

Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) #: 24-0018

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

November 19, 2024

Emma Sandoe, PhD
Medicaid Director, Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 24-0018

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-B OR-24-0018, which was submitted to CMS on August 27, 2024. This plan amendment changed the reimbursement methodology for publicly owned Ground Emergency Medical Transportation (GEMT) providers from a cost-based reimbursement methodology to a uniform add-on rate.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 via email at James.Moreth@CMS.HHS.GOV.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 8

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

7/1/24

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 431.53 and 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ (281,750)b. FFY 2025 \$ (1,127,000)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Pages 31-~~34~~ 398. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Pages 31-39

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to change the reimbursement methods to an add-on rate instead of using cost methods for publicly owned Ground Emergency Medical Transportation providers.

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

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

8/27/24

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

8/27/24

17. DATE APPROVED

November 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/24

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

11/5/24- P&I change authorization to box 7 to correct page number to 39.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Ground Emergency Medical Transport (GEMT) provider enhanced reimbursement for qualifying public GEMT services.

The GEMT program is a voluntary program that makes enhanced payments to Eligible GEMT Providers who furnish qualifying GEMT services to Oregon Health Authority (OHA) Medicaid Fee For Service recipients.

The enhanced reimbursement is an add-on rate that will cover public GEMT services and will be applied at least annually on a lump-sum basis to eligible GEMT providers using the Healthcare Common Procedure Coding System (HCPCS) emergency medical transport codes. The base rates for GEMT services will not change with this amendment to Oregon's Medicaid State Plan.

A. Definitions

1. "Agency" means the Oregon Health Authority (OHA).
2. "Advanced life support" means special services designed to provide definitive prehospital emergency medical care, including but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration with drugs and other medicinal preparations, and other specified techniques and procedures.
3. "Enhance Reimbursement" means an add-on rate of a uniform dollar amount set by the Authority for each approved procedure HCPCS code to supplement the base rate for GEMT services.
4. "Basic life support" means emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Supplemental reimbursement for qualifying ground emergency medical transportation service providers.

5. "Contracts with a local government" means contracts with a city, county, or local service district, including, but not limited to a rural fire protection district, and all administrative subdivisions of such city, county, or local service district, pursuant to a county plan for ambulance and emergency medical services that has been approved by the Oregon Health Authority.
6. "Eligible GEMT Provider" means a GEMT provider that meets all of the eligibility requirements described in [Section B] below.
7. "GEMT Services" means the act of transporting an individual by ground from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient.
8. "Publicly owned or operated" means a unit of government which is a state, a city, a county, a special purpose district, or other governmental unit in the State that has taxing authority, has direct access to tax revenue, or is an Indian tribe as defined in Section 4 of the Indian Self-Determination and Education Assistance Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Supplemental reimbursement for qualifying ground emergency medical transportation service providers.

9. "Service period" means July 1 through June 30 of each Oregon state fiscal year (SFY).

10. "Usual charge" means the usual fee charged by the provider to the general public for a particular service. The OHA pays the lesser of the usual charge or the Medicaid fee schedule. 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 07/01/2024 and is effective for services provided on or after that date. All rates are published on the agency website <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

B. GEMT Provider Eligibility Requirements

To be eligible for supplemental payments, GEMT providers must meet all of the following requirements:

1. Be licensed by the State of Oregon to provide emergency medical transportation services for the approved service period receiving supplemental payment;
2. Be enrolled as an Oregon Health Plan (OHP) Medicaid provider for the eligible service period;
3. Provide ground emergency medical transport services to Medicaid Fee-For-Service recipients; and
4. Be an organization that:
 - a. Is publicly owned or operated; or
 - b. Contracts with a local government, as defined in [Section A].

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Supplemental reimbursement for qualifying ground emergency medical transportation service providers.

C. Enhanced Reimbursement Methodology

An add-on rate of a uniform dollar amount per approved GEMT services will be determined at least annually and will not exceed one hundred percent (100%) of the difference between Medicaid payments otherwise made to each eligible GEMT provider for approved GEMT services and the usual charge for the service. The add-on payment will continue for the duration of this state plan.

Medicaid base rate to the eligible GEMT providers for providing GEMT services are derived from the ambulance FFS fee schedule established for reimbursements payable by the Medicaid program by procedure code.

The enhanced reimbursement may not exceed the costs for the GEMT service, less the amount of reimbursement that the eligible GEMT provider is eligible to receive from all public and private sources.

Add-on payments for each eligible GEMT provider will be calculated for each at least annually by multiplying the uniform add-on rate by the provider's volume of Medicaid transports and paid during the preceding quarter as determined through MMIS.

The program will include an annual audit and reconciliation process and any overpayments will be recouped. If there is an identified overpayment or duplication in payment the provider will be notified in writing and the provider can make an appeal. If the payment is determined to be a true overpayment of duplication of payment, the Authority will recoup those funds.

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 7/1/24 and is effective for services provided on or after that date. All rates are published on the agency's website and can be accessed at <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use