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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0001

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

April 5, 2021

Lori Coyner,
State Medicaid Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 21-0001

Dear Director Coyner:

We have reviewed the proposed Oregon state plan amendment (SPA) to attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 7, 2021. This SPA increased the daily encounter limit from one (1) encounter per day to five (5) encounters per day. This change would apply to Indian Health Service and Tribal 638 clinics.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 7, 2021. 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 James.Moreth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion, Director
Division of Reimbursement Review

Enclosures cc:

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
21-0001

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1/1/21 1/7/21

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 431.110(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 \$ 10,070,262
b. FFY 2022 \$ 13,617,999

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1a.5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 1a.5

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to increase the daily encounter limit from one (1) encounter per day to five (5) encounters per day. This change would apply to Indian Health Service and Tribal 638 clinics.

11. 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: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lori Coyner, MA

16. RETURN TO:

Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED: January 7, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
January 7, 2021

18. DATE APPROVED:
4/5/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 7, 2021

20. SIGNATURE OF OFFICIAL:

21. TYPED NAME:
Todd McMillion

22. TITLE:
Director, Medicaid Review

23. REMARKS:

State authorized P&I change to box 4 to change effective date to 1/7/21

9. Clinic Services:

Indian Health Service and Tribal Health Facilities (I/T)

Services provided by facilities of the Indian Health Service (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization, and funded by Title I or III of the Indian Self Determination and Education Assistance Act (Public Law 93-638), are paid at the rates negotiated between the Health Care Financing Administration (HCFA) and the IHS and which are published in the Federal Register or Federal Register Notices.

The outpatient per visit rate is also known as the IHS encounter rate. The definition of an encounter is, "A face-to-face contact between a health care professional and an IHS beneficiary eligible for the Medical Assistance Program for the provision of Title XIX/CHIP defined services through an IHS, AI/AN Tribal Clinic or Health Center, or a Federally Qualified Health Clinic with a 638 designation within a 24-hour period ending at midnight, as documented in the client's medical record."

The outpatient per visit rate is paid for up to five (5) outpatient visits per Medicaid beneficiary per calendar day for professional services. This provision also applies to AI/AN Tribal Clinics or Health Centers with a 638 designation that utilize the Prospective Payment System (PPS) rate as outlined in Benefits Improvement and Protection Act (BIPA), Public Law 106-554 and Oregon Administrative Rule Chapter 410 Division 146.

Pharmacy encounters will be paid at the federal OMB clinic encounter rate as outlined in Attachment 4.19-B, section 12-prescribed drugs of this state plan.

The following provider types are allowable to be reimbursed under the IHS encounter rate: Physicians, Physician Assistants, Advanced Nurse Practitioners, Nurse Midwives, Dentists, Pharm D, Speech-Language Pathologist, Audiologist, Physical therapist, Occupational therapist, Podiatrist, Optometrist, Substance Use Disorder Counselors, Psychiatrist, Psychologist, Mental Health Professionals or other health care professionals.

These services are not limited except as directed by the Oregon Administrative Rule -General Rules - Excluded Services and Limitations, the American Indian/Alaska Native Billing Guide and the Health Evidence Review Committee (HERC) Prioritized List of Health Services (List) as follows: Coverage for diagnostic services and treatment for those services funded on the HERC List and Coverage for diagnostic services only, for those conditions that fall below the funded portion of the HERC List.

Medical Transportation services are outside the IHS encounter rate and are reimbursed under the OHA fee-for-service system.

TN 21-0001

Approval Date: 4/5/21

Effective Date 1/7/21

Supersedes TN 17-0007