

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
01-18

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES *JAN*

4. PROPOSED EFFECTIVE DATE
February 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
HCFA-PM-85-14 and HCFA-PM-91-4

7. FEDERAL BUDGET IMPACT:
a. FFY 2001-02 \$(2,260,949) (P+I)
b. FFY 2002-03 \$(3,391,423) (P+I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 54 through ~~57~~ 56f (P+I)
Attachment 4.18-A, pages 1 through 3
Attachment 4.18-C, pages 1 through 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Pages 54 through ~~57~~ 56f (P+I)
Attachment 4.18-A, pages 1 through 3
Attachment 4.18-C, pages 1 through 3

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to add Pharmacy Co-Pay as approved by the Oregon State Legislature.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Hersh Crawford *Bobby S Mink*
13. TYPED NAME: Hersh Crawford Bobby Mink

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: *12-27-01*

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: *JAN - 2 2002*

18. DATE APPROVED: *APR 24 2002*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: *FEB - 2 2002*

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: *Bunnee Butterfield*

22. TITLE: *ASSOCIATE*
ASSOCIATE

23. REMARKS:

*P+I changes authorized by the state on 1-18-02
and on 2-4-02 and on 2/14/02
2/11/02*

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991State/Territory: OREGONCitation42 CFR 447.51
through 447.584.18 Recipient Cost Sharing and Similar Charges1916(a) and (b)
of the Act

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
- (b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:
- (1) No enrollment fee, premium, or similar charge is imposed under the plan.
- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
- (i) Services to individuals under age 18, or under--
- Age 19 P & I
- Age 20
- Age 21
- Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.
- (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No 01-18
Supersedes TN No 91-25

Approval Date

Effective Date 02/01/02

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991State/Territory: OREGONCitation

4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58

(iii) All services furnished to pregnant women.

— Not applicable. Charges apply for services to
pregnant women unrelated to the pregnancy.(iv) Services furnished to any individual who is an inpatient in a
hospital, long-term care facility, or other medical
institution, if the individual is required, as a condition of
receiving services in the institution, to spend for medical
care costs all but a minimal amount of his or her income
required for personal needs.(v) Emergency services if the services meet the requirements in
42 CFR 447.53(b)(4).(vi) Family planning services and supplies furnished to
individuals of childbearing age.(vii) Services furnished by a health maintenance organization in
which the individual is enrolled.1916 of the Act,
P.L. 99-272,
(Section 9505)(viii) Services furnished to an individual receiving hospice care, as
defined in section 1905(o) of the Act.TN No. 01-18Supersedes TN No. 91-25

Approval Date

Effective 02/01/02

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

Transmittal #01-18
OMB No.: 0938-

State/Territory: OREGON

Citation

4.18 (b) (continued)

42 CFR 447.51
through
447.48

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

18 or older

19 or older P&I

20 or older

21 or older

Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No 01-18
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HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
August 1991

Transmittal #01-18
OMB No.: 0938-

State/Territory: OREGON

Citation 4.18(b)(3) (Continued)

42 CFR 447.51
through 447.58

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

X Not applicable. There is no maximum.

TN No. 01-18

Approval Date

Effective Date 02/01/02

Supersedes TN No. 91-25

HCFA ID: 7962E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991State/Territory: OREGONCitation1916(c) of
the Act

4.18(b)(4) ___ A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52)
and 1925(b)
of the Act

4.18(b)(5) ___ For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916(d) of
the Act

4.18(b)(6) ___ A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

 TN No. 01-18
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Effective Date 02/01/02

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

Transmittal #01-18
OMB No.: 0938-

State/Territory: OREGON

Citation 4.18(c) X Individuals are covered as medically needy under the plan.

42 CFR 447.51
through 447.58

- (1) An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under--

 X Age 19 P&I

 Age 20

 Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. 01-18
Supersedes TN No. 91-25

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Effective Date 02/01/02

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Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

Transmittal #01-18
OMB No.: 0938-

State/Territory: OREGON

<u>Citation</u>	4.18 (c)(2) (Continued)
42 CFR 447.51 through 447.58	<ul style="list-style-type: none"> (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy. (iii) All services furnished to pregnant women. <div style="margin-left: 40px;"><u> </u> Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.</div> (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs. (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). (vi) Family planning services and supplies furnished to individuals of childbearing age.
1916 of the Act, P.L. 99-272 (Section 9505)	<ul style="list-style-type: none"> (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 through 447.58	<ul style="list-style-type: none"> (viii) Services provided by a health maintenance organization (HMO) to enrolled individuals. <div style="margin-left: 40px;"><u> X </u> Not applicable. No such charges are imposed.</div>

TN No. 01-18
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Approval Date:

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HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #01-18
OMB No.: 0938-

State/Territory: OREGON

Citation

4.18 (c) (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

 Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

 18 or older

 X 19 or older P&I

 20 or older

 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 01-18

Approval Date

Effective Date 02/01/02

Supersedes TN No. 91-25

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

Transmittal #01-18
OMB No.: 0938-

State/Territory: OREGON

Citation 4.18(c)(3) (Continued)

447.51 through
447.58

(iii) For the medically needy, and other optional groups,
ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

X Not applicable. There is no maximum.

