

**76th OREGON LEGISLATIVE ASSEMBLY – 2011 Regular Session
BUDGET REPORT AND MEASURE SUMMARY**

MEASURE: SB 5529-A

JOINT COMMITTEE ON WAYS AND MEANS

Carrier – House: Rep. Freeman

Carrier – Senate: Sen. Bates

Action: Do Pass as Amended and as Printed A-Engrossed

Vote: 20 – 4 – 1

House – Yeas: Beyer, Buckley, Cowan, Freeman, Garrard, Komp, Kotek, McLane, Nathanson, Richardson, G. Smith, Whisnant

– Nays: Thatcher

– Exc: Nolan

Senate – Yeas: Bates, Devlin, Edwards, Johnson, Monroe, Nelson, Verger, Winters

– Nays: Girod, Thomsen, Whitsett

– Exc:

Prepared By: Kelly Freels and Kate Nass, Department of Administrative Services

Reviewed By: Linda Ames, Legislative Fiscal Office

Meeting Date: June 8, 2011

Agency

Oregon Health Authority

Budget Page

C-12

LFO Analysis Page

26

Biennium

2011-13

Budget Summary*

	2009-11		2011-13		Committee Change from 2009-11 Leg Approved	
	Legislatively Approved Budget (1)(2)	Current Service Level (2)	Governor's Budget	2011-13 Committee Recommendation	\$ Change	% Change
General Fund	\$ 1,462,047,999	\$ 2,777,278,386	\$ 1,727,653,691	\$ 1,720,507,026	\$ 258,459,027	+17.7%
Lottery Funds	10,903,639	11,452,559	11,142,377	10,779,583	(124,056)	-1.1%
Other Funds	1,382,518,232	1,440,556,620	1,350,027,958	1,922,720,601	540,202,369	+39.1%
Federal Funds	4,900,795,113	5,552,455,781	3,848,439,531	4,854,422,771	(46,372,342)	-0.9%
Other Funds Non-limited	2,902,669,952	3,281,581,521	3,254,911,521	3,294,911,521	392,241,569	+13.5%
Federal Funds Non-limited	104,800,827	107,103,462	4,374,411	107,103,462	2,302,635	+2.2%
Total	\$ 10,763,735,762	\$ 13,170,428,329	\$ 10,196,549,489	\$ 11,910,444,964	\$ 1,146,709,202	+10.7%

Position Summary

Authorized Positions	4,030	3,935	3,625	4,086	+56.00	+1.4%
Full-time Equivalent (FTE) Positions	3,638.62	3,879.11	3,563.19	4,030.76	+392.14	+10.8%

(1) Includes adjustments through May 2011.

(2) Unaudited dollars and positions used as the estimated history for the new Oregon Health Authority.

* Excludes Capital Construction expenditures

Summary of Revenue Changes

The Oregon Health Authority is funded with a mix of General Fund, Lottery Funds, Other Funds and Federal Fund revenues. Most General Fund is used as match to receive Federal Funds. Lottery Funds finance gambling addiction prevention and treatment services. Other Fund revenues come from a wide variety of sources including tobacco taxes, Medicaid provider taxes, bond issuances, grants, beer and wine taxes, fees, estate collections, health care premiums, third party recoveries, pharmaceutical rebates, transferred federal funds from other state agencies, and charges for services. Since 2003, health care provider taxes have been a significant source of Other Funds revenue. These taxes are used to support higher Medicaid reimbursement for services as well as benefits for the Oregon Health Plan. The 2011 legislature continues the one percent insurer tax and expands the hospital provider tax. Surplus insurer's tax revenue is used to ensure access for children. Increased hospital provider tax resources buy down provider rate reductions, while an additional increase in the hospital provider tax (tier 2) may be available to the hospitals to moderate their rate reductions, with the understanding that hospitals are solely liable for the risk. The total expansion in hospital provider taxes accounts for about \$446.1 million in Other Funds revenue and an additional \$733.9 million in federal Medicaid revenue.

The Subcommittee approved several fee increases in the Medical Marijuana Program with resulting revenue used to restore funding for several public health programs. The annual fee for medical marijuana cardholders will double to \$200. Growers who are not currently cardholders will have a new annual fee of \$200. Only Supplemental Security Income (SSI) recipients will be eligible to receive a reduced priced card of \$20. In the past Oregon Health Plan (OHP) and food stamp recipients also received a reduced price card. The budget also includes revenues from fee increases made during the 2009-11 biennium and continued in Senate Bill 5530, the fee ratification bill for Public Health fees.

Other Fund revenues for Nonlimited expenditures are for self-insurance payments in the Public Employees Benefit Board, and insurance premium payments in the Oregon Educators Benefit Board and the Oregon Medical Insurance Pool (OMIP). Nonlimited Other Funds also come from infant formula rebates in the Women, Infants and Children (WIC) program. The largest source of Federal Fund revenues comes from the Title XIX Medicaid program, and to a lesser extent, the Child Health Insurance Program (CHIP). Nonlimited Federal Funds are for the Women, Infants and Children (WIC) nutrition program.

Summary of Human Services Subcommittee Action

The Oregon Health Authority (OHA) is a new agency. It was created by the 2009 Oregon Legislature (House Bill 2009) to bring most health-related programs into a single agency to maximize its purchasing power and to contain rising health care costs statewide. OHA is overseen by a nine-member, citizen-led board called the Oregon Health Policy Board. Members are appointed by the Governor and confirmed by the Senate.

OHA's mission is to help people and communities achieve optimum physical, mental and social well-being through partnerships, prevention, and access to quality, affordable health care. It has three goals to transform the health care system in Oregon: improve the lifelong health of Oregonians; increase the quality, reliability, and availability of care for all Oregonians; and lower or contain the cost of care so it is affordable to everyone.

OHA combines the Public Employees Benefit Board (PEBB), the Oregon Educators Benefit Board (OEBB), the Office of Private Health Partnerships, and the Oregon Medical Insurance Pool (from the Department of Consumer and Business Services) with the health services programs from the Department of Human Services (DHS): Medical Assistance programs, Addiction and Mental Health programs, and Public Health programs. OHA will be the largest health care purchaser for the state of Oregon, purchasing health care for about 800,000 Medicaid clients, state employees, and local educators

The Joint Committee on Ways and Means Human Services Subcommittee heard agency and public testimony on the agency's budget over the course of several months. The Subcommittee approved a budget for the Oregon Health Authority of \$1.7 billion General Fund, \$11.9 billion total funds and 4,030.76 full-time equivalent (FTE) positions. This is 18 percent General Fund and 11 percent total funds higher than the 2009-11 Legislatively Approved Budget (LAB). General Fund increases mostly to replace enhanced Federal Medical Assistance Percentage (FMAP) dollars that ended in the 2009-11 biennium, and to pay for caseload growth. Total funds increase primarily because of the hospital provider tax expansion, coupled with the non-add double-count of some administrative costs in the new agency. Although the budget increases significantly, it is well below the amount needed to replace one-time federal revenue and to pay for caseload growth.

The approved budget continues most services, but for some programs at a reduced funding level. The budget assumes savings of \$239 million General Fund in the second year of the biennium from health care delivery system transformation proposed in House Bill 3650. A cut to health care provider reimbursement is reduced to 11.2 percent on average, primarily because of the hospital tax expansion. The Governor's budget included a 19 percent reduction. Budget support continues for operations at the newly constructed Oregon State Hospital and maintains funding for local community mental health programs.

