

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form..

I certify that the attached copies* are true, full and correct copies of the TEMPORARY Rule(s) adopted on [upon filing] by the
Date prior to or same as filing date

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division) 410
Agency and Division Administrative Rules Chapter Number

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to become effective [10/16/2012] through [4/13/2013].
Date upon filing or later A maximum of 180 days including the effective date.

RULE CAPTION

Amend Coordinated Care Organizations rules to include the Authority's intent for member choice.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

List each rule number separately, 000-000-0000.
Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

AMEND: OAR 410-141-3080

Stat. Auth.: ORS 414.32 & 414.615, 414.635, 414.651

Other Auth.:

Stats. Implemented: ORS 414.32 & 414.615, 414.635, 414.651

RULE SUMMARY

This rule establishes a process for the Authority to inform Authority members 90 days in advance of transfer of the member from their current Coordinated Care Organization (CCO) to a new CCO for their covered services. CCOs will improve health, increase the quality, reliability, availability and continuity of care, as well as reduce costs. CCOs will provide medical assistance recipients with health care services that are supported by alternative payment methodologies that focus on prevention and that use patient-centered primary care homes, evidence-based practices and health information technology to improve health and reduce health disparities. The Authority needs to amend these rules to ensure the Authority's intent for member choice and notification to align closely with those outlined in Senate Bill 201. This rule change needs to be in effect as soon after August 1, 2012 as possible, the start date of CCO implementation.

Authorized Signer Printed name Date

*With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. ARC 940-2005

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)
Agency and Division

410

Administrative Rules Chapter Number

In the Matter of: The temporary amendment of OAR 410-141-3080.

Rule Caption: Amend Coordinated Care Organizations rules to include the Authority's intent for member choice. (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

Statutory Authority: ORS 414.032 & 414.615, 414.635, 414.651

Other Authority: SB 201

Stats. Implemented: ORS 414.032 & 414.615, 414.635, 414.651

Need for the Temporary Rule(s): This rule establishes a process for the Authority to inform Authority members 90 days in advance of transfer of the member from their current Coordinated Care Organization (CCO) to a new CCO for their covered services. CCOs will improve health, increase the quality, reliability, availability and continuity of care, as well as reduce costs. CCOs will provide medical assistance recipients with health care services that are supported by alternative payment methodologies that focus on prevention and that use patient-centered primary care homes, evidence-based practices and health information technology to improve health and reduce health disparities. The Authority needs to amend these rules to ensure the Authority's intent for member choice and notification to align closely with those outlined in Senate Bill 201. This rule change needs to be in effect as soon after August 1, 2012 as possible, the start date of CCO implementation.

Documents Relied Upon, and where they are available: SB 201 and OAR 410-141-3080 available <http://www.leg.state.or.us/l1reg> and <http://arcweb.sos.state.or.us/pages/rules/access/index.html>

Justification of Temporary Rule(s): The Authority finds that failure to act promptly may result in serious prejudice to the public interest, the Authority, and low-income Oregonians eligible for medical assistance programs. The Authority needs to amend this rule promptly to clarify CCO requirements when transferring members to another CCO. This rule provides guidance to CCO's regarding notice requirements for member transfers. The Authority needs to amend this rule to ensure that CCO's comply with the Authority's member transfer requirements to the requirements outlined in Senate Bill 201.

Authorized Signer

Printed name

Date

410-141-3080

Disenrollment from Coordinated Care Organizations

(1) At the time of recertification, a client may disenroll from one CCO in a service area and enroll in another CCO in that service area. The primary person in the household shall make this decision on behalf of all household members.

(2) A member who moves from one service area to another service area shall disenroll from the CCO in the previous service area and enroll with a CCO in the new service area. The member must change their address with the Authority or Department within ten days of moving.

(3) A member who voluntarily enrolls in a CCO per OAR 410-141-3060 (19) may disenroll from their CCOs at any time and receive health care services on a fee-for-service basis or enroll in another CCO in their service area. This only applies to:

(a) Members who are eligible for both Medicare and Medicaid and

(b) Members who are American Indian and Alaskan Native beneficiaries;

(4) Notwithstanding other sections of this rule, members may request disenrollment for just cause at any time pursuant to state law or CFR 438.56. This includes:

(a) The CCO does not cover the service the member seeks, because of moral or religious objections;

(b) The member needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time, not all related services are available within the network, and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk; or

(c) The member is experiencing poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the member's health care needs.

(5) The Authority may approve the disenrollment after medical review using the following just cause considerations:

(a) Required enrollment would pose a serious health risk; and

(b)The Authority finds no reasonable alternatives.

(6) The following applies to time lines for clients to change their CCO assignment:

(a) Newly eligible clients may change their CCO assignment within 90 days of their application for health services;

(b) Existing clients may change their CCO assignment within 30 days of the Authority's automatic assignment in a CCO; or

(c) Clients may change their CCO assignment upon eligibility redetermination.

(7) Pursuant to CFR 438.56, the CCO shall not request and the Authority shall not approve disenrollment of a member due to:

(a) A physical or behavioral disability or condition;

(b) An adverse change in the member's health;

(c) The member's utilization of services, either excessive or lacking;

(d) The member's decisions regarding medical care with which the CCO disagrees;

(e) The member's behavior is uncooperative or disruptive, including but not limited to threats or acts of physical violence, resulting from the member's special needs, except when continued enrollment in the CCO seriously impairs the CCO's ability to furnish services to this particular member or other members.

