About the CMS 2390-F Managed Care Final Rule Implementation Project

The project comprises 11 phases, according to the implementation dates outlined by the Centers for Medicare & Medicaid Services (CMS). The Oregon Health Authority (OHA) is currently working on Phase III-B, to identify and operationalize changes required January 1, 2018:

- Phase III-A identified the requirements to complete effective January 1, 2018, including all required Oregon Administrative Rule (OAR) and coordinated care organization (CCO) contract changes.
- Phase III-B ensures implementation of those requirements no later than January 1, 2018.

This fact sheet provides OHA’s current project status.

Project status as of August 2017:

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Legend:
- **Green:** In process, on track
- **Yellow:** Some concerns, minimal risk
- **Red:** Off track, high-risk
- **Blue:** Complete

Committee members and subject matter experts are developing work plans, as appropriate, that reflect the tasks and operations identified to implement January 1, 2018 rule and contract changes.

On August 9, 2017, OHA held a Rules Advisory Committee (RAC) meeting for the Grievance System Rules in OAR Division 141. OHA will hold two RACs on August 17: One to continue discussion of the Grievance System Rules, immediately followed by a RAC for OAR 410-141-3070 (Preferred Drug List Requirements).
The lead for this project will attend this month’s Contract and Compliance meeting to update the CCO contractors on the status of the project, and to provide technical assistance about the RAC meeting notification process.

Throughout September, OHA will hold RACs for other OARs that include CMS 2390-F changes as they become available. OHA will send notifications through the normal process (direct email to stakeholder lists). OHA also posts RAC meeting information and agendas on the Public Meetings calendar at http://www.oregon.gov/oha/HSD/OHP/Pages/Meetings.aspx.

Background

On May 5, 2016, CMS published the federal Medicaid and CHIP Managed Care Final Rule (CMS 2390-F). This rule requires state Medicaid agencies to make many changes related to its oversight of contracted managed care organizations, including:

- Operation,
- Contracting,
- Rates,
- Oversight, and
- Payment.

To meet these requirements, OHA has developed a project plan to implement the changes required by the Managed Care Final Rule.

The project plan will ensure that OHA updates the Oregon’s Medicaid and CHIP State Plans; Section 1115 demonstration waiver; and all contracts, rates, payment, communications, operations, and rules affected by requirements outlined in the Managed Care Final Rule.

The project provides opportunity to collaborate, consult and communicate with divisions and units throughout OHA and the Department of Human Services; CCOs; and internal and external partners throughout Oregon.