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CCO 2.0 Contract Awardees: Frequently Asked Questions

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On July 9, 2019, the Oregon Health Authority (OHA) announced its intent to award 15 organizations with contracts to serve Oregon Health Plan members. Nearly 87 percent of Oregon’s 1 million OHP members are enrolled in coordinated care organizations (CCOs). Based on the awards, Oregon Health Plan members in every county in Oregon will have at least one CCO to coordinate their health care. New contracts with locally-governed CCOs will build on the gains of the first six years of health transformation and address gaps and challenges that persist in the state’s health care system.

Which organizations received CCO 2.0 contracts?

OHA announced its intent to award five-year contracts to 11 applicants. These applicants successfully demonstrated their ability to meet the CCO 2.0 requirements:

CCO 2.0 Five-Year Contract Awardees	
Awardee	Service Area
Columbia Pacific CCO, LLC	Clatsop, Columbia, and Tillamook
Eastern Oregon Coordinated Care Organization LLC	Sherman, Gilliam, Morrow, Umatilla, Union, Wallowa, Wheeler, Grant, Baker, Lake, Harney, and Malheur
Health Share of Oregon	Clackamas, Multnomah, and Washington
InterCommunity Health Network dba InterCommunity Health Network Coordinated Care Organization	Lincoln, Benton, and Linn
Jackson County CCO, LLC, dba Jackson Care Connect	Jackson
PacificSource Community Solutions – Central Oregon	Crook, Deschutes, Jefferson, and partial Klamath
PacificSource Community Solutions – Columbia Gorge	Hood River and Wasco

PacificSource Community Solutions – Lane	Lane
PacificSource Community Solutions - Marion Polk	Marion and Polk
Trillium Community Health Plan Inc. (Trillium)	Lane, Clackamas, Multnomah, and Washington; partial Linn and Douglas
Western Oregon Advanced Health, LLC abn Advanced Health	Coos and Curry

OHA announced its intent to award one-year contracts to four applicants. These applicants did not fully demonstrate their ability to sufficiently meet the CCO 2.0 criteria, but denying their applications would have left gaps in CCO coverage. These applicants will be placed on remediation plans and will have one year to show they can meet the higher expectations of CCO 2.0, with technical support from OHA. OHA will extend contracts beyond one year for CCOs that show they can meet the goals of CCO 2.0.

CCO 2.0 One-Year Contract Awardees	
Awardee	Service Area
AllCare CCO Inc.	Curry, Jackson, Josephine, and partial Douglas
Cascade Health Alliance	Partial Klamath
Umpqua Health Alliance	Partial Douglas
Yamhill County Care Organization	Yamhill, partial Polk and Washington

Four applicants did not meet the requirements of CCO 2.0. One applicant (PrimaryHealth) was an existing CCO that did not pass financial stability reviews conducted by Oregon Department of Consumer and Business Services (DCBS) and OHA. They did not demonstrate they could remain solvent for the terms of the contract. Three applicants were newly proposed CCOs that did not meet CCO 2.0 criteria: Marion Polk Coordinated Care, Northwest Coordinated Care, and West Central Coordinated Care.

How long will CCOs receiving one-year contracts have to address their “remediation status”?

CCOs will have until spring 2020 to show they can meet the higher expectations of CCO 2.0 with technical support from OHA. Remediation plans will be developed based on deficiencies identified in their applications. The remediation plans will have specific objectives tied to milestone dates. To earn the additional four contracting years, CCOs will need to meet these objectives.

If a CCO does not receive a contract beyond year one, OHA will work with the local community to cover that service area through another CCO.

What was the evaluation process for CCO selection?

OHA reviewed applicants to ensure they can meet the higher bar set for CCO 2.0. The Oregon Health Authority reviewed 19 applications in a rigorous and objective evaluation process.

- Each applicant was rated on its ability to coordinate care, deliver clinical services, transform care delivery and contain costs (among other factors) by health care analysts from OHA.
- Applicants were required to demonstrate support from their local communities.
- The financial strength and viability of each applicant was evaluated by insurance regulators from DCBS and by OHA's actuarial services unit.
- Each application was reviewed by teams of health care experts who have expertise in the different topics areas in which applicants were rated.
- Each application was "blinded" (i.e., all identifying information was removed from the application) to enhance the objectivity of the review process.

