Staff Tool: Questions & Answers
Fee-for-Service client transition to Coordinated Care Organizations

Beginning October 1, 2012 many Fee-for-Service (FFS), or open card, Oregon Health Plan clients will receive a notice letting them know that on November 1, 2012 they are being enrolled in a Coordinated Care Organization (CCO).

For your use, below are some of the expected questions with accompanying answers.

What is a CCO?
CCOs are health plans that are set up so that anyone who provides your care — doctors, counselors, nurses — will be better able to focus on prevention and improving care.

Instead of just treating you when you get sick, they can work with you to keep you healthy and better manage existing health conditions.

For example, there may be added services for OHP members who have chronic conditions such as diabetes, asthma or other health needs. By helping members get regular, ongoing care, CCOs also can help avoid unnecessary trips to the hospital or emergency room.

- You will get the tools and support you need to stay healthy.
- Your care and the advice you get will be easy to understand and follow.
- Local resources will work together to improve health and health care.

Why do I have to enroll in a CCO?
CCOs are a new type of plan set up to improve the health and health care of Oregon Health Plan (OHP) members.

CCOs have the flexibility to support new models of care that are patient-centered and better able to coordinate services, focus on prevention and better manage chronic illness. They have flexibility within their budgets to provide services alongside today’s OHP medical benefits with the goal of improving health and lowering the costs of care for the population they serve.

All OHP members will receive care through a CCO unless they qualify for an exemption. Many members who were previously exempt from enrollment will be able to receive their necessary services through the CCO.

Can I keep my open card?
All OHP members will receive care through a CCO unless they qualify for an exemption. Many members who were previously exempt from enrollment in a plan will be able to receive their necessary services through a CCO. There are very few instances when you can remain on an open card.
Members who have Third Party Liability (this includes private major medical and employer-sponsored insurance) will remain on an open card. American Indians and Alaska Natives, and members who are eligible for both Medicare and Medicaid will continue to have the option to receive Fee-for-Service benefits, if they prefer.

**How do I request an exemption? Can my provider request an exemption?**
You can request an exemption by contacting your worker and your provider can request an exemption through the Medical Director's Office.

Because CCOs are required to provide members the services they need, very few exemptions will be granted. If a service is not available through a CCO’s network, they can work with providers outside of their network to provide those services. Your provider(s) may also contact the CCOs in your area to discuss being contracted with them.

**I’m a tribal member and don’t want to be enrolled in a CCO. What can I do?**
If you have access to Indian Health Services and are not currently enrolled in a health plan you don’t have to do anything. If you are enrolled in a health plan and do not want to be, let your worker know right away. If you do not have the contact information for your local office, contact 1-855-226-6170 (CCO Question Hotline) to change your enrollment.

If you are a tribal member or have access to Indian Health Services but have not yet verified this with the Oregon Health Authority (OHA) or the Department of Human Services (DHS), submit your proof right away and let your worker know you do not want to be in a CCO.

**I’m a tribal member and want to be enrolled in a CCO. When can I enroll?**
You can choose to enroll in a CCO in your area at any time. Contact your worker and let them know which CCO you’d like to be enrolled. If you do not have the contact information for your local office, contact 1-855-226-6170 (CCO Question Hotline) to change your enrollment.

If you are a tribal member or have access to Indian Health Services but have not yet verified this with the Oregon Health Authority (OHA) or the Department of Human Services (DHS), submit your proof right away and let your worker know you want to be in a CCO.

You can view the available CCOs in your area online. Visit [www.oregon.gov/OHA/healthplan](http://www.oregon.gov/OHA/healthplan), click on the box that says, “Click here to view health and dental plans,” and then click on your county to view the available CCOs.

You can also search in a browser “OHP comparison chart” and select first link displayed on page. To receive a comparison chart by mail (at no cost) for your county, call 1-800-359-9517 (TTY 711).
I am receiving both Medicare and Medicaid and don't want to be in a CCO. What can I do?
If you are eligible for both Medicare and Medicaid you can choose whether or not to be in a CCO. If you don’t want to be in a CCO you don’t have to do anything. If you are enrolled in a health plan and do not want to be, let your worker know right away. If you do not have the contact information for your local office, contact 1-855-226-6170 (CCO Question Hotline) to change your enrollment.

