



OFFICE OF THE DIRECTOR

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December 7, 2015

The Honorable Senator Richard Devlin, Co-Chair
The Honorable Representative Peter Buckley, Co-Chair
Interim Joint Committee on Ways and Means
900 Court St, NE
H-178 State Capitol
Salem, OR 97301

Re: Oregon Health Authority (OHA) 2013-15 close out, and 2015-2017 Budget Rebalance Report

Dear Co-Chairpersons:

NATURE OF REQUEST

The Oregon Health Authority (OHA) requests receipt of this letter as report for the close out of the 2013-2015 biennium, and a rebalance of the 2015-2017 biennial budget. OHA requests referral of the report to the 2016 Legislative Assembly. The Agency closed the 2013-15 budget within budget authority allowing for carry-forward of Other Funds available in for the 2015-17 budget period. However, the Agency is projecting a budget challenge for the 2015-17 budget and proposes to use this available funding to offset some of the projected need. The details of the financial status are outlined below. (See Attachment A for statutory changes.)

2013 – 2015 Closeout

The Agency successfully closed the 2013-2015 budget within the legislatively approved budget levels as approved in May of 2015. Within the Agency's central appropriation, interest savings from the loan that OHA generally needs from the State Treasury were offset by an increase in cost allocation charges of shared services. Additionally, the Agency had a General Fund reversion within the Debt Service Appropriation of approximately \$0.5 million due to non-issuance of the last series of bonds for the Oregon State Hospital replacement project that weren't necessary. Lastly, the Agency had an Other Fund carryover of approximately \$45 million (primarily tobacco tax revenues) which were partly applied to the first six months of the revised 2015 calendar year Coordinated Care

Organization (CCO) rate, and the balance (\$25 million) are proposed as savings to the General Fund challenge for the 2015-2017 biennium.

2015 -2017 Restructuring

When the Oregon Health Authority budget was adopted by the Legislative Assembly, the budgetary appropriations and authority was aligned with the 2013-2015 OHA organizational structure. In response to legislative requests, and as reported in the OHA Ways and Means presentations, OHA has undertaken an organizational and functional realignment designed to bring further integration of behavioral health, oral health and physical health, promoting community health and wellness, modernizing our Public Health system, and helping adults with mental illness live successfully in the community of their choice. All of these efforts are aimed at ensuring Oregon has a health system that is financially sustainable, and provides our population with better health at an affordable cost.

Effective as of the beginning of the biennium, in addition to the OHA Director's Office, OHA has restructured into the following seven functional divisions and is proposing to align the budget structure and positions (see Attachment A for statutory changes):

- *Financial and Operations*
- *Office of Equity and Inclusion (OEI)*
- *External Relations*
- *Health Systems*
- *Health Policy and Analytics*
- *Public Health*
- *Oregon State Hospital*

The budget report for Senate Bill 5526 (2015) required the agency to report on the realignment of agency positions, specifically the staffing plan to eliminate limited duration (LD) positions within the Office of Equity and Inclusion (OEI) and other divisions where LD positions had been used for on-going functions and priorities. This alignment is outlined in a management action and permanent finance plan (PFP). This PFP establishes permanent full-time positions for 48 staff that have been double-filled long-term, and determined to be a priority for on-going work by the Agency leadership, and establishes an additional 48 permanent full time positions where LD status had been previously utilized. The PFP ultimately resulted in the Agency needing two fewer positions in the overall agency budget.

At the start of the 2013-15 biennium, the OEI had nine permanent positions, however it was staffed by 20 persons. This was increased by two positions during 2013-15 biennium

at the December 2014 Rebalance, and two more positions were approved as a part of Policy Option Package 401 for REAL+D (race, ethnicity, and language, plus disabilities) work. The Agency position true up and restructuring brings the total position count with OEI to 24. The OEI presently has 18 staff persons.

This agency alignment of positions does not include the OHA Shared Services -Office of Information Services (OIS) for both OHA and the Department of Human Services (DHS) or the Oregon State Hospital (OSH). As a shared service with the DHS, any changes or alignment of positions in OIS is managed through the governance structure between the two agencies, and would have to be addressed jointly. Alignment of positions (including LDs) within OSH is being reviewed and analyzed as a part of an entire staffing study that OHA has hired an outside consultant to analyze, review for best practices, and make recommendations. Initial recommendations of this study are expected by January, and the Agency will report on the findings at that time.

