



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

OCT 28 2009

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number #09-014

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-014. This amendment will revise language to exempt all Nicotine Replacement Therapy products from copayment.

This SPA is approved effective January 1, 2010, as requested by the State.





If you have additional questions or require further assistance, please contact me or have your staff contact Priya Helweg at (206) 615-2598 or Priya.Helweg@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Barbara K. Richards.

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Judy Mohr-Peterson, Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-14	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 January 1, 2010	
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)(14) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ (768) 768.00 b. FFY 2011 \$ (1,021) \$1,021.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.18-A, Page 3	
10. SUBJECT OF AMENDMENT: This transmittal is being revised to exempt from copayment all Nicotine Replacement Therapy products.			
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:  13. TYPED NAME Bruce Goldberg, MD		16. RETURN TO: Division of Medical Assistance Programs Department of Human Services 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, Title XIX Coordinator	
14. TITLE: Administrator, DMAP Director, DHS		15. DATE SUBMITTED: 9/1/09	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: SEP - 1 2009		18. DATE APPROVED: OCT 28 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: 		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: 			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **OREGON**

Institutionalized Individuals: The MMIS and POS reporting codes will identify and exclude residence to nursing facilities or other institutionalized residence from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment. Providers have been instructed not to collect cost sharing from these institutionalized individuals. Facilities have been instructed to assure that staff accompanying recipients out of the facility for health care visits advises providers of the recipient's institutional status.

Emergency Services: The providers have been instructed not to collect cost sharing amounts from individuals seeking or obtaining emergency services. The provider identifies that the service provided was an emergency by entering a code in the appropriate field on the POS system.

Family Planning Services and supplies: The POS System will identify and exclude family planning drugs such as birth control pills, and supplies from cost share.

HMO Enrollees: All individuals identified to the provider through the POS system, are exempt from co-payments for those services which are covered by the plan.

IHS/Tribal Health Facilities under Section 638: All items and services furnished to an Indian directly by an Indian health care provider (i.e., Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization) or through referral under contract health services. The MMIS & POS will identify & exclude co-payments for individuals utilizing services by the listed provider types.

Mail Order Prescription: The POS system will identify and exclude prescription drugs dispensed through the mail order drug program.

Tobacco Cessation: Nicotine Replacement Therapy is exempt from co-payments.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below: