CCO 2.0 questions and answers

From OHA's Nov. 21 provider webinar

Portland Metro changes

Is Trillium still on in Multnomah, Clackamas and Washington?

Trillium still has a five-year contract to serve Multnomah, Clackamas and Washington counties. However, Trillium must show it has an adequate provider network to serve those counties. If Trillium is able to demonstrate an adequate provider network, the soonest Trillium could serve members in these counties is April 1, 2020.

When OHA informs Health Share members that they must stay with Health Share (and cannot change to Trillium), will OHA advise of the specific plan under Health Share?

No. OHA's notice only explains that Health Share members who chose or were matched with Trillium can no longer choose Trillium, so their CCO remains the same.

If there are changes to members' specific Health Share plan in 2020, Health Share will notify the member, not OHA.

What happens if someone chose Trillium during the choice period?

In the Portland Metro area, this means they will be reassigned back to their current CCO, Health Share, starting in January, 2020.

A couple patients got letters saying they were switched to Trillium. Can we find out their CCO enrollment in advance? We would love to be able to help members avoid a break in care.

In October, OHA sent letters with a suggested CCO match based on the primary care and behavioral health care visits they had in the past 24 months.

If they are in the Portland Metro area, they will **not** be switched to Trillium. In mid-December, we mailed letters explaining that they will stay with Health Share even if they chose Trillium.

The patients had a Health Share PCP. How did they get chosen for Trillium?

OHA reviewed claim data for primary care and behavioral health procedures.

It's possible that while Health Share assigned the members a Health Share PCP, their claim history did not show any recent primary care or behavioral health visits that would link them to Health Share more than Trillium. OHA does not store PCP assignment information for CCO members in MMIS.

What will happen to patients who have OHSU, Legacy, or Adventist PCP clinics? Will we no longer be able to see them because they will change to another Integrated Delivery System?

Health Share has stated that even if their health plan is changing, members can still go to their same doctors and clinics. To learn more, contact Health Share.

How would we know which HSO plan the members will be transitioned to? We were advised that all Tuality Health Alliance members would be switched to "OHSU Health." Is this a new plan? If so, what are the authorization guidelines? Where do we submit authorization requests? Do we still follow the prioritized list guidelines for therapy (BTL/ATL)?

To find out a member's Health Share plan assignment, use Health Share's provider portal**.**

Information about OHSU Health is on the OHSU website. For answers to other questions, please contact Health Share. Information about their 2020 plans is on the Health Share of Oregon website.

Is Health Share a CCO on its own? We have members that were with Health Share CareOregon and now are listed only as Health Share on the OHA portal. Not sure how to address billing when no CCO is listed.

OHA's system can only list the member's CCO (Health Share of Oregon). To learn which medical and dental plans a Health Share member is enrolled with, you need to use Health Share's provider portal.

A link to Health Share's portal and other information about OHP eligibility enrollment is available at bit.ly/verify-ohp**.**

Can you speak to the changes happening with behavioral health in tri-county with management of care moving from Health Share to CareOregon? Do we need to have contracts with one or the other or both? We don't have contracts with either yet as we were just approved by OHA. Need to know which CCO we need a contract with after 1/1/20.

CareOregon manages the behavioral health benefit for Health Share. To learn how to join Health Share's behavioral health network, contact Health Share.

When will Trillium start serving tri-county members? Is that happening by 4/1 or later?

If Trillium demonstrates adequate provider capacity for the tri-county area, the soonest Trillium could begin serving tri-county members is April 1, 2020.

You keep saying members will stay with Health Share for mental health. However, everyone is saying CareOregon will be assuming management of the mental health benefits. Will members continue to see those two benefits separated in name, or will we be saying "you have CareOregon" for both medical and mental health by January 1?

CareOregon manages mental health benefits for Health Share of Oregon. In OHA's system, the benefits are managed by Health Share. For questions about how Health Share will choose to communicate how they manage mental and physical health benefits, contact Health Share.

Is Health Share going away and moving to CareOregon on January 1?

No, Health Share is not going away. CareOregon is managing Health Share's behavioral health benefit and providing services as one of Health Share's four medical plans. To learn more about these changes, you will need to contact Health Share.

Health Share has four different plans. Will the member stay with the same plan (e.g., CareOregon or Tuality)?

You will need to ask Health Share if members will be moving to different medical plans in 2020.

What does the webform look like for Portland area members when they log into it?

