

NOTES

CONTRACTS AND COMPLIANCE MEETING

October 20, 2016

9:00 a.m. – 10:30 a.m.

Location: HSB Conf Room 137 C+D

Conference Dial In: 1-888-278-0296

Participant Code: 310477

Workgroup Website:

<http://www.oregon.gov/oha/healthplan/Pages/CCO-Contracts-and-Compliance.aspx>

Chair: Tina Potter (Trillium)

Co-Chair: Nick Gross (EOCCO)

Attendees: (In person or by phone)

Allison Bourland (Kaiser); Chantel Cutler (Providence); Corinne Thayer (ODS); Cynthia Ackerman (AllCare); Dayna Steringer (WOAH/Advantage Dental); Dick Sabath (WVCH); Elizabeth Gartman (IHN CCO); Henry O'Keefe (GOBHI); Kari Champion (Trillium); Laura McKeane (AllCare); Leona Sanders (UHA); Maggie Rollins (PrimaryHealth); Mike Barr (UHA); Mike Durban (UHA); Nick Gross (EOCCO); Rachel Arnold (Health Share); Rob (Kaiser); Shannon Conley (Trillium); Sharmila Chandran (Trillium); Sheila Anders (AllCare); Steve Sanders (Jackson Care Connect/Columbia Pacific/Yamhill CCO); Susan Britton (PrimaryHealth); Tina Potter (Trillium)

Staff:

Chris Norman (HSD); Katie Beck (HSD); Kellie Skenandore (HSD); Belinda Sauer (HSD); Kathy Cereghino (HSD); Michelle Hatfield (HSD)

TOPIC	SPEAKER	TIME
1. Welcome/Introductions — <i>Agenda Review/Call for additional agenda items</i> — <i>Review & Approval July Meeting Notes</i>	Co-chair for 2017 was added to the agenda. July meeting notes were reviewed and approved	

2. HSD Staffing Update	<p>Chris Norman was introduced as the HSD Contracts and Compliance Director replacing Justin Hopkins who has left OHA for a position with DHS.</p> <p>Katie Beck was introduced as the interim manager of the Delivery System Support Unit.</p>	
3. C&C committee meeting frequency/duration	<p>Group would like to extend the meeting time from 9:00-10:00 to 9:00-10:30 going forward; and would like the opportunity to meet more frequently in 2017 if needed.</p> <p>Plans recommended having a workgroup meeting in November to discuss the 2017 contract, the Provider Directory and USDOJ work plan. A steering committee call will be held the first week of November to determine if there are enough agenda items to have a meeting.</p>	
4. 2016/2017 Contracting Update	<p>2017 contract is still with CMS.</p> <p>— PCDM will be sent out with the final contract. Plans requested that a redline version of the contract with all changes be sent out along with the CMS State guideline for changes and the PCDM.</p> <p>Mega rules will be integrated into the 2018 contract.</p>	
5. Rules Update/Mega Rule Update	Centers for Medicaid and Medicare Services	

(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.

About the CMS 2390-F Managed Care Final Rule Implementation Project comprises 11 phases, according to the implementation dates outlined by CMS. OHA is currently working on its first three phases:

- Phase I implements changes to the Code of Federal Regulations (CFR) required "Effective Immediately" (May 5, 2016) and "60 days after publication of the final rule" (July 5, 2016).
- Phase II implements changes required "No later than rating period for contracts starting on or after July 1, 2017." This requires filing permanent rules effective Jan. 1, 2017.
- Phase III implements changes required "No later than rating period for contracts starting on or after July 1, 2017."

The project plan will ensure that OHA updates the Oregon's Medicaid and CHIP State Plans; Section 1115 demonstration waiver; and all contracts,

	<p>rates, payment, communications, operations, and rules affected by requirements outlined in the Managed Care Final Rule.</p> <p>RACs will be held in spring 2017 and final rules will be reflected in 2018.</p> <p>Kellie requested that if Plans have questions for her regarding the Mega rules to send any emails to her with the subject line “CMS 2390 F Question”</p> <p>Plans expressed the need to consider system impacts on the provider directory.</p>	
<p>6. RAC invites discussion</p>	<p>Group had discussion around whether there is a master list of RAC invitees that is used for all RACs. Per Kellie, there currently isn't a master list as the other policy analysts maintain their own lists. There is a list that Kellie uses for the 141 rules. Group suggested that a master list would be beneficial for notifying Plans of all of the RACs that are happening, and sending out a list of RACs that are going to happen would also be helpful so Plans can make sure they have the appropriate staff attending each RAC. CCOs would like to be notified of all RACs that can have an impact on them.</p> <p>— Kellie will take the group feedback to Don Ross</p>	<p><u>Action Item (Kellie):</u> Take the group feedback from the RAC invites discussion to Don Ross.</p>

	<p>for consideration.</p> <p>For any questions regarding representation on the 141 RAC list please contact Kellie.</p>	
7. Compliance Officer Update	<p>Dick Sabath shared that an EQRO draft protocol review with Healthinsight was scheduled for the afternoon 10/20 at HSB. This EQRO will review compliance, enrollee rights, grievances and program integrity.</p> <p>Several Plans expressed concern that only one representative per Plan was invited to this protocol review. Chris Norman to take these concerns back to Healthinsight.</p>	<p>Action Item (Chris): Take concerns about number of Plan representation at 10/20 EQRO draft protocol review back to Healthinsight.</p>
8. Section 1557	<p>Janice Kim from OEI gave an update on Section 1557 of the Patient Protection and Affordable Care Act.</p> <p>Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.</p> <p>Section 1557 extends nondiscrimination protections to individuals participating in:</p>	

	<p>Any health program or activity any part of which received funding from HHS; Any health program or activity that HHS itself administers; Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.</p> <p>Resources are posted to the HHS website.</p> <p>Plans can contact Mavel Morales w/ OEI with any questions relating to Section 1557.</p>	
9. Co-chair for 2017	Shannon Conley from Trillium accepted the nomination as co-chair for 2017.	
10. Public Comment/Adjournment	Meeting was adjourned at 10:08am.	
Parking Lot/Future Agenda Items		
<ul style="list-style-type: none"> — TCM Integration Update — Expand Act teams (<i>July agenda items, time did not allow for discussion</i>) — ADA therapy in Lane County (<i>July agenda items, time did not allow for discussion</i>) — School Based Health Services 		
Next Meeting		
<p>January 19, 2017 (tentative) 9:00am – 10:00am HSB Conference Room 137 C+D Conference Dial In: 1-888-278-0296 Participant Code: 310477</p>		