Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) #: 23-0021

This file contains the following documents in the order listed:

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

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 1, 2023

Dana Hittle, Director Oregon Health Authority 500 Summer Street Northeast, E-15 Salem, Oregon 97301-1079

RE: TN 23-0021

Dear Mrs. Hittle:

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 14, 2023. This SPA continues the provisions in approved Disaster relief SPA TN OR-23-0001 past the Public Health Emergency period which ended May 11, 2023. This State Plan Amendment allows Tribal 638 Health Programs enrolled with the Oregon Health Plan (OHP) as an FQHC to use the Indian Health Service Memorandum of Understanding All-inclusive Rate (IHS MOU AIR Rate) for Medicaid reimbursement, rather than a clinic-specific Prospective Payment System (PPS) Rate as an Alternative Payment Methodology (APM).

Based upon the information provided by the state, we have approved this amendment with an effective date of May 12, 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 <u>James.Moreth@cms.hhs.gov.</u>

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures cc:

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 4. PROPOSED EFFECTIVE DATE 5/12/23 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR part 440 20 and 447 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR part 440 20 and 447 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 7. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. O	TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 2 3 0 2 1 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
42 CFR pat 440 20 and 447 a. FFY24, 2023 s. 871,042 b. FFY28, 2024 s. 22265,930 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 9-b 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 9-b 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New page 9. SUBJECT OF AMENDMENT This transmittal is being submitted to continue the APM provisions approved in the Disaster relief SPA 23-0001 past the PHE period. 10. GOVERNOR'S REVIEW (Check One) © OTHER, AS SPECIFIED: OCOMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 15. RETURN TO Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 12. TYPED NAME Dana Hittle 15. RETURN TO Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 17. DATE APPROVED AUGUST 1, 2023 14. DATE RECEIVED 17. DATE APPROVED AUGUST 1, 2023 60. TATE APPROVED AME OF APPROVED ANTERIAL 5/12/23 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL Director, DRR		4. PROPOSED EFFECTIVE DATE
Attachment 4.19-B, Page 9-b OR ATTACHMENT (If Applicable) 9. SUBJECT OF AMENDMENT This transmittal is being submitted to continue the APM provisions approved in the Disaster relief SPA 23-0001 past the PHE period. 10. GOVERNOR'S REVIEW (Check One) GovernoR'S REVIEW (Check One) GovernoR'S OFFICE REPORTED NO COMMENT COMMENT COMMENT OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Dana Hittle 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY 17. DATE RECEIVED 17. DATE RECEIVED 17. DATE RECEIVED 17. DATE RECEIVED 60 NUY 18. EFFECTIVE DATE OF APPROVED AMTERIAL 19. SUBMITTED 17. DATE RECEIVED 61/14/23 FOR CMS USE ONLY 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 17. DATE RECEIVED 6/14/23 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE	5. FEDERAL STATUTE/REGULATION CITATION 42 CFR part 440.20 and 447	a FFY <mark>24 2023 \$ 871,042 }</mark>
9. SUBJECT OF AMENDMENT This transmittal is being submitted to continue the APM provisions approved in the Disaster relief SPA 23-0001 past the PHE period. 10. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Dana Hittle 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY TO CARP CY OFFICIAL 17. DATE AGENCY OFFICIAL 15. RETURN TO Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager 6/14/23 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVIED MATERIAL 17. DATE APPROVED ALL OF APPROVING OFFICIAL 5/12/23 18. ISIGNATURE OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVIED MATERIAL 21. TITLE OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL		OR ATTACHMENT (If Applicable)
This transmittal is being submitted to continue the APM provisions approved in the Disaster relief SPA 23-0001 past the PHE period. 10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENT OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 6/14/23 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL 19. SIGNATURE OF APPROVING OFFICIAL 11. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 6/14/23 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	Allaciment 4. 19-D, Fage 3-D	
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 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME 12. TYPED NAME 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE RECEIVED 6/14/23 FOR CMS USE ONLY 18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/23 20. TYPED NAME OF APPROVED MATERIAL 5/12/23	9. SUBJECT OF AMENDMENT	
