



PERMANENT ADMINISTRATIVE ORDER

DMAP 11-2023

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

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ARCHIVES DIVISION
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& LEGISLATIVE COUNSEL

FILING CAPTION: Unwinding The Continuous Enrollment Requirement Of The FFCRA; Unwinding Renewal Process, New Temporary Medicaid Program

EFFECTIVE DATE: 04/01/2023

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RULES:

410-200-0315, 410-200-0436, 410-200-0520, 410-200-0521

AMEND: 410-200-0315

NOTICE FILED DATE: 02/10/2023

RULE SUMMARY: Standards and Determining Income Eligibility – inclusion of the new eligibility category income threshold

CHANGES TO RULE:

410-200-0315

Standards and Determining Income Eligibility ¶

(1) This rule outlines income thresholds for Health System Division (HSD) Medical Programs. See OAR 410-200-0310 for eligibility and budgeting.¶

(2) The income standard for the MAGIModified Adjusted Gross Income (MAGI) Parent or Caretaker-Relative program is set as follows: See attached table.¶

(3) Effective March 1, 2023, the income standard for the MAGI Child Program and the MAGI Adult Program is set at 133 percent of the 2023 Federal Poverty Level (FPL) as follows: See attached table.¶

(4) Effective March 1, 2023, the income standard for the MAGI Pregnant Woman Program and for MAGI Child Program recipients under the age of one year is set at 185 percent of the 2023 FPL as follows: See attached table.¶

(5) Effective March 1, 2023, the income standard for the MAGICHIPExpanded Adult Program is set at 3200 percent of the 2023 FPL as follows: See attached table.¶

(6) Effective JanuaryMarch 1, 2023, the income standard for MAGI Children's Health Insurance Program (CHIP) is set at 300 percent of the 2023 FPL as follows: See attached table.¶

(7) Effective March 1, 2023, the income standard for the Compact of Free Association (COFA) Dental Program is set at 138 percent of the 2023 FPL as follows: See attached table.¶

(8) Effective JanuaryMarch 1, 2023, the income standard for the Veteran Dental Program is set at 400 percent of the 2023 FPL as follows: See attached table.¶

(89) When the Department makes an ELEExpress Lane Eligibility (ELE) determination and the child meets all MAGI

CHIP or MAGI Child Program nonfinancial eligibility requirements, the Eligibility Determination Group (EDG) size determined by the Department is used to determine eligibility regardless of the family size. The countable income of the household is determined by the ELA. A child is deemed eligible for MAGI CHIP or MAGI Child Program as follows:¶

- (a) Effective March 1, 2023, if the MAGI-based income of the EDG is below 163 percent of the 2023 federal poverty level, the Department deems the child eligible for the MAGI Child Program: See attached table.¶
- (b) If the MAGI-based income of the EDG is at or above 163 percent FPL through 300 percent FPL as described in section (4) of this rule, the Department deems the child eligible for MAGI CHIP.

Statutory/Other Authority: 42 CFR 435.110, ORS 435.112, 435.115, 435.116, 435.118, 435.403, 435.940, 435.1200, 457.80, 457.340, 458.350, 435.3, 435.4, 435.406, 435.407, 435.940, 435.952, 435.956, 435.1008, 457.320, 457.380, 435.608, 433.138, 433.145, 433.146, 433.147, 433.148, 435.117, 435.119, 435.1200, 435.1205, 435.170, 435.190, 435.222, 435.610, 435.916, 435.917, 447.56, 457.350, 457.360, 457.805, ORS 411.402, 411.404, 413.042, 414.534

Statutes/Other Implemented: ORS 411.402, 411.404, ORS 411.060, 411.095, 411.400, 411.406, 411.439, 411.443, 413.032, 413.038, 414.025, 414.231, 414.440, 414.534, 414.536, 414.706

RULE ATTACHMENTS DO NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

2023 Income Thresholds - Effective March 1, 2023

Oregon Health Plan, Health Systems Division Programs

Family Size	Parents & Other Caretaker Relatives (PCR)		MAGI Child (age 1 - under 19) / MAGI Adult / COFA Dental		MAGI Child (under age 1) (CMO) / MAGI Pregnant Woman (PWO)		MAGI CHIP		Vet Dental	
	2023 Standard	Standard + 5% FPL Disregard	2023 Standard	Standard + 5% FPL Disregard (133%)	2023 Standard	Standard + 5% FPL Disregard (138%)	2023 Standard	Standard + 5% FPL Disregard (185%)	2023 Standard	Standard + 5% FPL Disregard (190%)
1	\$ 399	\$ 460	\$ 1,616	\$ 1,677	\$ 2,248	\$ 2,309	\$ 3,645	\$ 3,706	\$ 4,860	
2	\$ 515	\$ 598	\$ 2,186	\$ 2,268	\$ 3,041	\$ 3,123	\$ 4,930	\$ 5,013	\$ 6,574	
3	\$ 611	\$ 715	\$ 2,756	\$ 2,859	\$ 3,833	\$ 3,937	\$ 6,215	\$ 6,319	\$ 8,287	
4	\$ 747	\$ 872	\$ 3,325	\$ 3,450	\$ 4,625	\$ 4,750	\$ 7,500	\$ 7,625	\$ 10,000	
5	\$ 872	\$ 1,019	\$ 3,895	\$ 4,042	\$ 5,418	\$ 5,564	\$ 8,785	\$ 8,932	\$ 11,714	
6	\$ 998	\$ 1,166	\$ 4,465	\$ 4,633	\$ 6,210	\$ 6,378	\$ 10,070	\$ 10,238	\$ 13,427	
7	\$ 1,114	\$ 1,304	\$ 5,035	\$ 5,224	\$ 7,003	\$ 7,192	\$ 11,355	\$ 11,545	\$ 15,140	
8	\$ 1,230	\$ 1,441	\$ 5,604	\$ 5,815	\$ 7,795	\$ 8,006	\$ 12,640	\$ 12,851	\$ 16,854	
9	\$ 1,321	\$ 1,554	\$ 6,174	\$ 6,406	\$ 8,588	\$ 8,820	\$ 13,925	\$ 14,158	\$ 18,567	
10	\$ 1,456	\$ 1,710	\$ 6,744	\$ 6,997	\$ 9,380	\$ 9,633	\$ 15,210	\$ 15,464	\$ 20,280	
11	\$ 1,592	\$ 1,867	\$ 7,313	\$ 7,588	\$ 10,172	\$ 10,447	\$ 16,495	\$ 16,770	\$ 21,994	
12	\$ 1,728	\$ 2,025	\$ 7,883	\$ 8,179	\$ 10,965	\$ 11,261	\$ 17,780	\$ 18,077	\$ 23,707	
13	\$ 1,864	\$ 2,182	\$ 8,453	\$ 8,770	\$ 11,757	\$ 12,075	\$ 19,065	\$ 19,383	\$ 25,420	
14	\$ 2,000	\$ 2,340	\$ 9,022	\$ 9,361	\$ 12,550	\$ 12,889	\$ 20,350	\$ 20,690	\$ 27,134	
15	\$ 2,136	\$ 2,497	\$ 9,592	\$ 9,953	\$ 13,342	\$ 13,703	\$ 21,635	\$ 21,996	\$ 28,847	
16	\$ 2,272	\$ 2,654	\$ 10,162	\$ 10,544	\$ 14,134	\$ 14,516	\$ 22,920	\$ 23,302	\$ 30,560	
17	\$ 2,408	\$ 2,812	\$ 10,731	\$ 11,135	\$ 14,927	\$ 15,330	\$ 24,205	\$ 24,609	\$ 32,274	
18	\$ 2,544	\$ 2,969	\$ 11,301	\$ 11,726	\$ 15,719	\$ 16,144	\$ 25,490	\$ 25,915	\$ 33,987	
19	\$ 2,680	\$ 3,127	\$ 11,871	\$ 12,317	\$ 16,512	\$ 16,958	\$ 26,775	\$ 27,222	\$ 35,700	
20	\$ 2,816	\$ 3,284	\$ 12,440	\$ 12,908	\$ 17,304	\$ 17,772	\$ 28,060	\$ 28,528	\$ 37,414	
Each add'l add	\$ 136	\$ 158	\$ 570	\$ 592	\$ 793	\$ 814	\$ 1,285	\$ 1,307	\$ 1,714	

