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State/Territory Name: OR

State Plan Amendment (SPA) #: 23-0021

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 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 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**

1. TRANSMITTAL NUMBER 2 3 — 0 0 2 1 2. STATE OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY~~24~~ 2023 \$ 871,042
b. FFY~~25~~ 2024 \$ 2,265,930

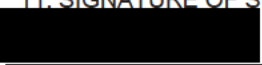
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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)
 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 6/14/23

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 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

22. REMARKS P&I change to box 6 to change FFY to FFY 2023 and FFY 2024- 7/27/23.

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. 23-0021

Approval Date: August 1, 2023

Effective Date: 5/12/23

Supersedes TN No. NEW