

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



October 29, 2013

Bruce Goldberg, MD, Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, OR 97301-1097

Dear Dr. Goldberg:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving your June 18, 2013 request to amend Oregon's section 1115 Oregon Health Plan demonstration (21-W-00013/10 and 11-W-00160/10). Approval of this demonstration amendment is under the authority of section 1115(a) of the Social Security Act and is effective from the date of this letter through December 31, 2013.

This amendment allows the Oregon Health Authority (OHA) to make supplemental payments to participating Indian Health Service (IHS) facilities including participating tribal health facilities operating under the Indian Self Determination and Education Assistance Act (ISDEAA) 638 authority: 1) for uncompensated care costs of primary care services on the prioritized list which are no longer funded, that were restricted or eliminated from the Medicaid state plan effective January 1, 2010 for non-pregnant adults enrolled in Medicaid (Oregon Health Plan); and 2) for uncompensated care costs of primary care services on the prioritized list which are no longer funded, provided to individuals who have no Medicare, Medicaid, CHIP or other coverage with incomes up to 133 percent of the Federal Poverty Level (FPL).

CMS shares the state's goal of maintaining the financial viability of IHS and tribal health facilities to ensure the continued availability of their health care service delivery for current and future Medicaid beneficiaries.

This demonstration approval is conditioned upon acceptance and compliance with the enclosed Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of the STCs, waiver, and expenditure authorities within 30 days of the date of this letter.

Written acceptance should be sent to your project officer, Ms. Terri Fraser. Ms. Fraser's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
Mailstop: S2-01-16  
7500 Security Boulevard,  
Baltimore, MD 21244-1850  
Telephone: (410) 786-5573  
Email: [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Carol Peverly, Associate Regional Administrator in our Seattle Regional Office. Ms. Peverly's contact information is as follows:

Associate Regional Administrator  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
2201 Sixth Avenue, MS RX-43  
Seattle, WA 98121  
Telephone: (206) 615-2515  
Email: [Carol.Peverly@cms.hhs.gov](mailto:Carol.Peverly@cms.hhs.gov)

If you have questions regarding this correspondence, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647. We look forward to continuing to work with you and your staff on the Oregon Health Plan demonstration.

Sincerely,

/s/

Cindy Mann  
Director

Enclosures

cc: Carol Peverly, Associate Regional Administrator, Region X