

October 22, 2012

To: Coordinated Care Organizations  
From: Judy Mohr Peterson,  
Oregon Health Authority

We are sending you this memo to provide an update on the Oregon Health Authority's (OHA's) transition of fee-for-service members along with continuity of care expectations related to individuals that will be enrolled in your Coordinated Care Organization (CCO) effective 11/1/2012.

### **Care Coordination Transition Updates**

Approximately 10,000 fee-for-service members were identified with additional care needs requiring complex care planning: OHA and DHS staff are taking additional time to identify the most appropriate CCO enrollment for each member based on continuity of care and related provider panels. OHA and DHS staff will work together with CCO staff and the members to create a safe and effective transition of care.

We had hoped to share member information for this population with you in a bulk file on the front end, but our approach has shifted to support this transitional care need. We now plan to share client information with you on a weekly basis as members are assigned to each CCO. This is also to ensure that any privacy concerns are addressed.

For the approximately 30,000 fee-for-service members being moved as of November 1, if a fee-for-service member has been assigned but poses complex transition issues, OHA may review and slow the transition to work with the member, their providers and the assigned CCO to assure a safe and effective transition. These cases will be reviewed on a case by case basis.

For your information, attached is the insert to be included in member coverage notices as of November 1.

### **Roles and Responsibilities, overall expectations related to continuity of care**

CCOs are expected to cover fee-for-service authorized services for a transitional period until the CCO establishes a relationship with the member and is able to develop an evidence-based, medically appropriate care plan. OHA expects this process to take no more than 90 days, although customized equipment and specialized treatment protocols may require up to six months for a smooth, safe transition. (OAR 410-141-3160) The development of the care plan should include the member. OHA/DHS staff are available to work with the CCO.

Non-participating providers may currently treat fee-for-service members. These providers should already be enrolled with DMAP as a fee-for-service provider and met the screening requirements for payment. Please refer to the provider file DMAP provides on a weekly basis to ensure that the provider is authorized to receive reimbursement.

Fee-for-service members may receive specialist services out of the service area, or be in an out of area placement for which the CCO assumes responsibility for coordination and discharge planning. In addition to covering the fee-for-service authorized services for the transition period, and potentially reimbursing a non-participating provider where the specialist provider is not otherwise represented on the CCO provider panel, OHA encourages the CCO to review the medically appropriate care for contracted provider consideration.

If the CCO receives a claim for payment from a provider that is not in the provider file, the CCO should investigate further before following the current practice for enrolling the provider as an encounter only provider and processing the claim for payment.

The non-participating provider may bill the CCO for either billed charges or usual and customary rates. The CCO will reimburse the non-participating provider for covered services at either their fee-for-service rates or DMAP's fee-for-service rates but not less than DMAP's fee-for-service rates. CCOs may also contract with the non-participating provider and pay at a contracted rate.

If you have any questions regarding service or reimbursement expectations, please contact Patricia Krewson, Assistant Manager of DMAP's Delivery Systems and Hearings Section at 503-945-8825 or email [Patricia.Krewson@state.or.us](mailto:Patricia.Krewson@state.or.us).