



PERMANENT ADMINISTRATIVE ORDER

DMAP 43-2020

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

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FILING CAPTION: Telehealth Updates to Prioritized List and CCO Telemedicine/Telehealth Payment Parity Requirements

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RULES:

410-141-3566, 410-141-3830

ADOPT: 410-141-3566

REPEAL: Temporary 410-141-3566 from DMAP 16-2020

RULE TITLE: Telemedicine Payment Parity Requirements

NOTICE FILED DATE: 07/14/2020

RULE SUMMARY: This rule directs Oregon's contracted Coordinated Care Organizations to reimburse their contracted physical and behavioral health providers the same rate for telemedicine and telehealth services as they would for persons in-person. The provisions for exemptions of HIPAA compliance are based on guidance from the US Department of Health and Human Services, Office of Civil Rights in light of the COVID-19 crisis.

RULE TEXT:

(1) In this rule, "telemedicine" means the use of telephonic or electronic communications of medical information from one site to another regarding a patient's health status, including but not limited to Telehealth (synchronous audio/video visits), Patient to Clinician services (electronic/telephonic) and Clinician to Clinician Consultations (electronic/telephonic).

(2) MCEs shall reimburse contracted physical and behavioral health providers for covered services provided to OHP members by means of telemedicine at the same rate paid when such services are provided in person.

(3) MCEs shall reimburse non-contracted providers for telemedicine services at the rates agreed to between the MCE and the provider or at the OHP Fee-For-Service rates consistent with OAR 410-120-1295(2), whichever is greater.

(4) MCEs shall assure that all telemedicine services are delivered consistent with requirements set forth in OAR 410-130-0610 and 410-172-0850.

(5) MCEs shall ensure that all telemedicine services meet all requirements relating to language access, interpreter, and translation services set forth in OAR 410-141-3515(12).

(6) Consistent with guidance from the US Department of Health and Human Services (HHS), Office for Civil Rights (OCR), OHA will apply the same flexibilities on HIPAA compliance as HHS OCR in its Notification of Enforcement

Discretion regarding COVID-19 and its Guidance on Telehealth Remote Communications issued on March 17, 2020.

(a) OHA will not subject MCEs or covered health care providers to sanctions, including civil monetary penalties, for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telemedicine during the COVID-19 public health emergency.

(b) The exemption in subsection (a) of this section (6) does not affect the application of the HIPAA Rules to other areas of health care outside of telemedicine during the emergency.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.572, 414.591, 414.605, 414.615

STATUTES/OTHER IMPLEMENTED: ORS 414.572

AMEND: 410-141-3830

REPEAL: Temporary 410-141-3830 from DMAP 40-2020

RULE TITLE: Prioritized List of Health Services

NOTICE FILED DATE: 07/14/2020

RULE SUMMARY: In light of the COVID-19 epidemic, this rule change reflecting interim modifications to the Prioritized List of Health Services will facilitate Oregon Health Plan members' access to urgently needed telephone and telemedicine services. It will mitigate the risk of financial harm to key providers and reduce barriers to provision of key services with less risk of contagion.

RULE TEXT:

(1) The Health Evidence Review Commission (HERC) Prioritized List of Health Services (Prioritized List) is the listing of physical and behavioral health services with "expanded definitions" of practice guidelines and statements of intent as presented to the Oregon Legislative Assembly. The Prioritized List is generated and maintained by HERC. The HERC maintains the most current list on their website: <https://www.oregon.gov/OHA/HPA/DSI-HERC/Pages/Prioritized-List.aspx>. For a hard copy, contact the Division within the Oregon Health Authority (Authority).

(2) This rule incorporates by reference the August 14, 2020 Prioritized List, funded through line 471 and including all line items, diagnosis and treatment codes, guideline notes, statements of intent, coding specifications and annotations. This Prioritized List supersedes the March 13, 2020 Prioritized List for services provided after August 14, 2020, and includes interim modifications reported as required under ORS 414.690(7) and (8).

STATUTORY/OTHER AUTHORITY: ORS 414.065, ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.065, ORS 414.727