

FamilyCare transition: Frequently Asked Questions

FamilyCare, a coordinated care organization (CCO) in Washington, Multnomah, Clackamas, and Marion counties, has ended its contract with the Oregon Health Authority. FamilyCare will no longer serve Oregon Health Plan (OHP) members after January 31, 2018. OHP benefits for these members are not ending. FamilyCare members will transition into a new CCO no later than February 1, 2018.

The Oregon Health Authority is committed to working with members, providers, FamilyCare, and members' new CCOs to transition care. Our first priority is protecting OHP members' access to and continuity of care. We will continue to update this document as we work through the transition.

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Background

Oregon's second-largest Medicaid provider, FamilyCare, notified the Oregon Health Authority (OHA) that it would no longer serve Oregon Health Plan (Medicaid) members. FamilyCare agreed to continue serving OHP members until January 31, 2018. OHP benefits are not ending and remain in place. Members will be enrolled into a new CCO no later than February 1.

OHA understands that members and providers are concerned about how FamilyCare's decision to close may affect them. OHA is working with Health Share of Oregon, Willamette Valley Community Health and Yamhill Community Care to transition members. The state and its partners are doing everything possible to transition FamilyCare members to their new CCOs.

Updates and more information will be posted on the [FamilyCare CCO transition page](#).

Member questions

Are my benefits ending?

No, you still have OHP. Your benefits will not close or change. When FamilyCare closes, you will have a new plan or coordinated care organization (CCO). Your new CCO will contact you and send you a new member packet.

When will FamilyCare close?

FamilyCare will stop serving OHP members on January 31, 2018.

What do I need to do?

Nothing. Your new CCO will send you a welcome letter, a new health ID card, and a member handbook in the mail soon.

What is a CCO?

A coordinated care organization (CCO) is a health plan in your area that helps you use OHP. CCOs make sure you can get the care you need from providers you know and trust.

How will I know which CCO will handle my care?

You were mailed a letter from with more information about your new CCO. Your new CCO will send you more information after January 31.

Will I get a new ID card and handbook?

Yes. Your new CCO will send you a new ID card, handbook, and more information in the mail after January 31.

Will I be able to keep my doctor and other providers?

OHA is working with your new CCO to make sure you have access to care. When you get a new CCO, they will work with your providers to come up with a transition plan.

Your new CCO will work with your current doctors and providers for up to 90 days to transition your care. For behavioral health (mental health and substance use disorders), your new CCO will work with your current providers for up to 180 days to transition your care.

After the transition, some providers may not work with your new CCO. If you cannot keep your current provider, your CCO will help you find a new one. If you have questions about providers or prior authorizations, please contact your new CCO.

Should I keep my appointments or fill my prescriptions?

Yes, please continue to see your providers through January 31. Please continue to fill your prescriptions and use your health care.

What if my current provider cancels an appointment scheduled before February 1?

Please call FamilyCare at 503-222-2880 right away. Providers are supposed to honor any appointments scheduled through January 31, 2018. Members are encouraged to keep all scheduled appointments and services.

Should I switch to my new CCO now, instead of waiting for February 1?

This is your choice. You can request to switch early but your new CCO may not be able to track any appointments and services you already have scheduled. OHA recommends that FamilyCare members remain enrolled in FamilyCare until they are transitioned to a new CCO on February 1.

What if I have already switched to a new CCO but did not request it?

If you renewed your OHP after December 21, 2017, you were switched to your new CCO. If you have issues with seeing your provider or getting services, please call OHP Client Services at 800-273-0557 (TTY 711).

What if I am an American Indian or Alaska Native?

FamilyCare members who are also members of a tribe will not be transitioned into a new CCO. You will have an open card and care coordination by CareOregon. You will get a letter the second week of

January with more information about this change. If you want to enroll in a CCO, you can call OHP Client Services at 800-273-0557 (TTY 711).

Why is this transition happening?

FamilyCare will no longer serve Oregon Health Plan members, starting January 31, 2018.

Resources for members

- Information about the Oregon Health Plan and updates about the FamilyCare transition can be found at www.OHP.Oregon.gov.
- For questions about appointments and services through January 31, please contact FamilyCare at 503-222-2880.
- If your new CCO is Health Share of Oregon, please visit [New Health to Share page](#) or call 833-273-4215.
- If your new CCO is Willamette Valley Community Health, please visit www.wvchealth.org or call 503-584-2150.
- If your new CCO is Yamhill Community Care, please visit www.yamhillcco.org or call 855-722-8205.
- To change your CCO or for other questions, please call OHP Client Services at 800-273-0557 (TTY 711).

Provider questions

Will FamilyCare's closure affect OHP benefits?

No. FamilyCare members' benefits will not close or change. The OHP benefit package is the same for all CCOs.

When will FamilyCare members transition to their new CCO?

OHA will assign FamilyCare members to a new CCO based on their location, no later than February 1, 2018. Some members who renew their OHP or choose to switch CCOs early will transition to their new CCO before February 1.

Why would a FamilyCare member transition to a new CCO before February 1?

There are a few reasons why a FamilyCare member would transition to a new CCO early:

- Member choice* – Members can call OHP Client Services and request to switch CCOs.
- Renewal* – If members renewed their OHP after December 21, 2017, they were switched to their new CCO.
- Systematic choice* – If a member uses the ONE Applicant Portal after December 21, 2017, FamilyCare will not appear as an option for CCO enrollment. FamilyCare was closed to new enrollments on December 22, 2017.

Which CCOs will FamilyCare members transition into?

