

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (OHA), Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St NE, Salem, OR 97301	(503) 945-6430
Rules Coordinator	Address	Telephone

RULE CAPTION

Amend Rule to Describe Prior Authorization Requirements for Clients Enrolled in CCOs
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

October 15, 2015	10:30 a.m.	500 Summer St. NE, Salem, OR 97301	Room 165	Sandy Cafourek
Hearing Date	Time	Location		Hearings Officer

Auxiliary aids for persons with disabilities are available upon advance request.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND: OAR 410-122-0040

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth. : ORS 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

RULE SUMMARY

Amending this rule as it was missed when OHP went from contracting with managed care plans to contracting with CCOs. It adds language that instructs providers to obtain prior authorization from CCOs when a client is enrolled in a CCO.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

October 17, 2015 by 5 p.m. Send written comments to: dmap.rules@state.or.us
Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)


Signature

DAVID SUMMIT
Printed name

9/9/2015
Date

Note: Hearing Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

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

Amend Rule to Describe Prior Authorization Requirements for Clients Enrolled in CCOs

Rule Caption (Not more than 15 words that reasonably identify the subject matter of the agency's intended action.)

In the Matter of: The amendment of 410-122-0040

Statutory Authority: ORS 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): The Division needs to amend the rule listed above to require providers to request prior authorization when clients are enrolled in CCOs. This was an oversight when language was changed in other rules when OHP went from contracting with managed care plans to contracting with CCOs.

Documents Relied Upon, and where they are available: None

Fiscal and Economic Impact: \$0

Statement of Cost of Compliance:

- 1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):** No fiscal or economic impact is anticipated for other state agencies, units of local government, or the general public.

- 2. Cost of compliance effect on small business (ORS 183.336):**
 - a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:** Less than 100 small businesses

 - b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:** None

 - c. Equipment, supplies, labor and increased administration required for compliance:** None

How were small businesses involved in the development of this rule? This was not necessary so small businesses were not involved in the revisions to this rule.

Administrative Rule Advisory Committee consulted? No. If not, why? There is essentially no impact to the state, providers, or clients with these changes. Providers are already following CCOs' prior authorization processes.


Signature


Date

410-122-0040

Prior Authorization

(1) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers ~~must~~shall obtain prior authorization (PA) for Healthcare Common Procedure Coding System (HCPCS) Level II codes as specified in rule, unless otherwise noted.

(2) Providers ~~must~~shall request PA as follows (see the DMEPOS Supplemental Information for contact information):

(a) For Medically Fragile Children's Unit (MFCU) clients, from the Department of Human Services (Department) MFCU;

(b) For clients enrolled in a Coordinated Care Organization (CCO), from the CCO;

(bc) For clients enrolled in a prepaid health plan (PHP), from the PHP;

(ed) For all other clients, from the Division of Medical Assistance Programs (Division).

(3) For DMEPOS provided after normal working hours, providers must submit PA requests within five working days from the initiation of service.

(4) See OAR 410-120-1320 for more information about PA.

Stat. Auth.: ORS 414.065

Stats. Implemented: ORS 414.065