



**Division of Medical Assistance Programs**

**Information Memorandum  
Transmittal**

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DMAP Policy and Planning Section

**Number:** DMAP-IM-12-002

**Authorized Signature**

**Issue Date:** 01/09/2012

**Topic:** Medical Benefits

**Subject:** Provider announcement: Summary of Administrative Rule revisions

**Applies to:**

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

**Message:**

The attached provider announcement provides a summary of DMAP Administrative Rule revisions. The provider announcement will be posted to the Provider Announcements page at <https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.provider&s=1>. E-mail notification will be sent to e-Subscribers of this page.

*If you have any questions about this information, contact:*

**Providers contact:**

<b>Contact(s):</b>	Provider Services		
<b>Phone:</b>	1-800-336-6016	<b>Fax:</b>	503-945-6873
<b>E-mail:</b>	<a href="mailto:dmap.providerservices@state.or.us">dmap.providerservices@state.or.us</a>		

# Administrative rule revisions

The Division of Medical Assistance Programs (DMAP) administrative rules have been revised. The following items are partial highlights; please see the Rulebooks for details.

All Rulebooks are found at [www.dhs.state.or.us/policy/healthplan/guides/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/main.html)

## ***Effective retroactive June 1, 2010***

### **Visual Services Program**

Providers can now use any visual materials supplier to order frames, lenses, specialty frames, and miscellaneous items for fee-for-service, dual-eligible OHP clients with Medicare (BMD or BMM).

Providers may resubmit claims to DMAP for visual materials from suppliers other than SWEEP Optical and receive appropriate reimbursement for dates of service retroactive to June 1, 2010.

## ***The following items are effective January 1, 2012***

### **Dental Services Program**

- Rules revised to reflect the biennial changes of the Prioritized List of Health Services.
- Limits placed on some dental services for adult clients (age 21 and older). A provider announcement about these limitations can be found at [https://apps.state.or.us/cf1/OHP/OHPadmin/files/11-848\\_1211.pdf](https://apps.state.or.us/cf1/OHP/OHPadmin/files/11-848_1211.pdf).

### **General Rules Program**

- HB 2103 (2011 Legislative Session) directs Medicaid to cover DUII-diversion treatment services.
- Expand OHP Standard hospital coverage. This change makes OHP Standard hospital benefits the same as hospital benefits for OHP Plus (BMH, BMD, and BMM) clients.
- To comply with the Affordable Care Act (Section 6402(h)(2)), payments to providers will be suspended during credible fraud allegation investigations.

### **Pharmaceutical Services Program**

- Remove the statutory requirement (House Bill 2100) of public consideration for Preferred Drug List pricing.
- Added prior authorization criteria for third line diabetic agents.
- Require prior authorization for Food and Drug Administration newly-approved drugs for up to six months after their release.
- Limit first fill prescriptions for selected high cost drugs or those with adverse side effect profiles to a 15-day supply.
- Limitations changed to allow 100-day supply or 100 units for selected maintenance medications.
- Dispensing limitations changed to allow more than a 34-day supply when a package cannot be divided and includes more than a 34-day supply or the medication is used for oral contraception.

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## ***The following item is effective mid-2012***

### **Hospital Services Program and Oregon Health Plan (Managed Care)**

A uniform payment methodology was developed for Hospital outpatient services as instructed by Senate Bill 204 (2011 Legislative Session).

Emergency rules were filed to meet the CMS deadline for January 1 to reflect the Ambulatory Payment Classification methodology change impacting DRG hospitals. The new methodology will be implemented mid-2012.

### ***Other programs with revised rules***

- Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- Enteral-Parenteral Home IV Services
- Home Health Services
- Hospice Services
- Medical-Surgical Services
- Oregon Health Plan (Managed Care)
- Physical and Occupational Therapy Services

### **Questions?**

**If you have any questions about this announcement**, please contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:30 p.m. and Friday 10 a.m. to 4:30 p.m. (phone lines closed 11:25 a.m. to 12:30 p.m.)

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