

# 2023 Annual Workshop



# EOCCO Overview

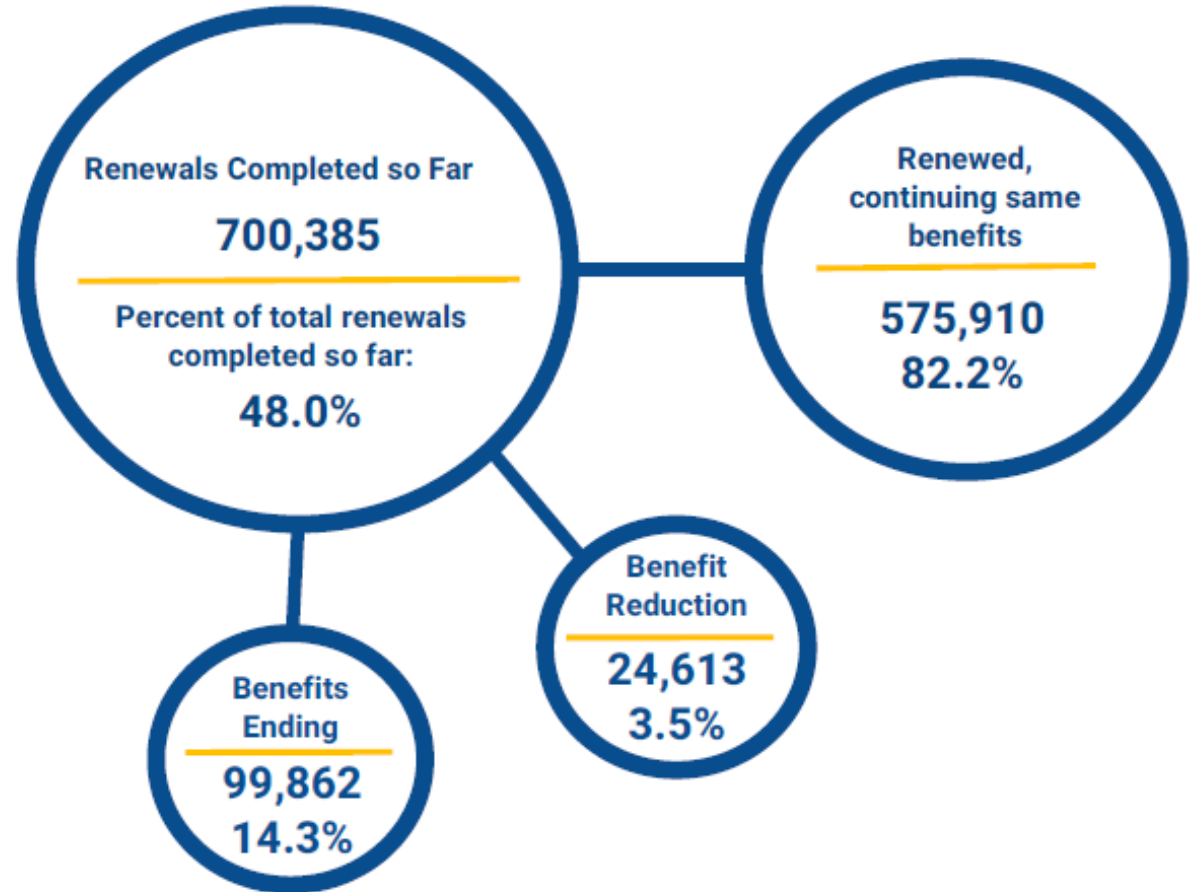
- EOCCO is a community-governed organization that brings together physical, behavioral & dental providers to coordinate care for people on the Oregon Health Plan
- Our territory is made up of 12 eastern counties:
  - Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, & Wheeler
- We currently service roughly 80,500 lives
  - Compared to this time last year we had just over 70,000 members
  - Membership peaked 9/28 with 81,973 members

# News

- [Adult vision exams and corrective lenses starting Apr. 25, 2023](#)
- [Travel and nonroutine adult vaccines starting Oct. 1, 2023](#)
- Enrollment changes and redetermination

# Redeterminations

- 4/1/2023 Medicaid eligibility redeterminations
- Members will receive notices from OHA between April 2023 - January 2024
  - If additional information is needed for renewal, they have 90 days to complete and provide requested information to OHA
  - Those who are no longer eligible will have 60 days before their OHP benefits end
- EOCCO sends out redetermination list to our PCP clinics with member assignment



# Topics

- Eligibility & PCP updates
- Prioritized List of Covered Services
- Referral & Authorizations
- Claims
- Incentive Measures
- Behavioral Health Services
- Additional Benefits & Resources
- Policies
- Looking Ahead
- Contacting EOCCO



# Eligibility & PCP updates

# Verifying Eligibility

- In accordance with [OAR 410-120-1140](#), providers are responsible to verify the following before rendering services:
  - Client eligibility
  - Benefit coverage
- ID cards do not guarantee client eligibility or benefit coverage