Note to worker: An individual who is eligible for both Medicare and Medicaid is exempt from the auto-assignment process.

I am receiving both Medicare and Medicaid and want to be in a CCO. When can I enroll?
Contact your worker to let them know which CCO you would like to be enrolled. If you do not have the contact information for your local office, contact 1-855-226-6170 (CCO Question Hotline) to change your enrollment.

You can view the available CCOs in your area online. Visit www.oregon.gov/OHA/healthplan, click on the box that says, “Click here to view health and dental plans,” and then click on your county to view the available CCOs.

You can also search in a browser “OHP comparison chart” and select the first link displayed on page. To receive a comparison chart by mail (at no cost) for your county, call 1-800-359-9517 (TTY 711).

Can I still see my current provider(s)?
Yes, if your provider(s) are contracted with the CCO in which you are enrolled, then you will be able to continue seeing them.

If my provider isn’t part of my CCO, do I need a new one before November 1?
No. Once you are enrolled, your CCO will send you information – including contact information. When you contact your CCO, you will be connected with someone who will help you find providers that best suit your needs.

If my provider isn’t part of my CCO, can I ask my provider to contract with my CCO? If so, who should my provider contact to try to make that happen?
Your provider should first contact your new CCO. If they still have questions, they can then contact DMAP Provider Services, 1-800-336-6016. CCO phone numbers are on the comparison charts for each county: http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx

Note to staff: The client can give this number to their provider but should be advised it is for provider use only.
What if I am seeing a Naturopath (as a FFS client or as part of my current MCO)?
Will this still be covered under the CCO?

If you are not yet part of a CCO and are currently under the care of a naturopath, OHA will be looking at your individual case to determine when and how to transition you into a CCO. These determinations will be made on an individual case basis. OHA will work with you on your care needs to determine your options.

**Action for Staff:** Have the client contact Client Services Unit at 1-800-273-0557 so the agency can review the client’s care needs, follow-up with the CCO, and determine an appropriate transition plan.

**The letter says I will be in the Health Share of Oregon (HSO) CCO. Does that mean I can see any HSO provider?**
The notice you received (or the coverage letter members receive upon enrolling) indicate which “branch” of the HSO CCO you are enrolled (e.g. Health Share of Oregon/CareOregon, or Health Share of Oregon/Kaiser).

You can contact the HSO member services line to find out which providers are available to you:
Local: 503-416-8090
Toll-Free: 1-888-519-3845
TTY/TTD: 711

**If there is more than one CCO in my area, how do I know which is best for me?**
Charts are available online that compare each CCO available in a county.
Visit www.oregon.gov/OHA/healthplan, click on the box that says, “Click here to view health and dental plans,” and then click on your county to compare the available CCOs.

You can also search in a browser “OHP comparison chart” and select the first link displayed on page. To receive a comparison chart by mail (at no cost) for your county, call 1-800-359-9517 (TTY 711).

**If there is more than one CCO in my area, can I change CCOs? How and when?**
There are a few different plan change options:
1. If you are a newly enrolled FFS client, you can change within 30-days of the enrollment
2. You can change at renewal
3. If you are a first-time OHP client you may choose a different available plan within 90 days of your initial Plan enrollment
4. In addition to the options above, OHP members are allowed one plan change per eligibility period
Will prior authorizations I received while on Fee-for-Service carry over to my CCO? If yes, for how long will they be honored?

CCOs will accept prior authorizations (Pas) for all Fee-for-Service members until they work with that client to coordinate an alternative care plan. For most members with PAs this coordination should happen within the first 90 days of their enrollment with the CCO. For members with PAs where customized equipment, services, procedures or treatment protocol are required, the CCO must honor that PA for at least 6 months from their enrollment with the CCO.

For worker reference – 410-141-3160 (12):

CCOs shall accept Fee-for-Service authorized services, medical and pharmacy prior authorizations, ongoing services where a Fee-for-Service prior authorization is not required, and services authorized by the DMAP Medical Management Review Committee for 90 days, or until the CCO can establish a relationship with the member and develop an evidence based, medically appropriate coordinated care plan, whichever is later, except where customized equipment, services, procedures or treatment protocol require service continuation for no less than six months.

