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State/Territory Name: OR

State Plan Amendment (SPA) #: 23-0016

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
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

September 25, 2024

Emma Sandoe, PhD
Medicaid Director, Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: TN 23-0016

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oregon state plan amendment (SPA) to Attachment 4.19-B OR-23-0016, which was submitted to CMS on May 24, 2023. This plan amendment created an annual quality assurance fee on each emergency medical transport and established reimbursement to be paid to nonpublic emergency medical service providers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2023. 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 via email at James.Moreth@CMS.HHS.GOV.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 6</u>	2. STATE <u>OR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>4/1/23</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>767,498</u> b. FFY <u>2024</u> \$ <u>1,670,576</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.9-B, 4.19-b page 53 through 56-57 (New)</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>NEW</u>

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

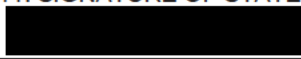
5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 431.53, 440.170

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to establish an enhanced payment to non public Emergency Medical Transportation Service providers to align with House Bill 2910 passed during Oregon's 2021 regular legislative session.

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


12. TYPED NAME
Dana Hittle

13. TITLE
Medicaid Director

14. DATE SUBMITTED
5/24/23

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

ATTN: Jesse Anderson, State Plan Manager


FOR CMS USE ONLY

16. DATE RECEIVED
5/24/23

17. DATE APPROVED
September 25, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/23

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd Mcmillion

21. TITLE OF APPROVING OFFICIAL
Director, DRR

22. REMARKS

9/10/24- P&I change to box 7 to correct "4.19-b" and "53-57".

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

Emergency Medical Transport Service (EMTS) provider enhanced reimbursement for qualifying private, nonfederal, nonpublic emergency medical transport services.

This program will provide enhanced payments to eligible private emergency medical transport service providers by implementing an add-on reimbursement fee to the base rate for eligible private emergency medical transportation services, excluding EMS air transports. The reimbursement add-on rate will cover private emergency medical transport services and will be applied in a lump sum payment at least annually to eligible providers using the Healthcare Common Procedure Coding System (HCPCS) emergency medical transport codes. The base rates for EMTS will not change with this amendment to Oregon’s Medicaid’s State Plan.

A. Definitions

1. “Agency” means the Oregon Health Authority (OHA).
2. “Advanced life support” means special services designed to provide definitive prehospital emergency medical care, including but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration with drugs and other medicinal preparations, and other specified techniques and procedures.
3. “Basic life support” means emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques.
4. “Eligible Emergency Medical Services Provider” means an EMS provider that meets all the eligibility requirements described in [Section B] below. A nonfederal or nonpublic entity that: employs individuals who are licensed by the Oregon Health Authority to provide emergency medical services; and contracts with a local government.

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State/Territory: OREGON
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Emergency Medical Transport Service (EMTS) provider enhanced reimbursement for qualifying private, nonfederal, nonpublic emergency medical transport services.

5. “Emergency Medical Services” means the act of transporting an individual by ground from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient, as well as the advanced, limited-advanced, and basic life support services provided to an individual by Eligible Emergency Medical Services Provider before or during the act of transportation. This includes to assess, treat, and stabilize the individual’s medical condition; or prepare and transport the individual to a medical facility.
6. “Emergency Medical Transport Service” means an emergency medical services provider’s evaluation of an individual experiencing a medical emergency and the transportation of the individual to the nearest medical facility capable of meeting the needs of the individual. For the purposes of this state plan, EMS air transports are excluded.
7. “Emergency Medical Services Fund” is a fund established in the state treasury, separate and distinct from the General Fund. The Emergency Medical Services Fund consist of moneys collected by OHA as a quality assurance fee.
8. “Federal financial participation (FFP)” means the portion of medical assistance expenditures for emergency medical services that are paid or reimbursed by the Centers for Medicare and Medicaid Services in accordance with the State Plan for medical assistance. Clients under Title XIX are eligible for FFP.
9. “Gross receipts” means gross payments received as patient care revenue for emergency medical services transports, determined on a cash basis or accounting. Gross receipts do not include Medicaid Supplemental reimbursement pursuant to Attachment 4.19-B, pages 31-39 of Oregon’s Medicaid’s State Plan.

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10. "Local Government" means all cities, counties and local service districts located in this state, and all administrative subdivisions of those cities, counties and local service districts.
11. "Limited advanced life support" means special services to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support services.
12. "Treatment in place" means EMT services (basic, limited-advanced, and advanced life support services) provided by a Medicaid-enrolled EMS professional to an individual who is released on the scene without transportation by ambulance to a medical facility but is not an allowable cost to be included in the supplemental reimbursement.
13. "Usual charge" means the usual fee charged by the provider to the general public for a particular service. The OHA pays the lesser of the usual charge or the Medicaid fee schedule. 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 was set as of 4/1/23 and is effective for services provided on or after that date. All rates are published on the agency website <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>.

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B. EMTS Private Provider Eligibility Requirements.

To be eligible for enhanced reimbursement, EMTS private providers must meet all the following requirements:

1. Be enrolled as an Oregon Health Plan Medicaid provider;
2. Provide ground emergency medical transport services to Medicaid recipients; and
3. The organization is not a publicly owned or operated, and/or not participating in the GEMT supplemental program.

C. Enhanced reimbursement methodology.

A uniform add-on rate per emergency transport will be determined at least annually and will not exceed one hundred percent (100%) of the difference between Medicaid payments otherwise made to each EMTS private provider for EMS services (base rates) and the usual charge for the service.

Medicaid base rate to the EMTS providers for providing EMTS services are derived from the ambulance FFS fee schedule established for reimbursements payable by the Medicaid program by procedure code. The primary source of paid claims data, and other Medicaid reimbursements is the Oregon Medicaid Management Information System (MMIS). The number of paid Medicaid EMTS transports is derived from and supported by the MMIS reports and the data from the Data Request Report for services during the applicable service period.

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Reimbursement may not exceed the costs for the emergency medical service transport, less the amount of reimbursement that the emergency medical services provider is eligible to receive from all public and private sources.

Add-on payments for each private EMTS provider will be calculated for each at least annually by multiplying the uniform add-on rate by the provider's volume of Medicaid transports billed with HCPCS codes A0429 BLS Emergency, A0427 ALS Emergency (Level 1) and paid during the preceding quarter as determined through the Medicaid Management Information System.

The program will include an annual audit and reconciliation process within a nine-month period and any overpayments will be recouped. OHA will audit and reconcile payments once a year to ensure there was no overpayments or duplication in payments. If there is an overpayment or duplication in payment identified the provider is notified in writing and the provider can make an appeal. If the payment was determined as a true overpayment or duplication of payment, OHA will recoup any funds and return those funds to the correct entity.

EMTS private providers not subject to licensure within the State of Oregon will not receive the enhanced add-on rate payment.