The recommended budget for OHA includes a reduction of \$62.4 million General and \$0.4 million Lottery Funds for a supplemental ending balance. The reduction is intended to be applied against spending levels in the second year of the biennium and to not affect program delivery in the first year. To reinforce that intent, the agency's budget bill includes specific language allowing the agency to expend up to 54 percent of its total biennial General Fund appropriation in the first year of the biennium. The amount of the reduction for the supplemental ending balance may be restored during the February 2012 session to the agency for the second year of the biennium depending on economic conditions. Therefore, the Co-Chairs of the Joint Committee on Ways and Means expect the agency director to closely monitor the quarterly revenue forecast and other economic indicators to gauge adequacy of funding in the second year and manage the budget accordingly.

A more detailed description of major changes for each program area follows.

Health Programs

Health Programs consists of Medical Assistance Programs, the Public Employees' Benefit Board (PEBB), the Oregon Educators Benefit Board (OEBB), and Private Health Partnerships, as well as program support and administration. It is the largest of the Oregon Health Authority program area budgets.

The Medical Assistance Program (MAP) includes the Oregon Health Plan (OHP), Non-Oregon Health Plan (Non-OHP), and the Children's Health Insurance Program (CHIP). Almost all the General Fund in Health Programs is contained in these three programs. OHP is expected to provide medical care to over 600,000 low income Oregonians in 2011-13. Services include physician, pharmaceutical, hospital, vision, dental, and other acute care services. The Health Plan includes the state's Medicaid waiver programs (OHP Plus and OHP Standard), and the Children's Health Insurance Program.

The Non-OHP budget includes payments on behalf of Qualified Medicare Beneficiaries for certain forms of Medicare cost sharing such as co-payments or coinsurance. This budget also contains a General Fund "clawback" payment to the federal government that is required under the Medicare Modernization Act (MMA). In addition, this part of the budget includes funding for the state's Breast and Cervical Cancer program and the Citizen Alien Waived Emergency Medical program.

Health Services also includes two high-risk insurance programs, the Oregon Medical Insurance Pool and the new Federal Medical Insurance Pool. These programs provide health insurance coverage to those unable to obtain insurance coverage because of health conditions.

The Subcommittee approved a budget for Health Programs of \$10.0 billion total funds, which is about 11 percent more than the 2009-11 LAB. The increase is primarily the result of additional hospital provider tax revenues. The approved General Fund budget of \$913.9 million is about 26 percent above the LAB and is mostly to replace enhanced Federal Medical Assistance Percentage (FMAP) dollars that ended in the 2009-11 biennium.

The agency-wide budget reshoot increases General Fund expenditures by \$4.7 million, total fund expenditures by \$202.0 million and FTE by 205.78 positions. Position increases result from two program transfers. The OHP-only eligibility unit will transfer from the Department of

Human Services to OHA and be combined with outreach functions (194.70 FTE). The Care Assist drug program will move from Public Health and be combined with other prescription drug activities within MAP (9.00 FTE).

The reshoot updated the budget for revenue and program changes. Oregon's federal FMAP rate is slightly lower, the spring 2011 caseload forecast resulted in savings, the March tobacco tax forecast increased revenue, and the delayed hospital facility settlement results in savings. It corrects for the Governor's "intent" budget. Program phase-ins and outs are adjusted downward and the funding is corrected for the Type B hospitals. Expenditure limitation is provided to fully fund expected spending in the new Federal Medical Insurance Pool (FMIP).

The Co-chair adjustments reduced General Fund by \$0.8 million through a 6.5 percent Services and Supplies reduction taken in all agency budgets. In addition, nine vacant positions were eliminated (8.04 FTE). After accounting for the co-chair adjustments, the Subcommittee budget increased General Fund by \$15.5 million, Other Funds by \$470.1 million and Federal Funds by \$815.9 million with the increase primarily from the expanded hospital provider tax. The negotiated tax increase is used to buy down all provider rate reductions from 19 percent to 11.4 percent, on average. Revenue from this tax increase will also increase hospital benefits for clients in the Oregon Health Plan (OHP) standard program, dependent on the passage of Senate Bill 204, and provides the Oregon Health Sciences University a \$12 million increase in intergovernmental transfers. The Subcommittee used \$3.5 million General Fund to further reduce the rate cut to 11.2 percent. These reductions are from the current 2009-11 provider rates.

The Subcommittee discussed their concerns about the affect of the provider rate reductions on access to health care. They were unable to address all issues, but did use \$10 million of excess insurer's tax revenue to eliminate rate reductions for primary care providers to help ensure access for children. They also replaced General Fund with \$13.3 million of insurer's tax revenue to fund medical services for children. Outreach efforts for the Healthy Kids program are reduced by \$2.5 million and the funding is reprioritized to ensure access for children. The rate reduction for rural ambulance services is also reduced with \$0.3 million General Fund. The Subcommittee requested OHA work with dental organizations and return in February 2012 with a plan to adjust dental reductions in a way that will protect pregnant women and children.

The budget increases Other Funds and Federal Funds expenditure limitation in anticipation of a further hospital provider tax increase (tier 2) that will be available to hospitals only and used to further moderate their rate reduction with the understanding that hospitals are solely liable for the risk.

The Subcommittee discussed their concerns regarding the \$239 million budget reduction in the second year of the biennium, as a result of anticipated savings from health care transformation. The passage of HB 3650, as well as other policy bills, will provide the health care system with tools to help bring down costs to providers. However, there are on-going concerns that the system cannot transform as quickly as assumed in the budget.

The Subcommittee reinstated reductions proposed by the Governor. Funding for 26 of the 39 prioritized line reductions is reinstated. The rate reduction for Type A and B hospitals is eliminated. Funding is reinstated for mental health prescription drugs. Based on updated information, savings are included in the Subcommittee budget for a revised estimate of Medicaid Management Information System (MMIS) phase-in costs, the

settlement costs for MMIS reconciliation and lower estimates of “clawback” payments to the federal government. A lower May 2011 forecast of tobacco tax revenue increases General Fund costs.

The Subcommittee approved funding to expand medical assistance eligibility for low-income and uninsured women diagnosed with breast or cervical cancer (Senate Bill 433). It also funded a program to continue to provide medical liability insurance premium subsidies to physicians and nurse practitioners in underserved rural communities (Senate Bill 608).

The supplemental statewide ending balance plan reduced the Health Programs budget by \$33.1 million General Fund.

Addictions and Mental Health

Mental health services are provided to people who have been clinically diagnosed as having a serious mental or emotional disorder. Illnesses include schizophrenia, bipolar disorder, and major depression. Medicaid-eligible persons receive mental health diagnoses and treatment under the Oregon Health Plan (OHP). Mental health organizations receive capitation payments and manage much of the risk of providing treatment for OHP eligible persons with mental disorders. A substantial amount of OHP mental health and addiction service capitation expenditures and some fee-for-service payments are included in Health Programs.

Mental Health and Addiction Services is composed of three main programs: community mental health, alcohol and drug treatment and prevention, and the Oregon State Hospital (OSH) and Blue Mountain Recovery Center (BMRC). Most of the positions associated with this budget are staff at OSH or BMRC.

The Subcommittee approved a budget for Addictions and Mental Health (AMH) of \$958.6 million total funds, which is 5.2 percent more than the 2009-11 LAB. The approved General Fund budget of \$644.3 million is about 10.7 percent more than LAB. The increases result primarily from caseload increases, the backfill of one-time federal revenue, and the phase-in of hospital staff added in 2009-11 to full biennial costs.

The reshoot adjustments for AMH increased the budget by \$4.1 million total funds, including a \$21.3 million General Fund increase and 258 positions (262.86 FTE). The adjustments include transferring children’s community mental health funding from the Early Learning Council, the replacement of federal revenue reductions with General Fund because of the decrease in the projected federal match rate, and continuing the Alcohol and Drug Policy Commission. In addition, the reshoot adds back the positions and FTE for OSH staffing that were inadvertently omitted in the Governor’s budget.

The Subcommittee budget partially restores funding for reductions to community mental health programs (\$15.0 million General Fund) and the state hospital (\$11.9 million General Fund) taken in the Governor’s budget. The Subcommittee recommended budget for community mental health programs is intended to bring funding to approximately 2009-11 LAB levels. The restoration of funding at the state hospital is intended to avoid closing wards in the newly constructed Salem campus. Eight management positions are eliminated at the hospital as part of the agency plan to live within reduced resources at the hospital. The Subcommittee budget also funds the operations of the Behavioral Health Integration Project, maintains funding for the suicide hotline, and adds \$100,000 for Oxford Houses.

The Co-Chairs statewide adjustments reduced AMH's Services and Supplies budget by 6.5 percent and eliminated vacant positions, reducing the budget by \$3.4 million General Fund and 66 positions (61.59 FTE).

With some projected carryover of savings at the state hospital from the 2009-11 biennium, the Subcommittee reduced General Fund by \$2.6 million and backfilled with available other funds. In addition, the Subcommittee used additional Substance Abuse Prevention and Treatment Federal grant carryover resources to backfill \$0.8 million General Fund.

There was significant discussion during the hearings regarding the appropriate placement for patients in the state hospital, including both forensics patients and neuro-gero patients. The following budget note was approved regarding the forensics patients:

Budget Note:

The Oregon Health Authority is directed to work with the Psychiatric Security Review Board (PSRB) to determine the need for community placements for PSRB patients at the Oregon State Hospital for whom a hospital level of care is not necessary on an on-going basis, and recommendations for meeting this need. The recommendations should address the potential need for additional 16-bed residential treatment facilities as well as other types of facilities. This report should be prepared for consideration in the February 2012 legislative session.

The Subcommittee also approved the following budget note related to providing treatment to people involved in the local criminal justice system:

Budget Note:

The Oregon Health Authority is directed to convene a statewide workgroup to identify the needs of people who are involved in the criminal justice system for minor violations, who have mental illness and could be placed more appropriately in settings where they could receive mental health treatment. The group is expected to develop recommendations for methods to divert this group for appropriate and effective mental health care in the community. This report should be prepared for consideration in the 2013 legislative session.

The supplemental statewide ending balance plan reduced the Addictions and Mental Health budget by \$23.4 million General Fund and \$0.4 million Lottery Fund.

Public Health

Public Health provides a diversity of services to improve, protect, and promote the health of all Oregonians. The division manages more than 100 prevention-related programs that detect and halt the spread of disease, protect against environmental hazards, and promote healthy behaviors. As a system, much of the work is carried out by local county health departments which are supported in their work by state Public Health Division staff.

The Subcommittee approved a budget for Public Health of \$491.6 million total funds, which is six percent less than the 2009-11 LAB. The approved General Fund budget of \$32.6 million is about 29 percent below the LAB. The large reduction in General Fund is mostly from three factors: a shift in program funding from General Fund to Medical Marijuana revenue, the transfer of the Care Assist Prescription Drug program to the Medical Assistance program, and lower program levels from allotment cuts made in the 2009-11 biennium.

The agency-wide reshoot of the budget removed \$8.2 million General Fund and \$40.6 million total funds from the Public Health budget. It continues the 2009-11 allotment reductions for the Contraceptive Care services (CCare), and HIV/Sexually Transmitted Disease/Tuberculosis services and outreach efforts. In addition, Public Health will hold positions vacant and conserve Services and Supply expenditures to achieve a \$2.1 million General Fund savings.

The reshoot also increased the Tobacco Use Reduction Act revenues by \$1.5 million based on the May 2011 forecast. Eight permanent positions are approved for the Medical Marijuana Program. These staff were previously approved as Limited Duration. The agency-wide reshoot also includes a number of technical adjustments and transfers that better align staffing and functions within the new agency.

The Co-chair adjustments reduced General Fund by \$0.6 million as a result of the 6.5 percent Services and Supplies reduction taken in all agency budgets. Eleven vacant positions (4.60 FTE) were eliminated in Public Health.

The Subcommittee restored all programs included in the Governor's Early Learning Council to the 2009-11 spending level. They also used revenue generated from the Medical Marijuana program fee increases to restore most of the Emergency Medical Services (EMS) (\$1.75 million), including the mobile training unit and EMS for Children program. The new revenue also restores about three-quarters of the 2009-11 spending level for the Safe Drinking Water Program (\$3.0 million), all funding for the School Based Health Centers and partially restores the CCare program (family planning). The Subcommittee used \$2.3 million General Fund to restore reductions for immunization funding, the Women Infant and Children (WIC) Farmer's Market program and the Senior Farmer's Market Program, and the remaining Governor's budget reduction to the CCare program.

The supplemental statewide ending balance plan reduced the Public Health budget by \$1.2 million General Fund.

Shared, Central and Direct Charge Services (including Capital Improvement)

Core administrative functions for OHA are divided into three sections: Shared Services, Central Services and Direct Charge Services. Shared Services is a new administrative model that is being tested with creation of the new Oregon Health Authority. OHA and the Department of Human Services (DHS) will share common administrative functions. OHA will house the information system and security functions, while DHS will house many of the remaining functions including financial services, budget, human resources, facilities, and procurement. All these core functions will serve both agencies. For accounting purposes, all Shared Service expenditures are treated as non-add Other Funds because these expenditures are a double count of costs in Direct Services.

Central Services include functions that are housed separately in each agency because they are directly related to policy and program in the agency. For OHA, this includes the director's office, communications, portions of budget and human resources, policy and performance,

multicultural health, and debt service. Direct Charge Services pay for central government assessments and usage charges. Included are the state government service charges, risk assessments, State Data Center usage charges, facility charges, and information technology direct charges. In addition, the funding to pay for shared service expenditures received from both OHA and DHS are included in this budget.

The Subcommittee approved a budget for the Shared, Central and Direct Charge Services of \$426.7 million total funds. This cannot be compared to 2009-11 because the 2009-11 expenditures did not include the new double-count of Shared Services expenditures. The approved General Fund budget of \$129.8 million is about 21 percent above the LAB, as a result of increases in the Oregon State Hospital replacement project debt service.

The agency-wide reshoot assumes OHA will hold positions vacant and conserve Services and Supply expenditures to achieve a \$5.9 million General Fund and \$10.7 million total funds savings. It increases Other Funds by \$18.6 million and Federal Funds by \$50.7 million for three IT projects: Health Insurance Exchange, the Self-Sufficiency and Modernization and the Child Care Automated Billing System. The shared services double-count makes up a majority (\$19.9 million) of the Other Funds increase, with the remaining \$1.8 million Other Funds expenditure limitation to continue a health study financed with several small grants. Limited duration positions necessary to support the IT projects are expected to be approved administratively by the Department of Administrative Services.

The reshoot includes three technical adjustments that move costs to the correct cost center. Administrative hearings costs for OHA are moved from the Department of Human Services to Central Services (\$1.5 million General Fund and \$0.5 million Federal Funds). Debt Service and the cost of issuance are moved from Capital Construction to Central Funds (\$6.3 million Other Funds) all within OHA. An error in package 084 moves costs from AMH to Direct Services. Finally, facility costs for the OHP-only eligibility unit are moved from DHS to OHA.

The Co-chair adjustments reduced General Fund by \$1.8 million through a 6.5 percent Services and Supplies reduction taken in all agency budgets. The Subcommittee increased resources for information systems within Shared Services by \$2.2 million Other Funds and 6.62 full-time equivalent positions to continue the Behavioral Health Integration Project in AMH. They also reduced funding for safety net clinic grants by \$3.5 million Other Funds. These resources will be used elsewhere in the Health Services budget. The Subcommittee abolished three positions and established three new positions for a Chief Financial Officer, a Human Resources Director, and the Director of Pharmaceutical Programs. The agency is reviewing other position changes that are needed to “true up” its Central and Shared Services staffing, and is expected to return to the Emergency Board or the Joint Interim Committee on Ways and Means by November 2011 with a final staffing plan for Central and Shared Services.

The supplemental statewide ending balance plan reduces the Shared, Central and Direct Charges and Services budget by \$4.7 million General Fund.

Funding for the Oregon State Hospital Replacement Project is not included in this bill, but is expected to be included in the statewide Capital Construction bill.

Summary of Performance Measure Action

See attached Legislatively Adopted 2011-13 Key Performance Measures form.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

SB 5529-A

Oregon Health Authority - Summary
 Kelly Freels - (503) 378-3119
 Kate Nass - (503) 378-3742

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2009-11 Legislatively Approved Budget at May 2011 *	\$ 1,462,047,999	\$ 10,903,639	\$ 1,382,518,232	\$ 2,902,669,952	\$ 4,900,795,113	\$ 104,800,827	\$ 10,763,735,762	4,030	3,638.62
2011-13 ORBITS printed Current Service Level (CSL)*	\$ 2,777,278,386	\$ 11,452,559	\$ 1,440,556,620	\$ 3,281,581,521	\$ 5,552,455,781	\$ 107,103,462	\$ 13,170,428,329	3,935	3,879.11
2011-13 Governor's Recommended Budget*	\$ 1,727,653,691	\$ 11,142,377	\$ 1,350,027,958	\$ 3,254,911,521	\$ 3,848,439,531	\$ 4,374,411	\$ 10,196,549,489	3,625	3,563.19
Total Reshoot Adjustments (from GRB)	14,962,146	0	101,183,161	0	120,757,845	0	236,903,152	477	477.14
Total Subcommittee Adjustments (from GRB)	(22,108,811)	(362,794)	471,509,482	40,000,000	885,225,395	102,729,051	1,476,992,323	(16)	(9.57)
TOTAL ADJUSTMENTS	\$ (7,146,665)	\$ (362,794)	\$ 572,692,643	\$ 40,000,000	\$ 1,005,983,240	\$ 102,729,051	\$ 1,713,895,475	461	467.57
SUBCOMMITTEE RECOMMENDATION *	\$ 1,720,507,026	\$ 10,779,583	\$ 1,922,720,601	\$ 3,294,911,521	\$ 4,854,422,771	\$ 107,103,462	\$ 11,910,444,964	4,086	4,030.76
% Change from 2009-11 Leg Approved Budget	17.7%	-1.1%	39.1%	13.5%	-0.9%	2.2%	10.7%	1.4%	10.8%
% Change from 2011-13 Current Service Level	-38.1%	-5.9%	33.5%	0.4%	-12.6%	0.0%	-9.6%	3.8%	3.9%
% Change from 2011-13 Gov's Recommended Budget	-0.4%	-3.3%	42.4%	1.2%	26.1%	2348.4%	16.8%	12.7%	13.1%

*Excludes Capital Construction Expenditures

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

SB 5529-A

Oregon Health Authority - Health Services Programs
Kelly Freels - (503) 378-3119

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2009-11 Legislatively Approved Budget at May 2011 *	\$ 726,423,629	\$ 0	\$ 1,213,880,749	\$ 2,862,669,952	\$ 4,248,325,814	\$ 0	\$ 9,051,300,144	370	340.75
2011-13 ORBITS printed Current Service Level (CSL)*	\$ 1,815,429,894	\$ 0	\$ 1,161,640,938	\$ 3,241,581,521	\$ 4,906,881,135	\$ 0	\$ 11,125,533,488	332	321.20
2011-13 Governor's Recommended Budget*	\$ 927,628,388	\$ 0	\$ 1,092,772,597	\$ 3,254,911,521	\$ 3,289,615,065	\$ 0	\$ 8,564,927,571	341	329.33
Reshoot Adjustments (from GRB)									
Corrections to get to "Governor's Intended" budget	58,234,181	0	1,443,494	0	29,472,442	0	89,150,117	0	0.00
Other Reshoot Issues									
Lower FMAP rate	11,088,130	0	339,577	0	(11,427,707)	0	0	0	0.00
Caseload changes	(3,710,337)	0	(650,528)	0	(11,992,541)	0	(16,353,406)	0	0.00
Tobacco tax increase	(6,507,941)	0	6,507,941	0	0	0	0	0	0.00
Facility settlements	(1,520,247)	0	2,029,685	0	1,305,446	0	1,814,884	0	0.00
Tobacco Settlement funding	(30,000,000)	0	30,000,000	0	0	0	0	0	0.00
Early Capitation Payment (at higher FMAP)	(6,054,304)	0	0	0	6,054,304	0	0	0	0.00
Corrections to phase-ins and phase-outs	(42,062,319)	0	0	0	22,384,551	0	(19,677,768)	0	0.00
Correction to Type B hospital DRG Methodology	12,751,423	0	(7,239,206)	0	9,346,282	0	14,858,499	0	0.00
Transfer of Care Assist Drug Program from PH	3,450,000	0	11,000,000	0	9,012,563	0	23,462,563	9	9.00
OHP Processing from DHS	9,060,563	0	2,791,988	0	11,068,576	0	22,921,127	196	194.70
Grant limitation and position adjustments	0	0	220,000	0	2,881,628	0	3,101,628	5	2.08
Establish limitation for FMIP	0	0	41,341,684	0	41,341,684	0	82,683,368	0	0.00
Subtotal Reshoot Adjustments	4,729,149	0	87,784,635	0	109,447,228	0	201,961,012	210	205.78
Subcommittee Adjustments (from GRB)									
Co-Chairs Statewide Adjustments									
Pkg 801: Targeted Statewide Adjustment									
Services and Supplies 6.5% Reduction	(844,646)	0	0	0	0	0	(844,646)	0	0.00
Pkg 802: Vacant Position Savings	0	0	(326,144)	0	(457,837)	0	(783,981)	(9)	(8.04)
Pkg 819: Supplemental Statewide Ending Balance	(33,144,832)	0	0	0	0	0	(33,144,832)	0	0.00
Other Recommended Adjustments									
Pkg 810: LFO Analyst Adjustments									
Remove savings - mental health preferred drug list	6,432,508	0	1,786,091	0	14,322,526	0	22,541,125	0	0.00
Correction to Reshoot - MMIS phase-in not needed	(12,500,000)	0	0	0	(12,500,000)	0	(25,000,000)	0	0.00
MMIS reconciliation - 09-11 carried over as OF	(5,000,000)	0	5,000,000	0	0	0	0	0	0.00
Revised estimate for cost of "clawback"	(9,000,000)	0	0	0	0	0	(9,000,000)	0	0.00
Reinstate funding for 26 of 39 lines	22,200,000	0	0	0	37,637,880	0	59,837,880	0	0.00
Tobacco tax forecast decline - March to May 2011	6,971,000	0	(6,971,000)	0	0	0	0	0	0.00
Eliminate rate reduction for Type A hospitals	3,400,000	0	0	0	5,764,360	0	9,164,360	0	0.00
Eliminate rate reduction for Type B hospitals	9,100,000	0	0	0	15,428,140	0	24,528,140	0	0.00
Invest in rural ambulances	300,000	0	0	0	508,620	0	808,620	0	0.00
SB 433 - treatment of cancer	819,163	0	153,462	0	2,772,251	0	3,744,876	0	0.00
SB 608 - subsidy for liability insurance - rural practitioners	2,904,175	0	3,200,000	0	0	0	6,104,175	1	0.75
Additional resources to modify rate reduction	3,155,454	0	0	0	5,349,757	0	8,505,211	0	0.00
Provide health care for children	(13,300,000)	0	13,300,000	0	0	0	0	0	0.00
Reduce outreach for Healthy Kids	0	0	(2,500,000)	0	(4,238,500)	0	(6,738,500)	0	0.00
Ensure access for children - primary care investment	0	0	10,000,000	0	16,954,000	0	26,954,000	0	0.00

*Excludes Capital Construction Expenditures

Hospital provider tax - buy down rate reduction	0	0	234,100,000	0	396,900,000	0	631,000,000	0	0.00
OHSU additional Intergovernmental Transfer	0	0	12,000,000	0	0	0	12,000,000	0	0.00
Hospital provider tax - potential unspecified resources to hospitals	0	0	200,000,000	0	337,000,000	0	537,000,000	0	0.00
Subtotal Subcommittee Adjustments	<u>(18,507,178)</u>	<u>0</u>	<u>469,742,409</u>	<u>0</u>	<u>815,441,197</u>	<u>0</u>	<u>1,266,676,428</u>	<u>(8)</u>	<u>(7.29)</u>
TOTAL ADJUSTMENTS	<u>\$ (13,778,029)</u>	<u>\$ 0</u>	<u>\$ 557,527,044</u>	<u>\$ 0</u>	<u>\$ 924,888,425</u>	<u>\$ 0</u>	<u>\$ 1,468,637,440</u>	<u>202</u>	<u>198.49</u>
SUBCOMMITTEE RECOMMENDATION *	<u>\$ 913,850,359</u>	<u>\$ 0</u>	<u>\$ 1,650,299,641</u>	<u>\$ 3,254,911,521</u>	<u>\$ 4,214,503,490</u>	<u>\$ 0</u>	<u>\$ 10,033,565,011</u>	<u>543</u>	<u>527.82</u>
% Change from 2009-11 Leg Approved Budget	25.8%	0.0%	36.0%	13.7%	-0.8%	0.0%	10.9%	46.8%	54.9%
% Change from 2011-13 Current Service Level	-49.7%	0.0%	42.1%	0.4%	-14.1%	0.0%	-9.8%	63.6%	64.3%
% Change from 2011-13 Gov's Recommended Budget	-1.5%	0.0%	51.0%	0.0%	28.1%	0.0%	17.1%	59.2%	60.3%

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

SB 5529-A

Oregon Health Authority - Addictions and Mental Health
Kate Nass - (503) 378-3742

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2009-11 Legislatively Approved Budget at May 2011 *	\$ 582,153,130	\$ 10,903,639	\$ 36,094,719	\$ 0	\$ 281,842,375	\$ 0	\$ 910,993,863	2,417	2121.48
2011-13 ORBITS printed Current Service Level (CSL)*	\$ 754,795,312	\$ 11,452,559	\$ 42,198,445	\$ 0	\$ 291,255,922	\$ 0	\$ 1,099,702,238	2,430	2414.30
2011-13 Governor's Recommended Budget*	\$ 622,115,523	\$ 11,142,377	\$ 39,255,258	\$ 0	\$ 278,024,837	\$ 0	\$ 950,537,995	2,179	2153.57
Reshoot Adjustments (from GRB)									
Corrections to get to "Governor's Intended" budget									
Reverse Early Learning Council Transfer	21,099,283	0	0	0	2,558,139	0	23,657,422	0	0.00
Correction to GRB: OSH positions	0	0	0	0	0	0	0	270	273.40
Other Corrections to GRB	781,383	0	0	0	(19,071,093)	0	(18,289,710)	0	0.00
Other Reshoot Issues	0	0	0	0	0	0	0	0	0.00
Decrease in estimated federal match rate	655,665	0	0	0	(655,665)	0	0	0	0.00
Continue federal grant LD positions	0	0	0	0	778,326	0	778,326	4	4.00
Continue Alcohol & Drug Policy Commission	0	0	300,000	0	0	0	300,000	2	1.50
Technical adjustments and transfers	(1,220,351)	0	(4,051)	0	(1,109,038)	0	(2,333,440)	(18)	(16.04)
	0	0	0	0	0	0	0	0	0.00
Subtotal reshoot adjustments	21,315,980	0	295,949	0	(17,499,331)	0	4,112,598	258	262.86
Subcommittee Adjustments (from GRB)									
Co-Chairs Statewide Adjustments									
Pkg 801: Targeted Statewide Adjustment									
Services and Supplies 6.5% Reduction	(3,436,692)	(112,404)	0	0	0	0	(3,549,096)	0	0.00
Pkg 802: Vacant Position Savings	0	0	(54,783)	0	(415,449)	0	(470,232)	(66)	(61.59)
Pkg 819: Supplemental Statewide Ending Balance	(23,368,881)	(390,969)	0	0	0	0	(23,759,850)	0	0.00
Other Recommended Adjustments									
Pkg 810: LFO Analyst Adjustments									
Adj Gambling Addiction revenue to May 2011 forecast	0	140,579	0	0	0	0	140,579	0	0.00
Partially restore GRB cuts to community mental health	15,000,000	0	0	0	0	0	15,000,000	0	0.00
Reduce ELC mental health from CSL to 09-11 level	(700,000)	0	0	0	0	0	(700,000)	0	0.00
Use additional SAPT carryover resources	(800,000)	0	0	0	800,000	0	0	0	0.00
Partially restore GRB cuts to State Hospital	11,900,000	0	0	0	500,000	0	12,400,000	0	0.00
Eliminate 8 management positions in State Hospital	0	0	0	0	0	0	0	(8)	(8.00)
Resources (OSH) available to carryover to 2011-13	(2,600,000)	0	2,600,000	0	0	0	0	0	0.00
Restore funding for Suicide Hotline	487,500	0	0	0	0	0	487,500	0	0.00
Additional funding for Oxford Houses	100,000	0	0	0	0	0	100,000	0	0.00
Pkg 401: Behavioral Health Integration Project (BHIP)	4,300,000	0	0	0	0	0	4,300,000	3	2.64
Subtotal Subcommittee Adjustments	881,927	(362,794)	2,545,217	0	884,551	0	3,948,901	(71)	(66.95)
TOTAL ADJUSTMENTS	\$ 22,197,907	\$ (362,794)	\$ 2,841,166	\$ 0	\$ (16,614,780)	\$ 0	\$ 8,061,499	187	195.91
SUBCOMMITTEE RECOMMENDATION *	\$ 644,313,430	\$ 10,779,583	\$ 42,096,424	\$ 0	\$ 261,410,057	\$ 0	\$ 958,599,494	2,366	2,349.48
% Change from 2009-11 Leg Approved Budget	10.7%	-1.1%	16.6%	0.0%	-7.2%	0.0%	5.2%	-2.1%	10.7%
% Change from 2011-13 Current Service Level	-14.6%	-5.9%	-0.2%	0.0%	-10.2%	0.0%	-12.8%	-2.6%	-2.7%
% Change from 2011-13 Gov's Recommended Budget	3.6%	-3.3%	7.2%	0.0%	-6.0%	0.0%	0.8%	8.6%	9.1%

