



eoocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION



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 70,000 lives
 - Compared to this time last year we had just over 65,000 members



Topics

- Eligibility & PCP updates
- Prioritized List of Covered Services
- Referral & Authorizations
- Claims
- Incentive Measures
- Behavioral Health Services
- Additional Benefits
- Policies
- News & More
- 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	01/01/2022	07/31/2022		\$0.00	MF	
CRN - Contract Nursing	01/01/2022	07/31/2022		\$0.00	MF	
SMHS - State Medicaid Mental Health Services	01/01/2022	07/31/2022		\$0.00	MF	
BMH - OHP Plus	08/01/2022	09/26/2022		\$0.00	MF	
CRN - Contract Nursing	08/01/2022	09/26/2022		\$0.00	MF	
SMHS - State Medicaid Mental Health Services	08/01/2022	09/26/2022		\$0.00	MF	

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)228-6554	CCOG	01/01/2022	09/26/2022

Who to Bill?

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

Plan Type Displayed	New for 2023		
	Behavioral health	Dental	Physical health
CCO-F	OHA	CCO	OHA

PCP Assignments & Request

- A Primary Care Physician (PCP) 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 will be 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

Prioritized List of Covered Services



Prioritized List of Covered Services

- As of January 1, 2022:
 - Lines 1-472 are “Funded” or “Above the Line”
 - Lines 473-662 are “Non-funded” or “Below the line”
 - Codes that are not found on the prioritized list are called “Unlisted”
- DMAP’s Prioritized List of Covered Services can be found
 - <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

The screenshot displays the Oregon Health Authority website's "Current Prioritized List and Associated Documents" page. The page is divided into a left sidebar and a main content area. The sidebar includes navigation links for "Members", "Meetings & Materials", "How to Participate", "Prioritized List of Health Services", "Coverage Guidances & Reports", "Delivery Systems Innovation", and "Health Policy & Analytics Division". The main content area is titled "Current Prioritized List and Associated Documents" and features a calendar icon for "1/1/2022 - Prioritized List". Below this, a "Documents" section lists various files, with three red boxes highlighting specific items: "1-1-2022 Prioritized List of Health Services", "Placement Files: 1-1-2022 CPT-4-HCPCS", and "Placement Files: 1-1-2022 Prioritized List ICD-10-CM with decimal".

Members

Meetings & Materials

Archived Meeting Materials

How to Participate

Prioritized List of Health Services

Coverage Guidances & Reports

Open for Comment

Under Development

Delivery Systems Innovation

Health Policy & Analytics Division

Oregon Health Authority

Current Prioritized List and Associated Documents

1/1/2022 - Prioritized List

Documents

- 1-1-2022 Prioritized List of Health Services
- Extract: 1-1-2022 Prioritized List of Health Services - Behavioral Health Services
- Extract: 1-1-2022 Prioritized List of Health Services - Dental Services
- Notice of Interim Modifications 1-1-2022
- Placement Files: 1-1-2022 Guideline Notes Text File
- Placement Files: 1-1-2022 CPT-4-HCPCS
- Placement Files: 1-1-2022 Guideline Mapping
- Placement Files: 1-1-2022 Guideline Titles
- Placement Files: 1-1-2022 Guidelines Word File
- Placement Files: 1-1-2022 Prioritized List Condition and Treatment Descriptions
- Placement Files: 1-1-2022 Prioritized List ICD-10-CM with decimal
- Placement Files: 1-1-2022 Prioritized List ICD-10-CM with decimal
- Placement Files: 1-1-2022 Prioritized List ICD-10-CM without decimal
- Placement Files: 1-1-2022 Prioritized List ICD-10-CM without decimal

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	242	17106
127	15271	471	15823	127	16025	276	17106
181	15271	625	15830	181	16025	321	17106
379	15271	625	15832	605	16025	401	17106
57	15272	625	15833	57	16030	558	17106
127	15272	625	15834	127	16030	625	17106
181	15272	625	15835	181	16030	627	17106
379	15272	625	15836	605	16030	242	17108
57	15273	625	15837	57	16035	276	17108
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

- Required for
 - Services that are Below-the-Line (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
- Effective for 180 days
 - 2 visits for BTL
- Morrow & Umatilla counties please submit to local office
 - All other request are submitted to EOCCO

