

# Administrative Rules Advisory Forum Invitation

February 24, 2006

Veterans' Affairs Building Auditorium, 700 Summer Street, Salem, OR 97301

## Revised and Reposted to clarify intent of the forum and add rule summaries

OMAP has identified administrative rules, in the programs listed below, that need to be adopted and/or revised in order to implement upcoming policy changes on July 1, 2006.

This forum is in compliance with HB 3238, which states: "State agencies should solicit ideas and comments from small businesses, to examine the effect of proposed and existing rules on small businesses". The intent of this forum is to request and receive such input and feedback on proposed rules action at a preliminary stage, before the rulefiling process has begun.

### Agenda

*See following pages for brief summary of proposed rules actions*

9:00 – 9:10	Introduction and explanation of Advisory Forum
9:10 – 9:20	Update on status of benefit reduction changes
9:20 – 10:00	General Rules (Division 120)
10:00 – 10:30	OHP/Managed Care (Division 141)
10:30 – 11:00	Medical-Surgical Services (Division 130)
11:00 – 12:00	FQHC/RHC (Division 147)
12:00 – 1:00	No host lunch
1:00 – 2:30	Dental Services (Division 123)
2:30 – 3:30	American Indian/Alaska Native Services (Division 146)

As a stakeholder, your involvement in this process is important to us. We have scheduled this forum to give you the opportunity to:

- ✓ review and provide feedback to the proposed changes to administrative rules,
- ✓ help us identify the overall impact of the proposed changes, and
- ✓ advise us of the potential fiscal and economic impact you believe the proposed changes may have on providers, small businesses and others.

Please join us in this important opportunity to provide your feedback and input to our rulefiling process.

### Questions?

If you have any questions about the purpose of this meeting, contact:

Sharon Hill, Policy Analyst  
(503) 945-6957  
[Sharon.k.hill@state.or.us](mailto:Sharon.k.hill@state.or.us)

Natalie Steele, Contracts, QI Coordinator  
(503) 945-6505  
[Natalie.steele@state.or.us](mailto:Natalie.steele@state.or.us)

**Note:** Agenda item times listed above are *approximate*. Some topics may run long/short depending on the input of the participants.

## Summary of Proposed Rule Changes

**American Indian/Alaska Native Services** – rules will not be filed at this time. The Program Manager will use this time to review the affect of other Program rule revisions on the American Indian/Alaska Native Service Program

### Dental Services

- Add “dentally appropriate” to definition
- Differentiate Prior Authorization (PA) requirements between Dental Care Organizations (DCOs) and Fee-for-Service
- Update language regarding electronic and paper claims
- Add limitation on some adult services
- Clarify when a dental procedure is a medical service
- Clarify when fluoride varnish can be provided by a medical provider
- Clarify that ortho services for clients must be started before age 21
- Update tables with new/missing codes
- Update claim format information and dates regarding ICD-9-CM

### FQHC/Rural Health

- Add language regarding payment and services to Citizen Alien Waived Emergency Medical (CAWEM) and Qualified Medicare Beneficiary (QMB)-only services
- Add policy regarding prohibition on “bundling” or splitting services normally considered to be provided during an office visit/encounter
- Show that clinics may bill for contraceptive supplies/medications fee-for-service per the acquisition cost.
- Add requirements/language relating to new clinic sites, clinics with a change of ownership and/or established clinics adding new sites.
- Rename Out-Stationed Eligibility Worker (OSEW) to Out-Stationed Outreach Worker (OSOW) and clarify allowable expenses
- Clarify criteria for a reportable encounter
- Define the following terms: common ownership, control
- State that clinics must disclose if related party is an OMAP enrolled provider and clarify clinic responsibilities if the related party transaction costs did not meet criteria in OAR 410-147-0540.
- Show that Targeted Case Management provider numbers are not terminated at the time of enrollment as an Federally Qualified Health Centers/Rural Health Clinics (FQHC/RHC).
- Various rules revised to clarify:
  - ❖ language regarding case management, interpretation/translation, enabling services, the criteria for a reportable encounter, and billing for dual eligible clients
  - ❖ MCO-enrolled clients vs. open card/fee-for-service clients

- ❖ copayment amounts for encounter provided at FQHC/RH clinics
- ❖ items, services, supplies and drugs that cannot be billed separately but are part of the rate
- ❖ policy relating to multiple encounters and limitations for multiple encounters
- ❖ policy regarding Maternity Case Management multiple encounters and service limitations.
- ❖ what the Prospective Payment System (PPS ) encounter rate is based on
- Add and/or update references to:
  - ❖ the Prioritized List of Health Services and General Rules regarding covered/not covered services
  - ❖ Administrative exams, and death with dignity services
  - ❖ OHP MCO program
  - ❖ individual Administrative Rules for services reimbursed per the encounter rate, and when billing for services reimbursed outside the Prospective Payment System (PPS) encounter rate
  - ❖ dental services, and the OHP Standard Limited Emergency Dental Benefit
  - ❖ Targeted Case Management Services

### **General Rules**

- Allow OMAP discretion to retroactively enroll providers
- Remove comorbidity exception from fertility/sexual dysfunction exclusion
- Amend rules to show benefit reductions (*OMAP is currently awaiting CMS approval for these reductions*)
- Revise rules to reflect physician administered J code rate-setting change to Medicare Average Sales Price (ASP)
- Revise rules to show client responsibility to advise caseworker of changes in private insurance coverage

### **Medical-Surgical Services**

- Require the National Drug Code (NDC) number and Health Care Common Procedure Coding System (HCPCS) codes be added to electronic claims
- Remove reference to covered and/or deleted codes in various rules
- Add codes to Vaccines for Childrens' List
- Maternity Case Management:
  - ❖ Add requirements to assist in making dental referrals
  - ❖ Clarify Full Case Management includes review of all mandatory topics.
  - ❖ Clarify Case Management visits related to training topics.
- Death with Dignity: Billing instructions
- State that the signature/date of a person obtaining a sterilization cannot be added retroactively to the form.

## **OHP/Managed Care**

- Clarify policy for established relationship disenrollments
- Change in Medicare Advantage Plan Election Form disenrollment policy.