



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

**MAY 18 2010**

Bruce Goldberg, MD, Director  
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 10-005**

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-005. This amendment exempts Medicare cost-sharing benefits paid under the Medicare Savings Program from estate recovery under Section 1917(b)(1) of the Act and in compliance with Section 115 of Medicare Improvement for Patients and Providers Act of 2008 (MIPPA).

The change is reflected in the Beginning to Administration, Part I, Section 4.17, page 53a-1.

This SPA is approved effective April 1, 2010.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

Carol J.C. Peeverly <sup>1</sup> /  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Judy Mohr Peterson, Administrator, Office of Medical Assistance Programs  
Sandy Hansen, State Plan Coordinator, Office of Medical Assistance Programs  
Jesse Anderson, State Plan Coordinator, Office of Medical Assistance Programs

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
1917(b)(1) of the Act

1. TRANSMITTAL NUMBER:  
**10-05**

2. STATE  
**Oregon**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

4. PROPOSED EFFECTIVE DATE  
**April 1, 2010**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Section 4.17 page 53a-1**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 \$1,117,710  
b. FFY 2011 \$2,235,420

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT: This transmittal is being revised to eliminate application of estate recovery to Medicare Cost sharing benefits.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: *Judy Mohr-Peterson*

13. TYPED NAME **Judy Mohr-Peterson** *for* **Bruce Goldberg, MD**

14. TITLE: **Administrator, DMAP** **Director, DHS**

15. DATE SUBMITTED:  
**4-30-10**

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **APR 30 2010**

18. DATE APPROVED: **MAY 18 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **APR 01 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: *Carol JC Peverly*

22. TITLE: **Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

23. REMARKS:

Revision: HCFA-PM-95-3 (MB)  
May 1995

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Oregon

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## 4.17(b) Adjustments or Recoveries

## (3) (Continued)

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.