

# Minutes

## OHP General Rules & OHP Managed Care Rules Advisory Committee Meeting

August 30, 2006

HSB 473, 1:00pm-4:00pm

### Roundtable Introductions:

**Present:** DMAP - Natalie Steele, Sharon Hill. OMHAS – Kellie Skenendore.  
Deborah Freidman – Clackamas Mental Health Org. Jane Meyer – Oregon Dental Association.  
Dayna Steringer – Providence.

**Phone:** Barbara Kerry, Bobby Mallard, Jane Sterno – Tuality Health Alliance.  
Rhonda Busek – LIPA.

### OHP Managed Care Rules

- OAR 410-141-0000 – Definitions – Ancillary Changes & Medicare Advantage.  
Housekeeping.
  - Background: References to Ancillary services in the prioritized list. Ancillary services generally are other than the condition treatment pairs. The supportive services, medical equipment, prescription drugs, therapy, won't necessarily be a part of condition treatment pairs on the list. Once the condition treatment pair is an above the line condition, then the related ancillary services is covered, to the extent that there are services limitations or prior authorization. Our Ancillary services guide obsolete, because it was redundant Rosan Harkinson does with her durable medical equipment rules.
- OAR 410-141-0050 – MHO enrollment for children receiving child welfare recipients – New rule (permanent filling).
  - Background: This is OMHAS attempt to collaborate with child welfare and OMAP. To increase access capabilities, better align children incentive with a fee in access to managed care services. The monthly enrollment was leaving a time when the children were on open card.
  - Fiscal/Economic impact: The savings of FFS clients that remain in managed care. Only some business that provided OHP financed psychiatric care for children will be affected.
  - Rule will be filed 10/26/06.
- OAR 410-141-0060 – Enrollment Requirements.
  - Define “detrimental to health” = it would have a significant negative effect on the health status.
- OAR 410-141-0070 – Drug List Requirements.
- OAR 410-141-0080 – OHP disenrollment from pre-paid health plans.
  - MHO's had some concern about the “if the request involved the OMAP members mental health condition or behavior related... the PHP coordinator should confer with the OHP coordinator and OMHAS.” It is not clear were the MHO's fit in this process. MHO's request the involvement in the rule making process, as well as receive future information through the distribution list for the Contractors Rules and Contracts Workgroup.
- OAR 410-141-0220 – PHP Accessibility – Housekeeping.

- Changed 12-month enrollment period to match the contract cycle.
- OAR 410-141-0480 – Covered Services – Housekeeping.
  - The reference to Ancillary Services was deleted.
- OAR 410-141-0520 – Prioritized List of Health Services – Updated.
  - Updating the Prioritized List to incorporate the new technical changes that will be implemented on January 1.

## **OHP General Rules**

- OAR 410-120-0000 – Definitions – Housekeeping.
  - Ancillary services – if it is not condition pair defined it may be ancillary.
  - Deleted the OMPRO reference and added Quality Improvement Organization.
- OAR 410-120-1260 – Provider Enrollment –
  - Last July created a transitional system toward NPI being required May 23, 2007, and the definitions seem to be working. Operationally we can continue and next July we make clarifications at that time.
- OAR 410-120-1280 – Billing –
  - The annual code adoption should not be mis-construed as coverage or a covered service. We are adopting the national code set, still need to be using the prioritized list, what are the service limitations, prior authorization.
- OAR 410-120-1340 – Payment -
  - Rate Setting Process – the base rate is not changing and the RVUs will be a year behind, just like we have been. The fiscal impact is minimal (less than 2%) and already included in the 05-07 budget.
- OAR 410-120-1380 – Compliance with Federal and State Statutes
  - Any providers claiming more than \$5 million a year need to provide employee education on the State False Claims Act. Adopted verbatim the language of the DRA on the requirements. This is a non-funded federal mandate.
    - If you have concerns or information please provide comments. What will be the financial and business impact of this requirement?
- OAR 410-120-1390 – Premium Sponsorship -
  - The entities that takes donations from providers so that it is actually is a bonafide donation because it is less than 25% of a non-profit entities overall annual revenue, the CFO has to sign of on this certification. This allows us to request certification allowing us to monitor and ensure that violating the process does not lose the money.
- OAR 410-120-1960 – Private Health Insurance –
  - OMAP is trying to be consistent with CAF (with the lower FPL threshold program); we are specifying the back dating of claims and established effective date.