



PERMANENT ADMINISTRATIVE ORDER

DMAP 83-2022

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

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FILING CAPTION: Pregnant Individuals On Medicaid/CHIP Receive Protected Coverage For 12 Months After Pregnancy Ends.

EFFECTIVE DATE: 11/29/2022

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RULES:

410-200-0135, 410-200-0240

AMEND: 410-200-0135

NOTICE FILED DATE: 10/05/2022

RULE SUMMARY: Amendments made to adjust protected postpartum eligibility policy; individuals who meet citizenship or non-citizen status requirements will now be eligible for 12-months of protected coverage following their pregnancy end-date (increased from 60 days).

CHANGES TO RULE:

410-200-0135

Assumed, Continuous, and Protected Eligibility for Children and Pregnant Individuals ¶¶

(1) Assumed Eligibility - A child born to an individual who is eligible for and receiving Medicaid/CHIP benefits at the time of the birth is assumed eligible until the end of the month in which the child turns one year of age, unless:¶¶

- (a) The child dies;¶¶
- (b) The child is no longer a resident of Oregon; or¶¶
- (c) The child's representative requests a voluntary termination of the child's eligibility.¶¶

(2) Continuous Eligibility for children - When eligibility for a child under age 19 is redetermined and would result in a loss of eligibility for any Medicaid/CHIP program administered by the agency prior to the end of the renewal month, eligibility shall be maintained in the current program through the end of the renewal month, unless the loss of eligibility is due to any of the following:¶¶

- (a) The child is no longer an Oregon resident;¶¶
- (b) The child dies;¶¶
- (c) The child becomes incarcerated;¶¶
- (d) The child turns age 19;¶¶
- (e) For children in the CHIP program, receipt of minimum essential coverage;¶¶
- (f) An adult in the EDG requests the medical benefits are closed;¶¶
- (g) The child begins receiving Supplemental Security Income (SSI); or¶¶

(h) Eligibility renewal or redetermination cannot be completed because requested information is not submitted by the deadline established by the agency.¶

(3) ~~Protected Eligibility for pregnant individuals—Individuals who are eligible for and receiving Medicaid for any portion of their pregnancy shall remain eligible through the two calendar months following the month in which the pregnancy ends.¶~~

(a) Pregnant individuals' benefits are protected as described in this section regardless of changes in circumstance that would otherwise affect eligibility, unless the individual:¶

(aA) Is no longer an Oregon resident;¶

(bB) Becomes incarcerated;¶

(cC) Dies;-¶

(dD) Begins receiving SSI; or¶

(eE) Requests a voluntary termination of eligibility, including a request made by an individual authorized to act on the beneficiary's behalf/individual's behalf.¶

(b) Effective April 1, 2022, except as described in subsection (d) of this section, individuals who are eligible for and receiving HSD Medical Program benefits for any portion of their pregnancy shall maintain coverage through the 12 calendar months following the month in which the pregnancy ends;¶

(c) Individuals whose pregnancy ended within the year prior to April 1, 2022, are eligible for protected benefits as of April 1, 2022, through the end of the 12 months following the month in which their pregnancy ended;¶

(d) Individuals who do not meet the citizen and non-citizen status requirements who are eligible for and receiving HSD Medical Program benefits for any portion of their pregnancy shall maintain CWM Plus coverage through the two calendar months following the month in which the pregnancy ends.

Statutory/Other Authority: ORS 411.095, 411.402, 411.404, 413.038, 414.025, 414.534

Statutes/Other Implemented: ORS 411.095, 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 413.032, 413.038, 414.025, 414.231, 414.447, 414.534, 414.536, 414.706

AMEND: 410-200-0240

NOTICE FILED DATE: 10/05/2022

RULE SUMMARY: Edits made to remove the reference to the 60-day protected postpartum eligibility period, and to remove date-specific policy that no longer applies.

CHANGES TO RULE:

410-200-0240

Eligibility for Individuals Who Do Not Meet the Citizen and Non-Citizen Status Requirements ¶

(1) Citizenship Waived Medical (CWM) provides coverage for emergency services. To be eligible for CWM benefits, an individual must:¶

(a) Be age 19 or older; and¶

(b) Meet all eligibility requirements for an HSD Medical Program, except they do not meet the Citizen and Non-Citizen Status Requirements (OAR 410-200-0215).¶

(2) Citizenship Waived Medical Plus (CWM Plus). To be eligible for CWM Plus benefits, an individual must:¶

(a) Be age 19 or older;¶

(b) Be pregnant; and¶

(c) Meet all eligibility requirements for an HSD Medical Program, except they do not meet the Citizen and Non-Citizen Status Requirements (OAR 410-200-0215).¶

(3) Cover All Kids (CAK) or Healthier Oregon Program (HOP) children provides the OHP Plus-equivalent benefit package (OAR 410-134-000320-1210). To be eligible for Cover All Kids benefits, an individual must:¶

(a) Be under the age of 19; and¶

(b) Meet all eligibility requirements for an HSD Medical Program, except they do not meet the Citizen and Non-Citizen Status Requirements (OAR 410-200-0215).¶

(4) Healthier Oregon Program (HOP) benefits are available effective July 1, 2022.¶

(a) To be determined eligible for HOP benefits, an individual must:¶

(A) Be age 19 through age 25; or¶

(B) Be age 55 or older; and¶

(C) Meet all eligibility requirements for an HSD Medical Program, except they do not meet the Citizen and Non-Citizen Status Requirements (OAR 410-200-0215).¶

(b) HOP recipients who no longer meet the age requirements described in section (a) of this section part:¶

(A) Shall maintain HOP coverage if they continue to meet all other financial and non-financial eligibility criteria; or¶

(B) Who lose eligibility due to failure to respond at renewal, they may regain HOP eligibility if they respond within the 90-day reconsideration period (OAR 410-200-0110(g)) and meet all other financial and non-financial eligibility criteria.¶

(5) HOP pregnant Adult benefits are available effective July 1, 2022.¶

(a) To be determined eligible for HOP benefits, an individual must:¶

(A) Be age 19 through age 25; or¶

(B) Be age 55 or older; and¶

(C) Meet all eligibility requirements for an HSD Medical Program, except they do not meet the Citizen and Non-Citizen Status Requirements (OAR 410-200-0215).¶

(b) If a HOP recipient described in section (a) of this part no longer meets the age requirement, they shall maintain HOP eligibility so long as they continue to meet all other financial and non-financial eligibility criteria.¶

(c) Be pregnant.

Statutory/Other Authority: ORS 414.534, 411.402, ORS 411.060, ORS 411.404, ORS 411.060404, 413.042, 414.025

Statutes/Other Implemented: ORS 414.534, ORS 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 413.032, 414.025, 414.231, 414.447, 414.534, 414.536, 414.706