

Questions and answers for Jackson County providers

From OHA's Jan. 15, 2020 webinar

Answers from AllCare CCO

If a member receives OB services, will AllCare will continue to pay for specialty care such as prenatal care, deliveries, and postnatal care after March, even if the provider is not contracted?

Only AllCare's primary care contract with Primecare has changed. All other contracts are still in place, including contracts for specialty care.

For members in Josephine County who have been seeing Jackson County providers, what can they do to keep seeing those providers?

Right now they are being assigned to a Josephine County primary care provider (PCP). However, if both the member and provider feel the member should stay with the Josephine County provider, they can contact AllCare to reconsider the PCP change. The reconsideration process is a medical review, done on a case-by-case basis.

Will the inpatient notification to the CCO they were on at time of admission be good for those that changed while they were in house?

Yes. AllCare will cover until the patient is discharged.

When will AllCare update the provider list on their website?

It is current at all times. Nothing should change after March.

Will specialty services need PA after March for non-contracted providers?

PrimeCare is and will be contracted with AllCare for all specialty services and nothing will change after March.

Answers from Jackson Care Connect

Will Babe Store vouchers (from AllCare) be honored by the Jackson Care Connect's Starting Strong program?

No, but Jackson Care Connect encourages members to start new vouchers with Starting Strong and develop relationships with this program.

Does Jackson Care Connect require a 3-month authorization for outpatient behavioral health services?

No. Jackson Care Connect has not changed any of its authorization policies. JCC does require an authorization if a member has been seen by an outpatient mental health provider for 1 year.

Are there any discussions about the current backlog with Jackson Care Connect for reprocessing claims (when taking on these new members)?

JCC is aware of the impact this has had on its provider network and has focused significant efforts in improving claims processing times. Over 90% of claims received are processed within 30 days.

Will case management be more available?

We do not offer case management, but we do offer care coordination. We can connect members to resources for case management within the community/service providers. We will be offering more levels of care coordination specific to behavioral health care, but for physical health the capacity will remain the same.

Billing and payment

Who fills out the forms mentioned in the webinar?

The provider fills out the Request for Claim or Payment Authorization Review ([OHP 3085](#)) and the Provider or Partner Complaint Form ([OHP 3258](#)).

Is there a certain OHA form used to complete single-case agreements? Or does it vary by CCO?

OHA does not have a form for single-case agreements. Procedures for completing such agreements vary by CCO.

As mentioned in the webinar, Jackson County providers should not have to complete single-case agreements with their members' new CCO because:

- AllCare has a contract with Primecare.
- Jackson Care Connect's network has not changed.

Are there rules guiding a CCO's policies for working with a provider on payment for services to the CCO members? Does OHA review these to ensure they are in the spirit of OHA's intent?

[410-141-3565\(8\)\(a\)](#) requires CCOs to have written policies and procedures for processing claims submitted from any source. The policies and procedures must specify timeframes for date stamping claims when received; determining within a specific number of days from receipt whether a claim is valid or non-valid; the specific number of days allowed for follow-up on pended claims to obtain additional information; and sending written notice of the decision with appeal rights to the member when the determination is a denial of the requested service as specified in OAR 410-141-3885.

For disputed claims is there a timeframe that the CCO is required to complete their response?

Jackson Care Connect responds to disputed payments within 30 days.

AllCare's timeframe for disputed claims is in their provider contract.

In order to appeal to OHA about payment disputes, the provider needs to submit a request for administrative review within 30 calendar days from the date of the CCO's decision and include evidence that the CCO was sent a copy of the provider appeals; see [OAR 410-120-1560\(6\)\(e\)\(D\)](#).

After 3/31/2020, do OHA and the CCOs have continuity of care contracts that clinics still need to honor? If so, what is that process?

The 90-day assurance is that members may see their current primary care provider (PCP) during the first 90 days with their new CCO.

CCOs are required to honor prior authorizations for up to 6 months, as outlined in Exhibit B, Part 3, Section 14 of the [2020 CCO contracts](#). Subsection “g” also states that CCOs must continue to provide care coordination until appropriate transfer of care can be arranged for members in a course of treatment for which a change of providers could be harmful.