After accounting for a variety of other internal management actions and technical adjustments (that are budget neutral) necessary to move positions and other resources across divisions, the tables below illustrate the OHA budget as originally adopted (Table 1), and how the functional restructuring changes the OHA budget. The restructured budget (Table 2) will become the basis of the OHA Budget for the rebalance actions and going forward.

TABLE 1

2015-17 LEGISLATIVELY ADOPTED BUDGET				
<small>\$\$, in millions</small>	General Fund	Total Funds	Pos.	FTE
Central Services	\$ 13.4	\$ 22.2	69	67.43
Shared Services	\$ -	\$ 137.8	482	465.18
State Assessments	\$ 81.3	\$ 167.2	-	-
Addictions & Mental Health	\$ 782.7	\$ 1,172.6	2,393	2,384.97
Public Health	\$ 42.2	\$ 606.9	753	728.42
Medical Assistance Program	\$ 1,111.7	\$ 13,694.9	518	509.35
Public Employee Benefit Board	\$ -	\$ 1,783.6	22	21.50
Oregon Educators Benefit Board	\$ -	\$ 1,557.8	25	25.00
Private Health Partnership	\$ -	\$ 104.2	-	-
Health Policy Programs	\$ 19.4	\$ 137.5	132	125.88
Health Licensing Office	\$ -	\$ 7.2	34	33.28
Capital Improvement	\$ 0.7	\$ 1.4	-	-
Debt Services	\$ 69.2	\$ 73.1	-	-
Total OHA	\$ 2,120.6	\$ 19,466.4	4,428	4,361.01

2015-2017 OHA budget as restructured:

TABLE 2

2015 - 2017 LEGISLATIVELY ADOPTED BUDGET - POST OHA RESTRUCTURE				
\$\$, in millions	<u>General Fund</u>	<u>Total Funds</u>	<u>Pos.</u>	<u>FTE</u>
Central Office				
Director's Office	\$ 0.5	\$ 1.1	4	4.00
Fiscal and Operations*	\$ 162.9	\$ 398.4	538	519.61
External Affairs	\$ 1.8	\$ 3.4	14	14.00
Office of Equity and Inclusion	\$ 2.0	\$ 5.7	15	14.39
Health Systems	\$ 1,452.6	\$ 14,458.4	631	621.42
Health Policy and Analytics**	\$ 19.0	\$ 3,474.6	170	162.99
Public Health	\$ 42.6	\$ 614.2	789	763.70
Oregon State Hospital	\$ 439.2	\$ 510.7	2,267	2,260.90
Total OHA	\$ 2,120.6	\$ 19,466.4	4,428	4,361.01

*Fiscal and Operations includes all Shared Services, State Assessment & Enterprise-wide Charges, and debt service
 **Health Policy and Analytics includes \$1,773.1 million for PEBA and \$1,544.6 million for OEBA, which both have separate appropriations.

Major Rebalance Drivers

With three months of actual expenditure data and caseload projections updated for the 2015–2017 biennium, the agency is projecting an estimated \$37.6 million General Fund (GF) shortfall, primarily due to increased costs associated with the Oregon Health Plan (OHP) caseload forecasts. The financial status for the OHA Rebalance is comprised of:

