



Oregon
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To: Service Providers

From: Joan M. Kapowich, Manager *Joan M. Kapowich*
Program and Policy Section, OMAP

Subject: Oregon Health Plan Guide Revision #3

Effective Date: March 1, 2003



Rule 410-141-0000 is revised to add “the Office of Mental Health and Addiction Services (OMHAS) and a Mental Health Organization (MHO)” as contracting agents in the definition, and to make other housekeeping changes.

Rule 410-141-0520 is revised to update the name of OMHAS and to make other minor housekeeping changes.

A revised OHP Guide is not available at this time. These rules will be added to the next version.

Questions: If you have billing questions, contact a Provider Services Representative, toll-free at 1-800-336-6016 or direct at (503) 378-3697.

Additional information for providers is available at OMAP’s new Website:

http://www.dhs.state.or.us/healthplan/tools_prov/

*“Assisting People to Become Independent, Healthy and Safe”
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410-141-0000 Definitions

(1) Administrative Hearing -- A hearing related to a denial, reduction, or termination of benefits which is held when requested by the OHP Client or OMAP Member. A hearing may also be held when requested by an OHP Client or OMAP Member who believes a claim for services was not acted upon with reasonable promptness or believes the payor took an action erroneously.

(2) Advance Directive -- A form that allows a person to have another person make health care decisions when he/she cannot make the decision and tells a doctor that the person does not want any life sustaining help if he/she is near death.

(3) Aged -- Individuals who meet eligibility criteria established by the Senior and Disabled Services Division for receipt of medical assistance because of age.

(4) Americans with Disabilities Act (ADA) -- Federal law promoting the civil rights of persons with disabilities. The ADA requires that reasonable accommodations be made in employment, service delivery, and facility accessibility.

(5) Alternative Care Settings -- Sites or groups of practitioners which provide care to OMAP Members under contract with the PHP. Alternative Care Settings include but are not limited to urgent care centers, hospice, birthing centers, out-placed medical teams in community or mobile health care facilities, outpatient surgicenters.

(6) Ancillary Services -- Those medical services under the Oregon Health Plan not identified in the definition of a Condition/Treatment Pair under the OHP Benefit Package, but Medically Appropriate to support a service covered under the OHP benefit package. A list of ancillary services and limitations is identified in OAR 410-141-0520, Prioritized List of Health Services, or specified in the Ancillary Services Criteria Guide.

(7) Automated Information System (AIS) -- A computer system that provides information on the current eligibility status for clients under the Medical Assistance Program.

(8) Blind -- Individuals who meet eligibility criteria established by the Senior and Disabled Services Division for receipt of medical assistance because of a condition or disease that causes or has caused blindness.

(9) Capitated Services -- Those services that a PHP or Primary Care Case Manager agrees to provide for a Capitation Payment under an OMAP Oregon Health Plan contract.

(10) Capitation Payment -- Monthly prepayment to a PHP for the provision of all Capitated Services needed by OHP Clients who are enrolled with the PHP. Monthly prepayment to a Primary Care Case Manager to provide Primary Care Case Management Services for an OHP Client who is enrolled with the PCCM. Payment is made on a per client, per month basis.

(11) Centers for Medicare and Medicaid Services (CMS). The federal agency under the Department of Health and Human Services, responsible for approving the waiver request to operate the Oregon Health Plan Medicaid Demonstration Project.

(12) Chemical Dependency Services -- Assessment, treatment and rehabilitation on a regularly scheduled basis, or in response to crisis for alcohol and/or other drug abusing or dependent clients and their family members or significant others, consistent with Level I and/or Level II of the "Chemical Dependency Placement, Continued Stay, and Discharge Criteria."

(13) Chemical Dependency Organization (CDO) -- a Prepaid Health Plan that provides and coordinates chemical dependency outpatient, intensive outpatient and opiate substitution treatment services as Capitated Services under the Oregon Health Plan. All chemical dependency services covered under the Oregon Health Plan are covered as Capitated Services by the CDO.

(14) Chemical Dependency Services -- Assessment, treatment and rehabilitation on a regularly scheduled basis, or in response to crisis for alcohol and/or other drug abusing or dependent clients and their family members or significant others, consistent with Level I and/or Level II of the "Chemical Dependency Placement, Continued Stay, and Discharge Criteria."

(15) Children's Health Insurance Program (CHIP)-- A Federal and State funded portion of the Medical Assistance Program established by Title XXI of the Social Security Act and administered in Oregon by the Department of Human Services, Office of Medical Assistance Programs (see Medical Assistance).

