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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 16-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
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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

November 29, 2016

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 16-0011

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 16-0011. This SPA reflects the types of managed care risk contracts that apply to Oregon's Medicaid program.

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
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2016.12.02 08:57:57 -08'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0011	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 438.6	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$0 b. FFY 2018 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Administration section 2, Page 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Administration section 2, page 11
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10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect the types of risk contracts that apply to Oregon's program.


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 Jori Coyner, MA	
14. TITLE: Medicaid Director, OHA	
15. DATE SUBMITTED: 11/8/2016	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 11/8/16	18. DATE APPROVED: 11/29/16
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:	

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

State/Territory: OREGON

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation(s)

42 CFR 435.915 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <u>ATTACHMENT 2.6-A</u> .
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act	— (3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
42 CFR 438.6	(c)	The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6 and is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Qualified under title XIII of the Public Health Service Act . <input checked="" type="checkbox"/> A MCO that meets the definition of 1903(m) of the Act and 42 CFR 438.2. <input checked="" type="checkbox"/> A PIHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2. <input checked="" type="checkbox"/> A PAHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2. <input type="checkbox"/> Not applicable.

TN #16-0011
Supersedes TN #03-13

Approval Date: 11/29/16

Effective Date: 1/1/17