Cost changes relative to the 2015 - 2017 Need/ (Savings)	General/Lottery Fund Need/(Savings)	Other Fund Need/(Savings)	Federal Fund Need/(Savings)	Total Fund Need/(Savings)	Pos.	FTE
OHP Caseload Fall Forecast	\$ 84,421,242	\$ -	\$ 907,462,116	\$ 991,883,358		
HSD Medicare Part D Clawback rate change	\$ 10,732,488	\$ -	\$ -	\$ 10,732,488		
HSD FQHC move to APM	\$ 3,119,763	\$ -	\$ 9,359,288	\$ 12,479,051		
HSD Medicare Part B Premium increases	\$ 7,212,981	\$ -	\$ 13,964,949	\$ 21,177,930		
HSD Implementation of ONE system	\$ 20,931,972	\$ -	\$ 37,063,476	\$ 57,995,448		
PHD Federal Grants/ new/supplementals/TPEP	\$ -	\$ 354,831	\$ 730,900	\$ 1,085,731	6	3.68
Assessments/ treasury fees/mass transit	\$ 567,468	\$ (402,020)	\$ 85,232	\$ 250,680		
Technical adjustments/transfers from DHS	\$ 53,868	\$ 42,646	\$ 64,444	\$ 160,958	14	8.57
Total Challenges/ Requests	\$ 127,039,782	\$ (4,543)	\$ 968,730,405	\$ 1,095,765,644	20	12.25
Savings and Management Actions						
Tobacco Tax Revenue/ Fall forecast	\$ (11,806,296)	\$ 11,806,296	\$ -	\$ -		
FMAP rate change	\$ (10,178,705)	\$ (601,620)	\$ 10,780,325	\$ -		
GEI Caseload savings (Fall forecast)	\$ (1,429,626)	\$ -	\$ -	\$ (1,429,626)		
Debt Service savings to AVATAR (BHIP)	\$ (1,000,000)	\$ -	\$ -	\$ (1,000,000)		
Increased revenues drug rebates/settlements	\$ (15,000,000)	\$ 15,000,000	\$ -	\$ -		
13-15 O/F carryover into 15-17	\$ (25,000,000)	\$ 25,000,000	\$ -	\$ -		
Delay FFS incr./ accelerate eligibility efforts/ and implement fraud prevention efforts	\$ (25,000,000)	\$ -	\$ -	\$ (25,000,000)		
Agency position true up of D/F and LDs	\$ -	\$ -	\$ -	\$ -	(2)	9.25
Net Savings and Mgmt Actions	\$ (89,414,627)	\$ 51,204,676	\$ 10,780,325	\$ (27,429,626)	(2)	9.25
Net OHA Change:	\$ 37,625,155	\$ 51,200,133	\$ 979,510,730	\$ 1,068,336,018	18	21.50

Health Systems Division

Oregon Health Plan Caseload Forecast

The General Fund (GF) changes resulting from the revised 2015 calendar year CCO rates were approximately \$37.7 million. OHA applied \$20 million of the 2013-15 Other Fund (OF) carryover to the first six months. The balance of \$17.7 million rate revision is accounted for within the base budget for 2015-2017 by the inflation factor (\$10 million) along with a per-member-per-month savings offset during the first 3 months of another \$7.7 million.

The Fall 2015 forecast is 9.6% higher overall (a biennial monthly average increase of 108,297 clients) when compared to the Spring 2015 caseload which set the base for the 2015-17 budget. There are primarily three categories of the OHP caseload that account for the increase: ACA Adults (which increased by 54,594 clients), Parent/Caretaker relatives (formerly TANF Adults increased by 9,244), children's Medicaid categories (increased by 30,069 and primarily within ages 6-18). Attachments C & D show the OHP caseload trend, the isolation of change for all categories, and the projected fund impact for the biennium.

For the past few forecasts, the hybrid eligibility and enrollment process, along with decisions to delay some closures of client enrollments, has influenced the reliability of the data available for forecasting the overall OHP caseload and caseload characteristics, and the corresponding categories for which clients are assumed to be placed, since implementation of Medicaid Expansion.

OHA acknowledges that the failure of the Cover Oregon Siebel system has exacerbated the fragmentation of data between Cover Oregon Siebel, OHA Siebel, and the Client Maintenance System. Additionally, external pressures of postponing closures, continuing (or adding) of benefits, and policy considerations in the past have all had a direct impact on the integrity of the data in the Medicaid Management Information System (MMIS) that ultimately makes up the OHP caseload.

Going forward, the OHA Director will convene a strategy team consisting of policy, business analysts, OHP operations, and budget staff to review, analyze and develop options for any further considerations or decisions that can better inform the development of the caseload forecast.

MAGI Medicaid System Transfer Project – ONE System

OHA is transferring a functional Modified Adjusted Gross Income (MAGI) Medicaid eligibility determination system from the State of Kentucky called Kynect. Oregon's system is called OregONEligibility or ONE and will be implemented in two phases. The

first phase will implement a Worker Portal on December 15th, 2015. The consumer facing portion of the system, called Applicant Portal, is scheduled to go live in February 2016.

Implementation costs were estimated during the budget development and initial investments were included in the 2015-17 biennial budget. Since then, the implementation budget has been refined and the rebalance plan includes \$58.0 million total funds (\$20.9 million GF). This includes the amount projected to get ONE implemented however there is still risk associated with the costs of the pending litigation. The federal funds of the implementation have been approved through an Advanced Planning Document (APD) with CMS.

