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PERMANENT ADMINISTRATIVE ORDER

DMAP 88-2018

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

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FILING CAPTION: Clarifying How the Authority Administers CCO Assessments under HB2391 from the 2017 Legislative Session

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RULES:

410-141-4000, 410-141-4005, 410-141-4010, 410-141-4020, 410-141-4050

AMEND: 410-141-4000

REPEAL: Temporary 410-141-4000 from DMAP 22-2018

RULE TITLE: Definitions

NOTICE FILED DATE: 07/11/2018

RULE SUMMARY: The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to amend these rules to provide a framework for the administration, assessment calculation, due dates, auditing, penalties, hearing processes, and remedies available to managed care entities subject to the assessment.

RULE TEXT:

- (1) "Deficiency" means the amount by which the assessment as correctly computed exceeds the assessment, if any, reported by the managed care entities (MCEs).
- (2) "Delinquency" means the MCE failed to file a report when due or to pay the assessment as correctly computed when the assessment was due.
- (3) "Recoupment" means an accounts receivable system that collects money owed by the provider to the Authority by withholding all or a portion of a provider's future payments.

STATUTORY/OTHER AUTHORITY: ORS 413.042, ORS 414.025

STATUTES/OTHER IMPLEMENTED: ORS 414.065, 2017 HB 2391

AMEND: 410-141-4005

REPEAL: Temporary 410-141-4005 from DMAP 22-2018

RULE TITLE: General Administration

NOTICE FILED DATE: 07/11/2018

RULE SUMMARY: The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to amend these rules to provide a framework for the administration, assessment calculation, due dates, auditing, penalties, hearing processes, and remedies available to managed care entities subject to the assessment.

RULE TEXT:

- (1) The purpose of these rules is to govern the administration, enforcement, and collection of the managed care assessment on MCEs.
- (2) MCEs shall pay an assessment at a rate of 1.5 percent of the gross amount of premium equivalents received during a calendar quarter.
- (3) Assessments imposed are in addition to and not in lieu of any assessment, surcharge, or other assessment imposed on an MCE.
- (4) The Authority may develop forms and reporting requirements and change the forms and reporting requirements as necessary to administer, enforce, and collect the assessments.
- (5) The MCE assessment applies to premium equivalents made by the Authority for the period beginning January 1, 2018, and ending December 31, 2019.
- (6) Pursuant to Ballot Measure 101 that refers the relevant sections of the enabling legislation for the collection of these assessments for approval to the citizens of Oregon on January 23, 2018, the Division may not collect the managed care assessment between January 1, 2018, and February 22, 2018.
- (7) If Ballot Measure 101 is approved by the citizens of Oregon, the managed care assessment shall apply to premium equivalents effective on the original date specified in the enabling legislation, which is January 1, 2018, through December 31, 2019.

STATUTORY/OTHER AUTHORITY: ORS 413.042, ORS 414.025

STATUTES/OTHER IMPLEMENTED: ORS 414.065, 2017 HB 2391

AMEND: 410-141-4010

REPEAL: Temporary 410-141-4010 from DMAP 22-2018

RULE TITLE: Disclosure of Information

NOTICE FILED DATE: 07/11/2018

RULE SUMMARY: The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to amend these rules to provide a framework for the administration, assessment calculation, due dates, auditing, penalties, hearing processes, and remedies available to managed care entities subject to the assessment.

RULE TEXT:

(1) Except as otherwise required by law, the Authority may not publicly divulge or disclose the amount of income, expense, or other particulars set forth or disclosed in any report or return required in the administration of the assessments. Particulars include but are not limited to social security numbers, employer numbers, or other organization identification numbers, and any business records required to be submitted to or inspected by the Authority to allow it to determine the amount of any assessments, delinquencies, or deficiencies payable or paid, or otherwise administer, enforce, or collect a health care assessment to the extent that the information would be exempt from disclosure under ORS 192.345(5).

(2) The Authority may:

(a) Upon request, furnish any MCE or its authorized representative with a copy of the MCE's report filed with the Authority for any quarter, or with a copy of any other information filed by the MCE in connection with the report, or as the Authority considers necessary;

(b) Publish information or statistics so classified as to prevent the identification of income or any particulars contained in any report or return; and

(c) Disclose and give access to an officer or employee of the Authority or its designee, or to the authorized representatives of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, the Controller General of the United States, the Oregon Secretary of State, the Oregon Department of Justice, the Oregon Department of Justice Medicaid Fraud Control Unit, and other employees of the state or federal government unless the Authority deems disclosure or access necessary or appropriate for the performance of official duties in the Authority's administration, enforcement, or collection of these assessments.

STATUTORY/OTHER AUTHORITY: ORS 413.042, ORS 414.025

STATUTES/OTHER IMPLEMENTED: ORS 414.065, 2017 HB 2391

AMEND: 410-141-4020

REPEAL: Temporary 410-141-4020 from DMAP 84-2018

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

NOTICE FILED DATE: 07/11/2018

RULE SUMMARY: The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to amend these rules to provide a framework for the administration, assessment calculation, due dates, auditing, penalties, hearing processes, and remedies available to managed care entities subject to the assessment.

RULE TEXT:

- (1) The assessment on the 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, premium equivalents shall be assessed as of the calendar quarter in which the premium equivalents are received by the MCE.
- (2) 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) 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 premium equivalents when calculating the assessment due;
 - (b) Adjustments due to changes in client status and other premium equivalents adjustments resulting in additional payments received by the MCE on or after April 1, 2018, are subject to the assessment;
 - (c) If premium equivalents are reduced by a recoupment by the Authority for an overpayment, then the assessable 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 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 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 premium equivalents.
- (4) 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.
- (5) 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.
- (6) 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.
- (7) 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

AMEND: 410-141-4050

REPEAL: Temporary 410-141-4050 from DMAP 22-2018

RULE TITLE: Authority to Audit Records

NOTICE FILED DATE: 07/11/2018

RULE SUMMARY: The OHP program administrative rules govern the Division's payments for services provided to clients. The Authority needs to amend these rules to provide a framework for the administration, assessment calculation, due dates, auditing, penalties, hearing processes, and remedies available to managed care entities subject to the assessment.

RULE TEXT:

- (1) The MCE must maintain financial records necessary and adequate to determine the amount of premium equivalents for any period for which an assessment may be due.
- (2) The Authority may audit the MCE's records at any time for a period of five years following the date the assessment is due to verify or determine the premium equivalents for the MCE.
- (3) Any audit, finding, or position may be reopened if there is evidence of fraud, malfeasance, concealment, misrepresentation of material fact, omission of income, or collusion either by the MCE or by the MCE and an Authority representative.
- (4) The Authority may notify the MCE of a potential deficiency or issue a refund based upon its audit findings.

STATUTORY/OTHER AUTHORITY: ORS 413.042, ORS 414.025

STATUTES/OTHER IMPLEMENTED: ORS 414.065, 2017 HB 2391