

DEPARTMENT OF HUMAN SERVICES
FINANCE & POLICY ANALYSIS
CLIENT CASELOAD FORECASTING TEAM

MEDICAL ASSISTANCE PROGRAMS

FALL 2005 FORECAST

(Revised January 2006)



EXECUTIVE SUMMARY

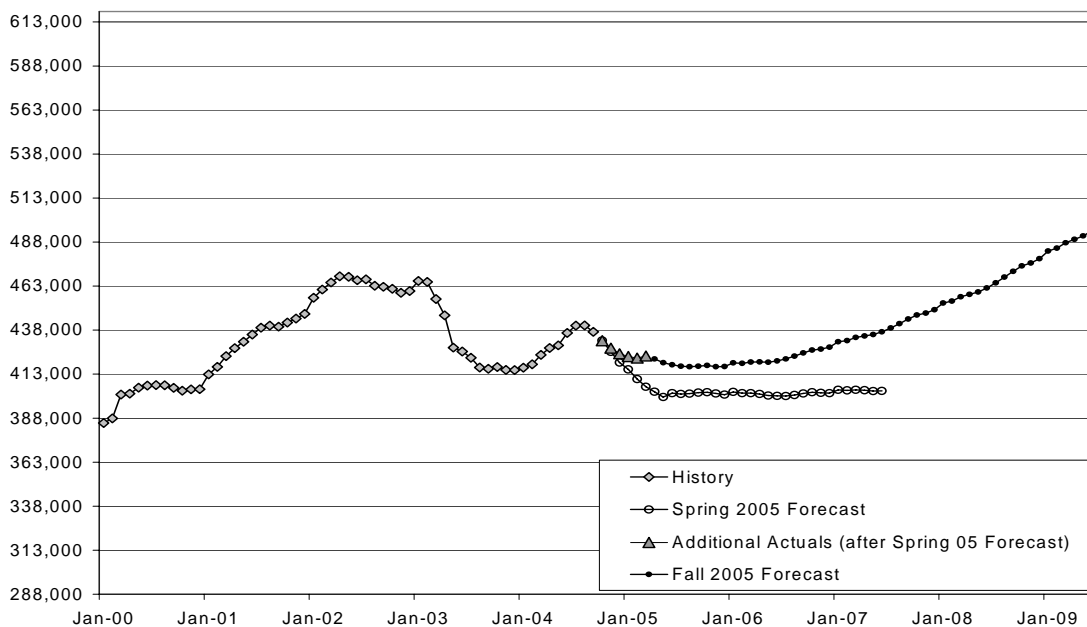
MEDICAL ASSISTANCE PROGRAMS

Overview

The Office of Medical Assistance Programs (OMAP) Fall 2005 forecast is composed of fourteen mutually exclusive groups further designated as Oregon Health Plan Plus (OHP Plus), Oregon Health Plan Standard (OHP Standard), and Other Medical Assistance Programs. OHP Plus contains eight benefit groups representing traditional Medicaid (Title XIX) and the Children's Health Insurance Program (CHIP, Title XXI). OHP Standard represents an expansion of traditional Medicaid and contains two benefit groups. The 'Other' category is made up of three programs not part of OHP Plus or OHP Standard.

The historical information, on which the current forecast is based, spans the period from January 2000 through March 2005. The prior forecast, Spring 2005, was based on six fewer months of information with the last month of data being September 2004. The following graph shows the OMAP client history, the Spring and Fall 2005 forecasts and the additional actuals after the Spring 2005 forecast was prepared.

Total OMAP History and Forecast:



Forecast

The OMAP Fall 2005 forecast predicts a period of caseload stability lasting through July of 2006. This is followed by a slowly increasing pattern of growth that gives way to a more aggressive growth pattern by July 2007. Based on the Fall 2005 forecast, the total OMAP caseload is expected to increase through the period ending in June 2009.

The Spring 2005 forecast estimated a more significant and longer period of caseload decline, before leveling out, that was actually experienced. While the leveling did occur, it was sooner than anticipated, and at a higher initial level. This represents the primary driver of the differences between the OMAP Spring 2005 forecast and the Fall 2005 forecast. The table below shows the biennial average differences between the prior and current forecast.

Biennial Average for All OMAP Programs:

	Spring 2005 Forecast	Fall 2005 Forecast	% Change
All Medical Assistance Programs	402,340	431,006	7.1%
OHP Plus	346,325	376,289	8.7%
OHP Standard	24,000	24,000	N/A
Other Medical Assistance Programs	32,015	30,717	-4.1%

Risks

The following broad categories of risk apply to the current forecast.

1. The Medicare Modernization Act (MMA) of 2003.

The Medicare Modernization Act of 2003 provides prescription drug coverage to elderly and disabled people who are enrolled in the Medicare programs. As a part of the Act, more than 264,000 Oregonians have been informed they are potentially eligible for low-income subsidies to pay for this coverage. A subset of these individuals will be eligible for other State-funded benefits, such as the Oregon Health Plan. This may bring in approximately an additional 2,500 clients early in 2006.

2. Oregon's Economic Recovery.

While Oregon's economy is in slow recovery, the rate and depth of recovery will affect the poverty - level sensitive caseloads. For example, should the economic recovery fail, or slow down even further, caseload increases will likely occur.

3. Outreach Efforts.

Various outreach efforts conducted by the State and private providers, are designed to extend benefits and services to people who are qualified but are not enrolled in OHP at the present time. As the people targeted by these efforts become aware of the programs and their eligibility for these services. The caseloads will increase.

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INTRODUCTION

The Office of Medical Assistance Programs (OMAP) within the Oregon Department of Human Services (DHS) provides medical, behavioral and dental health benefits to low-income Oregonians. Appendix III, Oregon's Medicare/Medicaid Complex shows the various programs administered by OMAP and their relationship to the Federal Poverty Level. Of the programs provided, fourteen are currently included in the forecasting of caseloads within DHS. This document represents the forecasted caseloads for these fourteen groups on a monthly basis, beginning with April of 2005 and ending with June of 2009, and is known as the Fall 2005 OMAP Forecast. The technical aspects of the forecasting process applicable to the OMAP are found in Appendix V. A peer review group, consisting of forecasting experts from other Oregon state agencies, the Oregon university system and private industry (Appendix I), and a steering committee, consisting of OMAP, Legislative Fiscal Office (LFO), DAS Budget and Management (BAM) and the Client Caseload Forecasting Team (Appendix II) reviews forecast methodology, forecasts and risks affecting the forecast.

The remainder of this document provides a detailed description of the forecasted caseloads for each of the unique programs. For the purposes of presentation and discussion, the fourteen programs are combined into three higher-level groups:

1. Oregon Health Plan 'Plus' (OHP Plus) program, including TANF-Medical, TANF- Extended, General Assistance¹, Poverty Level Medical Women, Poverty Level Medical Children, Aid to the Blind and Disabled, Old Age Assistance, Foster Care, and the Children's Health Insurance Program.
2. Oregon Health Plan 'Standard' (OHP Standard) program includes Adults and Couples, and Families. This program has undergone programmatic and administrative changes over the past several years resulting in a continually declining caseload. These recipients do not qualify for services under a traditional Medicaid program.
3. Other Medical Assistance Programs not falling into one of the two above categories, including the Qualified Medicare Beneficiary program,

¹ The General Assistance (GA) program is scheduled to terminate effective October 2005.

Citizen-Alien Waived Emergency Medical program, and Breast and Cervical Cancer program.

The historical period of information utilized in the current forecast spans January 2000 through March 2005. The July 2001-March 2005 historical data is located in Appendix IV. At the time of this forecast the most recently available, valid, and reliable data ended with March 2005.

The Spring 2005 OMAP forecast, against which the current estimates will be compared, was developed using an historical period ending with September 2004. The current Fall 2005 forecast has an additional six months of actual data.

ALL MEDICAL ASSISTANCE PROGRAMS

History

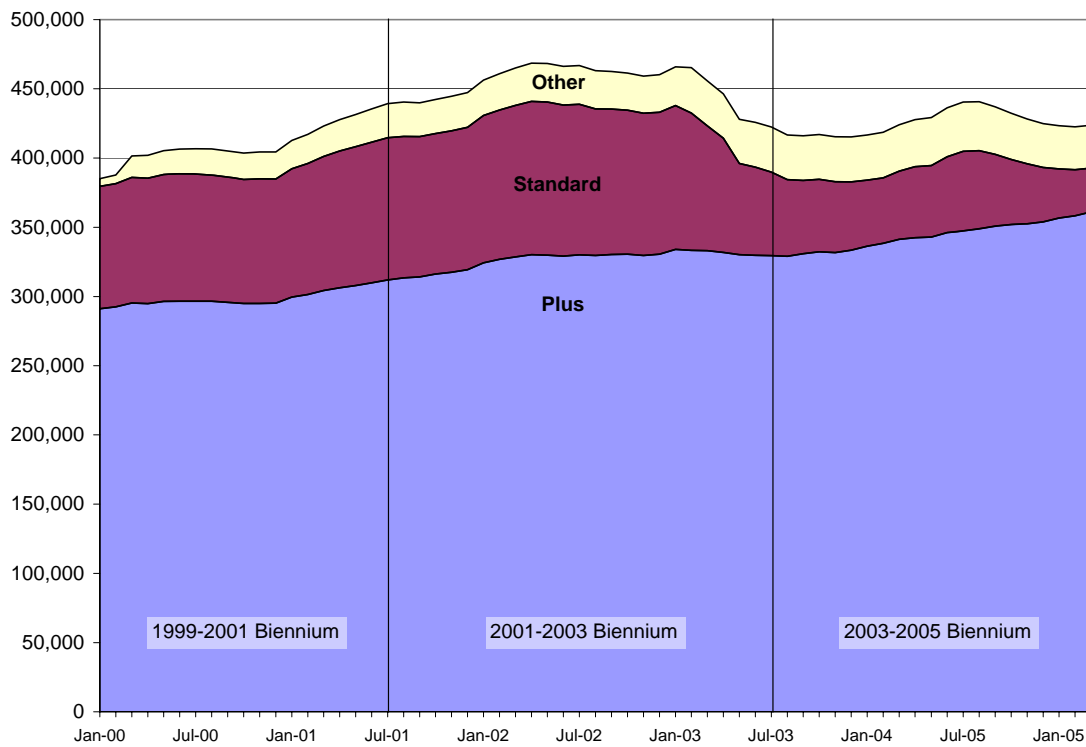
The table below demonstrates the relative relationships of the OMAP groupings as of the last month of historical data – March 2005. OHP Plus accounted for 85 percent of the total caseload. This relationship has changed from September of 2004 when these programs accounted for approximately 80 percent of the total caseloads. The dynamic driving this change is the precipitous decline of the caseloads associated with the ‘Standard’ program (Adults and Couples, Families) beginning in mid-summer of 2004 continuing through the current time.