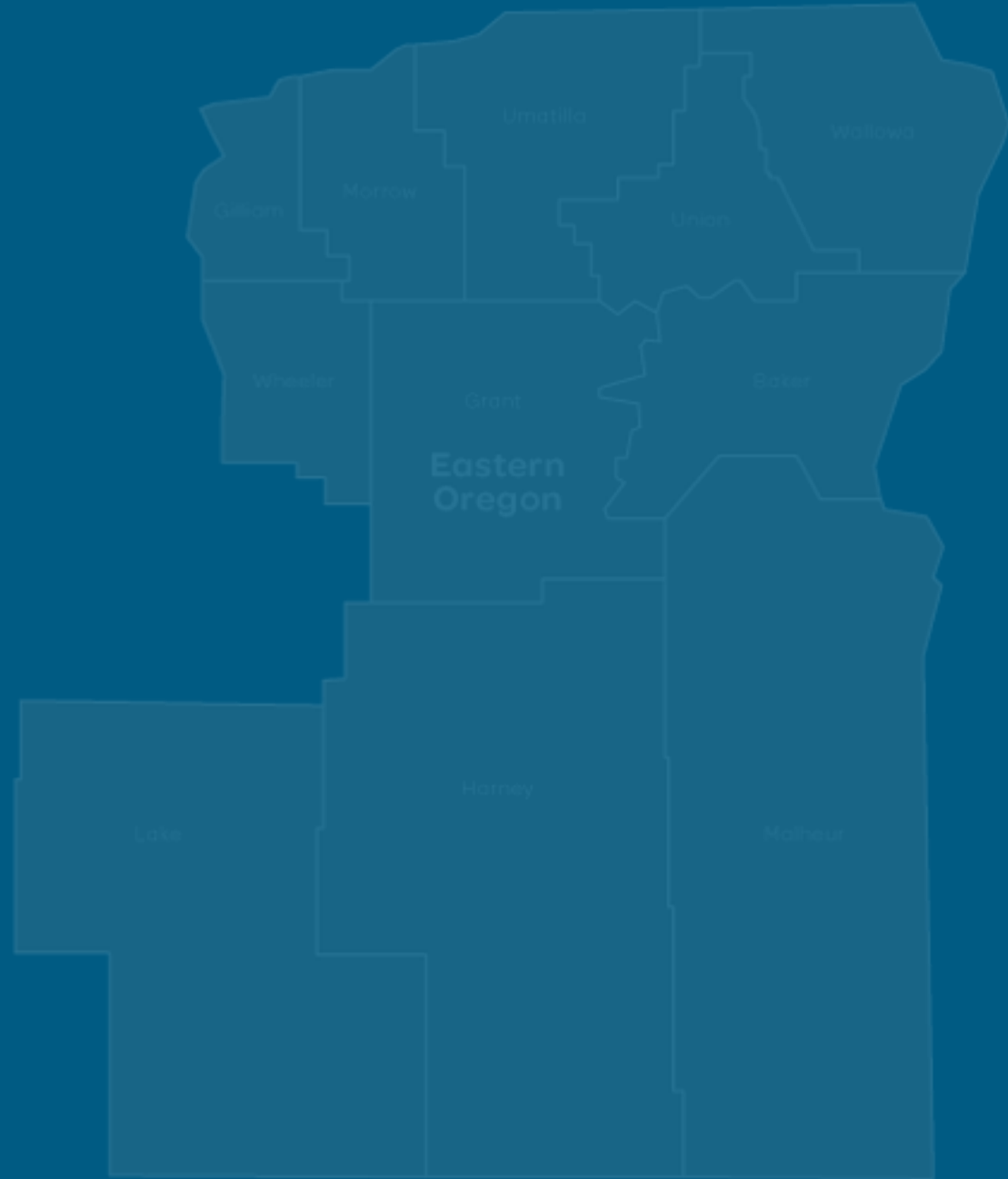
Authorizations

- Submit authorization requests to EOCCO
 - Fax: 833-949-1886
 - Phone: 888-474-8540
- Morrow & Umatilla counties please submit to your local office
 - Fax: 541-215-1207
 - Phone: 541-215-1208
- 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 if primary coverage 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

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 DMAP registered in order to get paid for the services for seeing EOCCO members
- Redeterminations every 3 years
- Return completed forms to;
 - 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;
 - eooco.com/providers/becomeaprovider
 - oregon.gov/oha/hsd/ohp/pages/provider-enroll.aspx

DMAP Enrollment

- Providers can also verify via active enroll via MMIS
 - If shows valid in MMIS but not with EOCCO then they will most likely will show up on next week's file as active

The screenshot displays the Oregon Medicaid NPI Verification web application. At the top, a navigation bar includes links for Home, Contact Us, Directory Search, Clients, and Account Providers. A 'validate npi' link is highlighted with a red box. Below the navigation bar, instructions state: '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.'

