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State/Territory Name Oregon

State Plan Amendment (SPA) #: 25-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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

July 25, 2025

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

Re: Oregon State Plan Amendment (SPA) – OR-25-0015

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-25-0015. This amendment proposes to confirm that Oregon allows retroactive enrollment of eligible providers.

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 455 Subpart E. This letter informs you that Oregon's Medicaid SPA TN OR-25-0015 was approved on July 25, 2025, with an effective date of July 1, 2025.

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 Brian Zolynas via email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

Nicole McKnight, Acting Director
Division of Program Operations

Enclosures

cc: Jesse Anderson, Oregon Health Authority

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 5

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

7/1/25

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 455, 4Subpart E

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 2025 \$ 0b. FFY 2027 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Administration, section 4.46, page 79ff8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Administration, section 4.46, page 79ff

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to be clear that we allow retroactive enrollment of eligible 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

7/8/25

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

July 8, 2025

17. DATE APPROVED

July 25, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnightOperations

22. REMARKS

State authorized pen-and-ink changes to Boxes 5 and 6 on 7/17/25.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 4 –GENERAL PROGRAM ADMINISTRATION

Citation(s)

- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
☒ Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.460 APPLICATION FEE
☒ Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(J)(2)(C) of the Act and 42 CFR 455.460.
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
☒ Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.
- RETROACTIVE ENROLLMENT
☒ Assures that the State Medicaid agency allows retroactive enrollment of providers when, provider has passed all screenings and any required licensures is in place.