

ATTACHMENT 4 – CCO Definitions
RFA # 3402

For purposes of this RFA (including its Attachments and Appendices) and the resulting Contract, the terms below shall have the following meanings:

1. Terms Defined by Rule

In this RFA, the following terms have the meanings defined in OAR 410-141-3000 and 410-120-0000:

Terms Defined in OAR 410-141-3000

Action	Health Insurance Portability and Accountability Act (HIPAA) of 1996
Appeal	Health Plan New/noncategorical client (HPN)
Coordinated Care Services	Health Services
Capitated Services	Health Systems Transformation (HST)
Capitation Payment	Line Items
CCO Payment	Local
Chemical Dependency Organization (CDO)	Marketing
Children Receiving Children, Adults and Families (CAF) Child Welfare or Oregon Youth Authority (OYA) Services	Medical Case Management Services
Cold Call Marketing	Medicare Advantage
Comfort Care	Mental Health Assessment
Community Advisory Council	Mental Health Case Management
Community Health Worker	Mental Health Organization (MHO)
Community Mental Health Program (CMHP)	National Drug Code or (NDC)
Co-morbid Condition	Non-Participating Provider
Community Standard	Ombudsman Services
Condition/Treatment Pair	Oregon Health Plan (OHP)
Coordinated Care Organization (CCO)	Participating Provider
Corrective Action or Corrective Action Plan	PCM Member
Covered Services	Peer Wellness Specialist
Declaration for Mental Health Treatment	Person Centered Care
Dentally Appropriate	Personal Health Navigator
Dental Care Organization (DCO)	Physician Care Organization (PCO)
Dental Case Management Services	Post Hospital Extended Care Benefit
Diagnostic Services	Primary Care Management Services
Disenrollment	Primary Care Manager (PCM)
Enrollment	Primary Care Dentist (PCD)
Enrollment Area	Prioritized List of Health Services
Enrollment Year	Quality Improvement
Exceptional Needs Care Coordination (ENCC)	Representative
Family Health Insurance Assistance Program (FHIAP)	Rural
Free-Standing Mental Health Organization (MHO)	Service Area
Fully-Capitated Health Plan (FCHP)	Stabilize
Grievance	Triage
Grievance System	Urban
Health Care Professionals	Urgent Care Services
	Valid Pre-Authorization

Terms defined in OAR 410-120-0000

AAA
Abuse
Acupuncturist
Acupuncture Services
Acute
Acquisition Cost
Addiction and Mental Health Division (AMH)
Adequate Record Keeping
Administrative Medical Examinations and Reports
Advance Directive
Aging and People with Disabilities (APD)
Adverse Event
All-Inclusive Rate
Allied Agency
Alternative Care Settings
Ambulance
Ambulatory Surgical Center (ASC)
American Indian/Alaska Native (AI/AN)
American Indian/Alaska Native (AI/AN) Clinic
Ancillary Services
Anesthesia Services
Area Agency on Aging (AAA)
Atypical Provider
Audiologist
Audiology
Authority
Automated Voice Response (AVR)
Benefit Package
Billing Agent or Billing Service
Billing Provider (BP)
Buying Up
By Report (BR)
Case Management Services
Children, Adults and Families Division (CAF)
Children's Health Insurance Program (CHIP)
Chiropractor
Chiropractic Services
Citizen/Alien-Waived Emergency Medical (CAWEM)
Claimant
Client
Clinical Social Worker
Clinical Record
Contested Case Hearing
Contiguous Area
Contiguous Area Provider
Comfort Care
Continuing Treatment Benefit
Co-Payments"
Cost Effective
Current Dental Terminology (CDT)
Current Procedural Terminology (CPT)
Date of Receipt of a Claim
Date of Service
Dental Emergency Services
Dental Services
Dentist
Denturist
Denturist Services
Dental Hygienist
Dental Hygienist with an Expanded Practice Permit
Dentally Appropriate
Department of Human Services (Department)
Department Representative
Diagnosis Code
Diagnosis Related Group (DRG)
Division of Medical Assistance Programs (Division)
Member
Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (aka, Medichex)
Electronic Data Interchange (EDI)
EDI Submitter
Electronic Verification System (EVS)
Emergency Department
Emergency Medical Condition
Emergency Medical Transportation
Emergency Services
Evidence-Based Medicine
False Claim
Family Health Insurance Assistance Program (FHIAP)
Family Planning Services
Federally Qualified Health Center (FQHC)
Fee-for-Service Provider
Flexible Service
Flexible Service Approach
Fraud
Fully Dual Eligible
General Assistance (GA)
Health Care Professionals
Healthcare Common Procedure Coding System (HCPCS)
Health Evidence Review Commission
Health Insurance Portability and Accountability Act (HIPAA) of 1996 (HIPAA)
Health Maintenance Organization (HMO)
Health Plan New/noncategorical client (HPN)
Hearing Aid Dealer

