Senate Bill (SB) 558
CCO Questions and Answers

Last updated May 10, 2018

COVERED SERVICES

What services are covered for the SB 558 population? Are there any restrictions or differences?

Like Medicaid/CHIP-funded services for children and teens, coverage for the SB 558 population will:

- Be under the OHP Plus (BMH) benefit package
- Follow the Health Systems Division Medical Assistance Program (Chapter 410) rules, including General Rules (Division 120) and Oregon Health Plan Rules (Division 141)
- Follow the HERC Prioritized List of Services

Like all other OHP children and teens, the SB 558 population is also eligible for non-emergent medical transportation. They get the same pharmacy benefits. The only difference is that it will be state-funded, not Medicaid/CHIP-funded.

Is the SB 558 population OHP Plus or OHP Standard?

The SB 558 population will be assigned to the OHP Plus (BMH) benefit package, the same as all other OHP children and teens. The OHP Standard (KIT) benefit package was for childless adults age 19 to 64. It ended with Oregon's Affordable Care Act implementation.

How will flexible services apply to the SB 558 OHP population?

It is an individual CCO decision whether to provide flexible services to the SB 558 population. Flexible services are not part of the OHP Plus (BMH) benefit package.

Will OHA pay the wraparound for Prospective Payment System (PPS) encounter rate providers?

No. For the SB 558 population, OHA priced reimbursement to federally qualified health centers, certified community behavioral health clinics, Indian Health Service clinics, rural health clinics, and Tribal 638 clinics according to the OHP fee schedule, not the PPS encounter rate.

- CCOs may contract with FQHC/RHC/Tribal 638s as they do for other network providers.
- For fee-for-service, OHA will reimburse PPS clinics according to the OHP fee schedule.

How will DHS and other wraparound services apply to the SB 558 population?

Some OHA and DHS programs may include wraparound services, which are provided to all children and teens, regardless of immigration status. These services may be state fund only, and are outside the OHP Plus benefit.

Children and teens receiving wraparound services under other OHA and DHS programs will remain in their program for continuity of care.

Will the same standards apply to the SB 558 population around PCP and dental assignments?

Yes, standards of care, coverage and services are the same for all children and teens covered by the OHP Plus (BMH) benefit package.

MEMBER ENROLLMENT

If the SB 558 population has Third Party Liability (TPL) that meets the minimum essential health benefit criteria, are they enrolled in a CCO?

Yes. If the member has household income at the Medicaid income level (0-138% FPL). However, if the member's income is at the CHIP income level (139-305% FPL), they cannot have TPL and be enrolled in OHP.

What is OHA's plan to enroll the SB 558 population into OHP?

The DHS Community Partner Outreach Program's new Outreach and Enrollment Grant Program is funding 15 community-based organizations to provide culturally and linguistically appropriate OHP outreach, enrollment and system navigation assistance.

Of the 15, 11 were Safety Net Capacity Grant Program / **I'm healthy! / ¡Soy sano!** outreach partners in 2017 who are already working with this population.

SB 558 creates an external stakeholder workgroup that is advising DHS|OHA on effective outreach and marketing to connect this population to OHP enrollment.

DHS Community Partner Outreach Program and OHP Customer Service will continue to train and support the existing network of OHP-certified community partners that already assists with OHP enrollment.

When can we expect numbers by county?

OHA Health Analytics distributed CAWEM (CWM) and CAWEM Plus (CWX) enrollment numbers by county (as of October 2017). CCOs may use this information as a baseline for projected enrollment numbers by county.

Is there "churn" for CAWEM members, like there is for OHP members? If so, why?

OHA is researching the question.

How many months does CAWEM Plus coverage last, post-delivery?

As of April 1, 2018, CAWEM Plus benefits (temporary OHP Plus coverage for pregnant individuals who do not meet the citizenship/immigration requirements of full OHP Plus coverage) end 60 days post-partum. Note that members with CAWEM Plus benefits are not enrolled in CCOs.

What happens when the SB 558 population turns 19?

If they meet income and other criteria, their benefits would change to CAWEM or CAWEM Plus in the month after they turn 19.

- If pregnant and turning 19 before the pregnancy ends, they will receive CAWEM Plus benefits. After the post-partum period ends, they will reduce to CAWEM coverage the following month.
- If not pregnant, they will reduce to CAWEM (emergency-only) benefits.

Note that members with CAWEM or CAWEM Plus benefits are not enrolled in CCOs.

