

CCO Transition in Lane County – Frequently Asked Questions for Oregon Health Plan (OHP) Members with Medicare and Medicaid Coverage

Last updated: Jan. 13, 2026

What is changing?

PacificSource Community Solutions (PacificSource) will no longer be a coordinated care organization (CCO) in Lane County in February 2026.

Most OHP PacificSource CCO members in Lane County who have both Medicare and Medicaid will have a new CCO for Medicaid on February 1: Trillium Community Health Plan (Trillium). Having both Medicare and Medicaid is also known as being “dual eligible.”

Some other members, including American Indian/Alaska Native OHP members, will not move to Trillium. Instead, they will move to OHP Open Card (also known as fee-for-service OHP) with the option to choose Trillium.

Oregon Health Authority (OHA), PacificSource, and Trillium are working together to make sure you keep getting the coverage and care you need during this change.

If you have a D-SNP (Dual-Eligible Special Needs Plan) with PacificSource for your Medicare coverage:

D-SNPs are special Medicare Advantage plans for people who have both Medicare and Medicaid. If your PacificSource D-SNP is ending, you will receive a letter with information about your options for new Medicare coverage. You can:

- Choose a new D-SNP, like Trillium/Wellcare D-SNP,
- Pick a different Medicare Advantage plan or
- Return to Original Medicare and a Stand-Alone Part D Plan.

For help picking Medicare plans, contact 800-699-9075 or visit a local office. You can the offices near you and more ways to get help at the end of this document.

No matter which Medicare plan you select, your Medicaid (OHP) benefits will continue.

If you are a dual eligible member but are not enrolled in a D-SNP:

You will continue to receive your Medicare coverage through your existing Medicare Advantage plan or Original Medicare. Your Medicaid coverage will switch to Trillium or OHP Open Card. Your Medicare and Medicaid coverage under both programs will continue.

These Frequently Asked Questions can help you understand what is happening, what you can expect, and how you can get support during this transition.

Important terms

Oregon Health Plan (OHP)

OHP is Oregon's Medicaid program, providing free health coverage.

Coordinated care organization (CCO)

Most OHP members get their benefits through a coordinated care organization (CCO). A CCO is a health plan that works with local health care providers to care for OHP members. OHP members contact their CCO for help using their benefits, finding providers, and more.

Oregon Health Plan (OHP) Open Card

Some OHP members do not have a CCO and instead get their benefits through OHP Open Card (also known as Fee-for-Service). They can see any provider in the state who takes OHP Open Card, but there may be fewer local providers taking patients.

OHP Open Card is only available to certain members, including those who have Medicare or other health coverage, are American Indian/Alaska Native, or have a serious health care reason to continue care with a provider outside of a CCO.

Dual Eligible

A Dual Eligible member is someone who qualifies for both Medicare and Medicaid at the same time. This means they get health coverage from both programs:

- **Medicare** for hospital stays and doctor visits, mostly for people aged 65 and older or people with certain disabilities.
- **Medicaid** which helps pay for things that Medicare does not cover, like dental care, peer supports, or extra services.

Having both helps people save money and get extra help with their health care costs.

Dual-Eligible Special Needs Plan (D-SNP)

A D-SNP is a special Medicare Advantage plan for people who have both Medicare and Medicaid (Dual Eligible members). D-SNPs help members use both types of coverage to get health care and support. These plans work with

Medicaid to coordinate things like doctor visits, prescriptions. They sometimes coordinate extra benefits, such as rides to appointments or help with daily needs. You will get all your Part D medications through your D-SNP.

Part D Stand-Alone Plans cover Medicare prescription medications only.

General questions

Will I lose my OHP coverage because PacificSource is leaving?

No, you will not lose your OHP (Medicaid) coverage due to this change. Please continue to respond to any OHP renewal letters.

Will my Medicaid health benefits change because of this transition?

No, this does not change whether you qualify for OHP benefits. You will not lose your health care.

Even if you change CCOs, your OHP benefits mostly stay the same. All CCOs need to offer the same set of OHP benefits.

However, each CCO has some differences. Some health care providers who work with PacificSource may not be part of Trillium's network. Each CCO can also choose to add more services and may have different preferred drugs (known as a formulary).

