DCO Contracts and Compliance Workgroup

June 15, 2022

The meeting will begin momentarily

at 1:05 am

Oregon Health Authority

Agenda

Topic	Time	Presenter
Overview	10 min	Dave Inbody
Orthodontia Benefit • DCO Rates & Impacts	20 min	Chelsea Guest Dr. Rafia
2022 EQRO Activity Updates • Compliance Review Virtual review agenda • Performance Measure Validation update	15 min	HSAG, Tom Miller
• Network Analysis	10 min	Carrie Williamson John Levear
Post-Partum Update	10 min	Jessi Wilson
DCO Transition	15 min	Christina Irving
Open Discussion	10 min	All

Orthodontia Benefit

Chelsea Guest
Budget and Fiscal Manager
Fiscal - Finance - FOD
Dr. Rafia
Health Systems Division
Oregon Health Authority

Handicapping Malocclusion – Rates

- OHA has developed an initial model estimating the rate impact and Mercer is reviewing for inclusion in the 2023 CCO capitations rates
- Internal model assumes:
  - $10-15 million annual CCO impact statewide
  - Expected prevalence: 0.8%-2.5%
  - Diagnostic treatment costs: ~$280
  - Treatment costs: ~$3,760
- Capitation rates revenue will be subject to a risk corridor
  - Risk corridor parameters: 80% to 120% with 75% cost sharing across corridor
  - Reimbursement will be capped based on % of FFS

2022 Performance Measure Validation *for* Dental Care Organizations (DCOs)

Tom Miller, MA, CHCA
Health Services Advisory Group

2022 PMV Review

- Mandatory EQR Activity (§438.358)
  - Conducted in accordance with CMS Protocol 2—*Validation of Performance Measures*
  - Objectives
    - Assess the accuracy and validity of the data used in the measure calculations
    - Determine the extent to which the calculations align with the measure specifications
- History of PMV Activity
  - Previously conducted with OHA and the CCOs
  - CMS findings associated with 2019 and 2020 Annual EQR Technical Report
- Conducted in coordination with 2022 *CMR* and *PIP* activities

Scope of PMV Activity

PMV Task	EQRO Activity
Information Systems Capabilities Assessment Tool (ISCAT)	CMR
Audit Review	CMR
Rate Submission	PIP
Source Code Review	New
Primary Source Verification	New

Source Code Review

- Assessment of programming code used to generate and report performance measures
  - Ensures compliance with applicable measure specifications, including key measure elements
- How is it conducted?
  - **If using source code**, review submitted programming language
  - **If not using source code**, review documentation supporting the steps used to calculate rates, including from the point of encounter receipt through rate calculation

Primary Source Verification (PSV)

- Technique used to confirm source data support reported outcomes
  - —Used to detect errors associated with data integration, calculation and output
- How is it conducted?
  - —DCOs submit a list of numerator compliant cases associated with PIP performance measure to SAFE
    - ID, Name, DOB, Event DOS, Event Procedure Code
  - —HSAG selects a random sample of five (5) cases; submits list to DCO via SAFE
  - —DCO submit proof of service documentation
    - Demographic and enrollment start and end dates
    - Service data confirming qualifications for numerator (e.g., date of service and associated dental service)

Next Steps

- Upload *Source Code* documentation and *PSV Numerator Compliant* listing to SAFE—*no later than* ***August 15, 2022***

- HSAG prepares and posts PSV sample cases to SAFE—*no later than* ***August 22, 2022***

- DCOs submit proof of service documentation to SAFE—*no later than* ***September 9, 2022***

Thank you!

Please direct any questions during the audit process to Tom Miller.

Tom Miller, MA, CHCA
Phone: 602.341.4992
Email: tmiller@hsag.com

Network Analysis

Carrie Williamson
CCO Operations & Policy Analyst
QA & Contract Oversight
Health Systems Division
Oregon Health Authority

DSN Network Data and the DCO Transition

June 15, 2022

Presented By:

John Levear and Carrie Williamson

HEALTH SYSTEMS DIVISION
CCO Operations – Quality Assurance and Contract Oversight

Analysis and Limitations

- Using DSN data, OHA examined the number of oral health providers contracted with CCOs and DCOs to better understand where overlap does and does not exist.
- Current DSN data does not delineate which oral health providers are directly contracted with CCOs versus in network as a result of a subcontractual relationship with a DCO.

Next Steps

- Information is needed from CCOs regarding the contracting status of oral health providers reported in their networks (i.e. contracted directly or as a result of one or more subcontracts).

Oregon Health Authority

Update on Post-Partum Benefit Policy Change

Jessi Wilson
CCO Services Manager
Health Systems Division
Oregon Health Authority

Policy Change - Reminder

- OHP supplemental benefits now continue for 12 months following the end of the member's pregnancy, instead of 60 days
- Affects members eligible for OHP plus benefits whose pregnancy ended, or will end on or after April 1, 2021
- OHA has made MMIS updates related to this policy change and will continue to make changes as needed.
- Additional pregnancies for eligible members will result in new due dates and post-partum period end dates for individuals who were already receiving the post-partum benefit

Reimbursement Update

- If any members paid out-of-pocket for services after their 60-day post-partum period ended, that are now covered under their restored 12-month post-partum period (e.g., eye glasses or root canals), reimbursement is appropriate.
- OHA is filing a temporary rule to amend **OAR 410-141-3565 Managed Care Entity Billing** to allow providers to submit/resubmit claims outside of the 120-day or 365-day window outlined in rule

Reimbursement Update

- Temporary Rule
  - **OAR 410-141-3565 Managed Care Entity Billing**

    (d) For claims related to retroactive post-partum benefits, providers shall submit claims for MCE members by November 30, 2022, for eligible services provided on or after June 2, 2021, through November 30, 2021. For eligible services provided on or after December 1, 2021, providers shall submit claims within no more than 365 days of the date of service.
  - Effective by end of June 2022, for a period of 6 months

Reimbursement Update

- Proposed process for reimbursing members

1. OHA notifies members of policy change (and providers) via letter
2. Member calls the CCO and provides information on out-of-pocket expense(s) for eligible services (invoice, receipt)

   Note: If member does not have a receipt, they can provide their CCO with the provider information. CCO to follow-up with provider.
3. CCO sends a communication directing provider to submit claim
4. Provider submits claim (allowed by **OAR 410-141-3565)** and CCO pays provider
5. Provider reimburses the member what they paid

   Note: Step 5 is not contingent on Steps 3 and 4 – member could receive reimbursement prior to claim submission and provider receiving payment.

Communication Update

- OHA has drafted a member letter and a provider letter that we anticipate mailing by **8/01/22**
  - Letters will explain policy change and provide reimbursement instructions
  - Draft letters to be shared with CCOs during the 6/15 Member Outreach & Engagement Committee (MEOC) meeting
  - CCO letter feedback to due OHA 6/29/22 (send to jessica.l.wilson@dhsoha.state.or.us)

Questions?

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