November 30, 2021

Cassandra Soucy
Senior Policy Advisor
Oregon DCBS | Division of Financial Regulation
cassandra.soucy@oregon.gov

Dear Cassie,

Thank you for the opportunity to provide feedback regarding the draft reporting templates for HB 3046 and draft rules OAR 836-053-1420, 836-053-1425, 836-053-1430.

Moda Health supports use of the NAIC template provided by Tim Clement for NQTL reporting and analysis.

The proposed templates for reporting denials/appeals and percentage of in- and out-of-network claims (sheets i and ii) are clear and we do not see any problems with them.

We have the following concerns about the proposed templates for reimbursement rates (sheets iii and iv) and related proposed rules:

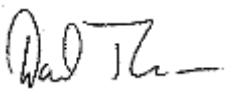
1) Re: proposed OAR 836-053-1430 (3)(b)(C): "The median maximum allowable reimbursement rate for both provider contracted rates and incurred claim rates for each time-based office visit CPT billing code as specified on the department's website." Moda's data analysts advise we do not have the capability to report the requested data regarding "contracted" rates as required in the proposed rule and template (iii). These data points do not exist in any database in a reportable form. We appreciate the valid points made in favor of including "contracted" rates but are concerned about including a requirement in rule that we do not have a means to comply with. In order to ensure accurate, consistent, and feasible reporting, we strongly recommend the data in template (iii) be based solely on incurred claims and that the proposed rule be updated to reflect the same.

2) Re: proposed OAR 836-053-1430 (3)(b)(C)(i): "Median maximum allowable reimbursement rates will include the range and median absolute deviation for both provider contracted rates and incurred claim rates for in-network and out-of-network providers by each time-based office visit billing code." Template (iii) requests data on in-network and out-of-network providers. Our understanding of the intent behind HB 3046 was to understand the rates for *in-network* providers. If data for out-of-network providers are requested, the template should provide for these data to be reported separately from the data for in-network providers. Otherwise, mixing the two will confound any understanding of what the data actually mean.

3) Re: proposed OAR 836-053-1430 (3)(b)(D)(ii): “Calculation of the percentage of the Medicare rate of reimbursement should compare the Medicare rate to the median maximum allowable reimbursement rate for the CPT billing code by provider type.” Template (iv) needs additional clarification: In keeping with the intent of HB 3046, we recommend specifying the requested data are for in-network providers. In addition, we recommend the instructions specify that the data for template (iv) be based on incurred claims. Finally, instruction (2) in template (iv) refers to “median Medicare rate.” We note that the draft rule removed reference to “median Medicare rate” and recommend the template be updated to match.

We appreciate the collaborative and methodical approach the Department has taken to this rulemaking and look forward to continuing to work together to develop rules and templates that will fulfill the goals of HB 3046 in the most meaningful and feasible manner possible.

Sincerely,



Dan Thoma, LPC
Senior Manager, Behavioral Health
Moda Health