

Secretary of State

NOTICE OF PROPOSED RULEMAKING HEARING*

A Statement of Need and Fiscal Impact accompanies this form.

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

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Rules Coordinator	Address	Telephone

RULE CAPTION

Targeted Case Management Retroactive Payments

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

4/17/13	10:30	500 Summer St NE, Salem, OR 97301, Room 137C	Cheryl Peters
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 410-138-0390

REPEAL:

Stat. Auth. : ORS 413.042 & 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

RULE SUMMARY

The Division's (Division 410) Targeted Case Management (TCM) administrative rules govern payments for services provided to eligible clients. The Division needs to amend rules to allow providers to adjust claims reimbursed retroactively to align with new rate changes, when CMS approval for the new rates is delayed past the effective date as follows:

410-138-0390

- Remove item number "(2) For all programs, except the Substance Abusing Pregnant Women and Substance Abusing Parents With Children Under Age 18 program, TCM claims already paid by the Division of Medical Assistance Programs (Division) with a prior rate may not be adjusted or resubmitted for the sole purpose of receiving a different rate."
- Re codify subsequent numbered paragraphs accordingly

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.

4/19/13, by 5:00 p.m.

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

Signature	Printed name	Date
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*Hearing Notices published in the Oregon Bulletin must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, upon which the deadline is 5:00 pm the preceding workday. ARC 920-2005

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

Targeted Case Management Retroactive Payments

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

In the Matter of: OAR 410-138-0390

Statutory Authority: ORS 413.042 & 414.065

Other Authority: None

Stats. Implemented: ORS 414.065

Need for the Rule(s): The Division’s Targeted Case Management (TCM) administrative rules govern payments for targeted case management services provided to eligible clients. On July 1, 2010, The Division consolidated the TCM administrative rules, inadvertently disallowing retroactive rate adjustments for most TCM services solely for the purpose of obtaining a new rate, when the rate changes. The Division needs to temporarily amend OAR 410-138-0390 TCM Retroactive Payments to allow TCM providers to adjust claims reimbursed retroactively to align with new rate changes. Implementation dates for these rates vary in compliance with the methodology described in the State Plan for each TCM program. New rates for TCM services also vary by program and may be implemented retroactively due to delay in required approval by the Centers for Medicare and Medicaid Services (CMS). This amendment allows providers to adjust claims for retroactive payments in compliance with the State plan on the effective date for new rates, when CMS approval for the new rates is delayed past the effective date.

Documents Relied Upon, and where they are available:

State Plan describing methodology for rate changes for TCM services provided (http://www.oregon.gov/OHA/healthplan/Pages/tools_policy/stateplan.aspx)

Fiscal and Economic Impact: Cost neutral to general fund and cost beneficial for county unit of government enrolled TCM providers eligible to participate in Federal Financial Participation as part of cost sharing under 42 CFR433.50 and 433.51

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): Budget neutral for State GF and the public and Cost beneficial for government agencies that meet unit of government requirements eligible to participate and provide public funds as the State share of financial participation prior to DMAP pulling down the federal share portion combining the two to equal 100% payment for total TCM claimed amounts submitted.

2. Cost of compliance effect on small business (ORS 183.336): None

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: None, TCM services are eligible for Federal Financial Participation (FFP) and only units of government are eligible to participate in FFP see 42CFR433.50 and 42CFR433.51

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? Not applicable as small businesses are not eligible to participate in Federal Financial Participation as they do not meet unit of government requirement with taxing authority.

Administrative Rule Advisory Committee consulted?: no

If not, why?: The TCM program is for unit of government providers only and is budget neutral for state GF and cost beneficial for units of government eligible to participate in Federal Financial Participation.

Signature	Print Name	Date
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410-138-0390 Targeted Case Management Retroactive Payments

(1) Providers may submit claims retroactively for services provided to the targeted populations described in 410-138-0020(2) (a –f) if the claims meet the following criteria:

(a) Services were provided less than 12 months prior to the date of first claim submission, and were provided on or after the date indicated in the rule listed above, and were allowable services in accordance with OAR 410-138-0007;

(b) The maximum number of units billed does not exceed the maximum allowed under each Targeted Case Management (TCM) program.

(c) The case manager was appropriately licensed or certified, and met all current requirements for case managers at the time the service was provided, as described in the provider requirements rule OAR 410-138-0060 appropriate for the TCM program:

(d) Documentation regarding provider qualifications and the services that the provider retroactively claims must have been available at the time the services were performed;

~~(2) For all programs, except the Substance Abusing Pregnant Women and Substance Abusing Parents With Children Under Age 18 program, TCM claims already paid by the Division of Medical Assistance Programs (Division) with a prior rate may not be adjusted or resubmitted for the sole purpose of receiving a different rate.~~

(23) The Division may not allow duplicate payments to be made to the same or different providers for the same service for the same client, nor will payment be allowed for services for which third parties are liable to pay (see also 410-138-0005).

(34) Reimbursement is subject to all rules and laws pertaining to federal financial participation.

Stat. Auth.: ORS 413.042 & 414.065
Stats. Implemented: ORS 414.065

7-1-11
