



State Health Access Program (SHAP) Grant Summary: OREGON

Project Title: Healthy Oregon Coverage Initiative

2009 Award Amount: \$ 9,978,200

Target Population: Low-income and small business employees; eventually all residents

Grantee Organization: Office for Oregon Health Policy and Research

Partner Organizations: *Covering Kids and Families/Expanded Access Coalition, Department of Consumer and Business Services Insurance Division, Division of Medical Assistance Programs (DMAP), Health Matters of Central Oregon (HMCO), Northeast Oregon Network (NEON), Oregon Health Authority, Oregon Health Fund Board, Oregon Health Policy Board*

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STATE SHAP GRANT GOAL

Oregon SHAP funding will help further enact universal, comprehensive coverage, as well as improve quality and contain costs. According to the state of Oregon, “grant funds will augment and strengthen current efforts to expand coverage and will assist implementation planning for broader coverage expansions. Sustainability of grant funded-activities will be ensured by partnering grant funds with [the Oregon Health Fund Board’s] currently proposed cost containment strategies.” Coverage will expand in two phases:

- Coverage Phase I: Health insurance expansion for kids and low-income adults
- Coverage Phase II: Sustainable coverage for all Oregonians

In order to reach these populations, Oregon will use funds to establish and support: a health insurance exchange, an affordable small business product, reinsurance strategies to reduce insurance costs, multi-share models to help provide coverage to the working uninsured, and a value-driven benefit design/payment reform strategies.

EVALUATION PLAN

Oregon will evaluate the above program’s impact on Oregon’s uninsurance rate, access to and quality of care, health status, and per capital health costs. Data sources to be used include administrative data; an all-claims, all-payer database; the Oregon Health Insurance Survey; an enrollee survey; and focus groups.

A key indicator of Phase I program success will be a reduction in the number of uninsured (especially across socioeconomic factors). Key Phase I program performance measures include measuring: (1) change in uninsurance via statewide survey, (2) time elapsed between eligibility determination and enrollment, (3) number of online vs. paper applications, (4) number of enrollees assisted through non-traditional resources, (5) effect of social marketing/outreach, and (6) enrollee retention by socioeconomic factors.

Phase II key indicators will be identified prior to implementation; success can be evaluated through insurance coverage and perceived health status, which will be measured through the state’s health insurance survey. Other three-share programs will influence the evaluation of Oregon’s three-share program, using uninsurance rates, perceived health status, barriers to enrollee and partner retention, and access to services as key indicators. This evaluation will be conducted in partnership with SHADAC and an unnamed third-party OHS administrator.

- **Household Survey:** 2000, 2001, 2002, 2004, 2006
- **Employer Survey:** 2005

OREGON'S HEALTH REFORM ENVIRONMENT

STATE	PERCENT UNINSURED ¹			MEDICAID AND SCHIP ELIGIBILITY, as % of FPL ²			EMPLOYER SPONSORED COVERAGE			EMPLOYMENT INDICATORS		FY 2009 BUDGET GAP ³	
	Total (0-64)	Adults (19-64)	Kids (≤18)	Kids (≤18)	Par-ents	Child-less Adults	Private Firms Offer. ⁴	Take-up of Cvg. ⁵	% with Cvg. ⁶	% Unem-ployed ⁷	Median Income ⁸	Gap	As % of FY2009 Budget
USA	17.2%	20.0%	10.8%	n/a	n/a	n/a	56.4%	78.7%	62.4%	9.8%	\$51,233	n/a	n/a
OR	18.8%	21.7%	11.3%	185% ⁹	185% ¹⁰	185% ¹⁰	52.6%	85.7%	62.7%	11.5%	\$51,947	\$442m	6.6%

Oregon’s SHAP program is grounded in 2009 health reform legislation, which implements recommendations from the Oregon Health Fund Board (OHFB). Since 2007, the Oregon legislature has made persistent efforts to expand coverage to all state residents, despite significant challenges brought about by the economic downturn.

SHAP funding also specifically allows Oregon to continue pursuing universal coverage for children. Within the past five years, Oregon has observed sustained support for universal children’s coverage, but with failed attempts to fully enact and fund such coverage in 2005 and 2007. In 2009, Oregon enacted “Healthy Kids” legislation as part of the above health reform package, which expanded coverage to children under 200% FPL, granted sliding-scale premium assistance for private or OHP coverage to children between 200% and 300% FPL, and created a private coverage buy-in program for children above 300% FPL.

Oregon’s premium assistance program, Family Health Insurance Assistance Program (FHIAP), was one of the first in the nation, and assists low-income adults on a sliding-scale basis; FHIAP enrollment has been closed since November 2007. Oregon’s Medicaid program is divided into two components: (1) OHP Plus, which provides full benefits to Medicaid-eligible adults and children, and (2) OHP Standard, which provides limited benefits to adults not eligible for Medicaid. Enrollment in OHP Standard has been closed since July 2004, but the state is working with CMS to open enrollment through a lottery.

Oregon is the previous recipient of a HRSA State Planning Grant.

¹ Source: CPS, health insurance coverage estimates, 2007-2008.

² Source: State Coverage Initiatives, Robert Wood Johnson Foundation.

³ Source: Kaiser State Health Facts, as of November 20, 2009.

⁴ Source: Medical Expenditure Panel Survey (MEPS), 2008.

⁵ Source: Medical Expenditure Panel Survey (MEPS), 2008

⁶ Source: CPS, health insurance coverage estimates, 2007-2008.

⁷ Source: Bureau of Labor Statistics, Sept. 2009.

⁸ Source: US Census Bureau, 2007-2008.

⁹ Oregon Medicaid/SCHIP eligibility: 133% FPL (ages 0-5); 100% FPL (ages 6-19); 185% FPL (SCHIP expansion)

¹⁰ Adults with income at or less than 100% FPL are eligible for limited coverage under OHP Standard (may have capped enrollment); adults at or below 185% FPL are eligible for coverage under FHIAP