This document is the written response to questions and comments related to the public hearing held by the Employees Group Insurance Department of the Office of Management and Enterprise Services (EGID) on Wednesday, September 30th, 2015, for proposed changes to reimbursement methodologies related to EGID’s HealthChoice Select (previously “HealthChoice Select Provider Program”).

EGID thanks all of the hearing attendees and individuals who provided questions and comments.

Contained herein are all questions from the public hearing. Answers that were provided at the hearing are restated, and any answers that were not provided at the hearing but were deferred to EGID’s written response are contained here.

Also contained herein are the written questions and comments that were received and the associated answers.

Questions presented at the public hearing

1. Regarding the bill, EGID stated that it will receive one bill. Today providers are independent, some are employed. How can EGID reconcile receiving one bill when there are multiple entities possibly participating?
   
   Answer: The facility will submit one bill to EGID and EGID will reimburse the facility. The facility will be responsible for disbursing to the other providers.

2. If the hospital doesn’t employ the physician, and even if they do employ the physician there’s a separate corporation, the billing will be the issue. We can reconcile the payment on the back end by the use of a TPA or some other source, but the one bill will be problematic.
   
   Answer: Participation in HealthChoice Select is optional. Facilities participating in HealthChoice Select would need to enter into arrangements with professional(s) to bill one bundled invoice inclusive of both the facilities’ and professionals’ charges. In this instance the invoice would include the facility, surgeon(s) and anesthesiologist(s) charges. The professional(s) can only receive reimbursement from the facility and cannot receive reimbursement from HealthChoice or the member.

3. Could you say a little bit more about how you plan to develop the price point for these services? The presentation mentions discussions with providers. Is it your intent to go with the lowest bidder? How do you publicize those discussions with providers? Or just tell more about that process.
   
   Answer: The price will not necessarily be based on the lowest billed amount. EGID will use multiple factors to determine the bundled Allowable Fee including historical utilization, Allowable Fees that providers suggest to us, market prices, and Medicare and commercial benchmarking ranges. Any provider is welcome to contact EGID regarding potential bundled services and pricing. There is no plan for these discussions to be publicized.
4. The presentation indicates that this program will start with colonoscopies and sigmoidoscopies January 1st. It also indicates that pricing information will be published on the website. At this time it is not yet published on the website.

   Answer: The codes and Allowable Fees are now available on the HealthChoice website through the secure search engine available to contracted providers. Non-contracted providers can contact Teresa South, EGID Direct of Network Management, 405-717-8627 or Teresa.South@omes.ok.gov.

5. Is it the intent that a single price for this packaged service be applied across the state? This may require insureds to travel great distances in order to receive the incentive. And there might be one provider willing to participate at a slightly different price.

   Answer: EGID will establish one Allowable Fee which will apply to all sites across the state that choose to participate in HealthChoice Select.

6. Has a process been identified for the submission of claims that will identify the claim as a packaged claim and has a process been developed for your fiscal agent to process and correctly pay that and show the out of pocket and so forth?

   Answer: Yes. To ensure proper handling, HealthChoice Select facilities should submit claims via fax to 405-717-8922 or via mail to Employees Group Insurance Department, Attn: Carol Bowman, 3545 NW 58th St., Ste. 1000, Oklahoma City, OK 73112 and the EGID medical and dental claims administrator will process the claims according to the benefit. Recruitment and provider education will begin immediately upon finalization of the public hearing process.

   Editorial Note: As of Nov. 4, 2016, facilities can fax their Select claims to 405-717-8922 or mail to Employees Group Insurance Department, Attn: TPA Management, 3545 NW 58th St., Ste. 110, Oklahoma City, OK 73112.

7. We are a large medical group in the State of Oklahoma and EGID has talked a lot about contracting with the facility. Has EGID considered contracting strictly with the medical group and then the medical group will receive the payment and then negotiate the rate with the hospital?

   Answer: EGID has no plans to pursue contracting with medical groups for bundled services at this time but will take it under consideration if the medical group is willing to accept any risks associated with a bundled payment.

8. Regarding the Department of Corrections (DOC), OU Medical Center is required to see those patients without remuneration. How does that work for DOC in this bundled payment?

   Answer: The Department of Corrections will participate in bundled payment arrangements with those facilities that choose to participate in HealthChoice Select. If the facility does not participate in HealthChoice Select, claims will be processed under the existing reimbursement methodology.
9. If an individual participating in the program goes to a participating provider for a bundled procedure, and that individual has a heart attack, has to be in intensive care, needs bypass surgery, et cetera, is that included in the bundled price or is there an exception if something happens to the patient that they need services way beyond the bundled service that they came in for?

   Answer: EGID has considered this scenario. The provider should contact EGID’s medical and dental claims administrator in these situations.