CCOs are also required to allow populations listed in section 3 of [OAR 410-141-3850](#) to:

- Continue treatment with their existing provider, even if out of network, until treatment is complete or deemed no longer medically necessary.
- Complete the entire course of treatment, even if it extends past the 30-60-90-day transition for:
 - Prenatal care
 - Postpartum care
 - Transplant services through the first-year post-transplant
 - Radiation services or chemotherapy services for the current course of treatment
 - Prescriptions with a defined minimum course of treatment

If the patient is coming in for non-covered services, do we turn them away or bill them?

If an OHP member wants a service that Medicaid does not cover and you want payment for the service, you need to explain that service is not covered. You and the patient need to complete an Agreement to Pay form. You can use the [OHP 3165](#) (for health care services) or [OHP 3166](#) (for pharmacy services), or a similar form that contains the same elements as these forms.

- If the patient agrees to pay for the service and signs this form, then you can treat the patient and bill the patient for the service. See [OAR 410-120-1280\(3\)](#) to learn more.
- If the patient does not agree to pay, you could still treat the patient, but you could **not** hold the patient responsible for paying for the service.

Member enrollment

When will assignment of members to CCOs be complete? If it isn't complete, what is the outstanding number left to assign?

OHA completed this work on January 1, 2020.

Members in choice areas (i.e., areas with more than one CCO) can choose to change CCOs through March 31, 2020. OHA will reassign members as requested during this time.

After that time, members in choice areas can also choose to change CCOs as described in [OAR 410-141-3810](#).

Do you know how many of the 12,000 members who changed plans are adult vs children?

Defining adults as 18 years or old as of July 1, 2019, there were approximately 6,000 adults and 6,000 children who changed plans.

Can you provide a written synopsis of the algorithm applied for reassignment?

In Jackson County, OHA looked at:

- Family relationships, to make sure family members weren't enrolled into different CCOs. If the family had providers in common, the family went to the CCO those providers worked with.
- If there were no providers in common, OHA then looked at the primary care and behavioral health services members had received in the past 24 months, and which CCOs the providers of these services participated with.

Our goal was to keep the current link between members and their primary care and behavioral health providers.

We had AllCare members move to Jackson Care Connect even though our provider group is contracted with AllCare. Why?

OHA would have to see the details about the specific members. However:

- If a member had no active claims within the 24-month period that OHA used to determine the reassignments, then the member would be assigned to the same CCO as their family members.
- If the member had no family members living with them, then the member had an equal chance of being assigned either CCO.

When members to ask to change CCOs, what is the timeframe for the actual change to the new CCO?

Requested CCO changes will happen within 60 days for members who:

- Recently reported changes to OHP,
- Are renewing their OHP, or
- Have been enrolled with their CCO for 90 days or more.

For other members, the change will happen the first or second Monday after the request date, unless there are other factors that would prevent this from occurring.

- Requests processed by Wednesday will take effect the following Monday.
- Requests processed after Wednesday will become effective the second Monday.

Will changes to enrollment show immediately in MMIS or will that information lag?

Once the new enrollment is effective in MMIS, it will show immediately in the MMIS Provider Portal at <https://www.or-medicaid.gov>.

Which is the best number to call to change CCOs, and what are average wait times?

For now, please use the Pick Your Plan customer service line at 877-647-0027; their wait time is less than a minute.

OHP Client Services at 800-273-0557 is the year-round customer service line that members can use to change CCOs, but their wait time is longer.

Members can also use the online form at bit.ly/ccochoice.

If there's been a break in CCO coverage for the last several months (e.g., for an incarceration), will the person return to their prior CCO or be re-matched?

The person will return to their prior CCO.

Provider CCO resources

How do we get a copy of this webinar?

The video and slides are posted on the [CCO 2.0 provider resources page](#).

Eligibility continues to be an ongoing, frustrating experience for those dependent on its information. Is there a plan to address the reliability issues so providers have reliable access to member eligibility?

Enrolled providers continue to have 24/7 access to OHP eligibility and CCO enrollment information through the MMIS Provider Portal at <https://www.or-medicaid.gov>, and Automated Voice Response at 866-692-3864.

Are there plans to increase Provider Services staffing to reduce wait time, especially during this critical transition time?

OHA is monitoring wait times, which are currently under 5 minutes. OHA meets weekly to assess and discuss wait times. If wait times go up, OHA will look into resources at that time.

When will the non-emergent medical transportation information on OHP website be updated?

The [CCO list](#), [searchable brokerage list](#) and [brokerage map](#) are all updated with 2020 information.