Fee-for-Service Providers & CCOs

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What we’ll talk about today

- Coordinated Care Organizations
  - What, why, how & when
- FFS client transitions to CCOs
- FFS providers & CCOs
- Q/A
Oregon Health Plan

- 50% of babies born in Oregon
- 16% of Oregonians
- 85% of providers
- 11% percent of total state budget
- Fastest growing portion of state budget
Today’s Oregon Health Plan

We haven’t been doing anything to solve the problem of rising costs because we were dealing with 10% of the pie.
High cost of today’s system

- **Cost to health**
  - Behavioral health: major driver of bad outcomes
  - Chronic conditions – uncoordinated care, inability to incent prevention

- **Cost to state**
  - ER or acute care that could have been prevented
  - Unnecessary administrative costs in health care system and Oregon Health Authority
Central Oregon Pilot: Community workers make the difference

Addressing behavioral health: Reduced ED visits by 49% and reduced net costs more than $600,000 in first six months.

Photo: Oregonian
Triple Aim:

2. Better care.
3. Lower costs.

www.health.oregon.gov
Changing health care delivery

- Benefits and services are integrated and coordinated
- One global budget that grows at a fixed rate
- Metrics: standards for safe and effective care
- Local accountability for health and budget
- Local flexibility
Coordinated Care Organizations

Local networks of all types of health providers working together as one entity to deliver care for people in the Oregon Health Plan.

Care is coordinated at every point – from where services are delivered to how the bills are paid.
Benefits & services are integrated and coordinated

- Physical health, behavioral health, dental health
- Focus on chronic disease management
- Focus on primary care
- Get better outcomes:
  - Health fairness – eliminate health disparities
  - Prevention
- Community based health workers/non-traditional health workers
- Electronic health records
Global budget

• Current system
  • MCO/MHO/DCO/FFS
  • Payments based on actions
  • No incentives for health outcomes

• CCO Global Budget
  • One budget
  • Accountable to health outcomes/metrics
  • Local vision, shared accountability, shared savings
  • Flexibility to pay for the things that keep people healthy
CCO Criteria

✓ Coordinate physical, mental health and chemical dependency services, oral health care

✓ Encourage prevention and health through alternative payments to providers

✓ Engage community member/health care providers in improving health of community

✓ Address regional, cultural, socioeconomic and racial disparities in health care

✓ Manage financial risk, establish financial reserves, meet minimum financial requirements

✓ Operate within a global budget

www.health.oregon.gov
Ted Hanberg, 83, frequent hospitalization

Coordinated Care team helped him get his heart disease under control.

Stayed out of the hospital for more than a year and he is living independently with his wife and daughter in Happy Valley.
CCOs: governed locally

*State law says governance must include:*

- Major components of health care delivery system
- Entities or organizations that share in financial risk
- At least two health care providers in active practice
  - **Primary care** physician or nurse-practitioner
  - **Mental health or chemical dependency** treatment provider
- At least two community members
- At least one member of **Community Advisory Council**
Community Advisory Council

- Majority of members must be consumers
- Must include representative from each county government in service area
- Duties include Community Health Improvement Plan and reporting on progress
Federal waiver

- Agreement with federal government to reduce projected state and federal Medicaid spending by $11 billion over 10 years. Oregon will lower the cost curve two percentage points in the next two years.

- Up-front investment of $1.9 billion from the U.S. Dept. of Health and Human Services over five years to support coordinated care model.

- OHA and CCOs will be held to high standards for health outcomes.
Status today

13 CCOs now serve nearly 500,000 OHP members
Two more CCOs will begin serving members Nov. 1, 2012
## Certified CCOs: November 1

<table>
<thead>
<tr>
<th>Name</th>
<th>Service Area</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare Health Plan</td>
<td>Curry, Josephine, Jackson, part of Douglas</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>Parts of Klamath County</td>
<td>Pending</td>
</tr>
<tr>
<td>Columbia Pacific CCO</td>
<td>Clatsop, Columbia, Tillamook, part of Coos and Douglas</td>
<td>Sept. 1, 2012</td>
</tr>
<tr>
<td></td>
<td>Sherman</td>
<td>Oct. 1, 2012</td>
</tr>
<tr>
<td></td>
<td>Grant, Harney, Lake, Morrow, Umatilla, Wheeler</td>
<td>Nov. 1, 2012</td>
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<tr>
<td></td>
<td>Gilliam</td>
<td>Pending</td>
</tr>
<tr>
<td>FamilyCare, Inc.</td>
<td>Clackamas, Multnomah, Washington, part of Marion</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Intercommunity Health Network CCO</td>
<td>Benton, Lincoln, Linn</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>Jackson</td>
<td>Sept. 1, 2012</td>
</tr>
<tr>
<td>PacificSource Community Solutions CCO – Central Oregon Region</td>
<td>Deschutes, Crook, Jefferson, part of Klamath</td>
<td>Aug. 1, 2012</td>
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# Certified CCOs: November 1 – continued

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<tr>
<th>Name</th>
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<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Community Solutions CCO – Columbia Gorge Region</td>
<td>Hood River, Wasco</td>
<td>Nov. 1, 2012</td>
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<tr>
<td>PrimaryHealth of Josephine County, LLC</td>
<td>Josephine, parts of Douglas and Jackson</td>
<td>Sept. 1, 2012</td>
</tr>
<tr>
<td>Trillium Community Health Plan</td>
<td>Lane</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>Most of Douglas</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Western Oregon Advanced Health, LLC</td>
<td>Coos, Curry</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Willamette Valley Community Health, LLC</td>
<td>Marion and parts of Polk</td>
<td>Aug. 1, 2012</td>
</tr>
<tr>
<td>Yamhill County Care Organization</td>
<td>Yamhill, parts of Marion, Clackamas and Polk</td>
<td>Nov. 1, 2012</td>
</tr>
</tbody>
</table>
Contracts / Budget

State → CCOs → All providers
No child should go to the ED with asthma

Malik, 8, used to go to the ER with asthma attacks as much as twice a month. Thanks to a coordinated care pilot project and a community health worker, he is avoiding the hospital.

More stories at: www.health.oregon.gov
Fee-for-Service client transition to CCOs

1. Who is (and isn’t) moving into a CCO
2. Fee-for-service (FFS) or “open card” clients
3. Clients with significant health needs
4. Newly eligible clients
Clients who **will** transition into CCOs

- Clients who were enrolled in managed care organizations (MCOs) – starting enrolling August 1st
- Clients who were in voluntary areas that now have a CCO
- FFS or “open card” clients who are not exempt from CCO enrollment – starting to enroll Nov. 1st
  - Note: some FFS clients had their mental health care moved into the CCO in their area in September.
Clients who won’t transition into CCOs

- Clients with Third Party Liability (TPL)
- Tribal clients who choose not to enroll
- Clients who are eligible for both Medicaid and Medicare who choose not to enroll
- Clients who request a third trimester pregnancy exemption through December 2012
- CAWEM and CAWEM Plus clients
FFS or “Open Card” clients

- Goal: Safe transition that preserves continuity of care whenever possible
- The vast majority of FFS clients get mental health care through an MHO.
  - September 1: Some FFS clients began getting their mental health care only managed by the CCO, while physical care remained FFS.
  - Nov. 1: The enrollable FFS clients will be fully enrolled into that CCO.
- Clients have the right to switch to a different CCO if more than one is available in their area.
Transitioning current FFS clients

- **Oct. 1**: FFS clients who will be moving into a CCO were sent a transition notice.
- **Nov. 1**: FFS clients moving into a CCO are sent a coverage notice.
- **Nov. 1**: CCO assumes care for formerly FFS client.
- **By Nov. 14**: CCO sends client plan information.
Clients with special health needs

- Clients with significant or complex health needs are being identified to ensure a safe transition.
- If a client has special health needs, they will not automatically move to a CCO on November 1. OHA will work with CCO and providers to create a transition plan.
- Clients with special health needs include:
  - People enrolled in Disease Management or Care Coordination programs
  - People in breast or cervical cancer treatment
  - Those who receive services for HIV/AIDS through CareASSIST
  - People with end stage renal disease
  - Medically fragile children
  - Others as they are identified
Clients with special health needs will not move to a CCO on Nov. 1. These clients will move to a CCO when a safe transition plan is in place for their particular needs.

Clients’ current needs, care plan, outstanding prior authorizations and referral patterns will be reported to their CCO care coordination staff.

CCO will be responsible to transition special needs care for 90 days or until a comprehensive care plan is in place.

If needed, the Oregon Health Plan and CCOs will work with special needs clients individually through care conferences to ensure a smooth transition.
New clients - CCOs will be the default

People will be enrolled in the available CCO in their region.

- If more than one CCO is available, people may choose which CCO to enroll in (unless exempt).
- If no CCO is available, people may choose from any available Managed Care Organization (MCO).
Change to the Oregon Health Plan  
Effective November 1, 2012

Your Oregon Health Plan benefits will stay the same

Dear Oregon Health Plan member,

Oregon Health Plan (OHP) members on your case with an "open card" will soon move into a new type of health organization.

Effective November 1, 2012, you will be part of: 
<<CCO>>
This is a Coordinated Care Organization (CCO) serving OHP members in your local community.

There will be no break in your care
Most providers will be part of your new organization. It is likely that you can still see your provider under the new plan. But, some providers may not be covered under the new plan. We will work with you so there is no break in your care.

What you should do
You do not have to do anything. You will receive more information from the Oregon Health Plan soon. You will also receive information from <<CCO>>.

Questions?
Call the Oregon Health Authority help line at 1-855-226-6170
www.health.oregon.gov

All full CCO transition letters posted at: https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.client&s=1
Coverage Letter

Welcome to the Oregon Health Plan (OHP). This is your new coverage letter.

This letter lists coverage information for household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reasons for letter:
Managed care plan or Primary Care Manager enrollment changed for:

Doe, John – 7/13/2009
Doe, Jane – 7/13/2009
Doe, Timothy – 7/13/2009
Doe, Kathy – 7/13/2009

Keep this letter!
This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.
How will FFS providers be affected?

- If a CCO is available in your area, most FFS clients will move to that CCO on November 1, 2012.

- Providers can contact the CCO(s) in their area to learn more about contracting.
  - To find a CCOs contact info, visit www.health.oregon.gov and click on “Info for providers”
Contact your CCO –
Visit www.health.oregon.gov and click on “Info for providers:”

Information for health care providers

Coordinated Care Organizations
CCOs are a new type of health plan that brings together physical and mental health care and other services under one entity. By November 1, 2012, most OHP clients will become part of a CCO.

Video: Transition to CCOs Webinar
Power Point: Transition to CCOs
Fact Sheets: Transition to CCOs | Fee-for-Service transition to CCOs

Medicaid providers

Coordinated Care Organizations
Coordinated Care Organizations have formed in most parts of Oregon. Sixteen CCOs have been certified to begin serving OHP clients.

Contact a local CCO
Questions?

Electronic Health Records
Electronic Health Records Incentive Program
Oregon hospitals and eligible health care providers who serve Medicaid patients can now apply for federal funds to help support the use of electronic health records in clinics and hospitals across the state.

Medicaid and non-Medicaid providers

Patient-centered primary care homes
Patient-centered primary care is a team-based model of care at the practice level. The focus is on wellness, prevention and coordination of care. It’s a key part of Oregon’s health system transformation efforts that put forward a vision for better health, better care and lower costs.

Administrative simplification
Reducing and simplifying unnecessary administrative work is an important part of building a health care system that yields lower costs and better health outcomes. Over the next few years, newly created standards for all Oregon health care insurance plans — public and private — are being applied. The Oregon Companion Guide details the requirements.

The Administrative Simplification Work Group led Oregon’s efforts to streamline.
Contracts

State

CCOs

All providers
How You Can Help Support Clients Through the Transition

- Assure clients their level of OHP benefits will not change
- CCOs are responsible for transitioning special needs care for 90 days or until a comprehensive plan is put in place
- Keep up to date on the latest CCO developments in your area – CCO provider contacts available online
- OHA/DHS Customer Service
  - OHA/DHS are directing CCO questions from enrollees to a new phone number at the OHP Statewide Processing Center (Branch 5503). Toll Free: 1-855-226-6170

www.health.oregon.gov
More information available

- Health.oregon.gov
  - Fact sheets for clients
  - Fact sheets for providers
  - Stories and video that show how CCOs will work

www.health.oregon.gov
QUESTIONS & ANSWERS
OHA Provider Services Unit:
1-800-336-6016

CCO Contact Info:
www.health.oregon.gov
(click on “info for providers” tab)