

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

June 21, 2013

Ms. Tina Edlund
Chief of Policy
Oregon Health Authority
500 Summer Street, NE
Salem, OR 97301-1097

Dear Ms. Edlund:

I am writing to inform you that the Centers for Medicare & Medicaid Services (CMS) has made a technical correction to the special terms and conditions of your section 1115 demonstration project, entitled, Oregon Health Plan (21-W-0013/10 and 11-W-00160/10).

Specifically, CMS has made a technical correction in special term and condition 57 which clarifies restrictions to the aggregate Designated State Health Plan (DSHP) limits. This change is based on several discussions held prior to the July 2012 approval of the STCs. We have inserted language providing the intended DSHP flexibility to redirect funds in the event of a DSHP expenditure shortfall. The state may only redirect DSHP to the OMIP or "Other CMS Approved" category with advance state notification and CMS approval. The amount of the redirected DSHP is still subject to the annual aggregate DSHP limit. The changes are effective from the date of this approval letter and claiming is subject to the parameters outlined in Attachment G, Reimbursement and Claiming Protocol for Oregon Designated State Health Programs.

As always, CMS approvals are conditioned upon written acceptance from the state that it agrees with the amendments, expenditure authorities, and STCs. Please provide your written acceptance within 30 days of the date of this letter. Your correspondence should be directed to your project officer, Ms. Terri Fraser. She may be reached at the following:

Ms. Terri Fraser
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard
Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-5573
Facsimile: (410) 786-8534
E-mail: terri.fraser@cms.hhs.gov

A copy of any correspondence should also be sent to the Seattle Associate Regional Administrator, Ms. Carol Peverly. She may be reached at:

Ms. Carol Peverly
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
Facsimile: (206) 615-2311
Email: carol.peverly@cms.hhs.gov

If you have questions regarding this approval, please contact Ms. Diane Geritts, Division Director, Division of State Demonstrations and Waivers, at (410) 786-5776.

Sincerely,

/s/

Jennifer Ryan,
Acting Director

Enclosures

cc: Ms. Carol Peverly, Associate Regional Administrator, Seattle
Ms. Diane Gerrits, Division Director, Division of State Demonstrations and Waivers
Ms. Terri Fraser, Project Officer