

Oregon Health Authority
Medical Assistance Program
\$\$, in millions

NOTE: The total projected expenditures assume the Federal Waiver Agreement maximum of 3.4% PMPM growth per year.
RISKS: Assumes current benefits covered on OHP remain constant. 2017-19 and 2019-21 estimates are also built with high level caseload estimates which is a variable that can cause large changes to the estimates. This analysis assumes successful management of new technology, caseload renewals, closures and redeterminations, and continuing current fraud management resources and efforts.

	2015-17 Governor's Budget	Notes:	2017-19 High Level Estimate	Notes:	2019-21 High Level Estimate	Notes:
				Assumes no change. On average, the state general fund increases by 5% per year.		Assumes no change. On average, the state general fund increases by 5% per year.
General Fund	\$ 1,217		\$ 1,217		\$ 1,217	
Hospital Tax	\$ 1,001		\$ 1,060	Assumes small increases in hospital net patient revenue.	\$ 133	Assumes 1 QTR, Hosp Tax sunsets Sept. 2019
Tobacco Tax	\$ 290		\$ 290	Assumes no change.	\$ 290	Assumes no change.
Tobacco Settlement (TMSA)	\$ 137		\$ 137	Assumes no change.	\$ 137	Assumes no change.
Other Funds	\$ 267		\$ 267	Assumes no change.	\$ 267	Assumes no change.
One Time Carryover	\$ 125		\$ -	One time revenue not available for 2017-19.	\$ -	One time revenue not available.
DSHP ¹ (OF only)	\$ 136		\$ -	DSHP program ends in 2015-17.	\$ -	DSHP program ends in 2015-17.
Federal Funds	\$ 10,004		\$ 9,927	Assumes match rates listed below.	\$ 8,090	Assumes match rates listed below.
TBD State Funds	\$ -		\$ 497	State funds required to balance budget.	\$ 1,682	State Funds required to balance budget.
TBD Federal Funds match	\$ -		\$ 1,425	Draw of federal funds match	\$ 3,399	Draw of federal funds match
Total Funds	\$ 13,178	Does not account for any changes for Governor's Budget Reshoot.	\$ 14,820		\$ 15,215	Note: Removes Hosp Tax related expenditures for 7 qtrs.
Estimate of Savings due to Health Transformation (TF)	\$ 824	(Based on Feb 2015 estimates, before rebalance and reshoot)	\$ 1,215	Biennial estimated savings by reducing inflation from 5.4 to 3.4% per year.	\$ 1,977	Biennial estimated savings by reducing inflation from 5.4 to 3.4% per year.
Caseload Estimates ²						
Non ACA	673,778		655,328		671,056	
ACA	315,000		375,944		384,967	
Total Biennial Average Caseload	988,778		1,031,272		1,056,023	

2015-17 GB Assumptions: Approx. \$9 billion of the total budget of \$13 billion will be sent to CCO's.

2017-19 Assumptions: Spring 2015 caseload forecast, 2017-19 PMPM's grow at a 3.4% per year maximum, 2017-19 FMAP for Non ACA = 65.14%, 2017-19 FMAP for ACA = 94% biennial average.

Spring 2015 Caseload Forecast allows for a small continued growth however does not take into account possible economic or poverty rate changes.

2019-21 Assumptions: The 2019-21 PMPM's grow at a 3.4% per year maximum from 2017-19. The 2019-21 FMAP for Non ACA = 65.14% and the 2019-21 FMAP for ACA = 91% biennial average.

The caseload forecast allows for 2.4% biennial growth over 2017-19, which is consistent with the growth in Oregon's population estimates.

¹ Designated State Health Programs (DSHP), under the current Medicaid waiver agreement, allows for federal financial participation for services that are not traditionally allowable for federal match. This additional federal match agreement is scheduled to end in June 2017.

² The caseload forecast for budget development is prepared by the Office of Forecasting and Analysis and vetted through the MAP Caseload Forecast Steering Committee. The Caseload Forecast Steering Committee includes subject matter experts from program areas and representatives from finance/budget, Legislative Fiscal Office, DAS Chief Financial Office, a CCO representative, and a Hospital Association representative. Caseload forecasts are released twice a year, to forecast mandated caseload for the various OHA budget preparation and execution deadlines.