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## **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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION 7. OP OF THE SUPERSEDED PLAN SECTION 7.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
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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