ21/PLAW-119publ21.pdf

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STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

Community feedback during the Rules Advisory Committee and engagement with providers, community-based organizations, Healthier Oregon members, and Coordinated Care Organizations showed that there might be:

- Gaps in health care access for Healthier Oregon members because they may need to find new providers who accept Oregon Health Plan Open Card and possible wait times;
- Greater reliance on emergency care due to primary care wait times, rather than preventative care;
- Potential for Healthier Oregon members to opt to not seek care because they do not have culturally relevant providers who accept Oregon Health Plan Open Card;
- Greater inequities for unhoused communities who may not receive mailed communication in a timely manner; and,
- Greater barriers for non-English speakers who will need to learn to navigate a new system for healthcare outside of the coordinated care organization model.

Based on this feedback, Oregon Health Authority anticipates a possible negative impact on racial equity in Oregon as a result of this transition. As of July 2026, Oregon Health Plan enrollment data shows that there were 94,000 Healthier Oregon members, and 82% are Hispanic or Latino/a/x/e. Despite the potential for a negative impact on racial equity in Oregon, the Healthier Oregon transition would mitigate an even greater negative racial equity impact of Healthier Oregon members potentially losing coverage completely.

Oregon Health Authority remains committed to advancing health equity in Oregon and will center language access across the spectrum of healthcare from scheduling to transportation to appointment aftercare. Additionally, Oregon Health Authority remains committed to improving the provider network leading up to and following this transition.

FISCAL AND ECONOMIC IMPACT:

Oregon Health Authority anticipates potential fiscal impacts on local government, members of the public, Coordinated Care Organizations, health systems partners, and non-profit organizations.

Based on feedback from community members and partners during the Rules Advisory Committee, the proposed rule change may have a fiscal impact on the non-profit sector, including community-based organizations, health centers, and public health partners who will be supporting Healthier Oregon members through this transition. There may be:

- An increase in administrative costs for non-profit entities and providers related to the tasks of welcoming new patients, enrolling as Open Card providers, and billing;
- Greater utilization of emergency departments, which may have higher costs associated with services than preventative or primary care;
- Higher utilization of language access services in the Open Card system;
- No member access to Medicaid flex funds, which allow for spending on items and services that are not covered by Oregon Health Plan; and
- Lower payments for providers given different reimbursement rates from Coordinated Care Organizations versus through Open Card/Fee-for-Service.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Oregon Health Authority, local public health agencies, community-based organizations, Federally Qualified Health Centers, community health centers, public health partners, and Healthier Oregon members may be economically affected by the rule change.
(2) There is likely to be a fiscal impact on Medicaid enrolled providers that are also small businesses.
(a) The Centers for Medicare and Medicaid Services (CMS) and the Oregon Health Authority (OHA) do not currently track the rate of Medicaid enrolled providers that are also small businesses.
(b) None anticipated.
(c) None anticipated.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were invited with the general public to participate in the Rules Advisory Committee to help identify the fiscal impact of these rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
410-124-0010, 410-134-0000, 410-134-0001, 410-134-0003, 410-134-0004, 410-134-0005

AMEND: 410-124-0010

RULE SUMMARY: Update "client" to "Member" and "Managed Care Entity" to "Coordinated Care Organization" to reflect changes across Chapter 410. Update references to Healthier Oregon to reflect broader Healthier Oregon transition.

CHANGES TO RULE:

410-124-0010
Eligibility for Transplant Services ¶

(1) To be eligible for transplant services the ~~client~~Member must be enrolled under the following Benefit Packages at the time the transplant services are provided: ¶
(a) Oregon Health Plan Plus benefit package (BMH) described in OAR 410-120-1210~~(4)(a);~~ or ¶
(b) State funded Healthier Oregon ~~Population (HOP)~~ described in OAR 410-134-0003~~(2)(a)(C)(xiii)~~ as of July 1, 2022. ¶
(2) ~~Client~~Members covered under the following Benefit Packages do not have coverage for transplants: ¶
(a) OHP with Limited Drugs (BMM, BMD) - coverage only for services covered by Medicare; ¶
(b) Qualified Medicare Beneficiary (MED) - coverage only for services covered by Medicare; ¶
(3) If an individual is not eligible for the Oregon Health Plan Plus ~~b~~Benefit ~~p~~Package at the time the transplant is performed, but is later made retroactively eligible for the Oregon Health Plan Plus ~~b~~Benefit ~~p~~Package, the ~~Health Systems Division (Division)~~Division shall cover transplant services provided during the period of time the individual is eligible. ¶
(4) If a ~~client~~Member moves from fee-for-service ~~to a Ma~~(FFS) to a Coordina~~g~~ted Care ~~Entity (MCE~~Organization (CCO), ~~p~~Prior ~~a~~Authorization must be obtained from the ~~MCE~~CCO if required by that ~~MCE~~CCO. If a ~~client~~Member moves out of ~~MCE~~a CCO into another ~~MCE~~CCO, or into ~~fee-for-service~~FFS, any ~~p~~Prior ~~a~~Authorizations approved by the original ~~MCE~~CCO are void, and ~~p~~Prior ~~a~~Authorization must again be obtained from the new ~~MCE~~CCO if ~~p~~Prior ~~a~~Authorization is required by ~~MCE~~the CCO.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.065

