Table of Contents

State/Territory Name:OR

State Plan Amendment (SPA) #: 24-0002

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

Financial Management Group/ Division of Reimbursement Review

March 19, 2024

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

RE: TN 24-0002

Dear Interim Director Levy:

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 3, 2024. This SPA increased the reimbursement rates for primary care services.

Based upon the information provided by the state, we have approved this amendment with an effective date of January 1, 2024. 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,

[redacted]

Todd McMillion Director
Division of Reimbursement Review

Enclosures cc:

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: 24 — 0002

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
1/1/24

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.50, 440.166, 440.60, 440.20, 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ 124,884
b. FFY 2025 $ 166,092

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*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

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

13. TITLE
Interim Medicaid Director

14. DATE SUBMITTED
1/3/24

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
1/3/24

17. DATE APPROVED
March 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

General: The division pays the lesser of the usual and customary charge or a fee based on the methods outlined for the program according to Attachment 4.19-B. The provider's usual and customary fee is the fee charged by the provider to the general public for the particular service rendered. Where applicable, the maximum allowable fees are established using the CMS Resource Based Relative Value (RBRVS) Scale methodology as published in the Federal Register annually, times an Oregon specific conversion factor.
Conversion factors set for services on or after January 1, 2024:
$40.79 for labor and delivery codes (59400-59622);
$38.76 for neonatal intensive care/pediatric intensive care professional codes (99468-99480);
$28.50 for Primary care provider types and procedure codes;
$25.48 for all remaining RBRVS weight-based procedure codes;
$20.78 for anesthesia procedure codes.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for #3 through #5.b below. 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

3. Laboratory and Radiology:
Clinical Laboratory and Pathology Procedures are paid at 70% of current Medicare fee updated annually as published by Medicare. Other lab and X-ray services are paid on a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.

5.a. Physician/Physician Assistant/Practitioner and 5.b Medical and surgical services furnished by a dentist:
The maximum allowable rates are established using the CMS Resource Based Relative Value Scale (RBRVS) methodology as published in the Federal Register annually, times an Oregon specific conversion factor for specific categories of service.

5.a. Physician/Physician Assistant/Practitioner Administered Drugs:
Based on 100% of the Medicare fee schedule. When no Medicare fee schedule is listed the rate shall be based upon the Wholesale Acquisition Cost (WAC). If no WAC is available, then the rate shall be reimbursed at Acquisition Cost.

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 #6.a through #6.d below. 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

6.a. Podiatrists' services, 6.b Optometrists' services and 6.c Chiropractors' services:

The maximum allowable rates are established using the CMS Resource Based Relative Value Scale (RBRVS) methodology as published in the Federal Register annually, times an Oregon specific conversion factor for specific categories of service.

6.d. Other Practitioner services, Naturopath, Acupuncturist and Licensed Midwives:

Payment for services is a state-wide fee schedule which utilizes the RBRVS Scale, times the Oregon specific conversion factor.

6.d. Emergency Medical Technician (EMT), Advanced EMT (AEMT), EMT-Intermediate (EMT-I), Emergency Medical Responders (EMR), and Paramedics:

Payment for services is a state-wide fee schedule which utilizes CMS HCPCS codes, appropriate for their scope of practice, using a combination of fix rates and Medicare rates. Treat-in-place code A0998 is priced using the ALS1 Base Rate (A0427) of $420.62. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 5/12/23 and is effective for services provided on or after that date. All rates are published on the agency's website https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx.

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 #6.d through #7.c below. 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

6.d. Nurse Anesthetists:

Payment for services is a state-wide fee schedule which utilizes the current American Society of Anesthesiology Relative Value base units plus time.

6.d. Board Certified Behavior Analyst:

Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs. This rate is effective for dates of service on or after 7/1/22.

7. Home Health:

Payment for services is a state-wide fee schedule based upon 74% of the most recently accepted Medicare Cost reports.

7. c. Medical Supplies and Equipment:

Payment for services is a state-wide fee schedule. Rates are based on the following percentages of the 2012 Medicare fee schedule:

- Ostomy supplies are at 93.3%
- Rental rates on group 1 and 2 power wheelchairs with no added power options (K0820-K0829) are at 55%
- Complex Rehab items, other than power wheelchairs, are at 88%
- All other Medicare covered items/services are at 82.6%
- 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. This rate is effective for dates of service on or after 2/1/14.