



## **CCO 2.0 Provider Webinar**

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**November 21, 2019**

**Oregon**  
**Health**  
**Authority**

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# Agenda

- 2020 member transition review and updates
- Member and provider communications
- Continuity of care
- Working with CCOs
- Changing plans after the November choice period
- How to help: resources

# Member transition

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Goals of CCO 2.0

Guiding values

2020 CCO changes

# Goals of CCO 2.0

Guided by Governor Brown's vision, CCO 2.0 builds on Oregon's strong foundation of health care innovation.



Improve the behavioral health system



Focus on social determinants of health and health equity



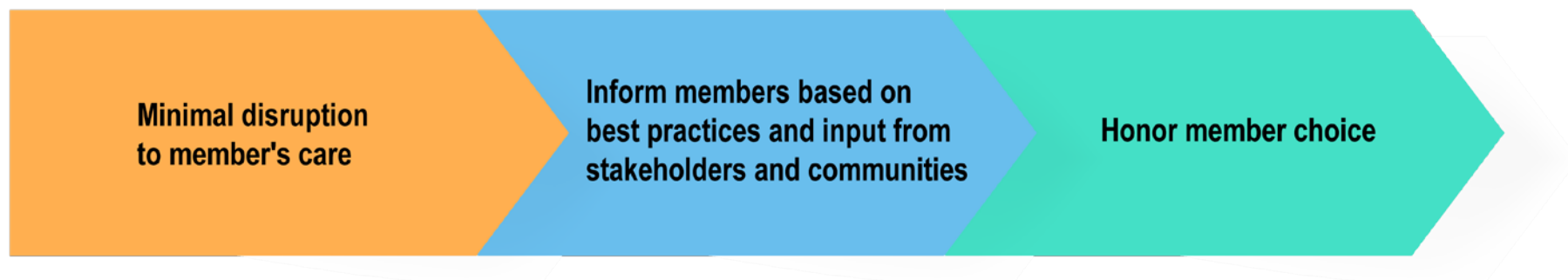
Maintain sustainable cost growth



Increase value and pay for performance

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# Guiding values for member transition



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# 2020 CCO changes and 1-year contracts

## New CCOs

- PacificSource in Lane, Marion and Polk counties
- Trillium in Multnomah, Clackamas and Washington counties

## CCO closures

- PrimaryHealth in Josephine, Jackson, and parts of Douglas counties
- Willamette Valley Community Health in Marion, Polk, and parts of Linn, Benton, Yamhill, and Clackamas counties

## 1-year contract awardees

- AllCare, Cascade Health Alliance, Umpqua Health Alliance, Yamhill Community Care

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# Provider network changes and member CCO reassignments

Due to changes in some CCOs' provider networks for 2020, OHA has reassigned some members to a different CCO than their original "match" to keep them with their current providers.

- Tri-county members who chose or were matched with Trillium will remain with Health Share of Oregon.
- Trillium members with a PeaceHealth PCP in Lane County will move to PacificSource - Lane.

In Jackson County, network changes also required OHA to match members to the CCO that works with their current providers.

- As a result, some AllCare CCO members may move to Jackson Care Connect.

# Member and provider communications

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Member mailings

Guidance and resources for providers



# November member letter

Members in areas with closing CCOs received a letter that included:

- Their new CCO's name and contact information
- Reminder to contact their current CCO to access care through Dec. 31, 2019
- Instructions to contact their new CCO to access care starting Jan. 1, 2020
- Assurance that members can keep seeing their current providers during the transition

Statewide Processing Center  
PO Box 14015  
Salem, OR 97309



11/01/2019

<<First Name>> <<MI>> <<Last Name>>  
<<Street Address>> <<Street Add\_2>>  
<<City>>, <<State>> <<ZIP>>

**You will have a new CCO plan starting January 1, 2020**

Dear <<First Name>>:

Thank you for being a part of the Oregon Health Plan (OHP). OHP has local health plans that help you use your benefits. These plans are called coordinated care organizations or CCOs.

