



# OHP Provider Guidance

This document is intended to serve as a guide for Oregon Health Plan (OHP) providers to understand and serve Young Adults with Special Health Care Needs (YSHCN).

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## Program overview

Beginning Jan. 1, 2025, Oregon will offer a new Medicaid eligibility category for Young Adults with Special Health Care Needs (YSHCN). This change will give eligible members access to special Oregon Health Plan (OHP) benefits. Examples of special health care needs include:

- Physical, intellectual and developmental disabilities
- Chronic medical conditions like asthma, diabetes, or spina bifida
- Mental health conditions like depression or substance use disorder

## Why YSHCN matters

In Oregon, one in five children under age 18 has a special health care need. As people with special health care needs age, changes in insurance coverage can disrupt their access to necessary and appropriate care. The YSHCN program will provide no-cost health insurance coverage that bridges pediatric and adult care, creating more consistent access to primary and specialty care for people with complex health care needs. Young adults with special health care needs frequently need more health care and health-related social services than others of the same age.

## Eligibility

To be eligible for YSHCN benefits, individuals must meet age, clinical, and income requirements. Oregon Administrative Rule (OAR) 410-200-0455 will define these requirements, effective Jan. 1, 2025.

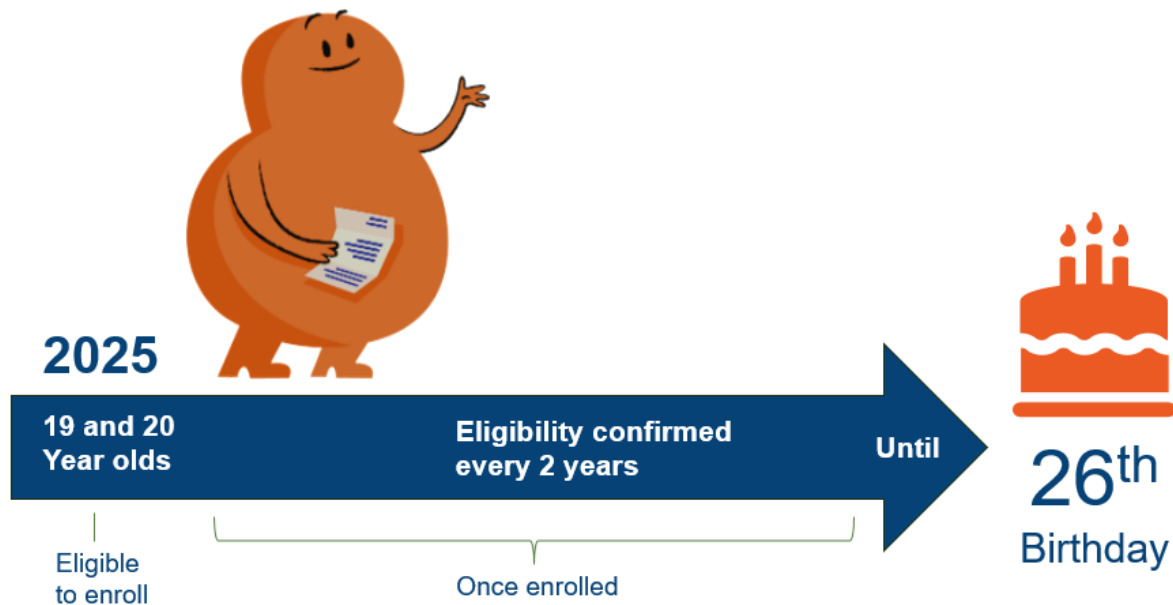
- Age: YSHCN-eligible individuals are ages 19 through 25. In 2025, only eligible members who are 19 or 20 will be enrolled. See “Timeline for Program Rollout” below for more information on when older ages will be enrolled.
- Clinical: YSHCN-eligible individuals must have at least one qualifying health care need that began before age 19 and that continues to impact their health.
- Financial: YSHCN-eligible individuals must have individual or family income at or below 205 percent of the Federal Poverty Level.

Up to date information about program eligibility, including a list of approved conditions, can be found at [www.Oregon.gov/YSHCN](http://www.Oregon.gov/YSHCN).

# Timeline for program rollout

## Program launch

Beginning Jan. 1, 2025, OHA will start enrolling YSHCN-eligible members aged 19 and 20. Once a member enrolls in the YSHCN program, they will remain an OHP member with YSHCN benefits until their 26th birthday, as long as their re-assessment confirms continued eligibility. OHA will re-assess YSHCN eligibility every two years.



## Program expansion

Starting Jan. 1, 2026, OHA plans to raise the age limit for enrollment by one year annually up through age 25.

## Benefits

OHP members enrolled in the YSHCN program will receive the following benefits, in addition to the OHP Plus benefit package:

## Early & Periodic Screening, Diagnostic and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requires covering all EPSDT Medically Necessary and EPSDT Medically Appropriate services (defined in [OAR 410-151-0001](#)) regardless of placement on the Prioritized List of Health Services. This applies to all OHP members under age 21 and all OHP members in the YSHCN program until they turn 26. For specific guidance related to EPSDT, please see the [EPSDT Provider Guide](#). Additional information is available at [www.Oregon.gov/EPSDT](http://www.Oregon.gov/EPSDT)

Preventive care guidance for 21 through 25-year-olds under EPSDT is forthcoming and will be found in the [EPSDT Provider Guide](#).

