About the CMS 2390-F Managed Care Final Rule Implementation Project

The project comprises 11 phases, according to the implementation dates outlined by the Centers for Medicare & Medicaid Services (CMS). On December 14, 2017, the Oregon Health Authority (OHA) transitioned to implementation of Phases IV and V. These rules focus on external quality review, network adequacy standards, continuation of services to enrollees, and rate setting.

This fact sheet provides OHA’s current project status.

Project status as of April 2018:

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Legend:
- **Green**: In process, on track
- **Yellow**: Some concerns, minimal risk
- **Red**: Off track, high-risk
- **Blue**: Complete

For April, the project status remains yellow in the area of expanding OHA’s compliance monitoring processes. Expanded processes are still under development at this time.

Most areas of Phases IV and V are green, due to OHA’s significant progress since January. To ensure compliance with CMS 2390-F requirements, OHA is currently evaluating potential rule and internal process changes for January 2019 implementation in the following areas:

- Developing new Transition of Care policy and rule specific to 42 CFR § 438.62 (Continued Services to Enrollees)
- Developing processes for choice counseling/beneficiary support systems specific to 42 CFR § 438.71
• Prior Authorization adjudication requirements for physician-administered drugs under 42 CFR § 438.3(s)(6)
• Network adequacy standards under 42 CFR § 438.68
• Assurances of adequate capacity and services under 42 CFR § 438.207
• OAR updates to require drug list posting in a machine-readable format under 42 CFR § 438.10 effective July 1, 2018 (effective date of CFR compliance was January 1, 2018)

OHA is committed to a transparent rulemaking process relating to all proposed changes.

To receive rulemaking notices from the Health Systems Division (HSD), please review the division’s fact sheet about how to sign up for HSD rulemaking notices.

Background
On May 5, 2016, CMS published the federal Medicaid and CHIP Managed Care Final Rule (CMS 2390-F). This rule requires state Medicaid agencies to make many changes related to its oversight of contracted managed care organizations, including:
• Operation,
• Contracting,
• Rates,
• Oversight, and
• Payment.

To meet these requirements, OHA has developed a project plan to implement the changes required by the Managed Care Final Rule.

The project plan will ensure that OHA updates Oregon’s Medicaid and CHIP State Plans; Section 1115 demonstration waiver; and all contracts, rates, payment, communications, operations, and rules affected by requirements outlined in the Managed Care Final Rule.

The project provides opportunity to collaborate, consult and communicate with divisions and units throughout OHA and the Department of Human Services; coordinated care organizations; and internal and external partners throughout Oregon.

Resources
CMS Implementation Dates for Managed Care Final Rule
Managed Care Final Rule as filed May 6, 2016 (Federal Register Vol. 81, No. 88)