GOVERNOR'S OFFICE REPORTED NO COMMENT Image: Comments of Governor's office enclosed no reply received within 45 days of submittal 11. SIGNATURE OF STATE AGENCY OFFICIAL 15. RETURN TO Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 12. TYPED NAME Dana Hittle 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 17. DATE APPROVED AMDE OR CONSUMPTION OF FICIAL 16. DATE RECEIVED 6/14/23 17. DATE APPROVED AMDE OR COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/23 19. SIGNATURE OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL	This transmittal is being submitted to continue the APM provisions approved in the Disaster relief SPA 23-0001 past the PHE period.	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Dana Hittle 13. TITLE Medicaid Director 14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY TO AME DATE RECEIVED 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 6/14/23 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMIllion	10. GOVERNOR'S REVIEW (Check One)	
12. TYPED NAME Oregon Health Authority 12. TYPED NAME Dana Hittle 13. TITLE Medicaid Director 14. DATE SUBMITTED ATTN: Jesse Anderson, State Plan Manager 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE APPROVED 6/14/23 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL Todd McMillion Director, DRR	igodoldoldoldoldoldoldoldoldoldoldoldoldol	OTHER, AS SPECIFIED:
I.2. TYPED NAME Dana HittleOregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 9730113. TITLE Medicaid DirectorATTN: Jesse Anderson, State Plan Manager14. DATE SUBMITTED 6/14/23FOR CMS USE ONLY16. DATE RECEIVED 6/14/2317. DATE APPROVED August 1, 2023PLAN APPROVED - ONE COPY ATTACHED18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/2319. SIGNATURE OF APPROVING OFFICIAL Director, DRR20. TYPED NAME OF APPROVING OFFICIAL Todd McMIllion21. TITLE OF APPROVING OFFICIAL Director, DRR	11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO
12. TYPED NAME Medical Assistance Programs Dana Hittle 500 Summer Street NE E-65 13. TITLE Medicaid Director 14. DATE SUBMITTED ATTN: Jesse Anderson, State Plan Manager 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE APPROVED 6/14/23 AUgust 1, 2023 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL		Oregon Health Authority
Dana Hittle Sour Summer Street NE E-65 13. TITLE Medicaid Director 14. DATE SUBMITTED ATTN: Jesse Anderson, State Plan Manager 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE APPROVED 6/14/23 August 1, 2023 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL Todd McMillion Director, DRR		Medical Assistance Programs
13. TITLE Medicaid Director ATTN: Jesse Anderson, State Plan Manager 14. DATE SUBMITTED 6/14/23 ATTN: Jesse Anderson, State Plan Manager FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE APPROVED 6/14/23 17. DATE APPROVED 16. DATE RECEIVED 17. DATE APPROVED 6/14/23 19. SIGNATURE OF APPROVED PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 19. SIGNATURE OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL		
14. DATE SUBMITTED ATTN. Jesse Anderson, State Plan Manager 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE APPROVED 6/14/23 August 1, 2023 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL	13. TITLE	Salem, OR 97301
14. DATE SUBMITTED 6/14/23 FOR CMS USE ONLY 16. DATE RECEIVED 6/14/23 17. DATE APPROVED August 1, 2023 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/23 19. SIGNATURE OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion 21. TITLE OF APPROVING OFFICIAL Director, DRR	Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
16. DATE RECEIVED 17. DATE APPROVED 6/14/23 August 1, 2023 PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 19. SIGNATURE OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL Todd McMIllion Director, DRR		
6/14/23 August 1, 2023 PLAN APPROVED ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 19. SIGNATURE OF APPROVING OFFICIAL 20. TYPED NAME OF APPROVING OFFICIAL 21. TITLE OF APPROVING OFFICIAL Todd McMIllion Director, DRR		
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMIllion 21. TITLE OF APPROVING OFFICIAL		
18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL 5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMIllion 21. TITLE OF APPROVING OFFICIAL Director, DRR	0 1 1 2 0	
5/12/23 20. TYPED NAME OF APPROVING OFFICIAL Todd McMIllion 21. TITLE OF APPROVING OFFICIAL Director, DRR		
20. TYPED NAME OF APPROVING OFFICIAL Todd McMIllion 21. TITLE OF APPROVING OFFICIAL Director, DRR		
Todd McMIllion Director, DRR		

Transmittal # 23-0021 Attachment 4.19-B Page 9-b

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

FQHC & RHC Alternate Payment Methodology

Tribal Clinics:

AI/AN Tribal Clinics with a 638 designation that are enrolled as a Federally Qualified Health Center may be paid an Alternative Payment Methodology (APM) for FQHC services that is equivalent to the Indian Health Service MOU rate, published annually in the Federal Register. Each individual tribal FQHC must agree to the APM, and the amount paid under this APM is at least equal to the Prospective Payment System (PPS) rate.

TN No. <u>23-0021</u> Supersedes TN No. NEW Approval Date: August 1, 2023 Effective Date: 5/12/23