

## Continuity of Care Exemptions

Coordinated Care Organization (CCO) enrollment is **mandatory** for most OHP members. \* Members will work with their treating provider to submit the request, which must include clinical documentation supporting the request and a provider letter of clinical necessity. Approved requests may still result in some level of CCO enrollment, depending on the request.

The Provider Clinical Support Unit (PCSU) at OHA reviews requests for CCO disenrollment for all benefits, such as medical, mental health or dental services.

### These requests may be referred to as:

- Open Card - Fee-For-Service Requests
- Continuity of Care Exemption Requests

When the Provider Clinical Support Unit (PCSU) receives a request for CCO disenrollment, PCSU reviews the request and contacts the CCO for additional information, prior to making a determination.

PCSU then establishes which benefits, if any, will be opted out of CCO enrollment. It is possible to have one or more benefits become FFS.

### Coordinating Care without Disenrollment

Many requests for disenrollment can be resolved through effective care coordination and/or member education.

The Client Services Unit and the Provider Clinical Support Unit try to retain members with CCOs through resolving member access to care issues.

### CCO disenrollment is a last resort solution to resolving access to care issues.

Prior to disenrolling a member, OHA will contact the member's CCO to request additional information on the disenrollment request. This information can help coordinate the member's care, as well as determine whether a member is disenrolled or retained within their CCO.

### Common Reasons for Open Card Requests

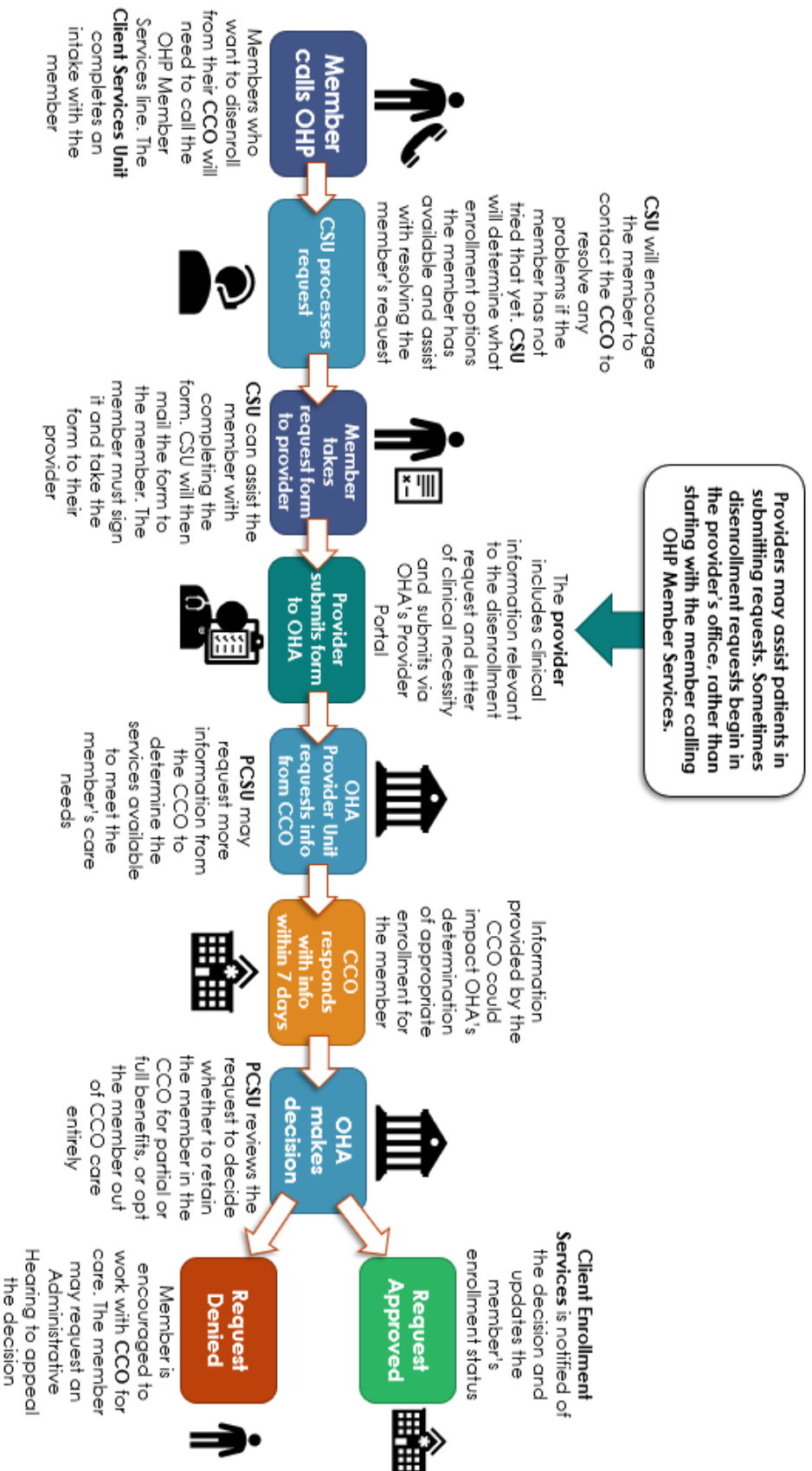
- Difficulty with or misunderstanding around accessing in-network providers
- Difficulty with or misunderstanding around prior authorization process
- Member has requested a specific provider not contracted with their CCO
- Uncertain how to change providers assigned by their CCO, such as PCP or specialist