What can members, providers, and other stakeholders expect from CCO 2.0 contract awardees?

The CCO 2.0 contracts add new requirements and raise performance expectations for CCOs. New contracts will require CCOs to improve behavioral health, address barriers outside the doctor's office that lead to poor health and health disparities, pay for better health outcomes and hold costs to a sustainable rate of growth.

- CCO 2.0 priorities were set by Governor Brown and the Oregon Health Policy Board.
- More than 2,500 Oregonians from all parts of the state echoed and affirmed these goals through public meetings held in 10 cities, online surveys and other opportunities for input.
- Rigorous new contract provisions give OHA new tools to ensure CCOs integrate behavioral health and physical medicine, target investments in social determinants and health equity, use evidence-based and efficient care and remain financially solvent.

Which counties will have changes to CCO choices for members?

New CCOs added:

- Multnomah, Clackamas, Washington counties
 - Current: Health Share of Oregon.
 - New: Trillium Community Health Plan.

- Lane county
 - Current: Trillium Community Health Plan.
 - New: PacificSource Community Solutions – Lane.

Impacted by a CCO closure:

- Josephine, Jackson, and parts of Douglas counties, PrimaryHealth closure.
 - Josephine county PrimaryHealth members will transition to AllCare.
 - Jackson county members in certain ZIP codes will have a choice between AllCare and Jackson Care Connect.
 - Douglas county members in certain ZIP codes will have a choice between AllCare and Umpqua.

- Marion, Polk, parts of Linn, Benton, Yamhill, and Clackamas counties, Willamette Valley Community Health (WVCH) closure.
 - New CCO PacificSource Community Solutions - Marion Polk.
 - Polk county members in certain ZIP codes will have a choice between the current CCO Yamhill and new PacificSource Community Solutions Marion Polk. Polk county members in the other ZIP codes will transition to PacificSource Community Solutions - Marion Polk.
 - Marion county members will transition to PacificSource Community Solutions - Marion Polk.
 - Members in parts of Linn and Benton counties enrolled in WVCH will transition to Intercommunity Health Network.
 - Members in parts of Yamhill county enrolled in WVCH will transition to Yamhill CCO.
 - Members in parts of Clackamas enrolled in WVCH will have a choice between Health Share of Oregon and Trillium.

Will members who have changes to the available CCOs in their area be able to choose which CCO will serve them?

In the public engagement process, OHA heard that keeping members with the providers they see now and not disrupting their care should be OHA’s main priority during this transition. It is also a core value of OHA’s that members have the opportunity to make choices about which CCO will serve them when a choice is available in their area. Members in areas with choices to make, either because of a new CCO in their area or because of a CCO closure, will have two opportunities to make choices about their CCOs: from October 16 to November 17 and from January 1 to March 31.

- Members will receive a postcard in September to let them know there will be different CCO choices in their area and to watch for a letter from OHP in October. The October letter will notify members of their CCO choices and a CCO that they will join if they do not make another choice. The letter will include a special letter ID number to use when making a choice, a guide to help them compare CCOs, a

suggested “matched” CCO, a list of their CCO choices, and where to go to make a choice.

- Members can either keep their suggested matched CCO or choose a different CCO online, over the phone, or in person. OHA will have a special dedicated call center for members to call to make CCO plan choices and to address member questions. OHA is also developing an online form for members to use to make CCO choices. The form will be available in English and Spanish. The form will be able to be used by the OHP member or authorized representative, community partners, processing (call) center staff, and DHS field office staff.
- Members who choose a new CCO will be enrolled in that CCO starting January 1, 2020. From January 1 to March 31, members can try out their health plan and choose a different CCO for any reason.

What is OHA’s process for “matching” members with CCOs?

To support continuity of care and minimize disruptions, OHA is matching members to a CCO based on the providers they have received care from in the past 24 months (behavioral health provider and primary care provider).