Will my Medicare benefits change because of this transition?

If your Medicare plan is through PacificSource D-SNP, that plan is ending. You will get a letter about your choices for new Medicare coverage, and you will be able to pick a new plan, such as Trillium/Wellcare D-SNP or another option. Your Medicaid (OHP) benefits will continue.

If you are a dual eligible member but are not enrolled in a PacificSource D-SNP, your Medicare benefits will not change because of this transition.

When does PacificSource coverage end for OHP members in Lane County?

PacificSource Medicaid coverage for OHP members in Lane County will end Jan. 31, 2026.

- Most members will move to Trillium on February 1.
- American Indian/Alaska Native OHP members will move to OHP Open Card on February 1 unless they choose Trillium.

For Medicare members, PacificSource Medicare coverage will end Jan. 31, 2026. You will receive a letter with the official end date and steps for choosing new Medicare coverage. This letter will explain your options, including enrolling in the Trillium/Wellcare DSNP, or choosing Original Medicare along with a stand-alone Part D drug plan. It will also provide a phone number for the Medicare call center if you need help.

OHA is working with PacificSource on plans for services during the transition and for transition of care periods and will continue to provide updates.

Do I need to do anything right now?

You do not need to do anything right now, but there are things you can do to help prepare:

Keep contact information up to date:

Especially if you have recently moved, make sure OHP has your correct address and other contact information. Learn how to report changes at OHP.Oregon.gov/Changes, or [in the question below](#). You will get a letter in the mail before you move to Trillium.

Ask your health care providers if they accept Trillium:

You can also ask your health care providers if they are part of Trillium's network or plan to join. Contact Trillium at 877-600-5472 or use their online provider search tool at TrilliumOHP.com to learn more about health care providers in Trillium's network.

If your health care providers are not joining Trillium:

Ask if they will work with OHP Open Card.

- American Indian/Alaska Native OHP members will automatically move to OHP Open Card on February 1, unless they choose Trillium as their CCO.
- OHP members with Medicare can choose OHP Open Card at any time.

Other members may qualify for OHP Open Card if they have a serious health need to continue care with a provider who accepts OHP Open Card but not Trillium (you will need to work with your providers to make this request).

For questions about OHP Open Card, contact OHP Client Services at 800-273-0557.

How can I update my contact information?

There are many ways to update your contact information:

- You can report changes online at ONE.Oregon.gov.
- Call 800-699-9075. Help is available in many languages, and we accept all relay calls. You can call Monday through Friday, 7 a.m. to 6 p.m. Pacific Time. Hold times are lowest from 7 to 8 a.m.
- You can also find a local Oregon Department of Human Services (ODHS) office at ODHSOffices.Oregon.gov, or get free help from a community partner near you at OregonHealthCare.gov/GetHelp

You can learn about all your options to report changes at OHP.Oregon.gov/Changes.

Keeping your contact information, such as address, phone number, and email up to date helps OHP reach you with important information about your health coverage. This includes letters about the change in CCOs. This is important to check if you have recently moved or do not have a stable address.

Will I receive a new ID card?

You will keep your same Medicaid ID number, but you will get a new Trillium CCO member card. Most members will receive a new ID card in January from Trillium. If you do not get this card, call Trillium at 877-600-5472 to order one.

Your Medicare ID will not change. If you were in PacificSource DSNP, you will get a new ID card once you choose a new Medicare plan. If you choose to be moved to Trillium/Wellcare DSNP or Original Medicare and a Stand-Alone Part D Plan, you will receive the new ID card and other information you need for your Medicare coverage under this plan.

Members who move to OHP Open Card can continue to use their paper “Oregon Health ID” card. OHP Open Card does not issue ID cards. If members need to request a new Oregon Health ID card, they can:

- Call ONE Customer Service at 800-699-9075 (all relay calls accepted, and help is available in many languages).
- Have one printed at a local office. Find one at ODHSoffices.oregon.gov.

Can new OHP members sign up with PacificSource in Lane County?

No. New OHP members will be automatically enrolled in Trillium. PacificSource is no longer taking on new OHP members in Lane County.

Questions about access to health care providers for dual members

What is the transition of care period?