The webform at bit.ly/ccochoice has a message at the top that reads, "Trillum is no longer a plan choice in 2020 for Clackamas, Multnomah and Washington counties. If you choose Trillium, your plan will not change."

Health Share is also moving members and adjusting their provider networks - do they have the same timeline?

Health Share's changes will also be effective January 1, 2020.

Jackson County changes

What is happening in Jackson County?

Both AllCare and Jackson Care Connect will serve Jackson County in 2020. Some AllCare members will move to Jackson Care Connect effective January 1, 2020, because of provider network changes.

All members moving to a new plan January 1 will get a letter in mid-December about the January 1 change.

From now until January 1 are new members still being assigned to AllCare in Jackson County? If so, will they be included in the mass migration in mid-December?

Yes, new members will be assigned to either Jackson Care Connect or AllCare CCO. They will not be reassigned to a different plan January 1.

What about newborns, who usually follow the mother's CCO affiliation. Who will they be assigned to if Mom is on AllCare at baby's time of birth?

The baby would also be enrolled with AllCare CCO.

How long will referrals and prior authorizations be honored with AllCare?

Up to 90 days for physical health, and up to 180 days for behavioral health, like the other CCOs.

When and how is the state notifying the AllCare members of this change so that we can address those who have not received notification?

Only AllCare members who are changing to Jackson Care Connect will get a notice. CCO enrollment is not changing for other AllCare members.

When will the state switch Jackson County AllCare members to Jackson Care Connect?

The change will be effective January 1, 2020.

What will be the impact on members and behavioral health providers of transitioning AllCare members because of the change in primary care contracts in Jackson County?

In Jackson County, OHA looked at the primary care and behavioral health services members had received in the past 24 months. OHA also looked at which CCOs the providers of these services participated with. OHA also made maintaining the behavioral health provider relationship a priority. Our goal was to keep the current link between members and their primary care and behavioral health providers.

Josephine County changes

In Josephine County, we have noticed some PrimaryHealth patients already switched to AllCare. Is OHA already reassigning members? My clinic's AllCare contract does not go into effect until January 1, so the members already switched could have a disruption in care.

No, OHA's reassignments all take effect January 1, 2020. Members do have multiple times they can choose to change CCOs during the year, if there is a choice in their area.

For patients switched from PrimaryHealth to AllCare before Jan. 1, should we keep appointments and bill AllCare now, even though we are not contracted with AllCare now and the switch happened before January 1?

Because the member switched CCOs prior to Jan. 1, 2020, continuity of care provisions are not applicable. If you would like to continue treating these members, we encourage you to discuss what options are available with All Care's Provider Services Department.

Lane County changes

Are Lane County members with an Oregon Medical Group PCP also going to PacificSource?

Yes. This is because Trillium does not have a 2020 contract with Oregon Medical Group.

Trillium is reflecting PHMG/Sacred Heart Riverbend and UD as a contracted hospital and provider groups for all of Lane County, isn't this misleading/incorrect information to be on OHA's website?

Trillium is still participating with area hospitals in 2020. The OHA website was corrected to display current Trillium affiliations as of December 19, 2019.

I have tried to help get the CCO changed for someone in Lane County but am told we can't do the change until after January because he has Medicare also. Is there a way to make it easier?

PacificSource will not be an active CCO choice in OHA's system until January 1, 2020. This is why members must wait until January 1, 2020 before changing from Trillium to PacificSource.

We are contracted with both PacificSource and Trillium. When you say members who see PeaceHealth or OMG providers are going to be reassigned to Pacific Source, are you speaking PCPs or are you also including specialists?

We are speaking about PCPs.

In Lane County, will members with Trillium Advantage plans be automatically switched to PacificSource if they have a PeaceHealth or OMG PCP? Or will they be notified of the conflict?

No. All Medicare members were excluded from the member transition, unless they were in a CCO that was closing December 31, 2019.

Marion-Polk county changes

What is the deadline for joining PacficSource's network? Where do find information about moving from Willamette Valley Community Health (WVCH) to PacificSource?

OHA has advised all 2020 CCOs to make contracting information readily available to providers on their websites. OHA has links to each CCO's contracting and credentialing information on the CCO 2.0 provider resources page.

Questions about any CCO's specific timelines for credentialing should be directed to the CCO.

If we are already participating with PacificSource does that contract cover all counties?

For questions about your existing contract with PacificSource, please contact PacificSource.

Will WVCH members be switched to Yamhill CCO or PacificSource?