Is my dental health plan changing as well?
Your dental coverage will stay the same as it is today.

Will my mental health services be different?
Coverage and benefits will stay the same. Once you are enrolled in a CCO, they will send you more information – including contact information. You can contact the CCO to determine if your mental health provider is contracted with your new CCO. If your mental health provider is not part of your CCO, they will need to transition you to a new provider.

Will my co-pays and other costs change?
CCOs do not charge co-pays. Other costs have not changed.

Will my prescription coverage be different?
Coverage and benefits have not changed. Depending on which specific prescriptions the CCO covers, you may see a change in the drug brand. Once you are enrolled, you can contact the CCO to confirm whether your specific prescription brand is covered.

My pharmacy said I am no longer eligible for my prescription?
If the client has not contacted their plan, refer them to the plan for help. Be sure and advise them to call you or Client Services Unit at 1-800-273-0557 if they do not get help.

If the client has already contacted their plan, they can contact Client Services Unit at 1-800-273-0557.
What happens if I have an emergency outside the area covered by my CCO?
Emergency services are covered anywhere in the State. If you need more information, you can contact your CCO. CCO phone numbers can be found on the comparison charts for each county at http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx

Can I use my current health ID card or do I need a new one?
Your member identification number (Medicaid ID number) will stay the same, so there is no need to receive a new card.

Now that I'm enrolled in a CCO, am I still an Oregon Health Plan client?
Yes. CCOs are health plans that include 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.

Who will be sending me any related bills?
They will come from your provider.

Who do I contact if I receive an incorrect bill?
If the bill is for a service received while you were Fee-for-Service, you can contact Client Services Unit at 1-800-273-0557. If the bill is for a service provider while enrolled in a CCO, please contact the CCO.

How can I contact my new CCO?
When you enroll in your CCO, they should send you more information – including their contact information. You can also find CCO contact information online by county at http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx

When will my new CCO send me information about coverage and providers?
Once you enroll in your CCO, they will send you an informational packet. If you would like to contact the CCO prior to receiving your information packet, you can find your CCOs phone number online by county at http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx

I speak a language other than English or need an alternate format like Braille?
CCO’s are required to provide you with information in your preferred language or alternate format. You can call your CCO’s member services line to request information in the necessary language or format.
What are my rights as a member of a CCO?
This information is available in your OHP Client handbook. When you are enrolled into a CCO in your area, the CCO will send you information, including your rights and responsibilities. You can also access the OHP client handbook online by searching “OHP client handbook” and choosing the first link listed on the page. To receive a copy by mail (at no cost), clients should call 1-800-359-9517 (TTY 711) and ask for a copy of the OHP client handbook. In addition to this, once you are enrolled into a CCO in your area, the CCO will send you information, including your rights and responsibilities.

My CCO said that a service I receive is not necessary, how can I continue receiving that service?
If you believe you should still be receiving the service, you can request a hearing. You can request a hearing by calling or going into your local branch office. If you do not have the contact information for your local office, contact 1-855-226-6170 (CCO Question Hotline).

What do I do if I don't like my CCO or have a complaint?
You can file a complaint with the CCO directly or call Client Services Unit at 1-800-273-0557.

What happens if I move to a new address?
When you move, it is important to contact your worker to update your address. If you do not have the contact information for your local office, contact 1-855-226-6170 (CCO Question Hotline) to report your change of address.

If you move into an area that your current CCO does not cover, you will be moved to a CCO in your new area.

If you are receiving services from your current doctor that are not available in the new area, your new CCO will work with you to ensure that you get the services you require.

Are CCOs related to the Affordable Care Act or federal health reform?
Coordinated Care Organizations are an Oregon-based reform and are not affected by federal reform efforts. CCOs are the foundation of Oregon’s vision to improve care, achieve better health and lower costs. Under bi-partisan state legislation that passed earlier in 2012, CCOs will be able to deliver care in new and better ways. You can learn more about CCOs by visiting www.health.oregon.gov.

If you receive a question about CCOs you cannot answer, please refer the caller to the CCO Questions Hotline: 1-855-226-6170