## Enhanced vision and dental coverage

OHP members with YSHCN benefits also have the same enhanced vision and dental benefits that are available to pregnant OHP adults through the OHP Supplemental benefit package and to members under age 21 through the OHP Plus benefit package.

## Health-Related Social Needs

Young adults with special health care needs are at an increased risk for the impacts of social determinants of health. As such, YSHCN is an HRSN Covered Population that must be screened for and, if authorized, receive appropriate HRSN services such as rental assistance, nutrition supports, climate devices, and outreach and engagement services. For more information about HRSN, please visit the [HRSN webpage](#).

OHP members with YSHCN benefits should also receive additional assessment and care coordination services through their coordinated care organization or OHA's Open Card care coordination program.

## Eligibility verification

Individuals will not receive YSHCN benefits through OHP until OHA has identified and enrolled a member into the YSHCN program.

It is important for OHP providers to understand how to verify that a young adult receives YSHCN benefits. These will be indicated by specific Program Eligibility Resource Codes (PERCs) displayed on the Eligibility Verification screen of the Medicaid Management Information System (MMIS) Provider Portal at <https://www.or-medicaid.gov>.

The full list of PERCs that identify OHP members with YSHCN benefits can be found below. A screenshot of the MMIS Provider Portal is also included below to show where the identifying PERCs can be found.

For members enrolled in a Coordinated Care Organization (CCO), consult their [specific CCO](#) for any additional processes around YSHCN member identification.

If you identify an individual who may be eligible for the YSHCN program but is not yet enrolled, please refer the individual to answer the eligibility screening questions through their ONE Eligibility Online Portal or by calling OHP Customer Service at 1-800-699-9075.

## YSHCN PERCs

A PERC on this list means the member is enrolled in the YSHCN program.

23	5I	3L	3Z
24	5J	3M	6A
33	5K	3N	2A
25	5L	3O	2B
3A	5M	3P	2C
3B	35	3Q	2D
3C	36	3S	41
3D	37	3T	42
3E	39	3U	43
3G	3H	3V	44
34	3I	3W	45
5C	3J	3X	46
5F	3K	3Y	4F
		5B	5A

# MMIS Provider Portal Screenshot: Eligibility Verification for YSHCN Benefits

\*Please note that PERC 41 as listed in this image is only one of multiple PERCs that can identify an OHP member with YSHCN benefits. See above for a full list of PERCs that indicate YSHCN membership.

The MMIS Provider Portal can be accessed at <https://www.or-medicaid.gov>. For assistance with the MMIS Provider Portal, please call the Provider Services Unit at 1-800-336-6016.

**Client Information**

Client ID	[REDACTED]	Last Name	[REDACTED]
Birth Date	[REDACTED]	First Name	[REDACTED]
Hospital Presumptive Eligibility	No	Last EPSDT	
Renewal Date	07/31/2025	Last Dental Visit	
Medicare A		Branch ID	5503
Medicare B		Phone Number	(800)699-9075
Medicare C			
Medicare D			

**Benefit Plan**

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	11/19/2024	11/19/2024		\$0.00	41
CRN - Contract Nursing	11/19/2024	11/19/2024		\$0.00	41
SMHS - State Medicaid Mental Health Services	11/19/2024	11/19/2024		\$0.00	41

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

**Service Type Coverage and Copay**

Benefit Plan	Effective Date	End Date	Service Type	Coverage	Copay
BMH - OHP Plus	11/19/2024	11/19/2024	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	11/19/2024	11/19/2024	CHIROPRACTIC	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	DENTAL CARE	LIMITATIONS	
BMH - OHP Plus	11/19/2024	11/19/2024	DIAGNOSTIC X-RAY	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	HOSPITAL	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	HOSPITAL - INPATIENT	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	DIAGNOSTIC LAB	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	HOSPITAL - OUTPATIENT	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	MATERNITY	ACTIVE	\$0.00
BMH - OHP Plus	11/19/2024	11/19/2024	AUDIOLOGY EXAM	ACTIVE	\$0.00

1 2 3 Next >

For more information about benefit plans and OHP Plus copayments, go to <http://www.oregon.gov/OHA/HSD/OHP/Pages/Eligibility-Verification.aspx>

**TPL**

\*\*\* No rows found \*\*\*

**Managed Care / Primary Care Home**

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
PACIFICSOURCE MARION POLK	(541)330-8896	CCOA	11/19/2024	11/19/2024

Visit <http://www.oregon.gov/OHA/HSD/OHP/Pages/Plans.aspx> to view Managed Care Plans by County Comparison Charts

**Lockin**

\*\*\* No rows found \*\*\*

**Service Limitations**

Enter a Procedure Code on the Eligibility Verification Request panel to search for Service Limitations

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