

# Rates Submission Template Instructions

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The new Rates Submission Template will be used as part of the rate development process for capitation rates. Each CCO is requested to complete each report within the template. This document contains instructions on how to complete each report.

Please note that any cells shaded in light orange are to be completed. All other cells are password-protected and cannot be edited.

Please send an email to [Chelsea.A.Guest@state.or.us](mailto:Chelsea.A.Guest@state.or.us) if you have issues with the template or call 503-383-6260.

## **Reporting Template Contents:**

- Report 0 -- Member Months
- Report 1 -- Medical Costs
- Report 1B -- Costs for Additional Services
- Report 2 -- IBNR
- Report 3A -- Incentive Programs
- Report 3B -- Incentive Payments
- Report 4A -- Other Payment Arrangements
- Report 4B -- Other Payments
- Report 5 -- Sub-Capitation
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- Report 7 -- Submission Certification (by CCO CEO/CFO)

A tab titled | CCO Scratch Sheet | is also provided for any additional information the CCO would like to provide. This tab is not password-protected.

## **Report 0 -- Member Months**

This tab captures the Physical Health and Mental Health enrollment for the CCO. Physical Health and Mental Health enrollment can be captured by the CCO types listed below:

<b>Physical Health</b>	<b>Mental Health</b>
CCO-A	CCO-A
CCO-B	CCO-B
	CCO-E
	CCO-G

Please note that OHA will be providing this information separately to each CCO after the template release. After this information is verified by each CCO, it can be used to populate the template.

**Report 1 -- Medical Costs**

This tab is intended to capture all medical costs incurred by the CCO that generate a claim or encounter. These expenditures will be used to validate the encounter data. Expenditures that do not generate a claim or encounter will be recorded in subsequent parts of the template. The medical costs are captured in multiple ways on this tab; each is explained below:

- **Total Paid Dollars Incurred (Expenditures, not sub-capitated)** – Include paid dollars that generate a claim by cohort and service category for the time period of the template.
- **Total Sub-Capitated Incurred** – Include total paid dollars that are associated with capitation payments made to the sub-capitated entities for the time period of the template. These costs are reported at a higher level of service category.

**Allocation:** Please allocate all costs as best as possible using the *Template Category of Service Crosswalk* as your reference. This document breaks out the refined service categories for non-sub-capitated dollars along with the higher level categories of service for the sub-capitated dollars.

**Primary Care Physician versus Non-Primary Care Physician:** The template is broken out by Primary Care Physician versus Non-Primary Care Physician; however, for purposes of comparing the financial reporting template to the encounter data, these two service categories will be aggregated. These two services should be broken out to the best of the CCO’s ability. This break out does not exist on the category of service crosswalk.

**Additional Considerations:** Costs reported on this report should not be completed for IBNR and should be observed prior to the impact of any reinsurance arrangements. Additionally, Pharmacy costs should be net of rebates.

<b>List Exclusions for Report 1*</b> <b>(Include these services in Report 1B)</b>
Maternity & Bariatric Costs
Carved-Out Mental Health Drugs
TPL Amounts
NEMT
Mental Health Children's Wraparound
Mental Health ACT/SE
CANS Services
A&D Residential Services
Administrative Costs
Non-State Plan Services

\*See the *Template Category of Service Crosswalk* for more details on Report 1 exclusions.

**Report 1B – Costs for Additional Services**

Include medical costs that were excluded from Report 1. They include the following:

<b>Report 1B List</b>
Maternity & Bariatric Costs**
NEMT <i>(Procedure codes: A0080 thru A0210)</i>
Mental Health Children's Wraparound
Mental Health ACT/SE <i>(Procedure codes:H0039 &amp; H2023)</i>
CANS Services
A&D Residential Services

*\*\*Maternity and Bariatric costs are specified in the Template Category of Services crosswalk.*

**Report 2 -- IBNR**

Through use of the IBNR tab, OHA hopes to attain a clearer understanding of the speed at which claims complete for each CCO. For the calendar year 2013 template, CCOs are asked to provide a completion percentage for each service category. The calculation for the completion percentage is listed below:

<b>Completion Percentage Calculation</b>
$1 - (\text{Total Incurred Expenditure} / \text{Complete Expenditure})$

For example, if the category of service DRG Inpatient is only 95% completed by the paid through time period, either July or August 2014, then the corresponding completion percentage would be 5%.

