

## OHP Plans

Multiply the Resource Based Relative Value Scale (RBRVS) factor times the Relative Value Unit (RVU) to determine the contract allowable. The RVU's are subject to change based on the National Physician Fee Schedule Relative Value File (NPF SRVF). Verify the rate based on the date of service.

### Example:

Contract has a \$35.00 RBRVS, Procedure is 99213, and RVU is 1.1  
 $\$35.00 \times 1.1 = \$38.50$   
\$38.50 is the contract rate

The RVU can be found at:

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp?listpage=3>

Once the Physician Fee Schedule is located a formula for calculating the RVU is below. This formula and a detailed overview can be found at:

[http://www.cms.hhs.gov/PhysicianFeeSched/01\\_Overview.asp#TopOfPag](http://www.cms.hhs.gov/PhysicianFeeSched/01_Overview.asp#TopOfPag)

**(Current year) Non-Facility Pricing Amount =**

$[(\text{Work RVU} * \text{Work GPCI}) +$   
 $(\text{Transitioned Non-Facility PE RVU} * \text{PE GPCI}) +$   
 $(\text{MP RVU} * \text{MP GPCI})] * \text{Conversion Factor (CF)}$

**(Current year) Facility Pricing Amount =**

$[(\text{Work RVU} * \text{Work GPCI}) +$   
 $(\text{Transitioned Facility PE RVU} * \text{PE GPCI}) +$   
 $(\text{MP RVU} * \text{MP GPCI})] * \text{CF}$

If no RVU is available, then default to the DMAP Fee Schedule. The DMAP Fee Schedule can be found at <http://egov.oregon.gov/DHS/healthplan/index.shtml>. The DMAP Fee Schedule is applied for all non-participating providers. This is usually about 30% less than contract rates.

If no DMAP fee schedule is available, default to 51% of billed charges.

## Contracts based on Medicare Rates

All services are allowed at the Medicare Physician Fee Schedule (MPFS)

Fixed fee schedule calculated using RBRVS RVUs, GPCI and Medicare conversion factor

Use the same calculation as above to determine the RVU's

For CareOregon Medicare Advantage (COA) Plus plan where Medicare is primary and OHP is secondary, the total benefits received from OHP cannot exceed what the CareOregon normal benefit would have been by itself.

CareOregon compares the OHP payment to Medicare's payment to determine amount payable.

- If OHP's payment is **equal to or less** than the other Medicare's payment, the benefit is zero.
- If OHP's payment is **greater** than Medicare's payment, CareOregon pays the difference, but does not exceed the patient's responsibility.

For non-participating providers accepting the CareOregon Medicare Advantage (COA) Medicare Plus plan. 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 no MPFS exists, rates default to 51% of billed charges.