Home Enteral Nutrition
Home Health Agency
Home Health Services
Home Intravenous Services
Home Parenteral Nutrition
Hospice
Hospital
Hospital-Based Professional Services
Hospital Laboratory
Indian Health Program
Indian Health Care Provider
Indian Health Service (IHS)
Individual Adjustment Request Form (DMAP 1036)
Inpatient Hospital Services
Institutional Level of Income Standards (ILIS)
Institutionalized
International Classification of Diseases, 9th
Revision, Clinical Modification (ICD-9-CM)
Laboratory
Laboratory Services
Licensed Direct Entry Midwife
Liability Insurance
Managed Care Organization (MCO)
Maternity Case Management
Medicaid
Medical Assistance Eligibility Confirmation
Medical Assistance Program
Medical Care Identification
Medical Services
Medical Transportation
Medically Appropriate
Medicare Advantage
Medicare
Medicare Prescription Drug Coverage (Part D)
Mental Health Case Management
Medicheck for Children and Teens
National Correct Coding Initiative (NCCI)
National Drug Code or (NDC)
National Provider Identification (NPI)
Naturopath
Naturopathic Services
Non-covered Services
Nurse Anesthetist, C.R.N.A.
Nurse Practitioner
Nurse Practitioner Services
Nursing Facility
Nursing Services
Nutritional Counseling
Occupational Therapist
Occupational Therapy
Ombudsman Services

Optometric Services
Optometrist
Oregon Health Authority (OHA)
Oregon Health Plan (OHP)
Oregon Health Plan (OHP) Client (Client)
Oregon Youth Authority (OYA)
Out-of-State Providers
Outpatient Hospital Services
Overdue Claim
Overpayment
Overuse
Panel
Payment Authorization
Peer Review Organization (PRO)
Pharmaceutical Services
Pharmacist
Physical Capacity Evaluation
Physical Therapist
Physical Therapy
Physician
Physician Assistant
Physician Services
Podiatric Services
Podiatrist
Post-Payment Review
Practitioner
Premium Sponsorship
Prepaid Health Plan (PHP)
Primary Care Dentist (PCD)
Primary Care Physician
Primary Care Provider (PCP)
Prior Authorization (PA)
Prioritized List of Health Services
Private Duty Nursing Services
Provider
Provider Organization
Public Health Clinic
Public Rates
Qualified Medicare Beneficiary (QMB)
Qualified Medicare and Medicaid Beneficiary
(QMM)
Quality Improvement
Quality Improvement Organization (QIO)
Radiological Services
Recipient
Recreational Therapy
Recoupment
Referral
Remittance Advice (RA)
Representative
Request for Hearing

Retroactive Medical Eligibility
Rural
Sanction
School Based Health Service
Seniors and People with Disabilities Division (SPD)
Service Agreement
Sliding Fee Schedule
Social Worker
Speech-Language Pathologist
Speech-Language Pathology Services
Spend-Down
State Facility
Subparts (of a Provider Organization)
Subrogation
Supplemental Security Income (SSI)
Surgical Assistant
Suspension

