



500 Summer St NE E35

Salem, OR, 97301

Voice: 503-945-5772 or 800-527-5772

Fax: 503-373-7689

TTY: 711

www.oregon.gov/OHA/HSD

**Date:** February 18, 2022

**To:** Coordinated Care Organizations

**From:** Dave Inbody, CCO Operations Manager

**Subject:** Summary of January 1, 2022, rule changes footnoted in 2022 CCO contract

The [2022](#) Coordinated Care Organization (CCO) contract includes footnotes to identify where contract content may be superseded by Oregon Administrative Rules (OARs) also effective January 1, 2022, but adopted subsequent to execution of the 2022 contracts. The rule changes are identified in the [rule filing](#) by the Oregon Health Authority (OHA) dated December 30, 2021.

The table below identifies each contract footnote by number, with the associated contract citation and section name as well as the applicable rule and title. The last column provides a high-level summary of the rule change, with a note about application of the order of precedence described in OAR [410-141-3501](#) considering the particular rule change.

This document is provided for reference only. It is not a substitute for CCOs' independent review of the rule changes. Further, there may be rule changes affecting contract content for which there are no footnotes.

#	Contract Citation & Section Name	Rule Citation & Title	Change Summary & Precedence Notes
1	Exh A - Definitions <i>Community Advisory Council</i>	OAR <a href="#">410-141-3500</a> (17) <i>Definitions</i>	Revised rule definition for "Community Advisory Council" to clarify CAC Selection Committee process for tribal participation. Revised rule aligns with Exh K, Sec 2 (3) in 2022 CCO contract. <b>Precedence:</b> n/a - contract definition refers to rule
2	Exh A - Definitions <i>Material Change</i>	OAR 410-141-3500(51) <i>Definitions</i>	Created rule definition for "Material Change to Delivery System". Some differences between rule and contract definitions. <b>Precedence:</b> Rule
3	Exh A - Definitions <i>Participating Provider</i>	OAR 410-141-3500(61) <i>Definitions</i>	Revised rule definition for "Participating Provider" to clarify that a Participating Provider is not a Subcontractor solely because they have a contract with the CCO and that "Network Provider" means the same as "Participating Provider". <b>Precedence:</b> n/a - contract definition refers to rule

#	Contract Citation & Section Name	Rule Citation & Title	Change Summary & Precedence Notes
4	Exh A - Definitions <i>Provider</i>	OAR 410-141-3500(66) <i>Definitions</i>	Simplified rule definition for “Provider”. <b>Precedence:</b> n/a - contract definition refers to rule
5	Exh A - Definitions <i>Provider Network</i>	OAR 410-141-3500(24) <i>Definitions</i>	Clarified in newly created rule definition for “Delivery System Network” that “Provider Network” has the same meaning. <b>Precedence:</b> Rule
6	Exh A - Definitions <i>Delivery System Network</i>		Created rule definition for “Delivery System Network” based on previously existing contract definition. <b>Precedence:</b> Rule
7	Exh A - Definitions <i>Subcontractor</i>	OAR 410-141-3500(72) <i>Definitions</i>	Revised rule definition for “Subcontractor” to clarify that a Participating Provider is not a Subcontractor solely because they have a contract with the CCO. <b>Precedence:</b> n/a - contract definition refers to rule
8	Exh A - Definitions <i>Telehealth</i>	OAR <a href="#">410-141-3566</a> (1)(f) <i>Telemedicine and Telehealth Delivered Health Service and Reimbursement Requirements</i>	Simplified rule definition for “Telehealth”. <b>Precedence:</b> n/a - contract definition refers to rule
9	Exh B, Part 2, Sec 5 g(2)(d)v <i>Covered Service Component: Non-Emergent Medical Transportation</i>	OAR <a href="#">410-141-3925</a> (4)(d) <i>Transportation: Vehicle Equipment and Driver Standards</i>	Revised rule to incorporate federal requirement for NEMT drivers to disclose violations of state drug law and traffic violations to the CCO. 2022 contract requires CCO monitoring of compliance with this federal requirement. <b>Precedence:</b> n/a - contract and rule address different aspects of this requirement
10	Exh B, Part 2, Sec 6 c(3) <i>Covered Service Components: Preventive Care, Family Planning, Sterilizations &amp; Hysterectomies and Post Hospital Extended Care</i>	OAR <a href="#">410-141-3570</a> (6)(a) <i>Managed Care Entity Encounter Claims Data Reporting</i>	Revised rule to change timeframe for CCO to provide OHA with a member’s signed informed consent for a hysterectomy or sterilization service from 30 days from the date of service to 30 days from the date of claims adjudication as that term is defined in OAR 410-141-3500. <b>Precedence:</b> Rule
11	Exh B, Part 2, Sec 8 a. <i>Covered Service Components: Other Services</i>	OAR <a href="#">410-141-3870</a> (18) <i>Intensive Care Coordination</i>	Revised rule to clarify that the CCO must provide options for a member to receive Intensive Care Coordination services outside of normal business hours. <b>Precedence:</b> n/a - contract does not include this level of specificity