Family Size	2023 100% Annual Income Threshold (2022 FPL used for 2023 determinations)	2024 100% Annual Income Threshold (2023 FPL used for 2022 determinations)
1	\$ 13,590	\$ 14,580
2	\$ 18,310	\$ 19,720
3	\$ 23,030	\$ 24,860
4	\$ 27,750	\$ 30,000
5	\$ 32,470	\$ 35,140
6	\$ 37,190	\$ 40,280
7	\$ 41,910	\$ 45,420
8	\$ 46,630	\$ 50,560
9	\$ 51,350	\$ 55,700
10	\$ 56,070	\$ 60,840
11	\$ 60,790	\$ 65,980
12	\$ 65,510	\$ 71,120
13	\$ 70,230	\$ 76,260
14	\$ 74,950	\$ 81,400
15	\$ 79,670	\$ 86,540
16	\$ 84,390	\$ 91,680
17	\$ 89,110	\$ 96,820
18	\$ 93,830	\$ 101,960
19	\$ 98,550	\$ 107,100
20	\$ 103,270	\$ 112,240
Each add'l add	\$ 4,720	\$ 5,140

2022 Income Thresholds - Effective March 1, 2022

Oregon Health Plan, Health Systems Division Medical Programs

Family Size	Parents & Other Caretaker Relatives (PCR)		MAGI Child (age 1 - under 19) / MAGI Adult / COFA Dental		MAGI Child (under age 1) (CMO) / MAGI Pregnant Woman (PWO)		MAGI CHIP		Vet Dental		2022 100% Annual Income Threshold (2021 FPL used for 2022 determinations)	
	2022 Standard	Standard + 5% FPL Disregard	2022 Standard	Standard + 5% FPL Disregard (133%)	2022 Standard	Standard + 5% FPL Disregard (138%)	2022 Standard	Standard + 5% FPL Disregard (185%)	2022 Standard	Standard + 5% FPL Disregard (190%)	January 1, 2023 Standard	
	2022 Standard	Standard + 5% FPL Disregard	2022 Standard	Standard + 5% FPL Disregard (133%)	2022 Standard	Standard + 5% FPL Disregard (138%)	2022 Standard	Standard + 5% FPL Disregard (185%)	2022 Standard	Standard + 5% FPL Disregard (190%)	January 1, 2023 Standard	
1	\$ 399	\$ 456	\$ 1,507	\$ 1,563	\$ 2,096	\$ 2,152	\$ 3,398	\$ 3,455	\$ 4,530			
2	\$ 515	\$ 592	\$ 2,030	\$ 2,106	\$ 2,823	\$ 2,900	\$ 4,578	\$ 4,654	\$ 6,104			
3	\$ 611	\$ 707	\$ 2,553	\$ 2,649	\$ 3,551	\$ 3,647	\$ 5,758	\$ 5,854	\$ 7,677			
4	\$ 747	\$ 863	\$ 3,076	\$ 3,192	\$ 4,279	\$ 4,394	\$ 6,938	\$ 7,054	\$ 9,250			
5	\$ 872	\$ 1,008	\$ 3,599	\$ 3,735	\$ 5,006	\$ 5,142	\$ 8,118	\$ 8,253	\$ 10,824			
6	\$ 998	\$ 1,153	\$ 4,122	\$ 4,277	\$ 5,734	\$ 5,889	\$ 9,298	\$ 9,453	\$ 12,397			
7	\$ 1,114	\$ 1,289	\$ 4,646	\$ 4,820	\$ 6,462	\$ 6,636	\$ 10,478	\$ 10,653	\$ 13,970			
8	\$ 1,230	\$ 1,425	\$ 5,169	\$ 5,363	\$ 7,189	\$ 7,384	\$ 11,658	\$ 11,852	\$ 15,544			
9	\$ 1,321	\$ 1,535	\$ 5,692	\$ 5,906	\$ 7,917	\$ 8,131	\$ 12,838	\$ 13,052	\$ 17,117			
10	\$ 1,456	\$ 1,690	\$ 6,215	\$ 6,449	\$ 8,645	\$ 8,878	\$ 14,018	\$ 14,252	\$ 18,690			
11	\$ 1,592	\$ 1,846	\$ 6,738	\$ 6,991	\$ 9,372	\$ 9,626	\$ 15,198	\$ 15,451	\$ 20,264			
12	\$ 1,728	\$ 2,001	\$ 7,261	\$ 7,534	\$ 10,100	\$ 10,373	\$ 16,378	\$ 16,651	\$ 21,837			
13	\$ 1,864	\$ 2,157	\$ 7,784	\$ 8,077	\$ 10,828	\$ 11,120	\$ 17,558	\$ 17,851	\$ 23,410			
14	\$ 2,000	\$ 2,313	\$ 8,307	\$ 8,620	\$ 11,555	\$ 11,868	\$ 18,738	\$ 19,050	\$ 24,984			
15	\$ 2,136	\$ 2,468	\$ 8,831	\$ 9,163	\$ 12,283	\$ 12,615	\$ 19,918	\$ 20,250	\$ 26,557			
16	\$ 2,272	\$ 2,624	\$ 9,354	\$ 9,705	\$ 13,011	\$ 13,362	\$ 21,098	\$ 21,450	\$ 28,130			
17	\$ 2,408	\$ 2,780	\$ 9,877	\$ 10,248	\$ 13,738	\$ 14,110	\$ 22,278	\$ 22,649	\$ 29,704			
18	\$ 2,544	\$ 2,935	\$ 10,400	\$ 10,791	\$ 14,466	\$ 14,857	\$ 23,458	\$ 23,849	\$ 31,277			
19	\$ 2,680	\$ 3,091	\$ 10,923	\$ 11,334	\$ 15,194	\$ 15,604	\$ 24,638	\$ 25,049	\$ 32,850			
20	\$ 2,816	\$ 3,247	\$ 11,446	\$ 11,877	\$ 15,921	\$ 16,352	\$ 25,818	\$ 26,248	\$ 34,424			
Each add'l add	\$ 136	\$ 156	\$ 524	\$ 543	\$ 728	\$ 748	\$ 1,180	\$ 1,200	\$ 1,574			