How will OHA determine eligibility and enrollment for the SB 558 population?

Children, teens and their families will apply using the OHP application, and will complete the annual renewal process. Starting January 1, the only change in determining eligibility at application or redetermination is that OHA will now approve the SB 558 population for full OHP coverage instead of CAWEM or CAWEM Plus for children and teens under age 19.

How is it possible that OHA can enroll non-Medicaid members?

In discussions related to 2015 allocation, the Centers for Medicare & Medicaid Services approved using MMIS for non-Medicaid program changes, as long as the system clearly distinguished between Medicaid and non-Medicaid (state fund only) program enrollment.

The new PERC codes will allow MMIS to clearly distinguish Medicaid/CHIP-funded OHP from state-fund-only OHP, while ensuring both population are served through the same OHP benefit package (BMH).

How will OHA identify the SB 558 population for eligibility and metrics purposes?

Like other CCO members, OHA will identify the SB 558 population by PERC and rate group.

The 820, 834 and Provider Web Portal eligibility verification screen report the PERC code for each member.

Are there specific PERC codes for the SB 558 population?

Yes. OHA has created seven separate PERCs: CL, CK, CM, CN, CO, CP, and CR.

Capitation Category	PERC*	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code
	CR		C21		C21, CAK	
ADLCK	CN	CAK	Parent or Other Caretaker/Relative	P2	PCR, CAK CWM	5
	CP		Child		CMO, CAK CWM	
CHPCK	CR	CAK	C21	P2	C21, CAK	6
OHPCK	CN	CAK	Parent or Other Caretaker/Relative	P2	PCR, CAK CWM	7
	CO		Child <1		CM1, CAK CWM	
	CK		Parent or Other Caretaker/Relative		PCR, CAK CWM, CWX	
PLMCK	CM	CAK	Pregnant Women <19	P2	PWO, CAK CWM	8
	CL		Plus Pregnant Women <19		PWO, CAK CWM, CWX	
PRSCK	CR	CAK	C21	P2	C21, CAK	9

Capitation Category	PERC*	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code
	CN		Parent Other Caretaker/Relative		PCR, CAK CWM	
	CP		Child		CMO, CAK CWM	

In the new PERC codes, why is the PCR case descriptor included with under age 19?

There is no minimum or maximum age requirement for PCR. If a person under the age of 19 has a dependent child, and meets all other financial and non-financial eligibility requirements, they will be found eligible for PCR. This is also true of CAWEM PCR.

Instead of reporting the SB 558 population using PERC codes, can OHA enroll the SB 558 population under the new Plan IDs for each CCO?

No. New logic to enroll the SB 558 population automatically among specific Plan IDs for the SB 558 population would require a substantial MMIS system change. This is why OHA developed new PERC and rate group identifiers to align with CCOs existing 820, 834 and encounter systems.

OPERATIONAL QUESTIONS

Can OHA postpone CCO enrollment of the SB 558 population so that CCOs have more time to prepare?

The DHS|OHA Executive Steering Committee has determined to proceed with January 1, 2018, implementation as follows:

- Fee-for-service enrollment effective January 1, 2018
- Auto-assignment into CCOs effective March 5, 2018. The process would begin February 24 for March 5 enrollment.

Please let us know what you need to prepare for serving the SB 558 population by March 5, 2018.

Will the SB 558 population be included in a separate contract?

Yes. On November 7, 2017, OHA distributed a draft contract for review and addressed questions at the November 16 CCO Contract and Compliance workgroup meeting. OHA is reviewing CCO feedback to distribute a final contract by mid-December 2017.

What rules and requirements apply for the SB 558 population?

The rules, requirements and policies that govern OHP coverage, and how CCOs serve OHP members, apply equally to the SB 558 population. Federal law requirements applicable to managed care are made applicable to this population as a matter of contract even though the members may not be Medicaid/CHIP eligible.

Will CCOs need to modify or secure new contracts for the SB 558 population?

The CCOs will have to work with their provider network to negotiate their contract terms.

How will this affect stop/loss contracts?

This is up to each individual CCO.

Will CCOs need a Health Insurance License to serve the SB 558 population?

No. By law, medical assistance recipients are exempt from insurance code, so CCOs will not require a Health Insurance License or filing with DCBS.

Will home health providers and requirement to check surety be required by January 1?

If CCOs believe they need to contract with new home health providers to serve the SB 558 population, then OHA would expect all requirements, such as surety, to be complete by March 1, 2018.

