Oregon – CMS Medicaid 1135 Waivers Update

- Waives prior authorization requirements under Medicaid FFS or the State Plan
- Extends authorizations for a beneficiary that already received prior authorization
- Waives PASRR Level I and Level II Assessments for 30 days
- Provide additional time regarding fair hearings and appeals requests for Medicaid patients
- Waives public notice requirements related to state plan amendment submission process
    - Applies only to state plan amendments that provide/increase beneficiary access to items and services related to COVID-19 for specified time
- Allows modification of timeframes for required tribal consultation
    - Applies only to state plan amendments that provide/increase beneficiary access to items and services related to COVID-19 for specified time
- Provider Enrollment Waivers
    - Temporarily allows OR to enroll providers already enrolled with another State's Medicaid program or Medicare
    - For providers not currently enrolled in another State's Medicaid program or Medicare:
        - CMS waived the following enrollment requirements:
            - Application fee
            - Criminal background checks
            - Site visits
            - Oregon licensure verification requirements
        - Providers will need to provide the following information to be enrolled:
            - Minimum data to file and process claims (including NPI)
            - SSN, EIN, and/or Tax ID for OIG exclusion list check and licensed in at least one state
        - Payment for these providers must stop within six months of the termination of the public health emergency
        - Providers' temporary enrollment status will end when the public health emergency has ended
        - May retroactively be enrolled no earlier than March 1, 2020
    - Temporarily stop revalidation of providers located in OR
    - For reimbursement for claims submitted by out-of-state providers enrolled with another State's Medicaid Agency or Medicare, CMS is waiving the fifth criterion below:
        - 1. The out-of-state provider (includes pharmacy) furnished the item or service outside of OR
        - 2. The NPI is on the claim
        - 3. The provider is enrolled and in "approved" status in Medicaid or another State's Medicaid program
        - 4. The claim represents the services furnished
        - 5. The represents either:
            - A single instance of care furnished over a 180-day period, or

        - Multiple instances of care furnished to a single participant, over a 180-day period
        - *This requirement is waived and Oregon may reimburse out-of-state providers for multiple instances of care to multiple participants, so long as the other criteria listed above are met.*
- Facilities may set up alternative sites in unlicensed facilities to provide services
    - The State must make an assessment that the facility meets minimum standards
    - Includes NFs, ICF/IDDs, psych residential treatment facilities, and hospital NFs
- The waivers are effective March 1, 2020 – until termination of the public health emergency