AMEND: 410-134-0000

RULE SUMMARY: Update definitions to include the Healthier Oregon transition from CCO to Fee-For-Service, also known as Open Card.

CHANGES TO RULE:

410-134-0000
Purpose
(1) The purpose of this OAR ~~C~~chapter 410, division 134 is to set forth ~~the~~ rules ~~that are~~ specific to the Healthier Oregon program. ¶
(2) The Healthier Oregon program is a ~~medical assistanc~~health care benefit ~~package~~ equal to OHP Plus defined and described in OAR 410-120-1210. ¶
(3) The Healthier Oregon program is funded with state and federal dollars as described in OAR 410-134-0004. ¶
(4) Covered Services included in the Healthier Oregon program must be: ¶
(a) Rendered from a Fee-For-Service Provider, as defined in OAR 410-120-0000, who is enrolled with the Authority as a Provider under OAR 410-120-1260 and meets all requirements for OHP enrollment; and ¶
(b) Reimbursed by the Authority through the fee-for-service delivery system as described in OAR 410-120-1210 and 42 CFR § 447.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 413.042, 414.025, 414.065, 414.231, 414.706

AMEND: 410-134-0001

RULE SUMMARY: Update definitions to include the Healthier Oregon program and to remove reference to the Citizenship Waived Medical Benefit Package and the Citizenship Waived Medical Plus Benefit package.

CHANGES TO RULE:

410-134-0001
Acronyms and Definitions
~~(1)~~ The following acronyms and definitions ~~within this rule specifically apply to the Healthier Oregon program in its entirety.~~apply with respect to OAR chapter 410, division 134, Healthier Oregon. The Oregon Health Authority (Authority) also incorporates the definitions in OAR 410-120-0000 and 410-200-0015 for any terms not defined in this division of OARs. ¶
(~~a~~1) The Authority incorporates acronyms and definitions ~~in OAR 410-141-3500, OAR 410-120-0000 and OAR 410-200-0015;~~from other chapters of Oregon Administrative Rule: ¶
(~~b~~a) The acronyms and definitions adopted by the Oregon Department of Human Services (Department) in chapters 411, 413, and 461; ¶
(~~c~~b) Public Health Division chapter 333 division 4 definitions; ¶
(~~d~~c) Behavioral Health Division chapter 309 division 19 definitions. ¶
(2) "~~Citizenship Waived Medical Benefit Package" (CWM) as defined in OAR 410-120-0000.¶~~
~~(3) "Citizenship Waived Medical Plus Benefit Package" (CWX or CWM Plus) as defined in OAR 410-120-0000.¶~~
~~(4) "Emergency Medical Condition" is defined in OAR 410-120-0000.¶~~
~~(5) "Emergency H~~Emergency Health Benefit Funding" means the combined state and matched federal (42 CFR 440.255) funds for the Healthier Oregon health ~~B~~benefit ~~Funding: is de~~s identifi~~n~~ed in OAR 410-1~~20-0000 and in OAR 410-134-0004 of this rule.~~34-0004(2). ¶
(~~6~~3) "Healthier Oregon Cover All Kids (CAK)" ~~mean~~has the same meaning as "Cover All Kids" as defined in OAR 410-200-0015~~:~~. ¶
(a) Before July 1, 2022, CAK recipients received state-funded coverage equal to OHP Plus as defined in OAR 410-120-1210~~:~~. ¶
(b) As of July 1, 2022, recipients are included in Healthier Oregon; ¶
(~~i~~A) Medical assistance ~~b~~Benefit ~~p~~Package and coverage is equal to OHP Plus as defined in OAR 410-120-1210; and ¶
(~~ii~~B) Funding is defined in OAR 410-134-0004. ¶
(~~7~~4) "Reproductive Health Equity Act (RHEA)" means Reproductive Health Equity Act (ORS 414.432) funding, which provides access to reproductive health and abortion services to Oregonians who are able to get pregnant and who would be eligible for federally funded medical assistance if not for 8 U.S.C. 1611 or 1612. ¶
(~~8~~5) "Supplemental Health Benefit State Funding" ~~as defin~~means the health care benefit funding described in OAR 410-1~~20~~34-000~~0 and in OAR 410-134-0004 of this rule~~4(3) administered under the Healthier Oregon program and funded 100 percent with State of Oregon funds.
Statutory/Other Authority: ORS 413.042, 414.065
Statutes/Other Implemented: ORS 413.042, 414.065, ORS 414.025, 414.231, 414.432, 414.706

AMEND: 410-134-0003

RULE SUMMARY: Update member and Medicaid division language and update definitions to include the Healthier Oregon transition from CCO to Fee-For-Service, also known as Open Card.

CHANGES TO RULE:

410-134-0003
Healthier Oregon and Healthier Oregon Cover All Kids Coverage
(1) The Healthier Oregon and Healthier Oregon Cover All Kids benefit ~~package~~ description, ~~b~~Benefits ~~p~~Package identifier, eligibility criteria, and coverage is described in this ~~R~~rule. ¶
(2) Healthier Oregon and Healthier Oregon Cover All Kids benefit ~~package~~ descriptions~~:~~ include the following: ¶
(a) Benefit Package identifiers: ¶
(A) ~~BMH: f~~For non-pregnant adults age 21 and over and Cover All Kids~~; or¶~~
~~(B) BMP: f~~, use BMH; ¶
(B) For pregnant adults or individuals within their post-partum period, who are age 21 and over~~;¶~~
~~(b) Eligibility criteria: Eligible recipient~~, use BMP; ¶
(b) Eligible members are individuals who meet the financial and non-financial eligibility requirements for a~~n~~ Health Systems Division (HSD) or Oregon Supplemental Income Program Medical (OSIPM) Program, except they do not meet the citizenship or non-citizen status requirements pursuant to OAR 410-200-0215; ¶
(c) Coverage and limitations: ¶
(A) Oregon Health Plan (OHP) Plus services defined in OAR 410-120-1210; ¶
(B) Oregon Health Plan (OHP) Plus limitations defined in OAR 410-120-1210. ¶
(3) Healthier Oregon Members must receive Healthier Oregon covered services from a Fee-For-Service Provider as defined 410-120-0000 who is enrolled with the Authority as a Provider under OAR 410-120-1260 and meets all requirements for OHP enrollment.
Statutory/Other Authority: ORS 413.042, 414.065, 414.231
Statutes/Other Implemented: ORS 413.042, 414.065, 414.231, ~~ORS 414.025,~~ 414.312, 414.430, 414.432, 414.706, 414.710

AMEND: 410-134-0004

RULE SUMMARY: Update the appropriate Healthier Oregon Desk Reference Manual url link. Updated the emergency services covered for the healthier Oregon population. Clarified CHIP administration funding

CHANGES TO RULE:

