

[Records](#) / [Submission Packages](#)

OR - Submission Package - OR2019MS00030 - (OR-19-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	OR2019MS00030	Submission Type	Official
Program Name	N/A	State	OR
SPA ID	OR-19-0004	Region	Seattle, WA
Version Number	1	Package Status	Submitted
Submitted By	Jesse Anderson	Submission Date	9/11/2019
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID	OR2019MS0003O	SPA ID	OR-19-0004
Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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 | OR2019MS00030 | OR-19-0004

Package Header

Package ID OR2019MS00030	SPA ID OR-19-0004
Submission Type Official	Initial Submission Date 9/11/2019
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID OR-19-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	10/31/2019	OR-15-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS00030 | OR-19-0004

Package Header

Package ID OR2019MS00030	SPA ID OR-19-0004
Submission Type Official	Initial Submission Date 9/11/2019
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives Revision to the paper application to align with the on-line eligibility system

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435, Subpart J and M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS00030 | OR-19-0004

Package Header

Package ID OR2019MS00030
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID OR-19-0004
Initial Submission Date 9/11/2019
Effective Date N/A

Reviewable Unit Instructions

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 - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Reviewable Unit Name	Included in Another Submission Package	Source Type
Application	<input type="radio"/>	CONVERTED

Presumptive Eligibility

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID	OR2019MS0003O	SPA ID	OR-19-0004
Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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

Indicate how public comment was solicited:

- Newspaper Announcement
- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism

Date of Email or other electronic notification: Jan 14, 2019

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: Oregon Health Plan Member Updates mailing list through distribution client GovDelivery. The list includes more than six thousand providers, members, managed care organization staff, advocates and stakeholders

- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Jan 14, 2019

Website URL: <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Member-Engagement-Outreach.aspx>

- Website for State Regulations
- Other

- Public Hearing or Meeting

Name of process:

Description of process:

Communication Method

Public Forum Used

Name of process:

Description of process:

Communication Method

Public Forum Used

Name of process:

Description of process:


Communication Method

Public Forum Used


Other method

Name of method:	Date:	Description:
Online survey(survey monkey)	1/14/2019	Survey tool • Open to public from 01/14/2019 to 03/21/2019 • Received more than 300 responses

Upload copies of public notices and other documents used

Name	Date Created	
Memo - Oregon Health Plan print application revisions and review process	8/28/2019 12:32 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
7210-Medical Application 8.27.19	8/28/2019 12:32 PM EDT	

Indicate the key issues raised during the public comment period (optional)

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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID	OR2019MS0003O	SPA ID	OR-19-0004
Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, 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:
1/24/2019	Per Tribal consultation policy a DTLL was distributed via email to Tribes an Tribal entities. Tribes were also invited to participate in the public meetings and member engagement work.

- All Urban Indian Organizations



Date of solicitation/consultation:	Method of solicitation/consultation:
1/24/2019	Per Tribal consultation policy a DTLL was distributed via email to Tribes an Tribal entities. Tribes were also invited to participate in the public meetings and member engagement work.

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:
1/24/2019	Per Tribal consultation policy a DTLL was distributed via email to Tribes an Tribal entities. Tribes were also invited to participate in the public meetings and member engagement work.

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	
DTLL-OHP paper application	9/10/2019 12:59 PM EDT	
Tribal Contact List	9/10/2019 1:01 PM EDT	

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID	OR2019MS0003O	SPA ID	OR-19-0004
Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	N/A	Effective Date	10/31/2019
Superseded SPA ID	OR-15-0004		
	User-Entered		

Reviewable Unit Instructions

A. MAGI Paper Application


The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

7210 Medical Application

The paper application(s) has been uploaded.

Document Name	Date Created	
7210-Medical Application 8.27.19	8/28/2019 4:17 PM EDT	

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID	OR2019MS0003O	SPA ID	OR-19-0004
Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	N/A	Effective Date	10/31/2019
Superseded SPA ID	OR-15-0004		
	User-Entered		

Reviewable Unit Instructions

B. MAGI Online Application


The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

7210

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
7210-Medical Application 8.27.19	9/9/2019 5:10 PM EDT	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS00030 | OR-19-0004

Package Header

Package ID OR2019MS00030	SPA ID OR-19-0004
Submission Type Official	Initial Submission Date 9/11/2019
Approval Date N/A	Effective Date 10/31/2019
Superseded SPA ID OR-15-0004	
User-Entered	

Reviewable Unit Instructions

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
7210-see Appendix A	9/10/2019 12:36 PM EDT	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs

Name

539A

The paper application(s) has been uploaded.

Document Name	Date Created	
se0539a	9/10/2019 12:38 PM EDT	

- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID OR2019MS0003O	SPA ID OR-19-0004
Submission Type Official	Initial Submission Date 9/11/2019
Approval Date N/A	Effective Date 10/31/2019
Superseded SPA ID OR-15-0004	
User-Entered	


Reviewable Unit Instructions

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
7210-see Appendix A	9/11/2019 12:02 PM EDT	

2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

3. One or more application used to apply for multiple human service programs

Name

539

Screenshots or other documentation of the multi-program online application(s) have been uploaded.

Document Name	Date Created	
se0539a	9/11/2019 12:03 PM EDT	

4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS00030 | OR-19-0004

Package Header

Package ID	OR2019MS00030	SPA ID	OR-19-0004
Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	N/A	Effective Date	10/31/2019
Superseded SPA ID	OR-15-0004		
	User-Entered		

Reviewable Unit Instructions

E. Additional Information (optional)

No online Application for non MAGI until April 2020

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 9/11/2019 12:17 PM EDT