

Covered Services Comparison - State EHB Benchmark and CCO

- Notes:
- Focus of the analysis is the **CCO** covered services and not OHP more broadly, which includes fee-for-service covered services.
 - Unless noted, assume no quantitative limit on services.
 - Children's services not included in teh analysis.
 - Not a covered service for either: Infertility services and adult orthodontia.
 - "PL" refers to Prioritized List - <https://www.oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx>

| Benefit Type | Notes |
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| Services Covered by EHB Benchmark and CCOs | |
| EHB = CCO | |
| PRIMARY CARE | |
| SPECIALIST/PHYSICIAN SERVICES | CCO: Agnostic to provider type. CCOs may limit specialist visits (e.g. require referrals) |
| OTHER PHYSICIAN SERVICES | CCO: Agnostic to provider type. |
| OUTPATIENT - HOSPITAL AND PHYSICIAN/SURGICAL | CCO: Agnostic to provider type* (if surgery pairs and is funded on the PL). Some surgeries/procedures often covered by commercial insurance may not be covered under OHP. |
| HOSPITAL SERVICES | EHB: Respite care provided in a nursing facility subject to a maximum of five consecutive days and to a lifetime maximum benefit of 30 days. CCO: 90 day period with subsequent 60 day periods. |
| URGENT CARE | CCO: Agnostic to provider type. |
| HOME HEALTH CARE | CCO: Generally covered, but subject to PL. |
| EMERGENCY SERVICES | CCO: Generally covered, but subject to PL. |
| EMERGENCY TRANSPORT | |
| INPATIENT HOSPITAL SERVICES | |
| INPATIENT PHYSICIAN AND SURGICAL | CCO: Generally covered, but some surgeries or diagnoses may not be covered due to PL. |
| SKILLED NURSING | EHB: Quantitative limit on services. CCO: Post-hospital extended care. CCOs are responsible for a SNF benefit that is more akin to commercial SNF coverage, does not include coverage for K plan and other services. CCOs responsible for post-hospital extended care benefits with up to 20-day stay to allow discharge from hospitals. |
| MATERNITY CARE - PHYSICIAN | CCO: PL - includes out of hospital birth for low risk pregnancies, including licensed direct entry midwives. There is a carveout for this (and a few other services). |
| MATERNITY CARE - INPATIENT | CCO: PL - includes out of hospital birth for low risk pregnancies, including licensed direct entry midwives. |
| BEHAVIORAL HEALTH OUTPATIENT | CCO: PL - generally covered but some conditions not covered. |
| SUBSTANCE USE DISORDER - OUTPATIENT | |
| SUBSTANCE USE DISORDER - INPATIENT | |
| PRESCRIPTION DRUGS | EHB: In accordance with 45 CFR 156.122 , EHB plans must cover the same number of prescription drugs in each United States Pharmacopeia (USP) category and class as the benchmark plan and, at a minimum, at least one drug in every USP category and class. CCO: Medicaid more generous because of open formulary. Some drugs not covered according to PL. |
| OUTPATIENT REHAB & HABILITATION | EHB: Quantitative limit on services. CCO: PL puts limits on OP Rehab and habilitation (similar to EHB). Can also include home health and DMEPOS which is also separately listed. |
| CHIROPRACTIC CARE | EHB: Quantitative limit on services. CCO: Plan uses the term "spinal manipulation." Subject to PL - some conditions not covered and quantity limits. |
| DURABLE MEDICAL EQUIPMENT | CCO: Not covered for unfunded diagnoses, some common DME not covered as medically necessary. |
| HEARING AIDS | EHB: Quantitative limit on services. One hearing aid per hearing impaired ear if prescribed, fitted, and dispensed by a licensed audiologist with the approval of a licensed physician. Coverage will be provided every 36 months as medically necessary for the treatment of a member's hearing loss. Medicaid: Binaural every 5 years ages 21+, 3 years for children <21, limits on batteries. |
| IMAGING | |
| PREVENTIVE CARE/SCREENING/IMMUNIZATION | |
| ROUTINE FOOT CARE | EHB: Benefit is limited to persons being treated for diabetes mellitus. CCO: PL covers for several high risk conditions including diabetes. |
| ACUPUNCTURE | EHB: Quantitative limit on services. CCO: Quantitative limit may vary by condition. Listed as bundled services as a duplication of physician services and nurse practitioner services from existing state plan. |
| REHABILITATIVE SPEECH THERAPY, OCCUPATIONAL & REHAB PHYSICAL THERAPY | EHB: Quantitative limit on services. 30 visits per condition per calendar year. CCO: Medicaid more generous. Quantity limits for adults 21+. Physical, speech, & occupational therapy - rehab/hab. |
| LABORATORY OUTPATIENT & PATIENT SERVICES & X-TRANSPLANT | |
| ACCIDENTAL DENTAL | CCO: Limits on dentures, crown, and periodontal. |
| DIALYSIS | |
| ALLERGY TESTING | EHB: Described as "Other medically necessary diagnostic services provided in a hospital or outpatient setting, including testing or observation to diagnose the extent of a medical condition." CCO: only covered by PL if patient has a funded comorbidity such as asthma or for severe allergies. |
| CHEMOTHERAPY | |
| RADIATION | |

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| DIABETES EDUCATION | EHB: Quantitative limit on services. Covers three hours of education per year if there is a significant change in condition or treatment; covers one diabetes self-management education program at the time of diagnosis. CCO: Medicaid likely more generous. |
| PROSTENTIC DEVICES | |
| INFUSION THERAPY | |
| NUTRITIONAL COUNSELING | EHB: Quantitative limit on services. CCO: Through diabetes prevention program, intensive behavioral counseling (home health). |
| RECONSTRUCTIVE SURGERY | EHB: Limited to one attempt at cosmetic or reconstructive surgery when necessary to correct a functional disorder; or when necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or when necessary to correct a scar or defect on the head or neck that resulted from a covered surgery. CCO: Non-cosmetic. Subject to PL - may be more or less generous than commercial depending on condition. |
| COSMETIC SURGERY | EHB: Limited to one attempt at cosmetic or reconstructive surgery when necessary to correct a functional disorder; or when necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or when necessary to correct a scar or defect on the head or neck that resulted from a covered surgery. CCO: OHP concept of cosmetic is different. Generally cosmetic services are in the unfunded region of the PL, but may be covered if there is comorbidity and must be considered medically necessary - then considered hospital services. |
| WEIGHT LOSS PROGRAMS | EHB/CCO: Intensive weight loss counseling, including diabetes prevention program is covered. (Intensive weight loss counseling is also in the EHB because it's a USPSTF preventive service). |
| Service is not in EHB Benchmark, but is a CCO Covered Service | |
| CCO > EHB | |
| DENTAL - ROUTINE | CCO: Limits on dentures, crown, and periodontal. Medicaid more generous. |
| DENTAL - BASIC | CCO: Limits on dentures, crown, and periodontal. Medicaid more generous, subject to PL and OAR. |
| DENTAL - MAJOR | CCO: Limits on dentures, crown, and periodontal. Medicaid more generous, subject to PL and OAR. |
| BARIATRIC SURGERY | CCO: Limitations on types when it is considered medically necessary. |
| NON-EMERGENT MEDICAL TRANSPORTATION | CCO: Unique to CCO. |