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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 16-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

January 5, 2017

Lynne Saxton, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 16-0010

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 16-0010. This SPA removes copayments and updates the description of preventive services coverage under the Medicaid state plan.

This SPA is approved effective January 1, 2017.

If there are any questions concerning this approval, please contact me or your staff may contact Betsy Conklin at Elizabeth.Conklin@cms.hhs.gov or (206) 615-2357.

Sincerely,

Digitally signed by David L. Meacham, S



David L. Meacham
Associate Regional Administrator

cc:

Lori Coyner, Oregon Health Authority
Jesse Anderson, Oregon Health Authority

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0010	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 1/1/17	
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: 42 CFR 447.51-447.58 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$1,018,362 b. FFY 2018 \$1,305,599
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Administration section 4.18, pages 54, 55, 56, 56a, 56e, 56f Attachment 4.18-A, Pages 1,2 (P&I) Attachment 3.1-A, pages 6-a, 6-a-3(P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Administration section 4.18, pages 54, 55, 56, 56a, 56e, 56f Attachment 4.18-A, Pages 1,2,3 Attachment 3.1-A, page 6-a, 6-b, 6-c (P&I)
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10. SUBJECT OF AMENDMENT: This transmittal is being submitted to remove copayments and update the description of preventive services coverage as it was last updated in 2009.


11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME: <i>Jesse Anderson</i> Coyner, MA	
14. TITLE: Medicaid Director, OHA	
15. DATE SUBMITTED: <i>11/7/16</i>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 11/7/16	18. DATE APPROVED: 1/5/17
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/17	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: David L. Meacham	22. TITLE: Associate Regional Administrator
23. REMARKS: 12/20/16: State authorized P&I change to box 8 and 9	

Medicaid Premiums and Cost Sharing: 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-16-0010

Proposed Effective Date

01/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.50-447.57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 1018362.00
Second Year	2018	\$ 1305599.00

Subject of Amendment

Eliminate copayment for all populations. Fiscal include the SPA 16-0010 179 and are not duplicated by this SPA.

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 materials

Signature of State Agency Official

Submitted By: Jesse Anderson

Last Revision Date: Dec 20, 2016

Submit Date: Nov 29, 2016

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation(s)

(Intentionally left blank)

TN 16-0010
Supersedes TN 01-18

Approval Date: 1/5/17

Effective Date: 1/1/17

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

Transmittal #16-0010
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation(s)

(Intentionally left blank)

Revision: HCFA-PM-91- 4 (BPD) 56
AUGUST 1991

Transmittal #16-0010
OMB No.: 0938-

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

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation(s)

(Intentionally left blank)

TN No. 16-0010

Approval Date 1/5/17

Effective Date 01/01/17

Supersedes TN No. 01-18

HCFA ID: 7982E

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATIONS ON SERVICES (Cont.)

13.c. Preventive Services

Coverage and provider qualifications are in accordance with 42 CFR 440.130.

Oregon covers all preventive services described in 45 CFR 147.130. These include:

- Services that are assigned a grade A and B rating by the United States Preventive Services Task Force (USPSTF),
- Immunizations listed on the immunization schedules of the Centers for Disease Control and Prevention.
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings guidelines are provided based on the American Academy of Pediatrics Bright Futures periodicity schedule for screenings and follow up visits.
- With respect to women, evidence-informed preventive care and screenings provided are based upon Health Resources and Services Administration Women's Preventive Services guidelines as of 1/1/2017.

Preventive services are reimbursed according to the methodologies provided in Attachment 4.19-B under the following categories:

- Clinics
- Physicians
- Dentists
- Medical equipment and supplies
- Other licensed practitioners

The State will maintain documentation supporting expenditures claimed for these preventive services and ensure that coverage and billing codes comply with any changes made to the USPSTF or Advisory Committee on Immunization Practices (ACIP) recommendations.

Children under the age of 21 years will receive all medically necessary services without limitation in accordance with 1905(r) requirements. The service limitations delineated in Attachment 3.1-A do not apply to EPSDT recipients if the service is determined to be medically necessary by the Medical Assistance Programs medical or dental consultants.



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OR - 16 - 0010

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

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.

V.20160722