Medicaid in Oregon

Oregon Health Policy Board Meeting
January 18, 2011
In Oregon, Medicaid touches almost 600,000 lives

- Medical and some dental services under OHP Plus and Standard
- Addiction and mental health services for Medicaid-eligible clients
- Family Health Insurance Assistance Program
- Smaller programs for specific services or populations (e.g. family planning, CAWEM program)
- In-home services, community-based care, and nursing homes for Medicaid eligible seniors and people with disabilities
- Some case management services
Oregon Health Plan’s Reach

• About 2 million people have had their health care covered by OHP since it began in 1994 (unduplicated count)
• Nearly one in three of all Oregonians have been on OHP at some point in their lives
• Today, OHP is the health insurance provider for approximately 15 percent of all Oregonians and almost 38 percent of all Oregon children
• Approximately 40 percent of Oregon’s births in 2007 were covered under OHP
Oregon Health Plan (OHP) as Percent of Total Insured
(Oregonians under 65 Years Old)

Data were provided by: DHS website, http://www.oregon.gov/DHS/healthplan/data_pubs/enrollment/2010/1110/main.shtml; Oregon population statistics provided by Portland State University.
Eligibility is fragmented...
Approximate Federal Poverty Levels (FPL) for Medical Eligibility Groups

- Aged, blind, and disabled populations meeting long-term care criteria are eligible up to 300% of the SSI level (which is equivalent to approximately 225% of the FPL); otherwise, these populations are eligible up to the SSI level.

- The Family Health Insurance Assistance Program (FHIAP) subsidizes private health insurance coverage for low-income families and individuals. All OHP populations have the option to elect FHIAP coverage rather than direct state coverage. Parents and childless adults up to 100% of the FPL must enroll in FHIAP if they have employer-sponsored insurance. Parents and childless adults over 100% of the FPL are not eligible for direct state coverage but may be eligible for FHIAP if enrollment limits have not been met.
OHP Programs

- **OHP Plus** covers about 490,000 people
  (mandatory Medicaid)
  - Low-income elderly, blind & disabled; families receiving Temporary Assistance for Needy Families (TANF); low-income foster children; low-income children; low-income pregnant women
  - About 65% are under age 19
  - Supported by General Fund with federal match

- **OHP Standard** covers about 57,000 clients
  (expansion population)
  - Parents and childless adults under 100% FPL
  - Supported by hospital tax with federal match
Premium Assistance Programs

- **Family Health Insurance Assistance Program** (FHIAP) helps about 7,000 low-income adults and families purchase private insurance
- About 3,500 kids are enrolled in **Healthy KidsConnect**
- Oregon uses Medicaid match to support its investment in these programs
Other Programs

• 470 women receive treatment through the Breast and Cervical Cancer Program (BCCP)
• Approximately 24,000 get emergency medical, prenatal care, and labor/delivery services through the Citizen Alien Waived Emergency Medical (CAWEM) benefit package
• 77,000 low-income women receive family planning services (CCare)
Also…..

• Oregon Youth Authority clients – behavioral rehabilitative services
• Some Addictions and Mental Health Division community services - rehabilitative services, personal care and a few State Hospital services
• DHS Children, Adults and Families Division – targeted case management and behavioral rehabilitative services
And the Delivery System is Fragmented....
Managing Care in OHP

• Approximately 83% of OHP clients are enrolled in physical health managed care.
• Nearly 95% of OHP clients are enrolled in managed dental care, and more than 90 percent are enrolled in managed mental health care.
• Clients not enrolled in managed care receive services on a Fee-for-Service (FFS) arrangement – providers bill the state directly for their services based on a set fee schedule.
• Some providers receiving FFS also get a case management fee (in areas where there are no managed care plans).
Managing Care in OHP (2)

• The state has contracts with:
  – 14 Fully Capitated Health Plans (physical health) (FCHPs)
  – 1 Physician Care Organization (physical health) (PCO)
  – 8 Dental Care Organizations (DHOs)
  – 10 Mental Health Organizations (MHOs)

• Each contracted organization receives a monthly capitation payment for each enrolled client
Medicaid and Medicare linkages
Dual Eligibles

• Approximately 59,000 very low-income seniors and younger people with disabilities are enrolled in both Medicare and Medicaid

• In 2007, dual eligibles accounted for 40% of Medicaid spending in Oregon but represented only 17% of Medicaid enrollment

• 73% of that spending was for long-term care services
Medicaid dollars augment Medicare coverage for some

- Medicare Part A/B premiums:
  - Pays Medicare premiums, deductibles and copayments for certain qualified Medicare beneficiaries
  - About 16,000 Qualified Medicare Beneficiaries in Oregon
Medicaid Long-term Care

- Medicaid long-term care provides long-term care services and supports:
  - In nursing facilities;
  - And as alternative to nursing facilities:
    - Community-based facilities (assisted living and residential care)
    - Increasingly at home, to support an individual’s goal to remain in his or her own home
Medicaid Long-term Care

- In FFY 2010, 37% of Oregon’s Medicaid spending was for long-term care (national figure is 34%)
- Oregon ranks 2nd only to New Mexico in proportion of Medicaid long-term care dollars spent in home and community-based settings rather than institutions (71% in FFY 2008)
Medicaid Opportunities under Reform

• ACA expands Medicaid eligibility up to 133% of FPL and provides enhanced federal funding for new eligibles
  – 100% federal funding in 2014-16; phases down to 90% in 2020 and after
• Oregon’s Medicaid enrollment expected to increase by almost 60% by 2019
• Opportunities for reform and innovation within Medicaid, such as:
  – Integration of care for dual eligibles
  – Patient-centered primary care homes
  – Bundled payments for episodes of care
  – Pediatric accountable care organizations