Client information related to current OHP clients will be entered into ONE through the Worker Portal rather than converting current data from the multiple source systems. This will be a manually intensive process, but will allow OHA to correct for any data quality issues and ensure client confidentiality. Leading up to the implementation of ONE, OHA has received CMS approval to defer OHP re-determinations to focus on implementation efforts. The CMS approval is built into the rebalance plan; without compromising the implementation of ONE.

Within the rebalance, \$17.0 million of the \$20.9 million mentioned above, represents the estimated cost of storing and maintaining the previous eligibility system. Because of pending litigation, it is necessary for the old eligibility system to remain in place. The cost estimate is based on the current costs for which OHA has enough funding for till March 2016.

Other Budget Impacts/Changes

As requested during the SB 5526 (2015) budget process, OHA has calculated the costs associated with moving eight additional Federally Qualified Health Centers (FQHCs) to the Alternative Payment Methodology (APM) rather than being paid by a payment rate per service, per visit, for clients on a fee-for service. The primary difference in these methods are that clinics are paid in advance, rather than arrears. The 2015-17 GF budgetary impact is projected to be \$3.1 million, and \$12.4 million total funds. Currently 11 FQHCs have transitioned to the APM, this action a total of 19 clinics will be paid on a prospective per member per month basis allowing for more coordination of care and fiscal sustainability.

In October, the Center for Medicare and Medicaid Services (CMS) announced the state's Medicare Part D clawback contribution for the next federal fiscal year. The clawback represents the state's portion of Medicare Part D per capita drug expenditures, and is calculated per the Medicare Prescription Drug Improvement and Modernization Act of

2003. These adjustments increase Oregon's rate by 11.61% with a GF impact of \$10.7 million.

Additionally, increases in premiums and deductibles for Medicare Part B for the remainder of the biennium are projected to cost \$7.2 million GF, and \$21.2 million total funds based on current projections from the Department of Health and Human Services. These increases were limited by the federal Bipartisan Budget Act of 2015 under the Social Security Act's hold-harmless provision through calendar year 2017.

Updated Federal and Other Funds Revenue projections

The Federal Funds Information Services issued an update to the federal Medical Assistance Percentage (FMAP) which resulted in an increase of federal funding for Title XIX and Title XXI program expenditures. This results in state fund savings to OHP by \$10.1 million GF, and approximately \$0.6 million in Other Funds.

For the Health Services Division, the December 2015 economic forecast also indicates a change in Tobacco Tax revenues (See attachment E) for which the OHP GF budget is decreased by \$11.8 million. Other revenues such as drug rebates and settlements, are projected to bring in approximately \$15 million more than originally budgeted. Lastly, the \$25 million Other Fund balance of the 2013-15 carry-forward referenced earlier is applied as a savings to the OHP budget.

Public Health Division

With the newly awarded oral health, prescription drug overdose prevention, and building data exchange processes, and a supplemental to the epidemiology and laboratory capacity grants, the Public Health (PH) budget is increased by \$0.7 million Federal Funds limitation, and six limited duration positions (3.68 FTE). All new grants received permission to apply in previous Joint Subcommittee on Ways and Means.

Other Funds in the Tobacco Prevention and Education Program (TPEP) is adjusted by \$0.35 million to reflect the change in revenues for the Tobacco Use Reduction Account (TURA).

The PH Medical Marijuana Program (OMMP) Other Fund ending balance is projected to be approximately \$2 million. This revenue may be needed with start-up and implementation costs associated with House Bill 5047 (recreational marijuana) and therefore not included in this rebalance plan.

Oregon State Hospital

For the 2015-17 biennium, the Oregon State Hospital Replacement Project is projecting a savings of \$3.7 million. The Agency proposes using the bond proceed savings in this rebalance plan to pay down debt service, and allow the Agency to redirect \$2.7 million of GF debt service to finalize the implementation of AVATAR- the Electronic Health Record within OSH (previously referred to as the Behavioral Health Integration Project- BHIP). The remaining \$1.0 million GF is accounted for as an overall savings to the OHA rebalance.

Although, this rebalance plan does not propose other changes to Oregon State Hospital (OSH) budget, there have been some operational challenges. As discussed during the 2015 Legislative Session, the Hospital continues to see an increase in the Aid and Assist population. To offset this increase, there has been a decrease in civil commitments at the hospital however this increase is not sustainable.

