

MEDICAL ASSISTANCE PROGRAMS

Mission

Provide a system of comprehensive health services to qualifying low-income Oregonians and their families to improve their health status and promote independence.

Vision

Improved access to effective, high-quality services for low-income and vulnerable citizens through innovation, collaboration, integration and shared responsibility.

Goals

Specific goals of the division of Medical Assistance Programs (MAP) are to:

- Support effective and efficient systems that directly promote access to health care for low-income Oregonians.
- Support the entire health care provider system in Oregon by paying for needed services using federal matching funds to the extent appropriate.
- Maintain managed care enrollment at no less than 80 percent to promote access and to control health care costs.
- Decrease the number of people without health care coverage by expanding the percentage of people covered by the Oregon Health Plan.
- Improve the quality of health care for all Oregonians, especially for low-income Oregonians.
- Collaborate with legislators, advocacy groups, business partners, health care providers and the general public to improve health outcomes.
- Promote the use of prevention and chronic disease management services by all Oregonians, especially those with low incomes and special medical needs.
- Work with other insurers to improve health outcomes for all Oregonians.

Overview

The division of Medical Assistance Programs is the state Medicaid agency. It delivers affordable and effective prevention and treatment, reducing uncompensated care, and keeping costs in check through effective management.

Health care is delivered through Medicaid managed care organizations and private providers such as physicians; hospitals; dentists; pharmacists; federally qualified health centers; rural health clinics; medical equipment and supply providers; physical, occupational and speech therapists; hospice providers; ambulance companies; non-emergency medical transportation providers; and addictions and mental health service providers.

The budget for this division funds Oregon's medical assistance program. Payments for services delivered to medical assistance clients represent most of DMAP's budget. The program is divided into three areas to align with federal requirements and match rates unique to each area.

Oregon Health Plan (OHP) Medicaid

OHP Medicaid serves clients eligible for traditional Medicaid, as well as other low-income adults who do not qualify for traditional Medicaid, but are eligible for Medicaid services through Oregon's Medicaid demonstration.

Children's Health Insurance Program (CHIP)

CHIP is a program for children and adolescents through age 18 living in households where the income is up to 200 percent of the federal poverty level. CHIP covers approximately 61,000¹ children, accounting for more than 10 percent of OHP enrollees.

Non-OHP Medicaid

This part of the budget covers services for populations not part of OHP. For example, payments cover certain services for women diagnosed with breast or cervical cancer and limited drug coverage for individuals receiving post-transplant services when the state's DHS Medically Needy program ended Jan. 31, 2003.

Revenue sources

The state and the federal government share the costs of providing OHP services to eligible low-income people.

¹ Source: DHS DSSURS, November 15, 2010. DMAP Research and Analysis.

- For clients eligible for Medicaid, the state pays 37.26 percent and the federal government pays 62.74 percent².
- For clients eligible for the Children’s Health Insurance Program (CHIP), the state pays 26.08 percent and the federal government pays 73.92 percent³.

The following table summarizes MAP’s revenue sources (in rounded millions). Numbers for this section are based on the 2011-13 Governor’s Balanced Budget.

Source	Amount (in rounded millions)	Description
General Fund	\$996	–
Other Fund	\$1,030	Other Funds include the Hospital Tax, Insurers Tax, Medicaid drug rebates, supplemental drug rebates, Law Enforcement Medical Assistance Fund (LEMLA), Tobacco Settlement funds, Third Party Recovery, local match payments
Federal Fund	\$3,131	Federal share of paying Medicaid/CHIP program costs
Total Fund	\$5,157	–

2009-11 accomplishments

More health care for more Oregonians

Children: Healthy Kids — health care was expanded to all Oregon children because MAP:

- Created an easier process for families – children don’t have to reapply every six months, asset tests have been eliminated for most families, and the time a child has to be uninsured before qualifying has been reduced from six to two months.

² The federal government sets this rate, and it fluctuates from year to year.

³ Ibid

- Expanded access for CHIP and Medicaid eligible documented immigrant children.
- In concert with the Public Health division, secured a grant through the Children’s Health Insurance Program Reauthorization Act (CHIPRA). This outreach grant is to increase enrollment of children in Medicaid and CHIP.

Health care was expanded for adults and families because MAP:

- Opened the Oregon Health Plan (OHP) Standard Reservation List so low-income Oregonians have an opportunity to receive an application to enroll in the benefit package.
- Completed the procurement process to expand managed care enrollment into Curry, Lincoln and Tillamook counties beginning January 1, 2010 so that 80,000 Oregonians could access the health care they need.
- Opened the Citizen/Alien Waived Emergent Medical (CAWEM) prenatal program to four more counties. The pilot program in two counties provided prenatal care to women in the CAWEM program which ordinarily pays for emergency services and deliveries. Six counties now participate in the program to also provide prenatal care to women who otherwise don’t have access to these services.

Cost controls for expensive pharmaceuticals

The enforceable Physical Health Preferred Drug List (PDL) analyzes the most effective prescription drugs at the best available price in each class. This will save several million dollars per biennium while still providing Oregon Health Plan clients with the most effective prescriptions. (Mental health drugs are not part of the enforceable PDL but are part of a voluntary PDL.)

Operations

The division:

- Put processes in place to ensure Oregon Medicaid collects enhanced federal funding under the American Recovery and Reinvestment Act.
- Demonstrated to the Centers for Medicare and Medicaid Service (CMS) that our increased coverage of Medicaid children and streamlining of enrollment and retention practices qualified Oregon for a \$1.6 million federal bonus under CHIPRA.

- Completed a physician access improvement incentive program, where every participating managed care plan increased utilization of preventive and primary care services for clients, positively contributing to the health of the population.

Access to care

DMAP achieved 80 percent enrollment in medical managed care and 95 percent for dental managed care, with medical managed care available in all but one county statewide. Managed care enrollment provides access to high-quality and cost-effective care with an emphasis on prevention and the provision of primary care services, such as patient education and promotion of healthy lifestyles, to avoid more serious health complications and hospitalizations.

Quality of care

The Oregon Health Care Quality Corporation (Q-Corp) now provides data collection and quality-measure reports supporting DMAP efforts to monitor the quality of FFS healthcare beyond the contracted disease and medical case management services. A secure, interactive Web portal now helps doctors and nurses ensure that FFS patients receive high quality care in 11 scored categories, as well as provide support materials that encourage patients to take an active, informed role in their health care decision-making.

Partnerships

MAP also strengthened partnerships with stakeholders, tribal organizations, the provider community and contracted managed care plans in extensive outreach efforts to discuss options for budget reductions and legislative implementation, and to encourage use of the OHP Standard reservation list. Strengthened partnerships allow better delivery of health care services, promotion of prevention strategies and increased access to services.