

Eligibility Categories

Oregon Health Plan (Medicaid and CHIP) Benefit Packages

Eligibility Category	Description
<p>Children's Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> CHIP: <1 (Z1, Z5, ZA, ZE, ZK, U1, U4, U7) CHIP: 1-5 (Z2, Z6, ZB, ZF, U2, U5, U8) CHIP: 6-18 (Z3, Z4, Z7, Z8, ZG, ZH, U3, U6, U9) 	<p>CHIP (Children's Health Insurance Program): Children 0-18 who have incomes up to 300% of the Federal Poverty Level (FPL).</p> <p>To qualify for this program, federal rules state that the child cannot be eligible for other Medicaid programs.</p>
<p>Poverty Level Medical (PLM) Children</p> <ul style="list-style-type: none"> PLM: Children < FPL: <1 (H1) PLM: Children < FPL: 1-5 (H2) PLM: Children < FPL: 6-18 (H3, H4) PLM: Children >= FPL: <1 (HA, HC) PLM: Children >= FPL: 1-5 (HB) PLM: Children no FPL: <1 (HD) PLM: Children no FPL: 1-5 (HE) PLM: Children no FPL: 6-18 (HF, HG) 	<p>Poverty Level Children (PLM) Children:</p> <ul style="list-style-type: none"> Children less than 1 with incomes up to 185% of FPL; Children 0-5 with incomes up to 133% of FPL; Children 6-18 with income up to 100% of FPL.
<p>MAGI children</p> <ul style="list-style-type: none"> Child <133% 0-1 (MD, MG) Child <133% 1-5 (ME) Child <133% 6-18 (MF) 	<p>MAGI Children up to 133% FPL</p>
<p>Children's Protective Services</p> <ul style="list-style-type: none"> SCF (GA, C5, 19, 62, MC) 	<p>Children in Adoptive, Substitute or Foster care.</p>
<p>TANF Medical Clients</p> <ul style="list-style-type: none"> TANF-M (E2, V2, XE, 2, 82, KA) 	<p>Temporary Assistance to Needy Families (TANF) - Medical: Adults and Children who receive OHP as part or all of their self-sufficiency benefit.</p> <ul style="list-style-type: none"> TANF Extended (XE): clients no longer in the TANF program but receiving up to one (1) year additional medical assistance. Parent/other caretaker relative (KA)
<p>Poverty Level Medical (PLM) Adults</p> <ul style="list-style-type: none"> PLM: Adults < FPL (L2) PLM: Adults >= FPL (L6, L8) 	<p>Poverty Level Adults: Pregnant and post-partum women who are up to 185% of FPL.</p>
<p>CAWEM Pregnant Women</p> <ul style="list-style-type: none"> CAWEM Prenatal (CX, C6) 	<p>CAWEM-Eligible Pregnant Women: Citizen/Alien Waived Emergency Medical (CAWEM) program are individuals who, except for their immigration status, would be eligible for Medicaid. During pregnancy and 60 days post-partum, CAWEM women receive full OHP Plus benefits except for hospice and Death with Dignity.</p>

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Cover All Kids (CAK) <ul style="list-style-type: none"> CAK (CK, CL, CM, CN, CO, CP, CR) 	Cover All Kids (CAK) are non-Medicaid/OHP only population. Age 0-17 (some age 18-23 if pregnant.)
MAGI Pregnant Women Pregnant Women (LA, LB, LC, LD)	Pregnant and post-partum women <=133% and 133+%.
Old Age Assistance/Blind, Disabled, and General Assistance Clients <ul style="list-style-type: none"> AB/AD with Medicare (3, 4, B3, D4) AB/AD without Medicare (3, 4, B3, D4) General Assistance (5) OAA with Medicare Part B (1, A1) OAA with Medicare Part A or Part A & B (1, A1) OAA without Medicare (1, A1) 	The Aid to the Blind (AB) and Aid to the Disabled (AD) eligibility categories cover people with disabilities who meet federal criteria. Some of these individuals are also covered by Medicare. Seniors (individuals 65 and older) are covered in the Old Age Assistance categories (OAA). Most individuals in this group have Part A (hospital insurance) and/or Part B (medical insurance) Medicare. Individuals who have both Medicare and Medicaid (such as OHP) are known as "dual eligibles".
MAGI Blind, Disabled <ul style="list-style-type: none"> MAGI Adult w/child w/o Medicare (M2) MAGI Adult w/o child w/o Medicare (M4) 	MAGI Aid to the Blind (AB) and Aid to the Disabled (AD) <75% FPL
ACA Expansion population <ul style="list-style-type: none"> ACA: Families (M1, M5) ACA: Adults/Couples (M3, M6) 	MAGI adult with or without child <=133% FPL
Children's Health Insurance Program (CHIP) <ul style="list-style-type: none"> CHIP to Medicaid (H5) 	CHIP eligible Children before ACA Medicaid Eligible.

Non-OHP/Medicaid only/Non-OHP Benefit Packages

Eligibility Category	Description
Qualified/Specified Low-income Medicare Beneficiaries (QB, QI, QS, SL)	Medicare beneficiaries for whom Medicaid pays for their Part B Medicare premiums, but their incomes are above federal guidelines to receive the full OHP Plus benefit package. Medicare deductibles, coinsurance and copays may also be paid for by Medicaid.
CAWEM (CW, CS, CT, CU, CV,)	Citizen/Alien Waived Emergency Medical (CAWEM) program are individuals who, except for their immigration status, would be eligible for Medicaid. They only receive emergency medical and female sterilization services.
Breast & Cervical Cancer (BC)	Women in this program have been diagnosed with breast or cervical cancer, but do not have access to other health insurance. This population receives the Plus benefit package, but is not part of OHP.