Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0008

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 16, 2021

Dana Hittle
Interim Medicaid Director
Oregon Health Authority
500 Summer Street, NE E49
Salem, OR 97301

Re: Oregon State Plan Amendment (SPA) OR- 21-0008

Dear Ms. Hittle:

The Centers for Medicare & Medicaid Services (CMS) completed review of Oregon's State Plan Amendment (SPA) Transmittal Number OR 21-0008 submitted on March 1, 2021. The purpose of this SPA is to implement an Indian Managed Care Entity that will provide case management services on behalf of American Indian and Alaska Native (AI/AN) Oregon Health Plan members.

We conducted our review of this State Plan Amendment (SPA) according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Oregon's Medicaid SPA Transmittal Number OR 21-0008 is approved effective July 1, 2021.

If you have any questions regarding this State Plan Amendment (SPA), please contact Lynn DelVecchio at (401) 384-0454 or via email at Lynn. DelVecchio@ cms.hhs.gov.

Sincerely,

/s/

Bill Brooks
Director
Division of Managed Care Operations

cc: Jesse Anderson
Tonya Dobbin, DMCP

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **21-0008**

2. STATE: Oregon

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
7/1/21

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

1932(a) of the Act
42 CFR 438

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 $1,305,267
b. FFY 2022 $5,226,068

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F, page 1-17
~~Attachment 4.19-B, Page 43~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

NEW

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to form an Indian Managed Care Entity (IMCE). This Indian Managed Care Entity will provide case management services on behalf of American Indian and Alaska Native Oregon Health Plan members.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

13. TYPED NAME Lori Coyner, MA

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED: 3/1/21

16. RETURN TO:
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/21/21

18. DATE APPROVED: 07/16/21

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/21

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Bill Brooks

22. TITLE: Director
Division of Managed Care Operations

23. REMARKS: The state authorized pen and ink changes in Box 8.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act

The State of Oregon enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization [MCOs], primary care case managers [PCCMs], and/or PCCM entities) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).

This authority may ***not*** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date. All applicable assurances should be checked, even when the compliance date is in the future.

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.2
42 CFR 438.6
42 CFR 438.50(b)(1)-(2)

B. Managed Care Delivery System

The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

1. ☐ MCO
   a. ☐Capitation
   b. ☐The state assures that all applicable requirements of 42 CFR 438.6, regarding special contract provisions related to payment, will be met.

2. ☐ PCCM (individual practitioners)
   a. ☐ Case management fee
   b. ☐ Other (please explain below)

3. ☒ PCCM entity
   a. ☒ Case management fee
   b. ☐ Shared savings, incentive payments, and/or financial rewards (see 42 CFR 438.310(c)(2))
   c. ☐ Other (please explain below)

If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:

☒ Provision of intensive telephonic case management
☒ Provision of face-to-face case management
☒ Operation of a nurse triage advice line
☒ Development of enrollee care plans.
☐ Execution of contracts with fee-for-service (FFS) providers in the FFS program
☐ Oversight responsibilities for the activities of FFS providers in the FFS program
☐ Provision of payments to FFS providers on behalf of the State.
☒ Provision of enrollee outreach and education activities.
☒ Operation of a customer service call center.
☐ Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

☒ Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers.

☐ Coordination with behavioral health systems/providers.

☐ Coordination with long-term services and supports systems/providers.

☒ Other (please describe): Conduct outcome measurement and provide outcome reports to the state.

42 CFR 438.50(b)(4)

C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented.

In accordance with Public Law 111-5 and the Oregon Health Authority's Tribal Consultation and Urban Confer Policy, the Oregon Health Authority has collaborated and discussed with urban Indian health programs via thirty (30) meetings over two years on this state plan amendment. The nine Federally-recognized Tribes and Urban Indian Health Program have requested this program and state plan amendment, and this request is the culmination of nearly two years of effort on the part of the state to fulfill this request. Tribes have been partners with the state in developing and planning for this model. In addition to these thirty meetings, the tribes and Oregon discuss the IMCE program at our monthly Tribal Technical Advisory Board meetings as required by our Medicaid waiver. Tribal consultation and urban confer on this state plan amendment was initiated formally through the Dear Tribal Leader Letter that was distributed on 12/28/20 and a face-to-face meeting on 1/29/21.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

C. Public Process (Cont)

The Oregon Health Authority, the nine Federally-recognized Tribes, and the Urban Indian Health Program will continue to discuss the IMCE program at monthly meetings held between the tribes and the state, as well as during ongoing technical assistance meetings regarding IMCE program and policy. Any additional developments in IMCE program operations or policy will be addressed in a collaborative and consultative manner, as required by the Oregon Health Authority's Tribal Consultation and Urban Confer Policy. IMCE policy developments reflected in Oregon Administrative Rules will be open to public involvement via the state's administrative rulemaking process, which provides public notice of opportunities to provide input on rulemaking via the rules advisory committee process.