Do CCOs have to provide member handbooks and member ID cards?

Yes. The SB 558 population should be treated the same as all other CCO members.

Will OHA or CCOs have to produce a separate handbook for the SB 558 population? If so, how will it be reviewed and approved?

The SB 558 population receives the same benefits as all other children and teens eligible under OHP, so OHA does not see a need for CCOs to produce a separate handbook for them. It is up to each CCO to decide whether to produce a separate handbook.

The only difference in benefits would be if CCOs chose to exclude Medicaid-funded "health-related services" (formerly "flexible services") for this population, since these are not part of the OHP Plus (BMH) benefit package. However, the required CCO handbook language provided by OHA already indicates that this benefit is exceptional and on a case-by-case basis.

If CCOs choose to offer different providers for the SB 558 population, they may update their existing provider directory; or provide a separate provider directory. There is no requirement to list provider information in the member handbook itself.

This does not change OHA's existing review and approval process for OHP member material.

To provide member materials, health assessments and services that meet the linguistic needs of the members, how will we learn of the language needs of the new population?

Primary language (spoken and written) will be sent via the daily and monthly 834 enrollment files, as already done for all other OHP members.

Based upon the spoken and written language needs of the CAWEM/CAWEM Plus auto-conversion population by county, the majority of the children and teens moving to full OHP coverage effective January 1, 2018, prefer Spanish or English for their written and spoken language.

How should CCOs report encounter claims for the SB 558 population?

CCOs can submit encounter claims the same as any other encounter claim. The new PERC codes will allow OHA to exclude this population from Medicaid quality pool and incentive activities.

How will CCOs receive data about the SB 558 population?

Information will come in the daily and monthly 834, the same as for all other OHP members. This includes ID numbers, age range and primary language.

Capitation and administrative payment information will come in the 820, like all other capitation.

The new PERC codes and rate group will help CCOs identify members from the SB 558 population.

RATE DEVELOPMENT

Has OHA developed the rates for the SB 558 population?

Yes.

How do the rates differ from Medicaid/CHIP-funded rates?

Even though the SB 558 population has a separate set of rates, these rates are not functionally different from Medicaid/CHIP-funded rates. They are the same as current rates for Medicaid/CHIP children and teens (before add-ons such as HRA and MLR).

Does the overall Medical Loss Ratio (MLR) account for the new rate groups?

No, because MLR applies to Medicaid only.

Will there be a risk corridor?

Yes, OHA is issuing a risk corridor due to the unknown factors of serving the SB 558 population. OHA distributed risk corridor information at the November 21 and December 5 Financial Reporting Workgroup meetings, and risk corridor language will be included in the contract.

What capitation rate will CCOs receive if a member becomes pregnant?

CCOs will continue to receive the Child 6-18 capitation rate if a member becomes pregnant. OHA will deliver a maternity kick payment (minus HRA) after delivery occurs.

OHA's actuarial unit reviewed the difference in non-maternity related costs between a pregnant member versus a non-pregnant member between ages 6-18, and the differential is not significant enough to warrant a different capitation rate.

However, OHA may add a pregnancy rate group in the future if cost differentials prove to be significant for the SB 558 population.

REIMBURSEMENT

Will CCOs receive maternity kick payments for pregnant members?

Yes. The payments will be the same as for all other pregnant members.

Will FQHCs receive wraparound payments for services to these members?

To manage implementation costs, the final pricing did not include PPS provider wraparound payments. CCOs may contract with FQHC/RHC/Tribal 638s as they do for other network providers.

REPORTING REQUIREMENTS

Will the SB 558 population be included in CCO metrics?

Yes. However, because overall, services delivered to the SB 558 population will be paid through state fund, OHA will report them separately from the existing Medicaid/CHIP population. This will keep the SB 558 population separate from existing Medicaid/CHIP funding (i.e., the incentive metrics) and still provide an opportunity to compare the two populations.

OHA will track CCO metrics using many of the same tools already used, such as the monthly CCO Metrics Dashboard. OHA will add a filter that allows each CCO to track metrics for the SB 558 population, but keep this population separate and distinct from other populations.

Will CCOs include the SB 558 population in other reporting?

OHA will examine other reporting to ensure appropriate oversight (for finances, complaints, grievances, appeals and possibly other areas). Where CCOs currently report aggregate numbers to OHA, CCOs may be required to distinguish the SB 558 population as a subset of the reported aggregate for hearings, denials, appeals, complaints and financial reporting.