



**Department
of Health**

Office of
Health Insurance
Programs

Program Update – Part 2

Bureau of Managed Care Fiscal Oversight

Managed Care Policy and Planning Meeting

March 10, 2016

MMCOR Overview- Financial Reports

- Annual MMCOR, EPPOR, HIV SNPOR and DEMCOR are posted on HCS and due April 1, 2016.
- Instructions and Category of Service Document will continue to be modified over time as we work with OMH and OASAS on refinements.
- MMCOR and EPPOR software are currently on the new VB.net platform.
- HIV SNPOR and DEMCOR software are being converted to VB.net for the 1Q 2016 reports.

VBP Survey Update

- Sent out: 02/12/16
 - 59 surveys were sent out to 44 plans (Medicaid Managed Care and MLTC plans only)
- Contest Date: 02/22/16
 - Updated FAQ's sent out: 02/26/16
 - To request a copy of the FAQ's, please email bmcfhhelp@health.ny.gov
- Completed Survey Due: 03/11/16
 - 2 completed surveys are received to date.
 - Numerous Q's have been received and addressed with help of KPMG since the Survey has been issues.

VBP Survey Update

- DOH will use the results as a starting point for measuring statewide progress towards the goal of contracting 80-90 percent of Medicaid Managed Care payments through VBP arrangements.
- Submissions should reflect all claims with dates of service from Calendar Year 2014.

MMCOR Table 26C-1

New Table 26C-1

Details for the Adjustments for Prior Period IBNR and Schedule of Recovered Provider Payments

- Table 26C-1 was created prior to the Budget initiative and **will not** be used to track the results of the Budget initiative.
- The purpose of Table 26C-1 was to provide additional details on the transactions that effect prior year's IBNR including the effects on the prior year's IBNR remaining balance and/or prior period IBNR adjustments.
- This table also ensures that provider recoveries from prior periods are factored into the IBNR adjustments and the rate setting process.
- Additionally, the Table provides figures that are reported on the annual Fraud and Abuse report.

MMCOR Table 26C-1

Q: Fraud, Waste and Abuse, settlement agreements may be for multiple lines of business. Is an allocation process allowed since it isn't on a claim by claim basis? Also, payments can come in multiple installments, how should this be tracked?

A: Yes, an allocation process is allowed, but the allocation needs to be done on a percentage of the original claims for each line of business unless the settlement addresses each line of business individually.

Example: a settlement of \$90,000 on \$100,000 worth of identified claims in which \$40,000 of the identified claims were Medicaid and \$60,000 were commercial business claims would need to be allocated as \$36,000 Medicaid and \$54,000 Commercial. Payments made in multiple installments need to be accounted for in accordance with accrual basis accounting and therefore need to be recognized when the settlement is finalized.

Q: What about recoveries made by MFCU? We follow the process and MFCU recovers dollars and keeps them. Are we supposed to be reporting these? We didn't end up recovering these dollars, they did, but they really belong to us.

A: Recoveries made by MFCU are not reported on this table as the claims recovered by MFCU were paid by the Plan and were not recovered by the Plan so the claims are in fact medical expenses to the Plan and should be factored as a paid medical expense in the rate setting process.

MMCOR Table 26C-1

Q: Is 2015 important to maximize results in order to show we are doing the work now, to potentially minimize premium impacts in the future? Is 2015 being used for anything other than tracking?

A: Table 26C-1 was not developed to track or be used in premium impacts for the Budget Initiative. Separate monthly and annual reports are intended to be used for this purpose. Table 26C-1 was developed to provide additional details on the transactions that effect prior year's IBNR including the effects these transactions have on the prior year's IBNR remaining balance and/or prior period IBNR adjustments. Therefore, Table 26C-1 will not be used for tracking in 2015 or subsequent years.

Q: If we are struggling with completing this table from some perspectives because 2015 is already complete and these dollars were not all tracked by the level of detail being required in this table what should we do?

A: We expect that much of this information would be in the your Plan's claims system as a reversal or would be traceable through your settlement processes, but understand it may be difficult to develop queries and processes to track the level of detail being required in this table in a timely manner. If this level of detail cannot be tracked at this time, please provide the level of detail possible for 2015 and leave a detailed note in the notebook section of the MMCOR explaining the difficulties and issues your Plan is having providing this level of detail.

Questions

BMCFO e-mail:

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