*Excludes Capital Construction Expenditures

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

SB 5529-A

Oregon Health Authority - Public Health

Kelly Freels - (503) 378-3119

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2009-11 Legislatively Approved Budget at May 2011 *	\$ 46,009,414	\$ 0	\$ 73,077,999	\$ 40,000,000	\$ 262,744,113	\$ 102,729,051	\$ 524,560,577	740	688.39
2011-13 ORBITS printed Current Service Level (CSL)*	\$ 53,013,067	\$ 0	\$ 76,394,629	\$ 40,000,000	\$ 258,495,326	\$ 102,729,051	\$ 530,632,073	697	679.53
2011-13 Governor's Recommended Budget*	\$ 38,729,624	\$ 0	\$ 79,876,268	\$ 0	\$ 199,494,320	\$ 0	\$ 318,100,212	631	616.75
Reshoot Adjustments (from GRB)									
Corrections to get to " Governor's Intended" budget									
Add'l fed match/decreased caseload CCare	(1,660,151)	0	0	0	(18,000,000)	0	(19,660,151)	0	0.00
Continue HST reductions	(605,644)	0	0	0	0	0	(605,644)	0	0.00
Continue reductions to outreach	(303,247)	0	0	0	0	0	(303,247)	0	0.00
Other unspecified reductions	(2,139,939)	0	0	0	0	0	(2,139,939)	0	0.00
Other Reshoot Issues									
Adjust TURA revenues to May 2011 Forecast	0	0	1,468,709	0	0	0	1,468,709	0	0.00
Medical Marijuana - continue staffing as permanent	0	0	855,530	0	0	0	855,530	8	8.00
Federal grants - adjust limitation, extend LD positions	0	0	0	0	3,220,771	0	3,220,771	10	9.50
Technical adjustments and transfers	(3,450,000)	0	(11,000,000)	0	(9,012,563)	0	(23,462,563)	(9)	(9.00)
Subtotal reshoot adjustments	(8,158,981)	0	(8,675,761)	0	(23,791,792)	0	(40,626,534)	9	8.50
Subcommittee Adjustments (from GRB)									
Co-Chairs Statewide Adjustments									
Pkg 801: Targeted Statewide Adjustment									
Services and Supplies 6.5% Reduction	(582,627)	0	0	0	0	0	(582,627)	0	0.00
Pkg 802: Vacant Position Savings	0	0	(203,966)	0	(487,764)	0	(691,730)	(11)	(4.60)
Pkg 819: Supplemental Statewide Ending Balance	(1,181,918)	0	0	0	0	0	(1,181,918)	0	0.00
Other Recommended Adjustments									
Pkg 810: LFO Analyst Adjustments									
Reverse Pkg 501 Early Learning Council transfer	1,467,060	0	0	40,000,000	50,324,985	102,729,051	194,521,096	70	66.65
Fund the following with increased fee revenue:									
Emergency Medical Services	0	0	1,750,000	0	0	0	1,750,000	2	2.00
Drinking Water Program	0	0	3,000,000	0	(900,000)	0	2,100,000	(6)	(6.00)
Restore reduction to School Based Health Centers	0	0	500,000	0	0	0	500,000	0	0.00
Partially restore reduction to CCare	0	0	1,150,000	0	9,900,000	0	11,050,000	0	0.00
Other Funds adjustment to GRB	0	0	(5,700,000)	0	0	0	(5,700,000)	0	0.00
Restore Governor's Immunization program cut	1,200,000	0	0	0	1,200,000	0	2,400,000	0	0.00
Restore remainder of Governor's CCare cut	850,000	0	0	0	8,100,000	0	8,950,000	0	0.00
Restore WIC/Seniors Farmers Market program	264,000	0	0	0	762,426	0	1,026,426	0	0.00
Subtotal Subcommittee Adjustments	2,016,515	0	496,034	40,000,000	68,899,647	102,729,051	214,141,247	55	58.05
TOTAL ADJUSTMENTS	\$ (6,142,466)	\$ 0	\$ (8,179,727)	\$ 40,000,000	\$ 45,107,855	\$ 102,729,051	\$ 173,514,713	64	66.55
SUBCOMMITTEE RECOMMENDATION *	\$ 32,587,158	\$ 0	\$ 71,696,541	\$ 40,000,000	\$ 244,602,175	\$ 102,729,051	\$ 491,614,925	695	683.30
% Change from 2009-11 Leg Approved Budget	-29.2%	0.0%	-1.9%	0.0%	-6.9%	0.0%	-6.3%	-6.1%	-0.7%
% Change from 2011-13 Current Service Level	-38.5%	0.0%	-6.1%	0.0%	-5.4%	0.0%	-7.4%	-0.3%	0.6%
% Change from 2011-13 Gov's Recommended Budget	-15.9%	0.0%	-10.2%	0.0%	22.6%	0.0%	54.5%	10.1%	10.8%

*Excludes Capital Construction Expenditures

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

SB 5529-A

Oregon Health Authority - Central, Share and Direct Charge Services, plus Capital Improvement
Kelly Freels - (503) 378-3119