In Polk County, most WVCH members will move to PacificSource. Yamhill County members will move to Yamhill Community Care.

We have many Medicare / WVCH secondary patients. What will happen with those members?

PacificSource has agreements in place with two Medicare Advantage plans, Atrio Health Plans and Kaiser Permanente. The CCO will provide integrated approaches to care through these relationships. CCOs have to coordinate with any Medicare provider and Medicare payer the dual-eligible member has in place.

Other CCO service areas

What are the CCO assignments for Curry County?

Curry County has no changes in 2020. The CCOs remain the same (Advanced Health and AllCare CCO).

Are EOCCO plans changing? (Eastern Oregon)

There are no changes for Eastern Oregon.

What letter was sent to Linn County members who would change from WVCH to IHN?

Most members did get a notice listing their 2020 CCO as IHN. Members in ZIP code 97446 could choose between IHN and Trillium.

For Trillium members living in Harrisburg, will PacificSource be a choice for them in Linn County with the ZIP code 97446?

Yes. In Linn County, Trillium is only available in ZIP code 97446.

Payment during CCO transition

How will we get paid by the closing CCOs?

Oregon Administrative Rule (OAR) 410-141-3065 requires that closing CCOs be responsible for:

- Processing claims for at least 18 months after their termination date
- Processing all claims with 2019 dates of service
- For patients admitted in 2019 and discharged in 2020, hospital claims and post-hospital extended care benefits as defined in 2019 contract
- Payment of 2019 services denied but later approved for payment on appeal

For Willamette Valley Community Health and PrimaryHealth of Josephine County, this means they must process claims through June 30, 2021.

To learn how to get paid by these CCOs, contact the CCO.

What if the closing CCO has only approved services for 2019? Will providers still receive reimbursement until they can submit an authorization for 2020 services with the new CCO?

The new CCO will receive information about the member's existing authorizations before 2020. They are also required to contact members with current needs, such as existing approvals, so that they can arrange to continue the services in 2020.

Providers who have questions about transition of care to the new CCO should contact the new CCO.

For nursing homes/rehab stays under 20 days, if members are admitted in December 2019, does the current CCO, or the new CCO cover the remaining days of the stay?

The CCO effective at admission is responsible for covering the stay.

Members are allowed to see their PCP for 90 days after the change, what about specialists?

Yes. The physical health care transition also applies to specialty care approved by member's current CCO.

Does the 90-day assurance apply to specialists if the patient is in the middle of treatment? Mostly, we want to avoid a claim denial because we're not contracted.

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.

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

To avoid rejected claims, contact the member's 2020 CCO to secure a single-case agreement. CCOs are also required to allow populations listed in section 3 of OAR 410-141-3061 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
    - Chemotherapy services
    - Prescriptions with a defined minimum course of treatment

Does prior authorization mean the same thing as having an insurance referral approval for care?

Yes. This means the service has been approved before the service was provided.

OHA's provider fact sheet says that members will be able to keep their current pharmacies. Is that dependent on contracts or will the member's new CCO honor all existing pharmacies indefinitely, regardless of contracting?

OHA's continuity of care fact sheet says during this time, assure members they can keep seeing their current providers and pharmacies. This means we do not want 2019 providers and pharmacies to turn away members now because they are changing plans in 2020.

The new CCO must honor approved prescriptions for up to six months. Pharmacies should reach out to the CCOs to join their network if they haven't already. OHA does not expect CCOs to accept pharmacy claims indefinitely regardless of contracting.

Are these CCO requirements for Jan. 1 transition tasks also for members that are staying with their old CCO and not being assigned to a new one? Or only for those transitioning in order to ensure continuity of care?

These requirements are in the contracts for all 2020 CCOs. They are the steps CCOs must take to ensure that their newly enrolled members get continuity of care.

They do not apply to members who were already in the CCO for 2019.

If Medicare members do change their CCO, will their old providers and PAs be honored for the 180/90/180 days?

Yes, if the services are covered by Medicaid and the CCO. Services covered by Medicare as primary should not be affected by the transition, if Medicare members did change CCOs.

Is there official notice of these extended timelines that will be provided to CCOs?

CCOs have been notified in multiple work sessions and their contract award process. The timelines are listed in their 2020 contracts.

Will providers be able to see new patients while going through the credentialing process during the 180-day transitional period?

During the 180-day transitional period, providers may see existing patients to ensure continuity of care until the patient is established with a provider in the new CCO's network. Providers may also see new patients referred to them by the patient's 2019 CCO.

