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PERMANENT ADMINISTRATIVE RULES

Oregon Health Authority, Division of Medical Assistance
Programs

410

Agency and Division

Administrative Rules Chapter Number

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Upon filing.

Adopted on

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RULE CAPTION

Statewide CHIP funded CAWEM prenatal program

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-120-0030

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.025, 414.065

RULE SUMMARY

The General Rules program administrative rules govern Division payments for services to clients. The Division needs to amend 410-120-0030 to include coverage statewide. The Division will amend this rule to include coverage for prenatal care; retroactive to October 1, 2013.

Judy Mohr Peterson Judy Mohr PETERSON 11/26/2013
Authorized Signer Printed Name Date

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410-120-0030

Children's Health Insurance Program

(1) The Children's Health Insurance Program (CHIP) is a federal non-entitlement program. The Oregon Health Authority, Division of Medical Assistance Program (Division) administers two programs funded under CHIP in accordance with the Oregon Health Plan waiver and the CHIP state plan.

(a) CHIP: Provides health coverage for uninsured, low-income children who are ineligible for Medicaid;

(b) CHIP prenatal care expansion program.

(2) The General Rules Program (OAR 410-120-0000 et. seq.) and Oregon Health Plan Program rules (OAR 410-141-0000 et. seq.) applicable to the Medicaid program are also applicable to the Authority's CHIP program.

(3) Children under 19 years of age, who meet the income limits, citizenship requirements and eligibility criteria for medical assistance established in OAR chapter 461 through the program acronym OHP-CHP, receive the OHP Plus benefit package (for benefits refer to OAR 410-120-1210).

(4) CHIP Prenatal care expansion coverage: Women not eligible for Medicaid at or below 185% of the FPL, with the benefit package identifier CWX:

(a) Receive the OHP Plus benefit package with limitations as described in subsection (d) of these rules;

(b) Effective October 1, 2013 resides in the state during pregnancy.

(c) The day after pregnancy ends, eligibility for medical services is based on eligibility categories established in OAR chapter 461;

(d) The following services are not covered for this program:

(A) Postpartum care (except when provided and billed as part of a global obstetric package code that includes the delivery procedure);

(B) Sterilization;

(C) Abortion;

(D) Death with dignity services;

(E) Hospice.

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