For a more long term solution, OHA is in the process of implementing the House Bill 2490 investment. This legislative investment from the 2015 Session provides support to the counties with the highest referrals of Aid and Assist patients to the Hospital by funding restoration services and periodic assessment of a defendant's capacity to stand trial while the defendant resides in the community. Implementation is scheduled for January of 2016 as outlined in the investment package. OHA will continue monitor the Aid and Assist census once the community investment is implemented.

Additionally, the 2015-17 budget for the Hospital included a reduced level of staff overtime compared to the previous actual overtime costs, including the overtime incurred when employees call out. The Hospital is monitoring overtime use however, is not realizing the reductions which are included in the budget. After additional analysis to determine the drivers for the use of overtime, OSH realized the use of OFLA/FMLA leave is a significant driver and projected a potential need for additional positions to provide the needed coverage. OHA expects to have initial recommendations of the overall position impact for OSH in January.

Assessments and Shared Services

The OHA rebalance adjusts the state assessments GF budget by \$.5 million for the amount of state treasury fees, and mass transit tax associated with OF shared services positions. OHA included this in December 2014, but will need to have this corrected as an exception in the budget build process for 2017-2019.

Management Actions

OHA has estimated \$25 million of mitigation efforts that can be undertaken to address the GF shortfall. These efforts include a delay in implementing fee for service rate adjustments not otherwise tied to federal reimbursement rates, and to accelerate the schedule of redeterminations after the ONE system is implemented. Additionally, OHA is increasing focus and attention on Program Integrity, which includes detecting and preventing fraud, waste and abuse and increasing recovery efforts.

The Agency will continue to explore options to further reduce the GF shortfall and plans to return during the February 2016 Legislative Session for consideration. OHA will keep the Legislative Fiscal Office and the Department of Administrative Services, Chief Financial Office informed of any additional options in the interim.

Other Agency budget corrections and technical adjustments that are neutral to the OHA budget are included in the rebalance that move limitation, positions or General Fund within OHA budget structures or to the Central Services and Shared Services budget.

Collective bargaining/salary pot distribution and estimates

With the collective bargaining agreements settled, OHA has estimated the GF and TF budgetary impact for 2015-17. These amounts may differ from the statewide distribution that the Department of Administrative Services proposes. The impact for OHA is estimated to be \$28.2 million GF and \$49.4 million total funds (TF). It is important to note that historically, more than 80% of the OHA GF staffing costs are associated with positions at the Oregon State Hospital.

While a portion of the Federal Fund impact will materialize as an administrative match from Medicaid related positions, other programs with positions that are funded with categorically capped grants may have to make management decisions of how to remain in balance with their grants. The same circumstance would apply to programs with Other Fund positions but for which revenues or ending cash balance may not be sufficient. At this point, OHA is not including this amount in the rebalance proposal as the salary pot distribution will happen through a statewide process.

Risk factors, challenges and outstanding issues with this Rebalance Plan

The OHA rebalance report provides the known details associated with the OHA 2015-2017 budget. Major challenges the OHA will continue to monitor and maximize options for include:

- While the economy continues to improve, caseloads are always the major driver of costs in the OHA budget. OHA budget remains at risk to changes to employment volatility, as well as jobs for people with access to affordable health care. Additionally, with a number of program changes and process adjustments that have occurred in the past two years, forecasters have had to make some data assumptions around caseload characteristics. Once caseload eligibility and redetermination processes normalize in 2016, OHA expects to have better data available to inform the caseload forecast.
- The rebalance plan does not include funding related to outstanding litigation that involve OHA. There are a number of outcomes related to the lawsuits that OHA, in consultation with the Department of Justice, is reviewing.
- During the 2015-2017 budget development, SB 5526 included an investment to partially restore dental services for adult OHP clients, which had been previously removed from the benefit package due to the budget constraints prior to the Medicaid expansion. The investment amount was estimated during the Legislative session, and projected to be included in the 2016 CCO rates. However, due to CCO rate development deadlines and the need to have further discussion and definition around the specific services covered (including which dental materials), the increased benefit was not included in the 2016 CCO rates. OHA continues to have discussions with stakeholders on a potential rate amendment, but no final decision has been reached. This will likely have a budget impact once more is known, however, there are no proposed budget adjustments included in this rebalance plan.
- OHA is also monitoring prescription drugs costs. There has been a lot of discussion around the costs associated with hepatitis C treatments, and other breakthrough therapies, however the cost trend associated with the all prescription drugs, including generic drugs, have been increasing. The Agency is exploring alternatives and recently met with the Washington Health Authority to discuss this issue.
- Changes in federal policy may create risks to the program budgets. The specific impacts going into 2017 may not be known until late in the biennium.
- Tobacco Tax revenues have historically fluctuated, increasing and decreasing widely and affects the Tobacco Tax revenues anticipated to fund the OHP and non-Medicaid programs. Because these forecasts are volatile, there continues to be risk to the expected level of Tobacco Tax revenues assumed in this financial update.

ACTION REQUESTED

Acknowledgement of OHA's 2015-2017 Rebalance Report and referral of the report to the Legislative Assembly is requested.

LEGISLATION AFFECTED

See Attachment A for statutory changes.

Sincerely,



Lynne Saxton
Director



William J. Coulombe
Budget Director

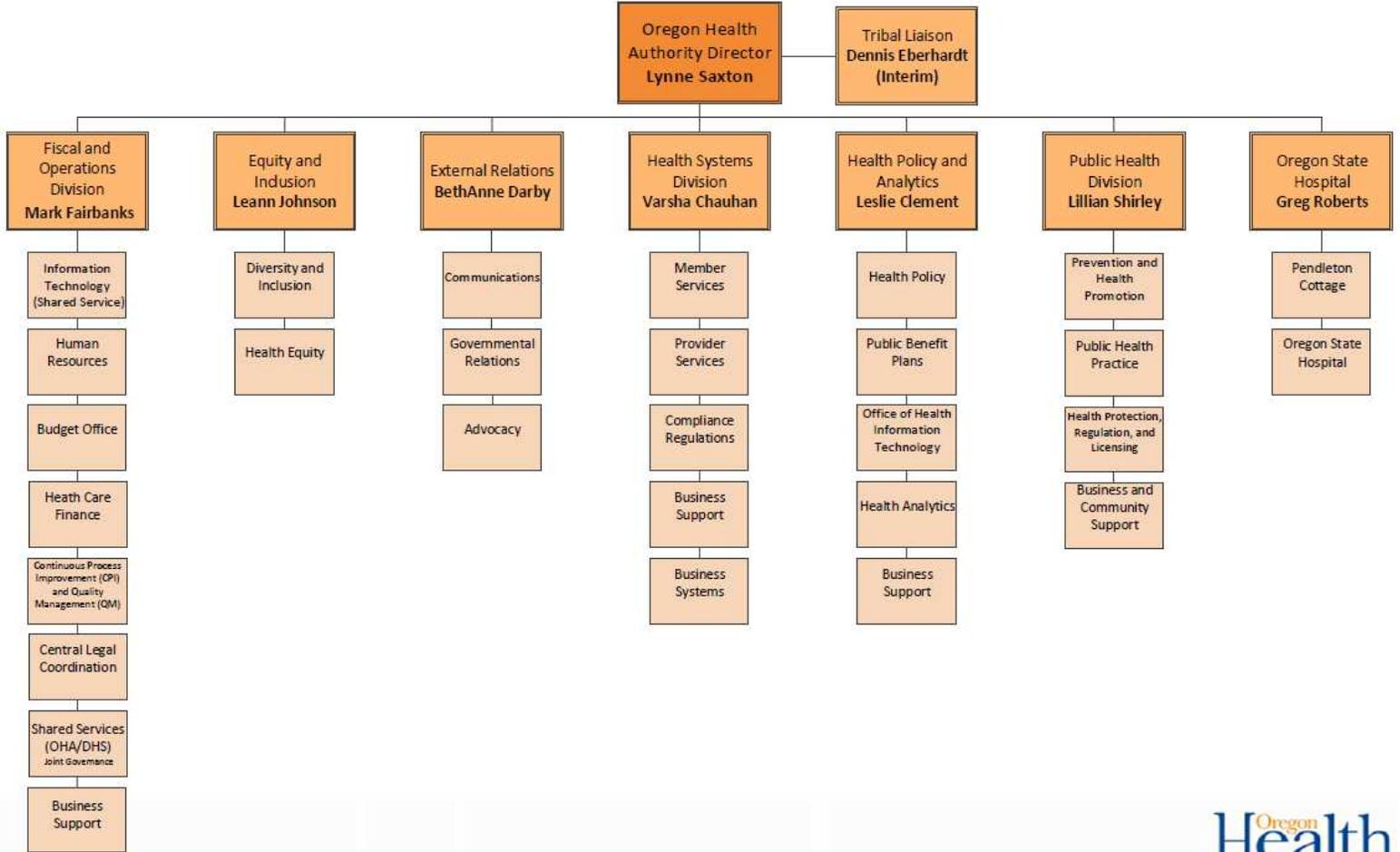
Enc: A- Legislation Affected
B- OHA Functional restructure for 2015-2017
C & D OHP Caseload changes, and isolation of costs
E- Tobacco Tax Forecast change

