

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 24-0020**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 3, 2024

Emma Sandoe  
Medicaid Director  
Oregon Health Authority  
500 Summer Street Northeast, E-65  
Salem, OR 97301-1079

Re: Oregon State Plan Amendment (SPA) – OR-24-0020

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-24-0020. This amendment was submitted as part of the agency rate standardization project. The Oregon Health Authority will set the rate methodology for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) and Home Enteral/Parenteral Nutrition and IV Services under the Home Health state plan benefit at 80% of 2024 Medicare rate.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.70. This letter informs you that Oregon's Medicaid SPA TN OR-24-0020 was approved on December 3, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Nikki Lemmon via email at [Nicole.Lemmon@cms.hhs.gov](mailto:Nicole.Lemmon@cms.hhs.gov).

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible below the box.

Digitally signed by James G.  
Scott -S  
Date: 2024.12.03 16:06:54  
-06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jesse Anderson

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 0

2. STATE

OR3. 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

10/1/24

5. FEDERAL STATUTE/REGULATION CITATION

442 CFR 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 231,376b. FFY 2026 \$ 231,376

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 3-b.1.a -new

Attachment 4.19-B, pages 1a.1, 1a.1.a, 1a.1.b,  
1a.1.c, 1a.1.d - new8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, pages 1a.1, 1a.1.a, 1a.1.b

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to increase the rates for DME &amp; EPIV 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

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

9/24/24

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

9/24/24

17. DATE APPROVED

December 3, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/1/24

19. SIGN APPROVING OFFICIAL

Digitally signed by James G. Scott -S  
Date: 2024.12.03 16:07:23 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

11/4/24: State authorizes P&amp;I change to box 7 after page 1.a.1c to add "new"

11/5/24: State authorizes P&amp;I change to box 7 after page 3.1-A, 3-b.1.a to add "new"

12/03/24 State authorizes P&amp;I change to box 7 to add 1.a.1.d. as new

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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LIMITATIONS ON SERVICES (Cont.)

7. b. Home Health Services:

**Home Enteral/Parenteral Nutrition and IV Services:**

Enteral and parenteral nutrition equipment and supplies are provided when medically necessary in accordance with 42 CFR 440.70(b)(3).

"Enteral nutrition" refers to any method of feeding that uses the gastrointestinal tract to deliver part or all of an individual's caloric requirements. "Enteral nutrition" may include a routine oral diet, the use of liquid supplements, or delivery of part or all of the daily requirements by use of a tube, which is called a tube feeding.

"Parenteral infusion therapy" refers to the administration of fluids, drugs, chemical agents, or nutritional substances to individuals through intravenous (I.V) therapy or an implantable pump in the home setting. Therapies include hydration therapy, chemotherapy, pain management, drug therapy, and total parenteral nutrition (TPN).

Coverage includes nursing services, training and/or education of client or support person on nutritional supplement and equipment operation in accordance with 42 CFR 440.70(b)(1). Prior authorization is required for oral nutritional supplements, nursing service visits, except for the initial nursing assessment, specialty supply item (e.g., Farrell value), tube (nasogastric or gastrostomy/jejunostomy) needs beyond the 3-month limit, in-line cartridges containing digestive enzyme(s) for enteral feeding, additives for enteral formula, and human donor milk.

Oregon became compliant with the Electronic Visit Verification System (EVV) requirements for home health services on 2/27/24, in accordance with section 12006 of the 21st Century CURES Act.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**State/Territory:** OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #6.d through #7 below. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan. 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>

**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, multiplied by the Oregon conversion factor plus time. The agency's fee schedule rate was set as of 7/1/10 and is effective for services provided on or after that date.

**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. The agency's fee schedule rate was set as of 8/1/11 and is effective for services provided on or after that date.

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

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #7.b through 7.c. below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

**7.b Home Enteral/Parenteral Nutrition and IV Services:**

Payment for services is based on 80% of 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service. Enteral formula will be acquisition cost plus 25% and new codes added by CMS after 2024, payment will be based on 80% of the most current Medicare fee schedule. Procedure codes with no Medicare fee schedule will be a state-wide rate based on the actuarial calculations used for rate setting for the CCO rate for the service. The agency's fee schedule rate was set as of 10/1/24 and is effective for services provided on or after that date.

**7. c. Medical Supplies and Equipment:**

Payment for services is a state-wide fee schedule. Rates are based on 80% of the 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service. Otherwise the category will be priced as follows:

- Rental rates on group 1 (K0813-K0816) and 2 power wheelchairs with no added power options (K0820-K0829) are at 55% of 2024 Medicare fee, group 2 (K0835-K0843) and group 3 (K0848-K0864) power wheelchairs are at 58.7% of the 2024 Medicare fee;
- Complex Rehab items, other than power wheelchairs, are at 88% of 2024 Medicare fee.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #7.c through 11 below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

**7. c. Medical Supplies and Equipment (Cont):**

- 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. Procedure codes with no Medicare fee schedule will be a state-wide rate based on the actuarial calculations used for rate setting for the CCO rate for the service. The agency's fee schedule rate was set as of 10/1/24 and is effective for services provided on or after that date.

**8. Private Duty Nursing Services:**

Payment for services is a state-wide fee schedule based on nursing market rate study's performed each biennium. The agency's fee schedule rate was set as of 7/1/23 and is effective for services provided on or after that date.

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

Payment for services is a state-wide fee schedule based on the actuarial calculations used For rate setting for the CCO dental services. Dental anesthesia services provided in the dental Office (CPT 00170) is a flat fee of \$800.00. The agency's fee schedule rate was set as of 1/1/24 and is effective for services provided on or after that date.

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

Payment for services is a state-wide fee schedule which Utilizes the RBRVS methodology, Multiplied by the Oregon specific conversion factor. Unlisted codes Are priced using 75% of Manufacturer's Suggested Retail Price (MSRP). The agency's fee schedule rate was set as of 1/1/24 and is effective for services provided on or after that date.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #12.b through 12.c below. Oregon conversion factors are listed on Attachment 4.19-B, page 1 of this state plan. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

**12.b. Dentures, Denturist**

Payment for services is a state-wide fee schedule based on the actuarial calculations used For rate setting for the CCO dental services. Dental anesthesia services provided in the dental Office (CPT 00170) is a flat fee of \$800.00. The agency's fee schedule rate was set as of 1/1/24 and is effective for services provided on or after that date.

**12.c. Prosthetic Devices**

Payment for services is a state-wide fee schedule based on 80% of the 2024 Medicare fee schedule. Oregon uses a state-wide average of the rural and urban Medicare rate. In cases where a rate priced in 2012 is higher than the 2024 Medicare fee schedule, the rate will be frozen at that rate and will not be reduced. The maximum allowable rate for procedure codes with a CMS RBRVS value as published in the Federal Register annually, are multiplied by an Oregon specific conversion factor for specific categories of service.

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. Procedure codes with no Medicare fee schedule will be a state-wide rate based on the actuarial calculations used for rate setting for the CCO rate for the service. The agency's fee schedule rate was set as of 10/1/24 and is effective for services provided on or after that date.



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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #12.d through #24.a below. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan. 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>

**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.

**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.

The agency's fee schedule rate was set as of 4/1/23 and is effective for services provided on or after that date.