

Oregon Health Plan Bridge & CareOregon

Frequently Asked Questions

Revised July 5, 2024



We are excited to announce that CareOregon is participating in the state of Oregon's implementation of OHP Bridge.

Please see below for the details you need to know.

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OHP Bridge Overview

➤ What is changing?

- Starting July 1, 2024, CareOregon is taking part in the implementation of OHA's CCO-administered OHP Bridge program.
- OHP Bridge will expand access to affordable health coverage to approximately 100,000 Oregon residents that meet the eligibility criteria statewide.
- The program is a permanent extension of the existing, temporary version that began on May 1, 2023, known as, "Temporary Medicaid Expansion," or TME.

➤ Why is this happening and why is this change important?

- CareOregon strongly believes that by making individuals and families healthier, we make entire communities healthier, too. OHP Bridge supports this mission by providing quality, affordable health insurance coverage to adults who typically wouldn't qualify and by providing continued care to those most likely to churn (i.e., fall in and out of health coverage due to frequent income changes).

➤ What is not changing?

- There is no change in the expectations CareOregon has of our network partners in the level of care and quality of care that is delivered to our members, regardless of category of aid, coverage, or program.

OHP Bridge Program Eligibility & Benefit Package

1. What is OHP Bridge?

- a. OHP Bridge is a new OHP category, made possible by the Affordable Care Act. This Medicaid health plan covers adults with incomes higher than the OHP Plus eligibility criteria. There are two programs within the OHP Bridge category, which have the same benefit package, but are differentiated as follows:
 - i. *OHP Bridge - Basic Health Program (BHP)*
 1. Members will be enrolled in Coordinated Care Organizations (CCOs).
 - ii. *OHP Bridge - Basic Medicaid*
 1. Offers American Indian/Alaska Native members the continued choice between CCO and Open Card coverage.

2. Who is eligible for OHP Bridge?

- a. OHP Bridge is available to Oregon residents that:
 - i. Are between 19 to 65 years of age;
 - ii. Have an income between 138% and 200% of the federal poverty level (FPL);
 - iii. Have an eligible citizenship or immigration status; and,
 - iv. Do not have access to other affordable health insurance, including Medicare and Marketplace coverage.

3. What benefits are covered by the OHP Bridge Program?

- a. The OHP Bridge benefit package includes all traditional OHP Plus benefits, with only two exceptions.
 - i. OHP Bridge benefits **do** include coverage for:
 1. Medical (including pharmacy)
 2. Dental
 3. Behavioral
 4. Non-Emergent Medical Transportation (NEMT)
 - ii. OHP Bridge benefits **do not** include coverage for:
 1. Long Term Services and Supports (LTSS)
 2. Health-Related Social Needs (HRSN)

4. Will members be covered for other benefits, like language access and Care Coordination?

| Service | OHP Bridge – Basic Medicaid | OHP Bridge – Basic Health Program |
|---|---|-----------------------------------|
| Language Access IRCO, Linguava, NIS, OCIN | ✓ | ✓ |
| NEMT Ride to Care, TransLink, NW Rides | ✓ (When enrolled in in the CCO. Open Card enrollees use Open Card NEMT brokerage.) | ✓ |
| Care Coordination Tribal & Regional Care Teams | ✓ (Tribal Care Coordination) | ✓ (Regional Care Team) |
| Health Related Services (HRS) Flex | ✓ (If enrolled in the CCO. Open Card enrollees and CCOF members not eligible.) | ✓ |

5. What are the member costs for OHP Bridge recipients?

- a. OHP Bridge has no member costs. That means no premiums, no co-payments, no coinsurance, and no deductibles – consistent with traditional OHP Plus guidelines.

