

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

| Provider type/ Service type | Payment method |
|---|---|
| 6.d. Nurse Anesthetists | Payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units plus time. |
| 7. Home Health | Payment for services is a state-wide fee schedule based upon 74% of the most recently accepted Medicare Cost reports. |
| 7. c. Medical Supplies and Equipment. | Payment for services is a state-wide fee schedule. Ostomy supplies are 95.4% of 2010 Medicare fee schedule, Complex Rehab items are 90% of 2010 Medicare fee schedule, all other Medicare covered items/services are 84.5% of 2010 Medicare fee schedule. Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. This rate is effective for dates of service on or after 7/1/12. |
| 8. Private Duty Nursing Services: | Payment for services is a state-wide fee schedule based on community wages set in 1993 with periodic CPI increases. |
| 10. Dental services Dentist, Dental hygienist with an Expanded Practice Permit | 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 commercial dental insurance carrier in Oregon. |
| 11. Physical Therapy, Occupational Therapy, Speech, Hearing, Audiology services. | Payment for services is a state-wide fee schedule which Utilizes the RBRVS Scale, times the Oregon specific conversion factor. |
| 12.b. Dentures, Denturist | 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 commercial dental insurance carrier in Oregon. |
| 12.c. Prosthetic Devices | Payment for services is a state-wide fee schedule based on 84.5% of 2010 Medicare fee schedule. Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. This rate is effective for dates of service on or after 7/1/12. |
| 12. d. Eyeglasses, contacts and hardware | Payment for services is a state-wide fee schedule utilizing a contract with a federally qualified rehabilitation facility. The contract is effective for service on or after 10/1/11. |

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| 24.a. Transportation | <p><u>Emergency Transport-</u> Payment for emergency medical transportation services is a state-wide fee schedule.</p> <p><u>Non-emergency transports not provided/arranged by the brokerage system as authorized under 1915(b) waiver authority-</u> NEMT ambulance level transports is a state-wide fee schedule. Client and necessary attendant reimbursement- mileage is \$0.25 per mile and is all-inclusive. Meals- Breakfast: \$3.00,Lunch: \$3.50,Dinner: \$5.50 Lodging- the lesser of the actual cost, or \$40 per night.</p> |
| 24.f. Personal Care Services | <p><u>For Clients Served through Seniors and People with Disabilities:</u> Payments are made to individual providers based on state-wide uniform hourly rate. The fee schedule is the same for both governmental and private providers. The rate for Personal Care Services for Clients Served through Seniors and People with Disabilities was last updated on 1/1/11 and is applicable to services rendered on or after that date. The rate is posted on the agency web at: http://www.oregon.gov/DHS/spd/provtools/rateschedule.pdf.</p> <p><u>For Clients Served through the Addictions and Mental Health Divisions (AMH):</u> For services provided in licensed community-based residential settings, Payments are made to individual providers (in accordance with Chapter 309 of the Oregon Administrative Rules for personal care services) based on the special needs of an individual, identified through an assessment performed by an approved practitioner recognized by AMH as a Qualified Mental Health Professional and incorporated into an individual plan of care. The rate for Personal Care Services for Clients Served through Addictions and Mental Health Division was last updated on 1/1/11 and is applicable to services rendered on or after that date. The rate is posted on the agency web at: http://www.oregon.gov/DHS/mentalhealth/tools-providers.shtml</p> |

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| 24.f. Personal Care Services (cont) | <p><u>For Children in a Foster Care Setting:</u> Payments are made to individual providers (in accordance with a fee schedule for personal care services maintained in Chapter 413 of the Oregon Administrative Rules) based on the special needs of an individual child, identified through an assessment performed by an Registered Nurse and incorporated into an individual plan of care. Payment is only made for the days the child is eligible for and receives personal care services. The fees were last updated September 1, 2009.</p> <p>There are four levels of care: Level 1 - \$47.77 per week; Level 2 - \$95.30 per week; Level 3 - \$143.07 per week; and Level 4 - In extraordinary situations where continuous observation and/or interventions may be required, individualized rates are developed based on the child's needs.</p> |