

Provider Billing Guidance for Inpatient Hospital Stays

Last updated: March 9, 2026

What's happening

PacificSource Community Solutions (“PacificSource”) did not renew its coordinated care organization (CCO) contract for Lane County after 2025. As of Feb. 1, 2026, most members who were in PacificSource in Lane County moved to Trillium Community Health Plan (“Trillium”).

- Most Oregon Health Plan (OHP) members in Lane County covered by PacificSource are covered by Trillium as of Feb. 1, 2026.
- Some other members, including American Indian/Alaska Native (AI/AN) OHP members, were moved to OHP Open Card on Feb. 1, 2026 if they did not choose to move to Trillium.

OHP members that were admitted to hospitals prior to the transition and discharged after the transition have inpatient costs covered by the CCO they had at the time of admission. Daily charges or services with individual dates of service should be billed to the CCO on file on the day of the service (PacificSource prior to Feb. 1, 2026, Trillium on and after Feb. 1, 2026).

Do not re-enroll members Lane County OHP members into PacificSource CCO. If a Lane County OHP member transitioned from PacificSource to Trillium, the Trillium enrollment is correct.

Patients admitted before Feb. 1, 2026

If Trillium is the CCO on date of admission, Trillium will continue to be the CCO for all prior authorizations, claims, care coordination and other services.

If the member was with OHP Open Card on the date of admission, OHP members with OHP Open Card will have inpatient claims and services authorized by Acentra and billed to OHA.

Any PacificSource member with an admit date prior to Feb. 1, 2026, will have the inpatient claim billed to PacificSource, even if the stay extends past Feb. 1, 2026.

Covered services include all claims related to the continuous inpatient stay including transition to other inpatient facilities.

Daily charges or services billed with individual dates of service such as professional fees, pharmacy, non-emergency medical transportation, and other services should be billed to PacificSource if incurred prior to Feb. 1, 2026, and to Trillium if incurred on or after Feb. 1, 2026.

The full scope of inpatient settings is the responsibility of PacificSource for OHP members admitted before Feb. 1, 2026. The scope of inpatient setting is defined as:

- Hospital inpatient (acute medical or psychiatric)
- Skilled nursing facility
- Inpatient rehabilitation
- Long-term acute care hospital (LTACH)
- Psychiatric residential treatment facility
- Any other residential treatment setting designated as inpatient

In addition, when a member without Medicare is admitted prior to Feb. 1, 2026, and requires a subsequent transfer, such as a skilled nursing facility (SNF) admission after an inpatient hospital stay, the associated claims for the transfer stay will be billed to PacificSource.

Patients admitted on or after Feb. 1, 2026

If Trillium is the CCO on date of admission, Trillium will continue to be the CCO for all prior authorizations, claims, care coordination, and other services.

OHP members with OHP Open Card will have inpatient claims and services authorized by Acentra and billed to OHA.

Relevant OARs

410-141-3710- Contract Termination & Close-Out Requirements:

(13) If a change of providers may be harmful to the member, the MCE must continue to provide services until that treatment is concluded or appropriate transfer of care is arranged.

410-141-3500- Definitions:

(22) "Continuous Inpatient Stay" means an uninterrupted period of time that a patient spends as inpatient, regardless of whether there have been changes in assigned specialty or facility during the stay. This includes discharge transfer to another inpatient facility, in or out of state, such as another acute care hospital, acute care psychiatric hospital, skilled nursing facility, psychiatric residential treatment facility (PRTF) or other residential facility for inpatient care and services.

410-141-3805- Mandatory MCE Enrollment Exceptions

(11) If enrollment action coincides with an individual's Continuous Inpatient Stay as defined in OAR 410-141-3500, the following enrollment rules apply:

(a) A newly eligible OHP client who became eligible while admitted as an inpatient is exempt from all levels of CCO enrollment, except for newborn enrollments in accordance with OAR 410-141-3805(8)(a). The newly eligible OHP client shall receive health care services on a Fee-For-Service (FFS) basis until the individual is discharged from the continuous inpatient stay

(b) In settings where the CCO is fully responsible for covered services, such as an acute care hospital, acute care psychiatric hospital, skilled nursing facility specific to the Post-Hospital Extended Care (PHEC) benefit, Psychiatric Residential Treatment Facility (PRTF), or a residential Behavioral Health or Substance Use Disorder treatment facility that is not considered a Home and Community-Based Services (HCBS) setting as described in OAR 410-173-0035

(A) The CCO is responsible for covered services if the individual is enrolled as of the date they are admitted to the inpatient setting. No enrollment changes shall be made until the member is discharged from their continuous inpatient stay to ensure continuity of care and care coordination, and to mitigate billing confusion.

Who to contact for help

Contact PacificSource about services approved or rendered for PacificSource members prior to Feb. 1, 2026.

- For **member care plans or transitions**: Care Management Team at 541-330-2507.
- For **claims questions**: Customer Service at 800-431-4135 (TTY: 711).

Contact Trillium about services approved or rendered starting Feb. 1, 2026.

- [Trillium's Provider Engagement Team](#) at 1-877-600-5472.

Contact OHA Provider Services about services approved or rendered starting Feb. 1, 2026 for members with OHP Open Card.

- Provider Services: 1-800-336-6016