
OREGON HEALTH PLAN

Determining program eligibility

While DMAP administers DHS medical assistance programs, other divisions within DHS determine eligibility, which depends on the age, living situation, income and medical condition of the applicant. DHS Children, Adults and Families Division (CAF) and DHS Seniors and People with Disabilities Division (SPD) determine eligibility for other programs as well, such as for cash benefits, food assistances, long-term care and other support services.

Who receives services

OHP Medicaid and OHP CHIP clients

Medicaid eligibility is limited to individuals who fall into specified categories and who are in financial need. The federal Medicaid statute identifies more than 25 different eligibility categories for which federal matching funds are available. These statutory categories can be classified into five broad coverage groups:

- Children,
- Pregnant women,
- Adults in families with dependent children,
- People with disabilities, and
- People age 65 and older.

If OHP did not exist, the state would be required to provide Medicaid to mandatory coverage groups in order to draw down Federal Funds. The federal Medicaid statute also establishes some optional eligibility categories based on a particular disease or condition (e.g., breast cancer). Because Medicaid is limited to those in financial need, the program imposes financial eligibility requirements. The financial requirements vary from category to category, but income eligibility for individuals and families generally is tied to the federal poverty level (FPL).

Federal Poverty Level (FPL) Monthly income guidelines Effective January 27, 2009			
Size of Family	100%	133%	185%
1	\$ 903	\$1,201	\$1,670
2	\$1,215	\$1,615	\$2,247
3	\$1,526	\$2,030	\$2,823
4	\$1,838	\$2,444	\$3,400
5	\$2,150	\$2,859	\$3,976
6	\$2,461	\$3,273	\$4,553
7	\$2,773	\$3,688	\$5,130
8	\$3,085	\$4,102	\$5,706

Approximately ^{450,000}439,000 Oregonians³ are covered under Medicaid or CHIP. Most of these clients receive OHP Plus coverage. The following groups are eligible for OHP Plus coverage:

- Low-income families with dependent children who are receiving or are eligible to receive cash assistance under Temporary Assistance for Needy Families (TANF). These families remain eligible for medical coverage for up to 12 months after their cash assistance ends.
- Children in foster care, substitute care or for whom adoption assistance payments are made.
- Children under age 19 with family incomes under 185 percent of the FPL.
- Pregnant women with family incomes under 185 percent of the FPL.
- People who are age 65 or older or are blind or disabled, and:
 - Are eligible for Supplemental Security Income (SSI), or
 - Qualify for long-term care services and have a family income under 300 percent of the SSI level.

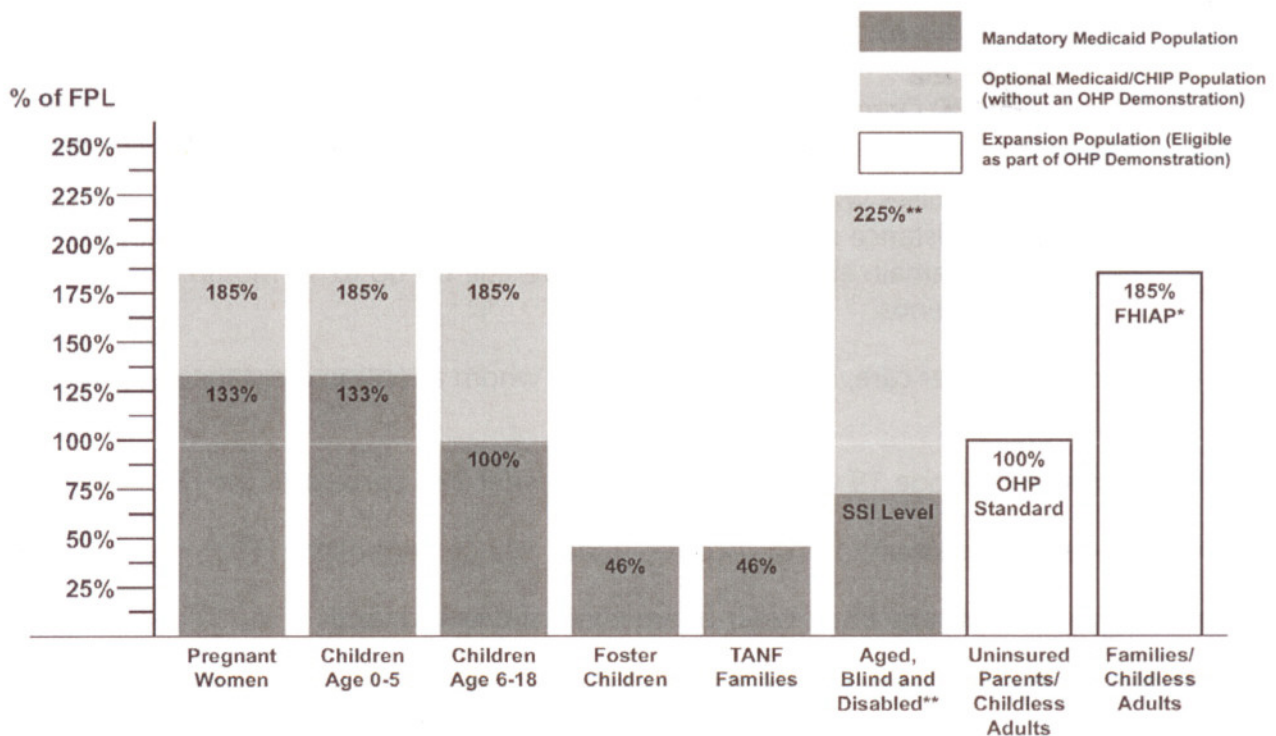
³ Based on fall 2008 forecast, which includes actual counts and forecasted numbers for the 2007-2009 biennium. See Medical Assistance Programs – Biennial monthly averages table for 2009-2011 for forecast enrollment numbers.