**The CCO plan you have now will close on December 31, 2019.**

Your current plan, <<Current CCO>>, will no longer serve OHP members. You are still an OHP member, but you will have a new CCO plan next year.

**Your new CCO plan is: <<New CCO>>.**

Your new plan will start on January 1, 2020.

**Your plans will work together to move your care.**

During this change, <<Current CCO>> will work with your new plan to make sure you get the care you need. If you get special services because of a disability, health condition or other issue your new CCO plan will have that information.

Please call <<Current CCO>> at <<Current CCO Number>> if you have questions about moving your care.

**You will get more information in the mail soon.**

Your new plan will send you a welcome letter with a new member ID card close to January 1.

**You can still use <<Current CCO>> through December 31.**

You do not need to make any changes before January 1, 2020. <<Current CCO>> can help you get the care you need now. Your new plan will help you get the prescriptions and treatments you need starting January 1, 2020.

OHP 2832 H\_G (09/2019)

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# Mid-December member letters

## Clackamas, Multnomah, Washington counties

- Members who chose or were matched with Trillium will receive a notice they are staying with Health Share.
  - In Washington County, members in Yamhill CCO will stay with YCCO.
- All other members will be notified that Trillium is no longer a choice in their area.

## Jackson County

- Impacted AllCare members will be notified that some of their providers are no longer with AllCare and they are moving to Jackson Care Connect. Members can move back to AllCare if they prefer from January 1 to March 31.

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# Mid-December member letters

## Lane County

- Impacted Trillium members with PeaceHealth or Oregon Medical Group PCPs will be notified:
  - Some of their providers are no longer with Trillium and they are moving to PacificSource Community Solutions – Lane. They will receive transition of care details and a reminder they can move back to Trillium if they prefer between January 1 to March 31.
- All other members will be notified of the plan they picked, provider network changes in their area, transition of care details, and a reminder they can change plans January to March.

## Polk and Douglas counties

- Members will be provided transition of care information and a reminder of the opportunity to change plans between January to March.

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# Guidance on communications and marketing to OHP members

If the member is not in the CCO you participate with:

- **Do not** use wording that urges or directly asks the member to change to that CCO.
  - Example: Choose CCO Y so you can get your care with Provider X
  - Printed material with such wording must be submitted by the CCO to OHA for review.
- **Do** use informational wording that lets members decide.
  - Example: Provider X is contracted with CCO Y.

If using OHA or “Pick Your Plan” images in material to members:

- Please make clear the document is not produced by OHA.

# Continuity of care

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Timelines for CCOs and providers

Requirements for CCOs

Communicating CCO assignments

What providers should do

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# Timelines for CCOs and providers

OHA expects all CCOs and providers to follow this continuity of care guidance:

Up to  
**180**  
days

## PRIOR AUTHORIZATIONS

- Honor approved PAs for up to 180 days or June 30, 2020, regardless of whether the provider is in network

