

# Coordinated Care Organizations

## Frequently Asked Questions

### What is a Coordinated Care Organization?

Right now, most Oregon Health Plan (Medicaid) members are moving into Coordinated Care Organizations, or CCOs. CCOs are health plans that are set up so that anyone who provides your care — doctors, counselors, nurses — will be better able to focus on prevention and improving care.

Instead of just treating you when you get sick, they can work with you to keep you healthy and better manage existing health conditions.

For example, there may be added services for OHP members who have chronic conditions such as diabetes, asthma or other health needs. By helping you get regular, ongoing care, CCOs also can help you avoid unnecessary trips to the hospital or emergency room.

- You will get the tools and support you need to stay healthy.
- Your care and the advice you get will be easy to understand and follow.
- Local resources will work together to improve health and health care.

### How will CCOs improve care?

CCOs will have more flexibility to provide services than many managed care plans had before. This flexibility allows a more commonsense approach to health. Here are some of the key elements:

- Help people manage their health up front and avoid unnecessary hospitalization.
- Provide clear, trustworthy information to reduce miscommunications among health care providers and avoid mistakes.
- Share information among doctors, mental health providers, and others who provide care to the same patient and take a team-based approach.
- Ensure that all OHP clients are treated fairly when receiving care to help eliminate racial health disparities in our state.
- Provide assistance for people to take control of their own health.

### How is that different from what happens under managed care?

Under managed care, OHP clients may have one health plan for physical health, one for mental health, and one for dental care. CCOs are a single plan for all types of care. That allows for better coordination and information sharing. It also means less bureaucratic runaround for OHP clients.

Under managed care, health plans are not accountable for the health outcomes of the people they serve. Instead, they get paid for every doctor visit or ER treatment. CCOs will have flexibility to pay for things like preventive care, chronic disease management and patient education. They also will have to report on how they are doing in keeping people as healthy as possible.

---

## Frequently Asked Questions

[www.health.oregon.gov](http://www.health.oregon.gov)

Email: [OHPB.Info@state.or.us](mailto:OHPB.Info@state.or.us)

Last Updated: 10/9/2012

## **How many CCOs will there be?**

CCOs are forming now. Currently, there are 15 certified CCOs. CCOs can begin serving clients after receiving approval from the Oregon Health Authority and Centers for Medicare and Medicaid Services. A list of certified CCOs is available at [www.health.oregon.gov](http://www.health.oregon.gov).

## **When will CCOs start operating?**

The first CCOs began serving OHP members August 1, 2012. By November 1, 2012, fifteen CCOs will be serving OHP members.

## **What will changing to CCOs be like for Oregon Health Plan clients?**

The first and most important thing is that the medical benefits of Oregon Health Plan clients will not change. When a new CCO begins operating in a community, it will replace the plan currently serving those clients. At least 30 days before the change, clients will receive a letter about moving to a CCO. That letter includes the name of their CCO, information about CCOs, and how they can seek help if they have any questions.

As CCOs begin to work more closely on addressing their members' needs and focusing on better health outcomes, they will bring opportunities for improved care through prevention, education and chronic disease management. Each CCO will work with its local community on the best approach to provide better care and better health.

## **Will all OHP clients move to a CCO?**

Most OHP clients will receive care through a CCO. However, there are a few exceptions.

- American Indians, Alaska Natives and members eligible for both Medicare and Medicaid can choose whether to receive care through a CCO.
- OHP members who are also covered through an individual, entity, insurance, or other program that is responsible to pay for health care services (known as third-party liability clients).
- Pregnant women can request a third-trimester exemption. This option is available to pregnant clients until January 2013.

In addition, most fee-for-service, or "open card," clients will move to CCOs by November 1, 2012. Some fee-for-service clients will not move on November 1 if they have special health needs. See below for more information about special needs clients.

## **Fee-for-Service, or open card, clients**

Clients with an "open card" are those not currently enrolled in a health plan. Most open card clients will be automatically enrolled in a CCO by November 1, 2012 for physical health, and addictions and mental health care.

Some communities have more than one CCO. Clients may choose a different CCO based on where they live. Clients should ask their doctor or other providers to find out which CCO he or she works with.

A [list of CCOs](#) is available for each Oregon county.

---

## **Frequently Asked Questions**

[www.health.oregon.gov](http://www.health.oregon.gov)

Email: [OHPB.Info@state.or.us](mailto:OHPB.Info@state.or.us)

Last Updated: 10/9/2012

If members would like to change their enrollment to a different CCO, they can do so for up to 30 days after moving to a CCO. Call the Oregon Health Authority at 1-855-226-6170 to make a change and for questions about CCOs.

### **Open card clients with special health needs**

Fee-for-service, or open card clients, with special health needs will not move to a CCO automatically on November 1, 2012. This includes people enrolled in Disease Management or Care Coordination programs. Others include people in breast or cervical cancer treatment and those who receive services for HIV/AIDS through CareASSIST, people with end stage renal disease, and medically fragile children.

Individuals with special health needs will move to a CCO when a safe transition plan is in place for their particular needs. The CCO they move to will be notified of that member's care needs (including prior authorized services, prescriptions, equipment, providers and specialists) so they are prepared to facilitate care coordination.

In addition, The Oregon Health Plan and CCOs will work with special needs members individually through care conferences to ensure a smooth transition if needed.

If you have special health needs and have questions about coordinated care organizations, please call the Oregon Health Authority at 1-855-226-6170.

### **Will CCOs cost OHP clients more?**

No. Premiums and copayments will not increase. In addition, CCOs and other Oregon health system transformation efforts are expected to save the state and federal governments about \$11 billion during the next decade.

### **How will the public know if CCOs are improving care and lowering costs?**

Coordinated Care Organizations will be required to meet certain standards, called metrics, to reach the Triple Aim of better health, better care and lower costs. Some of the metrics will include: obesity and tobacco use rates; avoidable hospital admissions and emergency room visits; screenings for mental health issues; and developmental screenings for children.

### **How do I find out if a CCO is forming in my community?**

A list of CCOs in each county is available on [www.health.oregon.gov](http://www.health.oregon.gov).

---

## **Frequently Asked Questions**

[www.health.oregon.gov](http://www.health.oregon.gov)

Email: [OHPB.Info@state.or.us](mailto:OHPB.Info@state.or.us)

Last Updated: 10/9/2012