

# Estimated effect of the Affordable Care Act on Oregon Health Plan case load 2014-2016

Estimates updated: August, 2013

County	Estimated Increase 2014	Estimated Cumulative Increase 2015	Estimated Cumulative Increase 2016
<b>Oregon</b>	<b>136,300</b>	<b>205,600</b>	<b>257,600</b>
Baker	550	800	1,000
Benton	2,800	4,200	5,400
Clackamas	9,800	14,800	18,500
Clatsop	1,400	2,100	2,700
Columbia	1,300	2,000	2,500
Coos	2,100	3,000	3,800
Crook	750	1,200	1,400
Curry	750	1,100	1,400
Deschutes	5,600	8,600	10,700
Douglas	3,400	5,200	6,500
Gilliam	60	90	100
Grant	300	400	500
Harney	300	450	600
Hood River	1,000	1,500	1,900
Jackson	8,000	12,100	15,100
Jefferson	1,000	1,500	1,900
Josephine	2,900	4,400	5,500
Klamath	2,500	3,700	4,700
Lake	300	450	550
Lane	13,800	20,900	26,200
Lincoln	1,700	2,600	3,300
Linn	4,000	5,900	7,400
Malheur	1,400	2,200	2,700
Marion	12,800	19,100	24,000
Morrow	550	800	1,000
Multnomah	28,700	43,400	54,400
Polk	2,100	3,200	3,900
Sherman	60	80	100
Tillamook	900	1,400	1,700
Umatilla	2,900	4,300	5,400
Union	900	1,300	1,600
Wallowa	300	440	550
Wasco	1,100	1,600	2,000
Washington	16,900	25,700	32,200
Wheeler	80	90	100
Yamhill	3,300	5,000	6,300

**Prepared by the OHA Office of Forecasting, Research and Analysis.**

Summary: About 94 percent of the estimated increase will be newly eligible adults aged 18-64 years old, and 6 percent will be children who would previously have qualified under the Healthy Kids Connect program

Estimates based on: Modeling of enrollment impacts of the Affordable Care Act (ACA) conducted for OHA by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, the Oregon Spring 2013 OHP Caseload Forecast conducted by the Office of Forecasting, Research and Analysis, and state analysis of the effect of 2013 legislative action to move Healthy Kids Connect Medicaid caseload into the Oregon Health Plan.

County-specific estimates also include the estimated number of uninsured from the Small Area Health Insurance Estimates and the American Community Survey (U.S. Census Bureau), assuming a 95% participation rate from among the potentially eligible uninsured.

Background on ACA modeling at the state level conducted by the State Health Access Data Assistance Center (SHADAC): The model assumed three primary sources of increase: (1) increasing the eligibility level for adults up to 138% of the federal poverty level (FPL); (2) shifting children up to 200% FPL into the Oregon Health Plan; (3) additional adults and children who would have been eligible under the old rules, but who would not have applied without the extra public attention to health care due to the Affordable Care Act.