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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 16-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

December 19, 2016

Lynne Saxton, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 16-0009

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 16-0009. This SPA defines optometrists as "physicians" in the state of Oregon for Medicaid billing and services, which makes them eligible providers for the Electronic Health Record (EHR) Incentive Program.

This SPA is approved effective July 1, 2016.

If there are any questions concerning this approval, please contact me or your staff may contact Betsy Conklin at Elizabeth.Conklin@cms.hhs.gov or (206) 615-2357.

Sincerely,

Digitally signed by David L. Meacham -



David L. Meacham
Associate Regional Administrator

Enclosure

cc:

Lori Coyner, Oregon Health Authority
Jesse Anderson, Oregon Health Authority

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

1. TRANSMITTAL NUMBER:
16-0009

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
7/1/16

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 440.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$ 0
b. FFY 2017 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Administrative Section, page 27 (P&I)
Attachment 3.1-A, Pages 2-b, 2-b.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Administrative Section, page 27 (P&I)
Attachment 3.1-A, Pages 2-b

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect that naturopathic physicians and optometrists are recognized as a "physician" in the state of Oregon for Medicaid billing and services which also makes them an EP for the EHR incentive program.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME Lori Coyner, MA

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

14. TITLE: Medicaid Director, OHA

ATTN: Jesse Anderson, State Plan Manager

15. DATE SUBMITTED: 9/29/16

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
9/29/16

18. DATE APPROVED:
12/19/16

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/16

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

12/02/16: State authorized P&I change to box 8 and 9

Revision: HCFA-PM-87-5
APRIL 1987

(BERC)

Transmittal #16-0009
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation(s)		
42 CFR 441.30 AT-78-90	3.1 (f) (1)	<p><u>Optometric Services</u></p> <p>Optometric services (other than those provided under §435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.</p> <p><input checked="" type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.</p> <p><input type="checkbox"/> Not applicable. The conditions in the first sentence do not apply.</p>
1903(i)(1) of the Act, P.L. 99-272 (Section 9507)	(2)	<p><u>Organ Transplant Procedures</u></p> <p>Organ transplant procedures are provided.</p> <p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at <u>ATTACHMENT 3.1-E.</u></p>

TN No. 16-0009
Supersedes TN No. 87-10

Approval Date 12/19/16

Effective Date 7/1/16

HCFA ID: 1008P/0011P

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

5. a. and b. Physicians Services, Medical and Surgical Services provided by dentist

Physician services are covered for the diagnosis of conditions, preventative care services including immunizations, acute care and treatment of chronic health conditions. Payment for physicians and oral surgeon services is subject to Health Evidence Review Commission, Prioritized List of Health Services as authorized under the 1115 waiver. The Health Services Commission's Prioritized List of Health Services is found on the Division website at: <http://www.oregon.gov/oha/healthplan/Pages/priorlist.aspx>.

Prior Authorization:

Service categories that require a prior authorization include elective rehabilitative procedures; transplants; MRI; bariatric surgeries and evaluations; laparoscopy; selective reconstructive surgeries such as eye lid correction. Exceptions for non-covered services or services with limitations are allowed when medically necessary and prior authorized by the Division. The Division may disallow payment for physicians' or oral surgeon services provided during inpatient hospitalizations in which prior approval was required but not obtained. Reimbursement for non-emergency services provided by out-of-state physicians or oral surgeons, other than in contiguous areas, must be prior authorized.

The Division's Administrative rules are used in conjunction with the Prioritized List of Health Services to outline additional criteria such as prior authorization criteria, billing and payment information. Payment of services to foster children and children in subsidized adoption who are placed by the Children's Services Division anywhere in the United States is on the same basis as services provided in Oregon.

For the purposes of Oregon Medicaid and specifically the Medicaid EHR Incentive Program, services performed by Optometric physicians, subject to 42 CFR 441.30, are included in the term "physician" services under this state plan and are reimbursed the same under the Physician fee schedule.

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

5. a. and b. Physicians Services, Medical and Surgical Services provided by dentist (Cont)

Optometric physicians are subject to Oregon scope of practice laws and are held to the same standards as are persons licensed as physicians to practice medicine and surgery by the Oregon Medical Board.

Optometric physicians are eligible providers for the EHR incentive program to the extent they provide services to children under 21 and meet any other criteria required for EHR.

6. a. Podiatrist Services

Selected procedures require prior authorization of payment. Routine foot care is excluded from coverage.

TN 16-0009
Supersedes TN new

Approval Date 12/19/16

Effective Date 7/1/16