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State/Territory Name: OR

State Plan Amendment (SPA) #: 23-0029

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 27, 2023

Vivian Levy, Interim Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 23-0029

Dear Interim Director Levy:

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 September 15, 2023. This SPA increased the global reimbursement rate for free-standing birth centers.

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

A solid black rectangular box redacting the signature of Todd McMillion.

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 2 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
7/1/23

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(10)(A) of the Act

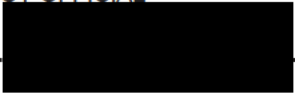
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 48,055 63,579
b. FFY 2024 \$ 192,219 254,316

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, page 10

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, page 10

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to increase the rate paid to free-standing birth center services.

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
Vivian Levy
13. TITLE
Medicaid Deputy Director
14. DATE SUBMITTED
9/15/23

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
9/15/23

17. DATE APPROVED
November 27, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/23

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, FMG Division of Reimbursement Review

22. REMARKS
P&I change to box 6 to revise financial budget impact estimates for FFYs 2023 and 2024.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

29. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Freestanding Birthing Centers are reimbursed a flat fee. The fee was developed by reviewing other like Medicaid states and Medicaid fees for similar services. The birthing center fee is the same for all birthing centers enrolled with the State. The fee is a global rate based upon the procedure code for the service. Global rates include: Nursing services, services of technical personnel, and other related services; Any support services provided by personnel employed by the Birthing Center; the client's use of the facilities including the operating room and recovery room; Drugs, biologicals, surgical dressings, supplies, and equipment related to the provision of the procedure(s); Diagnostic or therapeutic items and services related to the surgical procedure; Administrative, record-keeping, and housekeeping items and services; Blood, blood plasma, platelets.

The Medical Assistance program pays the lesser of the usual and customary charge or a fee based upon the States fee schedule available on the agency website http://www.oregon.gov/DHS/healthplan/data_pubs/feeschedule/main.shtml. The State fee schedule was set as of 7/1/23 and is effective for dates of services provided on or after that date. The fee schedule is the same for both governmental and private providers.

29. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Reimbursement for covered professionals are outlined in Attachment 4.19-B, page 1 through 1.a.1 for the applicable provider type.

The Medical Assistance program pays the lesser of the usual and customary charge or a fee based upon the State fee schedule available on the agency website http://www.oregon.gov/DHS/healthplan/data_pubs/feeschedule/main.shtml. The State fee schedule was set as of 7/1/23 and is effective for dates of services provided on or after that date. The fee schedule is the same for both governmental and private providers.