**Report 3A -- Incentive Programs (Quality Pool and Others)**

The Incentive Programs tab allows CCOs the opportunity to educate and inform OHA of the incentive payments provided by the specific CCO. Please include a description of any incentive programs in the first box, while including the total provider payments made for these incentive programs directly below the narrative. In addition, please include a total amount of the incentive payments made. The dollars included in this box should be exclusive of the dollars found on the medical cost tab (Report 1 and Report 1B) and are expenditures that would not generate a claim or encounter.

In this report tab, please split up your incentive payments that were attributed to quality pool funds and payments that were not using quality pool funds. Quality pool funds are distributed to CCOs from OHA based on their annual performance on 17 CCO Incentive Measures. For more information on the quality pool, [click here](#).

The descriptions of incentive payments should include:

- A detailed description of services provided under each of the provider payment/Quality Pool agreements.
- The name of the providers that are participating and any affiliations participants may have with CCO.
- Detail surrounding the amount paid to each provider and also a description of the payment methods for the incentive payment.
- A narrative describing how the listed payment agreements may change for the contract year, 2016.

### **Report 3B -- Incentive Payments (Quality Pool and Others)**

An extension of Report 3A, this tab hopes to provide CCOs with a way to parse out the incentive payments made on the previous tab, Report 3A. If possible, please separate out the total payments value on Report 3A by cohort, service category, and non-sub-capitated versus sub-capitated expenditures on this tab.

CCOs are encouraged to allocate other payments in Report 3B to the best of their ability into categories of services; however, CCOs are only required to distribute the payments across the rate cohorts in the total line if applicable (grey bar).

### **Report 4A -- Other Payment Arrangements**

In order to ensure that OHA has a complete understanding of each CCOs total expenditures, this tab aims to provide a means through which to inform OHA on any other payments made by each CCO that do not generate a claim or encounter and are exclusive of all other tabs prior. Provide a description of each payment and the total payment made. If the CCO has no additional payments, then this section can be left blank. If the CCO has more payments, this additional information can be included on |CCO Scratch Sheet|.

The descriptions of the other payment arrangements should include:

- A detailed description of services provided under each of the other payments.
- The name of the providers that are participating and any affiliations participants may have with CCO.
- Detail surrounding the amount paid and also a description of the payment methods.
- A narrative describing how the listed payment agreements may change for the contract year, 2016.

### **Report 4B -- Other Payments**

In continuation of Report 4B, this content of this tab will provide CCOs an avenue through which to parse out the other payments made. If possible, please separate out the total payments value on Report 4A by cohort and service category for each of the other payments made.

CCOs are encouraged to allocate other payments in Report 4B to the best of their ability into categories of services; however, CCOs are only required to distribute the payments across the rate cohorts in the total line if applicable (grey bar).

#### **Report 5 -- Sub-Capitation**

Here, CCOs are asked to elaborate upon the composition of their sub-capitated arrangements. The expenses for the sub-capitated services will be found on Report 1, but this tab gives the ability to explain these expenses.

The descriptions of the sub-capitation arrangements should include:

- A detailed description of services provided under each of the sub-capitation agreements.
- The name of the providers that are being sub-capitated (for example, certain physician groups, hospitals, clinics, etc.).
- Detail surrounding the amount of the sub-capitation paid to each provider and also a description of the payment methods for the sub-capitated agreement (percent of premium, PMPM, etc.)
- A narrative describing how the listed sub-capitated agreements may change for the contract year, 2016.

#### **Report 6 -- Financial Overview**

Upon completion of the previous reports, this tab will provide an overall picture of all expenses listed in the template. The information on this tab can be used by the CCO to tie this template to other internal reports for reasonableness as necessary. The only piece of information that the CCO needs to provide on this tab is an estimated amount of Incurred but Not Reported expenditures that are exclusive of Report 1.

#### **Report 7 -- Submission Certification (by CCO CEO/CFO)**

It is required that CCOs provide certification through their respective CEO or CFO that the figures in this reporting template are accurate and representative of CCO experience for the given time period.