

**Rule Tracking Table  
June18, 2015**

Rule Number and Name	Effective Date- T =Temp, P = Perm	Rule change summary
OAR 410-141-3150 Other Non-Medical Services	Rule currently under internal vetting	A temporary rule is necessary as CCOs and PHPs must have a definition, and guidelines for implementation and reporting of Other Non-medical services as provided by the Coordinated Care Organizations within the Oregon Health Plan. The Division needs to act promptly to ensure that guidance related to Other Non-Medical Services is available to CCOs and PHPs so that they can be compliant in the delivery and reporting of such services. It is necessary to use the temporary rule process to reflect those requirements in a timely manner.
OAR 410-141-3267 CCO/OHA Dispute Resolution	7/1/15 T	A temporary rule is necessary immediately as CCOs must have a recourse process, that they are aware of, available to them in the event they have a dispute with the Authority. This rule provides the clarification that the mechanism plans should use in this event is the existing OAR 410-120-1580 and directs them accordingly. These rules need to be enacted promptly to comply with legislative requirements, eliminate barriers and resolve disputes between the plans and the Authority.
OAR 410-141-3066 CCO Enrollment Requirements for Temporary Out-of-Area Behavioral Health Treatment Services	9/1/2015P	This rule provides needed framework for CCO member enrollment for those adults and young adults receiving temporary out-of-area behavioral health treatment services. Because of integration of Substance Abuse Disorder (SUD) treatment services, referenced in OAR 410-141-3065, into the CCO behavioral health system and the commonality with services referenced in OAR 410-141-3066, the two rules have been consolidated. With this consolidation, it is the Authority's intent to repeal OAR 410-141-3065.
OAR 410-141-3040 -Service Area Changes Rule	7/1/15-T	The Division created this temporary rule to provide a consistent framework for existing CCOs electing to apply to the OHA for service area expansion, once the OHA has stated that it has a need for network and capacity in a given service area. The rule framework provides for the service area expansion process, the review tool and mechanism and a means for CCO dispute should a CCO not agree with the application review findings or process.

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OAR 410-141-3160 Integration and Care Coord.	TBD	Alignment w/MH Enrollment Rule lang. re: Home CCO
OAR 410-141-0000 Definitions	TBD-P	Changes: usability only
OAR 410-141-3300, 3280, 0300 and 0280 Member Ed	4/1 /15P-was held over due to MEOC comments - rule now complete	The related rules pertaining to “Marketing” have been recently revised, having direct impact on the Member Education/Information Requirement rules. In the Marketing Rules, a clear distinction between rules pertaining to Members vs. Potential Members was made. This distinction needs to be carried through to the Member Education/Information Requirement rules for clarity and symmetry. Additionally, we will update the current alignment with CFRs 438.10, 438.100 and 438.104 as they relate to each of these rules. There is a set of each rule for managed care organizations and coordinated care organizations.
OAR 410-141-3120 Operations and Provision of Health Services; and OAR 410-141-0120-Managed Care Prepaid Health Plan Provision of Health Care Services	As of 6/1- Being held open due to public comment from plans- original eff. Date 5/1/15, moved to 6/1/15-still not complete	The Division needs to amend these rules to comply with recommendations coming from the Integrated Medicine Advisory Group (IMAG) which serves as an advisory forum to OHA, appointed by the OHA Director. Included on the panel are medical directors from two CCOs, a commercial health plan medical director, integrative medicine professionals, chief medical officer from OHA and MAPs medical director. The intent of these recommendations is to give healthcare providers written documentation from OHP contracted health plans in response to their credentialing applications and to do so within a 90 day time period from the date a completed application packet is received by the health plan. The written documentation will also serve as the vehicle for submission to the plan’s discrimination review panel and/or the OHA Discrimination Review committee should the provider receive and wishes to appeal a negative response. In addition, the Division needs to amend these rules in order to revise the language with current credentialing processes and align the MCO rules with the CCO rules, as appropriate.

