



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUL 21 2010

Bruce Goldberg, MD, Director
Department of Human Services
Human Services Building
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 10-006

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 10-006. Under this SPA, physicians providing obstetrics care delivery (OB) services for rural health clinics (RHC) will no longer receive reimbursement for services under the alternative payment methodology. Instead, physicians will now receive reimbursement under the physician fee schedule.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or via e-mail at Tania.Seto@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Judy Mohr Peterson, Administrator, Department of Medical Assistance Program

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-06	2. STATE Oregon
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(bb) of the Act		7. FEDERAL BUDGET IMPACT: a. 2010 \$880.00 b. 2011 \$947.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Pages 8, 9, 9A	
10. SUBJECT OF AMENDMENT: This transmittal is being revised to discontinue reimbursement under APM for RHCs OB services, reimburse under the physician fee schedule.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME Judy Mohr-Peterson <i>JM</i> Bruce Goldberg, MD <i>BG</i>		Division of Medical Assistance Programs Department of Human Services 500 Summer Street NE E-35 Salem, OR 97301	
14. TITLE: Administrator, DMAP Director, DHS		ATTN: Jesse Anderson, Title XIX Coordinator	
15. DATE SUBMITTED: 4-30-10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: APR 30 2010		18. DATE APPROVED: JUL 21 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 01 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator	
23. REMARKS:		Division of Medicaid & Children's Health	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reimbursement for Independent Rural Health Clinic Obstetrics Care and Delivery Procedures

The Alternative Payment Methodology (APM) for obstetrics delivery procedures to eligible Medicare-certified Independent RHCs shall cease as of 5/1/2010.

As of 5/1/2010 reimbursement for obstetrics delivery procedures will be made in accordance with the physician fee schedule detailed on page 1 of this attachment.

TN: 10-06
Supersedes TN: 05-02

Date Approved:

Effective Date: 5/1/10

JUL 21 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

(Reserved for future use)

TN: 10-06

Date Approved:

Effective Date: 5/1/10

Supersedes TN: 05-02

JUL 21 2010