

Oregon Health Plan Fee-for-Service providers Transition to Coordinated Care Organizations

What is happening

Coordinated Care Organizations, or CCOs, are now available in local communities across Oregon. 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

Most OHP clients, including fee-for-service (FFS), or open card, clients will automatically be enrolled in a CCO by November 1, 2012 for physical health and addictions and mental health care.

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 the Fee-for-Service client transition will work

Most FFS clients will automatically be enrolled in a CCO by November 1, 2012 for physical health and addictions and mental health care.

In some communities, more than one CCO is available. When this is the case, clients may choose a different CCO. 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.

Clients with special health needs

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

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.

Clients with special health needs, continued

Clients with special health needs include 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.

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.

Notifying clients about their transition to CCOs

All clients will receive a letter letting them know about this change before they transition to a CCO.

Once a client is enrolled in a CCO, they will receive a legally required coverage notice from the Oregon Health Authority. The coverage letter is a standard MMIS-generated notice. To provide more information about CCOs, an additional page will be included with the coverage letter. The client's CCO will also send them information.

CCOs and FFS providers

Providers who have questions regarding the CCOs in their area, or how they can contract with the CCOs in their area, should contact them directly. A [CCO contact list for providers](#) is available online by visiting www.health.oregon.gov and clicking on "Info for providers."

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.

Questions?

FFS providers should [call their local CCO](#) or the Provider Services Unit for questions 1-800-422-5047.

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