

## Oregon Health Plan: Medicaid and CHIP Population Eligibility Categories

Eligibility Category	Description
<b>Plus benefit package</b>	
CHIP: <1 (Z1, Z5) CHIP: 1-5 (Z2, Z6) CHIP: 6-18 (Z3, Z4, Z7, Z8)	CHIP (Children's Health Insurance Program): Children 0-18 who have incomes up to 185% of the Federal Poverty Level (FPL). To qualify for this program, federal rules state that the child cannot be eligible for other Medicaid programs.
PLM: Children Age <1; 0-133% FPL (H1) PLM: Children Age 1-5; 0-133% FPL (H2) PLM: Children: Age 6-18; < 100% FPL (H3, H4)	Poverty Level Children (PLM) Children: Children 0-5 with incomes up to 133% of FPL; children 6-18 with income up to 100% of FPL.
SCF: Children in Adoptive or Substitute care (GA, C5, 19, 62)	Children in Adoptive or Substitute care: Children in foster care or adoptive care
TANF (E2, V2, XE, 2, 82)	Temporary Assistance to Needy Families (TANF) : Adults and Children who are receiving Medical Assistance (OHP) along with their self-sufficiency benefit
PLM: Adults < 100% FPL (L2) PLM: Adults 100-185% FPL (L6, L8)	Poverty Level Adults: Pregnant and post-partum women who are up to 185% of FPL.
AB/AD with Medicare (3, 4, B3, D4) AB/AD without Medicare ((3, 4, B3, D4) OAA with Medicare Part B (1, A1) OAA with Medicare Part A or Part A & B (1, A1) OAA without Medicare (1, A1)	The Aid to the Blind (AB) and Aid to the Disabled (AD) eligibility categories cover people with disabilities who meet federal criteria. Seniors (individuals 65 and older) are covered in the Old Age Assistance categories (OAA). Most individuals in this group have Part A and/or Part B Medicare. Some of these individuals are also covered by Medicare. Individuals who have both Medicare and Medicaid (such as OHP) are known as "dual eligibles".
<b>Standard Benefit Package</b>	
OHP: Families (W0, W1, W2, W3, W4, 1W) OHP: Adults/Couples (Y0, Y1, Y2, Y3, Y4, 1Y)	OHP Families are adults with children who do not meet the "traditional" federal Medicaid rules; OHP Singles/Couples are adults without children who do not meet the "traditional" Medicaid rules. A waiver from
<b>Medicaid only/Non-OHP benefit package</b>	
Non-OHP: Medicare Beneficiaries (QB, QS, NP)	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.
CAWEM (CW)	Citizen/Alien Waived Emergency Medical (CAWEM) program are individuals who, except for their immigration status, would be eligible for Medicaid. They only receive emergency medical and labor/delivery services.
Breast & Cervical Cancer (BC)	Women in this program have been diagnosed with breast or cervical cancer, but do not have access to other health insurance. This population receives the Plus benefit package, but is not part of OHP.