

Oregon Health Plan providers

Transition to Coordinated Care Organizations

What is happening

Coordinated Care Organizations, or CCOs, are beginning to form in local communities. CCOs are networks of all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan (Medicaid).

When the change is happening

Coordinated Care Organizations are available in communities across the state and others that are provisionally certified to begin serving OHP members by November 1, 2012.

To see the list of Coordinated Care Organizations and provisionally certified CCOs, including their start dates and service areas, go to www.health.oregon.gov.

Why this change is happening

Coordinated Care Organizations are a new type of health plan that brings together physical and mental health care and other services under one entity.

Today the system separates physical, mental and other types of care. That makes things more difficult for patients and providers and makes the health care system more costly.

As CCOs get up and running, they will have the flexibility to support new models of care that are patient-centered and team-focused, and reduce health disparities. CCOs will be able to better coordinate services and focus on prevention, chronic illness management and person-centered care. They will have flexibility within their budget to provide services alongside today's OHP benefits with the goal of meeting the Triple Aim of better health, better care and lower costs for the population they serve.

How Coordinated Care Organizations will work

CCOs will be locally governed. They are a partnership among local plans, health care providers, communities and stakeholders. The CCO will share one budget. Coordinated Care Organizations will also be required to implement health improvement strategies for the populations they serve.

To learn more about how CCOs will work, visit www.health.oregon.gov.

When and how OHP clients will transition to new plans

Current physical health plan members

Members will follow their current physical health plan into a CCO. This includes tribal members and people eligible for both Medicare and Medicaid who are currently enrolled in a physical health plan (though these members can opt in or out at any time).

While a physical health plan is still on the path to becoming part of a CCO, it will retain existing enrollees. If multiple CCOs are available in a service area, clients may choose a different CCO at redetermination or for cause.

Fee-for-service or “open card” members

Most fee-for-service members will automatically be enrolled in a CCO by November 1, 2012 for physical health and addictions and mental health care.

Some communities have more than one CCO. Clients may choose a different CCO based on the zip code service area where they live. Clients can change their enrollment to a different CCO up to 30 days after they enroll in a CCO. Clients should call to make a change or if they have questions – 1-855-226-6170.

Fee-for-service clients with special health needs

If a client has special health needs, they will not be moved to a CCO automatically on November 1, 2012.

This includes people enrolled in Disease Management or Care Coordination programs. Others include people in breast or cervical cancer treatment and those who receive services for HIV/AIDS through CareASSIST, people with end state renal disease, and medically fragile children.

Individuals with special health needs will move to a CCO when a safe transition plan is in place for their particular needs. The CCO they move to will be notified of that member’s care needs (including prior authorized services, prescriptions, equipment, providers and specialists) so they are prepared to facilitate care coordination.

In addition, the Oregon Health Plan and CCOs will work with special needs members individually through care conferences to ensure a smooth transition if needed.

Clients with special health need who have questions about CCOs should call 1-855-226-6170.

CCOs and local providers

The first wave of Coordinated Care Organizations includes existing managed care organizations and mental health organizations. Provider networks will remain substantially the same, with limited exceptions. If you have a question about whether a provider is included in the CCO network, please call your local plan.

Contacting new CCOs

The contact information for the new CCOs will remain the same as the current managed care organizations.

Fee-for-service providers

Fee-for-service will be phased into Coordinated Care Organizations. Most OHP clients who currently receive care through fee-for-service will be transitioned to their local CCO on November 1, 2012.

OHP benefits

Oregon Health Plan benefits will stay the same under CCOs.

OHP medical ID card

Clients' medical identification number will stay the same. Therefore, they can continue to use the same medical ID card that they use today.

Clients who will not transition to CCOs

- Tribal clients who do not wish to be enrolled in a health plan;
- Clients who have both Medicare and Medicaid coverage and do not wish to be enrolled in a CCO;
- CAWEM and CAWEM-Prenatal clients;
- Clients with third party liability;
- Clients who request a third-trimester pregnancy exemption. This option is available to pregnant clients until January 2013.

Clients new to the Oregon Health Plan

If a CCO is available in their community, new clients will be enrolled in a CCO automatically.

- If more than one CCO is available, clients will choose the CCO in which they'd like to enroll.
- If a CCO is not available in their area, clients may choose another existing health plan.
- As CCOs become available locally, clients will be enrolled in that plan.

Notifying clients about their transition to CCOs

All clients will receive a legally required notice from the Oregon Health Authority 30 days before they move into a CCO. This notice includes:

- The name of their current health plan;
- Basic information about CCOs;
- The name of the CCO into which they will enroll;
- Where to call with questions.

All clients will then receive a legally required coverage notice from the Oregon Health Authority on the day their CCO coverage begins. The coverage letter is a standard MMIS-generated notice. To provide more information about CCOs, an additional page will be included. The new CCOs will also send member information.

Questions?

Providers currently serving OHP clients through a health plan should call their plan for more information.

Fee-for-service providers should call the Provider Services Unit for questions at 1-800-422-5047.

More information on CCOs can be found by visiting www.health.oregon.gov.