(16) Children Receiving CAF or OYA Services -- Individuals who are receiving medical assistance under ORS 414.025(2)(f), (i), (j), (k) and (o), 418.034, and 418.187 to 418.970. These individuals are generally children in the care and/or custody of Children, Adults and Families Services, Department of Human Services or Oregon Youth Authority who are in placement outside of their homes.

(17) Clinical Record -- The Clinical Record includes the medical, dental, or mental health records of an OHP Client or OMAP Member. These records include the PCP's record, the inpatient and outpatient hospital records and the ENCC, Complaint and Disenrollment for Cause records which may reside in the PHP's administrative offices.

(18) Comfort Care -- The provision of medical services or items that give comfort and/or pain relief to an individual who has a Terminal Illness. Comfort care includes the combination of medical and related services designed to make it possible for an individual with Terminal Illness to die with dignity and respect and with as much comfort as is possible given the nature of the illness. Comfort Care includes but is not limited to care provided through a hospice program (see Hospice Guide), pain medication, and palliative services including those services directed toward ameliorating symptoms of pain or loss of bodily function or to prevent additional pain or disability. Comfort Care includes nutrition, hydration and medication for disabled infants with life-threatening conditions that are not covered under Condition/Treatment Pairs. These guarantees are provided pursuant to 45 CFR, Chapter XIII, 1340.15. Where applicable Comfort Care is provided consistent with Section 4751 OBRA 1990 - Patient Self-Determination Act and ORS 127 relating to health care decisions as amended by the Sixty-Seventh Oregon Legislative Assembly, 1993. Comfort Care does not include diagnostic or curative care for the primary illness or care focused on active treatment of the primary illness and intended to prolong life.

(19) Community Mental Health Program (CMHP) -- The organization of all services for persons with mental or emotional

disorders and developmental disabilities operated by, or contractually affiliated with, a local Mental Health Authority, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the Mental Health and Developmental Disability Services Division.

(20) Comorbid Condition -- A medical condition/diagnosis (i.e., illness, disease and/or disability) coexisting with one or more other current and existing conditions/diagnoses in the same patient. See OAR 410-141-0480(7).

(21) Complaint -- An OMAP Member's, a PCCM Member's, or a Member's Representative's clear expression of dissatisfaction with the Prepaid Health Plan or the Primary Care Case Manager which addresses issues that are part of the Prepaid Health Plan or Primary Care Case Manager contractual responsibility. The expression may be in whatever form of communication or language that is used by the Member or the Member's Representative but must state the reason for the dissatisfaction.

(22) Community Standard -- Typical expectations for access to the health care delivery system in the OMAP Member's or PCCM Member's community of residence. Except where the Community Standard is less than sufficient to ensure quality of care, OMAP requires that the health care delivery system available to OMAP Members in Prepaid Health Plans and to PCCM Members with Primary Care Case Managers take into consideration the Community Standard and be adequate to meet the needs of OMAP and PCCM Members.

(23) Condition/Treatment Pair -- Diagnoses described in the International Classification of Diseases Clinical Modifications, 9th edition (ICD-9 CM), the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), and treatments described in the Current Procedural Terminology, 4th edition (CPT-4) or American Dental Association Codes (CDT-2), or Mental Health and Developmental Services Division Medicaid Procedure Codes and Reimbursement Rates, which, when paired by the Health Services Commission, constitute the line items in the Prioritized List of Health Services. Condition/Treatment Pairs may contain many diagnoses and treatments. The Condition/Treatment Pairs are listed in OAR 410-141-0520, Prioritized List of Health Services.

(24) Continuing Treatment Benefit -- A benefit for OHP Clients who meet criteria for having services covered that were either in a course of treatment or were scheduled for treatment on the day immediately prior to the date of conversion to the OHP Benefit Package of Covered Services and that treatment is not covered under the OHP Benefit Package of Covered Services.

(25) Copayment -- The portion of a Covered Service that an OMAP Member must pay to a provider or a facility. This is usually a fixed amount that is paid at the time one or more services are rendered.

(26) Contract -- The contract between the State of Oregon, acting by and through its Department of Human Services, Office of Medical Assistance Programs (OMAP) and a Fully Capitated Health Plan (FCHP), Dental Care Organization (DCO), or a Chemical Dependency Organization (CDO), or the Office of Mental Health and Addiction Services (OMHAS) and a Mental Health Organization (MHO) for the provision of Covered Services to eligible OMAP Members for a Capitation Payment. Also referred to as a Service Agreement.