10. Please explain more about the $100 incentive payment to the member in addition to the no out of pocket cost. Wouldn’t EGID want to incentivize the providers to do these bundled payments when EGID is reducing reimbursement everywhere else?

   Answer: Colonoscopies and sigmoidoscopies are frequently covered under the Affordable Care Act (ACA) preventive care provisions with no cost to the member (this is a correction from the public hearing transcript). The $100 incentive payment to the member is to incentivize the member to utilize a HealthChoice Select facility. The $100 incentive payment does not apply to DOC inmates.

11. Is the benefit plan design going to steer members to these narrow networks for these bundled services?

   Answer: HealthChoice Select will be one option for members to choose a participating facility. Members can choose where to have services performed. However, services through HealthChoice Select will have no out of pocket costs to the member.

12. Do members still have the right to go anywhere they want for these procedures?

   Answer: Yes. It is still the member’s choice to go anywhere to receive services from network and non-network facilities/providers.

Written comments and questions

13. The quality requirements and the cost of operations between a hospital and a surgery center/office procedure room are very different. Will this be taken into consideration in the bundle price consideration by HealthChoice?

   Answer: The primary objective of a bundled price initiative is to allow patients to choose providers that can provide the services they need at the highest quality for the lowest cost. At the same time, providers have the option to participate in a bundled rate if they believe that they can deliver the service at a level of quality for the given bundled price, regardless if the setting is a hospital outpatient department or ambulatory surgery center.
14. Since this is a state funded organization, is the performing facility required to become Joint Commission certified or equivalent, to be considered by HealthChoice?

   Answer: This would be based on the providers existing contract language. Different providers have different eligibility requirements. For example, the HealthChoice Independent Diagnostic Testing Facility (IDTF) contract requires that the facility must be qualified and duly certified to participate in the Medicare program under Title XVIII of the Social Security Act, and comply with all applicable federal, state, and local laws regulating such an IDTF providing clinical IDTF health services.

15. Does the physician performing the procedure need to be board certified or board eligible as it relates to the procedure he/she is performing?

   Answer: Verification of the provider’s board certification or board eligibility status is not currently required by the Plan.

16. If the patient needs to return to the performing procedure facility or another facility if the performing facility is closed for a medical problem within 24 hours of the procedure, will that cost be considered part of the bundled price of the procedure?

   Answer: EGID has considered this scenario. The provider should contact EGID’s medical and dental claims administrator in these situations.

17. Since this is a state funded organization, will the performing facility and physician be required to service the Medicare and Medicaid population of Oklahoma to be considered by HealthChoice?

   Answer: This would be based on the providers existing contract language. The HealthChoice physician contract currently states the physician must be duly licensed or certified by the state of practice as a practitioner of the healing arts and satisfy additional credentialing criteria as established by EGID. EGID requires the Medicare enrollment number on the physician’s application.

18. The quality of the equipment used in the case is a significant factor in the outcome. Will there be standards established by HealthChoice to assure quality outcomes?

   Answer: EGID relies on the provider to comply with industry standards.

19. Performing surgery on an individual can result in complications regardless of the health of the patient. If a patient develops major problems during the GI procedure, will the added cost be considered part of the bundled fee or will the case revert back to a fee for service case? If the case will revert back to fee for service what are the determining factors established by HealthChoice?

   Answer: EGID has considered this scenario. The provider should contact EGID’s medical and dental claims administrator in these situations.
20. When looking at radiology procedures bundled pricing will any consideration be given to the quality of the radiographic equipment used in the case?
   Answer: EGID relies on the provider to comply with industry standards.

21. Please do not bundle the technical and professional components together as many providers do not do global billing.
   Answer: Participation in HealthChoice Select is optional. EGID will require the provider to sign an amendment to their current agreement in order to participate and providers may opt in or out according to the contract provisions. Bundled payments will not apply to providers who do not opt in to HealthChoice Select.

22. The stated reason that bundling payments for procedures allows all caregivers to work together is erroneous. Hospital-based radiologists always work in a team approach with medical staff. Bundling payments to include both professional and technical components interferes with contractual relationships between the hospitals and radiology groups. Diagnostic imaging is critical to superior patient care and hospital-based radiologists have served their community hospitals exceedingly well over the years. ACO’s have not proliferated outside large metropolitan areas because it is not cost effective for hospitals or physicians in medium to small size cities. Please reconsider a bundling approach outside of Oklahoma City and Tulsa.
   a. Answer: EGID respects and appreciates the team approach already in place with providers and believes HealthChoice Select will provide an opportunity to extend this approach across additional services. Participation in HealthChoice Select is optional. EGID will require the provider to sign an amendment to their current agreement in order to participate and providers may opt in or out according to the contract provisions. Bundled payments will not apply to providers who do not opt in to HealthChoice Select.