Table 1: March 2005 Snapshot of Caseloads

	Number	Percent of Total
All Medical Assistance Programs	423,671	100%
OHP Plus	360,977	85.2%
OHP Standard	31,753	7.5%
Other Medical Assistance Programs	30,941	7.3%

The graphic below titled ‘Historical Distribution of Medical Assistance Program Caseloads, displays OMAP client caseload dynamics beginning January of 2000 and ending March of 2005. The decline in the OHP Standard population is associated with policy and management actions.

Graph 1: Historical Distribution of Medical Assistance Program Caseloads



Forecast

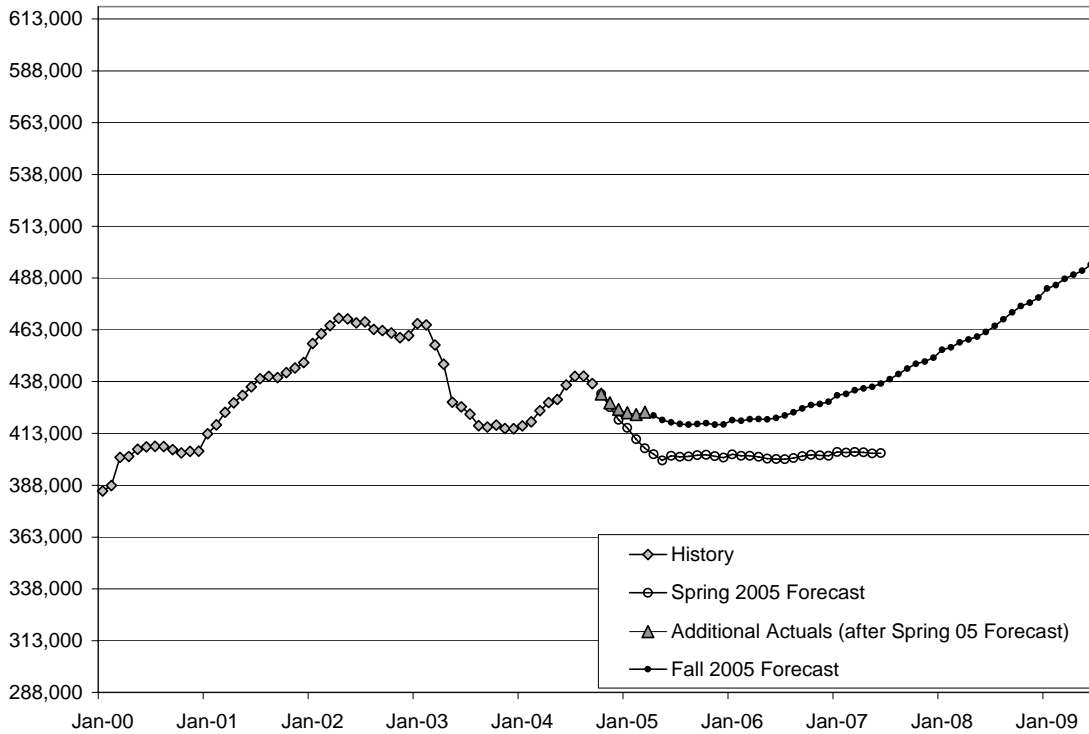
The total OMAP caseload is expected to vary little between April of 2005 and June of 2006, and will approximately, a monthly average of 420,000 clients during that period. Beginning in July of 2006, the total client caseload is expected to begin an increasing growth pattern through June of 2009. Table 3 displays the average monthly caseload of the 2003-2005 biennium in comparison to the forecast caseload of the 2005-2007 biennium. This change represents an overall decrease of less than one percent, due in large part to the continual decline in the OHP Standard population.

Table 3: Historical vs. Forecast Snapshot for All Medical Assistance Programs

	Biennium 2003-2005	Biennium 2005-2007	% Change
All Medical Assistance Programs	422,593	431,006	-2.0%
OHP Plus	345,858	376,289	8.8%
OHP Standard	46,064	24,000	-47.9%
Other Medical Assistance Programs	30,671	30,717	-0.1%

The Spring 2005 forecast, which was based on history through September of 2004 called for a continuation in the pattern of caseload decline to around 400,000 in the spring of 2005, followed by a very slight growth pattern into the future. Actual experience with the caseload since that time has resulted in the higher estimates of the current forecast. These differences between the Spring 2005 and Fall 2005 forecasts are shown in graph 2.

Graph 2: Total of All Medical Assistance Program Caseloads



The following table displays the difference in the average current caseload forecast (Fall 2005) compared to the prior caseload forecast (Spring 2005) for the total OMAP programs and each broad subgroup, OHP Plus, OHP Standard and Other Medical Assistance Programs. Based on this, the total client caseload for all OMAP programs is forecasted to increase by 7.1 percent over the Spring 2005 forecast.

Table 4: Comparison of Spring and Fall 2005 Medical Assistance Program Forecasts

	Spring 2005 Forecast	Fall 2005 Forecast	% Change
All Medical Assistance Programs	402,340	431,006	7.1%
OHP Plus	346,325	376,289	8.7%
OHP Standard	24,000	24,000	N/A
Other Medical Assistance Programs	32,015	30,707	-4.1%

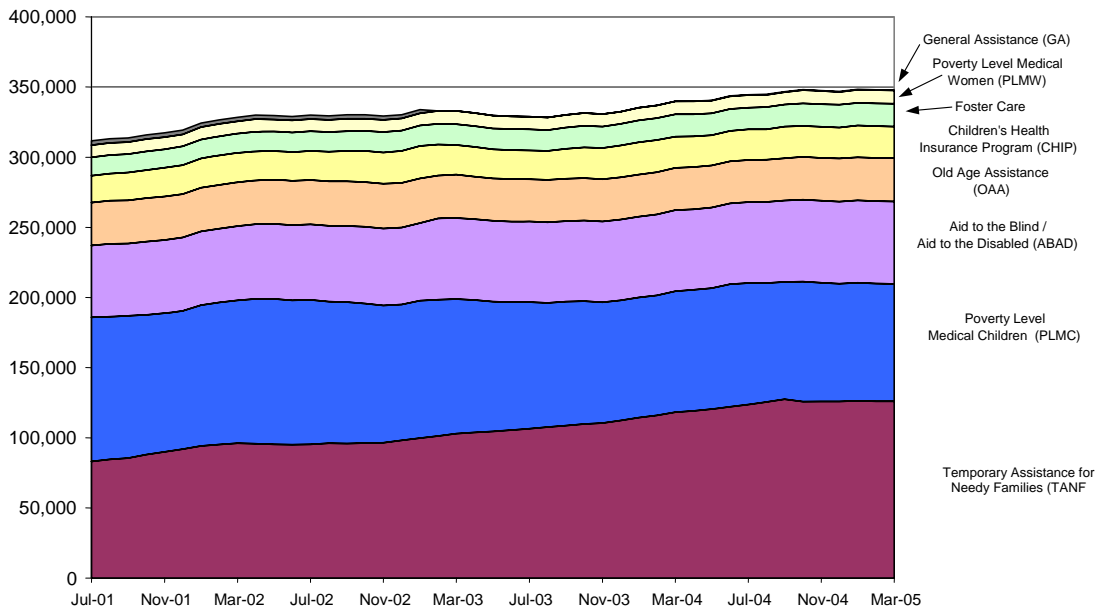
As demonstrated in the above tables and graphs, the individual caseload that contributes the most to the overall caseload growth occurs within the OHP Plus population. The following section addresses each of the program groups comprising OHP Plus.

OHP PLUS BENEFIT

History

Eight separate programs define the OHP Plus caseload. These include TANF, General Assistance, Poverty Level Medical Woman, Poverty Level Medical Children, Aid to the Blind and Disabled, Old Age Assistance, Foster Care and the Children's Health Insurance Program. Graph 3 shows from a historical perspective the fluctuations of each of these populations as components of OHP Plus.

