



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

**JAN 04 2011**

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 10-014**

Dear Dr. Goldberg:


The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number 10-014.

This SPA was submitted to allow managed care organizations to charge nominal co-payments in an amount equal to the State plan fee-for-service population. In addition, this amendment implements Section 5006 of the American Recovery and Reinvestment Act to exempt certain American Indians from cost sharing.

This SPA is approved effective January 1, 2011, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Wendy Hill Petras at (206) 615-3814 or [wendy.hillpetras@cms.hhs.gov](mailto:wendy.hillpetras@cms.hhs.gov).

Sincerely,

Barbara K. Richards   
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Judy Mohr Peterson, Administrator, Department of Medical Assistance Programs

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

1. TRANSMITTAL NUMBER:  
**10-14**

2. STATE  
**Oregon**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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  
**1/1/11**

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:  
**1902(a)(14) of the Act**

7. FEDERAL BUDGET IMPACT:  
a. 2011 \$ (422,853)  
b. 2012 \$ (563,804)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Section 4.18(b)(2), page 55 and Attachment 4.18-A, page 3**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
**Section 4.18(b)(2), page 55 and Attachment 4.18-A, page 3**

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to allow manage care organizations to charge co-payments in an amount equal to the State Plan fee-for-service population.

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

16. RETURN TO:  
Division of Medical Assistance Programs  
Department of Human Services  
500 Summer Street NE E-35  
Salem, OR 97301  
  
ATTN: Jesse Anderson, State Plan Manager

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

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

15. DATE SUBMITTED: **8-9-10**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **AUGUST 9 2010**

18. DATE APPROVED: **JAN 04 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JAN 01 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Barbara K. Richards**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:  
**Division of Medicaid & Children's Health**

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

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

State/Territory: OREGON

Citation	4.18(b)(2) (Continued)
42 CFR 447.51 through 447.58	(iii) All services furnished to pregnant women.  ____ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
	(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
	(vi) Family planning services and supplies furnished to individuals of childbearing age.
42 CFR 438.108 42 CFR 447.60	(vii) Services furnished by a MCO, PIHP, PAHP or health insuring organization in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.
	[ X ] Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing. [ ] Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.
1916 of the Act, P.L. 99-272, (Section 9505)	(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 10-14  
Supersedes TN No. 03-13

Approval Date:

Effective Date: 1/1/11

**JAN 04 2011**

HCFA ID: 7982E

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

State/Territory: OREGON

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Institutionalized Individuals: The MMIS and POS reporting codes will identify and exclude residence to nursing facilities or other institutionalized residence from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment. Providers have been instructed not to collect cost sharing from these institutionalized individuals. Facilities have been instructed to assure that staff accompanying recipients out of the facility for health care visits advises providers of the recipient's institutional status.

Emergency Services: The providers have been instructed not to collect cost sharing amounts from individuals seeking or obtaining emergency services. The provider identifies that the service provided was an emergency by entering a code in the appropriate field on the POS system.

Family Planning Services, Drugs and supplies: The MMIS & POS System will identify and exclude family planning services, drugs such as birth control pills, and supplies from cost share.

IHS/Tribal Health Facilities under Section 638: To identify Indians exempt from cost sharing, the State obtains a letter or other IHS document verifying current or previous use of services provided by the IHS or an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) in any State, which serves to exempt the Indian from all cost sharing.

Mail Order Prescription: The POS system will identify and exclude prescription drugs dispensed through the mail order drug program.

Tobacco Cessation: Nicotine Replacement Therapy is exempt from co-payments.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below: