

## Duals Automated Enrollment Implementation

Oregon's 2017 Medicaid 1115 Waiver Demonstration with the Centers for Medicare and Medicaid Services (CMS) requires the state to automatically enroll dual eligible individuals into coordinated care organizations (CCOs). CMS is the federal regulation agency that oversees both Medicare and each state's Medicaid program. The Oregon Health Authority (OHA), in partnership with the Department of Human Services (DHS), administers Oregon's Medicaid program known as the Oregon Health Plan (OHP).

A regional roll-out to automatically enroll dual eligible individuals is set to begin in 2019.

The initiative's key goals and objectives in moving to automated enrollment include promoting better coordination and improved health outcomes for members covered by both Medicare and OHP (dual eligibles). OHA is committed to providing high-quality, cost-effective, person-centered care to this population. Moving forward, dual eligible members will maintain the option to opt-out of enrollment into a CCO and continue coverage through OHP's fee-for-service option.

### Coordinated care organizations

OHA plans to accomplish key goals and objectives by shifting dual eligibles' care into Oregon's local networks of providers, called coordinated care organizations (CCOs). OHA, DHS, and CCOs will work together to ensure access and continuity of care.

#### ***Why are CCOs most effective for dual-eligible members?***

- 56.8% of dual eligible members have voluntarily enrolled in a CCO, and the majority of dual eligible remain enrolled in CCOs because they are satisfied with their care.
- CCOs will ensure that a member's care is not disrupted in the transition from fee-for-service to managed care.
- CCOs are committed to care delivery that is patient-centered, team-based, and focused on quality and safety.
- CCO members receive critical wrap-around services, trauma-informed care, and integration of behavioral health care and oral health care services.
- CCOs are already demonstrating enhanced member engagement, improved performance in providing key preventative and wellness services, and reduced hospital admissions for preventable health conditions.
- Dual eligible members in CCOs whose Medicare and Medicaid plans are aligned have demonstrated the most improvement in health and quality of care outcomes. (OHSU, 2018)

#### ***How are OHA, DHS, and CCOs ensuring a seamless process for dual eligible members?***

- Customer service teams will be trained and prepared to answer questions and assist dual eligible members through the automated enrollment process.

- Dual eligible members:
  - Will receive a 90-day notice advising that they will be enrolled in a CCO;
  - Will be offered their choice of CCO; if a member is enrolled in either a Medicare special needs plan or advantage plan, the member will be assigned to the affiliated CCO;
  - Dual eligibles may opt out of automated enrollment; and,
  - American Indian and Alaska Natives will not be automatically enrolled; these members must opt in to CCO enrollment.
  
- The dual automated enrollment process will roll out in regional phases. Regional enrollment populations entering the system at different intervals will allow:
  - OHA and DHS staff to effectively address member questions and concerns; and,
  - Existing systems to adapt to any unforeseeable challenges.

## Questions?

OHA and DHS are in the process of creating a Duals Automated Enrollment website, which will be available on Oregon.gov. In the meantime, visit the [Medicaid 1115 Waiver page](#) for additional information.

For additional questions regarding dual automated enrollment implementation, please contact Jennifer R. Smith at [Jennifer.R.Smith@dhs.oha.state.or.us](mailto:Jennifer.R.Smith@dhs.oha.state.or.us) or 503-945-9717.