#	Contract Citation & Section Name	Rule Citation & Title	Change Summary & Precedence Notes
12	Exh B, Part 2, Sec 8 d(2)(b) <i>Covered Service Components: Other Services</i>	OAR <a href="#">410-141-3515</a> (11)(b)(A) & (c)(A) <i>Network Adequacy</i>	Revised rule to add 24-hour timeframe for access to dental emergency services. <b>Precedence:</b> n/a - contract and rule are aligned
13	Exh B, Part 2, Sec 8 d(2)(b) <i>Covered Service Components: Other Services</i>	OAR 410-141-3515 (11)(b)(B) & (c)(B) <i>Network Adequacy</i>	Revised rule to establish two-week timeframe for access to urgent dental care services for children and non-pregnant individuals. Revised rule to clarify that one-week timeframe for access to urgent dental care services applies to pregnant individuals. <b>Precedence:</b> Rule
14	Exh B, Part 2, Sec 8 e <i>Covered Service Components: Other Services</i>	OAR 410-141-3566 <i>Telemedicine and Telehealth Delivered Health Service and Reimbursement Requirements</i>	Revised many aspects of rule, including definitions, access for individuals who experience limited English proficiency, and parity in reimbursement for in-person and telemedicine services. <b>Precedence:</b> n/a - contract refers to rule for requirements relating to telehealth services
15	Exh B, Part 3, Sec 4 i <i>Informational Materials for Members and Potential Members: General Information and Education</i>	OAR <a href="#">410-141-3585</a> (14)(f) <i>MCE Member Relations: Education and Information</i>	Revised rule to clarify that the requirement for 30 days' prior notice to members for material changes includes those resulting from the newly defined "Material Change to Delivery System". <b>Precedence:</b> Rule
16	Exh B, Part 3, Sec 8 <i>Enrollment</i>	OAR <a href="#">410-141-3805</a> (10) <i>Mandatory MCE Enrollment Exceptions</i>	Revised several aspects of rule, most notably those related to newly defined "Continuous Inpatient Stay". <b>Precedence:</b> n/a - contract refers to rule for details about enrollment
17	Exh B, Part 3, Sec 9 <i>Disenrollment</i>	OAR <a href="#">410-141-3810</a> (2)(a) <i>Disenrollment from MCEs</i>	Revised rule for newly defined "Continuous Inpatient Stay". <b>Precedence:</b> n/a - contract refers to rule for details about disenrollment
18	Exh B, Part 4, Sec 2 k (2) <i>Access to Care</i>	OAR 410-141-3515 (12)(g)(B) <i>Network Adequacy</i>	Revised rule for new due date and reporting period for quarterly language access reports. The schedule for the next several quarterly reports is: <ul style="list-style-type: none"> <li>• 1/1/2021-12/31/2021 due by 4/1/2022</li> <li>• 4/1/2021-3/31/2022 due by 7/1/2022</li> <li>• 7/1/2021-6/30/2022 due by 10/1/2022</li> <li>• 10/1/2021-9/30/2022 due by 1/1/2023</li> <li>• 1/1/2022-12/31/2022 due by 4/1/2023</li> </ul> <b>Precedence:</b> Rule