(27) Dentally Appropriate -- Services that are required for prevention, diagnosis or treatment of a dental condition and that are:

(a) Consistent with the symptoms of a dental condition or treatment of a dental condition;

(b) Appropriate with regard to standards of good dental practice and generally recognized by the relevant scientific community and professional standards of care as effective;

(c) Not solely for the convenience of the Oregon Health Plan Member or a provider of the service;

(d) The most cost effective of the alternative levels of dental services that can be safely provided to an OMAP Member.

(28) \$500 Dental Benefit Calculation -- Based on the OMAP Standard composite dental fee schedule, less copayments and TPR for Covered Services.

(29) \$500 Dental Benefit Period -- Two periods from January 1 through June 30 and July 1 through December 31, regardless of the time

frames of an eligibility period. The \$500 Benefit does not carry from one Benefit Period to another.

(30) Dental Care Organization (DCO)-- A Prepaid Health Plan that provides and coordinates capitated dental services. All dental services covered under the Oregon Health Plan are covered as Capitated Services by the DCO; no dental services are paid by OMAP on a fee-for-service basis for Oregon Health Plan Clients enrolled with a DCO provider.

(31) Dental Case Management Services -- Services provided to ensure that eligible OMAP Members obtain dental services including a comprehensive, ongoing assessment of the dental and medical needs related to dental care of the Member plus the development and implementation of a plan to ensure that eligible OMAP Members obtain Capitated Services.

(32) Dental Emergency Services -- Dental services may include but are not limited to severe tooth pain, unusual swelling of the face or gums, and an avulsed tooth.

(33) Dental Practitioner -- A practitioner who provides dental services to OMAP Members under an agreement with a DCO, or is a Fee-For-Service Health Care Practitioner. Dental practitioners are licensed and/or certified by the state in which they practice, as applicable, to provide services within a defined scope of practice.

(34) Department of Human Services (DHS) -- The Department comprised of seven divisions and three major program offices: Administrative Services; Community Human Services; Continuous System Improvement; Finance and Policy Analysis; Children, Adults and Families; Health Services and Seniors and People with Disabilities; and within Health Services, the programs include the Office of Medical Assistance Programs and Mental Health and Addiction Services, as well as the Office of Vocational Rehabilitation Services within Community Human Services.

(35) Diagnostic Services -- Those services required to diagnose a condition, including but not limited to radiology, ultrasound, other diagnostic imaging, electrocardiograms, laboratory and pathology examinations, and physician or other professional diagnostic or evaluative services.

(36) Disabled -- Individuals who meet eligibility criteria established by the Senior and Disabled Services Division for receipt of Medical Assistance because of a disability.

(37) Disenrollment -- The act of discharging an Oregon Health Plan Client from a Prepaid Health Plan's or Primary Care Case Manager's responsibility. After the effective date of Disenrollment an Oregon Health Plan Client is no longer required to obtain Capitated Services from the Prepaid Health Plan or Primary Care Case Manager, nor be referred by the Prepaid Health Plan for Medical Case Managed Services or by the Primary Care Case Manager for PCCM Case Managed Services.

(38) Dual Eligible -- OHP Clients who are receiving both Medicaid and Medicare benefits.

(39) Emergency Services -- The health care and services provided for diagnosis and treatment of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of both the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. If an emergency medical condition is found to exist, emergency medical services necessary to stabilize the condition must be provided. This includes all treatment that may be necessary to assure, within reasonable medical probability, that no material deterioration of the patient's condition is likely to result from, or occur during, discharge of the member or transfer of the member to another facility.

(40) Enrollment -- Oregon Health Plan Clients, subject to OAR 410-141-0060 - Oregon Health Plan Managed Care Enrollment Requirements, become OMAP Members of a Prepaid Health Plan or PCCM Members of a Primary Care Case Manager that contracts with OMAP to provide Capitated Services. An OHP Client's Enrollment with a PHP indicates that the OMAP Member must obtain or be referred by the PHP for all Capitated Services and referred by the PHP for all Medical Case Managed Services subsequent to the effective date of Enrollment. An Oregon Health Plan Client's Enrollment with a Primary Care Case Manager indicates that the PCCM Member must obtain or be referred by

the Primary Care Case Manager for preventive and primary care and referred by the Primary Care Case Manager for all PCCM Case Managed Services subsequent to the effective date of Enrollment.

(41) Enrollment Area -- Client enrollment is based on the client's residential address and zip code. The address is automatically assigned a county code or Federal Information Processing Standard (FIPS) code by the system which indicates to the DHS worker which Plan(s) are in the area.