Although there may be some exceptions, members will be transitioned based on their location. FamilyCare members in Marion County will transition into Willamette Valley Community Health. Members in Clackamas or Multnomah counties, and in most parts of Washington County, will

transition into Health Share of Oregon. Members in the Gaston area of Washington County will transition into Yamhill Community Care.

What about American Indian or Alaska Native members?

FamilyCare members who are also members of a tribe will not be transitioned into a new CCO. These members will have an open card and care coordination by CareOregon. They can choose to enroll in a CCO in their area. OHA is sending a letter to American Indian and Alaska Native members the second week of January.

Will the members' new CCOs honor prior authorizations?

Health Share of Oregon, Willamette Valley Community Health, and Yamhill Community Care will honor prior authorizations from FamilyCare members for the following:

- Up to 90 days for physical and oral health
- Up to 180 days for behavioral health

For specific information about prior authorizations and services, please contact the CCO.

Will there be any gaps in CCO enrollment for FamilyCare members?

FamilyCare members who are transitioned in the rollover on January 31, 2018 will not experience any periods of fee-for-service.

Should I cancel appointments or services for FamilyCare members until they transition into a new CCO?

No. OHA expects all FamilyCare providers to continue providing care to members through January 31, including maintaining scheduled appointments and services. Our first priority is protecting OHP members' access to and continuity of care.

- Please do not cancel appointments or deny scheduling future appointments.
- Please continue to follow the normal processes for prior authorizations, treatment plans, referrals, and other services.

Should I bill FamilyCare members for covered services?

No. As an enrolled Oregon Medicaid provider, you cannot bill OHP members for covered services, except in very limited circumstances. You cannot bill for missed appointments, balances, or covered services, except for certain limited situations outlined in OAR 410-120-1280. You may bill members for non-covered services if they first sign an Agreement to Pay form (OHP 3165.) The Agreement to Pay form explains that OHP does not cover the service.

What happens to prescriptions or services that FamilyCare approved?

Members' new CCOs will work with their members' current providers to transition their care and any prior authorizations. During this transition, members should continue to see their current providers, fill prescriptions and use their health care benefits.

How does this affect dually eligible (Medicare-Medicaid) members?

Dually eligible members will be treated the same as members with Medicaid only. OHA will enroll dually eligible members into a new CCO based on their location, and they will transition to the same level of care coordination they now have with FamilyCare.

While dually eligible members do not have to be in a CCO for medical care, OHA recommends CCOA enrollment as the best way to provide seamless member care.

- CCOA enrollment gives members full care coordination (medical, dental, behavioral health) through their CCO, and helps the CCO align the member's Medicaid and Medicare benefits.
- To learn more about the benefits of CCOA enrollment, review OHA's CCO brochure for Medicare-Medicaid members ([OHA 1424](#)).

Resources for providers

Oregon Health Authority

We are here to help. OHA is committed to working with you, FamilyCare, and their members' new CCOs to transition your care. For the latest information, please visit the [FamilyCare transition page](#).

If you have questions about contracting, please contact the CCO you are interested in contracting with. If you have other questions about the transition, please contact OHP Provider Services at 800-336-6016.

For pharmacy benefit managers, please see the [Oregon Medicaid Pharmacy Quick Reference Guide](#).

Health Share of Oregon (Multnomah, Clackamas, Washington counties)

- Visit [Tri-County CCO Transition page](#) or email Health Share's Contracting and Provider Network team at providers@healthshareoregon.org.
- You can also call Health Share at 503-416-8090, Option 2.

Willamette Valley Community Health (Marion County)

- Visit www.wvchealth.org or call 503-584-2150

Yamhill Community Care (Washington County)

- Visit www.yamhillcco.org or call 855-722-8205 Ext. 3

Questions about rate setting

What is the purpose of CCO rates?

The rates are designed to provide CCOs the resources to give Oregon Health Plan members access to the care they need, deliver on 18 measures of health outcomes, quality and member satisfaction, and manage taxpayer dollars appropriately.

What are CCO rates based on?

The rates are set using a consistent methodology for all 16 CCOs in Oregon, based on historical data about services provided to members, financial data, and the health risks of the members each CCO serves. The rates OHA pays to CCOs are not individually negotiated. Oregon's rate methodology has been approved by the Centers for Medicare and Medicaid Services (CMS) and has been independently reviewed for compliance with state and federal requirements and actuarial standards.

Rates need to account for reasonable, appropriate, and attainable costs. This means that the rates do not need to cover all costs incurred by a CCO so long as the rates are reasonable, appropriate, attainable. It's up to each CCO to determine how to structure its business to meet the needs of its

members under Oregon's rate structure. Oregon has committed to the federal government and Oregon taxpayers to hold the growth of Medicaid costs to 3.4 percent or less each year.

Are some rates different from others?

Yes. Rates are developed on a regional basis, and rates do vary by CCO primarily based on the health risks of the population each CCO serves and, in some areas of the state, differences in hospital costs. However, CCO rates are not based on each CCO's operational and administrative structures.

Have OHA's rates been evaluated?

Yes. The Oregon Health Authority brought in two independent firms – a law firm and an actuarial firm – to evaluate Oregon's rate methodology and process. The independent reviewers confirmed Oregon's rate-setting methodology is unbiased, actuarially sound, and complies with federal law. The reviews recommended additional documentation but did not require any changes to the 2018 rates. The 2018 rates have been submitted to CMS for review and approval. CMS has approved rates for prior years based on a similar methodology.

Where can I learn more about OHA rate development?

Please visit the [FamilyCare transition page](#) to learn more about [2018 CCO rate development](#).