Agenda

• 2020 member transition review and updates
• Member and provider communications
• Continuity of care
• Working with CCOs
• Changing plans after the November choice period
• How to help: resources
Member transition

Goals of CCO 2.0

Guiding values

2020 CCO changes
Goals of CCO 2.0

Guided by Governor Brown’s vision, CCO 2.0 builds on Oregon’s strong foundation of health care innovation.

- Improve the behavioral health system
- Focus on social determinants of health and health equity
- Maintain sustainable cost growth
- Increase value and pay for performance
Guiding values for member transition

- Minimal disruption to member's care
- Inform members based on best practices and input from stakeholders and communities
- Honor member choice
2020 CCO changes and 1-year contracts

New CCOs

• PacificSource in Lane, Marion and Polk counties
• Trillium in Multnomah, Clackamas and Washington counties

CCO closures

• PrimaryHealth in Josephine, Jackson, and parts of Douglas counties
• Willamette Valley Community Health in Marion, Polk, and parts of Linn, Benton, Yamhill, and Clackamas counties

1-year contract awardees

• AllCare, Cascade Health Alliance, Umpqua Health Alliance, Yamhill Community Care
Provider network changes and member CCO reassignments

Due to changes in some CCOs’ provider networks for 2020, OHA has reassigned some members to a different CCO than their original “match” to keep them with their current providers.

- Tri-county members who chose or were matched with Trillium will remain with Health Share of Oregon.
- Trillium members with a PeaceHealth PCP in Lane County will move to PacificSource - Lane.

In Jackson County, network changes also required OHA to match members to the CCO that works with their current providers.

- As a result, some AllCare CCO members may move to Jackson Care Connect.
Member and provider communications

Member mailings

Guidance and resources for providers
November member letter

Members in areas with closing CCOs received a letter that included:

- Their new CCO’s name and contact information
- Reminder to contact their current CCO to access care through Dec. 31, 2019
- Instructions to contact their new CCO to access care starting Jan. 1, 2020
- Assurance that members can keep seeing their current providers during the transition

You will have a new CCO plan starting January 1, 2020

Dear <<First Name>>:

Thank you for being a part of the Oregon Health Plan (OHP). OHP has local health plans that help you use your benefits. These plans are called coordinated care organizations or CCOs.

The CCO plan you have now will close on December 31, 2019. Your current plan, <<Current CCO>>, will no longer serve OHP members. You are still an OHP member, but you will have a new CCO plan next year.

Your new CCO plan is: <<New CCO>>.

Your new plan will start on January 1, 2020.

Your plans will work together to move your care. During this change, <<Current CCO>> will work with your new plan to make sure you get the care you need. If you get special services because of a disability, health condition or other issue your new CCO plan will have that information.

Please call <<Current CCO>> at <<Current CCO Number>> if you have questions about moving your care.

You will get more information in the mail soon. Your new plan will send you a welcome letter with a new member ID card close to January 1.

You can still use <<Current CCO>> through December 31. You do not need to make any changes before January 1, 2020. <<Current CCO>> can help you get the care you need now. Your new plan will help you get the prescriptions and treatments you need starting January 1, 2020.
Mid-December member letters

Clackamas, Multnomah, Washington counties

• Members who chose or were matched with Trillium will receive a notice they are staying with Health Share.
  – In Washington County, members in Yamhill CCO will stay with YCCO.
• All other members will be notified that Trillium is no longer a choice in their area.

Jackson County

• Impacted AllCare members will be notified that some of their providers are no longer with AllCare and they are moving to Jackson Care Connect. Members can move back to AllCare if they prefer from January 1 to March 31.
Mid-December member letters

Lane County

• Impacted Trillium members with PeaceHealth or Oregon Medical Group PCPs will be notified:
  – Some of their providers are no longer with Trillium and they are moving to PacificSource Community Solutions – Lane. They will receive transition of care details and a reminder they can move back to Trillium if they prefer between January 1 to March 31.
  
• All other members will be notified of the plan they picked, provider network changes in their area, transition of care details, and a reminder they can change plans January to March.

Polk and Douglas counties

• Members will be provided transition of care information and a reminder of the opportunity to change plans between January to March.
Guidance on communications and marketing to OHP members

If the member is not in the CCO you participate with:

- **Do not** use wording that urges or directly asks the member to change to that CCO.
  - Example: Choose CCO Y so you can get your care with Provider X
  - Printed material with such wording must be submitted by the CCO to OHA for review.
- **Do** use informational wording that lets members decide.
  - Example: Provider X is contracted with CCO Y.