**Benefit Plan**

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	01/01/2023	09/30/2023		\$0.00	M3
CRN - Contract Nursing	01/01/2023	09/30/2023		\$0.00	M3
SMHS - State Medicaid Mental Health Services	01/01/2023	09/30/2023		\$0.00	M3
BMH - OHP Plus	10/01/2023	10/10/2023		\$0.00	M3
CRN - Contract Nursing	10/01/2023	10/10/2023		\$0.00	M3
SMHS - State Medicaid Mental Health Services	10/01/2023	10/10/2023		\$0.00	M3

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

**Service Type Coverage and Copay**

\*\*\* No rows found \*\*\*

For more information about benefit plans and OHP Plus copayments, go to <http://www.oregon.gov/OHA/HSD/OHP/Pages/Eligibility-Verification.aspx>

**TPL**

\*\*\* No rows found \*\*\*

**Managed Care / Primary Care Home**

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
EASTERN OREGON CCO	(503)952-5033	CCOF	06/05/2023	10/10/2023

Visit <http://www.oregon.gov/OHA/HSD/OHP/Pages/Plans.aspx> to view Managed Care Plans by County Comparison Charts

# Who to Bill?

Plan Type Displayed	Who is responsible for payment?		
	Behavioral health	Dental	Physical health
<b>CCO-A</b>	CCO	CCO	CCO
<b>CCO-B</b>	CCO	OHA or DCO	CCO
<b>CCO-E</b>	CCO	OHA or DCO	OHA
<b>CCO-F</b>	OHA	CCO	OHA
<b>CCO-G</b>	CCO or MHO	CCO	OHA
<b>None listed</b>	OHA	OHA	OHA



# PCP Assignments & Request

- A Primary Care Physician (PCP) assignment is required
- Requests can be made by member, member's family member, member's caseworker, or by practitioner on the member's behalf
- Members who are unassigned after 30 days of enrollment
  - Will be auto-assigned by EOCCO
  - Assignments is based on the county & city of the member's residence
  - Assignments are to the highest certified Patient Centered Primary Care Home (PCPCH), when available
- Online submission and physical forms can be found on [EOCCO.com/providers/forms](https://EOCCO.com/providers/forms)

# Prioritized List of Covered Services



# Prioritized List of Covered Services

- As of January 1, 2022:
  - Lines 1-472 are “Funded” or “Above the Line (ATL)”
  - Lines 473-662 are “Non-funded” or “Below the line (BTL)”
  - Codes that are not found on the prioritized list are called “Unlisted”
- List of covered services can be found
  - [www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx](http://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx)

The screenshot displays the Oregon Health Division website's 'Current Prioritized List and Associated Documents' page. The page is divided into a left sidebar and a main content area. The sidebar contains navigation links such as 'Previous Meetings & Materials', 'How to Participate', 'What We're Working On', 'Coverage Guidances & Reports', and 'Delivery Systems Innovation'. The main content area features a header for '10/1/2023 - Prioritized List' and a section titled 'Documents'. This section lists various documents, including the 'Prioritized List: 10-1-2023 Prioritized List of Health Services', 'List Extract: 10-1-2023 Prioritized List Behavioral Health Services', 'List Extract: 10-1-2023 Prioritized List Dental Services', 'Notice Of Interim Changes 10-1-2023', and several 'Placement Files' for CPT-4-HCPCS, Guideline Mapping, Guideline Note Text File, Guideline Note Word Files, Guideline Titles, and Condition and Treatment descriptions. Additionally, there are 'Placement Files' for ICD-10-CM with and without decimal values. Several of these document links are highlighted with red rectangular boxes.

# Prioritized List: Funded, Unfunded & Unlisted

- Diagnosis D03.70 falls on line 229 which is above-the-line (ATL)
- Diagnosis D16.00 falls on line 401 & 558 which is ATL & below-the-line (BTL)
- Diagnosis D17.0 falls on line 627 which is BTL