(42) Enrollment Year -- A twelve month period beginning the first day of the month of Enrollment of the Oregon Health Plan Client in a PHP and, for any subsequent year(s) of continuous Enrollment, beginning that same day in each such year(s). The Enrollment Year of Oregon Health Plan Clients who re-enroll within a calendar month of Disenrollment shall be counted as if there were no break in Enrollment.

(43) End Stage Renal Disease (ESRD) -- End stage renal disease is defined as that stage of kidney impairment that appears irreversible and requires a regular course of dialysis or kidney transplantation to maintain life. In general, 5% or less of normal kidney function remains. If the person is 36 or more months post-transplant, the individual is no longer considered to have ESRD.

(44) Exceptional Needs Care Coordination (ENCC) -- A specialized case management service provided by Fully Capitated Health Plans to OMAP Members who are Aged, Blind or Disabled, consistent with OAR 410-141-0405, Oregon Health Plan Prepaid Health Plan Exceptional Needs Care Coordination (ENCC). ENCC includes:

(a) Early identification of those Aged, Blind or Disabled OMAP Members that have disabilities or complex medical needs;

(b) Assistance to ensure timely access to providers and Capitated Services;

(c) Coordination with providers to ensure consideration is given to unique needs in treatment planning;

(d) Assistance to providers with coordination of Capitated Services and discharge planning; and

(e) Aid with coordinating community support and social service systems linkage with medical care systems, as necessary and appropriate.

(45) Family Health Insurance Assistance Program (FHIAP) -- A program in which the State subsidizes premiums in the commercial market for uninsured individuals and families with income below 185% of the FPL. FHIAP is funded with federal and states funds through either Title XIX, XXI or both.

(46) Family Planning Services -- Services for clients of childbearing age (including minors who can be considered to be sexually active) who desire such services and which are intended to prevent pregnancy or otherwise limit family size.

(47) Fee-for-Service Health Care Providers -- Health care providers who bill for each service provided and are paid by OMAP for services as described in OMAP provider guides. Certain services are covered but are not provided by Prepaid Health Plans or by Primary Care Case Managers. The client may seek such services from an appropriate Fee-For-Service provider. Primary Care Case Managers provide primary care services on a fee-for-service basis and might also refer PCCM Members to specialists and other providers for fee-for-service care. In some parts of the state, the State may not enter into contracts with any managed care providers. OHP Clients in these areas will receive all services from Fee-For-Service providers.

(48) Free-Standing Mental Health Organization (MHO) -- The single MHO in each county that provides only mental health services and is not affiliated with a Fully Capitated Health Plan for that service area. In most cases this "carve-out" MHO is a county Community Mental Health Program or a consortium of Community Mental Health Programs, but may be a private behavioral health care company.

(49) Fully Capitated Health Plan (FCHP) -- Prepaid Health Plans that contract with OMAP to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHPs is the coverage of hospital inpatient services.

(50) Health Care Professionals -- Persons with current and appropriate licensure, certification, or accreditation in a medical, mental health or dental profession, which include but are not limited to: Medical

Doctors (including Psychiatrists), Dentists, Osteopathic Physicians, Psychologists, Registered Nurses, Nurse Practitioners, Licensed Practical Nurses, Certified Medical Assistants, Licensed Physicians Assistants, Qualified Mental Health Professionals (QMHPs), and Qualified Mental Health Associates (QMHAs), Dental Hygienists, Denturists, and Certified Dental Assistants. These professionals may conduct health, mental health or dental assessments of OMAP members and provide Screening Services to OHP Clients within their scope of practice, licensure or certification.

(51) Health Insurance Portability and Accountability Act (HIPAA) of 1996 -- HIPAA is a federal law (Public Law 104-191, August 21, 1996) with the legislative objective to assure health insurance portability, reduce health care fraud and abuse, enforce standards for health information and guarantee security and privacy of health information.

(52) Health Management Unit (HMU) -- The OMAP unit responsible for adjustments to enrollments, retroactive disenrollment and enrollment of newborns.

(53) Health Plan New/Noncategorical Client (HPN) -- A person who is 19 years of age or older, is not pregnant, is not receiving Medicaid through another program and who must meet eligibility requirements in OAR 461-136-1100(2), in addition to all other OHP eligibility requirements to become an Oregon Health Plan Client.

(54) Health Services Commission -- An eleven member commission that is charged with reporting to the Governor the ranking of health benefits from most to least important, and representing the comparable benefits of each service to the entire population to be served.

