

## **Table of Contents**

**State/Territory Name:QT**

**State Plan Amendment (SPA) #: 24-0009**

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



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**Financial Management Group**

April 30, 2024

Dr Sejal Hathi, Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1079

RE: TN 24-0007

Dear Dr. Hathi:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-B OR-24-0007, which was submitted to CMS on March 20, 2024. This plan amendment updated the rates for orthodontic 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, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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 used to redact the signature of the sender.

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 4 — 0 0 0 7</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  
1/1/24

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 3,518  
b. FFY 2025 \$ 4,691

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 4.19-B, page 1a.1.a


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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

9. SUBJECT OF AMENDMENT  
This transmittal is being submitted to increase the rate for orthodontic 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  


12. TYPED NAME  
Vivian Levy

13. TITLE  
Interim Medicaid Director

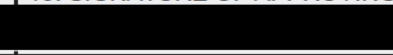
14. DATE SUBMITTED  
3/20/24

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>3/20/24</u>	17. DATE APPROVED <u>April 30, 2024</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL 
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

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #8 through 12.c. below. All rates are published <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>

**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 based on the actuarial calculations used For rate setting for the CCO dental services. 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 1/1/24 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 Scale, times the Oregon specific conversion factor, flat fee rates and unlisted procedures codes. 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.

**12.b. Dentures, Denturist**

Payment for services is a state-wide fee schedule based on the actuarial calculations used For rate setting for the CCO dental services. 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 1/1/24 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 84.5% of 2010 Medicare fee schedule. 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. This rate is effective for dates of service on or after 7/1/12.

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TN No. 24-0007

Approval Date: April 30, 2024

Effective Date: 1/1/24

Supersedes TN No. 23-0038