TN No. 01-18

Approval Date

Effective Date 02/01/02

Supersedes TN No. 91-25

HCFA ID: 7982E

Revision: HCFA-PM-85-14 (BERC)
September 1985

Transmittal #01-18
Attachment 4.18-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OREGON

A. The following changes are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount of Basis for Determination
	Deduct.	Coins.	Copay.	
Prescribed Drugs			X	\$2 for each generic prescription that is filled or refilled. \$3 for each brand prescription that is filled or refilled. * The co-payment is based on the average payment for drug for CY 2001.

TN No. 01-18
Supersedes TN No. 85-30

Approval Date:

Effective Date: 02/01/02

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OREGON

B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Medicaid recipients who indicate to the provider that they cannot pay the co-payment at the time the service is provided cannot be refused services because of their inability to pay. However, recipients are liable for the copayment and are expected to pay the co-payment when they are able to do.

Providers are informed that they cannot refuse services to a Medicaid recipient solely because of the recipient's inability to pay the co-payment. The provider can use any other legal means to collect.

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below.

Adjustments to provider reimbursement amounts and exclusions from cost sharing requirements are programmed into the Point-of sale System (POS)

P&I Individuals under 19: The MMIS and POS system automatically verifies benefits and age requirements and will override the co-payment for recipients under 19. Additionally the medical ID card shows the recipients date of birth should the provider wish to verify age prior to collection of co-payment.

Pregnant Women: The MMIS and POS reporting codes will identify and exclude pregnant woman from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

Institutionalized Individuals: The MMIS and POS reporting codes will identify and exclude residence to nursing facilities or other institutionalized residence from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment. Providers have been instructed not to collect cost sharing from these institutionalized individuals. Facilities have been instructed to assure that staff accompanying recipients out of the facility for health care visits advises providers of the recipient's institutional status.

Emergency Services: The providers have been instructed not to collect cost sharing amounts from individuals seeking or obtaining emergency services. The provider identifies that the service provided was an emergency by entering a code in the appropriate field on the POS system.

Family Planning Services and supplies: The POS System will identify and exclude family planning drugs such as birth control pills, and supplies from cost share.

HMO Enrollees: All individuals identified to the provider through the POS system, are exempt from co-payments for those services which are covered by the plan.

P&I IHS/Tribal Health Facilities under section 638: Clients who receive services through federally recognized IHS/Tribal Health Facilities under Section 638. The MMIS & POS will identify & exclude copayments for individuals utilizing services through IHS/Tribal Health Facilities under Section 638.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 01-18
Supersedes TN No. 85-30

Approval Date:

Effective Date: 02/01/02

HCFA ID: 0053C/0061E

Revision: HCFA-PM-85-14 (BERC)
September 1985

Transmittal #01-18
Attachment 4.18-C
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OREGON

A. The following changes are imposed on the medically needy for services:

Service	Type of Charge			Amount of Basis for Determination
	Deduct.	Coins.	Copay.	
Prescribed Drugs			X	\$2 for each generic prescription that is filled or refilled. \$3 for each brand prescription that is filled or refilled. * The co-payment is based on the average payment for drug for CY 2001.

TN No. 01-18
Supersedes TN No. 85-30

Approval Date:

Effective Date: 02/01/02

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OREGON

B. The method used to collect cost sharing charges for medically needy individuals:

 X Providers are responsible for collecting the cost sharing charges from individuals.

 The agency reimburses providers the full Medicaid rate for services and collects the cost

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Medicaid recipients who indicate to the provider that they cannot pay the co-payment at the time the service is provided cannot be refused services because of their inability to pay. However, recipients are liable for the copayment and are expected to pay the co-payment when they are able to do.

Providers are informed that they cannot refuse services to a Medicaid recipient solely because of the recipient's inability to pay the co-payment. The provider can use any other legal means to collect.

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below.

Adjustments to provider reimbursement amounts and exclusions from cost sharing requirements are programmed into the Point-of sale System (POS)

P&I Individuals under 19: The MMIS and POS system automatically verifies benefits and age requirements and will override the co-payment for recipients under 19. Additionally the medical ID card shows the recipients date of birth should the provider wish to verify age prior to collection of co-payment.

Pregnant Women: The MMIS and POS reporting codes will identify and exclude pregnant woman from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

Institutionalized Individuals: The MMIS and POS reporting codes will identify and exclude residence to nursing facilities or other institutionalized residence from cost share. If the case has not been previously identified and coded the provider is instructed to contact provider services for an override of the co-payment. Providers have been instructed not to collect cost sharing from these institutionalized individuals. Facilities have been instructed to assure that staff accompanying recipients out of the facility for health care visits advises providers of the recipient's institutional status.

Emergency Services: The providers have been instructed not to collect cost sharing amounts from individuals seeking or obtaining emergency services. The provider identifies that the service provided was an emergency by entering a code in the appropriate field on the POS system.

Family Planning Services and supplies: The POS System will identify and exclude family planning drugs such as birth control pills, and supplies from cost share.

HMO Enrollees: All individuals identified to the provider through the POS system, are exempt from co-payments for those services which are covered by the plan.

P&I IHS/Tribal Health Facilities under section 638: Clients who receive services through federally recognized IHS/Tribal Health Facilities under Section 638. The MMIS & POS will identify & exclude copayments for individuals utilizing services through IHS/Tribal Health Facilities under Section 638.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 01-18
Supersedes TN No. 85-30

Approval Date:

Effective Date: 02/01/02

HCFA ID: 0053C/0061E