

## **Table of Contents**

**State/Territory Name: OR**

**State Plan Amendment (SPA) #: 24-0026**

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**

January 13, 2025

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

RE: TN 24-0026

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-24-0026, which was submitted to CMS on December 23, 2024. This plan amendment increased the reimbursement rates for dental services.

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 January 1, 2025. 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](mailto:James.Moreth@CMS.HHS.GOV).

Sincerely,

A solid 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 2 6

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT

☒ XIX☐ XXI

4. PROPOSED EFFECTIVE DATE

1/1/25

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.100, 1440.120(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 86,306b. FFY 2026 \$ 115,075

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, pages ~~1a.1.b,~~ 1a.1.b, 1a.1.c8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 4.19-B, pages ~~1a.1.b,~~ 1a.1.b, 1a.1.c

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to increase dental 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

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

12/23/24

15. RETURN TO

Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301ATTN: Jesse Anderson, State Plan Manager**FOR CMS USE ONLY**

16. DATE RECEIVED

12/23/24

17. DATE APPROVED

January 13, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/25

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

1/7/25 – P&I change to boxes 7 and 8 to correct page number.1/7/25- P&I change to box 1 to correct TN#.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

---

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 that uses CMS HCPCS procedure codes based on fixed rates or Medicare rates. When no Medicare rate exists will be based on the actuarial calculations used for rate setting for the CCO dental services. CMS HCPCS codes are published quarterly, new codes added will follow the same methodology as stated above. 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 1/1/25 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

---

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 that uses CMS HCPCS procedure codes based on fixed rates or Medicare rate. When no Medicare rate exists will be based on the actuarial calculations used for rate setting for the CCO dental services. CMS HCPCS codes are published quarterly, new codes added will follow the same methodology as stated above. 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 1/1/25 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.