**90**  
days

## PHYSICAL HEALTH PROVIDERS

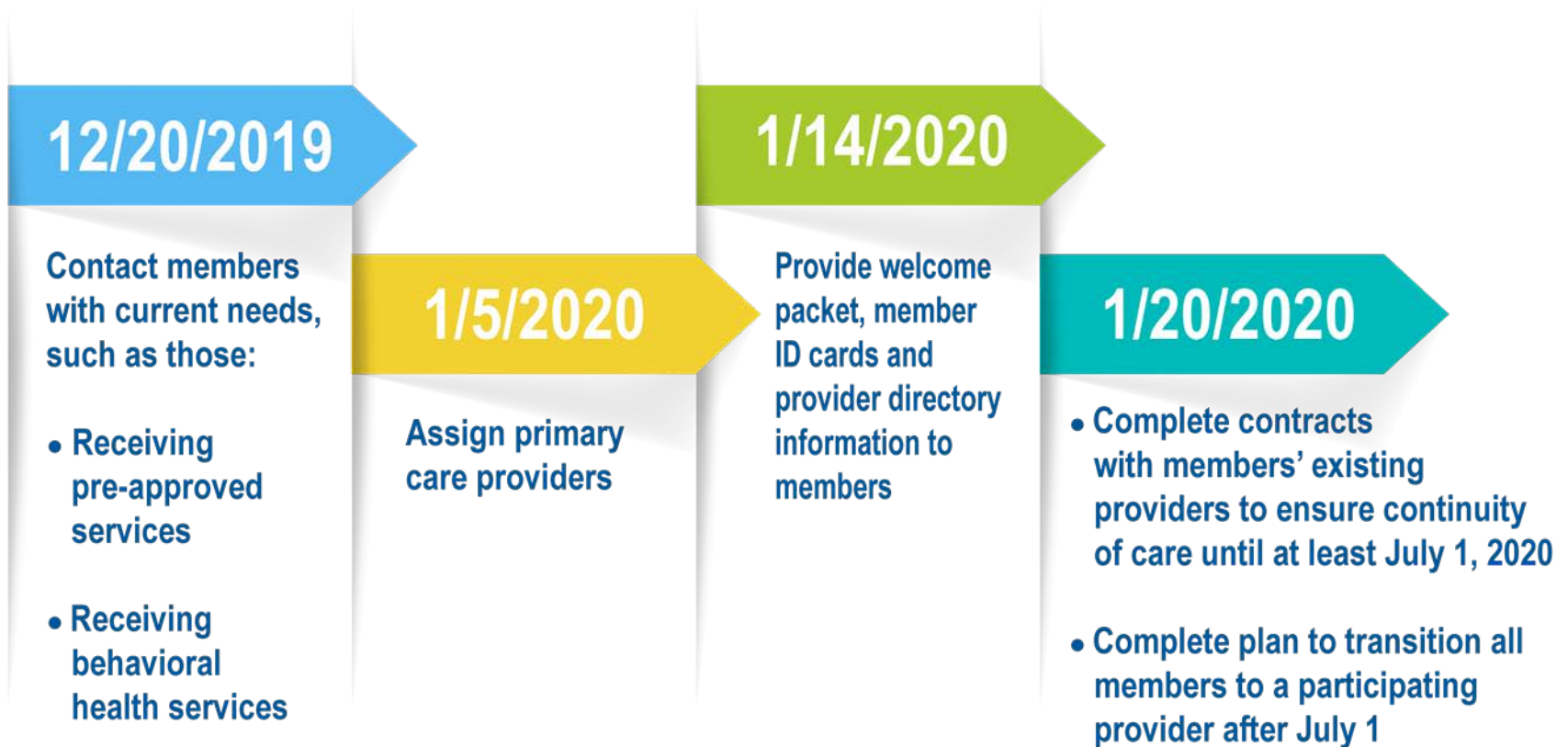
- Members can see their current PCPs for 90 days or through March 31, 2020

**180**  
days

## BEHAVIORAL HEALTH PROVIDERS

- Members can see their current BH providers for 180 days or through June 30, 2020

# CCO contract requirements for Jan. 1 transition



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# Communicating about CCO assignments

OHA will send CCOs final lists of their 2020 CCO members at these times:

- 12/7: Lists for Benton, Clackamas, Douglas, Jackson, Lane, Linn, Multnomah, Polk, Washington and Yamhill counties
- 12/14: Lists for Josephine, Polk and Marion counties

**OHA cannot provide member lists to providers.** Please contact your CCO to learn about the patients you will serve in 2020.



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# What providers should do to support OHP members during this transition

Please assure patients that:

- Care will continue and their benefits remain the same.
- They should keep their appointments and continue to fill their prescriptions.

