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State/Territory Name: Oregon

State Plan Amendment (SPA) # 12-12

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form(with 179-like data)
- 3) Approved SPA

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

NOV 29 2012

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301

RE: Oregon State Plan Amendment (SPA) Transmittal Number 12-12

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 12-012. This SPA was submitted to reflect specified provider rate reductions to comply with budget limitations. An analysis was performed on this SPA in reference to access of care, and was determined satisfactory.

This SPA is approved effective September 1, 2012, as requested by the State.

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

Sincerely,



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

Enclosure

cc: Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-12	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 8/1/12 (P&I) 9/2/12 (P&I) 9/1/12 (P&I) 9/1/12 (P&I)	
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

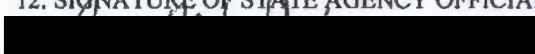
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.50 and 431.53	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ (22,394) b. FFY 2013 \$ (327,071)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1 Attachment 3.1-A, Page 2-b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 1 Attachment 3.1-A, Page 2-b

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to revise rates to specified fee-for-service providers to comply with budget limitations.

11. GOVERNOR'S REVIEW (Check One):

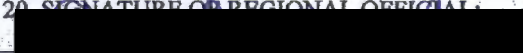
- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME: Judy Mohr Peterson	
14. TITLE: Director, Division of Medical Assistance Programs	
15. DATE SUBMITTED: 8/31/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 31, 2012	18. DATE APPROVED: November 29, 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS:

- 10/03/2012 - Pen and Ink (P&I) changes authorized by State to block 4.
- 10/16/2012 - Pen and Ink (P&I) changes authorized by State to block 4.
- 10/17/2012 - Pen and Ink (P&I) changes authorized by State to block 4.
- 11/20/2012 - Pen and Ink (P&I) changes authorized by State to blocks 8 and 9.

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

5. a. and b. Physicians Services, Medical and Surgical Services provided by dentist

Physician services are covered for the diagnosis of conditions, preventative care services including immunizations, acute care and treatment of chronic health conditions. Payment for physicians and oral surgeon services is subject to Health Evidence Review Commission, Prioritized List of Health Services as authorized under the 1115 waiver. The Health Services Commission's Prioritized List of Health Services is found on the Division website at: <http://www.oregon.gov/oha/healthplan/Pages/priorlist/main.aspx>.

Prior Authorization:

Service categories that require a prior authorization include elective rehabilitative procedures; transplants; MRI; bariatric surgeries and evaluations; laparoscopy; selective reconstructive surgeries such as eye lid correction.

Exceptions for noncovered services or services with limitations are allowed when medically necessary and prior authorized by the Division.

The Division may disallow payment for physicians' or oral surgeon services provided during inpatient hospitalizations in which prior approval was required but not obtained.

Reimbursement for non-emergency services provided by out-of-state physicians or oral surgeons, other than in contiguous areas, must be prior authorized.

The Division's Administrative rules are used in conjunction with the Prioritized List of Health Services to outline additional criteria such as prior authorization criteria, billing and payment information. Payment of services to foster children and children in subsidized adoption who are placed by the Children's Services Division anywhere in the United States is on the same basis as services provided in Oregon.

6. a. Podiatrist Services

Selected procedures require prior authorization of payment. Routine foot care is excluded from coverage.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

General:

The division pays the lesser of the usual and customary charge or a fee based on the methods outlined for the program according to Attachment 4.19-B. The provider's usual and customary fee is the fee charged by the provider to the general public for the particular service rendered.

Where applicable, the maximum allowable fees are established using the CMS Resource Based Relative Value (RBRVS) Scale methodology as published in the Federal Register annually, times an Oregon specific conversion factor. Except as otherwise noted in the plan, the agency's rates were set as of 9/1/12 and are effective for dates of services on or after that date. The reimbursement methods listed in this section of the plan are available on the agency's website http://www.oregon.gov/OHA/healthplan/data_pubs/feeschedule/main.shtml

State developed fee schedule rates are the same for both governmental and private providers.

Provider type/ Service type	Payment method
3. Laboratory and Radiology services	Clinical Laboratory and Pathology Procedures are paid at 70% of current Medicare fee updated annually as published by Medicare. Other lab and X-ray services are paid on a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.
5.a. Physician services, Physician Assistant 5.b. Medical and surgical services furnished by a dentist 6. a. Podiatrists' services 6. c. Chiropractors' services	Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor. Fees for drugs administered in the provider's office is based on Medicare's Average Sale Price (ASP). When no ASP rate is listed the rate shall be based upon the Wholesale Acquisition Price (WAC) plus 6.25%. If no WAC is available, then the rate shall be reimbursed at Acquisition Cost. Anesthetists payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units plus time.
6. b. Optometrist services Ophthalmologist, optometrists.	Exam and dispensing: Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.
6. d. Other Practitioner Services; Naturopath, Acupuncturist, Certified Nurse Practitioner and Licensed Direct Entry Midwives	Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.

TN No. 12-12
Supersedes TN No. 11-07

Approval Date: **NOV 29 2012**

Effective Date: 9/1/12