



Division of Medical Assistance Programs

Information Memorandum Transmittal

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Authorized Signature

Issue Date: 07/01/2011

Topic: Medical Benefits

Subject: Provider Announcement: Administrative rule revisions effective July 1, 2011

Applies to:

- Checkboxes for: All DHS employees, Area Agencies on Aging, Children, Adults and Families, County DD Program Managers, County Mental Health Directors, Seniors and People with Disabilities, Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message: DMAP posted the following information on the OHP Provider Announcements page about administrative rule revisions effective July 1, 2011:

- The Division revised all administrative rules to reflect the change from the Department of Human Services to the Oregon Health Authority. These revisions (typically referred to as non-substantive or housekeeping) do not alter the scope, application or meaning of the rules and according to ORS 183.335, and filed without having given notice to the public.
The Division made substantive revisions through the standard rule filing process in the following programs (see attached announcement for details):

- General Rules
- DMEPOS
- AI/AN
- Law Enforcement Medical Liability Account Program
- General Rules
- Pharmacy
- School-based Health Services
- FQHC/RHC
- Medicaid Electronic Health Records Incentive Program (new)
- Pharmacy

All Rulebooks are found online at: dhs.state.or.us/policy/healthplan/guides/main.html.

If you have any questions about this information, contact:

Table with contact information: Contact(s): Provider Services Unit, Phone: 1-800-336-6016, Fax: (503) 945-8873, E-mail: dmap.providerservices@state.or.us

# Attention All Providers

## Administrative rule revisions effective July 1, 2011

All Division of Medical Assistance Programs' (Division) administrative rules are revised to reflect the Division's move from the Department of Human Services (DHS) to the Oregon Health Authority (Authority). These revisions do not alter the scope, application or meaning of the rules and according to ORS 183.335, are filed without notice to the public.

The following is a short description of other revisions the Division made through the standard rulemaking process. For adopted rules and more information, see the individual Rulebooks.

See all Division Rulebooks @ [www.dhs.state.or.us/policy/healthplan/guides/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/main.html)

### American Indian/Alaska Native (AI/AN)

**OARs 410-146-0440 and 410-146-0460:** To eliminate barriers to AI/AN providers enrolling as individual practitioners employed by the health center.

### Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

**OAR 410-122-0520:** To accommodate pharmacies as eligible dispensing agents of diabetic supplies, expanding access to clients and to clarify the requirements of prior authorization and supply limitations.

### Federally Qualified Health Centers/Rural Health Clinics (FQHC)

**OARs 410-147-0340 and 410-147-0400:** To eliminate barriers to FQHC/RHC enrolling individual practitioners employed by the health center.

### General Rules Program

- **OAR 410-120-0000:** To add a definition for the Authority created by the 2009 Legislative session. We also added a definition for the National Correct Coding Initiative (NCCI) edits required by the Affordable Care Act.
- **OAR 410-120-0006:** A new rule to allow the Authority to conduct medical assistance-eligibility determinations using DHS OAR chapter 461 medical assistance eligibility rules. This rule also allows the appeal processes for Authority determinations to be conducted pursuant to OAR chapter 461, division 025.
- **OAR 410-120-0030:** To add Columbia, Crook, Douglas, Jefferson, Morrow, Union and Wasco counties (subject to the Centers for Medicare and Medicaid Services approval), participating in the prenatal care program providing prenatal care, and labor and delivery services under the Children's Health Insurance Program CAWEM Plus (CWX) for women not eligible for Medicare and who are at or below 185 percent of the federal poverty level.

### Law Enforcement Medical Liability Account (LEMLA)

The LEMLA Program is an existing program (from the Division of Children, Adults and Families) that is now administered by the Division. We revised these rules to better reflect the current program.



## Medicaid Electronic Health Records (EHR) Incentive

This is a new program including several rules administered by the Division due to Section 4201 of the American Reinvestment and Recovery Act of 2009. These rules outline the participation criteria for eligible professionals and hospitals that adopt, implement, or upgrade, or successfully demonstrate meaningful use of certified electronic health record technology. Implementation is pending approval from the Centers for Medicare and Medicaid Services.

## Pharmaceutical Services

- **410-121-0030:** To include updates to the Preferred Drug List (PDL) and allow exceptions for dispensing of brand-name prescriptions listed as preferred when a brand manufacturer contracts with the State and the branded product's net price to the Division becomes less than the generic net price.
- **410-121-0147:** To clarify coverage for certain drug products, nutritional supplements, vitamins, vaccines, and active pharmaceutical ingredients.
- **410-121-0155:** New language relating to program changes to allow pharmacies to be reimbursed for the provision of certain diabetic supplies.
- **410-121-0157:** To include requirements under the Affordable Care Act for drug manufacturers that participate in the CMS Medicaid Drug Rebate Program and require the Division to collect rebates for drugs dispensed by contracted Medicaid Managed Care Organizations.
- **410-121-0160:** To include terms and conditions for enrolled pharmacies to participate in an *annual claims volume survey* for dispensing-fee determination.
- **410-121-0185:** For pharmacy-based immunizations billing requirements.
- **410-121-0200:** For certain diabetic supplies billing requirements.

## School-based Health Services (SBHS)

**OARs 410-133-0040, 410-133-0080 and 410-133-0120:** To update references aligned with the State's medical licensing boards.

## Questions?

If you have any questions about this announcement contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Thursday, 7 a.m. to 4:30 p.m. and Friday 10 a.m. to 4:30 p.m.

## Thank you for your support

We appreciate your continued support of the Oregon Health Plan and the services you provide our clients.