The first search form is titled 'Oregon Medicaid NPI Verification' and contains the following data:

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

Buttons for 'search' and 'clear' are visible. Below the form, the 'NPI Search Results:' section shows: 'For search date 09/26/2022, NPI 1518000470 is *NOT* actively enrolled in Oregon Medicaid.'

The second search form is also titled 'Oregon Medicaid NPI Verification' and contains the following data:

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

Buttons for 'search' and 'clear' are visible. Below the form, the 'NPI Search Results:' section shows: 'For search date 09/26/2022, provider ST ALPHONSUS REGIONAL MEDICAL CENTER INC , with NPI 1649357716 is actively enrolled in Oregon Medicaid.'

Covid-19 Information

- The Oregon Health Authority (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
- Immunizations and Monoclonal antibody services
 - Providers contracted with the member's coordinated care organization (CCO) should bill the CCO
 - Providers not contracted with the member's CCO should bill OHA
- Continue using and follow the [Oregon COVID-19 Provider Guide](#)
 - Last updated 9/23/2022

Value Based Payment

- 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
 - Practices will receive higher PMPM rates for members with a higher health risk score (1-4)
 - Payments made on the 15th of the month
 - PCPCH Certification is done through The Oregon Health Authority (OHA): www.oregon.gov/oha/HPA/dsi-pcpch/Pages/index.aspx
- Capitation in lieu of FFS
 - Paid on Per Member Per Month (PMPM) for each member assigned to the clinic on the 15th of the month
 - Rates depend on members demographic

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

2022/2023 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 in Drug and Alcohol Treatment
5. Oral Evaluation for Adults with Diabetes
6. Preventive Dental Visits Ages 1-14
7. Well-child Visits Ages 3-6

Chart Review/Hybrid Measures

8. Timeliness of Postpartum Care

9. Meaningful Language Access to Culturally Responsive Health Care Services
10. CCO System-Level Social-Emotional Health
New for 2022
11. SDoH: Social Needs Screening & Referral
New for 2023

Clinical Quality Measures

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

Questions? Contact: EOCCOmetrics@modahealth.com

Behavioral Health Services



Great Oregon Behavioral Health Inc.

- Office Locations
 - The Dalles (Main Office)
 - Pendleton
 - La Grande
- 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
- Designated to oversee Behavioral Health on behalf of EOCCO in all 12 Counties

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 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
 - Mail: 401 E 3rd St, Suite 101, The Dalles, OR 97058

Additional Benefits



Smoking Cessation/Prevalence

- Treatment interventions may include one or more of these services: basic (99406), intensive (99407) & telehealth
- Intensive treatment for those who are not able to quit with basic intervention measures:
 - Covered if a documented quit date has been established
 - Will pay for a maximum of 10 sessions every three months for treatment & counseling
- Coverage includes
 - Nicotine patches, gum & lozenges
 - Prescriptions commonly used for quitting smoking & tobacco use
- Personalized health coaching is also covered at no cost
 - Contact: 877-277-7281 or email careprograms@eooco.com

Telemedicine

- Covered for all active EOCCO members
 - Provider doesn't have to be contracted with EOCCO
- Covered codes can be found on our telehealth guidance document: www.eocco.com/providers/referral-auths
- Due to Public Health Emergency (PHE) CMS has expanded to include an additional 162 temporary codes
- Billing:
 - Place of service (POS) 02. Please do not use POS 10
 - Modifier GT is optional for physical health services but required for behavioral health services
 - Modifier 95 is accepted but should only be used if member had Medicare as primary
 - Q3014 Transmission of video equipment
- 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
- Passport to Languages does not have access to member eligibility
 - Once requested they call EOCCO Customer Service to validate eligibility

Transition of Care

- Is the 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
- For a list of members that EOCCO will provide Transition of care to, please see our [Provider Manual](#)
- 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

Care Coordination

- EOCCO provides each member with Coordination of Care that includes:
 - Assisting members with level of care, transitions & discharge planning between care settings, collaboration with other services & agencies
- We Identify members with &/or in need of long-term care services appropriate to the member's needs, including members identified as having special healthcare (SCHN) needs
- Referrals can be made by the following:
 - Member
 - Member's Representative
 - Provider (including physicians, hospitals, long-term care facilities, & residential house physicians)
 - State Agency Staff
- Referrals may be made using a referral form available on www.eocco.com/providers/referral-auths

Intensive CM & Complex CM

- Intensive Case Management &/or Complex Care Management Voluntary Service are for members experiencing complex conditions or catastrophic events who need assistance from a Case Management Registered Nurse or Behavioral Health Specialist
- Case managers help by 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:
 - [EOCCO.com/providers/cac](https://eoocco.com/providers/cac)

Community Health Workers

- Their primary role is to serve as a link between a community and its health and social service systems in order 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 EOCCO.com & www.eocco.com/providers/forms#classes
 - New dates coming soon!

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:
[EOCCO.com/providers/referral-auths](https://eoocco.com/providers/referral-auths)
- 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
 - Securely email the form to eoccometrics@modahealth.com or fax to 503-265-4790 Attn: Medicaid Services
- 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
- Sent out over 1300 kits since program began in 2016

Diabetes Management

- CCO, Clinics, & Members:

- Livongo Diabetes Self Management (DSM) program

- Provides health coaching, blood glucose meter, & unlimited test strips and refills

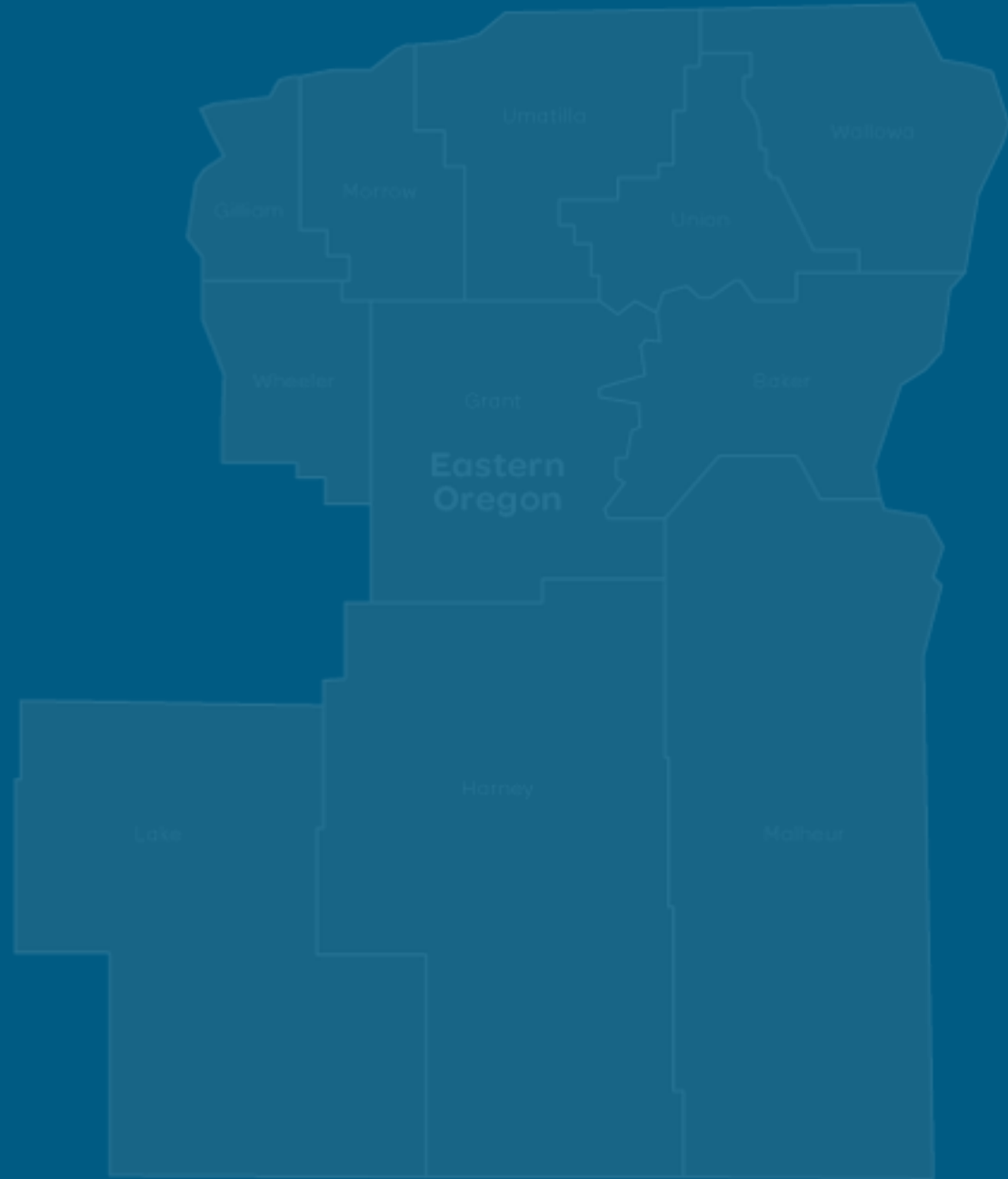


- 10% of recruitable members enrolled
- 63% of enrolled members actively participating

- Clinics & Members: HbA1c Direct Mail Kit Program available through CBIR grant



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

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

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 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

Member Appeals

- A member appeal can be submitted to EOCCO by a member or a provider, on the member's behalf
 - Must be received in writing
 - 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 DMAP
- The appeal staff sends a written resolution to the member or his/her representative within 5 days of receipt of a complaint & 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
- 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 Appeals Unit
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

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 of Rights & Responsibilities:
 - 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

Advanced Directives

- Every Oregon adult has the right to make decisions about his or her medical treatment. This includes the right to accept & refuse medical treatment
- The advanced directives form can be found at:
www.oregon.go/oha/PH/ABOUT/Pages/ADAC-Forms.aspx
- Providers must follow the wishes of the member outlined in the advanced directives form
- Free Advance Directive training for members and providers. For a list of 2023 dates and registration links please visit:
www.eocco.com/providers/Education
- [42 CFR 489.100](#)

Declaration for Mental Health Treatment

- The Declaration for Mental Health Treatment is a form that allows members to make decision now about future mental health care if a member is unable to make their own decision
- The form is effective for three years
- Copies available at: www.eocco.com/providers/forms
- Additional languages can be found: www.oregon.gov/oha/HSD/OHP/Pages/Forms.aspx
- Members will give these forms to their doctor & the person who is representing them

Provider Roster Updates

- Submit Provider Rosters to EOCCO on a monthly basis
 - Recommend sending updated roster with any changes as soon as possible
- We update any changes on a monthly basis. These changes are reflected on our provider directory
- Utilize the formatted spreadsheet we provide
- Requirement from the Oregon Health Authority
 - If providers are not on the roster but are providing services, this could cause claims to be denied

News & More



News & More

- [EOCCO provider Education](#)
- [Webinar Series: Preparing for the COVID-19 Public Health Emergency \(PHE\) to end \(eocco.com\)](#)
- Retro postpartum benefit
 - Letters went out to members at the end of August
 - Window to submit claims for payment is open through 11/30/2022 for service provided 6/2/2021-11/30/2021
 - Within 365 days of the date of services for services provided on or after 12/1/2021
- Important changes coming in 2023
 - CCO-F plan
 - Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit is going to be extended to cover more services for individuals under 21

Language Access Initiatives

- CCO: Hybrid Spanish Health Care Interpreter training offered this fall
- Clinics: Quality team now provides pre-filled claims documents for quarterly reporting
- Clinics & Members: New contract with Linguava for interpreter services
- Health Care Interpreter Registry:
<https://hciregistry.dhsoha.state.or.us/>



Health Equity Through Language Access

Contacting EOCCO



Contacting EOCCO

- **EOCCO Medical Customer Service**
 - 503-765-3521
 - 888-788-9821 (toll-free)
 - EOCCOmedical@eocco.com
- **For provider concerns, issues or questions**
 - Eocoproviderinquiry@modahealth.com
- **Incentive Measure questions**
 - EOCCOmetrics@modahealth.com
- **Lead Medicaid Professional Relations Rep**
 - Noah.Pietz@modahealth.com
 - 503-265-4786
- **EOCCO's THW, Kathryn Hart:**
 - Kathryn.Hart@modahealth.com

Contacting EOCCO: Reports

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

Important Contacts

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



Questions?



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