

Rep. Boone: What is the difference between Medicaid Children and CHIP caseloads?

Medicaid Children provides coverage for children from birth through age 18 living in households with income from zero through 133 percent of the Federal Poverty Level.

Children's Health Insurance Plan (CHIP) provides coverage for uninsured children from birth through age 18 living in households with income from 134 percent to 300 percent of the Federal Poverty Level.

Both of these programs have the same coverage through the Oregon Health Plan. This is forecasted separately since OHA receives different federal match rates for the different programs. (See page 39 of Spring 2015 Caseload Forecast – link below)

Rep. Keny-Guyer: Does the pregnant women forecast include CAWEM?

The pregnant women forecast is the forecast for pregnant women covered by the Oregon Health Plan with income levels up to 185 percent of the Federal Poverty Level.

The Citizen/Alien Waived Emergent Medical (CAWEM) program is forecasted separately and broken into to two categories: Regular, which provides only emergency care, and Prenatal, which covers all pre-natal medical services.

(See page 38 and 40 of Spring 2015 Caseload Forecast – link below)

The Spring 2015 Caseload Forecast is locate here:

<http://www.oregon.gov/dhs/ofra/ofradocuments/Spring%202015%20Caseload%20Forecast.pdf>

Attached is a summary of the various caseloads that are forecasted (Appendix A) as well as the Federal Poverty Level Chart referenced in Phase 1 (Appendix B).

MEDICAL ASSISTANCE PROGRAMS (MAP)

Medical Assistance Programs coordinate the Medicaid portion of the Oregon Health Plan (OHP) and directly administer OHP physical, dental, and mental health coverage.

Historically, MAP programs were divided into three major categories based on benefit packages:

- Oregon Health Plan Plus (OHP Plus) – a basic benefit package.
- Oregon Health Plan Standard (OHP Standard) – a reduced set of benefits with additional premiums and co-payments for coverage.
- Other Medical Assistance Programs – programs that provide medical benefits but are not considered part of OHP.

Starting in January 2014 there are only two major categories since OHP Standard was discontinued. At that time, all OHP Standard clients were moved to the new ACA Adults caseload group, where they became eligible for OHP Plus benefits.

OHP Plus Benefit Package

The OHP Plus package offers comprehensive health care services to children and adults who are eligible under CHIP or the traditional, federal Medicaid rules. The new ACA Adults caseload also receives this benefit package.

ACA Adults

This is a new caseload which represents the expansion of Medicaid under the United States Federal Patient Protection and Affordable Care Act of 2010 (ACA). This caseload includes citizens 18 to 64 years old with incomes up to 138 percent of FPL, who are not pregnant or disabled. ACA Adults are currently divided into two subcategories: ACA Adults with Children, and ACA Adults without Children. In the future, the subcategories will be changed to age cohorts.

Pregnant Woman Program

This is the new name for Poverty Level Medical Women (PLMW). The Pregnant Woman Program provides medical coverage to Pregnant Woman with income levels up to 185 percent of the FPL. Coverage is extended for 60 days after childbirth.

Poverty Level Medical Women (PLMW)

This caseload has been renamed Pregnant Woman Program.

Parent/Caretaker Relative

This is a new caseload comprised of adults who would previously have been included in the Temporary Assistance for Needy Families caseloads (TANF Related Medical and TANF Extended). Parent/Caretaker Relative offers OHP Plus medical coverage to adults with children who have incomes not exceeding approximately 42 percent of Federal Poverty Level (FPL).

Temporary Assistance for Needy Families (TANF)

This caseload has been replaced, with clients transferred to two other caseloads. Adults are now included in the Parent/Caretaker Relative caseload; and children are now included in the Children's Medicaid Program caseload.

Children's Medicaid Program

This is a new caseload comprised of children who would previously have been included in three other caseloads: children from the Poverty Level Medical Children caseload (PLMC), children from the TANF Medical caseloads (TANF-RM, TANF-EX), and children from lower income CHIP households. The Children's Medicaid Program offers OHP Plus medical coverage to children from birth through age 18 living in households with income from 0 to 133 percent of Federal Poverty Level (FPL).

Poverty Level Medical Children (PLMC)

This caseload has been renamed Children's Medicaid Program and the income rules were widened to include children previously included in other caseloads.

Children's Health Insurance Program (CHIP)

This caseload has been redefined. This caseload now covers uninsured children from birth through age 18 living in households with income from 134 to 300 percent of FPL. Previously, this caseload covered children from households with income from 100 to 200 percent of FPL.

Foster, Substitute, and Adoption Care

Foster, Substitute, and Adoption Care provides medical coverage through Medicaid for children in foster care and children whose adoptive families are receiving adoption assistance services. Clients are served up to age 21, with the possibility of extending coverage to age 26 depending on client eligibility.

Aid to the Blind and Disabled Program (ABAD)

Aid to the Blind and Disabled provides medical coverage through Medicaid to individuals who are blind or disabled and eligible for federal Supplemental Security Income (SSI). The income limit is 100 percent of the SSI level (roughly 75 percent of FPL), unless the client also meets long-term care criteria, in which case the income limit rises to 300 percent of SSI (roughly 225 percent of FPL).

Old Age Assistance (OAA)

Old Age Assistance provides medical coverage through Medicaid for individuals who are age 65 or over and eligible for federal SSI.