The transition of care period is a window of time after February 1 when you can keep getting services and treatments approved by PacificSource. After you switch to Trillium, dual members have a 90-day Transition of Care period. During this time, you can keep seeing your existing doctors and continue any treatments that were already approved, even if those providers are not in your new networks. This helps you move smoothly to your new plan.

Will I have to change doctors or clinics?

Right now, there are no immediate changes to your provider network. Until the change, please keep seeing your health care providers. As a dual member, you have 90 days after switching plans to keep seeing your current providers, even if they are not in Trillium's network.

After the change and transition of care period, whether you need to change doctors or clinics will depend on if your current providers are part of Trillium's network. Most providers available through PacificSource are also part of Trillium's network, but not all are.

Will I have to change dentists or pharmacies?

Probably not. Trillium expects their dental and pharmacy network will have access to all the providers available through PacificSource.

There are no changes to your provider network until February 1. Until the change, please keep seeing your health care providers.

What happens to my services that are already scheduled or approved (like a surgery or ongoing treatment)?

PacificSource will serve Lane County OHP members through the end of January. Any care before then will be unaffected. Please keep getting services as usual during this time.

If you have had services or treatments approved by PacificSource, they will still be covered for 90 days after your transition to Trillium.

If you have questions about your pre-approved services, or for help getting care before February 1, please call PacificSource at 800-431-4135 on weekdays from 8 a.m. to 8 p.m.

What will happen to my prescription?

Your Medicare Part D prescriptions will not change if your Medicare is not changing. You can talk to your local Aging and People with Disabilities (APD) or

Area Agency on Aging (AAA) office. The APD/AAA office can help you choose a new Medicare plan that meets your prescription needs. Contact information for the APD/AAA office is at the end of this FAQ.

How do I find out if I can keep seeing my current providers after the Transition of Care period ends?

For Medicaid providers, you will need to find out if your providers are part of Trillium's network. To do this:

- Call Trillium at 877-600-5472, or
- [Use Trillium's online provider search tool at TrilliumOHP.com](http://TrilliumOHP.com)

Trillium is working to add more providers to their network, so it's a good idea to keep checking if your provider is not listed yet.

You can also ask your current health care providers if they accept Trillium. If they do, you do not need to do anything. You can keep seeing them.

If you have PacificSource DSNP for Medicare coverage, ask Trillium/WellCare DSNP and other Medicare Advantage plans about Medicare providers you can see. If you choose Original Medicare, ask your doctor if they accept Original Medicare.

What happens to my approvals (prior authorizations) after PacificSource leaves?

If PacificSource said "yes" to your medical care (gave you a prior authorization or PA) before Feb. 1, 2026, Trillium will also say "yes" and cover your care for a certain amount of time. If you need care in the future, your doctor may need to ask Trillium for a new approval. Your doctor can contact Trillium to find out how long your approval lasts.

When your provider sends a new request for approval, Trillium usually decides within seven days. For example, if you have an appointment soon, your doctor should ask Trillium for approval at least a week ahead of time to make sure there's enough time for a decision.

Will I still have dental and behavioral health coverage if I leave Trillium CCO?

You are not losing your OHP coverage for dental and behavioral health. Even if you have OHP Open Card for your medical coverage, you may still have Trillium as your CCO for dental and behavioral health services unless you qualify for an exception. Your APD/AAA case manager can help explain how this works for your situation.

If I need to schedule an appointment for after February 1, what should I do?

Ask your doctor or clinic if they accept Trillium for Medicaid and your new Medicare plan. If they do, you can schedule your appointment as usual. If not, Trillium can help you find a new provider.

Trillium can help answer some questions about their provider network before February 1. Just know that your information won't show up in Trillium's system until February 1, so they won't be able to help you with everything until then.

If you plan to ask for OHP Open Card, ask the provider if they accept OHP Open Card.

What if my providers don't accept Trillium?

If your current health care providers and pharmacy do not accept Trillium, ask if they plan to join Trillium's network soon.

If they will not take Trillium after you change CCOs, you might still be able to keep seeing them for a short time under OHP's Transition of Care rules. During this time, Trillium can help you:

Find in-network providers that meet your needs.

