### **Table of Contents**

# **State/Territory Name: OR**

## State Plan Amendment (SPA) #: 22-0019

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
Approved SPA Pages



#### Financial Management Group/ Division of Reimbursement Review

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

RE: TN 22-0019

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 September 8, 2022. This SPA increased the fee-for-service reimbursement for doula services from \$350 to \$1,500 per pregnancy. This fee covers payment for a minimum of two prenatal care visits, care during delivery and two required postpartum home visits.

Based upon the information provided by the state, we have approved this amendment with an effective date of July 1,2022. 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:

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	I. TRANSMITTAL NUMBER     2. STATE       2     2     0     0     1     9     OR
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT O XIX O XXI
	V
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 7/1/22
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(c)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 4,831 b. FFY 2023 \$ 17,923
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 1a.6	Attachment 4.19-B, Page 1a.6
9. SUBJECT OF AMENDMENT This transmittal is being submitted to increase rates for Doula se	ervices.
10. 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:
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Oregon Health Authority
12. TYPED NAME	Medical Assistance Programs
Dana Hittle	500 Summer Street NE E-65
13. TITLE	Salem, OR 97301
Interim Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
14. DATE SUBMITTED 8/9/22 P&I change to 9/8/22	
	USE ONLY
16. DATE RECEIVED 9/8/22	17. DATE APPROVED November 4, 2022
	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
IO. ET LOTIVE DATE OF AFFROVED MATERIAL	13. SIGNATURE OF AFFROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Todd McMIllion	Director, DRR
22. REMARKS	S.
P&I change to box 14 to correct submission date to 9/8/22.	

Transmittal # 22-0019 Attachment 4.19-B Page 1a.6

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

### 13.c. <u>Preventive Services: Doula services</u>

Effective for services on or after July 1, 2022, doula services provided during labor and delivery (includes antepartum and postpartum period) are reimbursed at the lower of:

- 1. Submitted charge; or
- 2. \$1500 per pregnancy, includes a minimum of 2 prenatal care visits, care during delivery and 2 postpartum home visits.

Doulas services can be billed once per pregnancy. Multiple births (i.e. twins, triplets) are not eligible for additional reimbursement.

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 7/1/2022. All rates are published on the agency web at: http://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

TN 22<u>-0019</u> Supersedes TN <u>17-0006</u> Approval Date

Effective Date 7/1/22