Ohio | Department of Medicaid

Mike DeWine, Governor   **Maureen M. Corcoran,** Director
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TO:	Contracted Managed Care and MyCare Ohio Plans
FROM:	Roxanne Richardson, Director, Office of Managed Care
DATE:	May 1, 2020
SUBJECT:	Appendix S Reporting Requirements

On March 27, 2020, Appendix S "State of Emergency Requirements" was implemented in response to the COVID-19 pandemic. At that time, Ohio Department of Medicaid (ODM) staff identified some potential reporting requirements and included those in the appendix. This memo is intended to provide clarity on those requirements.

Per appendix S, paragraph 10, the plan shall provide the following information (actual provider agreement language is bolded) to ODM using a format and process prescribed by ODM:

a. Submit documentation to ODM on the payment of clean claims by provider type for the past three months, and then on a weekly basis until further notice, using a format and process prescribed by ODM.

- All plans have been provided with the template for reporting this information on a weekly basis beginning on Tuesday May 5th. The initial file will include clean claims submitted to each plan, based on the date of submission Jan 1, 2020 to May 1, 2020. The initial file will include four months of data instead of the three months described in the provider agreement. These claims should be submitted regardless of whether they have been adjudicated or previously submitted as encounters to ODM.

- On a weekly basis, the MCPs will submit a file that includes all clean claims submitted (the claims do not have to be adjudicated) during that previous week. The files will be placed on each plan's non-EDI SFTP drop-off folder. Please use the following convention when naming the file: 'Cleanclaims [Your Plan Name]_mmddyy', where mmddyy refers to the date of file submission.

ODM will be using this data to assess whether certain providers are experiencing significant revenue shortfalls because of their inability, or reduced ability, to see patients or perform procedures during the pandemic. If you have other reports that you have created to help monitor this situation, it would be greatly appreciated if you would share them with ODM. For example, if you have estimated how many services or procedures were missed or postponed or forecast the volume of services and procedures as services and procedures resume, please consider sharing these reports with ODM.

b. As specified by ODM, provide COVID-19 related reports upon request.

- ODM has determined that this information can be provided by the Ohio Department of Health (ODH). There is no standing reporting requirement related to paragraph b.

c. Report the implementation status of the requirements of this appendix using the process and format prescribed by ODM.

- All plans are currently reporting implementation status to their ODM contract administrator using the Excel template provided by ODM. Ad hoc requests may be sent to plans via email as necessary.

d. Submit to ODM any reported drug shortages and participate in any efforts to identify drug shortages as directed by ODM.

- ODM is not requesting any reporting in addition to what the plans report out verbally in the weekly pharmacy director meetings.

e. Notify ODM of any potential provider shortages (e.g. home health, behavioral health, oxygen, etc.) when the MCP/MCOP becomes aware of the issue.

- Currently there is no specific timeframe for reporting. Instead, plans should report any potential shortages of any provider type or services when plans become aware of the issue. Provider shortages could be identified through member access complaints, notice from providers or lack of claims submission patterns. Plans will use the attached spreadsheet to report information on all provider types/services and should include details of how the plan became aware of the potential issue in the summary. Please do not report on this form if the member is or was able to get the needed services through another local provider or through telehealth.