ADOPT: 410-200-0436

NOTICE FILED DATE: 02/10/2023

RULE SUMMARY: Specific Requirements; MAGI Expanded Adult Program

CHANGES TO RULE:

410-200-0436

Specific Requirements: MAGI Expanded Adult Program

(1) The Modified Adjusted Gross Income (MAGI) Expanded Adult program is effective April 1, 2023.¶

(2) Individuals who lose eligibility for other OHP Plus medical benefits due to an increase of countable income may be eligible for the MAGI Expanded Adult program if they:¶

(a) Are 19 years of age or older and under age 65;¶

(b) Have household income greater than 138 percent federal poverty level through 200 percent federal poverty level (OAR 410-200-0315) for the applicable family size;¶

(c) Meet citizenship or non-citizen status requirements outlined in OAR 410-200-0215;¶

(d) Are not entitled to or enrolled in Medicare benefits under part A or B of Title XVIII of the Act; and¶

(e) Are not receiving SSI benefits.¶

(3) As a condition of MAGI Expanded Adult program eligibility for parents or caretaker relatives with a dependent child living in the home, the child must be enrolled in minimum essential coverage.¶

(4) The MAGI Expanded Adult program is not available to new applicants or individuals reapplying after a break in coverage.¶

(5) The MAGI Expanded Adult program is not subject to protected eligibility provisions related to pregnancy, described in OAR 410-200-0135 - Assumed, Continuous, and Protected Eligibility for Children and Pregnant Individuals section (3).¶

(6) The MAGI Expanded Adult program eligibility is not subject to the pursuit of assets requirements found in OAR 410-200-0220 - Requirement to Pursue Assets.