(55) Hospice Services -- A public agency or private organization or subdivision of either that is primarily engaged in providing care to terminally ill individuals, is certified for Medicare and/or accredited by the Oregon Hospice Association, is listed in the Hospice Program Registry, and has a valid provider agreement.

(56) Hospital Hold -- A hospital hold is a process that allows a hospital to assist an individual who is admitted to the hospital for an inpatient hospital stay to secure a date of request when the individual is unable to apply for the Oregon Health Plan due to inpatient

hospitalization. OHP clients shall be exempted from mandatory enrollment with an FCHP, if clients become eligible through a hospital hold process and are placed in the Adults/Couples category.

(57) Line Items -- Condition/Treatment Pairs or categories of services included at specific lines in the Prioritized List of Services developed by the Health Services Commission for the Oregon Health Plan Medicaid Demonstration Project.

(58) Local and Regional Allied Agencies -- Local and Regional Allied Agencies include the following: local Mental Health Authority; Community Mental Health Programs; local offices of DHS agencies (CAFS, SPD); Commission on Children and Families; OYA; Department of Corrections; Housing Authorities; local health departments, including WIC Programs; local schools; special education programs; law enforcement agencies; adult and juvenile criminal justices; developmental disability services; chemical dependency providers; residential providers; state hospitals, and other PHPs.

(59) Medicaid -- A federal and state funded portion of the Medical Assistance Program established by Title XIX of the Social Security Act, as amended, and administered in Oregon by the Department of Human Services.

(60) Medical Assistance Program -- A program for payment of health care provided to eligible Oregonians. Oregon's Medical Assistance Program includes Medicaid services including the OHP Medicaid Demonstration, and the Children's Health Insurance Program (CHIP). The Medical Assistance Program is administered by identified Divisions and the Office of Medical Assistance Programs (OMAP), of the Department of Human Services. Coordination of the Medical Assistance Program is the responsibility of the Office of Medical Assistance Programs.

(61) Medical Care Identification -- The preferred term for what is commonly called the "medical card". It is a letter-sized document issued monthly to Medical Assistance Program clients to verify their eligibility for services and enrollment in PHPs.

(62) Medical Case Management Services -- Medical Case Management Services are services provided to ensure that OMAP Members obtain health care services necessary to maintain physical and

emotional development and health. Medical Case Management Services include a comprehensive, ongoing assessment of medical and/or dental needs plus the development and implementation of a plan to obtain needed medical or dental services that are Capitated Services or non-capitated services, and follow-up, as appropriate, to assess the impact of care.

(63) Medically Appropriate -- Services and medical supplies that are required for prevention, diagnosis or treatment of a health condition which encompasses physical or mental conditions, or injuries, and which are:

(a) Consistent with the symptoms of a health condition or treatment of a health condition;

(b) Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;

(c) Not solely for the convenience of an Oregon Health Plan Client or a provider of the service or medical supplies; and

(d) The most cost effective of the alternative levels of Medical services or medical supplies that can be safely provided to an OMAP Member or PCCM Member in the PHP's or Primary Care Case Manager's judgment.

(64) Medicare -- The federal health insurance program for the aged and disabled administered by the Health Care Financing Administration under Title XVIII of the Social Security Act.

(65) Medicare HMO -- A capitated health plan that meets specific referral guidelines and contracts with CMS to provide Medicare benefits to Medicare enrollees.

(66) Mental Health Assessment -- The determination of an OMAP Member's need for mental health services. A Qualified Mental Health Professional collects and evaluates data pertinent to a Member's mental status, psychosocial history and current problems through interview, observation and testing.

(67) Mental Health Case Management -- Services provided to

OMAP Members who require assistance to ensure access to benefits and services from local, regional or state allied agencies or other service providers. Services provided may include: advocating for the OMAP Member's treatment needs; providing assistance in obtaining entitlements based on mental or emotional disability; referring OMAP Members to needed services or supports; accessing housing or residential programs; coordinating services, including educational or vocational activities; and establishing alternatives to inpatient psychiatric services. ENCC Services are separate and distinct from Mental Health Case Management.

(68) Mental Health Organization (MHO) -- A Prepaid Health Plan under contract with the Office of Mental Health and Addiction Services that provides mental health services as capitated services under the Oregon Health Plan. MHOs can be Fully Capitated Health Plans, community mental health programs or private behavioral organizations or combinations thereof.

(69) Non-Capitated Services -- Those OHP-covered services which are paid for on a fee-for-service basis and for which a capitation payment has not been made to a PHP.

