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DENNIS RICHARDSON
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ARCHIVES DIVISION
MARY BETH HERKERT
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 84-2018

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

08/07/2018 7:52 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Clarifying How the Authority Administers Managed Care Entity Assessments, HB 2391 2017
Legislative Session

EFFECTIVE DATE: 08/07/2018 THROUGH 10/13/2018

AGENCY APPROVED DATE: 08/03/2018

CONTACT: Sandy Cafourek 500 Summer St. NE
503-945-6430 Salem, OR 97301
sandy.c.cafourek@dhsosha.state.or.us

Filed By:
Sandy Cafourek
Rules Coordinator

NEED FOR THE RULE(S):

The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to temporarily amend this rule to provide definitive guidance on what premium equivalents are subject to Managed Care Entity (MCE) assessments as authorized by House Bill 2391 from the 2017 legislative session.

JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, providers, and clients receiving services.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

: House Bill 2391 of the 2017 legislative session viewable at
<https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB2391/Enrolled>

AMEND: 410-141-4020

SUSPEND: Temporary 410-141-4020 from DMAP 22-2018

RULE SUMMARY: The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to temporarily amend this rule to provide definitive guidance on what premium equivalents are subject to Managed Care Entity (MCE) assessments as authorized by House Bill 2391 from the 2017 legislative session.

CHANGES TO RULE:

410-141-4020

The Medicaid Managed Care Assessment: Calculation, Report, Due Date, Verification of Report

(1) The assessment on the managed care premium equivalents paid to an MCE on or after January 1, 2018, is

based on calendar quarters. Calendar quarter start dates are January 1, April 1, July 1, and October 1. For purposes of this rule, managed care premium equivalents shall be assessed as of the calendar quarter in which the managed care premium equivalents are received by the MCE.¶¶

(2) ~~Adjustments to the managed care premium~~ Premium equivalents include all capitation payments received by the MCE for the provision of health services and all other payments received by the MCE from the Authority for providing health services under ORS chapter 414, including maternity payments, quality incentive pool payments, and qualified directed payments as defined in OAR 410-125-0230. Premium equivalents do not include Medicare premiums or any form of payment by Oregon Health Plan (OHP) enrollees.¶¶

(3) Adjustments to premium equivalents subject to assessment shall be determined as follows:¶¶

(a) ~~Managed care premium~~ Premium equivalents attributable to periods prior to January 1, 2018, except annual quality incentive pool payments, are not subject to the assessment and shall be deducted from the assessable ~~managed care premium~~ premium equivalents when calculating the assessment due; ¶¶

(b) Adjustments due to changes in client status and other ~~managed care premium~~ premium equivalents adjustments resulting in additional payments received by the MCE on or after April 1, 2018, are subject to the assessment; ¶¶

(c) If ~~managed care premium~~ premium equivalents are reduced by a recoupment by the Authority for an overpayment, then the assessable ~~managed care premium~~ premium equivalents shall be the reduced amount after recoupment; ¶¶

(d) If both an overpayment and recoupment occurs, the MCE shall be subject to the assessment on the ~~managed care premium~~ premium equivalents received in the calendar quarter; and ¶¶

(e) Sub-capitation payments made to an MCE by another MCE are not included in the total ~~managed care premium~~ premium equivalents subject to assessment if the paying MCE certifies to the receiving MCE in writing that the paying MCE is already responsible for the managed care assessment on the originating ~~managed care premium~~ premium equivalents. ¶¶

(34) The MCE must pay the assessment and file the report on a form approved by the Authority on or before the 45th day following the end of the calendar quarter for which an assessment is due unless the Authority permits a later payment date. The MCE must provide all required information on the report. ¶¶

(45) Any report, statement, or other document required to be filed shall be certified by the MCE's chief financial officer or designee. The certification must attest, based on best knowledge, information, and belief to the accuracy, completeness, and truthfulness of the document. ¶¶

(56) Payments may be made electronically or by paper check. If the MCE pays electronically, the accompanying report may either be faxed or mailed to the Authority. If the MCE pays by paper check, the accompanying report must be mailed with the check to the address provided on the report form. ¶¶

(67) The Authority may charge the MCE a fee of \$100 if for any reason the check, draft, order, or electronic funds transfer request is dishonored. This charge is in addition to any penalty for nonpayment of the assessments that may also be due.

Statutory/Other Authority: ORS 413.042, ORS 414.025

Statutes/Other Implemented: ORS 414.065, 2017 HB 2391