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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 13-0018-MM7**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121

CENTERS FOR MEDICARE & MEDICAID SERVICES

**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

Tina Edlund, Acting Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

MAR 0 6 2014

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0018-MM7**

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0018-MM7. This transmittal specifies options for presumptive eligibility conducted by hospitals into the Medicaid State Plan in accordance with the Affordable Care Act.

This SPA is approved effective January 1, 2014.

The new pages, S21-1 through S21-3, should be placed in a separate section at the back of the state plan.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,

[redacted]

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

cc:
Judy Mohr Peterson, Administrator
Jesse Anderson, State Plan Manager

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

**State/Territory name:** **Oregon**

**Transmittal Number:**

***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.***

OR-13-0018

**Proposed Effective Date**

01/01/2014 *(mm/dd/yyyy)*

**Federal Statute/Regulation Citation**

42 CFR 435.1110

**Federal Budget Impact**

| | Federal Fiscal Year | Amount |
|---|---|---|
| **First Year** | 2014 | $ 9503070.00 |
| **Second Year** | 2015 | $ 12670761.00 |

**Subject of Amendment**

This transmittal is being submitted to reflect the ACA eligibility templates SPAs which include Hospital presumptive eligibility.

**Governor's Office Review**

- ○ **Governor's office reported no comment**
- ○ **Comments of Governor's office received**
  Describe:
- ○ **No reply received within 45 days of submittal**
- ◉ **Other, as specified**
  Describe:
  The Governor does not wish to review any plan material.

**Signature of State Agency Official**

| | |
|---|---|
| **Submitted By:** | **Jesse Anderson** |
| **Last Revision Date:** | **Jan 8, 2014** |
| **Submit Date:** | **Dec 24, 2013** |

# Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

## Presumptive Eligibility by Hospitals — S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

(•) Yes ( ) No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

■ A qualified hospital is a hospital that:

■ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

■ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

(•) Yes ( ) No

■ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

■ Pregnant Women

■ Infants and Children under Age 19

■ Parents and Other Caretaker Relatives

■ Adult Group, if covered by the state

■ Individuals above 133% FPL under Age 65, if covered by the state

■ Individuals Eligible for Family Planning Services, if covered by the state

■ Former Foster Care Children

■ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

◉ Yes ○ No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

The State will implement standards to assess:
1) The number of PE applications submitted
2) The proportion of those individuals approved for PE that complete and submit an application for full ongoing coverage
3) The proportion of those individuals approved for PE and that complete and submit an application for full ongoing coverage who are determined eligible for full ongoing benefits
4) The accuracy of Hospitals' determination that applicants do not have coverage
5) The accuracy of Hospitals' determination that applicants do not have a prior period of PE in the preceding twelve month period

Given that criteria from current PE states are either inconsistent or otherwise not proven, the State will collect and require Hospitals to collect baseline data for up to 12 months in order to determine effective criteria.

Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity

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Initial standards, therefore, will be attached to data collection and reporting and will require 100% compliance from any Hospital that wishes to continue as a qualified PE determination entity

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: Same as above

■ The presumptive period begins on the date the determination is made.

■ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

■ Periods of presumptive eligibility are limited as follows:

- ◉ No more than one period within a calendar year.
- ○ No more than one period within two calendar years.
- ○ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ○ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

◉ Yes ○ No

- ○ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ◉ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

■ The presumptive eligibility determination is based on the following factors:

- ■ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- ■ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

**An attachment is submitted.**

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.