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RULES:

333-006-0180, 333-006-0190

ADOPT: 333-006-0180

NOTICE FILED DATE: 08/19/2022

RULE SUMMARY: Adopt OAR 333-006-0180 to define the requirements for reimbursement for Health Benefit Plans and the process for defining the reimbursement rate for the Universally offered Newborn Nurse Home Visiting Program

CHANGES TO RULE:

333-006-0180

Health Benefit Plan Reimbursement Requirements

(1) As used in OAR 333-006-0180 through 333-006-0190 the following definitions apply:¶

(a) "Billing guidance" means a document describing the claim submission process.¶

(b) "Budget standards" means a document describing standardized and allowable expenses included in the determination of the case rate for newborn nurse home visiting services, including Community Lead Service Requirements outlined in OAR 333-006-0050 and Newborn Nurse Home Visiting Provider and Service Requirements outlined in OAR 333-006-0100 through 333-006-0130. ¶

(c) "Case rate" means a flat fee paid for newborn nurse home visiting services. The case rate includes all newborn nurse home visiting services, including Community Lead Service Requirements outlined in OAR 333-006-0050 and Newborn Nurse Home Visiting Provider and Service Requirements outlined in OAR 333-006-0100 through 333-006-0130. The case rate is also known as a bundled claim.¶

(d) "Single support visit rate" means a one-time flat fee paid when a support visit, as defined in OAR 333-006-0010(16), is completed prior to a comprehensive newborn nurse home visit and the comprehensive newborn nurse home visit is subsequently not completed.¶

(e) "Template" means the document the Authority shall provide to each newborn nurse home visiting provider and community lead in order to document costs related to providing newborn nurse home visiting services. The template will reflect the budget standards.¶

(2) Health benefit plans must reimburse the newborn nurse home visiting provider at the case rate for these services as defined in ORS 743A.078. ¶

(3) The case rate and the single support visit rate for January 1, 2023 to June 30, 2023, will be determined using

the average cost per newborn served as reported by current service providers and reviewed by the Authority and a third-party consultant. ¶

(4) The case rate and the single support visit rate on July 1, 2023, and thereafter shall be determined by a cost study coordinated by the Authority in consultation with an advisory committee on a biennial schedule. The case rate will be effective on July 1 of odd numbered calendar years. ¶

(a) The advisory committee will advise the Authority on development of the case rate. Documents used to determine the case rate will include but are not limited to the budget standards, the template and the billing guidance. The advisory committee will include representatives of health benefit plans, newborn nurse home visiting providers and community members. The advisory committee shall not exceed 10 members. Members shall be selected via an application process developed by the Authority. ¶

(b) Each newborn nurse home visiting provider and community lead must participate in the biennial cost study. The Authority will provide templates to newborn nurse home visiting providers and community leads. ¶

(c) The Authority will review newborn nurse home visiting provider and community lead services budgets to determine compliance with budget standards as determined by the Authority and notify providers of any non-compliance with standards. ¶

(d) Newborn nurse home visiting providers and community leads shall request a deviation from budget standards based on a compelling modification needed in the designated community. Such a request must be made in writing. ¶

(e) The Authority shall determine which budgets meet standards and are included in the cost study. ¶

(f) At the conclusion of the cost study, the Authority shall determine the case rate and publish it on Oregon's Universally Offered Newborn Nurse Home Visiting Program website: www.healthoregon.org/familyconnects.

Statutory/Other Authority: ORS 413.042, ORS 433.301, ORS 743A.078

Statutes/Other Implemented: ORS 433.301, ORS 743A.078

ADOPT: 333-006-0190

NOTICE FILED DATE: 08/19/2022

RULE SUMMARY: Adopt OAR 333-006-0190 to define reimbursement methodology for Health Benefit Plans for the Universally offered Newborn Nurse Home Visiting Program

CHANGES TO RULE:

333-006-0190

Reimbursement Methodology

The health benefit plan reimbursement methodology for newborn nurse home visiting services is a claim invoicing process.

(1) If a health benefit plan requires credentialing as a prerequisite to claim submission, health benefit plans must credential Authority-certified newborn nurse home visiting providers. Newborn nurse home visiting providers must be credentialed as an organization. The organization also serves as the rendering provider.

(2) A bundled claim submitted for the newborn nurse home visiting services case rate must include, at a minimum, a comprehensive newborn nurse home visit, meeting the requirements of OAR 333-006-0120(5) and (6). The bundled claim may include one to two support visits that occur after the comprehensive visit and may include one support visit that occurs prior to a comprehensive visit.

(a) If a support visit is completed prior to a comprehensive newborn nurse home visit and the comprehensive newborn nurse home visit is subsequently not completed, the newborn nurse home visiting provider must submit a claim for the single support visit rate.

(b) Claims must follow the Authority's billing guidance for newborn nurse home visiting services and generally accepted medical services billing standards.

(3) All services provided as part of the Universally Offered Newborn Nurse Home Visiting Program shall be documented in the client's medical record by the home visitor who provides newborn nurse home visiting services on behalf of a certified newborn nurse home visiting services provider.

(4) Claims for newborn nurse home visiting services to health benefit plans with no contract in place with newborn nurse home visiting providers must be submitted as an out of network claim by the provider.

(5) Single case out of network claims must be reimbursed by health benefit plans in the amount of the case rate and per the billing procedures described in OAR 333-006-0180 through 333-006-0190.

(6) OAR 333-006-0180 through 333-006-0190 apply to health benefit plans not subject to ORS 433.301 who voluntarily provide reimbursement for newborn nurse home visiting services.

(7) Health benefit plans must reimburse at the case rate for newborn nurse home visiting services conducted via telemedicine pursuant to OAR 333-006-0120 and ORS 743A.058.

Statutory/Other Authority: ORS 413.042, ORS 433.301, ORS 743A.078

Statutes/Other Implemented: ORS 433.301, ORS 743A.078