



# Eligibility Group Categories

## Oregon Medicaid and CHIP Population Eligibility Categories

The following table lists eligibility categories, descriptions and associated PERCs:

Eligibility Category	Description
<p>Children's Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> <li>• CHIP: &lt;1 (Z1, Z5, ZA, ZE, ZK, U1, U4, U7)</li> <li>• CHIP: 1-5 (Z2, Z6, ZB, ZF, U2, U5, U8)</li> <li>• CHIP: 6-18 (Z3, Z4, Z7, Z8, ZG, ZH, U3, U6, U9)</li> </ul>	<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"> <li>• PLM: Children &lt; FPL: &lt;1 (H1)</li> <li>• PLM: Children &lt; FPL: 1-5 (H2)</li> <li>• PLM: Children &lt; FPL: 6-18 (H3, H4)</li> <li>• PLM: Children &gt;= FPL: &lt;1 (HA, HC)</li> <li>• PLM: Children &gt;= FPL: 1-5 (HB)</li> <li>• PLM: Children no FPL: &lt;1 (HD)</li> <li>• PLM: Children no FPL: 1-5 (HE)</li> <li>• PLM: Children no FPL: 6-18 (HF, HG)</li> </ul>	<p>Poverty Level Children (PLM) Children:</p> <ul style="list-style-type: none"> <li>• Children less than 1 with incomes up to 185% of FPL</li> <li>• Children 0-5 with incomes up to 133% of FPL</li> <li>• Children 6-18 with income up to 100% of FPL</li> </ul>
<p>*MAGI children</p> <ul style="list-style-type: none"> <li>• Child &lt;133% 0-1 (MD, MG)</li> <li>• Child &lt;133% 1-5 (ME)</li> <li>• Child &lt;133% 6-18 (MF)</li> </ul>	<p>MAGI Children up to 133% FPL</p>
<p>Children's Protective Services</p> <ul style="list-style-type: none"> <li>• SCF (GA, C5, 19, 62, MC)</li> </ul>	<p>Children in Adoptive, Substitute or Foster care</p>
<p>TANF Medical recipients</p> <ul style="list-style-type: none"> <li>• TANF-M (E2, V2, XE, 2, 82, KA)</li> </ul>	<p>Temporary Assistance to Needy Families (TANF)-Medical: Adults and</p>

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	<p>Children who receive OHP as part or all of their self-sufficiency benefit</p> <ul style="list-style-type: none"> <li>TANF Extended (XE): Recipients no longer in the TANF program but receiving up to one (1) year additional medical assistance.</li> <li>Parent/other caretaker relative (KA)</li> </ul>
<p>Poverty Level Medical (PLM) Adults</p> <ul style="list-style-type: none"> <li>PLM: Adults &lt; FPL (L2)</li> <li>PLM: Adults &gt;= FPL (L6, L8)</li> </ul>	<p>Poverty Level Adults: Pregnant and post-partum women who are up to 185% of FPL</p>
<p>Healthier Oregon Pregnant Women</p> <ul style="list-style-type: none"> <li>Pregnancy: CA, CB, HL, HM, HZ, HW, CQ</li> <li>0-60 days Post-Partum: CC, CI, HN, HO, H6, HX, H8</li> <li>61-365 days Post-Partum: CD, CJ, HP, HQ, H7, HY, H9</li> </ul>	<p>Prior to July 1, 2023, the Citizenship Waived Emergency Medical program was for individuals who, except for their immigration status, would be eligible for Medicaid. As of July 1, 2023, people of any age who meet income and other criteria, qualify for full Oregon Health Plan (OHP) benefits and other services and supports, no matter their immigration status, through Healthier Oregon. The Pregnant Women program protects benefits during a pregnancy and for 12 months after the pregnancy ends (post-partum).</p>
<p>Healthier Oregon Cover All Kids (CAK)</p> <ul style="list-style-type: none"> <li>CF, CG, CH, CN, CO, CP, CR</li> </ul>	<p>Healthier Oregon Cover All Kids (CAK) are non-Medicaid/OHP only population</p> <ul style="list-style-type: none"> <li>Age 0-17</li> <li>Some age 18-23 if pregnant</li> </ul>
<p>Healthier Oregon</p> <ul style="list-style-type: none"> <li>HH, HI, HJ, HR, HS, HT, HU, HV</li> </ul>	<p>As of July 1, 2023, people of any age who meet income and other</p>

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	criteria, qualify for full Oregon Health Plan (OHP) benefits and other services and supports, no matter their immigration status.
<p>*MAGI Pregnant Women</p> <ul style="list-style-type: none"> <li>• LA, LB, LC, LD</li> </ul>	Pregnant and post-partum women <=133% and 133+%
<p>*Old Age Assistance/Blind, Disabled, and General Assistance recipients</p> <ul style="list-style-type: none"> <li>• AB/AD with Medicare (3, 4, B3, D4)</li> <li>• AB/AD without Medicare (3, 4, B3, D4)</li> <li>• General Assistance (5)</li> <li>• OAA with Medicare Part B (1, A1)</li> <li>• OAA with Medicare Part A or Part A &amp; B (1, A1)</li> <li>• OAA without Medicare (1, A1)</li> </ul>	<p>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.</p> <p>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.</p>
<p>*MAGI Blind, Disabled</p> <ul style="list-style-type: none"> <li>• MAGI Adult w/child w/o Medicare (M2)</li> <li>• MAGI Adult w/o child w/o Medicare (M4)</li> </ul>	MAGI Aid to the Blind (AB) and Aid to the Disabled (AD) <75% FPL
<p>ACA Expansion population</p> <ul style="list-style-type: none"> <li>• ACA: Families (M1, M5)</li> <li>• ACA: Adults/Couples (M3, M6)</li> </ul>	MAGI adult with or without child <=133% FPL
<p>Children's Health Insurance Program (CHIP)</p> <ul style="list-style-type: none"> <li>• CHIP to Medicaid (H5)</li> </ul>	CHIP eligible Children before ACA Medicaid Eligible

\* These eligibility categories are also compatible with Medicare. Individuals who have both Medicare and Medicaid are known as "dual eligibles".

## 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.
Breast & Cervical Cancer (BC)	Individuals in this program have been diagnosed with breast or cervical cancer and do not have access to other health insurance. This population receives the Plus benefit package, but is not part of OHP.
OHP Dental <ul style="list-style-type: none"><li>• Veteran Dental (VB)</li><li>• COFA Dental (VC)</li></ul>	Veteran Dental and COFA Dental program recipients. These individuals receive dental-only OHP benefits.

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