

## **Are you an OHP member who has been seeing a naturopath?**

### **Oregon Health Plan and naturopathic care**

Most Oregon Health Plan clients, including many fee-for-service or open-card clients, receive physical and mental health care in a coordinated care organization, or CCO. During this transition, it's important that naturopathic providers and OHP clients who seek naturopathic care know what this transition will look like for them.

Nothing has changed in terms of who can be on a provider panel, except there are now stronger anti-discrimination processes in place.

### **Naturopathic care and coordinated care organizations**

Naturopathic care has been covered for most members on the Oregon Health Plan through managed care organizations (MCOs). The new coordinated care organizations can include the existing managed care organizations. Most people who see a naturopath through Oregon Health Plan have already been moved into a CCO. That change began on August 1, 2012. OHA has not received any notification that people who were moved from an MCO to a CCO have lost access to their naturopathic physician.

### **Naturopathic care and "open card" OHP members**

Some clients have seen naturopathic physicians who were not part of a managed care organization. They have an "open card," which means they see approved OHP providers outside of an MCO and are paid directly by OHA as fee-for-service providers.

Under the new CCO model, the open card system is changing. Starting November 1, 2012, about 30,000 open-card clients will begin receiving services through a local CCO. About 150 of these 30,000 clients saw a naturopath in the past six months.

It will be up to the local CCO whether these clients' current doctors are part of the CCO's provider panel. However, under OHA's administrative rules, open card clients who are moved into a CCO who have been under the care of a naturopathic provider that is not part of the CCO network can continue to see that provider for at least 90 days until the CCO establishes a relationship with the member and develops an evidence-based, medically appropriate coordinated care plan. If the provider is not part of the CCO's network, the provider would be paid by the CCO on a fee-for-service basis for 90 days after a client has moved into that CCO.

## QUESTIONS AND ANSWERS:

### **I am currently under the care of a naturopath and want to keep seeing my provider. What can I do?**

If you are not yet a member of a CCO or just moved into a CCO and are currently under the active care of a naturopath, OHA will work with you to help manage your care with your provider. You can keep seeing your naturopath for 90 days after your move into the CCO, and your CCO may continue to cover your naturopathic provider after this transition period. Clients with questions about this should contact the Oregon Health Authority at **1-855-226-6170** and say, "I am moving into a CCO but want to be able to keep seeing my naturopath." OHA will review your case to determine your options. Clients under the active care of a naturopath may be able to remain on (or move back to) an open card if necessary to maintain a plan of care.

### **I am a naturopathic provider serving open-card clients. Will I be able to continue to see them?**

Under OHA's administrative rules, open-card clients who are transitioned into CCOs may continue to see their naturopathic provider, even if the provider is not part of the CCO network, for 90 days. If you are not part of the CCO network but continue to see a patient during this 90-day period, you will receive a fee-for-service reimbursement from the CCO. You would submit claims to the CCO under the CCO's non-participating-provider policy. You should contact the CCO's provider services office to determine how to submit claims.

### **Is a CCO required to contract with providers who have seen open-card clients?**

It is up to each CCO to have an adequate network of providers, but CCOs are not required to contract with any particular provider, even if it is the preferred provider of the CCO member. Providers who want more information on a CCO's network should contact the CCO directly. Provider contact information for each CCO is available by visiting [www.health.oregon.gov](http://www.health.oregon.gov) and clicking on "Info for providers."

### **I am a provider and a CCO has declined to include me in its network. How do I appeal the decision?**

Under Senate Bill 1509 (2012), a CCO may not discriminate in the participation of a health care provider based on the provider's license or certification. However, a CCO also is not required to contract with any particular providing willing to accept the terms of a CCO contract.

If a CCO declines to include a provider, it must tell the provider why in writing. If a provider believes he or she has been discriminated against in violation of SB 1509, the provider may seek a CCO review of the decision. If unsatisfied with the CCO's decision following review, the provider may ask OHA to review the CCO's decision. This is done by submitting a completed OHA Provider Discrimination Review Request form. It is available at: <http://www.dhs.state.or.us/policy/healthplan/guides/ohp/pdrc-request.pdf>

In its review, OHA must consider network adequacy, provider types and qualifications, provider disciplines, and provider reimbursement rates. The OHA review process is at: <http://www.dhs.state.or.us/policy/healthplan/guides/ohp/pdrc-process.pdf>