SHOPP MANAGED CARE Q&A

Does the pregnant women group include the Soon-to-be-Sooners program?

- SoonerSelect does not include individuals enrolled in the Soon-to-be-Sooners program.

What happens if a hospital does not contract with all four health plans?

- Hospitals will still be able to negotiate as a non-contracted provider to receive the base payment, however claims paid as out-of-network will not be eligible in the directed payment program.

Will there be any settlement if the old cost report rate used for payment into the plan and directed payments out using last quarter volumes are different.

- There will not be any settlements.

Will there be a reconciliation at the end after the three quarterly DPP payments are made?

- There will be a reconciliation after each quarter and since OHCA is reconciling based on paid dates, there is no plan for end of year reconciliation.

Can the "Claims can only be evaluated for contracted facilities" be further explained?

- A hospital has to be a contracted provider with a managed care plan to participate in the directed payment program.

If the MCO distribution is based on utilization from the previous quarter, does that mean we wouldn't get a payment for the fourth calendar quarter 2021 since there is no MCO data from a previous quarter to base it on? How do you get around that?

- This will push payment from a current period payment to a future period payment. OHCA will build up the FFS for the last calendar quarter under the UPL.

What is the timeframe the MCOs will be expected to make the SHOPP payments?

- Seven days or fewer

Where does the authority for requiring a contract to count as a Medicaid day come from? Is this a choice OHCA can make and is it written into the RFP? Is this a CMS regulation?

- This is a CMS regulation at 438.6(c) that directed payments apply only to network providers.

Will a provider need to be enrolled in the State FFS plan to contract with an MCO?

- Yes.

What information was discussed during the town halls?

- OHCA has held traveling town halls to provide general information about managed care. There is also a Q&A opportunity for in-person and virtual attendees.

Assuming SB131 goes through, will directed payments still have to happen or will the entirety of SHOPP return to normal?

- At this time, OHCA does not have an answer for this question.

What kind of oversight will the state exercise over the MCOs, primarily with denials management?

- The RFP has strict requirements and OHCA is building those monitoring and oversight processes now. OHCA will require a significant amount of reporting from the plans and will also be tracking encounter data. OHCA is engaged in the process of building a reporting and process/procedure manual for oversight.

Does the RFP define the geography required to constitute a Medicaid market? What is the mileage requirement to determine a viable network exists?

- There is a mileage requirement in the RFP. The RFP can be found here. We will require heat maps and ensure network adequacy is met.

How will you determine utilization?

- Utilization is based on paid encounter data. Plans will be obligated to share that data with OHCA.

Has there been any modeling done to show estimated impact to hospitals?

- The best model is the existing SHOPP model.

Is there still only one assessment from OHCA?

- Yes, OHCA will still collect the non-federal share through the provider tax.

What is the payment rate if you are not contracted, i.e. out of network?

- The cap is 95% or as agreed upon by the parties. The language can be found in the RFP here.

If we don't contract with all four MCOs, will auto assignment in our markets still assign to non-contracted MCOs?

- Yes, auto assignment will assign members to any of the four plans since they are required to be statewide.

Is it understood that by requiring hospitals to contract with all MCOs in order to receive SHOPP funds will significantly hamper the ability to negotiate terms with the MCOs?

- We understand the potential impact, however it is a federal regulation.

How will SHOPP assessments change?

- For the MCO transition impact (directed payments), it will not show up until January 2022. For the current calendar year, OHCA is only doing FFS and expansion assessments.

Will OHCA require the plans to utilize the member's Medicaid number as the plan's member ID for reporting purposes and tracking?

- OHCA will have an automated process to intake and match to a Medicaid member. OHCA has various ways of matching those members, the process will be built into the data sharing plans.

Will direct payments coming from MCOs to providers be dependent on profitability of the MCOs in any way?

- No it will not. That is part of the separate payment term. OHCA will be directing payment with a dedicated pool of funds. MCOs will not be at risk for those payments.

Can MCOs charge a processing fee for the directed SHOPP payments?

- No, the MCOs should not charge hospitals a processing fee.

Will each MCO have different prior authorization processes?

- OHCA has specific PA requirements in the RFP. It is likely the MCOs will have their own PA processes in addition to our requirements.

If hospitals don't contract with all MCOs, will the non-contracted MCO days count towards the 340b Medicaid day thresholds?

- Those are still Medicaid days and will still count.

Have the MCOs been directed to pay the current Medicaid rates?

- That has been left open for MCOs. There are certain provider types or services that OHCA has directed the MCO to pay a minimum fee schedule. For most, OHCA is allowing the negotiations between the plan and provider.

Has an ACR been explored for the directed payment program?

- Yes. It's definitely an option that OHCA will consider in future years. In OHCA's current preprint that was approved, a maximum of the average commercial rate was included.

Will expansion patients have the ability to choose their plan?

- Yes, if the member does not choose, one will be auto assigned.