

Rates Submission Template

Frequently Asked Questions

How do you attribute member enrollment to services that are rolled in for only part of the year?

The template asks CCOs to validate the member month enrollment at a calendar year level; however, when services are rolled in only for specific months of the year different enrollment will be used in rate development.

Do we have to allocate costs in Report 3B (incentive payments) and Report 4B (other payments)?

CCOs are encouraged to allocate costs in Report 3B and 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 (grey bar).

What if an additional service, such as ACT/SE, is included in a sub-capitated agreement payment included in Report 1?

If you cannot reasonably split out costs related to ACT/SE or another service that is included in a sub-capitated agreement, please make a note in the template describing the situation in the appropriate narrative box or on the scratch sheet.

Should report 2 reflect incurred but not paid (IBNP) or incurred but not reported (IBNR) estimates?

These terms are used interchangeably within the industry. To avoid confusion below is a description of what is being requested.

The goal is to capture total expenditures for the claims that were incurred for Calendar Year 2014. The first table in Report 1 captures your paid claims or expenditures; however, there will be dollars missing due to run out. What we are looking for in Report 2 is an estimate of those missing dollars.

Our intent is to take the expenditures from Report 1 of your incurred paid data and add your estimate in report 2, and that will equal the total claims expenditures that were incurred in 2014.

Where do we include items such as grants?

Please specify these types of “other payments” in report 4A and 4B. These sections were created after feedback from the CCOs to account for payments that are not sub-capitated or encounter based. Please include detail on these arrangements in the narrative section, such as the applicable category of service, population served, type of individual providing service, etc., and costs associated.

Does this template include Pay for Performance (P4P)?

In most cases no. Only include P4P data in the incentive payment section of the template when it is paid out as a bonus payment. Please specify these arrangements in the narrative section and provide any supporting documentation.

How do we handle zero payments in medical costs?

All costs related to medical services should be accounted in the financial data submission template. If there are zero paid claims, it is most likely due to an alternative payment such as sub-capitation and should be accounted for in the appropriate section. Please do not reprice zero paid claims in the expenditure section (report 1).

Where do we account for specific costs that are not submitted as encounters? (i.e. bundle payments, etc.)

Depending on the type of cost, please account for non-encounter based costs in either the sub-capitation section, incentive payment report, or the “other payments” report. Please include details on these arrangements in the narrative section, such as the applicable category of service, population served, type of individual providing service, etc., and costs associated.

Do we report SNRG in this template?

Yes, you do need to include SNRG in this template.

Where and how do Flexible Services fit into the 2015 rate setting process?

At this time, there is no plan to count flexible services as something other than admin, but we encourage you to report the information and payments associated in the “other payments” section of the template. Please include detail on these flexible services arrangements in the

narrative section, such as the applicable category of service, population served, type of individual providing service, etc., and costs associated.

Should Mental Health case managers be into the physical or mental health sections?

If the case manager is specific to mental health only, please put the costs in the Mental Health non-inpatient service line. If the case manager does both physical and mental health, then please allocate a percentage to mental health and the rest in the Case Management and ENCC in the “other payments” section.

What do we do with Case Rates that are used to pay our mental health providers?

If the case rate led to an encounter claim with a zero paid amount, then please include these costs in the “other payments” report. Please include detail on these case rate arrangements in the narrative section, such as the applicable category of service, population served, type of individual providing service, etc., and costs associated.

For incentive and provider payments, do you want us to split it up between credentialed and non-credentialed providers?

In relation to rate setting and for actuarial purposes, we do not distinguish between credentialed and non-credentialed providers as long as they meet the requirements of Oregon’s Medicaid Assistance Program.

Who do I contact if I have issues with the template?

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