For questions about CCO payment for new patients during the credential process, you will need to contact the CCO.

Do we have to keep our psychiatrists for 180 days to meet continuity of care guidelines if the CCO isn't willing to fund that level of specialty?

If your patients are moving to a new CCO and psychiatric care has been approved by the patient's current CCO, the new CCO must cover that care for up to 180 days.

Billing CCOs

We've heard that all CCOs will have a 120-day timely filing limit. Is this true?

OAR 410-141-3565 (Managed Care Entity Billing) states:

- Providers must bill the CCO within 4 months of the date of service.
- They have 12 months from the date of service for issues that prevent timely billing (such as pregnancy, eligibility or enrollment issues, Medicare crossovers and Third Party Liability).

Will we receive reimbursement by check or electronically?

For questions about CCO reimbursement, please contact the CCO.

In 2020, will CCOs we don't contract with be consistent about how they handle claims for patients that have Medicare primary? Some pay secondary and some don't.

Starting January 1, 2020, OAR 141-3565 (Managed Care Entity Billing) requires all CCOs to ensure that Medicare-Medicaid claims cross over for full coordination of benefits; and cover Medicare cost-sharing for all services covered by Medicare Parts A and B.

If you find that a CCO consistently fails to process crossover claims or pay for Medicare cost-sharing, and have exhausted the CCO's provider appeal processes, you can contact OHA and request an administrative review of the CCO's payment decision.

Contracting with CCOs

We currently serve many clients who are in a closing CCO. Do we need to apply for credentialing with the 2020 CCO(s)?

If you would like to maintain your clients beyond the 180/90 day grace period, you will need to reach out to your 2020 CCOs to find out how to join their network, or complete a single-case agreement, to continue care.

Do providers have to credential through Medicaid and their county's CCO? Or just one or the other?

Providers do have to reach out to the CCO to start the credentialing/contracting process. CCOs report to OHA the providers in their network and are responsible for also enrolling them with Medicaid.

We are contracted with our county's CCO but have a few patients that are members of a CCO that won't let us contract with them since we are not in their county. What should we do?

If you have patients who are members of a different CCO, the members should contact their CCO to find out which providers they can see.

If you feel a patient has a serious medical need to be treated by your office (and not by the CCO's providers), you could ask OHA for a medical review of your CCO disenrollment request. If approved, this would require you to bill OHA, not the CCO, for services provided.

Oregon Revised Statute 414.646 prohibits CCOs from denying provider participation based on licensure or certification, but it does not require that the CCO contract with any or all providers.

Are contracts required by December 1?

CCOs are required to show readiness by December 1 and complete all contracts required to begin operations by December 1. This doesn't prohibit providers from reaching out to the CCOs to ask to participate in their networks after December 1, or at any other time.

Service authorizations

For outpatient therapy who will authorizations be processed through?

The CCO is responsible for outpatient therapy.

What provider portal will be used for prior authorizations, like diagnostic imaging MRI?

To find out about the specific system(s) CCOs use to accept claims, eligibility inquiries or prior authorization requests, please contact the CCO. Most CCOs have information about their provider portals online.

Will behavioral health fee for service authorizations now need to be sent to the CCO?

No. The 2020 CCO changes do not change how you get fee-for-service authorizations approved. These still go through OHA's Independent and Qualified Agent, KEPRO.

To find out how to authorize services covered by the CCO, contact the CCO.

Will patients of the closing CCO be auto-assigned to the same PCP they have now, once they are enrolled with the new CCO?

PCPs in a closing CCO must reach out to the new CCO to make sure they are on the new PCP's panel for 2020. As outlined in OAR 410-141-3258(12), the closing CCO must arrange for the orderly transfer of all OHP members assigned to the MCE to coverage under any new arrangement authorized by the Authority. This includes: forwarding of all medical or financial records; high needs care coordination; facilitation and scheduling of medically necessary appointments for care and services; identifying chronically ill high risk, hospitalized, and pregnant members in their last four weeks of pregnancy.

Is the new CCO required to honor prior authorizations that current CCO approved?

Yes, for up to 180 days or June 30, 2020, regardless of whether the provider is in network.

Re: 180 days for PAs. What about getting an extension to an existing 2-month PA? Would that be honored? Or only the timelines in place pre-change?

If you asked the current CCO to approve extending a current PA, the new CCO would have to honor the extended PA for up to 180 days (or June 30, 2020).

