

Non Par Timely Filing Standards / Encounter Data Submission

Coordinated Care Organization Concern/Request

The contractual requirement and rule reference (410-120-1300) that CCOs are to give Non Par Providers a 12 month timely filing timeframe in some situations, instead of the 4 month timely filing timeframe as with Par Providers, is not congruent with the rule and with encounter data submission requirements per contract (see below). Request to remove 410-120-1300.

(Exhibit B, Part 8, 4.a.) Claims that are subject to payment under this Contract by Contractor from Non-Participating Providers who are enrolled with OHA will be billed to Contractor consistent with the requirements of OAR 410-120-1280, 410-120-1295 and 410-120-1300. Contractor shall pay Non-Participating Providers for Covered Services, consistent with the provisions of ORS 414.743, OAR 410-120-1340 and OAR 410-141-3420.

OHA Rationale and Conclusion

Non-Participating Providers are not under contract or agreement for payment with the PHP/CCO so they are held to Oregon Medicaid rules; see 410-120-1295 except as defined in 410-141-3420.

OHA believes the reference to rule 410-120-1300 is not incongruent with the intent and should remain for clarity and declines the request to remove the reference. However, some changes to the contract/rules may add some additional clarity.

Allowances for this difference that may cause encounter data compliance issues are addressed in several locations within the contract as noted in the following sections:

Part 8 subsections:

- 7. d. (1) Submission of 50% per month of valid adjudicated claims
- 8. a. Submission within 60 days of adjudication date, not date of service
- 10. b. AP Standard is submission within 180 days from the end of the Subject Month (Subject Month being month (date) of service) except for qualifying 'delay factors' of 5%. See contract page attached.

OHA Suggested Contract/Rule changes

Contract changes:

Retain:

Part 8, section 4 (5) *Covered Services provided by Non-Participating Providers that are enrolled with OHA or*

Add:

- Subsection 4. a. add rule number '410-120-0000' referencing definition of Non/Par Participating Providers
- Subsection 10. Change c. 6 to 7 and add a new # '(6) *Claims submitted by a Non-participating Provider as defined in 410-120-0000 that meets the timely filing rules from the date of service consistent with the requirements of 410-120-1300 and 410-141-3420.*

Rule changes:

Update rule 410-141-3420 (1)

Providers as defined in 410-120-0000 and in 410-141-0000 as Non-participating and Participating Providers shall submit all billings for CCO members in the following timeframes:

References (attached)

Oregon Administrative Rules (OAR)

410-120-0000 – Definitions (Non-Par and Par Providers)

410-120-1280 – Provider Billing FFS

410-120-1295 – Non Participating Provider

410-120-1300 – Timely Submission of Claims

410-120-1340 - Payment

410-141-0000 Definitions (Provider)

410-141-3420 – Billing and Payment ((1) 12 months versus 4 months) ((9) (d) paying Non-Par)

CCO Contract references

Exhibit B, Part 8 Subsection 4 - Claims Payment

Exhibit B, Part 8 Subsection 7 - Encounter data submission