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State/Territory Name: Oregon

State Plan Amendment (SPA)#: 23-0008

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



Center for Medicaid and CHIP Services
Medicaid Benefits and Health Programs Group

June 6, 2023

David Baden, Interim Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

Dear David Baden,

The CMS Division of Pharmacy team has reviewed Oregon's State Plan Amendment (SPA) 23-0008 received in the CMS Medicaid & CHIP Operations Group on March 10, 2023. This SPA has been submitted to reflect reimbursement for Clotting Factor from Specialty Pharmacies.

In keeping with the requirements of section 1902 (a)(30)(A) of the Social Security Act, we believe the state has demonstrated that their reimbursement is consistent with efficiency, economy, and quality of care, and are sufficient to ensure that care and services are available to Medicaid beneficiaries at least to the extent they are available to the general population in the geographic area. We believe that there is evidence regarding the sufficiency of Oregon's pharmacy provider network at this time to approve SPA 23-0008. Specifically, Oregon has reported to CMS that 713 of the state's 734 licensed in-state retail pharmacies are enrolled in Oregon's Medicaid program. With a 97 percent participation rate, we can infer that Oregon's beneficiaries will have access to pharmacy services at least to the extent available to the general population since Medicaid requires that beneficiaries be provided access to all covered outpatient drugs of participating drug manufacturers with a rebate agreement through a broad pharmacy network. In contrast, commercial insurers often have more limited drug formularies and a more limited pharmacy network.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that OR-23-0008 is approved with an effective date of March 7, 2023. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Oregon's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or michael.forman@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Mickey Morgan
Acting Deputy Director
Division of Pharmacy

Cc: Dana Hittle, Oregon Health Authority
Jesse Anderson, Oregon Health Authority
Nikki Lemmon, CMS Division of Program Operations

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 8</u>	2. STATE <u>OR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
3/7/23

5. FEDERAL STATUTE/REGULATION CITATION
1927(d) of Title XIX of the Social Security Act and 42 CFR 440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 3-c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 3-c

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to reflect reimbursement for Clotting Factor from Specialty Pharmacies.

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


12. TYPE OF OFFICIAL
Dana Hittle

13. TITLE
Medicaid Director

14. DATE SUBMITTED
3/10/23

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

ATTN: Jesse Anderson, State Plan Manager

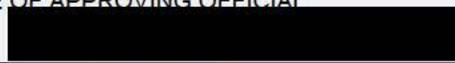
FOR CMS USE ONLY

16. DATE RECEIVED
March 10, 2023

17. DATE APPROVED
June 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 7, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Mickey Morgan

21. TITLE OF APPROVING OFFICIAL
Acting Deputy Director, Division of Pharmacy

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

12. Prescribed Drugs (continued)

- I. Physician/Practitioner Administered Drugs: reimbursement is based on 100% of the Medicare fee schedule. When no Medicare fee is listed the rate shall be based upon the Wholesale Acquisition Cost (WAC). If no WAC is available, then the rate shall be reimbursed at Acquisition Cost. 340B covered entities that bill for Physician/Practitioner Administered Drugs and carve in for Medicaid, shall not exceed the entity's actual acquisition cost.
- J. Investigational Drugs – Investigational drugs are not a covered service under the Oregon Medical Assistance pharmacy program.
- K. Clotting Factor from Specialty Pharmacies: OHA utilizes in-state Federally Qualified Hemophilia Treatment Centers of Excellence for clotting factor payments for patients without Medicare or third-party liability (TPL) coverage. Reimbursement is at the Public Health Service (PHS) 340B rate on an outpatient hospital UB-04 claim transaction. Reimbursement for clotting factor payments outside of Centers of Excellence is in accordance with section 12(A)(1) of this state plan.

TN No. 23-0008
Supersedes TN No. 22-0027

Approval Date: 06/06/23

Effective Date: 3/7/23