

OAR 461-135-0875 about the specific requirements for retroactive medical benefits is being amended to restate the Department's policy on eligibility for retroactive medical benefits.

OAR 461-135-1100 about the specific requirements for the Oregon Health Plan (OHP) is being amended to restate the specific requirements for OHP benefits. This amendment allows specific clients who were enrolled in a health insurance plan subsidized by the Family Health Insurance Assistance program (FHIAP) and who were identified by FHIAP and will lose their FHIAP subsidy after May 31, 2008, to move to OHP Standard, waiving the requirement for OHP Standard of six months without insurance. This amendment will also allow individuals who are transitioning from another Medicaid program to OHP Standard or who have been determined eligible for OHP Standard after receiving an OHP 7210R reservation list application to waive the requirement of six months without insurance requirement if FHIAP subsidized the individual's private health insurance premium.

OAR 461-135-1102 about the effective dates for the Oregon Health Plan (OHP-OPU) is being amended to restate the Department's policy about who is considered a new applicant for the OHP-OPU program. This rule is being amended to allow clients who were enrolled in a health insurance plan subsidized by the Family Health Insurance Assistance program (FHIAP) to move to OHP Standard on June 1, 2008, upon notification from FHIAP that their FHIAP subsidy will end after May 31, 2008.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

Implementation/Transition Instructions:

Training/Communication Plan:

Local/Branch Action Required:

Central Office Action Required:

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions: N/A

If you have any questions about these draft rules, contact:

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