Make sure your care continues without interruption.

Questions about Health-Related Social Needs (HRSN) benefits.

If I submitted an application for HRSN benefits but it has not been approved, what will happen during the transition?

PacificSource, OHA, UniteUs, and Trillium are working together to ensure a smooth transition of HRSN service requests and authorizations.

You will keep your place in the waitlist.

If you are currently receiving authorized HRSN services, you will continue to receive those services during the transition.

If you have submitted an HRSN application to PacificSource, you do not need to resubmit. During the transition, Trillium will review the HRSN application you submitted to PacificSource.

Questions about OHP Open Card, and options for people with Medicare or who are American Indian/Alaska Native

Can I move to OHP Open Card (also known as Fee-for-Service)?

Yes. If you have both Medicare and Medicaid, you can choose OHP Open Card (also called Fee-for-Service) for physical health care at any time instead of joining a CCO like Trillium. OHP Open Card offers a statewide network but may have fewer local providers accepting new patients compared to a CCO. You may still have to receive your dental and behavioral health care through Trillium CCO.

If you are American Indian/Alaska Native:

- You can choose Open Card at any time.
- You will automatically move to Open Card unless you choose Trillium.

In some cases, other members may qualify for temporary OHP Open Card if they have a serious health reason to keep seeing a provider who accepts OHP

Open Card but not Trillium. This can help Medicare members who want to continue seeing a behavioral health provider who accepts OHP Open Card but not Trillium. You need to work with your provider to make the request.

To learn more, visit the [OHP Open Card page](#) or call OHP Client Services at 800-273-0557. OHP Client Services is open Monday through Friday from 8 a.m. to 5 p.m. Pacific Time.

Will American Indian/Alaska Native members move to Trillium?

Under federal law, American Indian/Alaska Native members cannot be automatically enrolled in a CCO. Instead, they will move to OHP Open Card unless they choose to enroll in Trillium. You can choose to enroll in Trillium at any time, whether before or after February 1. OHP Client Services (800-273-0557) can help with this request and answer questions.

How can I find OHP Open Card providers?

To find OHP Open Card providers, you can use the online search tool at [OHPCC.org](#), or call OHP Open Card at 800-562-4620. You can also ask your providers if they accept OHP Open Card.

Who can I contact if I have more questions?

Who can I contact if I have questions or concerns about my coverage or the transition?

If you have any questions or concerns about this change you want to share with OHA, please email us at [CCOSpecialprojects@oha.oregon.gov](#).

- **For questions about your health care before the change**, please call PacificSource at 800-431-4315 (available weekdays, 8 a.m. to 5 p.m.).
- **For questions about your health care after the change**, please call Trillium at 877-600-5472 (all relay calls are accepted).

- **For questions about changing CCOs, OHP Open Card or other questions about OHP benefits**, please call OHP Client Services at 800-273-0557 (all relay calls are accepted).
- **For extra support choosing a Medicare plan, help with Medicaid/Medicare benefits such as reporting address changes, or questions about long-term care and services for older adults or people with disabilities**, you can get help at one of the local offices listed below, or call 800-699-9075 to connect to your local office. Monday through Friday from 7:00 a.m. to 6:00 p.m. They accept relay calls. Help is available in many languages.

Lane County AAA offices

You can stop by for assistance or call.

Eugene - Lane Council of Governments

Area Agency on Aging
1015 Willamette St
Eugene, OR 97401

Phone: **541-682-4038**

Toll-free: **800-441-4038**

TTY: **541-682-4567**

Hours: Monday–Friday, 8 a.m. to 5 p.m.

Florence Senior and Disability Services (Lane Council of Governments)

Area Agency on Aging
3180 Highway 101
Florence, OR 97439

Phone: **541-902-9430**

Hours: Monday–Friday, 8 a.m. to 5 p.m.

Cottage Grove Senior and Disability Services (Lane Council of Governments)

Area Agency on Aging
1015 Willamette St
Eugene, OR 97401

Phone: **541-682-4038**

TTY: **541-682-7821**

Hours: Monday–Friday, 8 a.m. to 5 p.m.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Call 800-699-9075 or email ask.ohp@oha.oregon.gov. We accept all relay calls.

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