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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 18-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Summary Form (with 179-like data)
- 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

May 21, 2018

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 18-0003

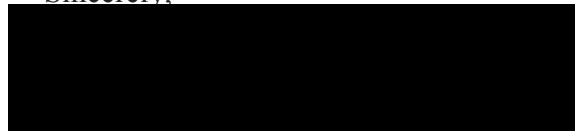
Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 18-0003. This SPA updates the Hospital Presumptive Eligibility (HPE) application to align with the state's new eligibility system.

This SPA is approved effective February 1, 2018. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Janice Adams at janice.adams@cms.hhs.gov or at (206) 615-2541.

Sincerely,



Associate Regional Administrator

Enclosure

cc:
David Simmitt, OHA
Jesse Anderson, OHA

CMS-10434 OMB 0938-1188

Package Information

Package ID	OR2018MS00050	Submission Type	Official
Program Name	N/A	State	OR
SPA ID	OR-18-0003	Region	Seattle, WA
Version Number	2	Package Status	Approved
Submitted By	Jesse Anderson	Submission Date	2/21/2018
Package Disposition		Approval Date	5/17/2018 6:39 AM EDT
Priority Code	P2		

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop S2-14-26
 Baltimore, Maryland 21244-1850



Date: 05/17/2018

Head of Agency: Patrick Allen

Title/Dept : OHA Director

Address 1: 500 Summer St NE

Address 2:

City : Salem

State: OR

Zip: 97301

MACPro Package ID: OR2018MS0005O

SPA ID: OR-18-0003

Subject

Oregon State Plan Amendment (SPA) 18-0003

Dear Patrick Allen

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for OR 18-0003 Hospital Presumptive Eligibility

Reviewable Unit	Effective Date
Presumptive Eligibility by Hospitals	2/1/2018

There is no financial impact related to this SPA.

Sincerely,

Lela Teal

Special Assistant

Approval Documentation

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003

Package Header

Package ID	OR2018MS00050	SPA ID	OR-18-0003
Submission Type	Official	Initial Submission Date	2/21/2018
Approval Date	5/17/2018	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Oregon

Medicaid Agency Name: Oregon Health Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003

Package Header

Package ID OR2018MS00050	SPA ID OR-18-0003
Submission Type Official	Initial Submission Date 2/21/2018
Approval Date 5/17/2018	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID OR-18-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility by Hospitals	2/1/2018	OR 13-0018

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003

Package Header

Package ID	OR2018MS00050	SPA ID	OR-18-0003
Submission Type	Official	Initial Submission Date	2/21/2018
Approval Date	5/17/2018	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives As part of the process of enhancing Oregon's new ONE eligibility system to support hospital presumptive eligibility the "simple" application hospitals use is being revised. The State plan text will not change but the application used by the hospitals will change

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR 435.1110

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003

Package Header

Package ID OR2018MS00050
Submission Type Official
Approval Date 5/17/2018
Superseded SPA ID N/A

SPA ID OR-18-0003
Initial Submission Date 2/21/2018
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not wish to review any plan materials

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

There are no tribally owned or operate hospitals in Oregon.

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
 The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
12/20/2017	Letter was distributed via email to the tribal entities that participate in the quarterly consultation meetings.

- All Urban Indian Organizations



Date of solicitation/consultation:	Method of solicitation/consultation:
12/20/2017	Letter distributed via email to the tribal entities that participate in the quarterly consultation meetings.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
12/20/2017	Letter distributed via email to the tribal entities that participate in the quarterly consultation meetings.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Contact List-2016	2/20/2018 5:12 PM EST	
Tribal consultation- SPA-HPE	2/20/2018 5:12 PM EST	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS0005O | OR-18-0003

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Package ID	OR2018MS0005O	SPA ID	OR-18-0003
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Superseded SPA ID	OR 13-0018		
	User-Entered		

The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

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

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

1. Participates as a provider under the 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.
2. 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.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003

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B. Eligibility Groups or Populations Included

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

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

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	User-Entered		

C. Standards for Participating Hospitals

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

Yes No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

FPL

90.00%

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. 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.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00050 | OR-18-0003


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E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
he7260-0518	5/14/2018 9:52 AM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. 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)
2. 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.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals


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	User-Entered		

G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
HPE Provider Training Overview The Hospitals Role 02.2018	2/20/2018 12:59 PM EST	
HPE Provider Training Reporting Requirements 02.2018	2/20/2018 12:59 PM EST	
Making Determinations-0518	5/14/2018 9:45 AM EDT	

H. Additional Information (optional)

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 0938-1188. 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.

This view was generated on 5/17/2018 12:46 PM EDT