

Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) #: 26-0003

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 7, 2026

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

RE: TN 26-0003

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-26-0003, which was submitted to CMS on February 12, 2026. This plan amendment implemented a cost-of-living increase to the reimbursement rates for Fee-for-Service (FFS) dental services of 3%.

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, 2026. 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 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 <u>2 6</u> — <u>0 0 0 3</u>	2. STATE <u>OR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/26

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.100, 1440.120(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 97,259
b. FFY 2027 \$ 131,922

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to add a 3% COLA to FFS dental 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
[Redacted]

12. TYPED NAME
Emma Sandoe, PhD

13. TITLE
Medicaid Director

14. DATE SUBMITTED
2/12/26

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 <u>2/12/26</u>	17. DATE APPROVED <u>May 7, 2026</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, DRR</u>

22. REMARKS

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. Rates for CDT oral surgery codes are set according to the rates of their comparable CPT medical code using the RVU weight. Other CDT procedure codes are 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 1/1/26 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.