

Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 22-0024-A

This file contains the following documents in the order listed:

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

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



Medicaid and CHIP Operations Group

December 2, 2022

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-22-0024-A

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-22-0024-A. This amendment was submitted to remove the designations for Prepaid Inpatient Health Plan (PIHP) and Prepaid Ambulatory Health Plan (PAHP) from the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 438.6. This letter is to inform you that OR-22-0024-A was approved on December 2, 2022, with an effective date of January 1, 2023.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov or at 303-844-2641.

Sincerely,

A black rectangular redaction box covers the signature area, with a blue ink-like flourish extending from the bottom left corner.

Digitally signed by James G.
Scott -S
Date: 2022.12.02 20:03:58
-06'00'

James G. Scott, Director
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 4A

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/23

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 438.6 and 1937 of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Administration, Page 11

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Administration, Page 11

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to remove a PAHP as a delivery system method.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Dana Hittle

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

10/13/22

15. RETURN TO

Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

10/13/2022

17. DATE APPROVED

December 2, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/23

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2022.12.02 20:05:09 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation(s)	
42 CFR 435.915 1902(a)(34) of the Act	2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <u>ATTACHMENT 2.6-A</u> .
1902(e)(8) and 1905(a) of the Act	(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act	— (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
42 CFR 438.6	(c) The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6 and is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply): <input type="checkbox"/> Qualified under title XIII of the Public Health Service Act . <input checked="" type="checkbox"/> A MCO that meets the definition of 1903(m) of the Act and 42 CFR 438.2. <input type="checkbox"/> A PIHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2. <input type="checkbox"/> A PAHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2. <input type="checkbox"/> Not applicable.