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS		FEDERAL FUNDS		TOTAL ALL FUNDS	POS	FTE
			LIMITED	NONLIMITED	LIMITED	NONLIMITED			
2009-11 Legislatively Approved Budget at May 2011 *	\$ 107,461,826	\$ 0	\$ 59,464,765	\$ 0	\$ 107,882,811	\$ 2,071,776	\$ 276,881,178	503	488.00
2011-13 ORBITS printed Current Service Level (CSL)*	\$ 154,040,113	\$ 0	\$ 160,322,608	\$ 0	\$ 95,823,398	\$ 4,374,411	\$ 414,560,530	476	464.08
2011-13 Governor's Recommended Budget*	\$ 139,180,156	\$ 0	\$ 138,123,835	\$ 0	\$ 81,305,309	\$ 4,374,411	\$ 362,983,711	474	463.54
Reshoot Adjustments (from GRB)									
Corrections to get to "Governor's Intended" budget									
Additional unspecified reduction	(5,889,566)	0	(4,800,000)	0	0	0	(10,689,566)	0	0.00
Other Reshoot Issues									0.00
Federal grants-adjust limitation	0	0	1,758,478	0	50,696,940	0	52,455,418	0	0.00
Shared Services Limitation for IT projects	0	0	18,565,809	0	0	0	18,565,809	0	0.00
Tech adjustment: OAH expenditures from DHS	1,500,000	0	0	0	500,000	0	2,000,000	0	0.00
Tech adjustment: move debt service	0	0	4,943,262	0	0	0	4,943,262	0	0.00
Tech adjustment: move cost of issuance	0	0	1,306,738	0	0	0	1,306,738	0	0.00
Tech adjustment: correct pkg 084 error	1,169,801	0	4,051	0	1,109,038	0	2,282,890	0	0.00
OHP processing from DHS to OHA - facility cost	295,763	0	0	0	295,762	0	591,525	0	0.00
Subtotal reshoot adjustments	(2,924,002)	0	21,778,338	0	52,601,740	0	71,456,076	0	0.00
Subcommittee Adjustments (from GRB)									
Co-Chairs Statewide Adjustments									
Pkg 801: Targeted Statewide Adjustment									
Services and Supplies 6.5% Reduction	(1,817,955)	0	0	0	0	0	(1,817,955)	0	0.00
Pkg 819: Supplemental Statewide Ending Balance	(4,682,120)	0	0	0	0	0	(4,682,120)	0	0.00
Other Recommended Adjustments									
Pkg 810: LFO Analyst Adjustments									
Establish/Abolish OHA leadership positions	0	0	0	0	0	0	0	0	0.00
Fund Safety Net Clinic grants at reduced level	0	0	(3,500,000)	0	0	0	(3,500,000)	0	0.00
Pkg 401: Behavioral Health Integration Project (BHIP)	0	0	2,225,822	0	0	0	2,225,822	8	6.62
Subtotal Subcommittee Adjustments	(6,500,075)	0	(1,274,178)	0	0	0	(7,774,253)	8	6.62
TOTAL ADJUSTMENTS	\$ (9,424,077)	0	20,504,160	0	52,601,740	0	63,681,823	8	6.62
SUBCOMMITTEE RECOMMENDATION *	\$ 129,756,079	0	158,627,995	0	133,907,049	4,374,411	426,665,534	482	470.16
% Change from 2009-11 Leg Approved Budget	20.7%	0.0%	166.8%	0.0%	24.1%	111.1%	54.1%	-4.2%	-3.7%
% Change from 2011-13 Current Service Level	-15.8%	0.0%	-1.1%	0.0%	39.7%	0.0%	2.9%	1.3%	1.3%
% Change from 2011-13 Gov's Recommended Budget	-6.8%	0.0%	14.8%	0.0%	64.7%	0.0%	17.5%	1.7%	1.4%

*Excludes Capital Construction Expenditures

Legislatively Approved 2011-13 Key Performance Measures

Agency: OREGON HEALTH AUTHORITY

KPM #	Legislatively Proposed KPMs	Customer Service Category	Request	Most Current Result	Target 2012	Target 2013
1	ALCOHOL AND DRUG TREATMENT EFFECTIVENESS (income) – The percentage of clients whose income increases by completing alcohol and drug treatment services		Approved KPM			
2	ALCOHOL AND DRUG TREATMENT EFFECTIVENESS – ITRS - The percentage of children reunited with parents participating in Intensive Treatment Recovery Services		Approved KPM			
3	ALCOHOL AND DRUG TREATMENT EFFECTIVENESS (school performance) – Percentage of children whose school performance improves after receiving alcohol and drug treatment		Approved KPM	76.80	70.00	70.50
4	8 th GRADER USE OF ALCOHOL – Percentage of 8 th graders who have used alcohol within the past 30 days		Approved KPM	25.00	24.00	
5	8 th GRADER USE OF ALCOHOL – Percentage of 8 th graders who have used illicit drugs within the past 30 days		Approved KPM	16.00	15.00	
6	ALCOHOL AND DRUG TREATMENT SERVICES – CRIME-FREE – The percentage of clients who remain crime free during alcohol and drug treatment services		Approved KPM			
7	PROBLEM GAMBLING – Percentage of adults who gamble much less or not at all 180 days after ending problem gambling treatment		Approved KPM	72.20	76.50	77.00
8	CHILD MENTAL HEALTH SERVICES – The percentage of children receiving mental health services whose attendance at school improves		Approved KPM			
9	YOUTH MENTAL HEALTH SERVICES – ARRESTS – The percentage of children demonstrating a decrease in the number of arrests in the 12 months following the initiation of mental health services		Approved KPM			
10	ACCESS TO MENTAL HEALTH SYSTEM – The percentage of people with severe emotional disorders or severe mental illness served within the public mental health system		Approved KPM			
11	DOLLARS SPENT ON MENTAL HEALTH SERVICES – FACILITY VS COMMUNITY – The percentage of dollars spent on facility-based mental health services compared to community-based mental health services		Approved KPM			
12	RESTRAINT RATE – Reduction in restraint hours per thousand patient hours at Oregon State Hospital		Approved KPM	0.33	0.25	0.15
13	SECLUSION RATES – Occurrences of seclusion per 1,000 patient hours in facility-based mental health care		Approved KPM			
14	LENGTH OF STAY AT OREGON STATE HOSPITAL – Reduction in overall length of stay at Oregon State Hospital (days)		Approved KPM	201.00	190.00	180.00