### \* Carve Out Populations

These populations have special enrollment rights:

- **Heritage Native American members:** automatically exempt from CCO enrollment, may opt in or out of any level of coverage.
- **Child Welfare/Oregon Youth Authority members:** DHS staff may exempt members from **physical** health coverage without OHA approval.
- **Dual (Medicare/Medicaid) members:** may opt out of **physical** health without OHA approval, however need to follow the Continuity of Care process to opt out of **dental** and **behavioral** health benefits with the CCO.
- **Medically fragile children** may be opted out of CCO enrollment per OHA discretion.
- **Newly eligible pregnant women in the 3<sup>rd</sup> trimester** may choose to opt out of CCO enrollment and receive care FFS.

# Continuity of Care Request Process



## Example form: Member Request for Temporary Fee-For-Service Health Care

HEALTH SYSTEMS DIVISION  
Member Services

### Member Request for Temporary Fee-for-Service (FFS) Health Care

#### When to use this form

Use this form only if you have a medical reason to leave your coordinated care organization (CCO). Talk to your CCO about your medical needs first. Please do **not** use this form if you are:

- American Indian or Alaska Native: Please use the [OHP 720](#).
- A Medicare member: Please contact your local Aging and People with Disabilities office.

You can read the laws and rules about being in a CCO in Oregon Revised Statute 414.631 and Oregon Administrative Rules 410-141-3060(4), 410-141-3080, 410-141-0060(4), and 410-141-0080.

#### Instructions

- **Member:** Fill out and sign this form. Take it to your doctor or primary care provider (PCP).
- **PCP:** Send this form to OHA with medical records. Please follow FFS medical review instructions on the OHP website at [www.oregon.gov/OHA/healthplan/pages/ohp-policy.aspx](http://www.oregon.gov/OHA/healthplan/pages/ohp-policy.aspx).

In a month or less, OHA will send you a letter to tell you whether OHA approved your request. If your request is approved, the letter will also tell you how long you will have FFS coverage.

#### Reason for change

1. Please tell us why you need FFS OHP coverage. *If needed, write more on the back of this form:*

2. Did you talk to your CCO about this? *Find CCO phone numbers at [OHP.Oregon.gov](http://OHP.Oregon.gov).* ☐ Yes ☐ No

3. Your CCO has *care coordinators* who can help you get the services you need. ☐ Yes ☐ No  
Did you talk to your CCO's care coordinator about your needs?

#### Member information

4. Name: \_\_\_\_\_  
Last First Middle initial

5. Date of birth: \_\_\_\_\_ 6. Oregon Medicaid ID: \_\_\_\_\_

7. Mark the services you no longer want through your CCO:

☐ Medical ☐ Dental ☐ Mental health

8. Your CCO's name: *Choose one:* \_\_\_\_\_

9. Your doctor or PCP's name: \_\_\_\_\_

#### Member's signature

Signature of member or member representative - *Representative must have proof of legal authority to sign for this member* \_\_\_\_\_ Date \_\_\_\_\_

Relationship of representative to member: \_\_\_\_\_ Phone: \_\_\_\_\_

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