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**State/Territory Name:** Oregon

**State Plan Amendment (SPA) #** 14-07

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  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, Washington 98104



**Division of Medicaid & Children's Health Operations**

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Suzanne Hoffman, Acting Director  
Oregon Health Authority  
500 Summer Street Northeast, E-49  
Salem, Oregon 97301-1079

**NOV 19 2014**


**RE: Oregon State Plan Amendment (SPA) Transmittal Number 14-007**

Dear Ms. Hoffman:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 14-007. This amendment is being submitted to describe clinic services for free standing kidney centers and free standing ambulatory surgery centers. This SPA is approved effective July 1, 2014, as requested by the State.

If you have any questions concerning this SPA or require further assistance, please contact me, or your staff may contact Bill Vehrs at (503) 399-5682.

Sincerely,

  
Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs  
Rhonda Busek, Deputy Director, Division of Medial Assistance Programs

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

1. TRANSMITTAL NUMBER:  
**14-07**

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  
**7/1/14**

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 440.90

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$ 0  
b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 4.a, 4.a.1  
Attachment 4.19-B, page 1a.4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to describe clinic services.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME Rhonda Busek

14. TITLE: Interim Director, Division of Medical Assistance Programs

15. DATE SUBMITTED: 9-22-14

16. RETURN TO:

Division of Medical Assistance Programs  
Oregon Health Authority  
500 Summer Street NE E-35  
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/22/14

18. DATE APPROVED: 11.19.2014

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Carol J.C. Peverly

22. TITLE: Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS:

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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9. Clinic Services

Payment for clinic services is in accordance with 42 CFR 440.90.

**Free standing kidney centers**

A center devoted specially to treat End Stage Renal Disease (ESRD).

Description of service:

Continuous Ambulatory Peritoneal dialysis, Continuous Cycling Peritoneal Dialysis, hemodialysis or ESRD.

Program coverage:

Covered as an outpatient service when provided by a freestanding renal dialysis center or a freestanding community hemodialysis unit. Includes physician services, medical supplies, equipment, drugs, and laboratory tests. The Division follows Medicare's criteria for coverage of Epoetin, Intradialytic Parenteral Nutrition services, and the frequency schedule for laboratory tests for ESRD services. When laboratory tests are performed at a frequency greater than specified by Medicare, the additional tests must be medically justified by accompanying documentation.

Reimbursement:

This service is reimbursed according to attachment 4.19-B.

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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9. Clinic Services (cont)

**Freestanding ambulatory surgery centers**

A distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and the expected duration of services would not exceed 24 hours following an admission. Ambulatory surgical center services must be provided in an "Ambulatory Surgical Center" or "ASC" as defined by 42 CFR 416 and other applicable federal and state laws, rules, and regulations.

Program coverage:

ASC services are limited to those services furnished in connection with or directly related to a covered surgical procedure approved by the Division. If the client has Medicare in addition to Medicaid and Medicare covers a surgery, but not in an ASC setting, then the surgery may not be performed in an ASC.

Prior authorization:

Services as referenced under Attachment 3.1-A, page 2-b, Physician, medical surgical services.

Reimbursement:

This service is reimbursed according to attachment 4.19-B.

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TN# 14-07

Approval Date: 11 . 19 . 2014    Effective Date: 7/1/14

Superseded TN# 89-33



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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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9. Clinic Services:

Free standing kidney centers :

Reimbursement for Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) is provided under a statewide composite rate at 80% of the Medicare allowed amount published on January 1 of each year.

Epoetin is reimbursed at 100% of the Medicare maximum allowed amount published on January 1 of each year. Other dialysis related charges allowed by Medicare, are reimbursed at 80% of the Medicare maximum allowed amount published on January 1 of each year. Allowable clinical laboratory charges are reimbursed according to Attachment 4.19-B, page 1 of this state plan. Billed charges may not exceed the Medicare maximum allowable amount.

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 is effective for services provided on or after 1/1/2014. All rates are published on the agency web at: <http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx>.

Freestanding ambulatory surgery centers (ASC):

Reimbursement for select surgical procedures is provided under a statewide rate and is the lower of:

1. Submitted charges or
2. 80% of the Medicare rate published on January 1 of the prior fiscal year to be updated each year with the prior year's rate.

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 is effective for services provided on or after 1/1/2014. All rates are published on the agency web at: <http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx>