



TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 76-2025

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

10/09/2025 3:22 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Language added allowing adjustment to the effective start date for OHP Bridge – Basic Health Program

EFFECTIVE DATE: 10/09/2025 THROUGH 04/06/2026

AGENCY APPROVED DATE: 10/09/2025

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NEED FOR THE RULE(S):

410-200-0115 – HSD Medical Program – Effective Dates: Allows the effective start date of coverage to be adjusted for OHP Bridge – Basic Health Program recipients who experienced a gap in coverage as they transitioned from Marketplace coverage in 2024 to BHP coverage in 2025

JUSTIFICATION OF TEMPORARY FILING:

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s). Describe why this filing needs to be filed now and not go through the Notice, comment period and the Permanent Filing process.

Oregon rules allow health care providers to bill for up to a year after a service has been rendered. Without immediately adopting this revision, individuals' providers will not have enough time to bill for a service received at the beginning of the 2025 calendar year.

(2) Who would suffer these consequences. List all the groups that would suffer if the rule(s) are not immediately filed as a Temporary Filing.

Impacted OHP Bridge – Basic Health Program recipients and health care providers who rendered services to these individuals in one of the months impacted by the start date adjustment.

(3) Why or how failure to immediately take rulemaking action would cause these consequences; Describe what will happen if we are not in compliance or were to wait and go through the permanent process – what happens to the public, interested parties, partners, etc.

Oregon rules allow health care providers to bill for up to a year after a service has been rendered. Without immediately adopting this revision, individuals' providers will not have enough time to bill for a service received at the beginning of

the 2025 calendar year for impacted OHP Bridge – Basic Health Program recipients. For example, going through the permanent process would result in the rule update being effective as early as April 2026. For individuals who received a covered health care services in January-March 2025, the timeline for the provider to bill for that service will have passed. The result would be the OHP Bridge – Basic Health Program recipients may not be reimbursed for the service, would incur debt, and/or the provider may need to use charity care to cover the service.

(4) How the temporary action will avoid or mitigate those consequences. Indicate how the rule(s) specifically remedy or avoid having a problem.

Adopting the rule revision immediately allows healthcare providers to bill for services received by impacted OHP Bridge – Basic Health Program recipients.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Oregon's Basic Health Program Blueprint June 2025 <https://www.medicaid.gov/basic-health-program/downloads/or-basic-hlth-prgm-blprnt.pdf>

AMEND: 410-200-0115

RULE TITLE: HSD Medical Programs—Effective Dates

RULE SUMMARY: Rule is being revised to provide allowance to adjust the start date for OHP Bridge – Basic Health Program recipients who meet certain criteria. Rule is also being revised to spell out the acronym for the Breast and Cervical Cancer Treatment Program for the first instance it appears in the rule and add reference to the OAR with specific program requirements for that program.

RULE TEXT:

(1) This section of the rule identifies the effective date of coverage for new applicants who are approved for HSD Medical Program benefits.

(a) For all HSD Medical programs except OHP Bridge - Basic Health Program (see OAR 410-200-0438) and the Extended Medical Assistance (EXT) program (see OAR 410-200-0440), the effective date is:

(A) The earliest date of eligibility within the month in which the Date of Request is established; or

(B) If ineligible within the month in which the Date of Request was established, the first day within the following month in which the client is determined to be eligible.

(b) For OHP Bridge - Basic Health Program:

(A) When the determination of eligibility is made on or before the 15th day of a month, the effective date of coverage is on the first day of the month following the month in which the determination was made; or

(B) When the determination of eligibility is made on or after the 16th day of a month, the effective date of coverage is the first day of the month following the next month.

(C) In accordance with the Basic Health Plan Blueprint approved by the Centers for Medicare & Medicaid Services (CMS) in June 2025, the effective date of coverage will be adjusted to January 1, 2025, if they meet all the following requirements:

(i) They were enrolled in an insurance plan through the Federally Facilitated Marketplace in December 2024;

(ii) They were referred from Federally Facilitated Marketplace to the ONE System prior to January 1, 2025;

(iii) They were not covered by an insurance plan through the Federally Facilitated Marketplace after January 1, 2025;

(iv) They were not enrolled into OHP Bridge – Basic Health Program until February 1, 2025 or later; and

(v) They request to have the effective date of coverage adjusted for the OHP Bridge - Basic Health Program no later than November 30, 2025.

(c) For the EXT program, the effective date is determined according to OAR 410-200-0440.

(2) The effective date for retroactive medical benefits (OAR 410-200-0130) for MAGI Medicaid/CHIP and Breast and

Cervical Cancer Treatment Program (BCCTP, see OAR 410-200-0400) is the earlier of:

- (a) The first day of the earliest of the three (3) months preceding the month in which the Date of Request was established; or
- (b) If ineligible pursuant to section (3)(a), the earliest date of eligibility within the three (3) months preceding the month in which the Date of Request was established.