OHA was considering a 15-month claims look-back period but adjusted the timeframe based on feedback from providers. Upon review with OHA’s chief medical officer, OHA agreed that it was in the best interest of OHP members to increase the look-back to 24 months, aiming to break as few linkages to primary care or behavioral health providers as possible. In addition, this 24-month period better aligns with various guidance from clinical organizations relating to how often to visit a primary care provider, as well as how often patients seek routine well care.

To match members with a CCO, OHA first examined whether a CCO match existed with both behavioral health and primary care providers. If no match was found, the process prioritized preservation of the member’s relationship with behavioral health providers. If there was claims data with only the primary care provider, the member was matched with the primary care provider’s CCO.

Members without provider claims in the 24-months and members who had multiple CCOs networked to both behavioral health and primary care providers were equally allocated to CCOs in their service area. For these members, the process attempted to assign family members to the same CCO.

Members do not have to keep their matched CCO. They can choose from other CCOs in their service area.

What will happen in the communities with a CCO closure?

In January 2019 Willamette Valley Community Health (WVCH) announced its intent to close at the end of this year. PrimaryHealth is a CCO closure based on the evaluation process.

OHA is prioritizing the needs of OHP members first. OHA will work very closely with the closing CCO to help members transition to a new CCO and experience as little disruption as possible.

The closing CCO will submit a transition plan to OHA that will ensure a successful member transition, with a focus on providing continuity of care for all members, particularly people who are most vulnerable due to serious health problems or other needs. The receiving CCO and closing CCO will cooperate during a transition period to ensure that records and other information needed are effectively communicated. OHA will oversee these transitions.

A special dedicated call center set up for this transition will also be available to support members who have questions.

What is readiness review? Could awarded CCOs not pass readiness review and not receive awards?

During the readiness review process, CCOs that were awarded a contract will be evaluated for their readiness to deliver the services required under the contract. This review includes looking at whether the CCO has the resources, capacity, and systems in place to meet OHA's requirements.

OHA has contracted with Health Services Advisory Group (HSAG), a national health care consulting firm, to take a deeper look at the operations and administration of the CCOs, how well they can meet the service delivery and case management requirements and ensure that systems are in place to appropriately monitor finances and claims data.

Readiness review for critical areas will be completed in September. The contractor performing readiness review will provide a report to OHA on any findings. OHA will determine whether these findings can be remediated or whether that CCO should not receive a signed contract. If a CCO does not receive a signed contract, OHA will announce plans for member transition in the CCO's service area.

How can I participate in the CCO 2.0 rulemaking process?

In August OHA is convening a series of rule advisory committees (RACs) to help develop updated administrative rules for CCOs. At the meetings, which will take place Aug. 1-22, OHA will review proposed rules and collect public comment on the draft Oregon Administrative Rules that will take effect beginning January 1, 2020.

The draft rules:

- Align with the 2020-2024 CCO contracts.
- Incorporate CCO 2.0 policy recommendations adopted by the Oregon Health Policy Board to improve the health of Oregon Health Plan members, address

health disparities, control program costs, and continue Oregon's health care delivery transformation.

- Expand CCO financial reporting requirements.
- Feature new rules outlining CCO responsibilities regarding traditional health workers, social determinants of health, and health equity.
- Streamline and improve the organization of the rules.

Draft rules, meeting dates and times, and additional information about the CCO 2.0 RACs can be found on the Health Systems Division Rule Advisory Committee page: <https://www.oregon.gov/OHA/HSD/Pages/RAC.aspx>.

All meetings are open to the public. A public comment period will be available at the end of each meeting. If you have questions or comments about the CCO 2.0 RACs, email cco2.0rulemaking@dhsoha.state.or.us.

Where can I find all the public documents related to the CCO 2.0 contract awards?

Documents related to the contract awards can be found on the CCO 2.0 website: <https://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx>.

OHA has released: the 19 CCO applications, the full application evaluation reports, applicant notification letters, a summary of award decisions, awardee remediation letters, an updated service area map, and updated draft CCO contract terms.