



PERMANENT ADMINISTRATIVE ORDER

DMAP 22-2021

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

FILED

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& LEGISLATIVE COUNSEL

FILING CAPTION: Comprehensive Primary Care Plus Demonstration For FFS OHP Clients Alternative Payment Methodology

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AMEND: 410-149-0150

REPEAL: Temporary 410-149-0150 from DMAP 66-2020

NOTICE FILED DATE: 04/20/2021

RULE SUMMARY: Defines the timeline and process for paying Comprehensive Primary Care Plus demonstration (CPC+) practices via an alternative payment model (APM) for FFS OHP clients. Practices participating in CPC+ are either in Track 1 or Track 2 depending on the breadth and depth of services offered. Only Track 2 practices participate in the APM, which is intended to allow practices flexibility to deliver comprehensive care outside of the constraints of billable office visits. The APM is a lump sum payment based upon a percentage of expected revenue calculated from annual reimbursements for FFS OHP members in the third and second year prior (e.g., For CY2021 annual reimbursements will be based on the average of CY2018 and CY2019). FFS payments shall be reconciled or adjusted down by the same percentage of the APM payment (e.g., 10 percent lump sum payment for one year causes FFS payments issued throughout the same year to be reduced by 10 percent).

CHANGES TO RULE:

410-149-0150

CPC+ Alternative Payment Methodology ¶¶

(1) The APM for Track 2 practices is a lump sum payment based upon the percentage of FFS payments issued by the Authority to the practice in the prior calendar year expected revenue calculated from annual reimbursements for FFS Medicaid members in the third and second year prior (e.g., For CY2021 annual reimbursements will be based on the average of CY2018 and CY2019). FFS payments shall be reconciled or adjusted down by the same percentage of the APM payment (e.g., 10 percent lump sum payment in January 2018 for one year causes FFS payments issued throughout 2018 the same year to be reduced by 10 percent):¶¶

(a) This structure is intended to allow Track 2 practices flexibility to deliver comprehensive care outside of the constraints of billable office visits;¶¶

(b) Track 1 practices are not eligible for the APM;¶¶

(c) Track 2 practices shall receive lump sum APM payments based on expected revenue for FFS Medicaid beneficiaries beginning in 2018, ~~after Track 2 practice confirms FFS claims from prior year; 21;~~¶

(d) The Authority will apply the ratio of lump sum APM payments and FFS claims payments that the Track 2 practice selected with CMS for the CPC+ initiative, each demonstration year.¶

(2) Beginning in Year ~~25~~, CY20218, eligible practices shall receive the ratio selected from CMS of expected FFS payments from the Authority for FFS Medicaid beneficiaries as an upfront lump sum, based on the average of claims paid in CY20178 and CY2019.¶

(3) Practices participating in Track 2 shall continue to bill Oregon Medicaid FFS or CCOs through existing Authority protocols.¶

(4) The Authority ~~may~~will reconcile Medicaid APM dollars ~~if quality and utilization performance targets are not met in the fourth and fifth years of the CPC+ demonstr~~based upon actual CY2021 utilization.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 413.042, ~~413.259~~, 414.065