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**Number:** SS-IM-12-038

**Authorized Signature**

**Issue Date:** 08/02/2012

**Topic:** Medical Benefits

**Subject:** CCO Enrollment Issue and MCO availability

**Applies to:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> All DHS employees             | <input checked="" type="checkbox"/> County Mental Health Directors           |
| <input checked="" type="checkbox"/> Area Agencies on Aging        | <input checked="" type="checkbox"/> Seniors and People with Disabilities     |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): CAF SSP          |
| <input checked="" type="checkbox"/> County DD Program Managers    | transmittal group, OYA, AMH, DMAP,<br>OPHP, Child Welfare, Director's Office |

**Message:**

**Managed Care Organization availability**

On July 17, 2012, we sent a transmittal ([SS-IM-12-034](#)) stating that Managed Care Organizations (MCOs) would no longer be open to new members once a Coordinated Care Organization (CCO) is available in the member's area. **This policy decision has been amended.**

MCOs that are on the path to becoming a CCO will remain open as an enrollment option for members to select.

All available MCOs and CCOs will display on the CM enrollment contract selection screen. Workers should enroll members into the requested available plan. If the requested plan is not available on the CM enrollment contract selection screen, or the member has not selected a plan, allow the member to be auto-assigned to a plan.

The member will be auto-assigned to an available plan in the following order:

1. Newborns will be enrolled into the same plan as their mother effective the date of birth.
2. Members being added to an existing case where others are enrolled in a health plan will be assigned to the same health plan as the members already enrolled.
3. If a member was enrolled in a plan within the last 30 days, they will be re-enrolled into that plan if it is available.
4. Members who do not meet one of the above scenarios will be assigned per an even distribution among available plans. *The available plans for even distribution will not include MCOs in areas where CCOs are available.*

**Coordinated Care Organization (CCO) enrollment issue:**

There have been some reports of issues when an eligibility worker has attempted to enroll a member into a CCO.

**For example:** *If a member is enrolled in a Mental Health Organization (MHO) and needs to be enrolled in a CCO, they must be dis-enrolled from the MHO before being enrolled into the CCO, as the CCO provides both physical and mental health services.*

Workers who encounter this or other issues with completing a real-time enrollment (RTE) into a CCO should contact Client Enrollment Services (CES). CES will enroll the client into the requested plan using MMIS panels.

- Oregon Health Plan Statewide Processing Center (Branch 5503) staff should contact internal CES staff working in 5503;
- All other workers should contact CES via Outlook at DMAP CES.

*If you have any questions about this information, contact:*

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