OHP Standard Benefit Package (discontinued December 31, 2013)

This program has ended, with clients transferred to the new ACA Adults caseload. Prior to ACA, clients in OHP Standard were not eligible for traditional Medicaid programs. OHP Standard provided a reduced package of services compared to the OHP Plus pro-

gram. OHP Standard also required participants to share some of the cost of their medical care through premiums and co-payments.

Other Medical Assistance Programs (Non-OHP Benefit Packages)

Citizen/Alien Waived Emergent Medical (CAWEM)

Citizen/Alien Waived Emergent Medical is a program that covers emergent medical care for individuals who would qualify for Medicaid if they met the citizenship/residency requirements. The program has two subcategories:

- Regular (CAWEM CW) which provides only emergency medical care.
- Prenatal (CAWEM CX) which also covers all pre-natal medical services (plus up to 2 months postpartum).

Qualified Medicare Beneficiary (QMB)

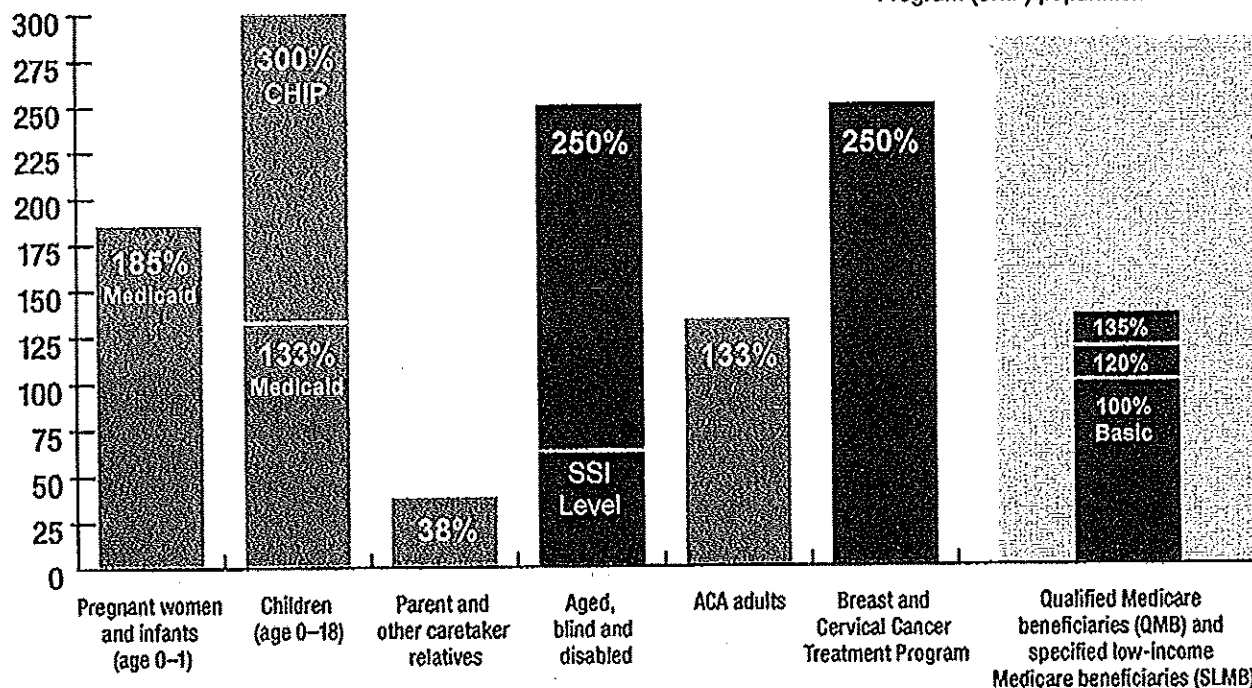
Qualified Medicare Beneficiary clients meet the criteria for both Medicare and Medicaid participation. Clients in this caseload have incomes from 100 percent of SSI (roughly 75 percent of FPL) to 100 percent of FPL, and do not meet the criteria for medical covered long-term care services. DHS pays for any Medicare Part A and Part B premiums as well as any applicable Medicare coinsurance and/or deductible not exceeding the Department's fee schedule.

Breast and Cervical Cancer Treatment Program (BCCTP)

Historically, BCCTP provided medical benefits for women diagnosed with breast or cervical cancer through the Breast and Cervical Cancer Program administered by Public Health through county health departments and tribal health clinics. Effective January 1, 2012, women do not need to be enrolled for screening through the Breast and Cervical Cancer Program in order to access BCCTP. After determining eligibility, the client receives full OHP Plus benefits. Clients are eligible until reaching the age of 65, obtaining other coverage, or ending treatment. This program is available for both citizens and non-citizens/aliens.

Approximate Federal Poverty Levels (FPL) for Medical Eligibility Groups in 2015

Traditional (non-MAGI)** Medicaid population
 Modified Adjusted Gross Income (MAGI)* Medicaid/Children's Health Insurance Program (CHIP) population



Caseloads	Women: 18,656	CHIP: 68,295	53,097	121,267	388,674	623	QMB: 22,673
	Infants: 28,581	Medicaid: 320,356					SLMB: 22,751

* MAGI is the means-tested Medicaid/CHIP eligibility criteria.
 ** Non-MAGI has other eligibility criteria in addition to the means test.

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