

Attachment 14 — Assurances

Applicant Name: _____

Authorizing Signature: _____

Printed Name: _____

Instructions: Assurances focus on the Applicant’s compliance with federal Medicaid law and related Oregon rules. For each assurance, Applicant will check “yes,” or “no.” A “yes” answer is normal, and an explanation will be furnished if Applicant’s response is “no”. Applicant must respond to all assurances. If an assurance has more than one question and Applicant’s answer is “no” to any question, check “no” and provide an explanation.

These assurances must be signed by a representative of Applicant.

Each assurance is effective starting at the time of ~~readiness review~~Readiness Review and continuing throughout the term of the Contract.

1. **Emergency and Urgent Care Services.** Will Applicant have written policies and procedures, and oversight and monitoring systems to ensure that emergency and urgent services are available for all Members on a 24-hour, 7-days-a-week basis? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers’ compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? (See 42 CFR 438.114 and OAR 410-141-3140)

Yes No

If “no” please provide explanation: _____

2. **Continuity of Care.** Will Applicant implement written policies and procedures that ensure a system for the coordination of care and the arrangement, tracking and documentation of all ~~referrals~~Referrals and ~~prior authorizations~~Prior Authorizations to other ~~providers~~Providers? Will Applicant follow ~~ENCC~~Intensive Care Coordination (ICC)/ENCC standards and Care Coordination standards, including transition meetings, as directed in OAR 410-141-3170? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers’ compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.208 and OAR 410-141-3160]

Yes No

If “no” please provide explanation: _____

3. Will Applicant implement written policies and procedures that ensure maintenance of a record keeping system that includes maintaining the privacy and security of records as required by the Health Insurance Portability and Accountability Act (HIPAA), 42 USC § 1320-d et seq., and the federal regulations implementing the Act, and complete Clinical Records that document the care received by Members from the Applicant’s ~~primary care~~Primary Care and ~~referral providers~~Referral Providers? Will Applicants communicate these policies and procedures to Participating Providers, regularly monitor Participating Providers’ compliance with these policies and procedures and take any Corrective Action necessary to ensure Participating Provider compliance? Will Applicants document all monitoring and Corrective Action activities? Will such policies and procedures will ensure that records are secured, safeguarded and stored in accordance with applicable Law? [See 45 CFR Parts 160 – 164, 42 CFR 438.242, ORS 414.679 and OAR 410-141-3180]

Yes No

If “no” please provide explanation: _____

4. Will Applicant have an ongoing quality performance improvement program for the services it furnishes to its Members? Will the program include an internal Quality Improvement program based on written policies, standards and procedures that are designed to achieve through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas and that are expected to have a favorable effect on health outcomes and Member satisfaction? The improvement program will track outcomes by race, ethnicity and language. The Applicant will communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers’ compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance. [See ~~42-CFR 438.200 and 438.240~~; OAR 410-141-0200]

Yes No

If “no” please provide explanation: _____

5. Will Applicant make Coordinated Care Services accessible to enrolled Members? Will Applicant not discriminate between Members and non-Members as it relates to benefits to which they are both entitled including reassessment or additional screening as needed to identify exceptional needs in accordance with OAR 410-141-3160 through 410-141-3170? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers’ compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance.? [See 42 CFR 438.206 to 438.210; and OAR 410-141-3220]

Yes No

If “no” please provide explanation: _____

6. Will Applicant have written procedures approved in writing by OHA for accepting, processing, and responding to all complaints and Appeals from Members or their Representatives that are consistent with Exhibit I of the Appendix B “Sample Contract”? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers’ compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.228, 438.400 – 438.424; ~~and OAR 410-141-3260 to 410-141-3266~~]

Yes No

If “no” please provide explanation: _____

7. Will Applicant develop and distribute OHA-approved informational materials to ~~potential~~Potential Members that meet the language and alternative format requirements of ~~potential~~Potential Members? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers’ compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.10; OAR 410-141-3280]

Yes No

If “no” please provide explanation: _____

8. Will Applicant have an on-going process of Member education and information sharing that includes appropriate orientation to the Applicant provided in the Member handbook or via health education, about the availability of intensive ~~care coordination~~Care CoordinationCare Coordination for Members who are aged, blind and/or disabled, or are part of a prioritized population, and appropriate use of emergency facilities and urgent care? Will Applicant will communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.10; and OAR 410-141-3300]

Yes No

If "no" please provide explanation: _____

9. Will Applicant have written policies and procedures to ensure Members are treated with the same dignity and respect as other patients who receive services from the Applicant that are consistent with Appendix B, Core Contract? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.100, ORS 414.635 and OAR 410-141-3320]

