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State/Territory Name: OR

State Plan Amendment (SPA) #: 23-0022

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

November 8, 2023

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

RE: TN 23-0022

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 20, 2023. This SPA is a continuation of the reimbursement rate increase for treat in place services which was originally approved in Disaster Relief SPA 20-0014.

Based upon the information provided by the state, we have approved this amendment with an effective date of May 12, 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,

[Redacted Signature]

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 <u>2 3 — 0 0 2 2</u>	2. STATE <u>OR</u>
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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
5/12/23

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 431.53

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024-23 \$ 34,976
b. FFY 2025 24 \$ 90,792

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page ~~1a.1~~ ~~1a.1.b~~ 1a.1-NEW and 1a.1.a - NEW

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Page ~~1a.1.b~~ 1a

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to continue the ambulance treat in place rate approved in the Disaster relief SPA 20-0014 past the PHE period.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 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
Medicaid Director

14. DATE SUBMITTED
6/20/23

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
6/20/23

17. DATE APPROVED
November 8, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
5/12/23

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS
9/1/23- P&I change to box 6 to correct FFYs to 2023 and 2024.
9/1/23- P&I change to boxes 7 to correct page number to 1a.1 and 1a.1a.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGONMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

6.d. Emergency Medical Technician (EMT), Advanced EMT (AEMT), EMT-Intermediate (EMT-I), Emergency Medical Responders (EMR), and Paramedics:

Payment for services is a state-wide fee schedule which utilizes CMS HCPCS codes, appropriate for their scope of practice, using a combination of fix rates and Medicare rates. Treat-in-place code A0998 is priced using the ALS1 Base Rate (A0427) of \$420.62. Except as otherwise noted in the 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 5/12/23 and is effective for services provided on or after that date. All rates are published on the agency's website <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

6.d. Nurse Anesthetists:

Payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units plus time.

6.d. Board Certified Behavior Analyst:

Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs. This rate is effective for dates of service on or after 7/1/22.

7. Home Health:

Payment for services is a state-wide fee schedule based upon 74% of the most recently accepted Medicare Cost reports.

7. c. Medical Supplies and Equipment:

Payment for services is a state-wide fee schedule. Rates are based on the following percentages of the 2012 Medicare fee schedule:

- Ostomy supplies are at 93.3%
- Rental rates on group 1 and 2 power wheelchairs with no added power options (K0820-K0829) are at 55%
- Complex Rehab items, other than power wheelchairs, are at 88%
- All other Medicare covered items/services are at 82.6%
- Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). If MSRP is not available payment is acquisition cost plus 20%.

For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. This rate is effective for dates of service on or after 2/1/14.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

8. Private Duty Nursing Services:

Payment for services is a state-wide fee schedule based on community wages set in 1993 with periodic CPI increases.

10. Dental services (Dentist, Dental hygienist with an Expanded Practice Permit)

Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest commercial dental insurance carrier in Oregon. This rate is effective for dates of service on or after 2/1/18 and can be accessed at

<http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

11. Physical Therapy, Occupational Therapy, Speech, Hearing, Audiology services

Payment for services is a state-wide fee schedule which Utilizes the RBRVS Scale, times the Oregon specific conversion factor.

12.b. Dentures, Denturist

Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest commercial dental insurance carrier in Oregon.

12.c. Prosthetic Devices

Payment for services is a state-wide fee schedule based on 84.5% of 2010 Medicare fee schedule. Unlisted procedures are based upon 75% of Manufacturer's Suggested Retail Price (MSRP). For new codes added by CMS, payment will be based on the most current Medicare fee schedule and will follow the same payment methodology as stated above. This rate is effective for dates of service on or after 7/1/12.