- 6. How frequently are members required to renew their OHP Bridge benefits with the OHA, and how does the OHA’s Continuous Eligibility policy apply?**
- a. This varies by plan. Members in both programs are protected from losing eligibility due to income fluctuation during the approval period. Members may be disenrolled due to other non-financial criterion (e.g., gaining access to other health insurance).
 - i. *OHP Bridge - Basic Health Program (BHP)*
 1. Approves members for 12 months of coverage at a time.
 2. Does not qualify for “Continuous Eligibility.”
 - ii. *OHP Bridge – Basic Medicaid*
 1. Approves members for 24 months of coverage at a time.
 2. Does qualify for “Continuous Eligibility.”
- 7. Are members covered by the Healthier Oregon Program (HOP) eligible for OHP Bridge?**
- a. No, eligible citizenship or immigration status is required to qualify for OHP Bridge.
- 8. What types of providers can OHP Bridge members visit (e.g., primary care, dental or mental health specialist, etc.)?**
- a. CareOregon’s provider network is contracted to provide services to CareOregon’s OHP Plus and OHP Bridge members, alike. Members do not need to transition care if benefit enrollment switches between the two, unless benefits are OHP Bridge exclusions (LTSS and HRSN)
- 9. How does this population impact FQHC, RHC & CCBH PPS Payments (WRAP)?**
- a. Services to OHP Bridge members are not eligible for PPS. This continues to be under consideration by the OHA and will be communicated to providers and CCOs, should this change in the future.

Doing Business with CareOregon

- 10. Will I have to execute a new contract or contract amendment to include OHP Bridge into our existing base contracts?**
- a. No, because OHP Bridge is part of Oregon’s OHP Medicaid plan, it is included in our existing provider contracts.
 - b. Some providers will receive amendment notifications for specific Value Based Payment contracts, but no action is required in order to be reimbursed at contracted rates for CareOregon OHP Bridge members.
 - c. If you have any questions on which VBPs are impacted, please contact ValueBasedContracting@careoregon.org.

11. Are there different claim, billing, or authorization processes for CareOregon OHP Bridge members?

- a. No, please follow standard processes for OHP Bridge members. The only difference between OHP Bridge and OHP Plus is that LTSS and HRSN services are excluded from the OHP Bridge benefit package.

12. Do we need to change anything in our members payor coverage in their EMR registration?

- a. Please contact your EMR vendor for clarification, however, CareOregon Electronic Payer ID has not changed.

13. How can I identify who my OHP Bridge members are?

- a. MMIS (administered by OHA): OHP Bridge members are indicated by a “BRG” Benefit Plan identifier.
- b. CIM (administered by PH Tech/Ayin): OHP Bridge members will display in CIM3 the same as other OHP Plus members and will be identified by the PERC code (PE or BR), Rate Group (P1-P4 or B1-B4), or Benefit Plan (BRG).
- c. CareOregon Connect (administered by CareOregon): OHP Bridge members will be identified in CONNECT using the following grouping, as of August 1: _BRG

14. What steps should be taken when discrepancies are identified in the eligibility status of an OHP Bridge member?

- a. Eligibility for CareOregon members can be verified using our online provider portal, CareOregon Connect. Visit OHA’s Medicaid Management Information System ([MMIS](#)) to verify eligibility and health plan enrollment for all OHP enrollees. If you have additional questions or concerns, please reach out to our Customer Service team at 800.224.4840 for assistance.

15. What are the impacts to NEMT?

- a. NEMT Brokerage subcontractor partners will receive draft contract amendments to reflect the new program and eligible population information
 - i. There are no anticipated impacts to downstream NEMT provider subcontracts
- b. The addition of the OHP Bridge population will have a minimal impact to NEMT utilization, due to the low volume of members
- c. Bridge members’ data will be received from OHA in 834 eligibility files, mirroring all OHP processes
 - i. Bridge members’ enrollment will look indistinguishable from other members in NEMT enrollment files
- d. If the NEMT brokerage needs to manually validate member eligibility, they can do so by checking MMIS. Bridge members can be identified by the Benefit Plan, which will read as: “BRG – OHP Bridge”

Member Communications & Impacts

16. Can OHP Bridge members switch PCPs like OHP Plus members?

- a. Yes, OHP Bridge members are able to select and change their PCPs like any other OHP member.

