



Date: February 3, 2017

To: Primary care providers

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Subject: Changes to the continuity of care disenrollment process, effective February 1, 2017

The Oregon Health Authority (OHA) has standardized the way members can ask to leave their coordinated care organization (CCO) and enroll in fee-for-service coverage for continuity of care reasons:

- OHP members must complete the *Member Request for Temporary Fee-for-Service Health Care* (OHP 416) form, then give the completed form to their primary care provider (PCP).
- The PCP will then request medical review of the request through OHA's prior authorization (PA) process. This includes submitting the member's request form, a letter of medical necessity, and any other records to support the request.
- Providers and members will get PA notices that explain if OHA approved or denied the request. On these notices, CCO disenrollment will be listed under PA Assignment "Fee-for-Service OHP" and Code G9399 (*Doc disc tx choices*).

Why is this happening?

Section (b)(D)(iii) of [Oregon Administrative Rule 410-141-3080](#) (*Disenrollment from Coordinated Care Organizations*) allows CCO members to request fee-for-service coverage to ensure continuity of care. This new process will ensure that all continuity of care requests are completed in a consistent and timely way, and are approved only for reasons of medical necessity.

What should you do?

Please review the new fact sheet about [how to request medical review of these requests](#), and the updated [Prior Authorization Handbook](#). The fact sheet includes a list of the documents to submit to OHA with the member's completed form, and a sample request form.

If you have patients who ask you to submit continuity of care requests for medical review, please encourage them to talk to their CCO first. CCOs are responsible for coordinating care for their members and addressing medical needs whenever possible.

The CCO disenrollment request and notification processes have not changed for American Indian or Alaska Native members using the [OHP 720](#) form, or for Medicare members using the [OHP 7209](#) form. These members may continue to request disenrollment at any time. They do not need an approved medical reason to do so.

Questions?

- **If you have questions about submitting continuity of care requests for medical review, call the PA Line at 1-800-642-8635 or 503-945-6821 (Salem).**
- **Please refer patient questions about requesting FFS OHP coverage to OHP Client Services at 1-800-273-0557.**

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.