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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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, WA 98104



Division of Medicaid & Children's Health Operations

January 30, 2018

Pat Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 18-0001

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 18-0001. This SPA is being submitted to increase Fee-For-Service Dental Rates for selected services. This SPA is approved effective February 1, 2018, as requested by the state.

If there are additional questions please contact me, or your staff may contact Bill Vehrs at bill.vehrs@cms.hhs.gov or at (503) 399-5682.

Sincerely,



David L. Meacham
Associate Regional Administrator

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

1. TRANSMITTAL NUMBER:

18-0001

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

2/1/18

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 440.100, 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 \$ 152,283

b. FFY 2019 \$225,558

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 1a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, page 1a

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to increase Fee-For-Service dental rates for selected 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: The Governor does not wish to review any plan materials.

SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: David Simnitt

14. TITLE: Interim State Medicaid Director, OHA

15. DATE SUBMITTED:

1/18/18

16. RETURN TO:

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

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1/18/18

18. DATE APPROVED:

1/30/18

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

2/1/18

20. SIGNATURE:

Digitally signed by David L. Meacham -S
DN: c=US, o=US Government, ou=HHS

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

Date: 2018.01.31 15:05:04 -08'00'

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

| Provider type/ Service type | Payment method |
|---|--|
| 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 1/1/15. |
| 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. | <p>Payment for services is a state-wide fee schedule. Rates are based on the following percentages of the 2012 Medicare fee schedule:</p> <ul style="list-style-type: none"> • 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%. <p>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.</p> |
| 8. Private Duty Nursing Services: | Payment for services is a state-wide fee schedule based on community wages set in 1993 with periodic CPI increases. |
| 10. Dental services Dentist, Dental hygienist with an Expanded Practice Permit | Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest commercial dental insurance carrier in Oregon. This rate is effective for dates of service on or after 2/1/18 and can be accessed at http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx . |
| 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. |
| 12.b. Dentures, Denturist | Payment for services is based on a state-wide fee schedule. The fees were developed from a survey of other State Medicaid Programs and the largest commercial dental insurance carrier in Oregon. |
| 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. |