



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX-43
Seattle, Washington 98121

JAN 12 2012

Bruce Goldberg, MD, Director
Department of Human Services
Human Services Building
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment 11-009

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team approved Oregon State Plan Amendment (SPA) 11-009.

Although the Pharmacy Team will be sending the State a copy of the approval for this SPA, the Seattle Regional office is following up with an additional copy for the reason that we were in receipt of the original, signed amendment request.

Therefore, enclosed you will find a copy of the official CMS form 179, and amended page(s) for your records.

If you have any questions concerning the Seattle Regional office role in the processing of this state plan amendment, please contact Jan Mertel at (206) 615-2317 or Jan.Mertel@cms.hhs.gov.

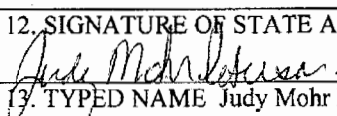

Sincerely,

A handwritten signature in black ink that reads "Carol J.C. Peverly".

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosure

cc: Judy Mohr Peterson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-09	2. STATE Oregon
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30)(A), 1927 of the ACT, 42 CFR 447 Subpart I		7. FEDERAL BUDGET IMPACT: a. 2011 \$ (134,079) b. 2012 \$ (805,243)-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3-c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 3-c	
10. SUBJECT OF AMENDMENT: Budget limitations from development of 11-13 budget reflects specified provider reductions. This SPA reflects the Pharmacy dispensing fee claim volume changes.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Judy Mohr Peterson		Bruce Goldberg, MD	
14. TITLE: Director, DMAP		Director, OHA	
15. DATE SUBMITTED: 7/14/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 20, 2011		18. DATE APPROVED: JAN 12 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUG 01 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

12. Prescribed Drugs (continued)

- (2) Based upon the annual volume of the enrolled pharmacy, the dispensing fee will be as follows:
- Less than 30,000 claims a year = \$14.01
 - Between 30,000 and 49,999 claims per year = \$10.14
 - 50,000 or more claims per year = \$9.68
- (3) Pharmacies that fail to respond to the annual survey will default to the \$9.68 dispensing fee.
- (4) Pharmacies dispensing through a unit dose or 30-day card system must bill the Division only one dispensing fee per medication dispensed in a 30-day period.
- (5) Dispensing fee tiers are applicable to all pharmacies: retail independent, Institutional, mail order, compounding and 340 programs. Retail chain affiliated pharmacy dispensing fee is paid at the lowest tier regardless of volume.
- (6) Independently owned pharmacies in communities that are the only enrolled pharmacy within a fifteen (15) mile radius from another pharmacy shall be reimbursed at a dispensing fee of \$14.01.

TN No. 11-09

Approval Date:

Effective Date: 8/1/11

Supersedes TN No. 10-13

JAN 12 2012