(3) Renewal dates:

(a) For all HSD Medical Programs except EXT eligibility shall be renewed every twelve (12) months or upon the earliest Continuous Eligibility (CE) period end-date present on the case (see OAR 410-200-0135 Assumed, Continuous, and Protected Eligibility), whichever is later.

(b) For redeterminations that are initiated by a reported change, outside of the established renewal date, the renewal date is not adjusted.

(4) When a beneficiary reports a change in circumstances, eligibility shall be redetermined for all EDG members. When a reported change results in a:

(a) Reduction or loss of eligibility, the effective date for the change is as follows:

(A) If the determination is made on or before the 15th of the month, the first of the next month; or

(B) If the determination is made on or after the 16th of the month, the first of the month following the next month.

(b) Determination of ongoing eligibility for an HSD Medical Program at the same benefit level, the effective date of the change is:

(A) For Healthier Oregon beneficiaries (see OAR 410-200-0240) who report meeting the Citizenship and Non-Citizen Status Requirements set forth in OAR 410-200-0215, the first of the month in which the change is reported; or

(B) For all other reported changes, the first of the month following the date the change was reported.

(c) Determination of ongoing eligibility for an HSD Medical Program that is an increase in the benefit level, the effective date of the change is:

(A) For beneficiaries who report a pregnancy, the effective date of the pregnancy-related HSD Medical Program benefit is the earlier of:

(i) The first of the month in which the pregnancy is reported; or

(ii) The date that a prenatal service related to the pregnancy was received.

(B) For beneficiaries receiving coverage under the Compact of Free Association (COFA) Dental Program (OAR 410-200-0445) or Veteran Dental Program (OAR 410-200-0450) who become eligible for OHP Plus coverage, the effective date is the first of the month in which an individual meets all eligibility criteria for an OHP Plus-level HSD Medical program under OAR 410-200-0015(47)(b)-(c), 410-200-0015(47)(f)(A)-(E) and (G) or OSIPM program under OAR 461-101-0010(18).

(C) For beneficiaries receiving OHP Plus coverage who become eligible for Young Adults with Special Health Care Needs (OAR 410-200-0455), the effective date is the first of the month in which an individual meets the YSCHN health-related screening criteria as defined in Specific Requirements - Young Adults with Special Health Care Needs OAR 410-200-0455 (3)(c).

(5) Suspending or Closing Medical Benefits:

(a) The effective date for closing HSD Medical Program benefits is determined as follows:

(A) Upon the death of a beneficiary, it is the beneficiary's date of death;

(B) When a beneficiary becomes ineligible, it is the last day of the month in which a timely continuing benefit decision notice is sent;

(C) When a beneficiary transitions from an HSD Medical Program to another program with OHP Plus level benefits, it is the day prior to the start date of those benefits;

(D) When a program ends and this is why the beneficiary is no longer eligible, it is the date the program ends;

(E) It is the last day of the month in which a basic decision notice is mailed in any of the following circumstances:

(i) A beneficiary or an individual authorized to act on the beneficiary's behalf requests benefits be closed, and the request includes a written or recorded verbal signature; or

(ii) A beneficiary ceases to be an Oregon resident (OAR 410-200-0200) and the Agency is informed that they're eligible for medical benefits in another state.

(F) The last day of the month in which a timely continuing benefit decision notice is sent if ongoing eligibility cannot be determined because the beneficiary does not provide required information by the deadline provided.

(b) Except for benefits obtained via Hospital Presumptive Eligibility (see OAR 410-200-0105) or a presumptive eligibility period for BCCTP (see OAR 410-200-0400), prior to closing medical benefits, the Agency shall:

(A) Determine eligibility for all other HSD Medical Programs; or

(B) Refer the beneficiary to the Department, if applicable, and confirm that the Department has made an eligibility decision.

(c) The effective date of suspension or closure for a beneficiary of HSD Medical Program benefits who become a resident of a public institution is described in Eligibility for Residents of a Public Institution OAR 410-200-0140 (2) and (3).

(6) The effective date for denying HSD Medical Program benefits is the earlier of the following:

(a) The date the decision is made that the applicant is not eligible and notice is sent; or

(b) The end of the application processing time frame, unless the time period has been extended to allow the applicant more time to provide required verification.

STATUTORY/OTHER AUTHORITY: ORS 411.402, 411.404, 413.042, 414.534

STATUTES/OTHER IMPLEMENTED: ORS 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 413.032, 413.038, 414.025, 414.231, 414.447, 414.534, 414.536, 414.706