

Frequently Asked Questions (FAQ)

Q. Do Medicaid and Medicare members have different payment rules and rates?

A. Yes.

- **CareOregon (Medicaid)** follows the Division of Medical Programs (DMAP) Oregon Health Plan (OHP) rules.
- **CareOregon Advantage (COA) or Medicare** follows the Centers for Medicaid and Medicare Systems (CMS) rules

Q. What do I need to price my claim?

A. You'll need the procedure code and your contract rates for the plan you want to price (either OHP or COA). See your contract for specific rates and pricing.

Q. How can I find my current rates?

A. Call CareOregon Customer Service; check your contract's exhibit or contact your Network Relations Associate and ask for a copy of your contract.
(www.careoregon.org/provider/documents/NRA_territories.pdf)

Q. What is the difference between RBRVS and RVU? What do they mean?

A.

- **Resource Based Relative Value Scale (RBRVS)** is a system that assigns values to individual medical services and procedures.
- **Relative Value Unit (RVU)** is the measurement or specific assigned value determined by the RBRVS. Carriers use a dollar amount, called a *conversion factor*, multiplied by the RVU to determine the allowed amount for a specific procedure.

RVU's may change based on the National Physician Fee Schedule Relative Value File (NPF SRVF).

Q. Where can I find RVU rates?

A. RVU rates are online at:

www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp?listpage=3
Find the appropriate physician fee schedule.

The formula for calculating a 2009 physician fee schedule payment is on this web page:
http://www.cms.hhs.gov/PhysicianFeeSched/01_Overview.asp#TopOfPag

Q. What happens if an RVU is not listed for a procedure?

A. The claim defaults to its next contract term, which can be DMAP fee schedules or a percentage of billed charges.

Q. Where can I find the DMAP fee schedules?

A. <http://egov.oregon.gov/DHS/healthplan/index.shtml>

Q. Why are my calculations different from CareOregon's rates?

- Verify that you are applying the correct rates for date of service and plan billed. Modifiers can affect pricing.
- Confirm that you are using the correct fee schedule and plan.
- The rate may have been recently updated by DMAP or CMS.

Q. How are rates calculated for non-participating providers?

A.

- **CO/Medicaid** claims are processed at 100% of DMAP's allowable rate. This is usually about 30% less than contracted rates. If a DMAP fee schedule is not available, the rate defaults to 51% of billed charges.
- **COA/Medicare.** COA Star member claims are processed at 100% of Medicare's allowable rates, minus any copays, coinsurance, deductibles or any other cost sharing.

For COA Plus claims, CareOregon will process Medicare as primary and pay at 100% of Medicare's allowable rates, minus any copays, coinsurance, deductibles or any other cost sharing. CareOregon will process OHP as secondary and pay at DMAP's allowable rate, which may be less than Medicare's allowable rates. Since OHP is secondary, the total claim's payment cannot exceed DMAP's allowable rate.

If a Medicare fee schedule is not available, the rate defaults to 51% of billed charges.