

Public notice

Notice of intent — OHA will amend the Medicaid State Plan to increase fee-for-service rates for durable medical equipment and home enteral/parenteral nutrition and IV infusion services

Date: Sept. 20, 2024

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, Oct. 4, 2024

Oregon Health Authority (OHA) will submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS). The SPA will update fee-for-service rates for durable medical equipment (DME) and home enteral/parenteral nutrition and IV infusion (home EPIV) services to be 80 percent of current Medicare rates, effective Oct. 1, 2024, pending CMS approval.

Some individual codes already pay higher than 80 percent of current Medicare rates. Those rates will not change.

The estimated annual Total Fund portion for this SPA is \$357,915.

Background

OHA is standardizing rate methodologies for Medicaid programs. The current DME and home EPIV rates are set at various percentages of 2012 Medicare rates.

Obtaining SPA language

The next pages show edits to existing State Plan language in the proposed SPA. You can also view the full State Plan, approved SPAs and proposed SPAs on [the OHA website](#).

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, Oct. 4, 2024, to jesse.anderson@oha.oregon.gov.



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

LIMITATIONS ON SERVICES (Cont.)

7. a. Home Health Services:

Home Enteral/Parenteral Nutrition and IV Services IV infusion services:

Enteral and parenteral nutrition equipment and supplies are provided when medically necessary.

“Enteral nutrition” refers to any method of feeding that uses the gastrointestinal tract to deliver part or all of an individual's caloric requirements. “Enteral nutrition” may include a routine oral diet, the use of liquid supplements, or delivery of part or all of the daily requirements by use of a tube, which is called a tube feeding.

“Parenteral infusion therapy” refers to the administration of fluids, drugs, chemical agents, or nutritional substances to individuals through intravenous (I.V) therapy or an implantable pump in the home setting. Therapies include hydration therapy, chemotherapy, pain management, drug therapy, and total parenteral nutrition (TPN).

Coverage includes training and/or education of client or support person on nutritional supplement and equipment operation. Prior authorization is required for some services such as IV infusion pumps, oral nutritional supplements, nursing service visits, except for the initial nursing assessment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #6.d through #7.~~a~~ below. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan. Unless noted otherwise the agency fee schedule was set for services on or after 10/1/24. All rates are published on the agency's website and can be accessed at <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

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, multiplied by the Oregon conversion factor plus time.

6.d. Board Certified Behavior Analyst:

Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs. This rate is effective for dates of service on or after 7/1/22.

7. Home Health:

Payment for services is a state-wide fee schedule based upon 74% of the most recently accepted Medicare Cost reports.

7.a Home Enteral infusion and Parenteral nutrition services:

Payment for services is based on 80% of 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service. New codes added by CMS after 2024, payment will be based on 80% of the most current Medicare fee schedule.

TN No. 24-0020

Approval Date:

Effective Date:10/1/24

Supersedes TN No. 24-0016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #~~7.c.8~~ through ~~8.12.e~~. below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. Unless noted otherwise the agency fee schedule was set for services on or after 10/1/24. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

7. c. Medical Supplies and Equipment:

Payment for services is a state-wide fee schedule. Rates are based on 80% of the 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service. Otherwise the category will be priced as follows:~~the following percentages of the 2012 Medicare fee schedule:~~

- ~~• Ostomy supplies are at 93.3%~~
- Rental rates on group 1 and 2 power wheelchairs with no added power options (K0820-K0829) are at 55% of 2024 Medicare fee, group 3 (K0863-K0864) are at 58.7% of the 2024 Medicare fee;
- Complex Rehab items, other than power wheelchairs, are at 88% of 2024 Medicare fee.
- ~~• All other Medicare covered items/services are at 82.6%~~
- Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). If MSRP is not available payment is acquisition cost plus 20%.

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.~~

8. Private Duty Nursing Services:

Payment for services is a state-wide fee schedule based on nursing market rate study's performed each biennium. The agency's fee schedule rate was set as of 7/1/23 and is effective for services provided on or after that date.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #10 through 12.b below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. Unless noted otherwise the agency fee schedule was set for services on or after 10/1/24. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

10. Dental services (Dentist, Dental hygienist with an Expanded Practice Permit)

Payment for services is a state-wide fee schedule based on the actuarial calculations used For rate setting for the CCO dental services. Dental anesthesia services provided in the dental Office (CPT 00170) is a flat fee of \$800.00. The agency's fee schedule rate was set as of 1/1/24 and is effective for services provided on or after that date.

11. Physical Therapy, Occupational Therapy, Speech, Hearing, Audiology services

Payment for services is a state-wide fee schedule which Utilizes the RBRVS methodology, Multiplied by the Oregon specific conversion factor. Unlisted codes Are priced using 75% of Manufacturer's Suggested Retail Price (MSRP).

12.b. Dentures, Denturist

Payment for services is a state-wide fee schedule based on the actuarial calculations used For rate setting for the CCO dental services. Dental anesthesia services provided in the dental Office (CPT 00170) is a flat fee of \$800.00. The agency's fee schedule rate was set as of 1/1/24 and is effective for services provided on or after that date.

12.c. Prosthetic Devices

Payment for services is a state-wide fee schedule based on 80% of the 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service. ~~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. 24-0020

Approval Date:

Effective Date: 10/1/24

Supersedes TN No. 24-0016

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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

Payment for Emergency Transport and Non-emergency transports not provided/arranged by the brokerage system is a state-wide fee schedule.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 4/1/23 and is effective for services provided on or after that date. State-wide fee schedules are published on the agency web at: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

Client and necessary attendant reimbursement:

Mileage rate- 75% of IRS standard rate and is all-inclusive.

Meal rate- 50% of the IRS standard rate for Breakfast, Lunch and Dinner.

Lodging rate- 100% of the IRS standard rate

Volunteer drivers: Rides are reimbursed per standard GSA mileage rates for business miles driven.

TN No. 24-0020

Approval Date: _

Effective Date: 10/1/24

Supersedes TN No. 23-0019

DRAFT