

---

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 14-01**

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**

---

4/01/14

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

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 14-01**

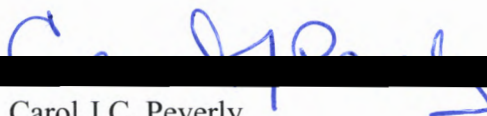

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 14-01. This amendment is being submitted to amend the primary care reimbursement method outlined in section 1202 of the ACA in order to utilize the site of service adjustment.

This SPA is approved effective January 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,

  
  
Carol J.C. Peverly  
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:  
**14-01**

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**

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:  
**1902(a)(13), 1902(jj), 1905(dd) and 1932(f) of the Act**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014    \$ (349,695)  
b. FFY 2015    \$ (116,565)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Page 27**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

**Attachment 4.19-B, Page 27**

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to amend the primary care reimbursement under section 1202 of the ACA and utilize the site of service adjustment.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME **Judy Mohr Peterson**

14. TITLE: **Director, Division of Medical Assistance Programs**

15. DATE SUBMITTED:

**3/5/14**

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**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **3/5/14**

18. DATE APPROVED: **4/01/14**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**01/01/14**

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/Territory: OREGON  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

**Physician Services 42 CFR 447.405, 447.410, 447.415 Amount of Minimum Payment**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code:

For each GPCI (Work, PE, and MP) the following formula was used:  
 $(3*(Portland\ GPCI) + 33*(Rest\ of\ State\ GPCI))/36 = GPCI$ .

Then each GPCI was multiplied by the Nonfacility or Facility RVU's for that component, as appropriate, and the components (Work, PE, and MP) were summed. The sum of the components was then multiplied by the 2009 Medicare conversion factor, 36.0666.

**Method of Payment**

The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code. Beginning January 1, 2014, the state will update its RVU weights from the 2013 Total RVU weights published in the Federal Register, Vol. 77, November 16, 2012 to the 2014 Total RVU weights to be published in the Federal Register, Vol. 78, December 10, 2013. (The state will not be updating the Medicare rates throughout the year)

The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  monthly  quarterly  semi-annually  annually

TN No. 14-01

Approval Date:

Effective Date: 1/1/14

Supersedes TN No. 13-03

**APR 9 1 2014**