Legislatively Approved 2011-13 Key Performance Measures

Agency: OREGON HEALTH AUTHORITY

KPM #	Legislatively Proposed KPMs	Customer Service Category	Request	Most Current Result	Target 2012	Target 2013
15	PREVENTIVE SERVICES FOR OREGON HEALTH PLAN (OHP) CHILDREN – Utilization rate of preventive services for children birth through 10 years old covered by OHP		Approved KPM	4.78	4.95	5.00
16	PREVENTIVE SERVICES FOR OREGON HEALTH PLAN (OHP) YOUTH AND ADULTS - Utilization rate of preventive services for youth and adults 11 years old and older covered by OHP		Approved KPM	0.88	0.98	1.00
17	APPROPRIATE PRENATAL CARE FOR OREGON HEALTH PLAN (OHP) CLIENTS – Percentage of pregnant OHP clients who received an appropriate number of prenatal care visits while on OHP		Approved KPM	59.10	65.50	67.10
18	PREVENTIVE QUALITY INDICATOR (PQI) – HOSPITALIZATIONS FOR AMBULATORY CARE SENSITIVE CONDITIONS OF OHP CLIENTS – The rate of ambulatory care sensitive condition hospitalizations of Oregon Health Plan clients by condition		Approved KPM			
19 a	SAFETY NET CLINIC USE – MEDICAID – Oregonians on Medicaid served by safety net clinics as a percentage of total Oregonians on Medicaid		Approved KPM			
19 b	SAFETY NET CLINIC USE – MEDICARE – Oregonians on Medicare served by safety net clinics as a percentage of total Oregonians on Medicare		Approved KPM			
19 c	SAFETY NET CLINIC USE – UNINSURED – Uninsured Oregonians served by safety net clinics as a percentage of total uninsured Oregonians		Approved KPM			
21	HEALTHY KIDS CONNECT PARTNER PERFORMANCE AND MEMBER SATISFACTION – The percentage of Healthy Kids Connect (HKC) and Healthy Kids ESI members who rate their experience with their contracted insurance carriers as “good” or “excellent”		Approved KPM			
22	HEALTHY KIDS MEMBER OUT OF POCKET EXPENSE – The percentage of Healthy Kids Connect (HKC) members who spend less than 5% of their annual family income for healthcare expenses		Approved KPM			
23	OPHP TRAINING – Percentage of attendees rating the training received as “meets or exceeds learning experience expectations”		Approved KPM	94.90		
26	TEEN SUICIDE – Rate of suicides among adolescents per 100,000		Approved KPM	8.70	8.40	8.40
27	TEEN PREGNANCY – Number of female Oregonians ages 15-17, per 1,000, who are pregnant		Approved KPM	25.00	21.50	21.00
28	INTENDED PREGNANCY – Percentage of births where mothers report that the pregnancy was intended		Approved KPM	59.30	60.00	60.50
29 a	EARLY PRENATAL CARE – The percentage of low-income women who initiated prenatal care in the first 3 months of pregnancy compared to non low-income women: a) WIC enrolled (low-income women)		Approved KPM	63.40	66.00	67.00

Legislatively Approved 2011-13 Key Performance Measures

Agency: OREGON HEALTH AUTHORITY

KPM #	Legislatively Proposed KPMs	Customer Service Category	Request	Most Current Result	Target 2012	Target 2013
29 b	EARLY PRENATAL CARE – The percentage of low-income women who initiated prenatal care in the first 3 months of pregnancy compared to non low-income women: a) non-WIC enrolled (non low-income women)		Approved KPM	78.50	81.00	82.00
30 a	TOBACCO USE – Tobacco use among adults.		Approved KPM	15.40	18.30	18.30
30 b	TOBACCO USE – Tobacco use among youth.		Approved KPM	9.90	7.50	7.50
30 c	TOBACCO USE – Tobacco use among pregnant women.		Approved KPM	12.30	10.80	10.80
31	CIGARETTE PACKS SOLD – Number of cigarette packs sold per capita.		Approved KPM	47.20	44.50	43.00
32	CHILD IMMUNIZATIONS – Percentage of 24-35 month old children who are adequately immunized		Approved KPM	65.50	73.50	74.00
33	INFLUENZA VACCINATIONS FOR SENIORS – Percentage of adults aged 65 and over who receive an influenza vaccine		Approved KPM	64.60	70.00	70.00
34	HIV/AIDS – Percentage of reported HIV/AIDS cases interviewed by a local or state public health professional and offered assistance with partner notification and referral to HIV treatment		Approved KPM	74.00	90.00	90.00
35 a	OVERWEIGHT AND OBESITY PREVALENCE – ADULT OVERWEIGHT – The percentage of people who are overweight or obese among Oregonians		Approved KPM	37.10	37.10	37.10
35 b	OVERWEIGHT AND OBESITY PREVALENCE – ADULT OBESITY – The percentage of people who are overweight or obese among Oregonians		Approved KPM	24.80	24.80	24.80
35 c	OVERWEIGHT AND OBESITY PREVALENCE – YOUTH OVERWEIGHT – The percentage of people who are overweight or obese among Oregonians		Approved KPM	15.40	15.40	15.40
35 d	OVERWEIGHT AND OBESITY PREVALENCE – YOUTH OBESITY – The percentage of people who are overweight or obese among Oregonians		Approved KPM	11.20	11.20	11.20
36	CUSTOMER SERVICE (OHA) – The percentage of OHA customers rating their satisfaction with the agency's customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Overall	Approved KPM		95.00	95.00
36	CUSTOMER SERVICE (OHA) – The percentage of OHA customers rating their satisfaction with the agency's customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM			
36	CUSTOMER SERVICE (OHA) – The percentage of OHA customers rating their satisfaction with the agency's customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM			

Legislatively Approved 2011-13 Key Performance Measures

Agency: OREGON HEALTH AUTHORITY

KPM #	Legislatively Proposed KPMs	Customer Service Category	Request	Most Current Result	Target 2012	Target 2013
36	CUSTOMER SERVICE (OHA) – The percentage of OHA customers rating their satisfaction with the agency's customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM			
36	CUSTOMER SERVICE (OHA) – The percentage of OHA customers rating their satisfaction with the agency's customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM			
36	CUSTOMER SERVICE (OHA) – The percentage of OHA customers rating their satisfaction with the agency's customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM			

LFO Recommendation:

- Approve deletions of current AMH KPMs # 1 Completion of Alcohol and Drug Treatment, #2 Alcohol and Drug Treatment Effectiveness (employment), #3 Alcohol and Drug Treatment Effectiveness (child reunification), #7 Child Mental Health Services, #8 Adult Mental Health Services, and #9 Mental Health Client Level of Functioning.
- Approve proposed new AMH KPMs #1 Alcohol and Drug Treatment Effectiveness (income), #2 Alcohol and Drug Treatment Effectiveness - ITRS, #6 Alcohol and Drug Treatment Services - Crime Free, #8 Child Mental Health Services, #9 Youth Mental Health Services - Arrests, #10 Access to Mental Health System, and #11 dollars Spent on Mental Health Services - Facility vs Community, and #13 Seclusion Rates.
- Direct the agency to work with Budget and Management and Legislative Fiscal Office in the interim to develop data and targets for the new AMH measures.

- Approve deletions of the current Health Programs KPMs # 26 Ambulatory Care Sensitive (ACS) Hospitalizations of OHP, #35 Safety Net Clinic Use, #2(OPHP) FHIAP Administration Percentage, and #4(OPHP) Customer Service.
- Approve proposed new Health Programs KPMs #18 Preventive Quality Indicator - Hospitalizations for Ambulatory Care Sensitive Conditions of OHP Clients, #19 a,b,c Safety Net Clinic Use, #21 Healthy Kids Connect Partner Performance and Member Satisfaction, and #22 Healthy Kids Member Out of Pocket Expense.
- Direct the agency to work with Budget and Management and the Legislative Fiscal Office in the interim to develop data and targets for the new Health Programs measures.
- Direct the agency to work with Budget and Management and the Legislative Fiscal Office in the interim, and to report back to the Emergency Board or Interim Joint Committee on Ways and Means by August, 2012 with proposed changes to the Health Programs KPMs. The proposal should consider the need for changes resulting from health care transformation, as well as potential measures for PEBB and OEBC.

- Approve deletion of current Public Health KPM #30 Early Prenatal Care, and the new KPM #29 Early Prenatal Care to replace it.
- Approve the new Public Health KPM #35 a-d Overweight and Obesity Prevalence.

- Approve the new customer service KPMs #36 for the agency as a whole
- Approve the remaining measures with targets as shown, reorganize and renumber.

Subcommittee Action:

Approved the LFO recommendation.