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Delivery Systems and Hearings Section

Number: DMAP IM 12-119

Authorized Signature

Issue Date: 11/06/2012

Topic: Medical Benefits

Subject: Update: Primary Care Managers Program – Change in contact information

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the AMH, APD, CW, DMAP and SS transmittal lists

Message:

In October, the Division of Medical Assistance Programs mailed a [letter](#) to Primary Care Managers (PCM) regarding the disenrollment of PCM clients on November 1, 2012. The letter also informed PCMs about the Patient-Centered Primary Care Home Program (PCPCH) and how to become recognized, and provided information about Coordinated Care Organizations and the client transition to CCOs.

Please note that the contact information has changed for questions about the letter and the PCM and PCPCH Programs.

Please note the updated contact information below for questions about the PCM or PCPCH Programs.

Contact:	PCM Contact: Carol Simila, DMAP Delivery Systems Unit		
Phone:	503-945-8837	Fax:	503-947-5221
E-mail:	carol.simila@state.or.us		
Contact:	PCPCH Contact: DMAP.PCPCH@state.or.us		
Phone:	503-373-7768		

Primary Care Managers

PCM clients will be disenrolled November 1, 2012

Dear Primary Care Manager,

I am writing to let you know about an important change to the Oregon Health Plan.

As you may already be aware, Coordinated Care Organizations (CCOs) are now serving Oregon Health Plan (Medicaid) clients in most areas of the state. With the creation of CCOs, the state is moving away from a fee-for-service, or open card, structure and most clients will become part of a CCO. As a result, the PCM program is being phased out.

For many years, the Primary Care Manager program has been an important part of the Oregon Health Plan and I want to thank you for your role in serving the patients in your local community.

I also want to make sure you know about other reimbursement options that are available through the Patient-Centered Primary Care Home Program for the enhanced care you offer patients.

Included in this notice is information about how to contact the local CCOs in your community and information on how your clinic or practice can be recognized for your commitment to patient-centered care.

When the change is happening

November 1, 2012

How the change will affect the PCM program

The PCM program and payments are ending. Effective November 1, your patients who are eligible for CCO enrollment will no longer be part of the PCM program. And over the next several months, all PCM providers will receive notice that contracts are ending.

Continuity of care

If you are already part of your local CCO(s) provider panel, you can continue to care for your OHP fee-for-service patients who enroll in that CCO. If you are not part of the local CCO panel and would like to be, please contact the CCO(s) in your community. Contact information for all CCOs is available online. Go to www.health.oregon.gov and click on "Info for providers."

Reimbursement options

If your clinic is not yet recognized as a Patient-Centered Primary Care Home, you may qualify to become one.

If your practice is a recognized Patient-Centered Primary Care Home, and you have patients in both the PCM program and the Patient-Centered Primary Care Home Program, we will disenroll the patient from the PCM program and keep them in the primary care home program to avoid duplicate payments.

Patient-Centered Primary Care Home Program

Patient-centered primary care home providers receive reimbursement for the enhanced services available to OHP clients with certain chronic conditions – whether they are served through a CCO or are among the small number of clients who will remain fee-for-service. Please visit www.PrimaryCareHome.oregon.gov to learn why your practice might want to become recognized.

More information on the CCO client transition

Client notification

All OHP clients moving to a CCO receive notification prior to enrollment. In addition, clients receive a packet of information from the Oregon Health Plan when they enroll. Their CCO will also send them information about the CCO no more than 14 days after enrollment.

Exemptions and clients with special health needs

Not all clients will move to a CCO on November 1. Fee-for-service clients with certain health needs will move to a CCO when a safe transition plan is in place. This includes clients enrolled in Disease Case Management or Care Coordination programs. Others include clients in breast or cervical cancer treatment and those who receive services for HIV/AIDS through CareASSIST, people with end stage renal disease, and medically fragile children.

Some clients may qualify for an exemption from enrolling in a CCO. For example, American Indians, Alaska Natives and clients eligible for both Medicare and Medicaid can decide whether to enroll in a CCO. A list of exemptions for clients enrolling in a CCO is also available on www.health.oregon.gov.

If you know clients with special health needs and have questions about CCOs, please call the Oregon Health Authority at 1-855-226-6170.

Questions?

If you have any questions about this information, please do not hesitate to call or email us at DMAP.PCPCH@state.or.us or call 1-503-945-6800.

Thank you again for your service to your patients and for your support of the Oregon Health Plan. We look forward to continuing our relationship with you as a provider of excellent care to Oregon Health Plan members.

Sincerely,



Patricia Krewson,
Assistant Section Manager
Delivery Systems and Hearings Section