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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 11-06

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



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

SEP 23 2011

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 11-006

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 11-006. This SPA brings the State into compliance with Section 2301 of the Affordable Care Act, which requires states that currently offer services in a freestanding birthing center, to add this as a mandatory Medicaid service.



This SPA is approved effective July 1, 2011.

If you have any questions concerning this SPA, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or Janice.Adams@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-06	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 July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A) of the Act		7. FEDERAL BUDGET IMPACT: a. 2011 \$ -0- b. 2012 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 11, 11a and Attachment 4.19B, Page 10 (P&I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 11, and Attachment 4.19-B, Page 10A (Nurse Practitioner Services) (P&I) (P&I)	
10. SUBJECT OF AMENDMENT: This transmittal is being revised to reflect section 2301 of the ACA related to coverage in free standing birthing centers.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Assistance Programs Department of Human Services 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME: Judy Mohr Peterson Bruce Goldberg, MD			
14. TITLE: Administrator, DMAP Director, DHS			
15. DATE SUBMITTED: 6/27/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 27, 2011		18. DATE APPROVED: SEP 23 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:			
21. TYPED NAME: Carol J.C. Beverly		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: 6/30/11 - Pen & Ink (P&I) changes authorized by the State. 7/26/11 - Pen & Ink (P&I) changes authorized by the State.			

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

29. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations None licensed or approved

Please describe any limitations: Facilities must be approved and licensed by the Oregon Health Authority, Public Health Division; and Maintain standards required by the Division for licensure under Chapter 333 Division 076 OAR.

29. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: Limited to services within the recognized providers scope of practice. Practitioners as referenced in (a) & (b) below

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: Licensed Direct Entry Midwives (non R.N.)

TN #11-06
Supersedes TN # 07-14

Approval Date:
SEP 23 2011

Effective Date: 7/1/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

29. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Freestanding Birthing Centers are reimbursed a flat fee. The fee was developed by reviewing other like Medicaid states and Medicaid fees for similar services. The birthing center fee is the same for all birthing centers enrolled with the Division. The fee is a global rate based upon the procedure code for the service. Global rates include: Nursing services, services of technical personnel, and other related services; Any support services provided by personnel employed by the Birthing Center; the client's use of the facilities including the operating room and recovery room; Drugs, biologicals, surgical dressings, supplies, and equipment related to the provision of the procedure(s); Diagnostic or therapeutic items and services related to the surgical procedure; Administrative, record-keeping, and housekeeping items and services; Blood, blood plasma, platelets.

The Medical Assistance program pays the lesser of the usual and customary charge or a fee based upon a Division fee schedule available on the agency website http://www.oregon.gov/DHS/healthplan/data_pubs/feeschedule/main.shtml. The Division fee schedule was set as of 8/1/11 and is effective for dates of services provided on or after that date. The fee schedule is the same for both governmental and private providers.

29. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Reimbursement for covered professionals are outlined in Attachment 4.19-B, page 1 through 1.a.1 for the applicable provider type.

The Medical Assistance program pays the lesser of the usual and customary charge or a fee based upon a Division fee schedule available on the agency website http://www.oregon.gov/DHS/healthplan/data_pubs/feeschedule/main.shtml. The Division fee schedule was set as of 8/1/11 and is effective for dates of services provided on or after that date. The fee schedule is the same for both governmental and private providers.