

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

**NOTE:** The total projected expenditures assume the current Federal Waiver Agreement maximum of 3.4% PMPM growth per year. On average the state general fund increases by 5% per year, but this display assumes no growth for general funds.  
**RISKS:** Assumes current benefits covered on OHP remain constant. This analysis assumes successful management of new technology, caseload renewals, closures and redeterminations, and continuing current fraud management resources and efforts.

	2015-17 LAB
General Fund	\$ 1,129
Hospital Tax	\$ 975
Tobacco Tax	\$ 312
Tobacco Settlement (TMSA)	\$ 102
Other Funds	\$ 257
One Time Carryover	\$ 195
DSHP <sup>1</sup> (OF only)	\$ 136
Federal Funds	\$ 11,699
TBD State Funds	\$ -
TBD Federal Funds match	\$ -
<b>Total Funds</b>	<b>\$ 14,805</b>
Caseload Estimates <sup>2</sup>	
Non ACA	708,234
ACA	423,678
<b>Total Biennial Average Caseload</b>	<b>1,131,911</b>

	2017-19 CSI
	\$ 1,129 Assumes no change.
	\$ 1,024 Assumes small increases in hospital net patient revenue.
	\$ 291 Updated to May 2016 forecast.
	\$ 80 Updated to May 2016 forecast.
	\$ 262 Updated forecast.
	\$ - One time revenue not available for 2017-19.
	\$ - DSHP program ends in 2015-17.
	\$ 9,780 Assumes match rates listed below.
	\$ 882 State funds required to balance budget.
	\$ 1,460 Draw of federal funds match
	\$ 14,909
	693,797
	374,884
	<b>1,068,681</b>

**2015-17 Assumptions:** Fall 2015 caseload forecast. OHP total weighted average Federal match rate = 79%.

**2017-19 Assumptions:** Spring 2016 caseload forecast, 2017-19 PMPM's grow at a 3.4% per year, 2017-19 FMAP for Non ACA = 63.55%, 2017-19 FMAP for ACA = 94% biennial average. OHP total weighted average Federal match rate = 76%.

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

<sup>1</sup> 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.

<sup>2</sup> The caseload forecast for budget development is prepared by the Office of Forecasting and Analysis and vetted through the HSD Medicaid 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.