

CMS 2390-F Managed Care Final Rule Implementation Status

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Background

On May 5, 2016, the 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.

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

This fact sheet provides OHA's current project status.

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

The 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, 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 (CCOs); and internal and external partners throughout Oregon.

Project status as of Oct. 3, 2016:

Legend:

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

	Status	Completed tasks
Phase I	●	<p><u>Temporary rules filed July 6, 2016</u> to incorporate Final Rule requirements:</p> <ul style="list-style-type: none"> • 410-141-3015 - Certification Criteria for Coordinated Care Organizations • 410-141-3145 - Community Health Assessment and Community Health Improvement Plans • 410-141-3260 - Grievance System: Grievances, Appeals and Contested Case Hearings • 410-141-3300 - Coordinated Care Organization Member Education and Information Requirements
Phase II	●	<p>Notice of Proposed Rulemaking: <u>Amending Rules to Comply with Amended CFR's, Gender Identity and Provider Enrollee Communications</u></p> <ul style="list-style-type: none"> • Rule Advisory Committee held Aug. 2, 2016, 1 to 4 p.m., HSB 166 • Rulemaking hearing scheduled for Dec. 20, 2016 • Public comment period ends Dec. 22, 2016 <p>Temporary rules provided to the HSD Rules Coordinator for Notice of Proposed Rulemaking to be filed Oct. 4, 2016.</p>
Phase III	●	<p>Determined Subject Matter Experts (SMEs) for each CFR area.</p> <p>Distributed appropriate CFR language for each SME review.</p> <p>Met with SMEs to determine if additional staff is needed to participate and/or delegations needed. Also received comments on content of each CFR area from SMEs – specifying areas of the State Plan, waiver, contracts and/or rules that need revisions as a result of the CFR change.</p> <p>Provided new CFR summary document specific to each SME to define tasks necessary to implement CFR changes, any related business changes, and timeframes needed for each task. Project leads are working with SMEs individually on these determinations.</p>