Graph 3: Historical Perspective of OHP Plus Program Caseloads

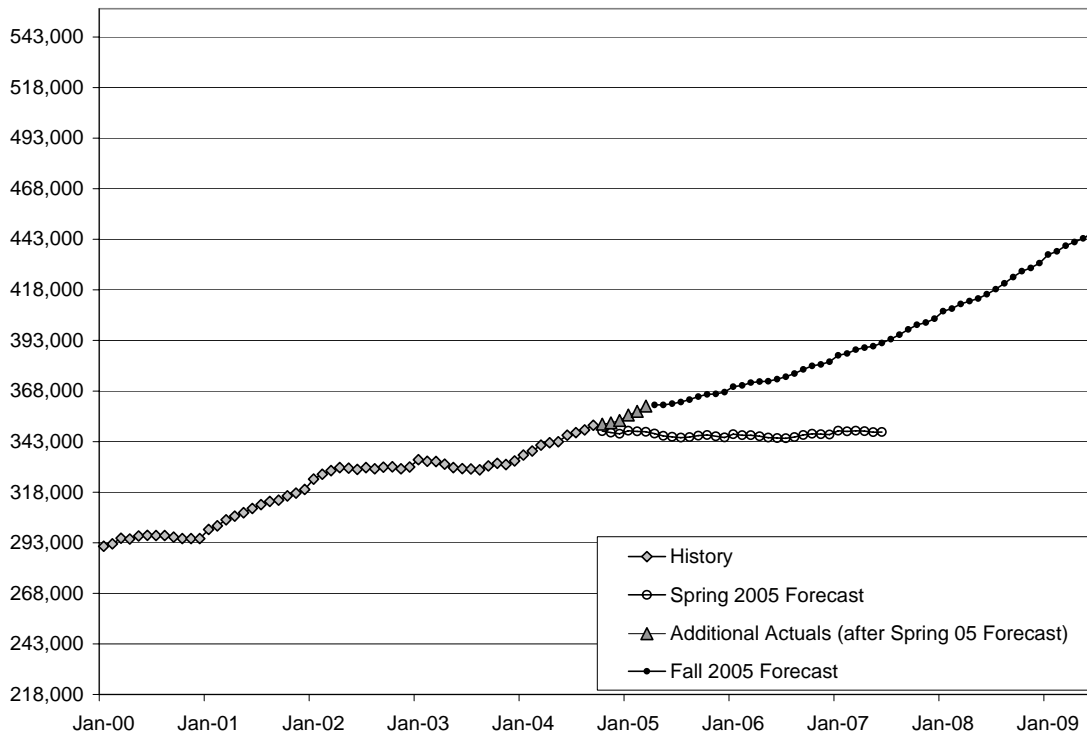


Historical data shown in Graph 4 below, demonstrates the pattern of relatively steady growth in the overall OHP Plus client population interspersed with periods of stability. The calendar year 2001 reflected such a period of stable caseloads, as did the period between April of 2002 and September of 2003.

Forecast

Utilizing historical data, the Spring 2005 forecast anticipated a return to a period of caseload stability. This period of stability never materialized due to the interrelationships occurring within OHP Plus. These dynamics within the groups comprising this caseload have contributed to the differences in the overall Spring 2005 forecast and the current forecast. Given the additional six months of actual data, the Fall 2005 forecast predicts the total caseload will increase up to an average caseload of 376,289 for the 2005-2007 biennium. This is shown in Graph 4.

Graph 4: Total of All Plus Program Caseloads



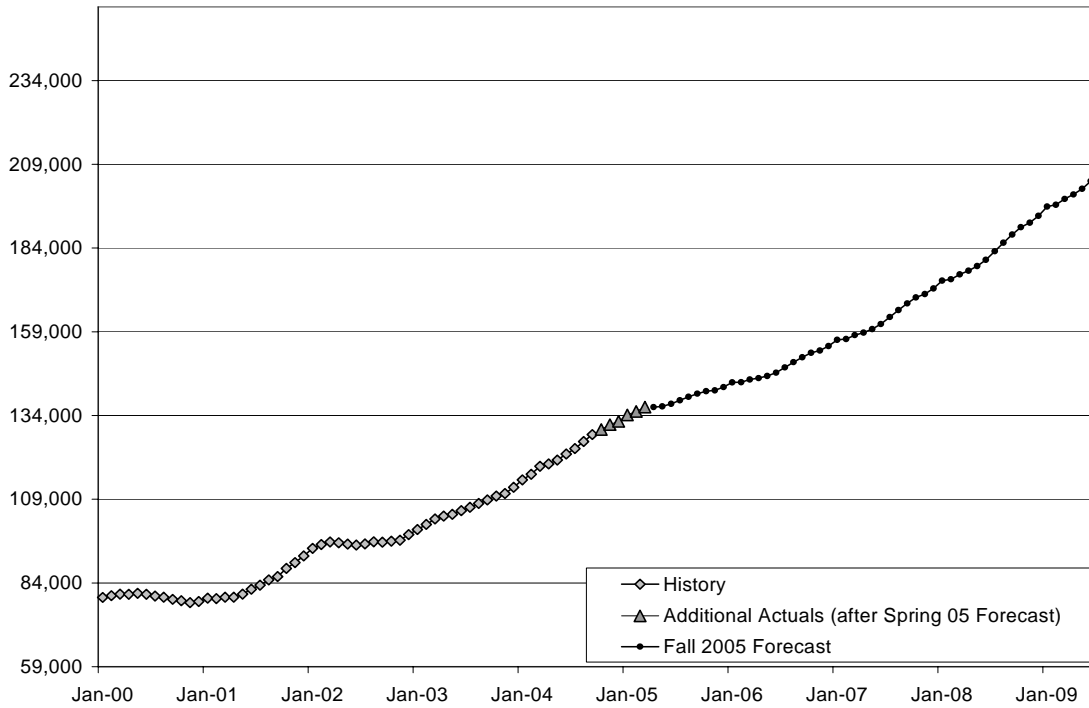
TANF-Medical and TANF-Extended

History

Temporary Assistance for Needy Families (TANF) related medical provides medical assistance, and/or cash benefits to those who qualify under the TANF program. Made up of two components, TANF-Medical and TANF-Extended, these caseloads are closely tied programmatically but individually have had differing client growth histories. Clients in the TANF-Extended caseload are medical card only recipients. They remain eligible for the twelve-month period following termination of participation in the primary TANF program. Recent analysis of the cash/no cash characteristics of the TANF related medical client population indicates that growth is primarily concentrated in the non-cash assistance population (i.e. medical card only clients).

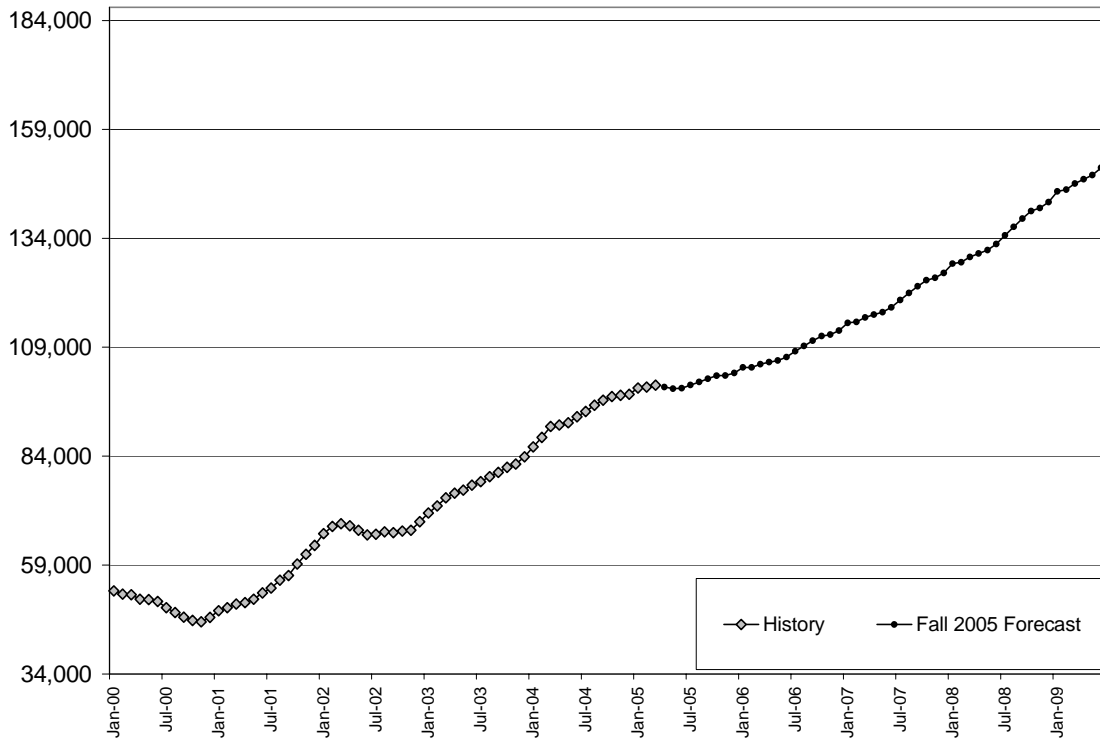
The primary TANF-Medical program has experienced continually increasing caseloads since December of 2002, although there are signs that the rate of increase has begun to decline, slightly. This is consistent with the general overall stabilization of the Oregon economy. Graph 5 shows the caseload History of the TANF-Total program.

