

Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

OR - Submission Package - OR2022MS0001O - (OR-22-0008) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report **Approval Letter** Transaction Logs

News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 25, 2022

Patrick Allen
OHA Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Approval of State Plan Amendment OR-22-0008

Dear Patrick Allen,

On March 31, 2022, the Centers for Medicare and Medicaid Services (CMS) received Oregon State Plan Amendment (SPA) OR-22-0008, in which Oregon proposed to adopt its option, as authorized by section 9812 of the American Rescue Plan, to provide 12 months of postpartum medical assistance to individuals who are pregnant when enrolled in Medicaid.

We approve Oregon State Plan Amendment (SPA) OR-22-0008 with an effective date(s) of April 01, 2022.

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

OR - Submission Package - OR2022MS0001O - (OR-22-0008) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#)

[News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	OR2022MS0001O	Submission Type	Official
Program Name	N/A	State	OR
SPA ID	OR-22-0008	Region	Seattle, WA
Version Number	2	Package Status	Approved
Submitted By	Jesse Anderson	Submission Date	3/31/2022
Package Disposition		Approval Date	5/25/2022 2:30 PM EDT
Priority Code	P2		
Lead Division	DMEP		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2022MS0001O | OR-22-0008

Package Header

Package ID OR2022MS0001O
Submission Type Official
Approval Date 5/25/2022
Superseded SPA ID N/A

SPA ID OR-22-0008
Initial Submission Date 3/31/2022
Effective Date N/A

State Information

State/Territory Name: Oregon

Medicaid Agency Name: Oregon Health Authority

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2022MS0001O | OR-22-0008

Package Header

Package ID OR2022MS0001O
Submission Type Official
Approval Date 5/25/2022
Superseded SPA ID N/A

SPA ID OR-22-0008
Initial Submission Date 3/31/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID OR-22-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2022MS0001O | OR-22-0008

Package Header

Package ID	OR2022MS0001O	SPA ID	OR-22-0008
Submission Type	Official	Initial Submission Date	3/31/2022
Approval Date	5/25/2022	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Provide 12 months of continuous postpartum coverage, regardless of any changes in circumstances.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$1514624
Second	2023	\$6629377

Federal Statute / Regulation Citation

1902(e)(16) of the Act, 42 CFR 435.116

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2022MS0001O | OR-22-0008

Package Header

Package ID OR2022MS0001O
Submission Type Official
Approval Date 5/25/2022
Superseded SPA ID N/A

SPA ID OR-22-0008
Initial Submission Date 3/31/2022
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not wish to review any plan materials

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | OR2022MS0001O | OR-22-0008

Package Header

Package ID	OR2022MS0001O	SPA ID	OR-22-0008
Submission Type	Official	Initial Submission Date	3/31/2022
Approval Date	5/25/2022	Effective Date	4/1/2022
Superseded SPA ID	NEW		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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