

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING**  
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St. NE, Salem, OR 97301	503-945-6430
Rules Coordinator	Address	Telephone

**RULE CAPTION**

Administration of Oregon Integrated and Coordinated Health Care Delivery System Regulation and Rule Precedence  
**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

**RULEMAKING ACTION**

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

**ADOPT:**

**AMEND:** OAR 410-141-3020

**REPEAL:**

**RENUMBER:**

**AMEND & RENUMBER:**

Stat. Auth.: ORS 413.042, 414.615, 414.645, 414.635, 414.651

Other Auth.:

Stats. Implemented: ORS 414.610-414.685

**RULE SUMMARY**

This rule directs the orderly and efficient administration of the Oregon Integrated and Coordinated Health Care Delivery System and medical assistance programs. This includes the Oregon Health Plan (OHP) pursuant to ORS Chapter 414, subject to the rulemaking requirements of Oregon Revised Statutes and Oregon Administrative Rule (OAR) procedures.

This rule specifies an order of precedence for regulatory requirements for the Authority, clients, enrolled providers, and the CCOs for purposes of the provision of covered coordinated care services to Authority clients, including, but not limited to, authorizing and delivering service or denials of authorization or services to Authority clients.

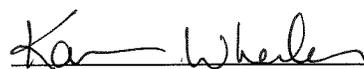
At the direction of Legislative Counsel, the Authority is making a change for accuracy to the listing of the Order of Precedence in this rule. Additionally, we are adding a statement to this rule stating that should there be a conflict interpreting terms or conditions of statute, rule, or contract, the Oregon Administrative Rules in effect at the time of conflict is controlling.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

April 21, 2016, by 5 p.m.

Send comments to: [dmap.rules@state.or.us](mailto:dmap.rules@state.or.us)

**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)

  
Signature

Karen Wheeler  
Printed name

3/3/16  
Date

**Note:** Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*. A Rulemaking Hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following notice publication or 28 days from the date notice was sent to people on the agency's interested party mailing list, whichever is later. In such cases a Hearing Notice must be published in the *Oregon Bulletin* at least 14 days before the hearing.

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division) 410  
Agency and Division Administrative Rules Chapter Number

Administration of Oregon Integrated and Coordinated Health Care Delivery System Regulation and Rule Precedence  
Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-141-3020

Statutory Authority: ORS 413.042, 414.615, 414.645, 414.635, 414.651

Other Authority:

Stats. Implemented: ORS 414.610-414.685

Need for the Rule(s): At the direction of Legislative Counsel, the Authority needs to make a change for accuracy to the listing of the Order of Precedence in this rule. Additionally, we are adding a statement to this rule stating that should there be a conflict interpreting terms or conditions of statute, rule, or contract, the Oregon Administrative Rules in effect at the time of conflict is controlling.

Documents Relied Upon, and where they are available: Letter from Legislative Counsel dated February 20, 2013, ARR 4054

Fiscal and Economic Impact: See below.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, or businesses, including small businesses.

2. Cost of compliance effect on small business (ORS 183.336):

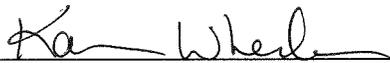
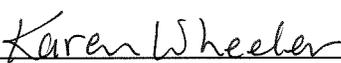
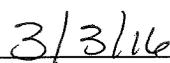
a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: The Division does not anticipate a direct or indirect impact on small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: None anticipated.

c. Equipment, supplies, labor and increased administration required for compliance: None anticipated.

How were small businesses involved in the development of this rule? This rule change will have no impact on small business.

Administrative Rule Advisory Committee consulted?: No. The Legislative Counsel requested the change.

