

Frequently Asked Questions and Answers

Enhanced Payments for Primary Care Services within a Managed Care Plan

Q: What is required of a provider in a managed care organization who is not yet enrolled in Medicaid?

A: If any of the plans have providers not enrolled in Medicaid, the provider must attest on the web portal to receive enhanced payments.

Q: What would cause a change to the preliminary plan of how to process Managed Care primary care eligible enhanced payments?

A: SCDHHS has not finalized the contractual agreements, with Milliman its actuary, for this methodology. Furthermore, CMS must approve the methodology. Changes may occur if CMS decides that our implementation plans are not within federal guidance. Utilizing this method also depends on Milliman's involvement and agreement in processing the supplemental payments on behalf of SCDHHS. While we expect that this will occur some minor changes may occur as a result of Milliman's abilities to process the data needed to make the supplemental payment.

Q: Can the draft payment methodology that Milliman drafted be shared with the plans?

A: The plans received the draft Milliman methodology letter Jan 4, 2013.

Q: Can the supplemental payments to MCO's be made prior to June 2013?

A: The quarterly timing of payments is due to the reporting process that SCDHHS currently utilizes. CMS permits quarterly payments but would also allow monthly payments. Because of the considerable time and effort involved in processing this information SCDHHS believes that payments should be made on a quarterly basis. The quarterly payment process methodology reduces administrative effort on both the plans and SCDHHS.

Q: Are FFS claims treated differently than encounters in a managed care setting?

A: Yes, for this enhanced payment FFS claims are being paid the enhanced payment within the MMIS claim processing. The Managed Care is a supplemental payment since it is based on encounter data. FFS will experience a short delay to be paid the enhanced payment during the first quarter.

Q: Will providers be notified of the amount of enhanced payment on the claim?

A: The fee schedule will reflect the enhanced payment, and will just show one amount including the enhancement for fee for service claims.

Q: What will be included in the fee schedules the MCOs receive?

A: The fee schedule the MCOs receive will include the base rate, and will not include the enhanced rate. There will not be any columns on the fee schedule, just logic within the MMIS system. A special sub-file was created for this purpose.

Q: Do the plans have to figure out the pay rate of the providers. What if the payments are different?

A: We are not expecting the plans to conduct analysis. SCDHHS is planning to utilize Milliman to generate a supplemental payment to the MCO's.

Q: Can we share the attestation file prior to generating the file for the supplemental payment?

A: SCDHHS has reached out to the MCO's and is willing to allow one individual with the plans to download attestation information from the SCDHHS website.

Q: What is the process for SCDHHS to notify MCOs of the providers that have completed the PCP Attestation form?

A: MCO's will be able to draw down raw attestation data prior to Milliman's calculation for the supplement payment. The final file from Milliman will have attestation data and enhanced payment information which the MCO's will be able to review prior to SCDHHS' supplemental payment.

Q: If the MCO subsequently identifies that a provider that has completed the Attestation form does not actually qualify for the increased reimbursement, is there a process to notify SCDHHS ?

A: The current plan is to share a file with the MCO's prior to payment of the supplement to provide an opportunity to review the file. SCDHHS is planning to do a retrospective review as well. If the MCO's or SCDHHS finds a provider who has attested but does not qualify, program integrity will have a process in place to review and recoup funds paid to those providers.

Q: Our encounter data contains our member ID number. Can this number be included in the reporting data returned to us from SCDHHS so that payments can be linked to specific members?

A: The reports that are sent as a result of the Milliman analysis will have claim specific data for payment posting.

Q: Does a Per Member Per Month (PMPM) payment count against (reduce) payment?

A: We will be paying the supplemental payment based on the full amount allowed. The MCOs payment arrangements with individual practitioners will not be taken into consideration when making the supplemental payment to the MCO.

Q: "Providers within the 25 mile radius of SC are eligible." What if we have participating providers outside this radius?

A: Providers who are not within a 25 mile radius of SC are not eligible for enhanced payment.

Q: How will Third Party Liability (TPL) and retro TPL be handled?

A: As a part of its supplemental MCO payment review process, SCDHHS is currently discussing ways in which TPL information will be captured and reconciled for this project.

Q: The enhanced payment provision does not apply to FQHC's, RHC's, Health Departments and clinics, paid on an encounter or visit rate. Does this exclusion include clinic visits billed in place of service 22 - OP hospital?



A: We are referencing a clinic provider type in Medicaid, and not referring to a clinic visit.