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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 18-0006

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

November 15, 2018

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 18-0006

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 18-0006. This SPA was submitted to add a Dental Services Pay for Performance supplemental payment program.

This SPA is approved effective January 1, 2019, as requested by the state.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Bill Vehrs at (503) 399-5682 or bill.vehrs@cms.hhs.gov.

Sincerely,



David L. Meacham
Associate Regional Administrator

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

1. TRANSMITTAL NUMBER:
18-0006

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
1/1/19

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 447 Subpart C~~ 42 CFR 440.100

7. FEDERAL BUDGET IMPACT:

- a. FFY 2019 \$ 112,000
b. FFY 2020 \$ 147,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 40-41, 1a.5.a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to add a Dental Services Pay for Performance Supplemental Payment 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:

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

13. TYPED NAME David Simmitt

14. TITLE: Interim State Medicaid Director, OHA

ATTN: Jesse Anderson, State Plan Manager

15. DATE SUBMITTED:

8/22/18

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/22/18

18. DATE APPROVED:

11/15/18

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/19

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

David L. Meacham

22. TITLE:

Associate Regional Administrator

23. REMARKS:

9/26/18-state authorized a P&I change to block #6

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Dental Service- Pay for Performance Supplemental Payment Program

Effective January 1, 2019, qualifying dental providers will receive performance supplemental Medicaid payments upon providing preventive services to new Medicaid dental clients receiving Medicaid dental services for the first time.

A Qualifying dental provider means a dentist, I/T/U health clinic or Dentist working for an I/T/U health clinic, who is currently or newly enrolled as a Medicaid provider in an individual, facility, institution, corporate entity, or other organization that supplies health services or items also termed a rendering provider, or bills, obligates, and receives reimbursement on behalf of the rendering provider of services, also termed a billing provider (BP). The term provider refers to both rendering providers and BP unless otherwise specified.

New Medicaid dental client means any adult or child client who is enrolled in the Medicaid program and has not received dental services through these resources in the prior two years .

New and existing qualifying dental providers will be eligible for performance supplemental payments as follows:

Access tier 1: Qualifying dental providers taking a minimum of five (5) new Medicaid clients and who render at least one preventive service to those clients, dates of service between January 1, 2019 and June 30, 2020, will receive a supplemental payment of \$200 for the dental benefit/service rendered to each of the five clients for a total of \$1,000 as an enhanced payment.

Access tier 2: Qualifying dental providers taking an additional twenty (20) new Medicaid clients (for a total of 25 new clients) and who render at least one preventive service to those clients with dates of service between January 1, 2019 and June 30, 2020 will receive a supplemental payment of \$50 for the dental benefit rendered to each of the additional twenty new clients for a total of an additional \$1000.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Dental Service- Pay for Performance Supplemental Payment Program (Cont)

Dental providers qualifying for the supplemental performance payment in Access-tiers 1 and 2 will be identified through a monthly reporting process that will capture new clients by Medicaid ID with the dates of service for prevention services after January 1, 2019. Upon verification of report information, a supplemental performance payment will be authorized.

Quality tier 3: Qualifying dental provider locations meeting a set benchmark of preventive service utilization for the practice are eligible for a supplemental payment of \$1,000. Benchmarks specific to dental locations is equal to a 10 percentage point increase in rate of preventive services provided to all OHP clients at practice location.

In the event a new dental service location enrolls in the Medicaid FFS program, these locations will be subject to the State's pre-determined benchmark based on their county.

Baseline benchmark data by service location will be established at start of program (January 1, 2019) and shared with existing office locations.

The department's pre-determined number will be derived from the county's proportional expected contribution to the statewide utilization increase of existing service office locations. The new service office location's pre-determined benchmark will be the average number of additional beneficiaries among all of the existing service office locations in the county necessary to increase the statewide goal of 10 percent. Providers locations reaching Tier 3 will be assessed and issued a supplemental performance payment during the regular monthly data period process.

9. Clinic Services:

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

Pay for Performance Supplemental Payments for qualifying dental providers apply to IHS clinic dental services the same as described in Attachment 4.19-B **Dental Service- Pay for Performance Supplemental Payment Program.**

TN 18-0006
Supersedes TN NEW

Approval Date:

11/15/18

Effective Date 1/1/19