(70) Non Covered Services -- Services or items for which the Medical Assistance Program is not responsible for payment. Services may be covered under the Oregon Medical Assistance Program, but not covered under the Oregon Health Plan. Non-Covered Services for the Oregon Health Plan are identified in:

(a) OAR 410-141-0500, Excluded Services and Limitations for Oregon Health Plan Clients;

(b) Exclusions and limitations described in OAR 410-120-1200;
and

(c) The individual provider guides.

(71) Non-Participating Provider -- A provider who does not have a contractual relationship with the Prepaid Health Plan, i.e. is not on their panel of providers.

(72) Office of Medical Assistance Programs (OMAP) -- The Office of the Department of Human Services responsible for coordinating

Medical Assistance Programs, including the OHP Medicaid Demonstration, in Oregon and the Children's Health Insurance Program (CHIP). OMAP writes and administers the state Medicaid rules for medical services, contracts with providers, maintains records of client eligibility and processes and pays OMAP providers.

(73) Office of Mental Health and Addiction Services (OMHAS) -- The Department of Human Services agency responsible for the administration of the state's policy and programs for mental health, chemical dependency prevention, intervention, and treatment services.

(74) OMAP Member -- An Oregon Health Plan Client enrolled with a Prepaid Health Plan.

(75) Ombudsman Services -- Services provided by DHS to Aged, Blind and Disabled Oregon Health Plan Clients by DHS Ombudsman Staff who may serve as the Oregon Health Plan Client's advocate whenever the Oregon Health Plan Client, Representative, a physician or other medical personnel, or other personal advocate serving the Oregon Health Plan Client, is reasonably concerned about access to, quality of or limitations on the care being provided by a health care provider under the Oregon Health Plan. Ombudsman Services include response to individual complaints about access to care, quality of care or limits to care; and response to complaints about Oregon Health Plan systems.

(76) Oregon Health Plan (OHP) -- The Medicaid demonstration project which expands Medicaid eligibility to eligible Oregon Health Plan Clients. The Oregon Health Plan relies substantially upon prioritization of health services and managed care to achieve the public policy objectives of access, cost containment, efficacy, and cost effectiveness in the allocation of health resources.

(77) Oregon Health Plan (OHP) Plus Benefit Package -- A benefit package available to eligible Oregon Health Plan clients as described in OAR 410-120-1200, Medical Assistance Benefits: Excluded Services and Limitations and in OAR 410-120-0520, Prioritized List of Health Services.

(78) Oregon Health Plan (OHP) Standard Benefit Package -- A benefit package available to eligible Oregon Health Plan clients who are not otherwise eligible for Medicaid (including families, adults and couples) as described in OAR 410-120-1200, Medical Assistance

Benefits: Excluded Services and Limitations and in OAR 410-141-0520, Prioritized List of Health Services.

(79) Oregon Health Plan Client -- An individual found eligible by a DHS Division to receive services under the Oregon Health Plan. The individual might or might not be enrolled in a Prepaid Health Plan or with a Primary Care Case Manager. The OHP categories eligible to enroll in Prepaid Health Plans are defined as follows:

(a) Aid to Families with Dependent Children (AFDC) are categorical eligibles with income under current eligibility rules;

(b) Children's Health Insurance Program (CHIP) - children under one year of age who have income under 170% FPL and do not meet one of the other eligibility classifications;

(c) PLM (Poverty Level Medical) Adults under 100% Federal Poverty Level (FPL) are OHP recipients who are pregnant women with income under 100% of FPL;

(d) PLM Adults over 100% FPL are OHP recipients who are pregnant women with income between 100% and 170% of the FPL;

(e) PLM children under one year of age have family income under 133% FPL or were born to mothers who were eligible as PLM Adults at the time of the child's birth;

(f) PLM or CHIP children one through five years of age who have family income under 170% FPL and do not meet one of the other eligibility classifications;

(g) PLM or CHIP children six through eighteen years of age who have family income under 170% FPL and do not meet one of the other eligibility classifications;

(h) OHP Adults and Couples are OHP recipients aged 19 or over and not Medicare eligible, with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household;

(i) OHP Families are OHP recipients, aged 19 or over and not Medicare eligible, with income below 100% of FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child

under the age of 19 in the household;

(j) GA (General Assistance) Recipients are OHP Clients who are eligible by virtue of their eligibility under the Oregon General Assistance program, ORS 411.710 et seq.;

(k) AB/AD (Assistance to Blind and Disabled) with Medicare Eligibles are OHP recipients with concurrent Medicare eligibility with income under current eligibility rules;

(l) AB/AD without Medicare Eligibles are OHP recipients without Medicare with income under current eligibility rules;