17. How will members know if they are enrolled with CareOregon OHP Bridge?

- a. Upon enrollment, CareOregon notifies members of what benefits are available to them and how to get more information. CareOregon members receive a welcome letter, member handbook, and new ID card outlining their benefits.
- b. OHA notifies members of their change in program when transferring from OHP Temporary Medicaid Expansion (TME) to OHP Bridge:
 - i. Notice of Ending of Entitlement Program (OHP TME) – *mailed in late June*
 - ii. Notice of Coverage Change – *mailed July 1*

18. Will OHP Bridge member ID cards be different than OHP Plus?

- a. No, member ID cards will remain consistent with the CareOregon ID card you're already familiar with. Members receive new ID cards at time of enrollment, and any time their PCP assignment, or eligibility, changes.

Quality Metrics & Value Based Programs

19. Will CareOregon OHP Bridge members be included in the CCO Incentive Metrics performance?

- a. CareOregon is including OHP Bridge members in quality performance calculations, in line with our organizational philosophy of ensuring we are recognizing and reimbursing providers for the amazing work you do caring for our members.
- b. CareOregon will continue to exclude HOP members, and similarly exclude OHP Bridge members, from the financial performance calculations for 2024; our goal is to ensure accuracy in our PMPM target setting prior to including members in that calculation. It is important that we ensure adequate time to capture historical data.

20. Will CareOregon OHP Bridge members be included in the membership shown in provider-facing dashboards?

- a. Yes, all members enrolled with CareOregon OHP medical benefits are shown in the CCO Incentive Metrics Dashboard. CareOregon OHP Bridge members can be located on the "Actionable Member List" tab, and the "Engagement Rate" tab.
- b. Please note, CareOregon OHP Bridge members are excluded from the CCO Incentive metric performance measure calculations. OHP Bridge and HOP members are excluded by OHA from 2024 CCO Quality and Incentive metric performance.

21. When will OHP Bridge members be included in CareOregon’s Primary Care Payment Model (PCPM) Program?

- a. The first quality workbooks for program years 2024-2025 will be sent to clinics by July 31, 2024. The workbooks will include OHP Bridge and HOP members.

22. Can I get separate PCPM member rosters for MLA, SNSR, HOP and OHP Bridge members?

- a. MLA and SNSR rosters are, and will continue to be, separate.
- b. OHP Bridge and HOP members will appear on rosters with all OHP members.

23. Will we have different PCPM targets for different eligibility groups?

- a. No, PCPM targets will not differ by eligibility group.

24. Can I monitor my PCPM target progress on CareOregon’s CCO Incentive Metric dashboard?

- a. No, PCPM performance is not currently available on the CCO Incentive Metric dashboard. We are in progress of creating a dashboard to keep you updated on your PCPM performance.

Resources & Support

For more information on the Oregon Health Authority’s OHP Bridge plan, please visit [their website and OHP Bridge help page here](#).

For more information regarding CareOregon’s implementation of OHP Bridge, please call our Provider Customer Service team at 800.224.4840 for support.

Definitions

| | |
|------|---|
| BHP | Basic Health Program |
| CCBH | Certified Community Behavioral Health clinics |
| CCO | Coordinated Care Organization |
| EMR | Electronic Medical Record |
| FFS | Fee-For-Service |
| FPL | Federal Poverty Level |
| FQHC | Federally Qualified Health Center |
| HOP | Healthier Oregon Plan |
| HRS | Health Related Services (Flex) |
| HRSN | Health Related Social Needs |
| LTSS | Long Term Service and Support |
| MLA | Meaningful Language Access |
| NEMT | Non-Emergent Medical Transportation |
| OHA | Oregon Health Authority |

| | |
|------|-------------------------------------|
| OHP | Oregon Health Plan |
| PCPM | Primary Care Payment Model |
| PPS | Prospective Payment System |
| RHC | Rural Health Center |
| SNSR | Social Needs Screening and Referral |
| TME | Temporary Medicaid Expansion |
| WRAP | Wraparound Payments |