



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

DEC 08 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 10-020

Dear Dr. Goldberg:


The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 10-020. This SPA was submitted as a technical correction to reflect the current payment method for health services.

Payments for health services are reimbursed using the State developed fee schedule rates as determined by using the CMS RBRVS weights published in the Federal Register annually, times an Oregon specific conversion factor. The conversion factor was last set as of January 1, 2009, and is effective for services on or after that date. The division pays the lesser of the usual and customary charge or a fee based on the methods outlined in the table below. The fee schedule is the same for both governmental and private providers.

This SPA is approved effective July 1, 2010, as requested by the State.

If you have any questions concerning this SPA or require further assistance, please contact me, or Bill Vehrs of my staff at (503) 399-5682 or bill.vehrs@cms.hhs.gov.

Sincerely,


Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:
Judy Mohr-Peterson, Administrator, DHS
Jesse Anderson, State Plan Coordinator, DHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-20	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 7/1/10
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)



6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70	7. FEDERAL BUDGET IMPACT: a. 2010 \$ -0- b. 2011 \$ -0-
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 1
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10. SUBJECT OF AMENDMENT: This transmittal is being submitted as a technical correction to reflect the current payment method for Home Health is reflected accurately in the SPA.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Assistance Programs Department of Human Services 500 Summer Street NE E-35 Salem, OR 97301
13. TYPED NAME Judy Mohr Peterson  Bruce Goldberg, MD	ATTN: Jesse Anderson, State Plan Manager
14. TITLE: Administrator, DMAP Director, DHS	
15. DATE SUBMITTED: 9-10-10	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: SEPTEMBER 10 2010	18. DATE APPROVED: DEC 08 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Except as otherwise noted in the plan, the state developed fee schedule rates are determined by using the CMS RBRVS weights published in the Federal Register annually, times a Oregon specific conversion factor. The conversion factor was last set as of 1/1/09 and is effective for services on or after that date. The division pays the lesser of the usual and customary charge or a fee based on the methods outlined in the table below. The fee schedule is the same for both governmental and private providers. The rate methods are published in the State Register by the Secretary of State, the Oregon Administrative Rules can be accessed at <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>.

Provider type/ Service type	Payment method
Physician, Physician Assistant, Nurse Practitioner, Naturopath, Direct Entry Midwives, Acupuncturist, Chiropractor, Podiatrist and Physical Therapy	Payment for services is a state-wide fee schedule which Utilizes Medicare's Resource Based Relative Value Scale with Oregon specific conversion factors. Where no RVU exists, the Division may apply a set fee to the procedure or determine payment based on documentation by the provider. Drugs administered in the provider's office is based on Medicare's Average Sale Price (ASP). The conversion factor was last set and effective for services on or after 1/1/09.
Dentist, Denturist and Dental hygienist with a Limited Access Permit (LAP)	Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest dental insurance carrier in Oregon. The fee schedule was last set and effective for services on or after 1/1/09.
Private Duty Nursing Services:	Payment for services is a state-wide fee schedule. The fee schedule was last set and effective for services on or after 1/1/09.
Nurse Anesthetists:	Payment for services is a state-wide fee schedule which utilizes the American Society of Anesthesiology Relative Value base units plus time.
Visual Care Services, includes Eyeglasses, contacts and hardware	Exam and dispensing: Payment for services is a state-wide fee schedule. Eyeglasses, contacts and hardware: state-wide fee schedule last set and effective for services on or after 1/1/09.
Home Health	Payment for services is a state-wide fee schedule based upon 75% of Medicare costs.

TN No. 10-20
Supersedes TN No. 08-23

Approval Date: **DEC 08 2010**

Effective Date: 7/1/10