D. State Assurances and Compliance with the Statute and Regulations.
If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)	1.	☐ The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2.	☒ The state assures that all the applicable requirements of section of the Act for PCCMs and PCCM contracts will be met.
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3.	☒ The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4.	☒ The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)		
42 CFR 438.10(g)(2)(vii) 1932(a)(1)(A)	5.	☒ The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6.	☒ The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs, PCCMs, and PCCM entities met.
1932(a)(1)(A) 42 CFR 438.4 42 CFR 438.5 42 CFR 438.7 42 CFR 438.8 42 CFR 438.74 42 CFR 438.50(c)(6)	7.	☐ The state assures that all applicable requirements of 42 CFR 438.4, 438.5, 438.7, 438.8, and 438.74 for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	8.	☒ The state assures that all applicable requirements of 42 CFR 42 447.362 for payments under any non-risk contracts will be met.
45 CFR 75.326	9.	☒ The state assures that all applicable requirements of 45 CFR 75.326 for procurement of contracts will be met.
42 CFR 438.66	10.	Assurances regarding state monitoring requirements: ☒ The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met. ☒ The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met. ☒ The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

1932(a)(1)(A)
1932(a)(2)

E. Populations and Geographic Area.

1. **Included Populations.** Please check which eligibility groups are included, if they are enrolled on a **Mandatory (M)** or **Voluntary (V)** basis (as defined in 42 CFR 438.54(b)) or **Excluded (E),** and the geographic scope of enrollment.
Under the **Geographic Area** column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the **Geographic Area** column.
Under the **Notes** column, please note any additional relevant details about the population or enrollment.

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)

1. Family/Adult

2. **Voluntary Only or Excluded Populations.** Under this managed care authority, some populations cannot be subject to mandatory enrollment in an MCO, PCCM, or PCCM entity (per 42 CFR 438.50(d)). Some such populations are Eligibility Groups separate from those listed above in E.1., while others (such as American Indians/Alaskan Natives) can be part of multiple Eligibility Groups identified in E.1. above.
Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

Voluntary Only or Excluded Populations (Cont)

Eligibility Group	Citation	M	V	E	Geographic Area	Notes
Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12; or as defined under 42 CFR 438.14(a).	25 USC 1603(13) 1603(28) 1679(a) 42 CFR 136.12; 42 CFR 438.14(a).		X		State-wide	

3. **(Optional) Other Exceptions.** The following populations (which can be part of various Eligibility Groups) can be subject to mandatory enrollment in managed care, but states may elect to make exceptions for these or other individuals.
Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

Eligibility Group	V	E	Notes
Other Insurance--Medicaid beneficiaries who have other health insurance			
Reside in Nursing Facility or ICF/IID--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities		X	
Reside in Nursing Facility or ICF/IID--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

1932(a)(4)
42 CFR 438.54

F. Enrollment Process

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
   a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

IMCEs will have the option of two enrollment methods:

IMCEs can submit to the state a monthly roster of members enrolled into IMCE, indicating new and terminated enrollments. The state will validate member eligibility for IMCE enrollment.

IMCEs can, on a monthly basis, receive and validate a list generated by the state of all eligible AI/AN members residing within the IMCE's service area.

New enrollments shall take effect the month after their inclusion on a monthly roster. After validating eligibility for the IMCE program, the state shall notify the AI/AN member of their IMCE enrollment. The standard welcome notice will provide members with the name, location, and contact information of their IMCE, along with all the information required under 42 CFR 438.10(c)(4), 42 CFR 438.10(e), and 42 CFR 438.54(c)(3). The notice will explain that IMCE enrollment is voluntary, and that members can choose to disenroll at any time by requesting disenrollment from their IMCE. Members will be reminded of this disenrollment right when they receive their welcome package from the IMCE as part of the enrollment process.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

1. For **voluntary** enrollment (Cont)

b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.

i. Please indicate the length of the enrollment

c. ☒ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(c)(1)(ii) and 438.54(c)(2)(ii), for individuals who are subject to voluntary enrollment.

i. If so, please describe the algorithm used for passive enrollment and how the algorithm and the state's provision of information meets all of the requirements of 42 CFR 438.54(c)(4),(5),(6),(7), and (8).

IMCEs may limit enrollment to American Indian/Alaska Native individuals who:

- Are enrolled in, or eligible for, the Oregon Health Plan;
- Reside within an IMCE's service area; and
- Do not reside in a nursing facility or intermediate care facility for individuals with intellectual disabilities

Citation(s)

As described above, IMCEs will either submit a monthly roster of members to be enrolled into their IMCE, for validation by the state; or will receive from the state a monthly roster of eligible patients, to be validated by the IMCE. This process ensures that IMCEs can limit enrollment as allowed in §1932(h)(3) of the Social Security Act.

