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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 13-24**

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
2201 Sixth Avenue, MS/RX -43  
Seattle, WA 98121



**Centers of Medicaid and CHIP Services**

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Tina Edlund, Interim Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301

**FEB 04 2014**

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-024**

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 13-024. This amendment is being submitted to amend the current DME fee schedule from a percentage of 2010 to 2012 Medicare Fee Schedule.

This SPA is approved effective February 1, 2014, as requested by the State.

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

Sincerely,

A large black rectangular redaction box covers the signature of the sender.

Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Judy Mohr Peterson, Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: **13-24**      2. STATE  
Oregon

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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  
~~1/1/14~~ 2/1/14 (P&I)

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 447 Subpart D

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$ 0  
b. FFY 2015 \$ 0

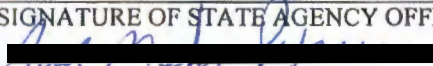
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 1a and 1a.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, Page 1a and 1a.1

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to amend the current DME fee schedule from a percentage of 2010 to 2012 Medicare Fee Schedule.

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: **12-30-13**


**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12-30-13

18. DATE APPROVED: 2/4/14

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
2/1/14

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: Carol J.C. Peverly

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:  
1/13/14: State authorizes P&I change to box 4

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.	<p>Payment for services is a state-wide fee schedule. Rates are based on the following percentages of the 2012 Medicare fee schedule:</p> <ul style="list-style-type: none"> <li>• Ostomy supplies are at 93.3%</li> <li>• Rental rates on group 1 and 2 power wheelchairs with no added power options (K0820-K0829) are at 55%</li> <li>• Complex Rehab items, other than power wheelchairs, are at 88%</li> <li>• All other Medicare covered items/services are at 82.6%</li> <li>• Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). If MSRP is not available payment is acquisition cost plus 20%.</li> </ul> <p>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 2/1/14.</p>
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.

TN No. 13-24

Supersedes TN No. 12-09

Approval Date: \_\_\_\_\_

Effective Date: 2/1/14

2/4/14

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Provider type/ Service type	Payment method
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.
24.a. Transportation	<p><u>Emergency Transport-</u>  Payment for emergency medical transportation services is a state-wide fee schedule.</p> <p>The rate is posted on the agency web at:  <a href="http://www.oregon.gov/oha/healthplan/pages/data_pubs/feeschedule/main.aspx">http://www.oregon.gov/oha/healthplan/pages/data_pubs/feeschedule/main.aspx</a></p> <p><u>Non-emergency transports not provided/arranged by the brokerage system as authorized under 1115 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.  Volunteer drivers-Rides are reimbursed per standard GSA mileage rates for business miles driven.</p>

TN No. 13-24

Supersedes TN No. 13-05

Approval Date:

2/4/14

Effective Date: 2/1/14