Line	ICD-10-CM	Line	ICD-10-CM	Line	ICD-10-CM	Line	ICD-10-CM
262	D02.22	242	D04.9	627	D11.7	401	D16.20
287	D02.3	191	D05.00	627	D11.9	558	D16.20
262	D02.4	191	D05.01	166	D12.0	401	D16.21
229	D03.0	191	D05.02	166	D12.1	558	D16.21
229	D03.10	191	D05.10	166	D12.2	401	D16.22
229	D03.111	191	D05.11	166	D12.3	558	D16.22
229	D03.112	191	D05.12	166	D12.4	401	D16.30
229	D03.121	191	D05.80	166	D12.5	558	D16.30
229	D03.122	191	D05.81	166	D12.6	401	D16.31
229	D03.20	191	D05.82	166	D12.7	558	D16.31
229	D03.21	191	D05.90	166	D12.8	401	D16.32
229	D03.22	191	D05.91	166	D12.9	558	D16.32
229	D03.30	191	D05.92	638	D13.0	401	D16.4
229	D03.39	25	D06.0	638	D13.1	558	D16.4
229	D03.4	25	D06.1	638	D13.2	401	D16.5
229	D03.51	25	D06.7	638	D13.30	558	D16.5
229	D03.52	25	D06.9	638	D13.39	401	D16.6
229	D03.59	208	D07.0	638	D13.4	558	D16.6
229	D03.60	286	D07.1	638	D13.5	401	D16.7
229	D03.61	286	D07.2	638	D13.6	558	D16.7
229	D03.62	286	D07.30	190	D13.7	401	D16.8
229	D03.70	286	D07.39	638	D13.9	558	D16.8
229	D03.71	258	D07.4	525	D14.0	401	D16.9
229	D03.72	329	D07.5	372	D14.1	558	D16.9
229	D03.8	258	D07.60	372	D14.2	627	D17.0
229	D03.9	258	D07.61	372	D14.30	627	D17.1
242	D04.0	258	D07.69	372	D14.31	627	D17.20
242	D04.10	271	D09.0	372	D14.32	627	D17.21
242	D04.111	214	D09.19	372	D14.4	627	D17.22
242	D04.112	112	D09.20	372	D15.0	627	D17.23
242	D04.121	112	D09.21	372	D15.1	627	D17.24
242	D04.122	112	D09.22	372	D15.2	627	D17.30
242	D04.20	259	D09.3	372	D15.7	627	D17.39
242	D04.21	259	D09.8	372	D15.9	627	D17.4
242	D04.22	627	D10.0	401	D16.00	627	D17.5
242	D04.30	627	D10.1	558	D16.00	627	D17.6
242	D04.39	627	D10.2	401	D16.01	511	D17.71
242	D04.4	627	D10.30	558	D16.01	627	D17.72
242	D04.5	627	D10.39	401	D16.02	401	D17.79
242	D04.60	627	D10.4	558	D16.02	558	D17.79
242	D04.61	627	D10.5	401	D16.10	638	D17.79
242	D04.62	627	D10.6	558	D16.10	627	D17.9
242	D04.70	627	D10.7	401	D16.11	627	D18.00
242	D04.71	627	D10.9	558	D16.11	321	D18.01
242	D04.72	287	D11.0	401	D16.12	627	D18.01
242	D04.8	627	D11.0	558	D16.12	125	D18.02



# Prioritized List: Pairing

- CPT 15005 falls on lines 47, 57, 82, 86, 127, 181, 207, 229, 276, 285, 379, 424. ATL & pairs with DX D03.70
- CPT 17106 falls on lines 242, 276, 321, 401, 558, 625 & 627. ATL & BTL for DX D16.00 but only BTL for diagnosis D17.0

Line	Code	Line	Code	Line	Code	Line	Code
235	15003	127	15275	625	15877	387	17000
276	15003	181	15275	625	15878	452	17000
285	15003	379	15275	625	15879	508	17000
379	15003	57	15276	379	15920	522	17000
424	15003	127	15276	379	15922	554	17000
47	15004	181	15276	379	15931	588	17000
57	15004	379	15276	379	15933	603	17000
82	15004	57	15277	379	15934	613	17000
86	15004	127	15277	379	15935	625	17000
127	15004	181	15277	379	15936	627	17000
181	15004	379	15277	379	15937	242	17003
207	15004	57	15278	379	15940	276	17003
229	15004	127	15278	379	15941	387	17003
276	15004	181	15278	379	15944	508	17003
285	15004	379	15278	379	15945	554	17003
379	15004	191	15771	379	15946	588	17003
424	15004	191	15772	379	15950	603	17003
47	15005	625	15780	379	15951	613	17003
57	15005	625	15781	379	15952	625	17003
82	15005	625	15782	379	15953	627	17003
86	15005	625	15783	379	15956	242	17004
127	15005	625	15786	379	15958	276	17004
181	15005	625	15787	57	16000	387	17004
207	15005	625	15788	181	16000	508	17004
229	15005	625	15789	605	16000	554	17004
276	15005	625	15792	57	16020	588	17004
285	15005	625	15793	127	16020	603	17004
379	15005	351	15822	181	16020	613	17004
424	15005	471	15822	605	16020	625	17004
57	15271	351	15823	57	16025	627	17004
127	15271	471	15823	127	16025	242	17106
181	15271	625	15830	181	16025	276	17106
379	15271	625	15832	605	16025	321	17106
57	15272	625	15833	57	16030	401	17106
127	15272	625	15834	127	16030	558	17106
181	15272	625	15835	181	16030	625	17106
379	15272	625	15836	605	16030	627	17106
57	15273	625	15837	57	16035	242	17107
127	15273	625	15838	127	16035	276	17107
181	15273	625	15839	181	16035	321	17107
379	15273	485	15840	57	16036	401	17107
57	15274	485	15841	127	16036	558	17107
127	15274	485	15842	181	16036	625	17107
181	15274	71	15845	242	17000	627	17107
379	15274	207	15845	276	17000	242	17108
57	15275	625	15876	373	17000	276	17108



# Referrals & Authorizations

# Referrals

- Effective 10/1/2023 the EOIPA no longer processes referrals or authorizations for members in Morrow & Umatilla counties
- Effective for 180 days
  - Two visits for BTL
- Required for
  - Services that are BTL, non-funded or unlisted
  - Request for Out-of-Network (OON) specialist & ancillary providers
- Not Required for
  - New patient E/M codes even if the diagnosis is BTL
  - Special Health Care Needs (SHCN) in or out-of-network
  - Behavioral health services
  - Family planning, routine OB care & prenatal care
  - Immunizations
  - Orthopedic providers
  - Routine vision
  - Tobacco cessation treatment & counseling
  - Urgent & emergent care

# Authorizations

- Submit authorization requests to EOCCO
  - Fax: 833-949-1886
  - Phone: 888-474-8540
- Will not be approved if
  - All required documentation is not received
  - The provider is not active with HSD-DMAP
  - Retroactive requests received after 90 days from the date of service
  - Not a valid referral on file to a specialist (if required)
  - Smoking cessation & elective procedures [Ancillary Guideline A4](#) is not followed prior to authorization submission
- Not required by primary, if primary covers the service
- Retro authorizations should not replace standard timely service prior authorization



# eviCore & Magellan Rx

- eviCore
  - Reviews & authorizes most of our radiology, cardiology & advanced imaging request
  - Retro request up to 90 days from date of service
- Magellan RX
  - Reviews & authorizes select chemotherapy & specialty drugs
- List of services that require a prior authorization can be found on [www.eocco.com/providers/referral-auths](http://www.eocco.com/providers/referral-auths)



# Claims

# Claims

- Timely filing is 120 days from the date of service
  - Twelve months for corrected from the date of service for maternity & newborn related, COB, W/C, accident-related claims & OMAP denials for members having CCO coverage
- Payment is made via EFT/ERA or Zelis
- Medicaid is payer of last resort
  - We pay as primary for VFC
- Mail claims to
  - PO Box 40384
  - Portland, OR 97240
- Electronic Payer ID
  - 13350

# Below-the-Line

- Below-the-Line (BTL) services are not covered under the plan unless
  - The member is receiving care from their PCP/PCP Clinic
  - Member must be assigned at the time of service
  - There is an active, valid referral on file to a specialist
  - Urgent & emergency related services
  - Non-Emergent Medical Transport (NEMT)
  - Maternity related services
  - Community Health Worker (CHW) services
  - The member is covered under a primary plan and the services is covered by the plan
  - Valid authorization on file (if applicable)
  - The member is on a Special Healthcare Needs (SHCN) plan

# Credentialing & Contracting

- Before a provider can be contracted with EOCCO or be added to an existing contract, a provider must be credentialed through Moda Health
  - All licensed independent practitioners need to be credentialed
  - Credentialing through Moda will credential for EOCCO & all lines of business for Moda Health
  - Process can take 90 days when a completed Oregon Credentialing Practitioner Application (OCPA) is received
  - Provider must be enrolled with Oregon Medicaid
  - Process is every 3 years
- Once credentialed, they can be added to an existing contract or begin contract negotiations with our contracting team if one is not already in place
  - Contracting date is credentialing date if a provider is being added to an existing contract

# DMAP Enrollment

- All rendering & attending providers, prescribing physicians & pharmacies & all facilities must be actively registered with DMAP to get reimbursed for the services provided
- Redeterminations are every 3 years
- Return completed forms to; [ProviderDMAPApps@modahealth.com](mailto:ProviderDMAPApps@modahealth.com)
  - 30-60 days to process once a completed application is received
  - We automatically adjust all claims denied for 84M back to enrollment date, if we process the enrollment
- More information can be found;
  - [eocco.com/providers/becomeaprovider](http://eocco.com/providers/becomeaprovider)
  - [oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx](http://oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx)

# DMAP Enrollment

- Providers can verify via active enroll via MMIS
  - [www.or-medicaid.gov/ProdPortal/Validate%20NPI/tabid/125/Default.aspx](http://www.or-medicaid.gov/ProdPortal/Validate%20NPI/tabid/125/Default.aspx)
  - If shows valid in MMIS but not with EOCCO then they will most likely will show up on next week's file as active
- Or through the “Weekly Provider Files” under “Tools for Health Plans”
  - [www.oregon.gov/oha/HSD/OHP/Pages/Plan-Tools.aspx](http://www.oregon.gov/oha/HSD/OHP/Pages/Plan-Tools.aspx)
  - Downloadable Zip file
  - Select without Tax ID as it's not password protected
- Direct link is also provided in any email received from Johnathan or myself

# DMAP Enrollment

[Home](#) [Contact Us](#) [Directory Search](#) [Clients](#) [Account](#) [Providers](#)

[home](#) [site settings](#) [validate npi](#)

Use this search to verify a provider's active enrollment status with Oregon Medicaid.  
Enter the provider's National Provider Identifier (NPI) and date of inquiry (e.g., date of service or prescription date) below.  
Then click "search" to view results.

**Oregon Medicaid NPI Verification** ? ^

National Provider Identifier (NPI)	1518000470
Date	09/26/2022

**NPI Search Results:** ∨

For search date 09/26/2022, NPI 1518000470 is \*NOT\* actively enrolled in Oregon Medicaid.

Then click "search" to view results.

**Oregon Medicaid NPI Verification** ? ^

National Provider Identifier (NPI)	1649357716
Date	09/26/2022

**NPI Search Results:** ∨

For search date 09/26/2022, provider ST ALPHONSUS REGIONAL MEDICAL CENTER INC , with NPI 1649357716 is actively enrolled in Oregon Medicaid.



# Value Based Payments

- Risk model withhold
  - 10% withhold of net amount due to provider is deducted services rendered by a participating Specialist or participating Hospital
  - Plan year is 4/1-3/31
- Quality bonuses available to PCP's
  - Based on Quality Metrics performance
- Enhanced Risk Adjusted PCPCH PMPM
  - Clinic Tier Certification thru OHA [www.oregon.gov/oha/HPA/dsi-pcpch/Pages/index.aspx](http://www.oregon.gov/oha/HPA/dsi-pcpch/Pages/index.aspx)
  - Risk Score 1-4
  - Higher per member per month (PMPM) rate for members with higher risk scores
- Capitation in lieu of FFS
  - Pays a PMPM based on member demographic

# Covid-19 Vaccines and Tracking Updates

- Public Health Emergency ended May 2023
- OHA is still tracking claims related to Covid-19. If the service is for the identification, prevention, diagnosis or treatment of Covid-19
  - Bill using;
    - Modifier CR (Catastrophe/Disaster) for Professional claim forms
    - Condition code DR (Disaster-Related) for Institutional claim forms
    - Modifier CS is not accepted for Medicaid
- Continue using and follow the [Oregon COVID-19 Provider Guide](#)
  - Last updated 9/23/2022
- Through October 31, 2023, children under the age of 19 can continue to get COVID-19 vaccines at Non-VFC providers during the commercialization transition period.
- Effective 11/1/2023, children under the age of 19 will need to get COVID-19 vaccines from eligible VFC providers.
  - Children who are CCO members can receive COVID vaccines from *any* Oregon VFC provider, regardless of whether the provider has a contract with the CCO.
    - If the provider is not contracted by the CCO, then they can bill OHA for the vaccine administration. (VFC providers do not bill for the vaccine because it is provided to them at no cost).

# Incentive Measures



# Incentive Measure Program Background

- OHA Committee selects measures and targets each year to show how well CCOs
  - Improve care
  - Make quality care accessible
  - Eliminate health disparities
  - Curb the cost of health care
- CCOs are awarded quality funds based on performance
- EOCCO uses their awarded funds for:
  - Primary care clinic quality bonus payments
  - Enhanced PCPCH payments
  - Dental Care Organization support
  - Community Mental Health Program (CMHP) incentive payments
  - Community Benefit Initiative Reinvestment (CBIR) grants

# 2023 - 2024 Incentive Measures

## Claims Based Measures

1. Child Immunization Status Combo 3
2. Health Assessments for Children in DHS custody
3. Immunizations for Adolescents\*
4. Initiation and Engagement of Substance Use Disorder Treatment
5. Oral Evaluation for Adults with Diabetes
6. Preventive Dental Visits Ages 1-14\*
7. Well-child Visits Ages 3-6\*

New measure for MY 2023

\*2023 Challenge Pool Metric

## Chart Review Measures

8. Timeliness of Postpartum Care\*
9. Meaningful Language Access to Culturally Responsive Health Care Services
10. System-Level Social-Emotional Health
11. SDoH: Social Needs Screening & Referral

## Clinical Quality Measures

12. Depression Screening and Follow-up
13. Diabetes HbA1c Poor Control
14. Cigarette Smoking Prevalence
15. SBIRT

A photograph of a woman with dark hair pulled back, wearing a light blue t-shirt, smiling warmly. She is being supported from behind by another person whose hand is on her shoulder. The background is a blurred office or library setting with bookshelves. The image has a blue-to-green gradient overlay.

# Behavioral Health Services

# Great Oregon Behavioral Health Inc.

- Locations
  - The Dalles (Main Office)
  - Pendleton
  - La Grande
- Designated to oversee Behavioral Health on behalf of EOCCO in all 12 Counties
- Direct Services
  - Applied Behavioral Analysis (ABA)
  - Foster Care
  - Non-Emergent Medical Transportation Services
  - Wrap Around / Systems of Care
  - Oregon Center on Behavioral Health and Justice Integration
  - Early Assessment and Support Alliance (EASA)
  - Frontier Veggie Rx
  - Positive Parenting Program

# Utilization Management

- Hours of Operation & Contact Information
  - 541-298-2101
  - Monday-Friday
  - 8:00 a.m. to 5:00 p.m.
- Visit [www.EOCCO.com](http://www.EOCCO.com) for Authorization Information
  - List of Covered & Non-Covered & Authorization Requirements
  - Most Current Authorization Forms
  - Utilization Management Policies
  - Clinical Practice Guidelines
  - Information Needed for Specific Authorization Types
- Submit Authorization Request Via
  - Phone: 541-298-2101
  - Fax#: 541-296-1036
  - Email: [UM@gobhi.org](mailto:UM@gobhi.org)
  - Mail: 401 E 3rd St, Suite 101, The Dalles, OR 97058





# Additional Benefits & Resources

# Telemedicine

- Covered for all active EOCCO members
  - In or out-of-network providers are covered
- Covered services can be found on our telehealth guidance document [www.eocco.com/providers/referral-auths](http://www.eocco.com/providers/referral-auths)
- Billing
  - Place of service (POS) 02. Please do not use POS 10
  - Use modifier 95 for physical health services, in addition to other appropriate modifiers
  - Use modifier GT for behavioral health services as outlined on the [BH Fee-Schedule](#)
  - Facilities can bill for telehealth/telemedicine services using Q3014 if treating patient in a health care setting
- EOCCO will pay for services that are allowed within your specific provider agreement

# Language Assistance

- EOCCO will provide interpreter services for eligible members
- Services are provided: [Passport to Languages](#)
  - Interpretation for of over 160 languages & dialects
  - Contact: 800-297-2707
- Information to provide:
  - Date & time interpreter is needed
  - Member name
  - Member ID number
  - Language needed
  - Callback number

# Smoking Cessation/Prevalence

- Treatment Interventions basic (99406), intensive (99407) and telehealth
- Intensive treatment is covered if basic treatment is not successful
  - Documented quit date has been established
  - Will pay for a maximum of 10 sessions every three months for treatment & counseling
- Coverage includes
  - Nicotine gum, lozenges & patches
  - Prescriptions commonly used for quitting smoking & tobacco use

# Transition of Care

- Continued access to services during a member's transition from a predecessor plan to EOCCO
  - A predecessor plan may be another CCO or Medicaid fee-for-service (FFS)
  - Primary care teams, hospitals & specialty service providers are required to meet requirements of transition of care
- We will provide coverage for the entire course of treatment for members who are receiving
  - Prenatal &/or postpartum care
  - First year of post-transplant year service
  - Current radiation or chemotherapy services; or
  - Prescriptions that exceed the transition of care period
- For a list of members that EOCCO will provide Transition of care to, please see our [Provider Manual](#)

# Care Coordination

- EOCCO provides each member with Coordination of Care that includes:
  - Assisting with level of care transitions
  - Discharge planning between care settings &
  - Collaboration with other services & agencies
- Referrals can be made by the following
  - Member
  - Member's Representative
  - Providers
  - State Agency Staff
- Referrals may be made using a referral form available on [www.eocco.com/providers/referral-auths](http://www.eocco.com/providers/referral-auths)

# Intensive CM & Complex CM

- Working with members & their families
- Explain & maximize available benefits & assist members & providers with timely access to needed services
- Communicate with & assist providers with coordination of services & discharge planning & work with facility case managers to coordinate discharge plans
- Contact members at home to confirm & support the provider's treatment plan, including coordination with providers to ensure that consideration is given to unique needs in treatment planning
- Connect members with community resources & link members to social services
- Assist members requiring special medical supplies or equipment, including children with special needs

# Local Community Health Partnership

- The Local Community Health Partnership (LCHP) is a group of locally identified volunteers from each of the 12 EOCCO counties who have interest in the health delivery system in their local community
- The goal of the LCHP is to engage members to take an active role in improving their own health & the health of their community
- Open to the public & comments are encouraged
- Local CAC Meeting Schedule & more information [www.EOCCO.com/providers/cac](http://www.EOCCO.com/providers/cac)



# Community Health Workers

- Primary role is to serve as a link between a community and its health and social service systems to improve access to and delivery of services, and build capacity for individuals/families/communities to promote their own health and well-being
- Does not cover social service such as enrollment assistance or case management
- Bill with one of the covered procedure codes outlined in our [CHW policy](#):
  - Bill in 30-minute units: limit 4 units per 24 hours
  - No more than 8 units per calendar month per recipient
  - CHW is now the rendering provider
- More information can be found on [www.EOCCO.com/Education](http://www.EOCCO.com/Education)
  - Next class January 8th

# Doulas

- A birth companion who provides personal, nonmedical support to birthing people and their families throughout the pregnancy, childbirth, and postpartum experience
- EOCCO will reimburse for Doula services
- Covers
  - Two pre-natal visits to the member
  - Support for the member at the day of the birth
  - Two post-partum visits to the member
- Bill with one of the covered procedure codes outlined in our [Doula Policy](#)

# Health Related Services (HRS)

- Flexible Services:
  - Cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being
- Community Benefit Initiatives:
  - Community-level interventions that include, but are not limited to, OHP members and are focused on improving population and health care quality
- Participating providers request authorization from EOCCO
  - Use the specific HRS form located [www.eocco.com/providers/forms](http://www.eocco.com/providers/forms)
- Medicaid covered services cannot be a Health-Related Service

# Cribs for Kids®

- Safe Sleep Survival Kit is available to pregnant mothers who receive prenatal or postpartum care that includes safe sleep education & the provider completes the EOCCO Cribs for Kids® referral form for each patient
- Kit includes:
  - Graco Pack'n'Play
  - Halo SleepSack
  - Graco Pack'n'Play sheet with safe sleep message
  - ABC's of Safe Sleep Photo Magnet
  - Philips Soothie Pacifier
  - Safe Sleep Educational Material & DVD
  - "Safe Baby Safe & Snug" Children's Book
- Forms located [www.eocco.com/-/media/EOCCO/PDFs/crib\\_referral.pdf](http://www.eocco.com/-/media/EOCCO/PDFs/crib_referral.pdf)
  - Securely email them to [eoccometrics@modahealth.com](mailto:eoccometrics@modahealth.com) or fax to 503-265-4790 Attn: Medicaid Services

# AgriStress<sup>SM</sup>

- A Helpline created by AgriSafe<sup>SM</sup> Network, a national nonprofit organization dedicated to improving the health and safety of agricultural workers living in rural communities
- Approved through Senate Bill 955 and Signed into law July 20<sup>th</sup>
  - EOCCO donated \$68,000.00 to get the line up and running
- Workers in crisis can now call or text the Helpline at 833-897-2474 to speak with a trained support specialist. Calls are free and confidential

# Policies



# Nondiscrimination

- EOCCO and our providers comply with applicable state and federal civil rights laws. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's
  - Age
  - Color
  - Disability
  - Gender identity
  - Marital status
  - National origin
  - Race
  - Religion
  - Sex
  - Sexual orientation
  - Health Status or,
  - Need for services

# Timely Access to Care

Physical Health	Timeframe
Well-Care Visits	Within 4 weeks
Urgent Care	Within 72 Hours
Emergency	Immediately
Behavioral Health (BH)	
Routine BH care for non-priority populations	Within 7 days
Urgent BH care for non-priority populations	Within 24 Hours
Specialty behavioral health care for priority populations	Immediately
IV Drug Users Including Heroin	Immediately
Opioid Use Disorder	Within 72 Hours
Medication Assisted Treatment (MAT)	As soon as possible (cannot pass 72 hours)
Oral Health	
Regular oral health appointments	Within 8 weeks
Urgent oral care	Within 1 week
Emergency oral care	Within 24 Hours



# Rights & Responsibilities

- Member rights & responsibilities are provided to members upon enrollment in EOCCO via the Member Handbook
  - Can also be found in [OAR 410-141-3590](#)
- Examples
  - Be treated with dignity & respect
  - Be actively involved in the development of their treatment plan
  - Allowed to make decisions about their healthcare
  - Receive a referral to specialty providers for medically appropriate covered coordinated care services
  - Have a consistent & stable relationship with a care team that is responsible for comprehensive care management
  - Have access to one's own clinical record as well as transfer of those records, unless restricted by statute

# Member Dismissals

- A member can be dismissed for:
  - Missed appointments, except prenatal care patients
  - Disruptive, unruly or abusive behavior
  - Drug-seeking behavior
  - Committing or threatening an act of physical violence
  - Committing a fraudulent or illegal acts
- A member can't be dismissed for:
  - Has a physical, intellectual, developmental, or mental disability
  - The member requests a hearing
  - The member has been diagnosed (ESRD)
  - The member exercises his or her option to make decisions regarding his or her medical care with which the provider or the plan disagrees
  - The member displays uncooperative or disruptive behavior, including but not limited to threats or acts of physical violence, resulting from the OHP member's special needs

# Member Responsibility Waiver

- Required in-order to bill member for services not covered by the Oregon Health Plan &/or EOCCO per [OAR 410-120-1280](#)
- Must review & have member's signature prior to service being performed
  - Service must be performed within 30 days of signature & discussed fees cannot change
- Providers must make a copy of the completed form & keep on file to make available upon request
- Forms are located [www.eocco.com/providers/forms](http://www.eocco.com/providers/forms)

# Member Grievances

- A complaint is an expression of dissatisfaction to EOCCO or a provider about any matter that does not involve a denial, limitation, reduction or termination of a requested covered service
  - Examples include, but not limited to, access to providers, waiting times, demeanor of medical care personnel, quality of care & adequacy of facilities
- Providers are encouraged to resolve complaints, problems & concerns brought to them by their EOCCO patients but if you cannot resolve a complaint yourself, please inform the member that we have a formal complaint procedure
- The grievance coordinator will send a resolution letter within 30 days of when the complaint was received.

