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State/Territory Name: OR

State Plan Amendment (SPA) #: 23-0019

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

September 6, 2023

Dana Hittle, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 23-0019

Dear Director Hittle:

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 June 13, 2023. This SPA updated the reimbursement methodology Non-Emergency Medical Transportation (NEMT) to pay a percentage of the Internal Revenue Service (IRS) standard rate.

Based upon the information provided by the state, we have approved this amendment with an effective date of April 1, 2023. 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**

1. TRANSMITTAL NUMBER 2 3 — 0 0 1 9 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
4/1/23

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 431.53

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 22,607
b. FFY 2024 \$ 40,688

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page ~~4a.4~~ 1a.1.b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page ~~4a.4~~ 1a.1.b

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to increase the rate for NEMT mileage, meals, and lodging and base them on a percentage of the IRS standard rates.

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. TYPED NAME
Dana Hittle
13. TITLE
Medicaid Director
14. DATE SUBMITTED
6/13/23

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
6/13/23

17. DATE APPROVED
September 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/23

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS
8/31/23- P&I change to boxes 7 and 8 to correct page number to 1a.1.b

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

12.d. Eyeglasses, contacts and hardware

Payment for services is a state-wide fee schedule utilizing a contract with a federally qualified rehabilitation facility. The contract is effective for service on or after 10/1/11

24.a. Transportation

Payment for Emergency Transport and Non-emergency transports not provided/arranged by the brokerage system is a state-wide fee schedule.

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 4/1/23 and is effective for services provided on or after that date. State-wide fee schedules are published on the agency web at: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

Client and necessary attendant reimbursement:

Mileage rate- 75% of IRS standard rate and is all-inclusive.

Meal rate- 50% of the IRS standard rate for Breakfast, Lunch and Dinner.

Lodging rate- 100% of the IRS standard rate

Volunteer drivers: Rides are reimbursed per standard GSA mileage rates for business miles driven.

TN No. 23-0019

Approval Date: 9/6/2023

Effective Date: 4/1/23

Supersedes TN No. 21-0009