

Marketing to Oregon Health Plan members

Marketing material by coordinated care organizations (CCOs) and their subcontractors (including providers or provider groups) is subject to review and approval by the Oregon Health Authority (OHA).

To help providers and CCOs communicate with Oregon Health Plan (OHP) members about their CCO choices, this fact sheet summarizes state and federal marketing requirements; what to send to OHA for review; and what communications state and federal requirements permit.

Material subject to OHA review

OHA must review communications when:

- They are intended to compel or entice¹ a client's enrollment in a CCO,
- The client **is not** a member of the CCO, and
- The provider is an employee, network provider, agent, or contractor² of the CCO.

Examples of material subject to OHA review

If a CCO or provider used these phrases in material to clients not enrolled in the CCO, OHA would need to approve the material before it could be shared with the client/potential member.

- "Choose CCO Y so you can get your care with Provider X."
- "Provider X will continue to provide you care if you select CCO Y."
- "OHP members must select CCO Y to be able to see Provider X."

Permitted communications

State rules³ permit communications to create name recognition; and to express participation in or support for a CCO by the CCO's subcontractors or founding organizations, as long as they do not attempt to attract, urge, pressure, or otherwise entice or compel a member to enroll in a CCO.

Examples of permissible communications about CCO/provider affiliations

- "Provider X is contracted with CCO Y."
- "CCO Y members may choose Provider X as their Primary Care Provider/Home."
- "Provider X looks forward to serving CCO Y members" or "CCO Y and Provider X look forward to serving Oregon Health Plan members."

If providers need to know whether their material meets state or federal marketing requirements:

Providers should send it to [their CCO](#) to review.

¹ Oregon Administrative Rule (OAR) [410-141-3575\(1\)\(c\)](#) defines *marketing* as "any communication from an MCE to a potential member who is not enrolled in the MCE that can reasonably be interpreted as intended to compel or entice the potential member to enroll in that particular MCE."

² [42 CFR §438.104\(a\)](#) defines *marketing* as "any communication, from a [managed care entity] to a Medicaid beneficiary who is not enrolled in that entity, that can reasonably be interpreted as intended to influence the beneficiary to enroll in that particular [entity's] Medicaid product, or either to not enroll in or to disenroll from another [entity's] Medicaid product." The definition states that "entity" includes "any of the entity's employees, network providers, agents, or contractors."

³ OAR [410-141-3575\(3\)](#) outlines expressly permitted communications.