Graph 5: TANF Total Caseload
(TANF + Extended)

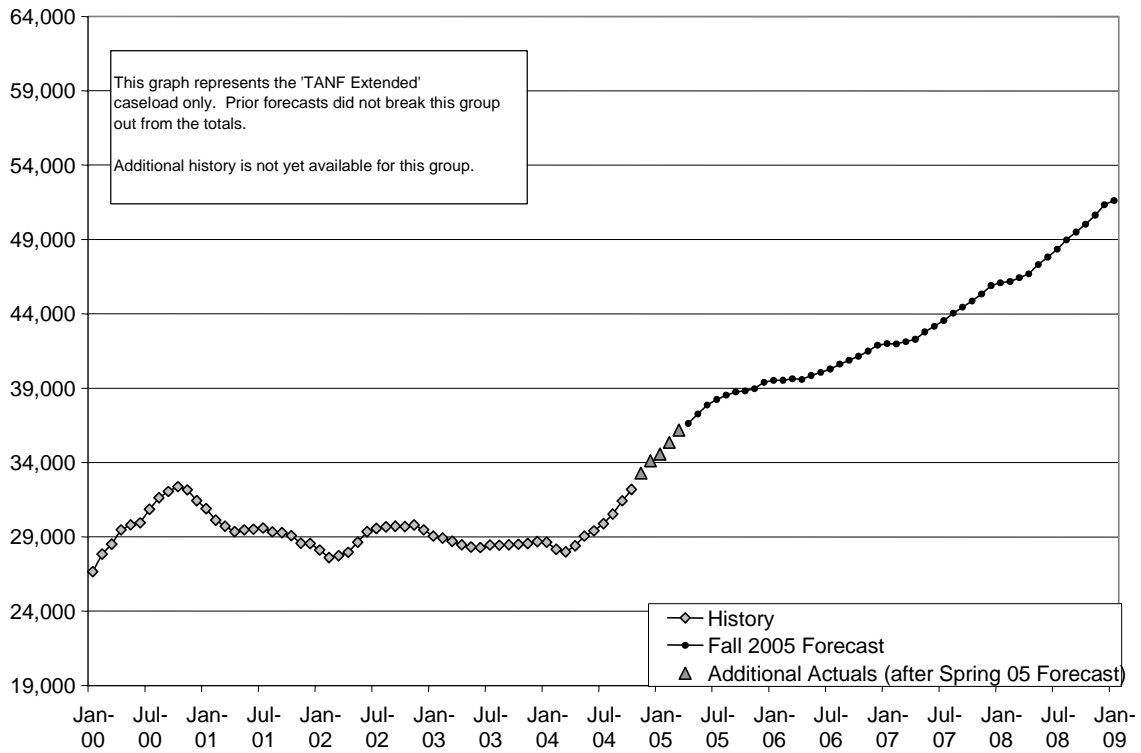


The TANF-Extended program (prior cash assistance clients with a 12 month medical card only) remained remarkably stable across time between January of 2001 and April of 2004 (Graph 6). Beginning with April of 2004 the total client population in this group began a period of increase that has continued through the last month of available historical information.

Graph 5a: TANF – Medical Caseload



Graph 6: TANF-Extended Caseload



Forecast

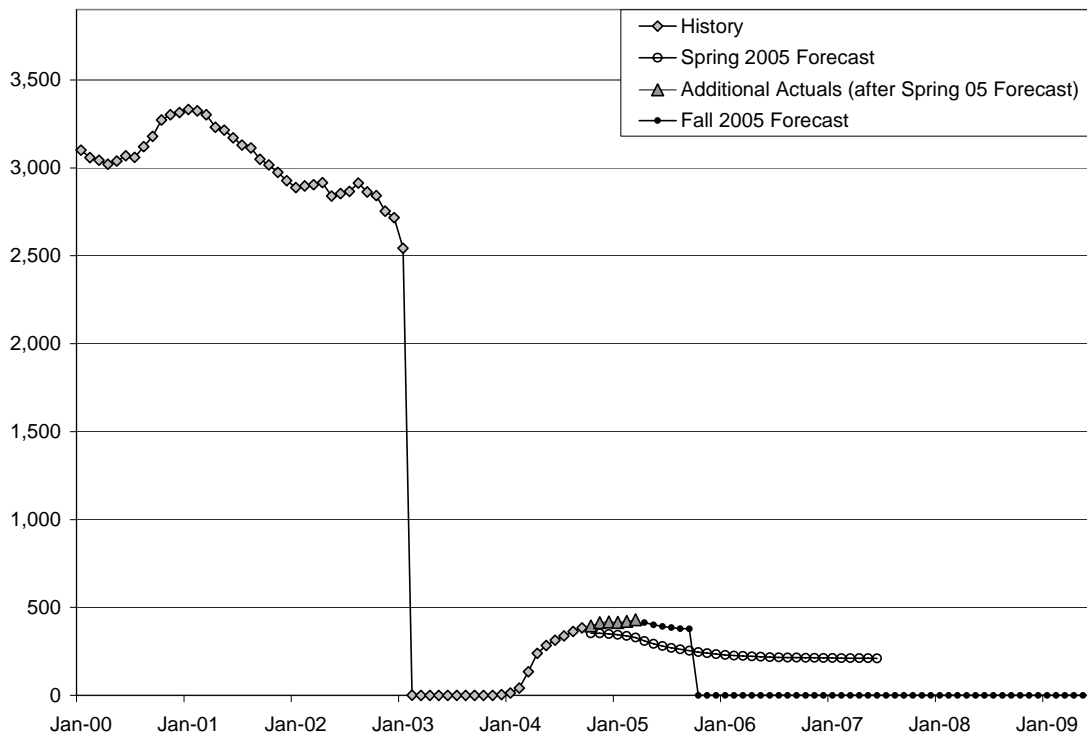
The Fall 2005 forecast for TANF-Medical and TANF-Extended predicts a continuation of caseload increases for both groups (Graph 5a & 6). While the Spring 2005 forecast expected a leveling off of TANF growth patterns, additional experience indicates that growth will continue although somewhat abated in the first 12 months. The TANF-Extended group is expected to slow in growth during these same 12 months and then resume a more aggressive pattern of caseload increases. An analysis of historical transfer patterns between these two groups shows that beginning in February of 2004 a persistent increase in transfers from TANF –Medical to TANF-Extended (an average of 49 percent of all clients leaving TANF-Medical go to TANF-Extended). At the same time, transfer patterns from TANF-Extended show a decrease in those leaving DHS altogether, and an increase in clients returning to TANF-Medical. This complex feedback loop is one of the factors feeding the increase to the TANF client populations. Another driver is the number of new clients entering into TANF. New clients specific to TANF have been increasing since July of 2003, and are expected to continue to increase, at least into the near future.

General Assistance

History and Forecast

The General Assistance program operated between January of 2000 and December of 2002 with approximately 3,000 clients. Effective in January of 2003, the program was eliminated and remained so until January of 2004 when the program was reopened. The program ultimately maintained a caseload of approximately 400 clients. Effective in October of 2005 the program will be once again eliminated. The Fall 2005 Forecast for this group calls for a zero population as of October 2005 (Graph 7). As of this date, existing clients will be transferred to other programs.

Graph 7: General Assistance Caseload



Poverty Level Medical Women and Poverty Level Medical Children

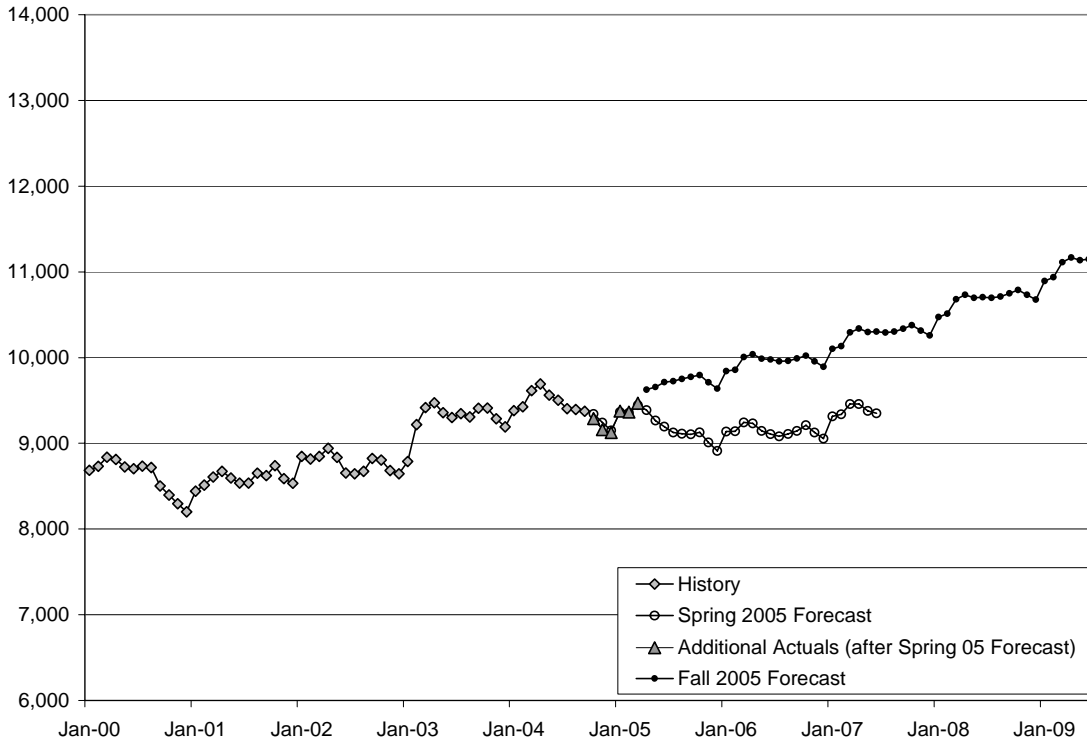
History

The Poverty Level Medical Women program group (PLMW) has displayed a consistent, though moderate, growth pattern since November of 2000. In January of 2003, this caseload experienced a one time level shift followed by a return to the previously noted growth pattern. Historical changes in transfer patterns from this group show a substantial and permanent shift beginning in January of 2003. Prior to that time, approximately 40 percent of all clients leaving this group left DHS altogether.² After January of 2003, 65 to 70 percent of clients leaving the program left DHS altogether. The difference lies in changes to the pattern of historical transfers to the OHP Standard population, specifically the Families group. At the same time that exiting patterns changed, the transfer patterns to Families also changed. Prior to January of 2003, approximately 35 percent of all clients leaving PLMW appeared in the Families program of OHP Standard. Following January of 2003, less than 10 percent of the women transferred to the Families group. The major dynamics driving this change was the reduction in benefits and other policy changes associated with the OHP Standard program. One interpretation is that those clients who historically would have ended up in the OHP Standard Families group now are leaving DHS programs altogether.

