

Jean Phillips, Interim Deputy Administrator
 DMAP Policy and Planning Section

Authorized Signature

Number: DMAP-IM-07-159

Issue Date: 11/07/07

Topic: Medical Benefits

Subject: Provider announcement: DME "Selective Cuts" Survey

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP will send the attached letter to DME providers asking them to respond to an online survey related to selective payment reductions/increases in certain DME categories. The intent of the survey is to identify areas for payment changes in the DME program that would yield the same amount of savings identified in the Legislatively Adopted Budget. Once the selective reductions/increases are identified and finalized, they will replace the current across-the-board reduction to 83.1% of Medicare payments. Responses are requested no later than November 19, 2007.

If you have any questions about this information, contact:

Contact(s):	Sharon K. Hill, Policy Manager		
Phone:	503-945-6957	Fax:	503-947-5221
E-mail:	sharon.hill@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services
Division of Medical Assistance Programs
500 Summer Street NE, E35
Salem, OR 97301- 1079
FAX 503-373-7689
TTY 503-378-6791

November 9, 2007



To: Provider's Finance or Corporate Representative for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

From: Jean Phillips, Interim Deputy Administrator

Subject: DMEPOS "Selective Cuts" Survey

Response requested by November 19, 2007

Please forward this letter to the appropriate person (e.g., finance or Corporate Representative) for urgent response!

The Division of Medical Assistance Programs is currently evaluating alternatives to the November 1st rate reductions to lessen the impact on providers and to assure continued access for Oregon Health Plan clients. We are asking for your input about an approach that would provide for selective rate reductions to achieve the legislative mandated savings, rather than an across-the-board reduction to most DMEPOS services/supplies. DMAP developed a simple survey to gather input and we'd really appreciate your response!

Please go to the following web site and respond to the survey no later than **November 19, 2007.**

https://surveys.dhs.state.or.us/inquisite/data/dmapdme/dmev3_nov_6_1100.html

If you have questions, please contact Sharon.hill@state.or.us or call 1-800-527-5772.

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DMAP CU Nov 07-230



The Division of Medical Assistance Programs is currently evaluating alternatives to the November 1st rate reductions in durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) to lessen the impact on providers and to assure continued access for Oregon Health Plan clients. As a provider of DMEPOS, we are asking for your input of an approach that would provide for selective rate reductions to achieve the legislative mandated savings, rather than an across-the-board reduction to most DMEPOS services/supplies. This short three question survey will assist us in making these critical decisions.

Please use the NEXT and PREVIOUS buttons at the bottom of each question to navigate through the survey. Every effort has been made to make the survey fit on your browser screen. However you may need to scroll over or down to complete some of the questions. If you need help viewing this survey, please contact the DHS Service Desk, 503-945-5623.

1. Please Choose one of the following cost reduction preferences.

16.9% Across the board cuts to DMEPOS categories

Targeted reduction to selective DMEPOS categories

