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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0009

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 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 24, 2024

Dr. Sejal Hathi, Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Oregon State Plan Amendment (SPA) - 24-0009

Dear Director Hathi:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0009. This amendment removes the requirement to obtain employer sponsored insurance as a condition of Medicaid eligibility.

We conducted our review of your submittal according to statutory requirements in Section 1906 of the Social Security Act. This letter informs you that Oregon's Medicaid SPA TN 24-0009 was approved on May 24, 2024, with an effective date of April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

Ruth Hughes Digitally signed by Ruth Hughes -S
Date: 2024.05.24 09:57:48 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Vivian Levy, Oregon Health Plan, Interim Director
Jesse Anderson, Oregon Health Plan, SPA Coordinator

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 9

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

4/1/24

5. FEDERAL STATUTE/REGULATION CITATION

~~42 CFR 435.608~~ P&I Section 1906 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.22-C, page 2-3 (NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.22-C, page 2

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to ~~comply with a change in requirements under 42 CFR 435.608.~~
P&I to remove the condition of eligibility requirement.

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

Vivian Levy

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

4/16/24

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

April 16, 2024

17. DATE APPROVED

May 24, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Ruth Hughes -S Digitally signed by Ruth Hughes -S
Date: 2024.05.24 09:58:18 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

5/2/24 P&I request from Oregon to BOX 5 - correcting the citation and BOX 9 revising the purpose of SPA to remove the condition of eligibility

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

STATE METHOD ON COST EFFECTIVENESS OF EMPLOYER-BASED GROUP HEALTH PLANS

Enrollment in the Health insurance premium Payment (HIPP) Program is voluntary. For Medicaid eligible client's enrollment in the HIPP Program does not change the client's eligibility for benefits through the state plan. Oregon pays the group health insurance premium for Medicaid individuals if cost effective. Oregon may also pay the premium for non-Medicaid individuals if cost effective and if it is necessary to enroll the Medicaid recipient in the group health plan. Oregon pays, subject to state payment rates, deductibles, coinsurance, and other cost sharing obligations under the group health plan for Medicaid recipients enrolled in the group health plan for items and services covered under the State Plan. Oregon pays for items and services provided to Medicaid recipients under the State Plan that are not covered in the group health plan. The group health plan will be treated as a third-party resource as described in the State Plan for 42 CFR 433.138 and 433.139.

The following guidelines are used to determine cost effectiveness.

1. Determine if the group health plan is a basic/major medical policy or a health maintenance organization (HMO).
2. Determine the premium amount to be paid, converting any premiums that are not monthly, to a monthly amount.
3. Determine the number of Medicaid individuals to be covered.
4. Determine the average premium cost per Medicaid individual.
5. Determine the average monthly Medicaid cost savings for Medicaid persons who will be covered by the basic/major medical coverage or HMO coverage using the Medicaid Savings Chart.

The Medicaid Savings Chart is updated yearly. It is based on the MMIS WMMS757R-A report which is an analysis of the costs for Medicaid recipients with third party resources versus those Medicaid recipients without third party resources. The Medicaid Savings Chart is divided into categories of assistance, as follows:

- a. Old Age Assistance
- b. Aid to Dependent Children
- c. Aid to the Blind
- d. Aid to the Disabled
- e. Foster Care

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

STATE METHOD ON COST EFFECTIVENESS OF EMPLOYER-BASED GROUP HEALTH PLANS

6. The Medicaid agency will pay the premium amount if the premium cost per Medicaid individual is equal to or less than the corresponding amount shown on the Medicaid Savings Chart.

The cost effectiveness of the premium payment will be reevaluated at each redetermination.

TN No. 24-0009
TN No. NEW

Approval Date: 5/24/24

Effective Date: 4/1/24