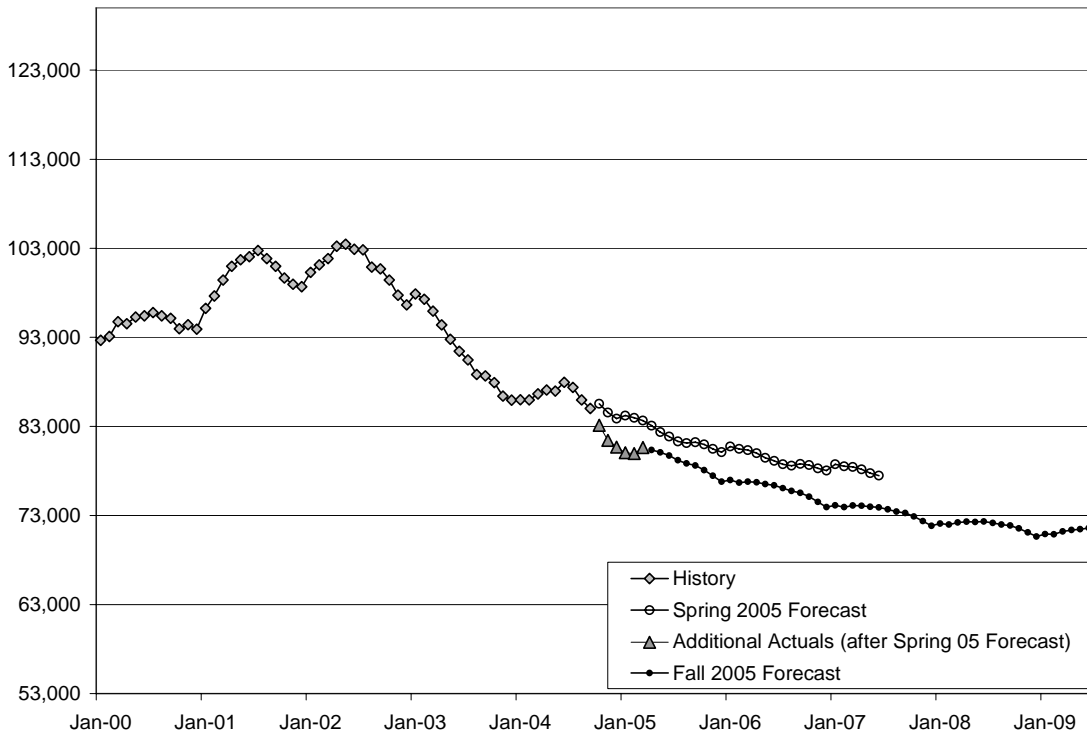
Poverty Level Medical Children (PLMC) caseloads have displayed a continued decline since May of 2002 with strong seasonality components more prevalent in the earlier months of history than in the latter months. New client admissions into this group have been declining in step with overall caseloads. At least a part of the contribution to declining caseloads may be traced to changes in transfer patterns. Measures of children leaving the PLMC program have changed since July of 2004. Since that time, the percentage of children transferring into the Children's Health Insurance Program (CHIP) program has increased from an historical average of around 12 percent to a sustained level of approximately 20 percent. Parallel with this shift is a reduction in the proportion of clients leaving DHS entirely. Historically approximately 65 percent of PLMC clients exited DHS on a consistent basis. Since July of 2004 that value has dropped to approximately 50 percent.

² Leaving DHS altogether has a specific definition within the forecasting model. Any client not appearing in any group subsequent to the last month where they did appear is considered to have left DHS entirely.

Graph 8: Poverty Level Medical Women



Graph 9: Poverty Level Medical Children



Forecast

The Poverty Level Medical Women (PLMW) program caseload is anticipated to increase across the forecast horizon (Graph 8). This program contains a substantial amount of variation and seasonality in caseload counts as well as in patterns of new client entry. The Spring 2005 forecast anticipated a pattern of future client caseloads that mimicked the relative stable pattern seen from March 2003 through September of 2004 thus resulting in caseload estimates lower than those predicted the Fall 2005 forecast.

The Fall 2005 forecast anticipates that both the variability and trend in new admission patterns will continue into the foreseeable future for this group. This anticipates a pattern of continued growth that reflects historical patterns back to the year 2001 and predicts a total caseload difference of approximately +1000 cases when compared to the estimates of the Spring 2005 forecast.

Caseloads associated with Poverty Level Medical Children (PLMC) are forecasted to continue a pattern of decline that essentially began in or around July of 2002 (Graph 9). The Spring 2005 forecast also estimated a decline, but at a higher level than the Fall 2005 forecast. Seasonality remains strong within this group. The Fall 2005 forecast estimate for this group is 76,012 in June of 2007. This estimate is 3,400 clients fewer than the 79,402 estimate in the Spring 2005 Forecast. The table below compares the PLM-Children and PLM-Women forecasts for the 2003-2004 and 2005-2007 biennia.

Table 5: Comparison of Spring and Fall 2005 Poverty Level Medical Women and Children Forecasts

	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Poverty Level Medical Women	9,185	9,973	8.6%
Poverty Level Medical Children	79,402	76,012	-4.3%

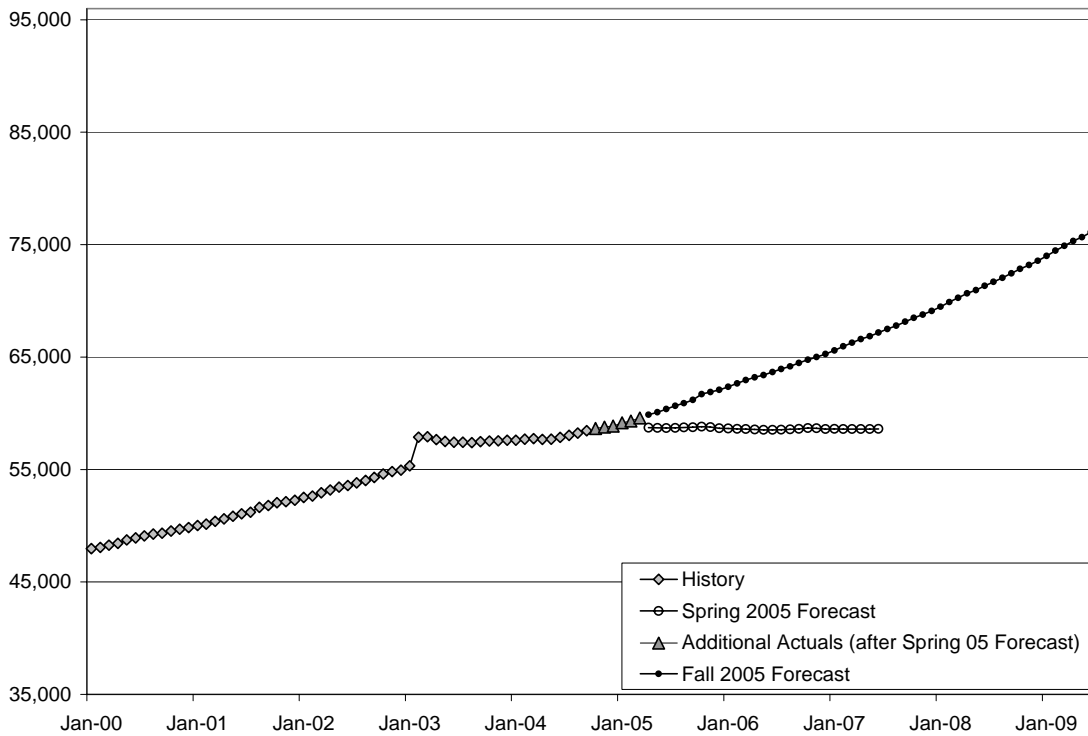
Aid to the Blind and Disabled

History

The Aid to the Blind and Disabled (ABAD) program exhibited consistent caseload growth between January of 2000 and January of 2003. In February of 2003, the total caseload increased by approximately 2,500 clients as a result of the simultaneous closure of the General Assistance program. At the time of the closure, GA clients were distributed to other programs where appropriate. Virtually all clients that were

transferred out of the GA program were transferred to the Aid to the Blind and Disabled program group. Following the one time transfer of the GA clients, the caseload for this group stopped increasing and remained relatively stable for approximately 18 months. Only since August of 2004 has the Aid to the Blind and Disabled caseload given any indication of a potential return to the type of growth pattern seen early in the caseload history (Graph 10).

