Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) #: 22-0013

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

August 12, 2022

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

RE: TN 22-0013

Dear Mr. Allen:

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 June 17, 2022. Oregon Health Authority submitted SPA TN 20-0013, to continue the reimbursement for telehealth services after the end of the Public Health Emergency as established under the Disaster relief SPA TN No. 20-0006.

Based upon the information provided by the state, we have approved this amendment with an effective date of the day after the end of the PHE. 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,

Todd McMillion Director Division of Reimbursement Review

Enclosures cc:

	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 2 _ 0 0 1 3 OR
STATE PLAN MATERIAL	2 PROGRAM IPENTIFICATION, TITLE OF THE COOK
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
	XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	one day after the end of the PHE
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440 Services	a FFY 2022 \$ 215,577 b. FFY 2023 \$ 215,577
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 42	Attachment 4.19-B, Page 42
7.1.doi.11.01.1.1.0 2,1 ago 12	/
9. SUBJECT OF AMENDMENT	
This transmittal is being submitted to continue the reimbursement	for telehealth services after the end of the PHF period
This transmittants being submitted to continue the reimbursement	Tor telefication services after the end of the FTIE period.
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	O THER, ACCIDENTES.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
	45 DETUDN TO
STATE AGENCY OFFICIAL	15. RETURN TO
	Oregon Health Authority Medical Assistance Programs
12. TYPED NAME	500 Summer Street NE E-65
Dana Hittle	Salem, OR 97301
13. TITLE Interim Medicaid Director	
14. DATE SUBMITTED	ATTN: Jesse Anderson, State Plan Manager
6/17/22	
6/17/22 FOR CMS U	ISE ONLY
FOR CMS U	ISE ONLY 17. DATE APPROVED
16. DATE RECEIVED 6/17/22	17. DATE APPROVED August 12, 2022
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Transmittal # 22-0013 Attachment 4.19-B Page 42

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Telemedicine/telehealth:

The Authority reimbursement of patient to clinician telephonic and electronic services for established patients are based upon a Relative Value Unit (RVU) weight-based rates for Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Oregon assigned a higher RVU weight for specific codes multiplied by a state-wide factor in order for the rate to be equivalent to a face-to-face encounter as follows:

99441=\$16.04 99442=\$31.44 99443=\$51.97

Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers. All rates are published on the agency's web at https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

TN No.<u>22-0013</u> Approval Date: Effective Date: one day after the end of the PHE

Supersedes TN No. 20-0006