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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 20-0006

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

April 10, 2020

Lori Coyner State Medicaid director Oregon Health Authority 500 Summer Street Northeast, E-15 Salem, Oregon 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 20-0006

Dear Ms. Coyner:

We have reviewed the proposed Oregon State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 26th, 2020. This plan amendment increased the telemedicine/Telehealth rates due to the COVID-19 public health Emergency (PHE) and will sunset at the end of the PHE.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at James.Moreth@cms.hhs.gov or (206) 615-2043.

Sincerely,

Todd McMillion Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	20-0006	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 -1/1/20 3/1/20	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMER 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)
42 CFR 440 Services		00.1
42 CTR 440 Scivices	b. FFY 2021 \$ 215,577	1894
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, page 12 Attachment 4.19-B, Page 42		
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to expand telehealth services and increase		
reimbursement to selected CPT codes.		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65	
13. TYPED NAME Lori Coyner, MA	Salem, OR 97301	
14. TITLE: State Medicaid Director, OHA	ATTN: Jesse Anderson, State Plan Manager	
15. DATE SUBMITTED: 3-26-2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: 04/10/2020	
PLAN APPROVED - ON		YOLAY
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/2020	20. FFICIAL:	
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:		

Transmittal # 20-0006 Attachment 4.19-B Page 42

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Telemedicine/telehealth:

The Authority reimbursement of patient to clinician telephonic and electronic services for established patients are based upon a Relative Value Unit (RVU) weight-based rates for Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Oregon assigned a higher RVU weight for specific codes multiplied by a state-wide factor in order for the rate to be equivalent to a face-to-face encounter as follows:

99441=\$16.04

99442=\$31.44

99443=\$51.97

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. All rates are published on the agency's web at https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

This increased portion of the rate is time limited and will end on the last day of the declared COVID-19 emergency.

TN No. <u>20-0006</u> Approval Date: <u>04/10/20</u> Effective Date: <u>3/1/20</u>

Supersedes TN No. NEW