

Research Brief

Implications from Research Results

Presented at the March 2004 OHREC Public Meeting



The Impact of Program Changes on Health Care for the Oregon Health Plan Standard Population: Early Results from a Prospective Cohort Study

Background: In February 2003, the Oregon Health Plan (OHP) underwent a significant redesign of benefits, cost-sharing and premiums structure. The OHP2 redesign resulted in two tiers of coverage, OHP Plus and OHP Standard, and a premium subsidy program. The OHP Plus benefit package and cost sharing structure is similar to the original OHP and serves the federally-mandated Medicaid populations: children and pregnant women, low-income elderly and individuals meeting the SSI definition of disability. OHP Standard, designed for Oregon's expansion population (adults, 19 to 64, up to 100% of federal poverty level), includes a reduced benefit package, significant co-pays and increased premiums. Premium rules were also tightened for the OHP Standard group: individuals are now disqualified from benefits for non-payment of premiums and locked-out from OHP for six months following a disqualification. In addition, there are no longer any waivers of premiums for special groups.

A survey was conducted between December 2003 and March 2004 with a random sample of both OHP Plus and OHP Standard clients who were enrolled as of February 2003, immediately before the program changes were implemented. Between February 2003 and the time of this survey, 45% of the OHP Standard respondents and 12.3% of the OHP Plus respondents reported losing their Medicaid coverage. The preliminary results outlined in this brief are from early (English only) survey data and focus on three areas of impact for OHP Standard clients: access to care, enrollment and utilization.

OHREC is a unique collaborative of Oregon health services researchers, state agencies, stakeholders and advocates sharing and studying the impact of changes to the Oregon Health Plan. OHREC is designed to facilitate communication of research findings to policymakers, both statewide and nationally. Initial funding for the formation of the collaborative has been through Oregon's Robert Wood Johnson State Coverage Initiatives Grant through the Office of Oregon Health Policy & Research.

Access: what was the impact for the OHP Standard population?

- Those who lost coverage had higher unmet needs for medical care, urgent care, mental health care and prescription Medications, with 60% of those who lost coverage reporting unmet need vs. 30% of those who remained covered
- Persons with chronic illness who lost coverage were more likely to report unmet health care needs, with 66% reporting unmet need vs. 32% of those that remained covered
- Cost was the primary reason for unmet health care needs, with 72% reporting cost as the primary reason for unmet health needs

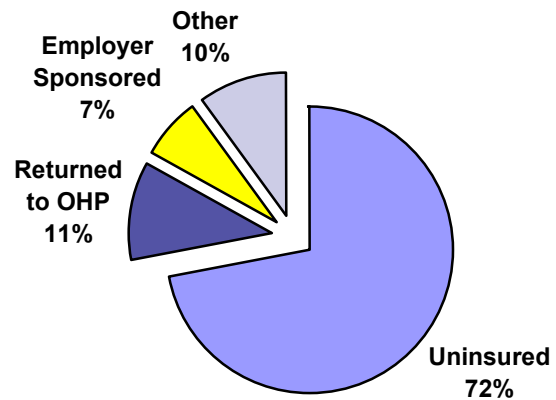
Enrollment: what was the impact for the OHP Standard population?

- Most who lost coverage remained uninsured (72% uninsured)
- The cost of premiums was the most common reason for loss of coverage (33.9% cited this as the reason for loss of coverage)
- The lowest income group was disproportionately affected by cost sharing (57% of those at 0-10% of Federal Poverty Level lost OHP Coverage)
- Almost half would reapply if premiums were decreased (48% reported that they would reapply if premiums were reduced by \$3.00)

Utilization: what was the impact for the OHP Standard population?

- Those who lost coverage were nearly 3 times more likely to have no usual source of care and were 4-5 times more likely to report the Emergency Department as usual source of care
- Loss of coverage increased the likelihood of an ED visit among individuals in the lowest income group especially those with chronic conditions

Current Insurance Statues of Former OHP Standard



This study was funded by the Office for Oregon Health Policy & Research through Oregon's Robert Wood Johnson Foundation's State Coverage Initiative grant and conducted under direction of:

Matthew Carlson, PhD
Portland State University

Bill Wright, PhD
Providence Health System
Center for Outcomes Research and Education