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<p>OAR 410-141-3060 and 0060-Enrollment Requirements in a CCO-removal of Sunset only</p>	<p>1/1/2015T, 3/1/15P</p>	<p>The Division rewrote OAR 410-141-3060 and OAR 410-141-0060 to better align the MCO and CCO enrollment and to reflect current enrollment practices. In those changes the Authority has specified its pregnancy enrollment exemption protocols, as specified by agreement between Authority leadership and the Licensed Direct Entry Midwives. The Licensed Direct Entry Midwives (LDEM) Staff Advisory Workgroup came out with recommendations related to perinatal service options for Medicaid enrollees. OHA Director Suzanne Hoffman responded with a Letter dated May 21, 2014, stating DMAP would implement changes, necessitating the removal of the sunset date, allowing for time to make further program implementations and additional rule revisions.</p>
<p>OAR 410-141-0420 Managed Care Prepaid Health Plan Billing and Oregon Health Plan and 410-141-3420 Billing and Payment</p>	<p>1/1/2015</p>	<p>The Division needs to amend these rules to comply with ORS 414.653. The statute requires Type A &amp; B Hospitals to move to a new payment methodology. Type A &amp; B hospitals that are found at financial risk will remain on the current methodology and will not have to change</p>
<p>OAR 410-141-3060 Enrollment Requirements in a CCO with 0060</p>	<p>1/1/2015, 2nd perm any time after 3/6-complete</p>	<p>These rules provide the framework for Coordinated Care Organization (CCO) and Managed Care Organization (MCO) enrollment requirements, including any existing exemptions from CCO and MCO enrollment. The Authority requested stakeholder and public comment on the following: The Licensed Direct Entry Midwives (LDEM) Staff Advisory Workgroup came out with recommendations related to perinatal service options for Medicaid enrollees. The Authority Director, Suzanne Hoffman responded with a Letter dated May 21, 2014, stating the Division would implement changes, necessitating the removal of the sunset date, allowing for time to make further program implementations and additional rule revisions. It has been decided to implement the CCO enrollment exemption criteria on which to build additional program specific criteria later in 2015 outlining the detail level of the program requirements.</p>
<p>OAR 410-141-3269, Contract Dispute for CCO and HCE</p>	<p>temp-1.1.15 perm - 5/1/2015</p>	<p>The Division needs to amend this rule to comply with ORS 414.635. The statute requires a dispute process be developed for existing coordinated care organizations and health care entities.</p>

Highlight = In process

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OAR 410-141-3268 Disputes on FormationProcess for Resolving of CCOs	perm - 4/1/2015	no-name chg only
OAR 410-141-0520 Prioritized List of Health Services- October 1, 2014	10/1/2014	Annual revisions
OAR 410-141-0520 Prioritized List of Health Services-January 1, 2015 new list with incorporation of October 1, 2014	1/1/2015	Annual revisions
410-141-0000 Definitions	3/1/2014	complete
410-141-0050 MHO Enrollment for Children Receiving Child Welfare Services	8/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.
410-141-0080 MCO Disenrollment	2/1/14T, 7/1/14P	Plan member "without cause" disenrollment language. This change will align with federal regulations, 42 CFR 438.56(c)(2), which allows flexibility and choice for members.  This rule revision is needed immediately to assist the Coordinated Care Organizations (CCO), the Physician Care Organizations (PCO), the Fully Capitated Health Plans (FCHP) and the Dental Care Organizations (DCO) with facilitation of disenrollment requests made to the Authority. The Division is amending these rules to comply with federal requirements and allow members to disenroll from a CCO, FCHP, PCO or DCO based on a "without cause" criteria.
410-141-0120 Managed Care PHP Provision of Health Care Services	3/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.

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410-141-0180 OHP PHP Record Keeping	3/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.
410-141-0410 OHP Primary Care Managers 410-141-0420 Managed Care PHP Billing and Payment	8/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.
410-141-0740 OHP Primary Care Case Manager Quality Assurance System		The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.
410-141-3010 CCO Application, Certification and Contracting Practices		
410-141-3200 Outcome and Quality Measures	8/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.
410-141-0270 OHP Marketing Requirements	8/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.
410-141-3270 Marketing Requirements	8/1/2014	The OHP program administrative rules govern the Division of Medical Assistance Program's payments for services provided to clients. The Division needs to premanently amend these rules to incorporate program update, federal and state regulations, and housekeeping changes.