# Member Appeals

- A member appeal can be submitted to EOCCO by a member or a provider, on the member's behalf
  - Members can request in writing and verbally through the customer service department  
Must be requested within **60 days** of the determination
  - Must have members permission if provider will submit on members behalf
- If the appeal decision is upheld, the member is informed of their right to request an administrative hearing through the Office of Administrative Hearings (OAH). The appeal staff sends a written Notice of Appeal Resolution (NOAR) within 16 days of receipt for an appeal
  - A 14-day extension may be utilized if additional information is needed (total 30 days)

# Provider Appeals

- Initial applicant provider & participating providers have 60 calendar days following the receipt of the medical director's letter of the Moda Health decision to take adverse action against the provider's or practitioners participating status
- Retro authorization request after the claim has processed need to be submitted as an appeal within 90 days of the date of service
- A written request would be mailed to the medical director by certified mail
- If a provider has a question regarding claims status, member eligibility, payment methodology, medical policy or third-party issues, please send a written request to:  
EOCCO Provider Appeals  
PO Box 40384  
Portland, OR 97240

# Restraints & Seclusion

- In accordance with federal law, we recognize that each patient has the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Restraints or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff members or others from harm
  - The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member or others from harm
- In addition, the nature of the restraint or seclusion must take into consideration the age, medical & emotional state of the patient
  - Under no circumstances may an individual be secluded for more than one hour



# Looking Ahead



# Looking Ahead

- Continuation of the Redetermination process
- Implementation of a Basic Health Plan
  - Covers individuals between 138%-200% of federal poverty level
  - Estimated to cover 100,000 Oregonians
  - July 2024 implementation date
- Implementation of the new Health Related Social Needs benefit

1. Medically necessary devices that maintain healthy temperatures and clean air including air conditioners, heaters, and air filters
2. Generators to operate medical devices like ventilators in a power outage

Climate



1. Nutrition and cooking education
2. Fruit and vegetable prescriptions (up to 6 months)
3. Meals (up to 3/day) or healthy food boxes for pregnant members, children, and YSHCN (up to 6 months)
4. Medically tailored meal delivery (up to 3/day; up to 6 months)
5. Navigation and/or case management for community-based food resources

Food



1. Rental assistance or temporary housing (up to 6 months)
2. Utility assistance (up to 6 months; tied to receiving #1)
3. One time transition and moving costs
4. Housing deposits and fees
5. Medically necessary home modifications
6. Pre-tenancy and tenancy support services
7. Navigation and/or case management for housing

Housing



# Contacting EOCCO



# Contacting EOCCO

- EOCCO Medical Customer Service
  - 503-765-3521
  - 888-788-9821 (toll-free)
  - [EOCCOmedical@eooco.com](mailto:EOCCOmedical@eooco.com)
- For provider concerns, issues or questions
  - [EOCCOproviderinquiry@modahealth.com](mailto:EOCCOproviderinquiry@modahealth.com)
- Incentive Measure questions
  - [EOCCOmetrics@modahealth.com](mailto:EOCCOmetrics@modahealth.com)
- Lead Medicaid Professional Relations Rep
  - [Noah.Pietz@modahealth.com](mailto:Noah.Pietz@modahealth.com)
  - 503-265-4786

# Contacting EOCCO: Reports

- Sent out on monthly basis for
- Progress Reports
  - [EOCCOmetrics@modahealth.com](mailto:EOCCOmetrics@modahealth.com)
- Risk Reports (Member Roster, ER & IP Detail, Pharmacy Opportunity Report)
  - [ProviderReports@modahealth.com](mailto:ProviderReports@modahealth.com)
- PCPCH/ PCP Capitation reports
  - [EOCCOproviderinquiry@modahealth.com](mailto:EOCCOproviderinquiry@modahealth.com)

# Important Contacts

- ODS Community Dental: 1-800-342-0526
  - [www.odscommunitydental.com](http://www.odscommunitydental.com)
- Advantage Dental: 1-866-268-9631
  - [www.advantagedental.com](http://www.advantagedental.com)
- EOCCO Pharmacy Customer Service: 888-474-8539
  - Pharmacy benefits
- Behavioral Health: 800-493-0040
  - Behavioral health & SUD benefits
- Non-emergency medical transportation: 877-875-4657
- eviCore: 844-303-8451
  - Advanced imaging, radiology, cardiology authorizations
  - [www.eviCore.com](http://www.eviCore.com)
- Magellan Rx Specialty Pharmacy: 800-424-8114
  - Specialty drug authorizations
  - [www1.magellanrx.com/medical-rx-prior-authorization/](http://www1.magellanrx.com/medical-rx-prior-authorization/)

# Need Another Flyer?

- To order additional EOCCO resources for members and providers please scan the QR code or visit
  - <https://tinyurl.com/EOCCO-Resource-Request>
- You can peruse the full resource catalog at
  - <https://tinyurl.com/EOCCO-Print-Catalog>



Questions?



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# Thank You!



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