#	Contract Citation & Section Name	Rule Citation & Title	Change Summary & Precedence Notes
19	Exh B, Part 4, Sec 3 a (2)(f) <i>Delivery System and Provider Capacity</i>	OAR 410-141-3515(7)(c) <i>Network Adequacy</i>	Revised rule to require CCOs to assess the geographic distribution of providers relative to members and to calculate driving time and distance based on the member's physical address to the provider's location using geocoding or other mapping software. <b>Precedence:</b> n/a - contract does not include this level of specificity
20	Exh B, Part 4, Sec 3 a (2)(h) <i>Delivery System and Provider Capacity</i>	OAR 410-141-3515(16)(a) <i>Network Adequacy</i>	Revised rule to remove 60-minute time limit on member wait times and to allow the member to reschedule the appointment without penalty if the wait time exceeds 30 minutes. CCOs are <u>not</u> expected to monitor wait times as described in the contract. <b>Precedence:</b> n/a - contract and rule address different aspects of wait times
21	Exh B, Part 4, Sec 7 <i>Care Coordination</i>	OAR <a href="#">410-141-3865</a> (12)(b-c) & (13)(b) <i>Care Coordination Requirements</i>	Revised rule to permit use of telehealth for pre- and post-discharge engagement with members for the duration of the COVID-19 public health emergency. Revised rule to permit nurses with a bachelor's degree or higher and licensed in Oregon to supervise care coordinators. <b>Precedence:</b> n/a - contract does not include this level of specificity
22	Exh B, Part 4, Sec 13 b <i>Adjustments in Service Area or Enrollment</i>  Footnote in contract mistakenly associated Exh B, Part 4, Sec 13 b (4)	OAR <a href="#">410-141-3850</a> <i>Transition of Care</i>  Rule applies to members transitioning between CCOs	Revised several aspects of rule, including definitions and the electronic exchange of records between the member's old and new CCOs. <b>Precedence:</b> n/a - contract does not include this level of specificity
23	Exh B, Part 9, Sec 2 b <i>Conditions that may Result in Sanctions</i>	OAR <a href="#">410-141-3531</a> <i>Sanctions for Failure to Comply with State or Federal Information Security or Privacy Laws</i>	Created new rule that permits OHA to impose sanctions for violations of state or federal information security or privacy laws and describes the types of sanctions OHA may impose for such violations. <b>Precedence:</b> Rule
24	Exh B, Part 9, Sec 3 b <i>Range of Sanctions Available</i>		
25	Exh D, Sec 11 c (1) <i>Effect of Termination or Expiration: Other Rights and Obligations</i>	OAR <a href="#">410-141-3710</a> (15)(c) <i>Contract Termination and Close-Out Requirements</i>	Revised rule to incorporate newly defined "Continuous Inpatient Stay". <b>Precedence:</b> Rule

