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Authorized Signature

Issue Date: 08/24/2012

Topic: Coordinated Care Organizations

Subject: Important CCO Updates and Reminders

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,
OPHP, Child Welfare |

Message:

Implementation of Coordinated Care Organizations (CCO) has been moving forward well, thanks largely to the efforts of DHS and OHA field staff to assure a smooth transition! Below, please find important reminders and updates related to CCOs.

Managed Care Organizations (MCO) Closing to New Enrollment in the Month Prior to Coordinated Care Organizations (CCO) Implementation:

MCOs will close to new enrollment mid-month prior to becoming a CCO. This is done to prevent members from experiencing a 1- or 2-day enrollment in the MCO before being transitioned to the CCO.

For new enrollment:

- If a client does not select a plan, allow the system to auto-enroll. *This requires no action.* Remember: the client can choose to change plans within 30 days of auto-enrollment.
- If a client requests an MCO that is not available for enrollment because it is becoming a CCO in the following month, workers can assure the client is enrolled into the appropriate CCO by sending a request to [Client Enrollment Services](#) (CES) CES will assure the case remains in Open Card until the CCO is available for enrollment.

Returned Mail – Coverage Letters

Previously, branches were requested to forward all returned coverage letters to the OHA Statewide Processing Center (branch 5503) to avoid workload impact as a result of the large mailings related to CCO transition. Fortunately, the return mailing address has been updated on the coverage letters being sent to members for Waves 2, 3, and 4. The return mailing address on these coverage letters will be the OHA Statewide Processing Center.

This will only affect coverage letters sent as a result of members transitioning from MCO to CCO. Coverage letters sent out as part of normal business processes (for example – new enrollment, client requests a replacement card, client’s level of benefits changes, etc) will continue to have the branch address as the return address.

As of September 1, 2012, field offices should no longer forward returned coverage letters to branch 5503.

“CCOE” – Mental Health Only

Members who receive Fee-For-Service (FFS – or “Open Card”) medical benefits are often enrolled in a Mental Health Organization (MHO). Many of these MHOs have become part of a CCO. Some CCOs have agreed to enroll these members and provide a mental health only benefit while they remain on Open Card medical benefits. These CCOs will provide both medical and mental health coordination for other members.

When a member is enrolled in the CCO for their mental health services only, the enrollment will show on MMIS as "CCOE-Mental." MMIS will display MHO enrollment ending at the end of the month, and “CCOE-Mental” enrollment beginning the following day.

MCO – CCO Crosswalk

The updated MCO-to-CCO crosswalk provides information regarding which MCOs are becoming CCOs, and when. It can be found on the [Staff Tools](#) page of the Health System Transformation intranet site. It also provides indication of which CCOs are providing CCOE-Mental health coverage. This document is up-to-date for waves 1 and 2 of CCO implementation, and will continue to be updated as necessary through waves 3 and 4.

To stay up-to-date on each CCO as they become certified please visit <http://cms.oregon.gov/OHA/OHPB/Pages/index.aspx>.

If you have any questions about this information, contact:

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