To support continued care during the transition, consider:

- Contracting with the member's new CCO or
- Completing a single-case agreement with the CCO.

Do not tell patients to change appointments or turn them away. This is not acceptable.

Bill the CCO. Providers cannot bill members for services covered by Medicaid.

# Working with CCOs

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Contracting

Billing and payments

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# Working with CCOs

- Consider joining the CCO's network or complete a single-case agreement with the patient's CCO to ensure continuity of care in 2020.
- Contact the CCO to learn about the systems, policies and procedures you will need to follow to get services approved and bill the CCO successfully.
- If you are not satisfied with a CCO's decision about provider participation or covered services:
  - Complete the CCO's appeal process, then
  - Request OHA review if necessary for resolution.

# Payments from CCOs

Payment is a matter between the CCO and provider.

CCOs must pay or deny at least:

- 90 percent of all valid claims within 30 days of receipt, and
- 99 percent within 90 days of receipt.

To dispute a payment decision:

- Follow the CCO's appeal process.
- If still in dispute, submit the OHP 3085 to OHA.

HEALTH SYSTEMS DIVISION  
Provider Services

**Oregon Health Authority**

**Request for Claim or Payment Authorization Review**

Use this form to request review of Division, coordinated care organization (CCO) or prepaid health plan (PHP) coverage decisions not related to contested case hearings or client appeals. Oregon Administrative Rules 410-120-1560, 410-120-1570 and 410-120-1580 apply.

- **For review of Division decisions**, providers must be enrolled or under contract with the Division on the date of service (DOS) under review. The Division must receive your request within 180 calendar days of the decision date.
- **For review of CCO/PHP decisions**, providers must be enrolled with the Division and/or the CCO/PHP on the DOS under review, and must have exhausted the CCO/PHP's appeal process. The Division must receive your request within 30 calendar days of the CCO/PHP's decision about your appeal to the CCO/PHP.

**Mail with all required documents to:** Provider Services, 500 Summer St NE E44, Salem OR 97301.

**Requesting provider**

Name \_\_\_\_\_ National Provider Identifier \_\_\_\_\_  
Contact name \_\_\_\_\_ Contact phone \_\_\_\_\_  
Contact fax \_\_\_\_\_ Are you currently enrolled with the Division?  Yes  No

**Service information**

Client ID \_\_\_\_\_ Client date of birth (MM/DD/YYYY): \_\_\_\_\_  
Client name (last, first, MI): \_\_\_\_\_ DOS: From \_\_\_\_\_ To \_\_\_\_\_

**Decision information – Tell us what the decision is related to (select one):**

Denial or limitation of payment. Enter the Internal Control Number (ICN): \_\_\_\_\_  
 Overpayment determination. Enter the ICN: \_\_\_\_\_  
 Service authorization. Enter the prior authorization number: \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

Decision date (MM/DD/YYYY): \_\_\_\_\_ Rendering Provider ID: \_\_\_\_\_

**Reasons for review – Mark all that apply.**

Condition/treatment pair should be covered  
 Service is covered by the Citizen/Alien-Waived Emergency Medical program due to:  
 labor/delivery or  a sudden, severe condition that, if left untreated, would cause serious jeopardy, harm or impairment to the patient's health, bodily functions, or bodily organs/parts.  
 Service is for a condition that meets the prudent layperson definition of an emergency medical condition  
 Fee schedule or Medicaid Management Information System error  
 Incorrect data items on denial (e.g., wrong ID number, modifier, date of service, units or charges)  
 Service is diagnostic  
 Other (please explain): \_\_\_\_\_

**Supporting documentation – Attach all of the following documents.**

Copy of the decision notice (e.g., denial notice or remittance advice)  
 Copy of the original claim or service authorization request  
 Proof of client eligibility on the date(s) of service  
 Relevant medical records/evidence-based practice data that supports your reason(s) for review and explains why you think the Division should reverse its decision. *Do not submit entire medical record.*

OHP 3085 (Rev. 1/16)

# CCO payment – Transition of care

The CCO shall reimburse non-participating providers at no less than OHA's fee-for-service rates.