Is the coverage of PAs for medically necessary services - honoring for the 180 days?

It is for any care prior authorized by the patient's current CCO.

If the new CCO receives a PA for a member who has a previous approved PA is the new CCO supposed to honor the approval for the 180 days or can they review for medical necessity?

The new CCO must honor the approval from the 2019 CCO for up to 180 days. If the new CCO receives a new request to authorize services, they would review it for medical necessity.

Member letters

Is it true that some groups, like Child Welfare and Aging and People with Disabilities clients, did not receive letters about 2020 changes? If so, why?

Such groups only received a letter if their CCO was closing and they lived in an area that would have more than one CCO in 2020. This was so that they would receive as little disruption to their care as possible.

Can you explain the logic of sending a notice that a member has been transferred to a different CCO when they are able to transfer back to their original CCO two weeks later? Doesn't it make more sense to offer to move people to a new CCO in January, rather than moving people and then letting them move back two weeks later?

The purpose of the December letters is to let members know which CCO their providers work with, and that their enrollment is changing to keep the member with their current providers.

The enrollment date is still January 1, 2020, for all members who are changing CCOs.

What will happen to Medicare members who are in closing CCOs?

Medicare members in closing CCOs got a letter about their new CCO for 2020. They will be enrolled in the new CCO effective January 1, 2020.

Member enrollment

If a patient changes their CCO enrollment, would it be backdated to the 1st of the month?

This is unlikely. In general, CCO enrollment changes are future-effective.

What is the anticipated turnaround time when changing from one CCO to another during choice time? Will the disenrollment from the assigned CCO happen instantly?

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 MMIS differentiate between the PacificSource service areas?

Yes. They will be differentiated using the county name (for example, "PacificSource – Lane" for the Lane County service area).

How will these plans look on MMIS? Will they be clearly marked in order for us to choose the correct plan to bill?

In MMIS, plans are displayed by name. The CCO is listed in the Managed Care / Primary Care Home panel of the MMIS web portal eligibility verification screen with a Plan Type of "CCOA."

Any other health coverage, such as a Medicare plan or private insurance, is listed in the TPL panel of this screen. These other sources would be considered primary and should be billed before billing the CCO.

When will the members be switched?

Members will be enrolled in their 2020 CCOs effective January 1, 2020.

When or why do members get auto-assigned? At the first of the month, we have found AllCare members get auto-assigned to Advanced Health, even though they have not lapsed in coverage.

MMIS auto-assignment runs weekly on Mondays. There are many reasons that a member could be assigned to one CCO over another. The scenario described appears to be member choice.

OAR 410-141-3080 (Disenrollment from Coordinated Care Organizations) lists the times members can choose to change their CCO assignments, if there is more than one CCO in their area.

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.

I am concerned about primary care referrals out to specialty. Is there an online source to help us identify who we can refer to based on CCO contracting? We do not want to refer to later find out that specialist is not contracted with the members CCO.

Each CCO is required to maintain a provider directory that lists the providers in their network. The CCO comparison tool at bit.ly/ccoplans includes a link to each CCO's provider directory.

Why are counties with no changes listed as ones that will get the member lists?

All CCOs will get lists of all the members they will serve January 1, 2020, whether the county experiences a change or not.

Will there be different ID numbers for clients changing CCOs? For example, will it be different from the number on their current Medicaid ID from their current CCO?

All CCO ID cards use the 8-digit Oregon Health ID number issued by OHA.

Can you provide a provider relations phone number for these CCOs? Thank you

CCO provider relations numbers are listed on OHA's CCO contact page at www.oregon.gov/OHA/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx.

How do we handle patients who didn't change plans on January 1, 2020?

As with all patients, verify OHP eligibility and CCO enrollment before providing service. Bill the CCO the member has on the date of service.

Do our support staff need to sign up for a different provider portal than One Health Port to continue to do their job? How will we get referrals from the new CCO?

You can view all participating One Health Port sites at https://www.onehealthport.com/sso. However, to find out what resources you will need to use to get approvals from the new CCO, you will need to contact the CCO.

Is there a list of all the offered plans and who they are managed through?

The OHA website has several places to find CCO contact information:

- The CCO contact list at www.oregon.gov/OHA/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx
- The CCO 2.0 provider resources page at www.oregon.gov/OHA/HSD/OHP/Pages/CCO-Changes.aspx
- The CCO comparison tool at bit.ly/ccoplans