Graph 10: Aid to the Blind and Disabled



Forecast

The Fall 2005, Aid to the Blind and Disabled caseload forecast calls for a return to patterns of growth seen in the earlier history (Graph 10). The Spring 2005 forecast estimated a pattern of caseload change that looked more like the stable period beginning in January of 2003. An analysis of the historical transfer patterns from this group reveals a ‘shock’ to the caseload resulting from the closure of GA. These exits were sufficient to offset the number of new clients entering the program, thus contributing to a stable caseload. There is some evidence that these mitigating effects have worked their way through the system. This new evidence is supportive of a growth forecast. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the table below.

Table 6: Comparison of Spring and Fall 2005 Aid to the Blind and Disabled Forecasts

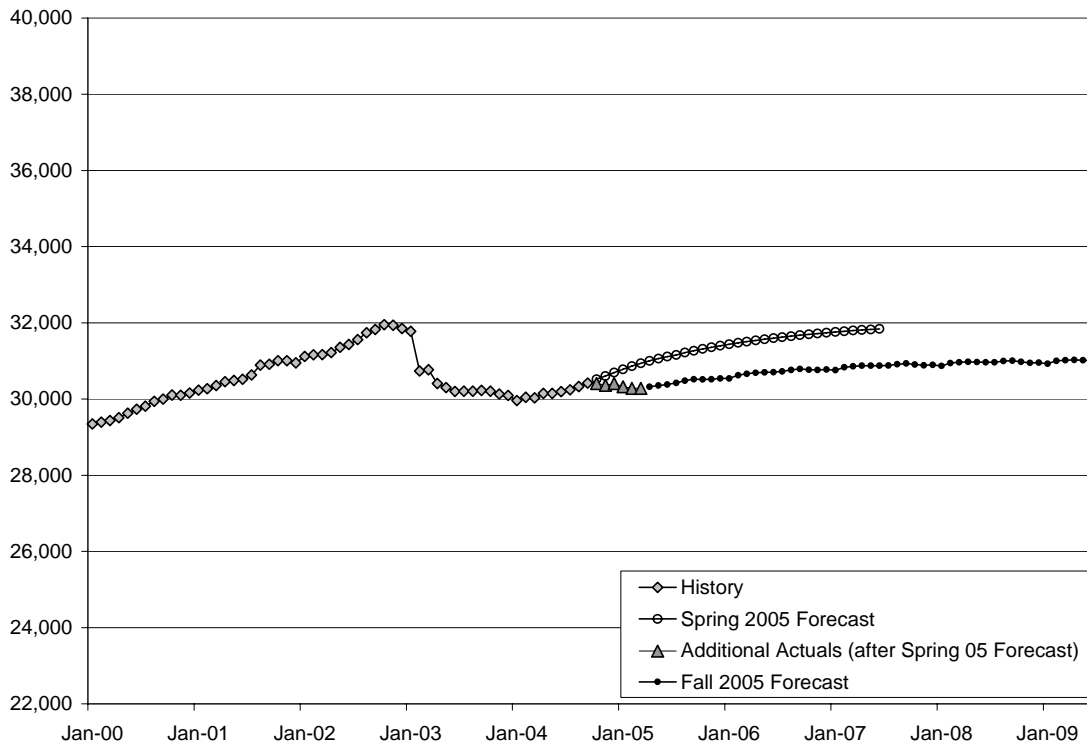
	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Aid to the Blind and Disabled	58,639	63,871	8.9%

Old Age Assistance

History

The Old Age Assistance (OAA) program underwent a significant shift in caseload patterns following January of 2003. Until that time, the total caseload exhibited a fairly consistent pattern of increase. Policy changes and coverage reductions effective in January of 2003 resulted in a dramatic drop in the total OAA caseload. The patterns of growth seen in the early history did not return after January of 2003. The caseload for this group has remained relatively stable for more than two years.

Graph 11: Old Age Assistance



Forecast

The Fall 2005 forecast predicts a continuation of the pattern seen across the most recent two-year period with a minimal growth pattern (Graph 11). The Spring 2005 forecast anticipated a similar pattern but at a higher level. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the table 7.

Table 7: Comparison of Spring and Fall 2005 Old Age Assistance Forecasts

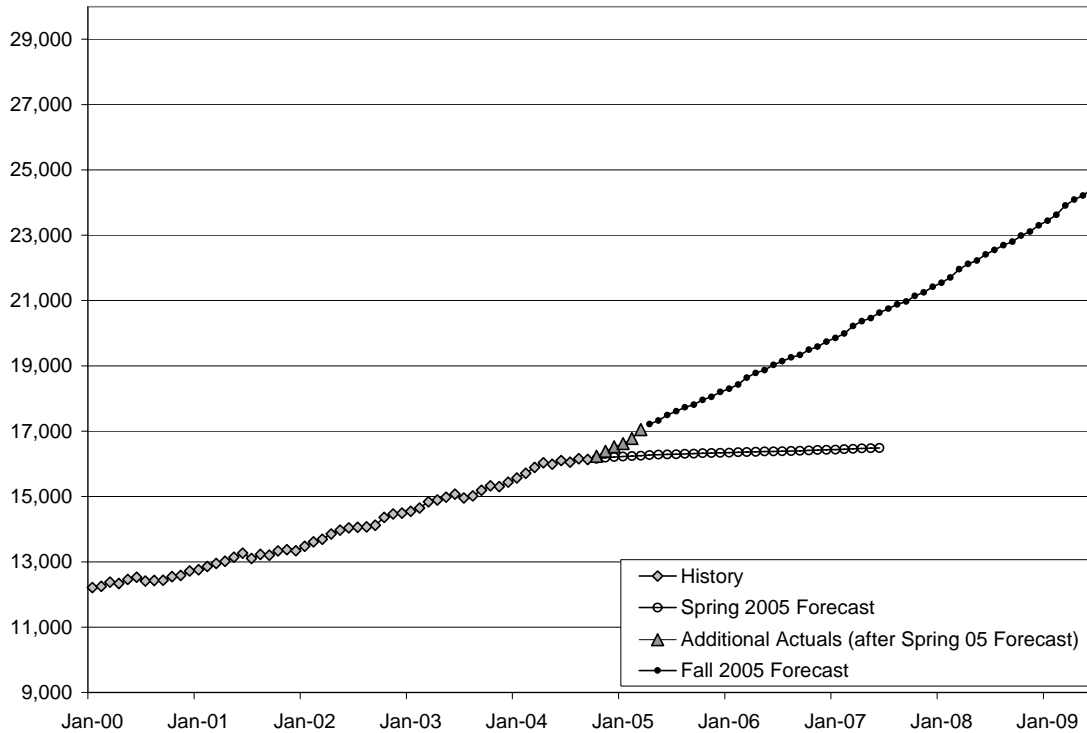
	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Old Age Assistance	31,574	30,691	-2.8%

Foster Care

History

The Foster Care caseload has exhibited a consistent growth pattern interspersed with periods of slowdown since January of 2000. The most recent period of slow growth occurred between April and September of 2004. This client population is closely associated with, and is a subset of, the Foster Care client population within the DHS Children, Adults and Families cluster (CAF).

Graph 12: Foster Care



Forecast

The Fall 2005 forecast for the Foster Care client group continues a more aggressive growth exhibited through previous history (Graph 12). The Spring 2005 forecast anticipated a continuation of the relatively flat to slightly increasing caseload pattern represented by the most recent history available to that forecast. Additional experience indicates the flattening period was ending and a new period of growth was just beginning. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the table below.

Table 8: Comparison of Spring and Fall 2005 Child Protective Services Forecasts

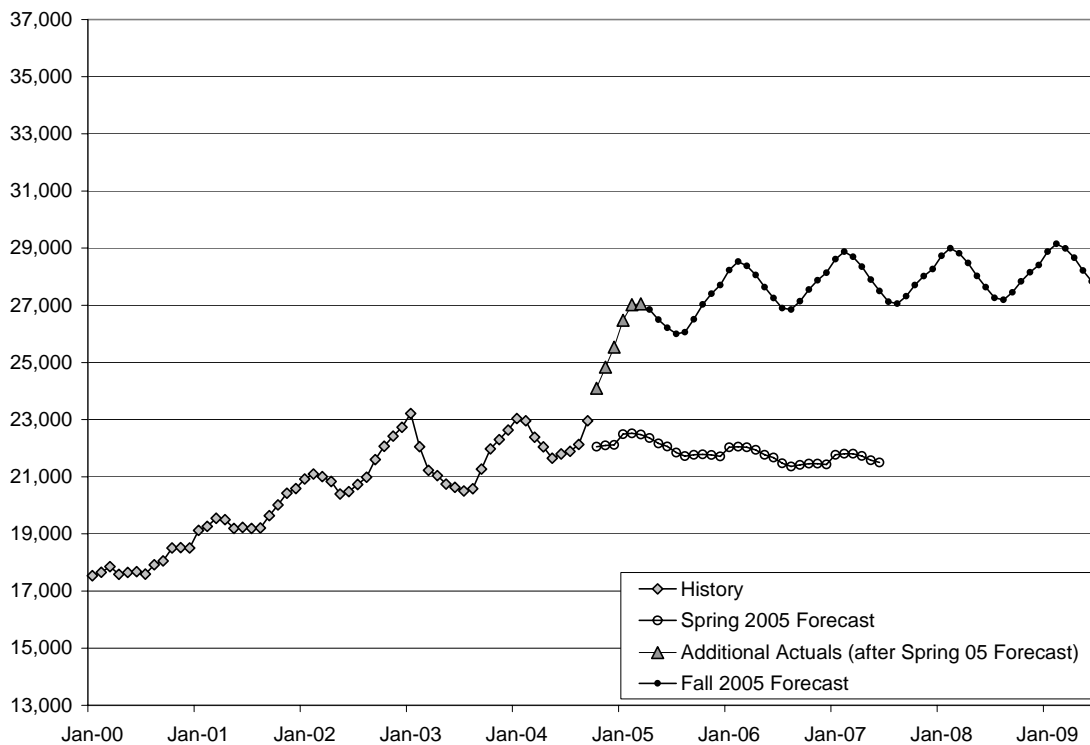
	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Child Protective Services	16,390	19,065	16.3%

