

# Continuity of care during Jan. 1 member transition to new CCOs

*Ensuring continued access to Oregon Health Plan services on and after January 1, 2020*

The following Oregon Health Plan (OHP) members will start receiving services from a new coordinated care organization (CCO) on January 1, 2020:

- Members with new CCO choices in their area.
- Members whose current CCO is closing.
- Members whose current primary care provider will no longer participate with their CCO in 2020.

**Not all members will have changes to their CCOs for 2020.** Most of Oregon's 1 million OHP members, including all Health Share of Oregon members in Clackamas, Multnomah and Washington counties, will not change CCOs.

During this transition, the Oregon Health Authority's top priority is maintaining continuity and access to care for members. OHA and CCOs will work together with the provider community to ensure that members do not experience a disruption in care during this time.

## Background

Starting January 1, 2020:

- CCOs will honor all existing service authorizations (physical, oral, behavioral health and prescription drugs) from the member's 2019 CCO for up to six months.
- Members will be able to see their current primary care provider for up to 90 days.
- Members will be able to see their current behavioral health provider for up to 180 days.

This is true even if the member's current providers do not join the member's new CCO for 2020.

All providers are expected to continue care for members during these transitions. Each CCO has processes in place to support continuing care as required by the Transition of Care policies set by OHA in [Oregon Administrative Rule](#) and [CCO contract](#). To learn about each CCO's policies and procedures related to provider participation and billing for services to OHP members, [contact the CCO](#).

## CCO responsibilities

OHA expects CCOs receiving members from other CCOs to comply with the following requirements in their 2020 CCO contract:

- Honor approved prior authorizations for 6 months, regardless of whether the provider is in-network;
- Honor prior authorizations for prescription drugs for up to six (6) months regardless of whether the prescription drug is on Contractor's preferred drug list (PDL);
- Permit members to continue seeing their established Primary Care Provider for no less than 90 days;

- Permit members to continue seeing their established behavioral health provider for no less than 180 days; and
- Pay providers at either the receiving CCO's current rates or a mutually agreed upon rate during the six (6) month period.

Services to members hospitalized over the transition period (12/31/2019 to 1/2/2020) will be paid by the CCO that covered the member at the time of admission.

## What providers should do

### To ensure continuity of care:

Providers should:

- Continue to see members and schedule appointments as usual for all care, including filling prescriptions and proceeding with planned appointments, treatments and procedures.
- Continue to submit new prior authorization (PA) requests, treatment plans and prescription authorizations to the member's current CCO until December 31, 2019 (or earlier as instructed by the CCO), and to the new CCO starting January 1, 2020.
- For members changing to a new provider, arrange for orderly transfer of all required records and information to the member's new provider.

Non-emergent medical transportation providers should continue to schedule and provide rides. Providers should also continue to provide language services for members with limited English proficiency.

**Please do not cancel appointments or deny OHP members future appointments because of the change in CCOs.** The new CCO will address provider concerns and questions about services that take place on or after January 1, 2020.

### To assure patients about the change:

We expect that many providers will get questions from OHP members about their plan changing. During this time, please assure members of the following:

- **OHP benefits remain the same.** Nothing has changed about how members currently access medical, dental, behavioral health or non-emergent transportation benefits covered by their current plan.
- **Do not change CCOs before January 1, 2020.** While all OHP members have the right to change CCOs as described in Oregon Administrative Rule 410-141-3080(3), changing CCOs ahead of January 1 would not improve how members get OHP services during this transition.
- **OHP members can keep seeing their current providers and pharmacies.** OHA will work with CCOs, providers and pharmacies to ensure continuity of care.
- **Members will receive a letter from OHA with more information about changes to their CCOs.** In areas with plan choice, letters will be mailed by October 16, 2019. In areas with a CCO closure, letters will be mailed November 1, 2019. Willamette Valley Community Health members will also receive a letter from WVCH later in November.
- Members can find more information about 2020 CCO choices, terminations, and other information at [ohp.oregon.gov](http://ohp.oregon.gov).

## Questions and answers

### **Do I have to be in the new CCO's network to be reimbursed during the transition period?**

No. The receiving CCO must pay providers at least OHA's fee-for-service rate and have a single-case agreement with the providers. To obtain a single-case agreement with a CCO for continuity of care, [contact the CCO](#).

### **The new CCO's rate is lower than my current rate. Do I have to accept the rate?**

Providers can negotiate with the new CCOs for a higher rate. To learn about CCO reimbursement rates, [contact the CCO](#).

### **I am not in the new CCO's network. What if my patient wants to continue care with me after the transition period ends?**

You will need to join the new CCO's network; or continue the single-case agreement.

If you cannot join the CCO's network or continue the single-case agreement, you can [enroll with OHA](#) to provide services on a fee-for-service ("open card") basis. However, the patient would only be moved from the CCO to fee-for-service if OHA found disenrollment medically necessary following [medical review of the patient's disenrollment request](#).

### **Can we expedite the process? For many clients it is critical they take medication daily.**

During the transition to the new CCO, existing prescriptions will be honored for up to 6 months, so expediting enrollment changes is not necessary.

OHA recommends keeping members in their current plans so that OHP staff can focus on providing customer service to support the Jan. 1 transition, and affected members get all communications intended for them.

### **Will members need to reassign to their primary care providers (PCPs) if they change CCOs?**

CCOs will work together to ensure receiving CCOs have current care information for each member. Members will be able to see their current primary care provider for up to 90 days. Reassignment to the same PCP depends on whether the PCP is in network for the new CCO.

For questions about PCP assignment with a new CCO, [contact the CCO](#).

### **What can be done to ensure that patients are able to receive dental and medical care from the same organization?**

All CCOs coordinate dental care for their members. [Contact the CCO](#) to find out how to best coordinate medical and dental care.

### **How will a practice or clinic know who is or is not assigned to them once the process is complete?**

The "Managed care/primary care" section of the [Provider Web Portal Eligibility Verification screen](#) will show the member's current practice/clinic assignment (look for plan type "APM").

### **Will providers be told before January if their member changes plans?**

In mid-December, OHA will provide CCOs lists of the new members they will have effective January 1, 2020. Providers can contact the CCO to learn their patients' enrollment status after January 1, or look up enrollment status using the [Provider Web Portal Eligibility Verification screen](#).