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State/Territory Name: OR

State Plan Amendment (SPA) #: 25-0005

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

May 21, 2025

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

RE: TN 25-0005

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-25-0005, which was submitted to CMS on February 26, 2025. This plan amendment adds neonatal procedure codes to the conversion factors inadvertently omitted by the state in OR-22-0005.

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.

Sincerely,

[Redacted Signature]

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 5 — 0 0 0 5

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 & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.50, 40, 1905(a)(5) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 5,548.0b. FFY 2026 \$ 7,397.0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, page 1

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to add neonatal CPT codes to conversion factor that were missed with the submission and approval for TN 22-0005.

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

2/26/25

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

2/26/25

17. DATE APPROVED

May 21, 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 McMillon

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

P&I change to box 6a and 6b to correct financial budget impact to ZERO.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

General: The division pays the lesser of the usual and customary charge or a fee based on the methods outlined for the program according to Attachment 4.19-B. The provider's usual and customary fee is the fee charged by the provider to the general public for the particular service rendered. Where applicable, the fees are established using the CMS Resource Based Relative Value (RBRVS) Scale methodology as published in the Federal Register annually, multiplied by an Oregon specific conversion factor.

Conversion factors set for services on or after October 1, 2024:

\$40.79 for labor and delivery codes (59400-59622);
\$38.76 for neonatal intensive care/pediatric intensive care professional codes (99464-99465, 99468-99480);
\$28.50 for Primary care provider types and procedure codes;
\$27.11 for all remaining RBRVS weight-based procedure codes;
\$21.12 for anesthesia procedure codes.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #3 through #5.b below. Unless noted otherwise the agency fee schedule was set for services on or after 1/1/25. 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>

3. Laboratory and Radiology:

The rates are established using the CMS RBRVS methodology as published in the Federal Register annually, multiplied by an Oregon specific conversion factor for specific categories of service.

Clinical Laboratory and Pathology Procedures are paid at 80% of current Medicare fee updated annually as published by Medicare.

5.a. Physician/Physician Assistant/Practitioner and 5.b Medical and surgical services furnished by a dentist:

The rates are established using the CMS RBRVS methodology as published in the Federal Register annually, multiplied by an Oregon specific conversion factor for specific categories of service.