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# Oregon Health Authority

## 2015 – 2017 Caseload Update

Presented to the  
Human Services Legislative Subcommittee on  
Ways and Means

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May 6, 2015



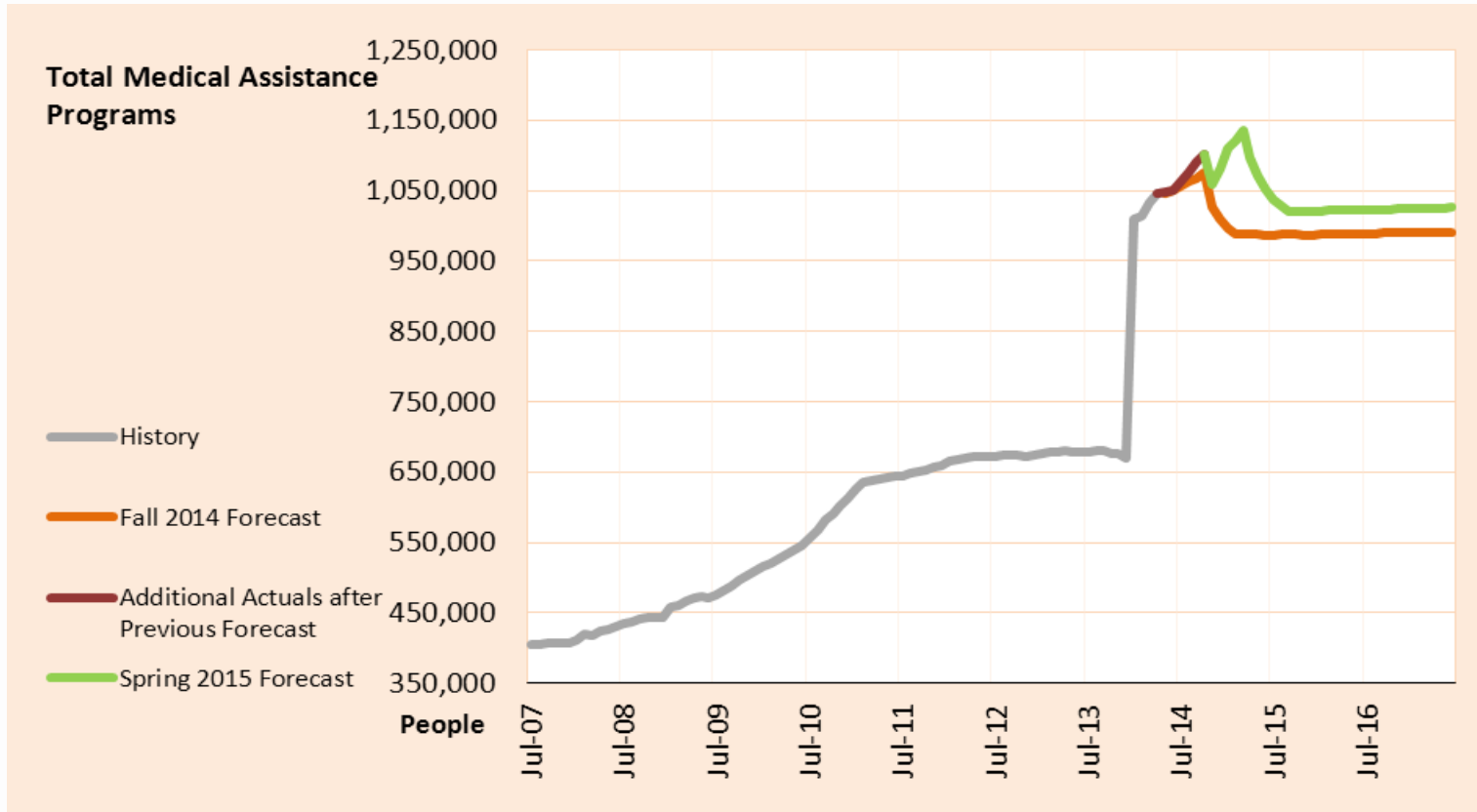
# OHA Spring Caseload Forecast

## 2015-17 Average Biennial Forecast Changes

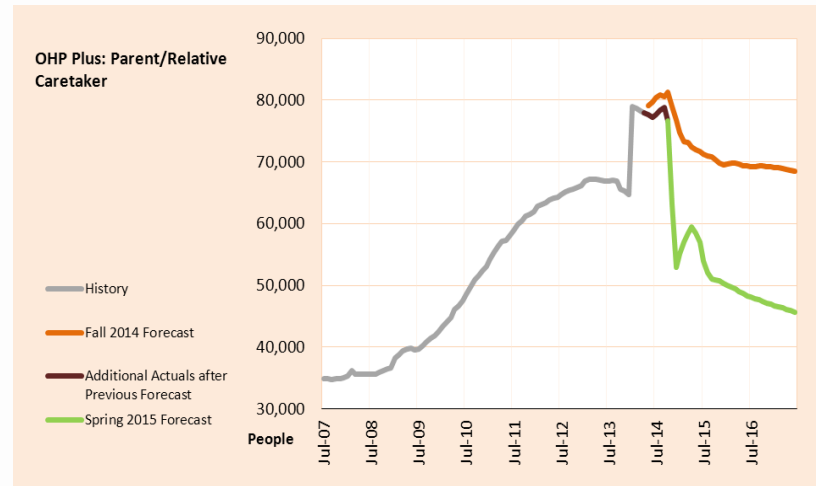
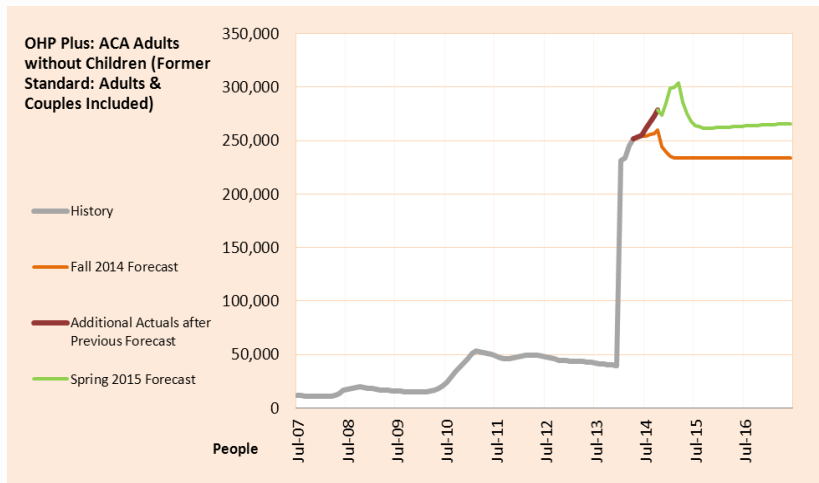
	15-17 Caseload at GB	Spring Caseload April 2015	Difference	% Change
<b>Medical Assistance Programs</b>				
ACA Adults	315,000	369,083	54,083	17.2%
Parents/Caretaker Relative	69,512	48,607	-20,905	-30.1%
Old Age Assistance	39,944	41,969	2,025	5.1%
Pregnant Woman Program	14,780	15,431	651	4.4%
Aid to the Blind & Disabled	85,456	84,192	-1,264	-1.5%
Children's Medicaid Program	307,000	316,500	9,500	3.1%
Children's Health Insurance Program	75,245	66,063	-9,182	-12.2%
Foster, Substitute & Adoption Care	18,753	18,753	0	0.0%
Other	63,067	63,002	-65	-0.1%
<b>TOTAL MAP</b>	<b>988,757</b>	<b>1,023,600</b>	<b>34,843</b>	<b>3.5%</b>
<b>Addictions and Mental Health</b>				
Aid and Assist	168	203	N/A*	NA*
Guilty Except for Insanity (GEI)	595	625	N/A*	NA*
Civilly Committed	990	1,364	N/A*	NA*
<b>TOTAL AMH Mandated Care</b>	<b>1,753</b>	<b>2,192</b>	<b>N/A*</b>	<b>NA*</b>

\*For AMH Caseload, the data used for forecasting has been updated and improved, therefore unable to compare to calculate percent change.