Children's Health Insurance Program

History

The Children's Health Insurance Program (CHIP) program caseload has exhibited a substantial amount of variability and volatility since January of 2000. From January 2000 until approximately January of 2003, the caseload demonstrated highly seasonal patterns of growth and decline leading to an overall aggressive growth pattern. From January of 2003 through July of 2004, the caseload continued to exhibit strong seasonal effects and variability but without a significant overall growth pattern. The caseload growth experienced beginning in August of 2004 and continuing until February of 2005 is characteristic of the seasonal caseload build-up seen across CHIP history. While some caseload growth would have been anticipated during this period, both the duration and magnitude of actual caseload change is greater than history would have indicated. This period of caseload growth coincides with DHS training efforts as well as significant cross-agency, and outside agency outreach programs conducted during the school year startup. The degree of impact for these combined efforts was not anticipated in the Spring 2005 forecast.

Graph 13: Children's Health Insurance Program



Forecast

The Fall 2005 forecast for this group calls for a gradually increasing caseload with the seasonality that has historically been evident (Graph 13). The Spring 2005 forecast did not have the most recent period of unusual growth available to it. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the table 9.

Table 9: Comparison of Spring and Fall 2005 CHIP Forecasts

	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Children's Health Insurance Program	21,702	27,633	27.3%

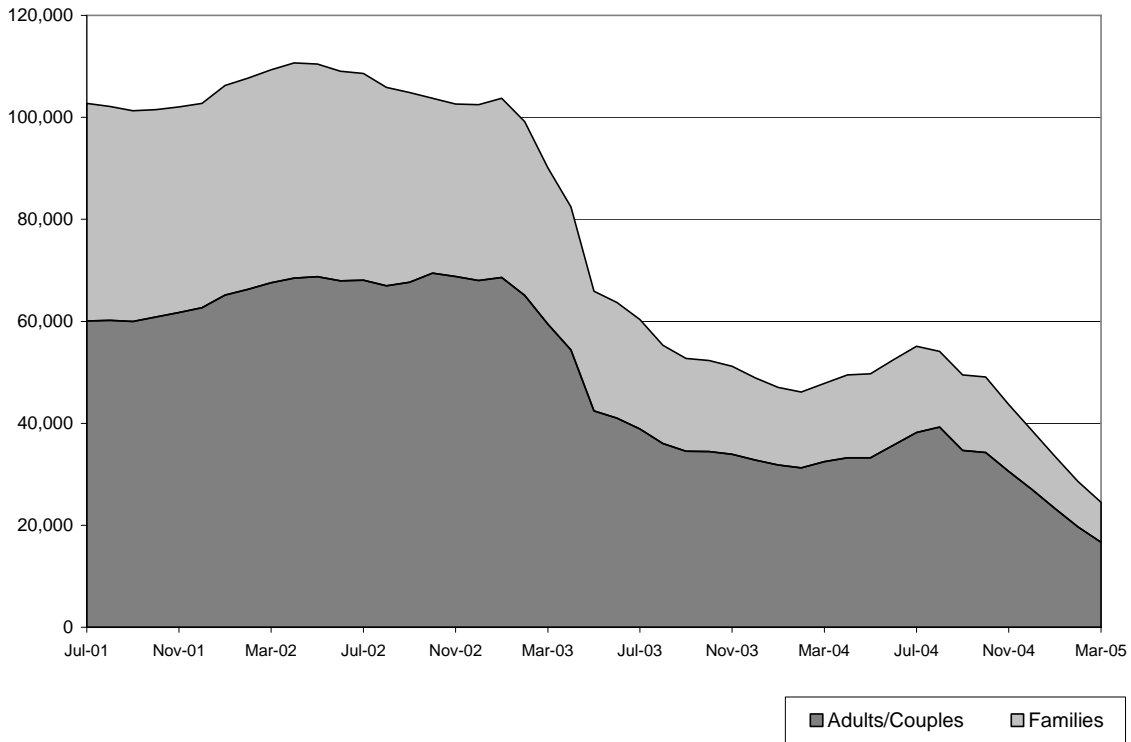
OHP STANDARD BENEFIT

History

OHP Standard program consists of two benefit groups – ‘Families’ and ‘Adults and Couples’. The clients in these two groups are not eligible for traditional Medicaid programs and represent an expansion to the Oregon Health Plan. As such, this program is subject to policy and management actions designed to increase or decrease caseloads in order to achieve policy objectives or react to budgetary constraints. Prior to January of 2003, the total across these two groups experienced continued significant increases over time with periods of slower growth or caseload reduction.

Beginning with the year 2003, these client groups were subject to a variety of benefit cuts and restorations. As of July of 2004, this program was closed to new clients, however, clients already participating in other DHS programs are allowed to transfer in as necessary. In January of 2003, the combined population for these two groups was 103,893. In February of 2004, after 13 months of rapidly decreasing caseloads associated with benefit reductions, the combined population stood at 47,446, a caseload reduction of 54 percent. Beginning in August of 2004, following a 6-month period of rapid increase, the closure to new clients initiated a caseload decline that continued through the end of available history. As of the last month of information (March 2005), the combined populations stood at 31,753. The historical distribution between the Adults and Couples and Families populations within the overall OHP-Standard population is shown in graph 14.

Graph 14: Population Distribution Within OHP-Standard



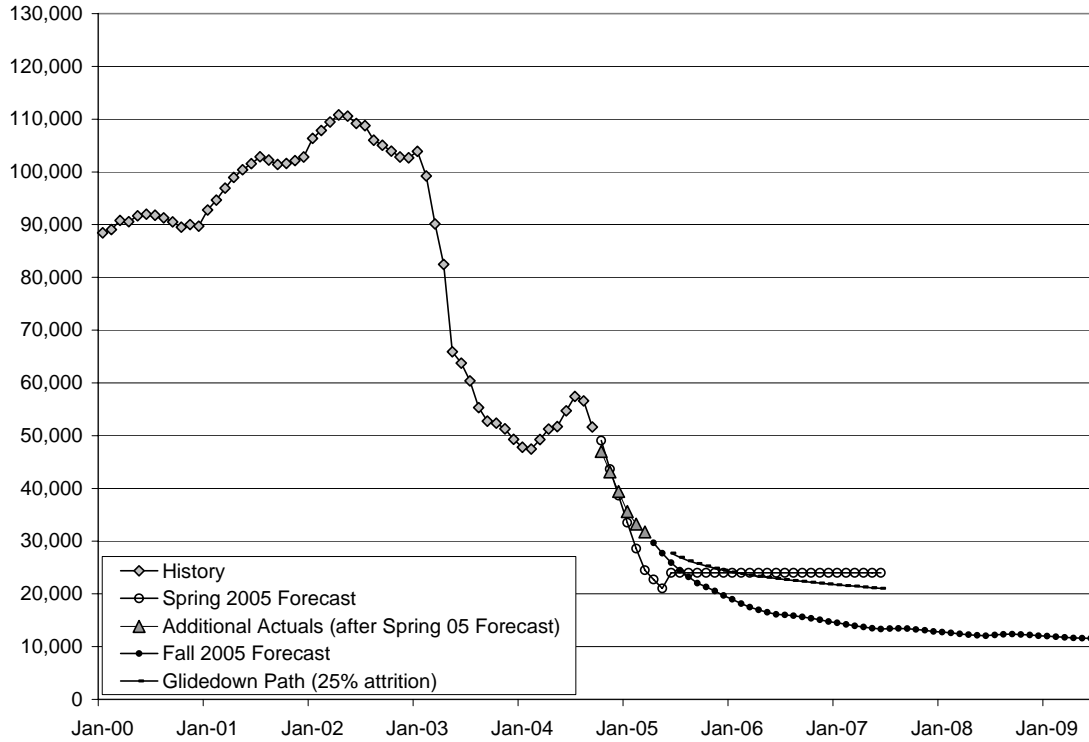
In the spring of 2005, a study was undertaken to determine when the OHP Standard population would arrive at a budgetarily sustainable level of 24,000 clients. This study, known as “glidedown”, evaluated various attrition rates against the Spring 2005 forecast. After careful evaluation, the glidedown that gave the best approximation of when 24,000 clients would be reached was the 25% model. This has been used for future modeling of the standard population, and is shown as an addition to Graph 15.

Forecast

The Fall 2005 forecast for the combined OHP Standard group displays the expected caseload if the attrition patterns were allowed to continue into the future, unaffected by intervening management action or policy change. In reality, these combined populations will be managed to a level determined by budget constraints. The Spring 2005 forecast shows clearly the expectations for these combined groups. The only change from the Spring 2005 to Fall 2005 forecast is a three to four month future shift in attaining the targeted caseload. As of this writing, a budgetarily sustainable target caseload of approximately 24,000 is expected to be attained in late fall of 2005 or early in 2006, however, the attrition associated with these groups shows strong signs of slowing down. Graph 15 exhibits the Spring and Fall 2005 forecasts and the expected

population glidedown trend. This glidedown trend is based on the chosen attrition rate of 25 percent.