(m) OAA (Old Age Assistance) with Medicare Eligibles are OHP recipients with concurrent Medicare Part A or Medicare Parts A & B eligibility with income under current eligibility rules;

(n) OAA with Medicare Part B only are OAA eligibles with concurrent Medicare Part B only income under current eligibility rules;

(o) OAA without Medicare Eligibles are OHP recipients without Medicare with income under current eligibility rules;

(p) CAF Children are OHP recipients who are children with medical eligibility determined by Children, Adults and Families or the Oregon Youth Authority receiving OHP under ORS 414.025 (2) (f), (l), (j), (k) and (o), 418.034 and 418.187 to 418.970. These individuals are generally in the care and/or custody of the Children, Adults and Families or the Oregon Youth Authority who are in placement outside of their homes.

(80) Oregon Youth Authority -- The state department charged with the management and administration of youth correction facilities, state parole and probation services and other functions related to state programs for youth corrections.

(81) Participating Provider -- An individual, facility, corporate entity, or other organization which supplies medical, dental, or mental health services or items who have agreed to provide those services or items and to bill in accordance with a signed agreement with a PHP.

(82) PCCM Case Managed Services -- PCCM Case Managed Services include the following: Preventive Services, primary care services and specialty services, including those provided by physicians,

nurse practitioners, physician assistants, naturopaths, chiropractors, podiatrists, Rural Health Clinics, Migrant and Community Health Clinics, Federally Qualified Health Centers, County Health Departments, Indian Health Service Clinics and Tribal Health Clinics, Community Mental Health Programs, Mental Health Organizations; inpatient hospital services; and outpatient hospital services except laboratory, X-ray, and maternity management services.

(83) PCCM Member -- An Oregon Health Plan Client enrolled with a Primary Care Case Manager.

(84) Post Hospital Extended Care Benefit -- A 20 day benefit for non-Medicare OMAP Members enrolled in a FCHP who meet Medicare criteria for a post-hospital skilled nursing placement.

(85) Practitioner -- A person licensed pursuant to State law to engage in the provision of health care services within the scope of the practitioner's license and/or certification.

(86) Prepaid Health Plan (PHP) -- A managed health, dental, chemical dependency, or mental health care organization that contracts with OMAP and/or OMHAS on a case managed, prepaid, capitated basis under the Oregon Health Plan. Prepaid Health Plans may be Dental Care Organizations (DCOs), Fully Capitated Health Plans (FCHPs), Mental Health Organizations (MHOs), or Chemical Dependency Organizations (CDOs).

(87) Preventive Services -- Those services as defined under Expanded Definition of Preventive Services for Oregon Health Plan clients in OAR 410-141-0480, The Oregon Health Plan Benefit Package of Covered Services, and OAR 410-141-0520, Prioritized List of Health Services.

(88) Primary Care Case Management Services -- Primary Care Case Management Services are services provided to ensure PCCM Members obtain health care services necessary to maintain physical and emotional development and health. Primary Care Case Management Services include a comprehensive, ongoing assessment of medical needs plus the development, and implementation of a plan to obtain needed medical services that are preventive or primary care services or PCCM Case Managed Services and follow-up, as appropriate, to assess the impact of care.

(89) Primary Care Case Manager (PCCM) -- A physician (MD or DO), nurse practitioner, physician assistant; or naturopath with physician backups, who agrees to provide Primary Care Case Management Services as defined in rule to PCCM Members. Primary Care Case Managers may also be hospital primary care clinics, Rural Health Clinics, Migrant and Community Health Clinics, Federally Qualified Health Centers, County Health Departments, Indian Health Service Clinics or Tribal Health Clinics. The PCCM provides Primary Care Case Management Services to PCCM Members for a Capitation Payment. The PCCM provides preventive and primary care services on a fee-for-service basis.

(90) Primary Care Provider (PCP) -- A practitioner who has responsibility for supervising, coordinating initial and primary care within their scope of practice for OMAP Members, Primary care providers initiate referrals for care outside their scope of practice, consultations and specialist care, and assure the continuity of medically or dental appropriate care.

(91) Prioritized List of Health Services -- The listing of condition and treatment pairs developed by the Health Services Commission for the purpose of implementing the Oregon Health Plan Demonstration Project. See OAR 410-141-0520, Prioritized List of Health Services, for the listing of condition and treatment pairs.

(92) Proof of Indian Heritage -- Proof of Native American and/or Alaska Native descent as evidenced by written identification that shows status as an "Indian" in accordance with the Indian Health Care Improvement Act (P.L. 94-437, as amended). This written proof supports his/her eligibility for services under programs of the Indian Health Service - services provided by Indian Health Service facilities, tribal health clinics/programs or urban clinics. Written proof may be a tribal identification card, a certificate of degree of Indian blood, or a letter from the Indian Health Service verifying eligibility for health care through programs of the Indian Health Service.

(93) Provider -- An individual, facility, institution, corporate entity, or other organization which supplies medical, dental or mental health services or medical and dental items.

(94) Quality Improvement -- Quality improvement is the effort to

improve the level of performance of a key process or processes in health services or health care. A quality improvement program measures the level of current performance of the processes, finds ways to improve the performance and implements new and better methods for the processes. Quality Improvement (as used in these rules) includes the goals of quality assurance, quality control, quality planning and quality management in health care where "quality of care is the degree to which health services for individuals and populations increases the likelihood of desired health outcomes and are consistent with current professional knowledge."

(95) Representative -- A person who can make Oregon Health Plan related decisions for Oregon Health Plan Clients who are not able to make such decisions themselves. A Representative may be, in the following order of priority, a person who is designated as the Oregon Health Plan Client's health care representative, a court-appointed guardian, a spouse, or other family member as designated by the Oregon Health Plan client, the Individual Service Plan Team (for developmentally disabled clients), a DHS case manager or other DHS designee.

(96) Rural -- A geographic area 10 or more map miles from a population center of 30,000 people or less.

(97) Seniors and People with Disabilities (SPD) -- The Division responsible for providing three types of services:

(a) Assistance with the cost of long-term care through the Medicaid Long Term Care Program and the Oregon Project Independence (OPI) Program;

(b) Cash assistance grants for persons with long-term disabilities through General Assistance and the Oregon Supplemental Income Program (OSIP); and

(c) Administration of the federal Older Americans Act.

(98) Service Area -- The geographic area in which the PHP has identified in their Agreement to provide services under the Oregon Health Plan.

(99) Terminal Illness -- An illness or injury in which death is

imminent irrespective of treatment, where the application of life-sustaining procedures or the artificial administration of nutrition and hydration serves only to postpone the moment of death.

(100) Triage -- Evaluations conducted to determine whether or not an emergency condition exists, and to direct the OMAP Member to the most appropriate setting for Medically Appropriate care.

(101) Urban -- A geographic area less than 10 map miles from a population center of 30,000 people or more.

(102) Urgent Care Services -- Covered services required in order to prevent a serious deterioration of an OMAP Member's or PCCM Member's health that results from an unforeseen illness or an injury. Services that can be foreseen by the individual are not considered Urgent Services.

(103) Valid Claim -- An invoice received by the PHP for payment of covered health care services rendered to an eligible client which:

(a) Can be processed without obtaining additional information from the provider of the service or from a third party; and

(b) Has been received within the time limitations prescribed in these Rules; and

(c) A "valid claim" is synonymous with the federal definition of a "clean claim" as defined in 42 CFR 447.45(b).

(104) Valid Pre-Authorization -- A request received by the PHP for approval of the provision of covered health care services rendered to an eligible client which:

(a) Can be processed without obtaining additional information from the provider of the service or from a third party; and

(b) Has been received within the time limitations prescribed in these Rules.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

410-141-0520 Prioritized List of Health Services

(1) The Prioritized List of Health Services (Prioritized List) is the Oregon Health Services Commission's (HSC) listing of physical health services with "expanded definitions" of Ancillary Services and Preventive Services, as presented to the Oregon Legislative Assembly. The Prioritized List is generated and maintained by HSC. The most current list, dated October 1, 2002, is available on the HSC website (<http://www.ohppr.state.or.us/>). OMAP receives new information or modifications regarding the Prioritized List from HSC in the form of Attachments. The most recent, Attachment A, approved by the HSC July 17, 2002, is available on the HSC website.

(2) Certain Mental Health services are only covered for payment when provided by a Mental Health Organization (MHO), Community Mental Health Program (CMHP) or authorized Fully Capitated Health Plan (FCHP). These codes are identified on their own Mental Health (MH) section of the appropriate lines on the Prioritized List of Health Services.

(3) Chemical Dependency (CD) Services are covered for eligible OHP clients when provided by an FCHP or by a provider who has a letter of approval from the Office of Mental Health and Addiction Services and approval to bill Medicaid for CD services. These codes are identified on the Chemical Dependency (CD) section of line 188.

(4) The first 558 lines of the Prioritized List of Services are currently funded and are covered for payment by OMAP.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065