410-134-0004
Healthier Oregon Funding
(1) The Healthier Oregon ~~medical assistance benefit package~~health benefit is equal to the medical assistance benefits ~~package~~ defined and describe in OAR 410-120-1210 as OHP Plus ~~bu~~except the funding for the benefit~~s~~ is different as set out in this rule. ¶
(2) Emergency Health Benefit Funding includes services that are funded in part with state dollars and matched with federal dollars. ~~Emergency Health Benefit Funding includes:¶~~
~~(a) Services to treat Emergency Medical Conditions as defined by 42 CFR 440.255 and OAR 410-120-0000.~~ The Healthier Oregon Desk Reference~~,~~ defines ~~claims and limitations for services listed below~~services, that the Oregon Health Authority determines an emergency located at:
https://www.oregon.gov/~~OHA~~oha/HSD/OHP/~~Pages/Policy-CWM.aspx ;~~Tools/Healthier-Oregon-Desk-Manual.pdf. ¶
(a) Emergency Health Benefit Funding includes the following: ¶
(A) Services to treat Emergency Medical Conditions as defined by 42 CFR 440.255 and OAR 410-120-0000. ¶
(~~b~~B) Labor and ~~D~~ddelivery; ¶
(~~c~~C) Behavioral ~~H~~hhealth ~~C~~ccrisis as defined in OAR 309-019-0105; ¶
(~~d~~D) Outpatient or inpatient dialysis to treat ~~a~~Acute renal failure or End Stage Renal Disease (ESRD); ¶
(~~e~~E) Immunosuppressant medications post kidney transplant, including office visits and labs to prescribe and monitor such medications; ¶
(~~f~~F) Cancer treatment; ¶
(~~g~~G) Dental services provided in an ~~e~~Emergency ~~d~~Department ~~or h~~. Hospital setting~~;¶~~
~~(h) Covid-19 coverage shall be equal to the coverage available during the Federal Public Health Emergency (PHE) and shall end May 11, 2024;~~, or dental offices and practices of dental providers enrolled as a Fee-for-Service provider; ¶
(~~i~~H) Pregnancy coverage equal to OHP Plus defined in OAR 410-120-1210; sub~~paragraph~~sections (3)(a-m) of this rule are funded by Supplemental Health Benefits State Funding. Pregnancy coverage is partially funded through Children Health Insurance Program (CHIP) as defined in ~~42 CFR §§ 457.10 and 457.618;~~OAR 410-120-0000; ¶
(~~j~~I) Post-~~P~~partum coverage equal to OHP Plus defined in OAR 410-120-1210; sub~~paragraph~~sections (3)(a-m) of this rule set are funded by Supplemental Health Benefits State Funding, beginning the day after pregnancy ends and ending ~~(~~12~~) twelve~~ calendar months following the month in which the pregnancy ends. Post-partum coverage is partially funded through CHIP administrative Health Services Initiative (HSI) funds as available and reverts to Supplemental Health Benefits State Funding, when CHIP administrative funds are not as available~~.~~; ¶
(J) Emergency ground and air medical transportation. ¶
(3)~~-~~Supplemental Health Benefit State Funding includes services that are funded with state funds only, including RHEA. State-Funded Supplemental Health Benefits include: ¶
(a) Abortion services; ¶
(b) Sterilization; ¶
(c) Family ~~P~~pplanning; ¶
(d) Hospice; ¶
(e) Death with dignity; ¶
(f) Dental services equal to OHP coverage in OAR 410-123-1220; ¶
(g) Post-~~P~~partum coverage beginning the day after pregnancy ends and ending ~~(~~12~~) twelve~~ calendar months following the month in which the pregnancy ends; if CHIP administrative funds are not available; ¶
(h) Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage and limitations defined in OAR 410-151-0000; ¶
(i) Organ ~~T~~ttransplants see OAR 410-124-0010; ¶
(j) Pharmacy benefits equal to OHP Plus coverage; ¶
(k) Long-Term S~~upport Service~~ervices and Supports (LTSS) defined in OAR 410-120-0000; ¶
(~~L~~l) Health Related Social Needs (HRSN) defined in OAR 410-120-0000¶
~~(m) OHP Plus cov~~; and ¶
(m) Other non-emer~~a~~ge ~~and limitation~~ncy services in the OHP Plus benefit as described in OAR 410-120-1210.
Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 413.042, 414.065, ORS 414.231, 414.312, 414.430, 414.432, 414.706

AMEND: 410-134-0005

RULE SUMMARY: Added updated reference that CMS now refers to the CWMX population as FCEP (From conception to end of pregnancy).

CHANGES TO RULE:

410-134-0005
Coverage and Billing for Citizenship Waived Medical and Citizenship Waived Medical Plus
(1) The Citizenship Waived Medical (CWM) and Citizenship Waived Medical Plus (CWM Plus) benefit package ended on June 30, 2023. Prior to July 1, 2023, CWM Plus was referred to as "CWX". , CMS refers to this population now as From Conception to End of Pregnancy (FCEP) population. ¶
(2) Benefit and coverage limitations for members who were eligible for, or retroactively determined to be eligible for, the CWM and CWM Plus can be found under DMAP 65-2022, adopt filed 06/30/2022, effective 07/01/2022. ¶
(3) Citizenship Waived Medical (CWM) and CWM Plus (previously referred to as "CWX") services delivered on or before June 30, 2023, may be billed if claims are timely submitted in accordance with OAR 410-120-1300. CWM and CWM Plus billing guidance can be found under DMAP 13-2023, minor correction filed 03/30/2023, effective 03/30/2023.
Statutory/Other Authority: ORS 413.042, 414.065
Statutes/Other Implemented: ORS 413.042, 414.065, ORS 414.312, 414.430, 414.432, 414.706