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State/Territory Name: Oregon

State Plan Amendment (SPA): OR-26-0005

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

August 13, 2026

Vivian Levy
Acting Medicaid Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 26-0005

Dear Director Levy,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-B OR-26-0005 which was submitted to CMS on May 22, 2026. This plan amendment is being submitted to include missing pages for family planning services and family planning clinic rates.

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 July 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,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0005

2. STATE: OR

3. 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: 7/1/26

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.20 &1905(a)(4)(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 14,756
b. FFY 2027 $ 64,027

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 1c and 1a.5.b NEW

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, Page 1c

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to include missing pages for family planning services and family planning clinic 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
[redacted]

12. TYPED NAME
Emma Sandoe, PhD

13. TITLE
Medicaid Director

14. DATE SUBMITTED
5/22/26

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
5/22/26

17. DATE APPROVED
August 13, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/26

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director of the Division of Reimbursement Review

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 #4.c below. Oregon conversion factors as listed on Attachment 4.19-B, page 1 of this state plan. Unless noted otherwise the agency fee schedule was set for services on or after 7/1/26. 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

4.c. Family planning services and supplies:

Reimbursement for Family Planning services is provided in accordance with the same reimbursement provisions developed for specific practitioner types described in items 5.a Physicians,3. Laboratory, 6.d Other practitioners' services, in attachment 4.19-B of this state plan. Except for Vasectomy code 55250 will be a flat rate of $500.00 instead of the physicians RVU multiplied by Oregon specific conversion factor.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

9. Clinic Services: **Family Planning Clinic**

Family Planning Clinics receive an all-inclusive encounter where the primary purpose of the visit is contraceptive in nature. The encounter code includes: Annual family planning exams; Family planning counseling; Insertions and removals of implants and IUDs; Diaphragm fittings; Dispensing of contraceptive supplies and contraceptive medications; Contraceptive injections; educational materials.

Reimbursement:
All-inclusive encounter code T1015= $230.00
Vasectomy code 55250= flat rate of $500.00

Services outside of the encounter code T1015:
Contraceptive supplies, contraceptive medications and laboratory. Reimbursement for these is in accordance with the same reimbursement provisions developed for specific practitioner types described in item 4.c. Family planning services and supplies in this state plan:

Limitations:
One encounter per date of service;
Educational materials are not billable separately from T1015.

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