#	Contract Citation & Section Name	Rule Citation & Title	Change Summary & Precedence Notes
26	Exh G, Sec 1 a <i>Delivery System Network Provider Monitoring and Reporting Overview</i>	OAR 410-141-3515(7) <i>Network Adequacy</i>	Revised rule for provider types that must be accessible to members within acceptable travel time or distance. <b>Precedence:</b> n/a - contract does not include this level of specificity
27	Exh I, Sec 2 c <i>Grievances</i>	OAR 410-141-3850 <i>Transition of Care</i>	n/a - unnecessary footnote
28	Exh I, Sec 10 b (1) <i>OHA Review and Approval of Grievance and Appeal System, Policies and Procedures, and Member Notice Templates</i>	OAR <a href="#">410-141-3835</a> (11) <i>MCE Service Authorization</i>	Revised rule to add annual reporting of prior authorization information as required by Enrolled Oregon House Bill 2517 (2021). <b>Precedence:</b> n/a - contract does not include this level of specificity
29	Exh J, Sec 3 a <i>Interoperability and Access to Health Information</i>	OAR <a href="#">410-141-3591</a> (9) <i>MCE Interoperability Requirements</i>	Revised rule to require a process for the electronic exchange of data classes and elements consistent with federal requirements. <b>Precedence:</b> n/a - contract does not include this level of specificity
30	Exh K, Sec 8 b <i>Social Determinants of Health and Equity Spending Programs: SDOH-E Partners and SHARE Initiative</i>	OAR <a href="#">410-141-3735</a> (3)(a&d) <i>Social Determinants of Health and Equity; Health Equity</i>	Revised several aspects of rule relating to SHARE Initiative funding, effective 1/1/2023. <b>Precedence:</b> n/a - contract does not include this level of specificity
31	Exh K, Sec 8 b (1)(c) <i>Social Determinants of Health and Equity Spending Programs: SDOH-E Partners and SHARE Initiative</i>	OAR 410-141-3735(4)(a-b) <i>Social Determinants of Health and Equity; Health Equity</i>	Revised rule to require designation of a role for the Community Advisory Council in SHARE Initiative spending decisions and to require a conflict of interest policy for CAC members relating to SHARE Initiative spending. <b>Precedence:</b> Rule
32	Exh K, Sec 9 a <i>Health-Related Services</i>	OAR <a href="#">410-141-3845</a> (4) <i>Health-Related Services</i>	Revised rule to remove requirement for flexible services to be documented in the member's treatment plan. <b>Precedence:</b> n/a - contract does not include this level of specificity
33	Exh L, Sec 6 <i>Restricted Reserve Requirements</i>	OAR <a href="#">410-141-5186</a> <i>CAPITALIZATION: Restricted Reserve Account—Permitted Investments in Obligations with Political Subdivisions; Public Supported Housing</i>	Created new rule that authorizes and establishes the process for investing Restricted Reserve funds in affordable housing activities. <b>Precedence:</b> Rule

#	Contract Citation & Section Name	Rule Citation & Title	Change Summary & Precedence Notes
34	Exh M, Sec 5 b <i>Referrals, Prior Authorizations, and Approvals</i>	OAR 410-141-3835(4) <i>MCE Service Authorization</i>	Revised rule to identify certain outpatient behavioral health services that members may access without Prior Authorization within the Provider Network.  <b>Precedence:</b> n/a - contract and rule are aligned but the requirements are clearer in rule
35	Exh M, Sec 5 c		
36	Exh M, Sec 9 d (2) <i>Peer Delivered Services and Outpatient Behavioral Health Services</i>  Footnote in contract mistakenly associated Exh M, Sec 9 d (I)		
37	Exh M, Sec 13 b <i>Oregon State Hospital</i>	OAR <a href="#">410-141-3815</a> (4)(b) <i>CCO Enrollment for Temporary Out-of-Area Behavioral Health Treatment Services</i>	Revised rule to change effective date for CCO payment responsibility for Oregon State Hospital admissions.  <b>Precedence:</b> n/a - contract and rule are aligned
38	Exh N, Sec 9 <i>Sanctions for Breach</i>	OAR 410-141-3531 <i>Sanctions for Failure to Comply with State or Federal Information Security or Privacy Laws</i>	Created new rule that permits OHA to impose sanctions for violations of state or federal information security or privacy laws and describes the types of sanctions OHA may impose for such violations.  <b>Precedence:</b> Rule

### Questions?

If you have questions about this communication, please contact Cheryl Henning, CCO Contracts Administrator and Interim DCO Contracts Administrator, at [Cheryl.L.Henning@dhsosha.state.or.us](mailto:Cheryl.L.Henning@dhsosha.state.or.us).

Thank you for your continued support of the Oregon Health Plan (OHP) and the services you provide to OHP members.