Targeted Case Management (TCM)
Termination
Third Party Resource (TPR)
Transportation
Type A Hospital
Type B AAA
Type B AAA Unit
Type B Hospital
Urban
Urgent Care Services
Usual Charge (UC)
Utilization Review (UR)
Valid Claim
Vision Services

2. Terms Defined by Statute

In this RFA, the following terms have the meanings defined in ORS 414.025:

- (1) Alternative payment methodology
- (2) Category of aid
- (3) Categorically needy
- (9) Income
- (13) Patient centered primary care home
- (17) Quality measure
- (18) Resources

3. Terms Defined by the RFA

- a. **Affiliate** of, or person “affiliated” with, a specified person means a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
- b. **Applicant** means the person or entity that submits an Application.
- c. **Application** means a written response submitted to OC&P in response to this RFA.
- d. **Certification** means a determination by OHA that an Applicant or CCO is qualified to hold a CCO contract.
- e. **Certification for Dual Eligibles** means a determination by CMS and OHA that an Applicant or CCO is qualified to hold a three-way contract.
- f. **CCO Administrative Rules** means OHA’s rules governing CCOs at OAR 410-141-3000 to 410-141-3XXX.
- g. **CCO Implementation Proposal** means the OHA document entitled *Coordinated Care Organizations Implementation Proposal: House Bill 3650 Health Care Transformation* (January

24, 2012), as approved by SB 1580. The CCO Implementation Proposal may be found at <http://health.oregon.gov/OHA/OHPB/health-reform/docs/cco-implementation-proposal.pdf>.

- h. CMS Medicare/Medicaid Alignment Demonstration** means a demonstration proposal by OHA to CMS that will align and integrate Medicare and Medicaid benefits and financing to the greatest extent feasible for individuals who are eligible for both programs. CMS will establish its timelines and requirements for participation in the CMS Medicare/Medicaid Alignment Demonstration, with the objective that CCOs demonstrating readiness may receive a three-way contract with the CCO, the Authority and CMS for the Dual Eligibles members of a CCO.
- i. Contract** means a Contract awarded as a result of this RFA.
- j. Contractor** means an Applicant selected through this RFA to enter into a Contract with OHA to perform the Work.
- k. Control**, including its use in the terms “controlling,” “controlled,” “controlled by” and “under common control with,” means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, 10 percent or more of the voting securities of any other person. For this purpose, voting security includes any security convertible into a voting security or evidencing a right to acquire a voting security. This presumption may be rebutted by a showing made to OHA in the manner provided by ORS 732.568 that control does not exist in fact. OHA may determine that control exists in fact, notwithstanding the absence of a presumption to that effect.
- l. DCBS** means the Oregon Department of Consumer and Business Services, Insurance Division.
- m. HB 3650** means 2011 Oregon House Bill 3650, 2011 Or Laws Chapter 602, as modified and supplemented by the 2012 Senate Bill 1580 (enrolled). Most 2011 provisions of HB 3650 are codified at ORS 414.610 to 414.685.
- n. Legal Entity** means an Oregon domestic corporation. A Legal Entity may be a business, nonprofit, insurance, public, or professional corporation.
- o. Licensed Health Carrier** means an organization that holds a Certificate of Authority from DCBS as a health care service contractor or health insurance company.
- p. Office of Contracts and Procurement (OC&P)** means the entity that is responsible for the procurement process for OHA.
- q. OHPB** means the Oregon Health Policy Board.
- r. Orange Blank** means the Health Annual Statement promulgated from time to time by the National Association of Insurance Commissioners (NAIC).
- s. RFA** means Request for Applications.

- t. **SB 1580** means 2012 Oregon Senate Bill 1580,
- u. **Three-Way Contract** means a contract between OHA, CMS, and a CCO that includes services for dual eligible.
- v. **Work** means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Work of this RFA.

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