Meanwhile, OHP Standard covers uninsured Oregonians with family incomes under 100 percent of the FPL who are not otherwise eligible for Medicaid or Medicare and are age 19 or older.

People who are ineligible for OHP Plus or OHP Standard coverage solely because they do not meet the Medicaid citizenship or immigration status requirements are eligible for limited medical assistance through the Citizen-Alien/Waived Emergency Medical (CAWEM) program. Except for citizenship and immigration status, CAWEM clients must meet the same eligibility requirements, including income and resources, of the medical program they would otherwise be eligible to receive.

The following chart shows the approximate FPL requirements for clients who are part of the mandatory and optional Medicaid populations, as well as for clients who are eligible because of the OHP demonstration project.

Approximate Federal Poverty Levels (FPLs) for OHP eligibility groups



* The Family Health Insurance Assistance Program (FHIAP) subsidizes private health insurance coverage for low-income families and individuals. All OHP populations have the option to elect FHIAP coverage rather than direct state coverage. Parents and childless adults up to 100% of the FPL must enroll in FHIAP if they have employer-sponsored insurance. Parents and childless adults over 100% of the FPL are not eligible for direct state coverage but may be eligible for FHIAP if enrollment limits have not been met.

** Aged, blind, and disabled populations meeting long-term care criteria are eligible up to 300% of the SSI level (which is equivalent to approximately 225% of the FPL); otherwise, these populations are eligible up to the SSI level.

Non-OHP Medicaid clients

Women with breast and cervical cancer

Women ages 40-65 with family incomes under 250 percent of the FPL, who are diagnosed with breast or cervical cancer through the Breast and Cervical Cancer Early Detection Program (BCCP) may receive medical benefits from BCCP. The early detection program is administered by the DHS Public Health Division through county health departments and tribal health clinics. After determining eligibility, the client receives all Medicaid services including mental and dental health care. A client is eligible until she or he reaches age 65, obtains other coverage or ends treatment.

Medicare clients

Medicare clients may receive assistance through the following services and programs:

- ***Insurance premiums*** – Oregon pays a limited number of Medicare Part A hospital premiums for clients who are covered by both Medicaid and Medicare. The state also pays the Medicare Part B outpatient benefit premiums for OHP clients who have family incomes under 135 percent of the FPL. Paying the premiums for these clients makes Medicare the primary payer and offsets the costs DHS incurs for capitation and fee-for-service payments.
- ***Qualified Medicare beneficiaries*** – The Qualified Medicare Beneficiary Program serves people who have family incomes under 100 percent of the FPL. The program covers Medicare deductibles, co-insurance, co-payments and Medicare premiums. This program is funded with state funds matched with Federal Funds.
- ***Specified low-income Medicare beneficiaries*** – Specified low-income Medicare beneficiaries are Medicare beneficiaries who have family incomes over 100 percent and under 135 percent of the FPL. For these clients, the state pays Medicare Part B premiums only.
- ***Medicare Part D*** – The federal Medicare Modernization Act of 2005 (MMA) created Medicare Part D, under which Medicare clients became eligible for Medicare prescription drug benefits beginning January 1, 2006. This was a change for dual-eligible clients (i.e., clients who are eligible for both Medicare and full OHP Medicaid coverage). These clients previously received their prescription drug benefits through Medicaid. The state no longer covers prescription drugs for any class of drugs covered by Medicare Part D, because federal regulations prohibit the state from claiming federal match in those circumstances. Medicaid still pays and receives federal matching funds for drugs in classes not covered by Medicare Part D such as barbiturates, benzodiazepines and over-the-counter drugs. The state continues to

pay for limited over-the-counter medications covered by Medicaid.

MMA requires states to pay the federal government 90 percent, initially, of what would have been the state's share of drug costs prior to passage of the Act for dual-eligibles enrolled in Medicare Part D (with annual inflation factors). The state's share is referred to as the "clawback." Over 10 years, this amount is scheduled to decline to 75 percent.

Limited drug coverage for certain former Medically Needy clients

Since spring 2003 the Oregon Legislature has appropriated General Fund dollars to provide limited drug coverage for certain clients whose coverage ended when the Medically Needy program was eliminated January 31, 2003. Former Medically Needy program clients who were organ transplant recipients are eligible under this program. These clients are covered for drugs necessary for the direct support of their transplants. The program currently covers 27 clients⁴.

⁴ Based on fall 2008 forecast, which includes actual counts and forecasted numbers for the 2007-2009 biennium. See Medical Assistance Programs – Biennial monthly averages table for 2009-2011 for forecast enrollment numbers.