(8) A CCO may request the Authority to disenroll a member if the CCO determines:

(a) Except as provided in OAR 410-141-3050, the member has major medical coverage, including employer sponsored insurance (ESI) but excluding enrollment in a DCO;

(b) The CCO determines:

(A) The member has moved to a service area the CCO does not serve;

(B) The member is out of the CCO's area for three months without making arrangements with the CCO;

(C) The member did not initiate enrollment in the CCO serving the member's area; and

(D) The member is not in temporary placement or receiving out-of-area services.

(c) The member is in a state psychiatric institution;

(d) The CCO has verifiable information that the member has moved to another Medicaid jurisdiction; or

(e) The member is deceased.

(9) Before requesting disenrollment under the exception in section (7)(e) of this rule, a CCO must take meaningful steps to address the member's behavior, including but not limited to:

(a) Contacting the member either orally or in writing to explain and attempt to resolve the issue. The CCO must document all oral conversations in writing and send a written summary to the member. This contact may include communication from advocates, including peer wellness specialists, where appropriate, personal health navigators and qualified community health workers who are part of the member's care team to provide assistance that is culturally and linguistically appropriate to the member's need to access appropriate services and participate in processes affecting the member's care and services;

(b) Developing and implementing a care plan in coordination with the member and the member's care team that details the problem and how the CCO shall address it;

(c) Reasonably modifying practices and procedures as appropriate to accommodate the member's circumstances;

(d) Assessing the member's behavior to determine if it results from the member's special needs or a disability;

(e) Providing education, counseling and other interventions to resolve the issue; and

(f) Submitting a complete summary to the Authority if the CCO requests disenrollment.

(10) The Authority may disenroll members of CCOs for the reasons specified in section (8) without receiving a disenrollment request from a CCO.

(11) The CCO shall request the Authority to suspend a member's enrollment when the inmate is incarcerated in a State or Federal prison, a jail, detention facility or other penal institution for no longer than 12 months. The CCO shall request that the Authority disenroll a member when the inmate is incarcerated in a State or Federal prison, jail, detention facility or other institution for longer than 12 months. This does not include members on probation, house arrest, living voluntarily in a facility after adjudication of their case, infants living with inmates or inmates admitted for inpatient hospitalization. The CCO is responsible for identifying the members and providing sufficient proof of incarceration to the Authority for review of the request for suspension of enrollment or disenrollment. CCOs shall pay for inpatient services only during the time a member is an inmate and enrollment is otherwise suspended.

(12) Unless otherwise specified in these rules or in the Authority notification of disenrollment to the CCO, all disenrollments are effective at the end of the month the Authority approves the disenrollment, with the following exceptions;

(a) The Authority may specify a retroactive disenrollment effective date if the member has:

(A) Third party coverage including employee-sponsored insurance. The effective date shall be the date the coverage begins;

(B) Enrolls in a program for all-inclusive care for the elderly (PACE). The effective date shall be the day before PACE enrollment;

(C) Is admitted to the State Hospital. The effective date shall be the day before hospital admission; or

(D) Becomes deceased. The effective date shall be the date of death.

(b) The Authority may retroactively disenroll or suspend enrollment if the member is incarcerated pursuant to section (11) of this rule. The effective date shall be the date of the notice of incarceration or the day before incarceration, whichever is earlier.

(c) The Authority shall specify a disenrollment effective date if the member moves out of the CCO's service area. The Authority shall recoup the balance of that month's capitation payment from the CCO;

(d) The Authority may specify the disenrollment effective date if the member is no longer eligible for OHP;

(13) The Authority shall inform the members of a disenrollment decision in writing, including the right to request a contested case hearing to dispute the Authority's disenrollment if the Authority disenrolled the member for cause that the member did not request. If the member requests a hearing, the disenrollment shall remain in effect pending outcome of the contested case hearing.

(14) For purposes of a client's right to a contested case hearing, "disenrollment" does not include the Authority's:

(a) Transfer of a member from a PHP to a CCO;

(b) Transfer of a member from a CCO to another CCO; or

(c) Automatic enrollment of a member in a CCO.

(15) The Authority may transfer 500 or more CCO members ~~enrollees~~ from one CCO to another CCO after a CCO pProvider contract termination if the Authority has evaluated the receiving CCO and determined that it has met criteria established by the Authority including, but not limited to:

(a) The Authority ~~may~~ approve the transfer of 500 or more ~~Authority~~ members from one CCO to another CCO when:

(i) The member's provider has or is contracted with another CCO.;

(ii) The member's current CCO has stopped accepting members from or has terminated a relationship with the member's current provider.; and

(iii) The members are offered the choice of remaining enrolled in their current CCO or transferring to the provider's other CCO.; and

(b) When the Authority ~~OHA~~ makes a transfer pursuant to ~~per~~ this section, from one CCO to another, the Authority ~~must send~~ ~~has sent~~ all of the affected ~~Authority~~ ~~M~~members a written notice 90 days in advance of the transfer date.

Stat. Auth.: ORS 414.032, 414.615, 414.625, 414.635, 414.651

Stats. Implemented: ORS 414.610 – 685 OL 2011, Ch 602 Sec. 13, 14, 16, 17, 62, 64 (2), 65, HB 3650

Hist.: DMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DMAP 37-2012, f. & cert. ef. 8-1-12