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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 22-0010

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 16, 2022

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-22-0010

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-22-0010. This amendment was submitted in compliance with specific third party liability requirements outlined in the Bipartisan Budget Act of 2018 and the Medicaid Services Investment and Accountability Act of 2019. Additionally, the provisions clarify language around preventive pediatric services, child support enforcement, and prenatal services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1905(a)(30), 1905(gg), 1902(a)(10)(A) and 1937(b)(5) of the Act. This letter is to inform you that OR-22-0010 was approved on May 16, 2022, with an effective date of April 1, 2022.

If there are any questions concerning this approval, please contact me or you may contact Maria Garza at maria.garza@cms.hhs.gov or at (425) 633-3394.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2022.05.16 20:41:14
-05'00'

James G. Scott, Director
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 0

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

4/1/22

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(25) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0

b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4 - General Program Administration, Page 69a
Attachment 4.22-B, Page 1-c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Section 4 - General Program Administration, Page 69a

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to include compliance requirements with specific third-party liability requirements outlined in the Bipartisan Budget Act of 2018 and the Medicaid Services Investment and Accountability Act of 2019.

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



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Dana Hittle

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

5/9/22

15. RETURN TO

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

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

April 9, 2022

17. DATE APPROVED

May 16, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S
Date: 2022.05.16 20:41:59 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation(s)

- | | | | |
|---------------------------------|----------|-----|--|
| 42 CFR 433.139
(b)(3)(i) | <u>X</u> | (c) | The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days. |
| 42 CFR 433.139
(b)(3)(ii)(A) | | | Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency. |
| | | (d) | <u>ATTACHMENT 4.22-B</u> specifies the following: |
| 42 CFR 433.139(b)(3)(ii)(C) | | (1) | The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C). |
| 42 CFR 433.139(f)(2) | | (2) | The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective. |
| 42 CFR 433.139(f)(3) | | (3) | The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement. |
| 42 CFR 447.20 | | (e) | The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20. |

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

Requirements for Third Party Liability –
Payment of Claims

4) Compliance 42 CFR 433.139(b)(3), SSA Section 1902(a)(25)(E)&(F)

Oregon complies with the following requirements:

1. Apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services;
2. Make payments without regard to potential TPL for pediatric preventive services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days; and
3. Make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries.

TN No. 22-0010
Supersedes TN No. NEW

Approval Date: 5/16/22

Effective Date: 4/1/22