CC: Linda Ames, Legislative Fiscal Office
Tom MacDonald, Budget Analyst, DAS/CFO

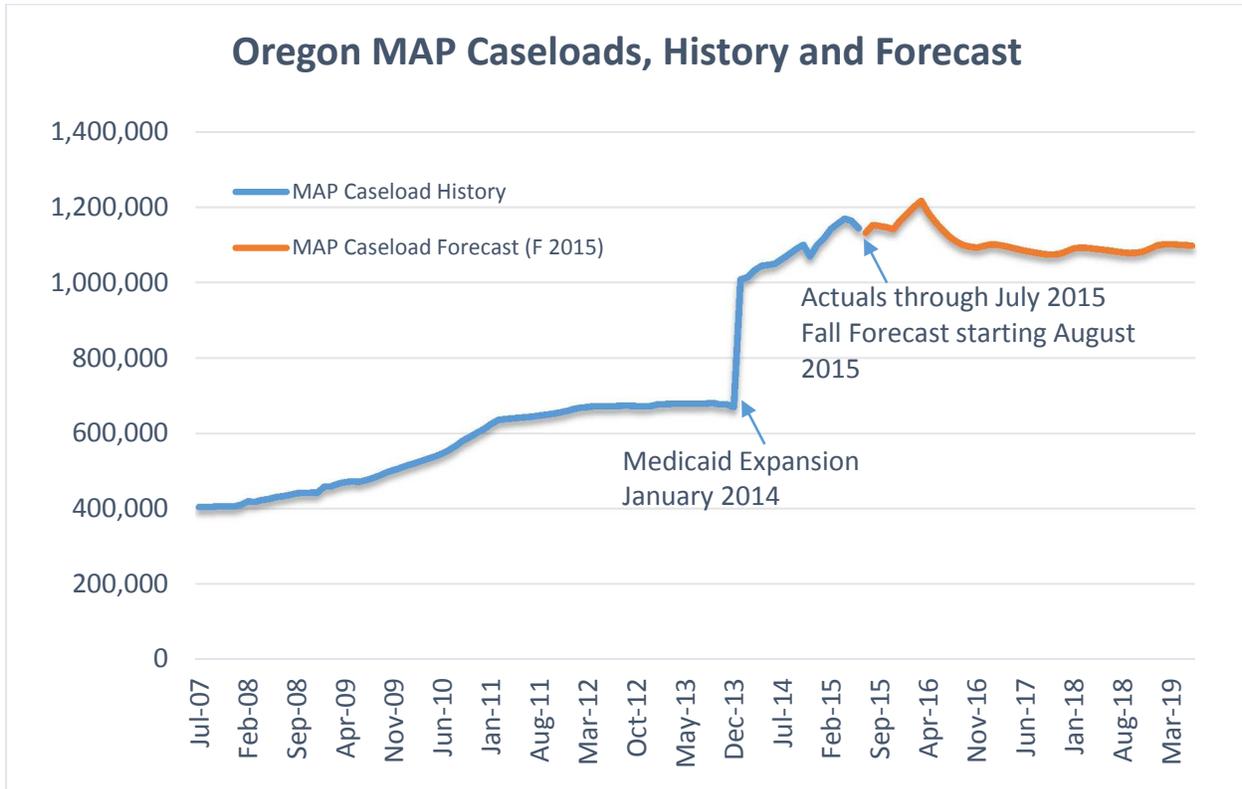
OREGON HEALTH AUTHORITY ATTACHMENT A				
2015-17 January/February 2016 Rebalance Actions				
STATUTORY CHANGES IN APPROPRIATION AND LIMITATION ADJUSTMENTS				
DIVISION	PROPOSED LEGISLATION/ SECTION	FUND	REBALANCE ADJUSTMENTS	Appr #
Central Services/SAEC	ch 838 1(2)	General	19,987,404	87401
	ch 838 2(2)	Other	6,018,111	34401
	ch 838 4(2)	Federal	16,221,662	64401
		Total	42,227,177	
Debt Service	ch 838 1(4)	GF -Debt	(3,689,503)	85801
	ch 838 2(4)	OF-Debt-Ltd	3,689,503	35802
	ch 838 5(2)	FF NL - Debt	-	63801
		Total	-	
Shared Services	ch 838 2(3)	Other	2,476,808	34402
		Total	2,476,808	
OHA Health Services Programs	ch 537 (21)	General	(3,094)	87810
	ch 669 (18a)	General	(552,592)	87814
	ch 725 (3)	General	(300,000)	87818
	ch 740 (6)	General	(106,320)	87809
	ch 786 (17)	General	(87,673)	87815
	ch 791 (2)	General	(200,000)	87811
	ch 793 (4)	General	(216,365)	87813
	ch 800 (4)	Other	(631,544)	34812
	ch 800 (5)	Other	(219,256)	34813
	ch 829 (4)	General	(180,000)	87817
	ch 838 1(1)	General	23,311,574	87801
	ch 838 1(3)	GF Cap Imp	-	81001
	ch 838, 3	Lottery Funds	-	44801
	ch 838 2(1)	Other	39,866,511	34801
	ch 838 2(5)	OF Cap Imp	-	34811
	ch 838 4(1)	Federal	963,289,068	64801
	ch 838 (6)	Other PEBB Revolving Fund	-	34804
	ch. 838 (7)	Other OEGB Revolving Fund	-	34805
	ch 838 5(1)	Other, Non-Limited PH	-	32801
	ch 838 5(7)	Other, Non-Limited OMIP	-	32807
	ch 838 5(1)	Federal, Non-Limited PH	-	62801
ch 842 (1)	General	(100,000)	87812	
ch 845 (3)	General	(238,276)	87816	
	Total	1,023,632,033		