    
Signature Printed Name Date

410-141-3020

## Administration of Oregon Integrated and Coordinated Health Care Delivery System Regulation and Rule Precedence

(1) The Authority and ~~theits~~ Division of Medical Assistance Programs (Division) and Addictions and Mental Health Division (AMH) may adopt reasonable and lawful policies, procedures, rules, and interpretations to promote the orderly and efficient administration of the Oregon Integrated and Coordinated Health Care Delivery System and medical assistance programs. This includes the Oregon Health Plan (OHP) pursuant to ORS Chapter 414, subject to the rulemaking requirements of Oregon Revised Statutes and Oregon Administrative Rule (OAR) procedures.

(2) In applying its policies, procedures, rules, and interpretations, the Authority shall construe them as much as possible to be consistent. In the event that Authority policies, procedures, rules, and interpretations are inconsistent, the Authority shall apply the following order of precedence as stated in (3)(a-h):

(3a) For purposes of the provision of covered coordinated care services to Authority clients, including, but not limited to, authorizing and delivering service, or denials of authorization or services, the Authority, clients, enrolled providers, and the CCOs shall apply the following order of precedence:

~~(Aa) Oregon Revised Statutes governing medical assistance programs;~~

~~(B) Oregon Revised Statutes governing medical assistance programs;~~

~~(ABb) Consistent with ORS 413.071 and notwithstanding any other provision of state law, those federal laws and regulations governing the operation of the medical assistance program and any waivers granted the Authority by the Centers for Medicare and Medicaid Services (CMS) shall govern the administration of the medical assistance programs, including the Oregon Health Plan;~~

~~(C) Generally for CCOs, requirements applicable to providing coordinated care services to members are provided in this rule, the Division's General Rules, OAR 410-120-0000 through 410-120-1980 and the provider rules applicable to the category of health service;~~

~~(Cc) Generally for Coordinated Care Organizations, the requirements applicable to providing covered medical assistance to Division clients are found in OAR 410-141-3000 through OAR 410-141-3485; and where applicable, OAR 410-120-0000 through OAR 410-120-1980; and the provider rules applicable to the category of medical service;~~

~~(D) Generally for enrolled fee-for-service providers, requirements applicable to the provision of covered medical assistance to clients are provided in the Division's General Rules, OAR 410-120-0000 through 410-120-1980, the Prioritized List and program coverage set forth in OAR chapter 410 division 141 and the provider rules applicable to the category of health service;~~

(Dd) Generally for Prepaid Health Plans, the requirements applicable to providing covered medical assistance to Division clients are found in OAR 410-141-0000 through OAR 410-141-0860; and where applicable, OAR 410-120-0000 through OAR 410-120-1980; and the provider rules applicable to the category of medical service;

(Ee) Generally for enrolled fee-for-service providers or other contractors, the requirements applicable to providing covered medical assistance to Division clients are found in OAR 410-120-0000 through OAR 410-120-1980, the Prioritized List and program coverage set forth in OAR 410-141-0480 through OAR 410-141-0520, and the provider rules applicable to the category of medical service;

(Eef) Any other applicable properly promulgated rules adopted by the Division, AMH and other offices or units within the Authority necessary to administer medical assistance programs, such as Electronic Data Transaction rules in OAR 943-120-0100 through OAR 943-120-0200; and

(FGg) The basic framework for provider enrollment in OAR chapter 943 division 120 and chapter 410 division 120 generally applies to providers enrolled with the Authority, subject to more specific requirements applicable to the administration of medical assistance programs. For purposes of this rule, “more specific” means the requirements, laws, and rules applicable to the provider type and covered health services;-

(Hh) In the event of any conflict interpreting terms or conditions of statute, rule, or contract, the Oregon Administrative Rule in effect at the time of conflict is controlling.

(4b) For purposes of contract administration solely between the Authority and its CCOs, the contract terms and the requirements in section ~~(32)~~(a) of this rule governing the provision of covered coordinated health services to clients.

Stat. Auth.: ORS 413.042, 414.615, 414.625, 414.635, 414.651  
Stats. Implemented: ORS 414.610 – 414.685