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State/Territory Name: Oregon

State Plan Amendment (SPA) # 12-004

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 12-004


Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-004. This amendment is to implement the Medicaid/Children's Health Insurance Program (CHIP) Provider Screening and Enrollment provision under Section 6401 of the Affordable Care Act and Section 1866(j)(2)(A) of the Act to establish procedures under which screening is conducted with respect to providers of medical or other forms of service under Medicare, Medicaid and CHIP.

We are approving this SPA with an effective date of April 1, 2012, and have included the approved State plan pages with this letter.

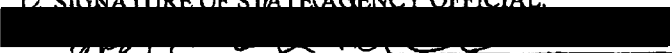

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosure

cc: Judy Mohr Peterson, Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-04	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 4/1/12	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 455 Subpart E		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 160,830 b. FFY 2013 \$ 371,820	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, page 79cc-79ee ff (P&I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to implement Section 6401(a) of the Affordable Care Act-provider screening and enrollment assurances.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Judy Mohr Peterson		FOR REGIONAL OFFICE USE ONLY MAY 30 2012	
14. TITLE: Director, Division of Medical Assistance Programs		17. DATE RECEIVED: APR 06 2012	
15. DATE SUBMITTED: 4/6/12		18. DATE APPROVED: MAY 30 2012	
19. EFFECTIVE DATE OF APPROVED MATERIAL APR 01 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator	
23. REMARKS: 04/26/2012 - Pen and Ink (P&I) changes authorized by State in Block #8		Division of Medicaid & Children's Health	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 4 -GENERAL PROGRAM ADMINISTRATION

Citation(s)

4.45 reserved for future use

TN No. 12-04
Supersedes TN No.

Approval Date:

Effective Date: 4/1/12

MAY 30 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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SECTION 4 –GENERAL PROGRAM ADMINISTRATION

Citation(s)

1902(a)(77)

1902(a)(39)

1902(kk)

P.L. 111-148

P.L. 111-152

4.46 Provider Screening and Enrollment

The State Medicaid agency gives the following assurances:

42 CFR 455

Subpart E

PROVIDER SCREENING

Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under State plan or under waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSE

Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

Assures the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials or provider enrollment.

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SECTION 4 -GENERAL PROGRAM ADMINISTRATION

Citation(s)

- 42 CFR 455.420 REACTIVATION OF PROVIDER ENROLLMENT
 Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
- 42 CFR 455.422 APPEAL RIGHTS
 Assures that all terminated providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432 SITE VISITS
 Assures the pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS
 Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS
 Assures the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
 Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim payment that is based on an order or referral of the physician or other professional.

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Citation(s)

- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
 Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.460 APPLICATION FEE
 Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(J)(2)(C) of the Act and 42 CFR 455.460.
- 42 CFR 455.470 TEMPORARY MORATORIM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
 Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

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Effective Date: 4/1/12**MAY 30 2012**