Attachment B – OHA Restructure for 2015 - 2017

Functional Chart



ATTACHMENT C- Medical Assistance Program Caseload



With the failure of the Cover Oregon system, OHA had to rely upon capturing data from three separate systems: Cover Oregon Siebel, OHA Siebel, and the Client Maintenance system. Each of these systems have been controlled and managed separately, and has illustrated the challenges of information exchange between these systems. In some instances, the communication of data between systems may have led to the overriding/changing the status of identifiers used from one system to the next. The OHP Forecast is based upon data from the Medicaid Management Information System (MMIS), and it is becoming increasingly unreliable to determine and forecast movement between eligibility categories, or off the OHP caseload. Once the ONE system is implemented in early 2016 and has been operational for an ongoing period of time, OHA will be better able to deliver quality information and trends related to the movement between categories to inform the caseload forecast.

Attachment D

ISOLATION OF COSTS CHANGES IN HSD CASELOAD					
15-17 LAB Compared to Fall 15 Rebalance					
Eligibility Category	15-17 Caseload at LAB	15-17 Caseload at Rebalance	Difference Problem/ (Savings)	% of Change	Change Problem/ (Savings) in Millions
Affordable Care Act (ACA)	369,084	423,678	54,594	12.89%	\$783.7
Parent/Caretaker Relative	48,607	57,850	9,244	15.98%	\$130.7
Pregnant Women	15,431	15,612	181	1.16%	\$5.8
Children's Medicaid Program	316,500	346,569	30,069	8.68%	\$151.5
Aid to Blind and Disabled	84,192	81,558	(2,634)	-3.23%	(\$85.1)
Old Age Assistance	41,969	42,009	39	0.09%	\$0.5
Foster/Adoption/BCCP	19,221	19,964	744	3.72%	\$8.3
Children's Health Insurance Program	66,063	62,631	(3,432)	-5.48%	(\$13.8)
Non-OHP (CAWEM,QMB, OSIP)	60,369	79,774	19,406	24.33%	\$7.6
CAWEM Prenatal	2,180	2,266	86	3.80%	\$2.5
Total	1,023,615	1,131,911	108,297	9.57%	\$991.9
General Fund Impact:					\$84.4

Attachment E- Fall Forecast change in Tobacco Tax Revenues

