

**Department Of Human Services
Seniors and People with Disabilities**

**OREGON ADMINISTRATIVE RULES
Chapter 411, Division 200**

**DISABILITY DETERMINATION SERVICES
RATES OF PAYMENT -- MEDICAL**

411-200-0010 *(Effective 06/12/2002)*

General Policy

- (1) The Department of Human Services, herein called the Department, does not have the authority to reimburse vendors for the cost of goods and services if the Department has not authorized payment prior to the provision of goods and services. The Department shall reject all charges without such prior authorization.
- (2) Except as provided in subsection (3) of this rule and OAR 411-200-0030, the amount that the Department shall pay vendors for previously authorized medical or psychological services shall be the lesser of the following:
 - (a) The lowest fee that the vendor charges the general public or other state agencies for the service; or
 - (b) The maximum fee prescribed by the Oregon Medical Fee and Relative Value Schedule, Chapter 426, Division 009, effective April 1, 2002 and the Federal Register Volume 66, Number 212, effective November 2001.
- (3) With prior written approval by the appropriate Disability Determination Services manager, the Department may exceed the fee prescribed by subsection (2) of this rule when financial or human considerations outweigh the difference in cost.

Stat. Auth.: ORS 344.530

Stats. Implemented: ORS 344.511 - ORS 344.690

411-200-0020 (Effective 06/12/2002)

Definitions

- (1) "Brief narrative," as used in Chapter 411, Division 200, means a document from a treating vendor that summarizes client treatment to date and current status; responds briefly to 3-5 specific questions posed by the Department, if any; and is usually one or two pages.
- (1) "Complete narrative," as used in Chapter 411, Division 200, means a document from a treating vendor that describes an extended client history, addresses six or more specific topics, and is usually three or more pages.
- (3) "Contractor," as used in Chapter 411, Division 200, means a vendor that has signed a contract with the Department to provide medical records and perform additional related services.
- (4) "Department" as used in Chapter 411, Division 200, means the Social Security Administration Disability Determination program operating under the Oregon Department of Human Services.
- (5) "Vendor, " as used in Chapter 411, Division 200, means an entity that provides goods and/or services at the Department's request.

Stat. Auth.: ORS 344.530(2)

Stats. Implemented: ORS 344.511 - ORS 344.690

411-200-0030 (Effective 06/12/2002)

Medical Evidence of Record (MER) and Narrative Charges

- (1) OAR 411-200-0010(2) and (3) do not govern payment for Medical Evidence of Record and Narratives.
- (2) Department payment for existing medical records shall not exceed the lesser of the following:
 - (a) The lowest fee that the vendor charges the general public or other state agencies for the service; or

- (b) When the invoice itemizes the number of pages copied and provided:
 - (A) \$18.00 for ten or fewer pages;
 - (B) \$0.25 per page for pages 11 to 20;
 - (C) \$0.10 per page for pages greater than 21; and
 - (D) A total maximum payment of \$22.50.
- (c) When the invoice does not itemize the number of pages copied and provided, a total maximum payment of \$18.00.
- (3) Additional payment will not be made for second or subsequent requests when the information to be provided was available to the vendor when the original request was processed.
- (4) Integrated records will be paid as a single record request.
- (5) When the Department receives copies of existing medical records within 15 days from the date recorded on the Department's record request, the Department shall pay the vendor an additional \$5.00. Time shall be measured from the date of the Department's written request to the date that the Department electronically receipts the copies.
- (6) When the Department and a vendor enter a public contract for the contractor to obtain existing medical records on behalf of the Department and perform additional related services:
 - (a) The contract governs payment to the contractor;
 - (b) The fee schedule prescribed by paragraph (2) of this rule governs the contractor's payment to those from whom the contractor obtains the medical records.
 - (c) No bonus, as prescribed by paragraph (5) of this rule shall be paid by the Department or by the contractor.
- (7) When purchasing a brief narrative, the Department shall pay the amount billed up to a maximum payment of \$35.00.

- (8) When purchasing a complete narrative, the Department shall pay the amount billed up to a maximum payment of \$75.00.

Stat. Auth.: ORS 344.530(2)

Stats. Implemented: ORS 344.511 - ORS 344.690

411-200-0040 *(Effective 06/12/2002)*

Limitations of Payments

- (1) A price agreement and/or contract with one part of the Department requires the contractor to provide the contracted services, at the contracted rate, to additional part(s) of, or all of the Department if additional part(s) or all of the Department so requests.
- (2) The vendor shall accept the fees prescribed by Chapter 411, Division 200 as payment in full. If a vendor's usual and customary fee for a service exceeds the fee prescribed by Chapter 411, Division 200, the client and/or his or her family shall not be liable to the vendor for any portion of a vendor's usual and customary fee unless the client and/or his or her family agrees in writing to assume the additional charges. Without such explicit agreement, the vendor must accept the Department's payment, including any client copayment, as payment in full.

Stat. Auth.: ORS 344.530(2)

Stats. Implemented: ORS 344.511 - ORS 344.690