Provider CCO Change Request Guide

DIVISION OF MEDICAL ASSISTANCE PROGRAMS

April 2014

Contents

Introduction

Purpose

This resource document was developed to provide the Coordinated Care Organization providers with:

- A consistent process for requesting Member CCO Changes when a member is in their offices who have been enrolled in a CCO that does not contract with the provider they are seeing and the member wants to change CCOs so they can continue with that provider
- An approved and consistent form to be used across CCO providers
- A point of contact for submitting Member CCO Change requests

References

Policy/Rule that applies:

OAR: OHP 410-141-3060

OAR: OHP 410-141-3080

Senate Bill 201

42 CFR 438.56,

Procedure History

Version 1.4 Final 04/25/14

Section 1 - Provider CCO Change Process

Provider Process

- Member indicates a desire to change CCOs to continue with the provider they have been seeing

- Provider obtains Member authorization to change CCOs
  - Authorization from the Member can be either:
    - Member signature on the *Provider CCO Change Request* form
    - Documented permission by phone
      - including date and time of conversation

- Member signs *Provider CCO Change Request* form
  - or Provider completes the phone authorization section

- Form is sent to Provider Services Staff at Oregon Health Authority by either:
  - Fax to: **503-947-1177**
  - Email to: **CCO.ChangeRequest@state.or.us**
    - For signed forms please scan and attach

- Provider Services Staff makes the request through CES email at:
  - CES.DMAP@state.or.us

- Enrollment is reviewed, if approved, plan is changed per
  - OAR: OHP 410-141-3060 (19) effective:
    - (a) On or before Wednesday, the date of enrollment shall be the following Monday; or
    - (b) After Wednesday, the date of enrollment shall be one week from the following Monday.

- OHA contacts Member and advises of change and Effective Date

Section 2 - Provider CCO Change Process Form

Client Members should be aware of the Enrollment/Disenrollment Rules below

Disenrollment from Coordinated Care Organizations OAR: 410-141-3080

(6) In accordance with 42 CFR 438.56, the Authority, CCO and DCO shall honor a member or Representative request for disenrollment for the following:

(a) Without cause:

(A) Newly eligible clients may change their CCO or DCO assignment within 90 days following the date of initial enrollment. The effective date of disenrollment shall be the first of the month following the Division's approval of disenrollment:

(B) At least once every 12 months:

(C) Existing members may change their CCO or DCO assignment within 30 days of the Authority's automatic assignment or re-enrollment in a CCO or DCO;

(D) Effective retroactively on or after September 1, 2011 and in accordance with SB 201, members may disenroll from the CCO or DCO during their redetermination (enrollment period), or one additional time during their enrollment period based on the members choice and with Authority approval. The disenrollment shall be considered "recipient choice."

Enrollment Requirements in a CCO OAR 410-141-3060

(18) The Authority may exempt clients or temporarily exempt clients for other just causes as determined by the Authority through medical review. The Authority may set an exemption period on a case-by-case basis. (Continuity of Care Request from Provider)

The full rule can be viewed at:
http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_141_3000-3430.html

Note: If a member changes CCOs and has a Prior Authorization, the member may need to see a primary care provider in the new CCO to be evaluated and a new Prior Authorization may be needed. Your new CCO can assist you with this.

Provider CCO Change Request form

Member Name:			
Member Prime ID Number:		**Member DOB:**	
Member Address:	**Street:** **City:** **Zip:**		
Member Phone:	**Home/Office**	**Cell**	
Provider's Name:		**Provider's Phone:**	
Current CCO:			
Requested CCO:			
Notes:			
Member or Guardian, complete this section if you are requesting a change in your CCO enrollment so you can continue to see your chosen provider. if under age 19, provide guardian's signature and date. If you have questions, contact Client Services Unit at 1-800-273-0557. **Member name (print):** **Member signature:** **Date:**			
Provider complete this section if Member requested change by phone **Date:** **Time:**			
Submit this form via: • **FAX:** Provider Services Staff at: **503-947-1177** • **Email to: CCO.ChangeRequest@state.or.us** ▪ Please scan and attach signed forms		**FAX or Email Date:**	