During the transition, CCOs must approve claims for covered services, even if they have no documented prior authorization.

Providers may negotiate with CCOs for a higher rate.

If you cannot agree on a rate, submit a complaint using the OHP 3258.

HEALTH SYSTEMS DIVISION  
Compliance and Regulations

Oregon Health Authority

Oregon Health Plan Provider and Partner Complaint Form

**Instructions**

Please use this form only for complaints **not** covered by the Oregon Health Authority's (OHA) provider appeal processes (Oregon Administrative Rules [410-120-1560 through 410-120-1600](#)) or Oregon Revised Statute [414.646](#)).

Submit the completed form via [secure email](#) to [DMAP.ProviderServices@dhs.oha.state.or.us](mailto:DMAP.ProviderServices@dhs.oha.state.or.us).

- **For providers denied participation in a coordinated care organization (CCO) network:** First appeal with the CCO, then use the [OHP 2120](#) (OHA Provider Discrimination Review Request).
- **For providers who disagree with an OHP coverage decision:** Please read the instructions on the [OHP 3085](#) (Request for Claim or Payment Authorization Review).

**Please do not use this form for member complaints.** Learn more on our Complaints and Appeals page at [OHP.Oregon.gov](#) (click "Complaints and appeals").

Your name:	Your phone number:	Date:
Your location (e.g., office or organization name):		Oregon Medicaid Provider ID (if applicable):
What happened? When did it happen? Who was involved? (Attach any documents such as correspondence between you and others such as DHS/OHA or the CCO, which might help us investigate your complaint.)		

OHP 3258 (02/1/19)

# Changing plans

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Jan. 1 through Mar. 31, 2020

Regular OHP process for changing plans

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# Changing CCOs from Jan. 1 through Mar. 31, 2020

Members asked to “Pick a Plan” cannot change CCOs until Jan. 1.

- To change CCOs, members can call OHP at **877-647-0027** or go to **[bit.ly/ccochoice](https://bit.ly/ccochoice)**.
- Members will not need a letter ID in January to change plans. They will need their OHP number.

Douglas County  
97410 and 97442

- AllCare
- Umpqua Health Alliance

Douglas County  
97424, 97436,  
97493

- Trillium
- Umpqua Health Alliance

Jackson County

- AllCare
- Jackson Care Connect

Lane County

- PacificSource
- Trillium

Polk County  
97101, 97304,  
97347, 97371,  
97378, 97396

- PacificSource
- Yamhill Community Care

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# Regular process for changing CCOs

If they live in an area with more than one CCO, members can ask to change CCOs at other times, even if they were not part of the “Pick Your Plan” member choice period. Examples include:

- Within 30 days of initial enrollment, if enrolled in error
- Within 90 days of initial enrollment, for any reason
- After being enrolled or at least six months
- When renewing their OHP

To change CCOs:

- Members can call OHP Client Services at 800-273-0557 or submit a request at **ONE.Oregon.gov**.



# How to help

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Medicare-Medicaid member information

Stay informed

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# Helping Medicare-Medicaid members

## Remember:

- Most dual-eligible members were not part of the “Pick Your Plan” choice period.
- “Pick Your Plan” and the Jan. 1, 2020 transition only applies to Medicaid. It does not affect Medicare enrollment or plan choice.
- If they have Medicare as primary, they are not required to be in a CCO for physical health care.
- They can choose any Medicare plan they want or choose fee-for-service Medicare.
- Their local AAA/APD office will explain the options that work best for them.

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# How to stay informed



[OHP provider website](#)



[CCO 2.0 website](#)



[Provider Matters newsletter](#)



[@OregonHealthAuthority](#)



[@OHAOregon](#)