Statutory/Other Authority: 42 CFR 435.110, ORS 435.112, 435.115, 435.116, 435.118, 435.403, 435.940, 435.1200, 457.80, 457.340, 458.350, 435.3, 435.4, 435.406, 435.407, 435.952, 435.956, 435.1008, 457.320, 457.380, 435.608, 433.138, 433.145, 433.146, 433.147, 433.148, 435.117, 435.119, 435.1205, 435.170, 435.190, 435.222, 435.610, 435.916, 435.917, 447.56, 457.350, 457.360, 457.805, ORS 411.402, 411.404, 413.042, 414.534

Statutes/Other Implemented: ORS 411.402, 411.404, ORS 411.060, 411.095, 411.400, 411.406, 411.439, 411.443, 413.032, 413.038, 414.025, 414.231, 414.440, 414.534, 414.536, 414.706

AMEND: 410-200-0520

NOTICE FILED DATE: 02/10/2023

RULE SUMMARY: COVID-19 Emergency Policies – updates to align with recent federal guidance

CHANGES TO RULE:

410-200-0520

COVID-19 Emergency Policies

The provisions in this rule apply to all Health Systems Division (HSD) Medical Program eligibility determinations made as of March 18, 2020 through March 31, 2023.¶

(1) In accordance with the Families First Coronavirus Response Act (FFCRA) and OAR 410-120-0011, following the declaration of a national public health emergency (PHE), the Authority adopts temporary measures related to HSD Medical program eligibility.¶

(2) In accordance with the Consolidated Appropriations Act, 2023, the continuous enrollment provisions established as part of the FFCRA are no longer coupled with the national public health emergency effective March 31, 2023. See OAR 410-200-0521 for Agency policies effective April 1, 2023.¶

(3) Notwithstanding any other rule to the contrary in these Chapter 410, division 200 rules, during the COVID-19 PHE, HSD Medical program eligibility shall be determined as set forth in this rule.¶

(34) Except for individuals receiving coverage during a period of presumptive eligibility (see section 45 of this rule), individuals who were receiving HSD Medical Program benefits on March 18, 2020, or who begin receiving coverage following that date via full eligibility determination shall not have benefits terminated during the national emergency period prior to April 1, 2023, with the following exceptions:¶

(a) Terminations of coverage shall be limited to the following reasons:¶

(A) Eligibility was approved for an HSD medical program at either initial application or during a redetermination, and it is later determined the decision was incorrect due to one of the following:¶

(i) Administrative error; or¶

(ii) When a court determines the individual made a false or misleading statement, or misrepresented, concealed, or withheld a fact for the purpose of establishing or maintaining eligibility.¶

(B) The recipient dies;¶

(C) The recipient or someone authorized to act on their behalf requests voluntary termination of coverage; or¶

(D) The recipient is confirmed to no longer be a resident of Oregon.¶

(b) Coverage will be suspended for individuals who become incarcerated (see OAR 410-200-0140).¶

(45) Individuals receiving coverage during a period of presumptive eligibility are not subject to the provisions described in section (34) of this rule, as a full eligibility determination has not been made.¶

(56) Community Partners (see OAR 410-200-0015(27)) are granted authority to perform Presumptive Eligibility determinations pursuant to the policies outlined for Hospital Presumptive Eligibility in OAR 410-200-0105 for the duration of the PHE.¶

(67) The agency shall accept self-attestation of all eligibility criteria necessary to determine eligibility with the following exception:¶

(a) In the event that an individual's attestation of US citizenship, US national, or non-citizen status cannot be verified via FDSH or electronic verification sources available to the agency, the individual shall be provided a reasonable opportunity period (see OAR 410-200-0015(66)) to provide verification of their attestation;¶

(b) For individuals who are provided a reasonable opportunity period through March 31, 2023, the reasonable opportunity period has been extended to 180 days for the duration of the emergency period. Effective April 1, 2023, the reasonable opportunity period aligns with OAR 410-200-0015(65);¶

(c) If the beneficiary fails to submit verification as requested, and the reasonable opportunity period ends during the emergency period, coverage will not be terminated for the duration of the emergency period prior to April 1, 2023; and¶