# Total Medical Assistance Programs Caseload

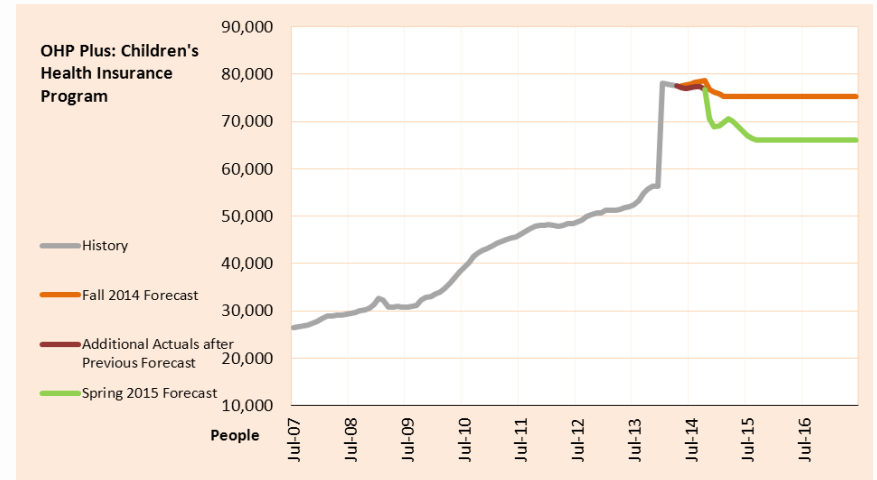
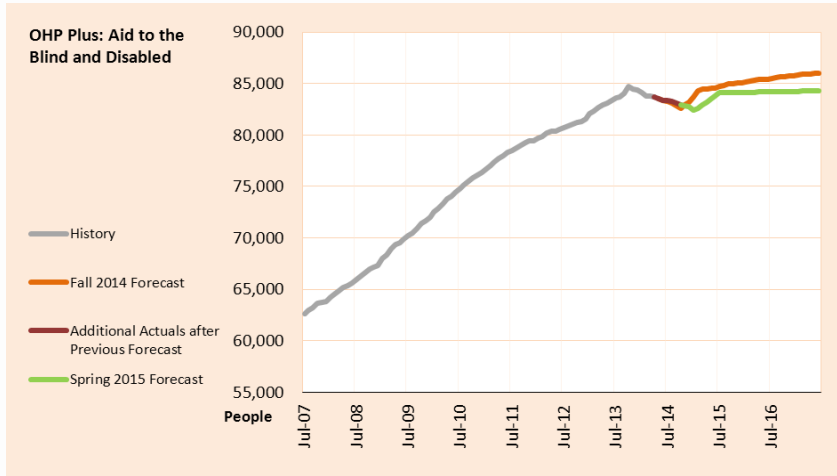


# MAP Caseload Forecast Changes



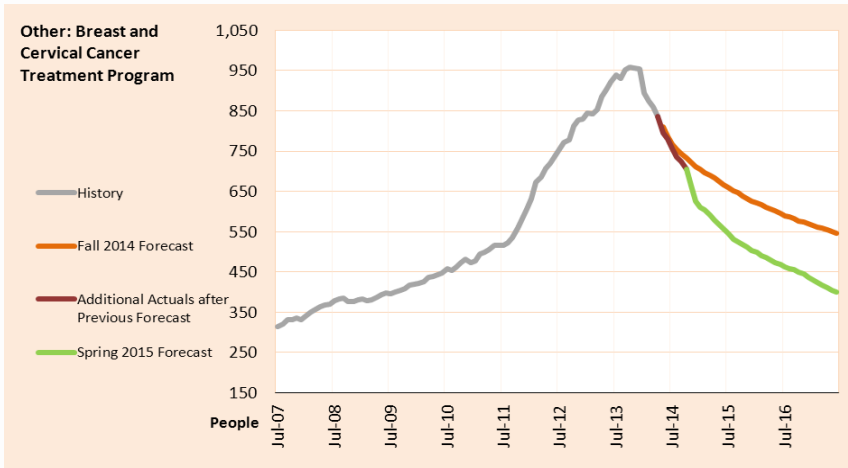
- **ACA Adults:** With 14 months of data under the Affordable Care Act (ACA), the monthly average change has increased by 34K eligible clients, generating a 17% increase beyond the Fall Forecast used in the Governor's Budget.
- **Parent/Caretaker Relative:** Spring 2015 Forecast for OHP Plus projects a 30% drop in Parent/Caretaker Relative enrollments (formerly categorized as TANF)

# Changes and shifts to caseload affecting the 2015 – 2017 Governor's Budget



- Aid to Blind and Disabled: Small declines continue in the Aid to Blind & Disabled categories
- CHIP: OHP Children's Medical Insurance Program (CHIP) project a 12% decline in monthly average eligibles

# Changes and shifts to caseload affecting the 2015 – 2017 Governor’s Budget



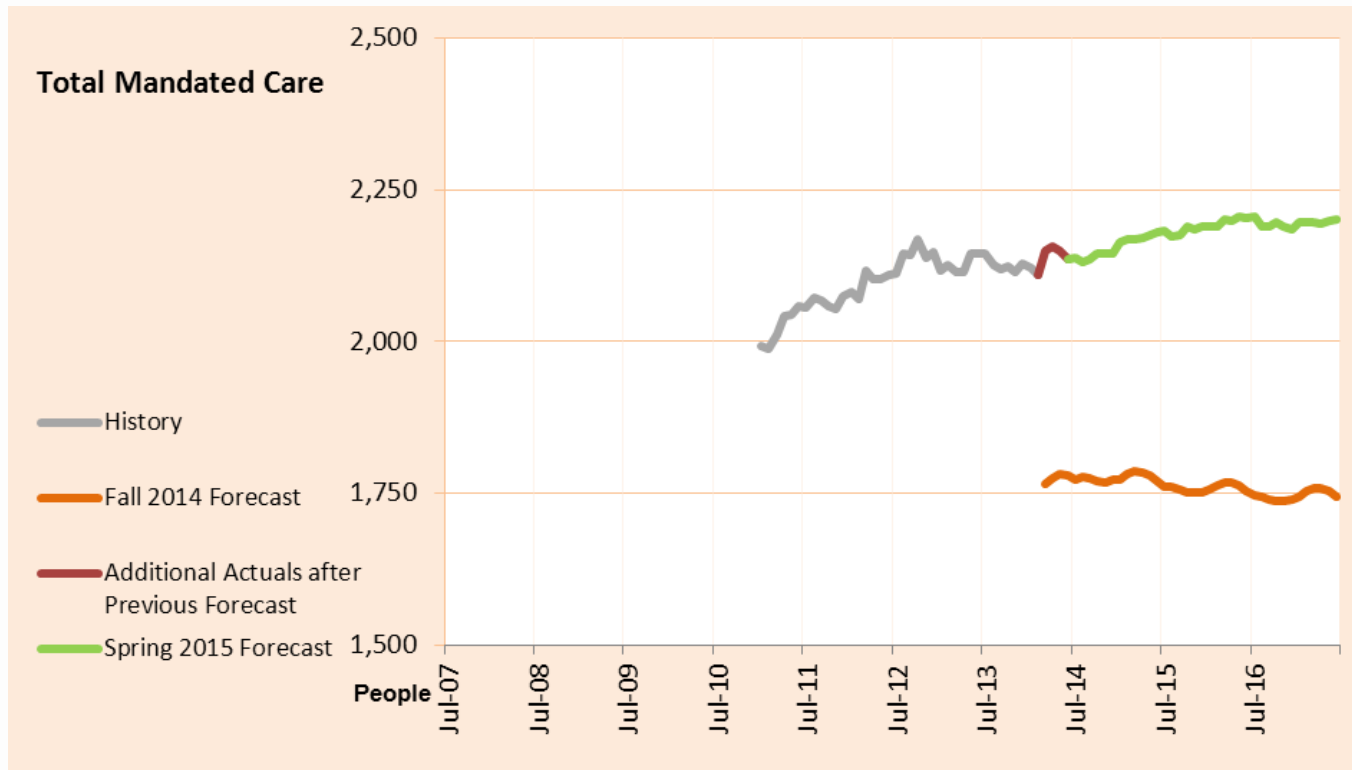
# AMH Forecast Methodology Change

HB 5030 (2013) Budget Report required OHA to with AMH program experts, Legislative Fiscal Office, and Chief Financial Office of DAS review caseload forecast methodologies, processes and available data and agree on needed changes.

- Old Methodology:
  - Based on utilization of services, primarily in residential settings.
  - Growth dependent on expansion of residential programs
    - In budgetary tight times, residential growth was slowed thus increase in forecast also slowed
  - Did not adequately capture need

# Total AMH Mandated Care Caseload

## Forecasting Methodology Change





# AMH Forecast Methodology Change

## -cont-

### New Methodology Caseload Forecasts:

- Currently Mandated – Guilty Except Insanity, Aid and Assist, and Civil Commitment.
- Previously Mandated
- Never Mandated

### New Pricing Model:

- Identified the cost of services for populations (non-Medicaid)
- Developed a “per member per month” for each population group
- Current caseload forecast for current mandated adult groups

# AMH Forecast Methodology Change

## -cont-

### Next Steps

- Use new data system to more accurately price costs
  - Monitoring Outcomes and Treatment System
  - Track encounter of services
- Price and account for the other two population groups
  - Previously mandated and Never Mandated
  - Investing in these groups decrease the reliance on higher costs of the mandated population groups
- Include caseload for children and adolescents
- Include caseload for Substance Use Disorders

# OHA Spring Caseload Forecast

## 2015-17 Average Biennial Cost Changes

Eligibility Category	15-17 Caseload at GB	Spring Caseload April 2015	Difference	Biennial T/F Change (in millions)
<b>MEDICAL ASSISTANCE PROGRAMS</b>				
Affordable Care Act (ACA)	315,000.0	369,083.0	54,083.0	\$829.6
Parent/Caretaker Relative	69,512.0	48,607.0	(20,905.0)	(\$322.1)
Old Age Assistance	39,944.0	41,969.0	2,025.0	\$20.5
Pregnant Women Program	14,780.0	15,431.0	651.0	\$21.7
Aid to Blind and Disabled	85,456.0	84,192.0	(1,264.0)	(\$105.7)
Children's Medicaid Program	307,000.0	316,500.0	9,500.0	\$48.8
Children's Health Insurance Program	75,245.0	66,063.0	(9,182.0)	(\$45.8)
Foster, Substitute and Adoption Care	18,753.0	18,753.0	0.0	\$0.0
Other (Medicare, CAWEM)	63,067.0	63,002.0	(65.0)	(\$12.7)
Part A & B (clawback)				\$7.3
<b>Total MAP</b>	<b>988,757.0</b>	<b>1,023,600.0</b>	<b>34,843.0</b>	<b>\$441.6</b>
<b>ADDICTIONS AND MENTAL HEALTH</b>				
Guilty Except for Insanity (GEI)	595.0	625.0	N/A*	(\$5.0)
Civilly Committed	990.0	1,364.0	N/A*	\$13.7
<b>TOTAL AMH</b>	<b>1,585.0</b>	<b>1,989.0</b>	<b>N/A*</b>	<b>\$8.7</b>
<b>Total Caseload General Fund Impact</b>				<b>(\$75.2)</b>



\*For AMH Caseload, the data used for forecasting has been updated and improved, therefore unable to compare to calculate percent change.

# OHA Overall Risks 15-17

## **RATE SETTING-**

- ✓ OHA actuarial review of 2015, and 2016 calendar year CCO rates

## **CASELOADS-**

- ✓ Charting new territory, post-start up adjustments still necessary
- ✓ Volatility of employment in an economic recovery and people with/without access to health care
- ✓ Redeterminations and delay of closures
- ✓ Data systems for eligibility to ensure accuracy & ease enrollments

**Questions?**

**Thank you.**