Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) 22-0005

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 29, 2022

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 22-0005

Dear Mr. Allen:

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 7, 2022. This SPA increased the rates for specific professional services provided to Oregon Health Plan beneficiaries in neonatal and pediatric intensive care units. This SPA also added a new Oregon specific conversion factor of $38.76 for procedure codes 99468-99480.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2022. 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 James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,

Todd McMillion Director
Division of Reimbursement Review

Enclosures cc:
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
<th>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-0005</td>
<td></td>
<td>XIX</td>
</tr>
</tbody>
</table>

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/22

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.50

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022 $587,000
   b. FFY 2023 $783,667

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 1

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to increase the rate for professional components for neonatal and pediatric ICU procedure codes: 99468-99480.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Dana Hittle

13. TITLE
Interim Medicaid Director

14. DATE SUBMITTED
3/7/22

15. RETURN TO
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

16. DATE RECEIVED
3/7/22

17. DATE APPROVED
April 29, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/22

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director of reimbursement review

22. REMARKS

**Instructions on Back**
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: ORGANON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

General:
The division pays the lesser of the usual and customary charge or a fee based on the methods outlined for the program according to Attachment 4.19-B. The provider’s usual and customary fee is the fee charged by the provider to the general public for the particular service rendered.

Where applicable, the maximum allowable fees are established using the CMS Resource Based Relative Value (RBRVS) Scale methodology as published in the Federal Register annually, times an Oregon specific conversion factor. Except as otherwise noted in the plan, the agency’s rates were set as of 1/1/22 and are effective for dates of services on or after that date. The reimbursement methods listed in this section of the plan are available on the agency’s website: [http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx](http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx)

State developed fee schedule rates are the same for both governmental and private providers.

<table>
<thead>
<tr>
<th>Provider type/ Service type</th>
<th>Payment method</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Laboratory and Radiology services</td>
<td>Clinical Laboratory and Pathology Procedures are paid at 70% of current Medicare fee updated annually as published by Medicare. Other lab and X-ray services are paid on a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.</td>
</tr>
<tr>
<td>5.a. Physician services, Physician Assistant</td>
<td>Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor. Fees for drugs administered in the provider’s office is based on Medicare’s Average Sale Price (ASP). When no ASP rate is listed the rate shall be based upon the Wholesale Acquisition Price (WAC) plus 6.25%. If no WAC is available, then the rate shall be reimbursed at Acquisition Cost. Anesthetists payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units plus time.</td>
</tr>
<tr>
<td>5.b. Medical and surgical services furnished by a dentist</td>
<td></td>
</tr>
<tr>
<td>6. a. Podiatrists’ services</td>
<td></td>
</tr>
<tr>
<td>6. c. Chiropractors’ services</td>
<td></td>
</tr>
<tr>
<td>5.a. Physician services for neonatal and pediatric intensive care</td>
<td>Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.</td>
</tr>
<tr>
<td>6. b. Optometrist services Ophthalmologist, optometrists.</td>
<td>Exam and dispensing: Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.</td>
</tr>
<tr>
<td>6. d. Other Practitioner Services; Naturopath, Acupuncturist, Certified Nurse Practitioner and Licensed Direct Entry Midwives</td>
<td>Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.</td>
</tr>
</tbody>
</table>

TN No. 22-0005
Supersedes TN No. 17-0009

Approval Date: April 29, 2022 Effective Date: 1/1/22