After the state has verified that a member is eligible, the state will send the member an enrollment notification that includes all required information, including a notification of the member's right to disenroll. Member enrollment will take effect the month after inclusion on the monthly roster, unless a member opts out of IMCE enrollment. As part of the enrollment process, members will receive a welcome notice from the IMCE that reminds them of their right to disenroll at any time.

The PCCM program will not limit members' choice of provider, and so IMCE enrollment does not present any risk of disruption to existing provider-beneficiary relationships or relationships with providers that have traditionally served Medicaid beneficiaries.

ii. Please indicate how long the enrollee will have to disenroll from the plan and return to the fee-for-service delivery system:
Enrollees will be permitted to disenroll at any time and these changes will take effect the 1st of the month after notification is communicated from the IMCE to the state.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

2. For **mandatory** enrollment: (see 42 CFR 438.54(d))

a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(d)(3).

b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will otherwise be enrolled in a plan selected by the State's default enrollment process.

i. Please indicate the length of the enrollment choice period: _____

c. ☐ If applicable, please check here to indicate that the state uses a **default** enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).

d. ☐ If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)		
1932(a)(4) 42 CFR 438.54	3.	State assurances on the enrollment process. Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.
42 CFR 438.52		a. ☐ The state assures that, per the choice requirements in 42 CFR 438.52: i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3); ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State; iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.
42 CFR 438.52		b. ☐ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties: ☒ This provision is not applicable to this 1932 State Plan Amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)		
42 CFR 438.56(g)		c. ☐ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less. ☒ This provision is not applicable to this 1932 State Plan Amendment.
42 CFR 438.71		d. ☒ The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.
1932(a)(4) 42 CFR 438.56	G.	Disenrollment 1. The state will ☐/ will not ☒ limit disenrollment for managed care. 2. The disenrollment limitation will apply for ___N/A_____ (up to 12 months). 3. ☒ The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56.

Citation(s)

4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. *(Examples: state generated correspondence, enrollment packets, etc.)*

As described above, the state will distribute standard welcome notices for new IMCE members. These notices will notify members of their right to disenroll from the IMCE at any time. Members will be reminded of this disenrollment right when they receive their welcome package from the IMCE as part of the enrollment process.

5. Describe any additional circumstances of "cause" for disenrollment (if any).

Individuals will be able to disenroll without cause by contacting their IMCE.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)

H. Information Requirements for Beneficiaries

1932(a)(5)(c)
42 CFR 438.50
42 CFR 438.10

☒ The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)
1903(m)
1905(t)(3)

I. List all benefits for which the MCO is responsible.

Complete the chart below to indicate every State Plan-Approved services that will be delivered by the MCO, and where each of those services is described in the state's Medicaid State Plan. For "other practitioner services", list each provider type separately. For rehabilitative services, habilitative services, EPSDT services and 1915(i), (j) and (k) services list each program separately by its own list of services. Add additional rows as necessary.

In the first column of the chart below, enter the name of each State Plan-Approved service delivered by the MCO. In the second – fourth column of the chart, enter a State Plan citation providing the Attachment number, Page number, and Item number, respectively.

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)		
1932(a)(5)(D)(b)(4) CFR 438.228	J.	☐ The state assures that each MCO has established an 42 internal grievance and appeal system for enrollees.
1932(a)(5)(D)(b)(5) 42 CFR 438.62 42 CFR 438.68 42 CFR 438.206 42 CFR 438.207 42 CFR 438.208	K.	<u>Services, including capacity, network adequacy, coordination, and continuity</u>. ☒ The state assures that all applicable requirements of 42. CFR 438.62, regarding continued service to enrollees, will be met. ☐ The state assures that all applicable requirements of 42 CFR 438.68, regarding network adequacy standards, will be met. ☐ The state assures that all applicable requirements of 42 CFR 438.206, regarding availability of services, will be met. ☐ The state assures that all applicable requirements of 42 CFR 438.207, regarding assurances of adequate capacity and services, will be met. ☐ The state assures that all applicable requirements of 42 CFR 438.208, regarding coordination and continuity of care, will be met.
1932(c)(1)(A) 42 CFR 438.330 42 CFR 438.340	L.	☐ The state assures that all applicable requirements of 42 CFR 42 438.330 and 438.340 regarding a quality assessment and performance improvement program and State quality strategy will be met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: __OREGON_____

Citation(s)		
1932(c)(2)(A) 42 CFR 438.350 42 CFR 438.354 42 CFR 438.364	M.	☐ The state assures that all applicable requirements of 42 CFR 438.350, 438.354 and 438.364 regarding an annual external independent review conducted by a qualified independent entity, will be met.
1932(A)(1)(a)(II)	N.	Selective Contracting Under a 1932 State Plan Option. To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will ☐/ will not ☐ intentionally limit the number of entities it contracts under a 1932 state plan option. 2. ☐ The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services. 3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees.)* The state will only contract with Indian Managed Care Entities that are Indian Health Service, Tribal 638, or Urban Indian Health Programs. 4. ☐ The selective contracting provision in not applicable to this state plan