If using OHA or “Pick Your Plan” images in material to members:

- Please make clear the document is not produced by OHA.
Continuity of care

Timelines for CCOs and providers
Requirements for CCOs
Communicating CCO assignments
What providers should do
Timelines for CCOs and providers

OHA expects all CCOs and providers to follow this continuity of care guidance:

**PRIOR AUTHORIZATIONS**
- Honor approved PAs for up to 180 days or June 30, 2020, regardless of whether the provider is in network

**PHYSICAL HEALTH PROVIDERS**
- Members can see their current PCPs for 90 days or through March 31, 2020

**BEHAVIORAL HEALTH PROVIDERS**
- Members can see their current BH providers for 180 days or through June 30, 2020
CCO contract requirements for Jan. 1 transition

**12/20/2019**
- Contact members with current needs, such as those:
  - Receiving pre-approved services
  - Receiving behavioral health services

**1/5/2020**
- Assign primary care providers

**1/14/2020**
- Provide welcome packet, member ID cards and provider directory information to members

**1/20/2020**
- Complete contracts with members’ existing providers to ensure continuity of care until at least July 1, 2020
- Complete plan to transition all members to a participating provider after July 1
Communicating about CCO assignments

OHA will send CCOs final lists of their 2020 CCO members at these times:

- 12/7: Lists for Benton, Clackamas, Douglas, Jackson, Lane, Linn, Multnomah, Polk, Washington and Yamhill counties
- 12/14: Lists for Josephine, Polk and Marion counties

OHA cannot provide member lists to providers. Please contact your CCO to learn about the patients you will serve in 2020.
What providers should do to support OHP members during this transition

Please assure patients that:

• Care will continue and their benefits remain the same.
• They should keep their appointments and continue to fill their prescriptions.

To support continued care during the transition, consider:

• Contracting with the member’s new CCO or
• Completing a single-case agreement with the CCO.

Do not tell patients to change appointments or turn them away. This is not acceptable.

Bill the CCO. Providers cannot bill members for services covered by Medicaid.
Working with CCOs

Contracting
Billing and payments
Working with CCOs

• Consider joining the CCO’s network or complete a single-case agreement with the patient’s CCO to ensure continuity of care in 2020.

• Contact the CCO to learn about the systems, policies and procedures you will need to follow to get services approved and bill the CCO successfully.

• If you are not satisfied with a CCO’s decision about provider participation or covered services:
  • Complete the CCO’s appeal process, then
  • Request OHA review if necessary for resolution.
Payments from CCOs

Payment is a matter between the CCO and provider.

CCOs must pay or deny at least:

• 90 percent of all valid claims within 30 days of receipt, and

• 99 percent within 90 days of receipt.

To dispute a payment decision:

• Follow the CCO’s appeal process.

• If still in dispute, submit the OHP 3085 to OHA.
CCO payment – Transition of care

The CCO shall reimburse non-participating providers at no less than OHA’s fee-for-service rates.

During the transition, CCOs must approve claims for covered services, even if they have no documented prior authorization.

Providers may negotiate with CCOs for a higher rate.

If you cannot agree on a rate, submit a complaint using the OHP 3258.
Changing plans

Jan. 1 through Mar. 31, 2020

Regular OHP process for changing plans
Changing CCOs from Jan. 1 through Mar. 31, 2020

Members asked to “Pick a Plan” cannot change CCOs until Jan. 1.

• To change CCOs, members can call OHP at 877-647-0027 or go to bit.ly/ccochoice.
• Members will not need a letter ID in January to change plans. They will need their OHP number.
Regular process for changing CCOs

If they live in an area with more than one CCO, members can ask to change CCOs at other times, even if they were not part of the “Pick Your Plan” member choice period. Examples include:

- Within 30 days of initial enrollment, if enrolled in error
- Within 90 days of initial enrollment, for any reason
- After being enrolled or at least six months
- When renewing their OHP

To change CCOs:

- Members can call OHP Client Services at 800-273-0557 or submit a request at ONE.Oregon.gov.
How to help

Medicare-Medicaid member information
Stay informed
Helping Medicare-Medicaid members

Remember:

• Most dual-eligible members were not part of the “Pick Your Plan” choice period.

• “Pick Your Plan” and the Jan. 1, 2020 transition only applies to Medicaid. It does not affect Medicare enrollment or plan choice.

• If they have Medicare as primary, they are not required to be in a CCO for physical health care.

• They can choose any Medicare plan they want or choose fee-for-service Medicare.

• Their local AAA/APD office will explain the options that work best for them.
How to stay informed

- OHP provider website
- CCO 2.0 website
- Provider Matters newsletter
- @OregonHealthAuthority
- @OHAOregon