Yes No

If "no" please provide explanation: _____

10. Will Applicant provide Intensive Care Coordination (otherwise known as Exceptional Needs Care Coordination or ENCC) to Members who are Aged, Blind or Disabled, ~~Disabled or behavioral health;~~ Members with high health needs or multiple chronic conditions; Members receiving Medicaid-funded long-term care or long-term services and supports or receiving Home and Community-Based Services (HCBS) under the state's 1915(i), 1915(j), or 1915(k) State Plan Amendments or the 1915(c) HCBS waivers, or Behavioral Health priority populations ~~will be provided~~ in accordance with OAR 410-141-3170? Will Applicant ensure that ~~prioritized populations~~Prioritized Populations, who sometimes have difficulty with engagement, are fully informed of the benefits of ~~care coordination~~Care Coordination? Will Applicant ensure that their organization will be ~~trauma informed~~Trauma Informed by January 1, 2020? Will Applicant utilize evidence-based outcome measures? Will Applicant ensure that ~~members~~Members who meet criteria for ENCC receive contact and service delivery as required in OAR 410-141-3170? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.208 ~~and OAR 410-141-3405~~]

Yes No

If "no" please provide explanation: _____

11. Will Applicant maintain an efficient and accurate billing and payment process based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides? Will Applicant and its ~~providers or subcontractors~~Providers or Subcontractors will not hold Members responsible for debt incurred by the Applicant or by ~~providers~~Providers if the entity becomes insolvent? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis. The Applicant will communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 447.46 ~~and OAR 410-141-0420~~]

Yes No

If "no" please provide explanation: _____

12. Will Applicant participate as a trading partner of the OHA in order to timely and accurately conduct electronic transactions in accordance with the HIPAA electronic transactions and security standards? Has Applicant executed necessary trading partner agreements and conducted business-to-business testing that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 45 CFR Part 162; OAR 943-120-0100 to 943-120-0200]

Yes No

If "no" please provide explanation: _____

13. Will Applicant maintain an efficient and accurate system for capturing ~~encounter data~~Encounter Data, timely reporting the ~~encounter data~~Encounter Data to OHA, and regularly validating the accuracy, truthfulness and completeness of that ~~encounter data~~Encounter Data based on written policies, standards, and procedures that are in accordance with accepted professional standards, CCO and OHP Administrative Rules and OHA Provider Guides? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.242; and the Contract]

Yes No

If "no" please provide explanation: _____

14. Will Applicant maintain an efficient and accurate process that can be used to validate Member Enrollment and Disenrollment based on written policies, standards, and procedures that are in accordance with accepted professional standards, OHP Administrative Rules and OHA Provider Guides? Will Applicant have monitoring systems in operation and review the operations of these systems on a regular basis? Will Applicant communicate these policies and procedures to ~~providers~~Providers, regularly monitor ~~providers~~Providers' compliance and take any Corrective Action necessary to ensure ~~provider~~Provider compliance? [See 42 CFR 438.242 and 438.604; and Contract]

Yes No

If “no” please provide explanation: _____

15. Assurances of Compliance with Medicaid Regulations

Item 15 of this Attachment 14 has ten assurances of Compliance with Medicaid Regulations. These Assurances address specific Medicaid regulatory requirements that must be met in order for the Applicant to be eligible to contract as a CCO. For purposes of this section and the federal Medicaid regulations in 42 CFR Part 438, a CCO falls within the definition of a “managed care organization” in 42 CFR 438.2. This section asks the Applicant to provide a brief narrative of how the Applicant meets each applicable Assurance. The Applicant must provide supporting materials available to the OHA upon request.

Please describe in a brief narrative how Applicant meets the standards and complies with the Medicaid requirements cited in the Medicaid Assurances in Item 15:

- a. Medicaid Assurance #1 – 42 CFR § 438.206 Availability of services.
- b. Medicaid Assurance #2 – 42 CFR § 438.207 Assurances of adequate capacity and services.
- c. Medicaid Assurance #3 – 42 CFR § 438.208 Coordination and continuity of care.
- d. Medicaid Assurance #4 – 42 CFR § 438.210 Coverage and authorization of services.
- e. Medicaid Assurance #5 – 42 CFR § 438.214 Provider selection.
- f. Medicaid Assurance #6 – 42 CFR § 438.224 Confidentiality.
- g. Medicaid Assurance #7 – 42 CFR § 438.228 Grievance and ~~appeal~~[Appeal](#) systems.
- h. Medicaid Assurance #8 – 42 CFR § 438.230 Subcontractual relationships and delegation.
- i. Medicaid Assurance #9 – 42 CFR § 438.236 Practice guidelines.
- j. Medicaid Assurance #10 – 42 CFR § 438.242 Health information systems.

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Moved cell	
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Padding cell	

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Total changes	128
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