

Working with CCOs as an Out-of-Network Provider

The Oregon Health Authority is committed to fostering a collaborative health care environment for Oregon Health Plan members that transcends the boundaries of individual coordinated care organizations (CCOs).

A key strategy is supporting collaboration between providers and CCOs to create a more integrated and responsive health care system throughout Oregon.

Why are out-of-network providers important?

In rural areas, members may need to see out-of-network providers for specialized care. By working with CCOs throughout Oregon, providers can:

- **Enhance access to care:** Offer more services to members, ensuring greater flexibility and options in choosing health care providers.
- **Improve coordination and continuity of care:** Improve service coordination, especially for members with complex health needs.
- **Address health inequities:** Identify and address systemic barriers, ensuring that medically underserved communities get the care they need.
- **Strengthen community engagement:** Offer diverse perspectives and resources that may not be available locally. This can foster trust and build stronger relationships between providers and their communities.
- **Advance health equity:** Improving access to care for all members is essential to achieving OHA's goal of eliminating health inequities by 2030 and fostering a healthier, more equitable community.

Steps for providers

To work with CCOs outside your service area, you can:

- Establish relationships with CCOs.
- Provide specialized care through single-payer agreements and prior authorizations.
- [Reach out to other CCOs](#) to discuss potential partnerships and collaborative opportunities.

Potential challenges in working with multiple CCOs

- **Coordination of services:** Aligning care coordination efforts across multiple organizations can be challenging due to differing schedules, policies, and priorities.

- **Administrative complexities:** The administrative burden of additional paperwork can be time-consuming and resource intensive.
- **Quality assurance:** Maintaining consistent quality and standards of care across different providers requires robust care coordination and collaboration.

Provider contracting and credentialing considerations

Credentialing process

Out-of-network providers must be credentialed upon initial contract and re-credentialing, including a review of the National Practitioners Databank and compliance with [42 CFR 455 Subpart E](#).

Capacity issues

Managing provider enrollment capacity through membership allocation or closure to new enrollment can be challenging. Coordination with CCO operations and quality assurance teams is essential to manage these issues effectively.

Compliance and monitoring

CCOs are responsible for ensuring coordinated care services are provided within the scope of the provider's license or certification and that providers are appropriately supervised. CCO staff and participating providers must receive regular training on coordinated care services, applicable administrative rules, and CCO policies.

Oregon Administrative Rules

For reference, relevant Oregon Administrative Rules (OARs) include:

- [OAR 410-141-3500](#): Definitions
- [OAR 410-141-3510](#): Provider Contracting and Credentialing
- [OAR 410-141-3515](#): Network Adequacy
- [OAR 410-141-3520](#): Record Keeping and Use of Health Information Technology
- [OAR 410-141-3530](#): Sanctions
- [OAR 410-141-3540](#): Member Protections
- [OAR 410-141-3545](#): Behavioral Health Provider, Treatment, and Facility Certification and Licensure
- [OAR 410-141-3860](#): Care Coordination
- [OAR 410-141-3865](#): Coordination and Continuity of Care

Thank you for your commitment to this important work. Together, we can make a meaningful impact on the health and well-being of our communities.