(d) Upon receipt of verification, the agency will determine ongoing eligibility in accordance with citizenship/non-citizen status requirements described in OAR 410-200-0215.¶

(78) Federal Pandemic Unemployment Compensation (FPUC) is treated as follows:¶

(a) FPUC is excluded for all eligibility determinations based on monthly income, as described in 410-200-0310(4)(a).¶

(b) FPUC is counted for all eligibility determinations based on annual income, as described in 410-200-0310(4)(b).¶

(89) Disaster relief payments as described in 26 U.S. Code 139 are excluded for all HSD Medical Program eligibility determinations, including determinations made based on both monthly (410-200-0310(4)(a)) and annual (410-200-0310(4)(b)) income.¶

(910) Individuals receiving Reproductive Health Equity Fund benefits (see OAR 410-200-0240(2)(b)) on March 18, 2020, or who begin receiving RHEF benefits following that date, shall retain RHEF benefits ~~for the duration of the emergency period until one of the following occur, whichever is earlier:~~¶

(a) The individual becomes eligible for other OHP Plus coverage; or¶

(b) The individual's eligibility is redetermined during the unwinding period (see OAR 410-200-0521).

Statutory/Other Authority: ORS 411.402, 411.404, 413.042, 414.534

Statutes/Other Implemented: ORS 411.402, 411.404, 414.534, 411.443, 413.032, 413.038, 414.025, 414.231, 414.440, 414.536, 414.706, ORS 411.060, 411.095, 411.400, 411.406, 411.439

RULE SUMMARY: Unwinding Period – HSD Medical Programs; updated policies and procedures for the unwinding period.

CHANGES TO RULE:

410-200-0521

Unwinding Period - HSD Medical Programs

(1) The provisions in this rule apply to all Health Systems Division (HSD) Medical Program determinations effective April 1, 2023, and later. Notwithstanding any other rule to the contrary in these chapter 410 division 200 rules, during the unwinding period, HSD Medical Program eligibility shall be determined as set forth in this rule.¶

(2) For the purposes of this rule, the term "unwinding period" refers to the period of 15 calendar months beginning April 1, 2023, in which the agency will initiate a full eligibility renewal for all HSD Medical Program beneficiaries.¶

(3) In accordance with the Consolidated Appropriations Act, 2023, the continuous enrollment conditions established via the Families First Coronavirus Response Act end effective March 31, 2023.¶

(4) Except for individuals receiving coverage during a period of presumptive eligibility (see OAR 410-200-0105), individuals who were receiving HSD Medical Program benefits prior to April 1, 2023, shall maintain coverage as described in OAR 410-200-0520 until their unwinding period renewal activity is initiated.¶

(5) Individuals receiving coverage during a period of presumptive eligibility shall maintain presumptive eligibility coverage until:¶

(a) A full eligibility determination is completed; or¶

(b) The individual's benefits are terminated due to failure to complete the full application process.¶

(6) The Agency shall determine eligibility based on self-attestation of financial eligibility information and will request necessary verification (see OAR 410-200-0230 - Verification) via post-eligibility Request for Information (RFI).¶

(7) Information about RFIs during the unwinding period:¶

(a) The Agency will provide 90-days to respond to RFIs;¶

(b) Failure to respond to a post-eligibility RFI will result in termination of benefits in accordance with section (8) of this rule, with the following exceptions.¶

(A) For individuals age 18 years and younger, failure to respond to a post-eligibility RFI for income verification will not result in termination of benefits; eligibility will be maintained through the 12-month Continuous Eligibility period (see OAR 410-200-0135) or the end of the month in which they turn 19 years of age, whichever is earlier;¶

(B) For pregnant individuals, failure to respond to a post-eligibility RFI for income verification will not result in termination of benefits; eligibility will be maintained through the duration of pregnancy and the postpartum eligibility period (see OAR 410-200-0135).¶

(8) Recipients who are determined ineligible for ongoing HSD Medical Benefits will be provided 60-day advance notice of termination or reduction of coverage and referred to the Federally Facilitated Marketplace as described in OAR 410-200-0100, if applicable.

Statutory/Other Authority: ORS 411.402

Statutes/Other Implemented: ORS 411.402