Graph 15: Total OHP Standard

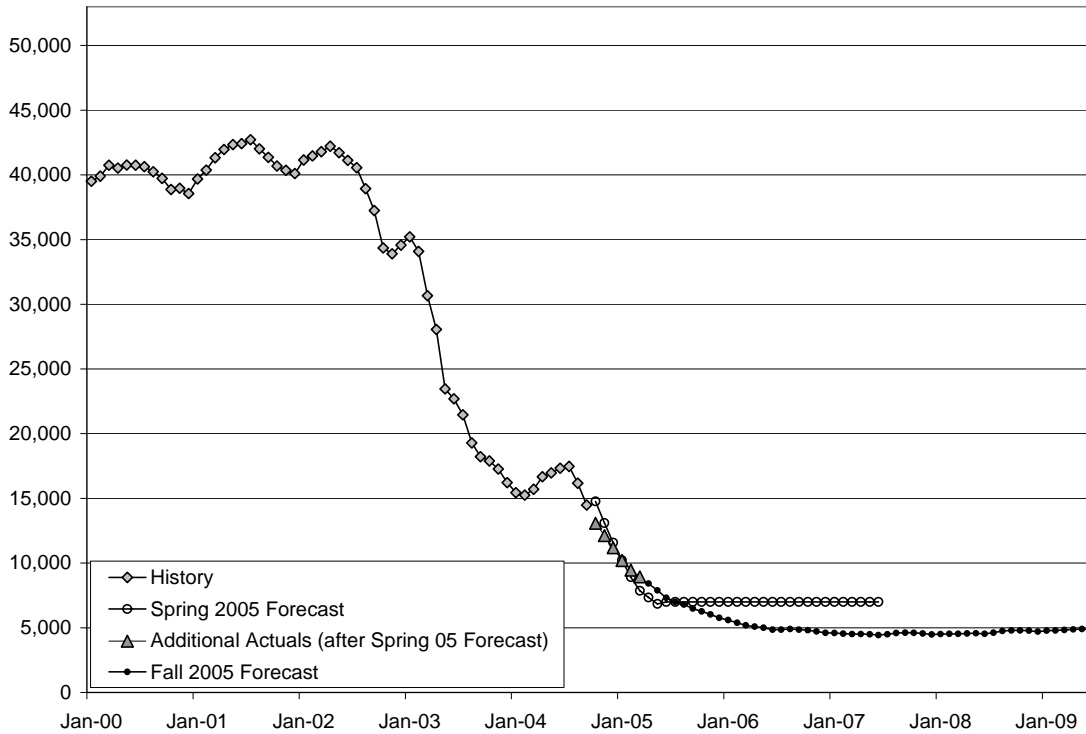


Families

History and Forecast

The Families group is part of the OHP Standard program. Historically, the patterns of caseload change for this group mimic those seen in the combined display above. This group has fluctuated for policy and management reasons noted above (Graph 14). In January of 2003, the population of this group stood at 35,212. At the bottom of the caseload slide in February of 2004 the caseload stood at 15,260. By March of 2005, the last month of historical information, the caseload for this group was at 8,943. It is estimated that the budgetarily sustainable caseload level for this group will be approximately 7,000. This caseload level is expected in late fall of 2005 (Graph 16).

Graph 16: OHP Standard Families

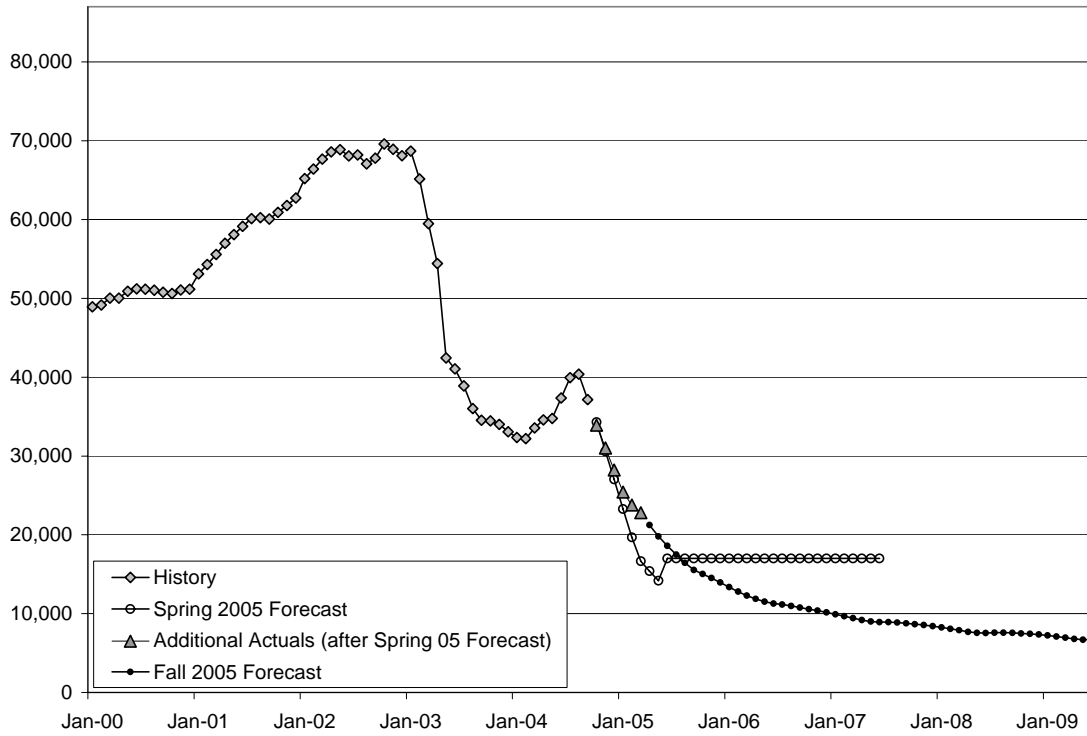


Adults and Couples

History and Forecast

The Adults and Couples group is part of the OHP Standard program. Historically, the patterns of caseload change for this group mimic those in both the combined display and those seen in the Families group. This group, like the Families group, has fluctuated for policy and management reasons discussed previously. In January of 2003, the population of this group stood at 68,681. At the bottom of the caseload slide in February of 2004 the caseload stood at 32,186. By March of 2005, the last month of historical information, the caseload for this group had declined to 22,810. It is estimated that the budgetarily sustainable caseload within this group will approximate 17,000. This caseload level is expected in late fall of 2005. The Fall 2005 forecast displays what would be expected if current caseload patterns persisted into the future. The Spring 2005 forecast displays the expected level of caseload sustainability (Graph 17).

Graph 17: OHP Standard Adults and Couples



OTHER MEDICAL ASSISTANCE PROGRAMS

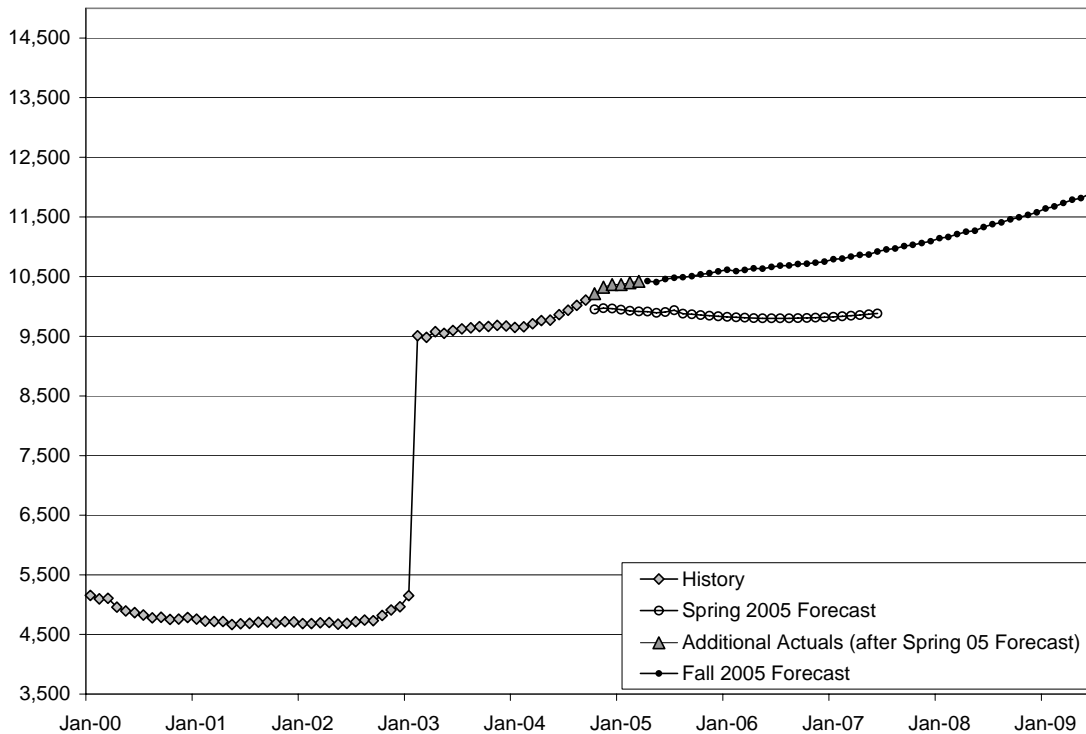
Three specific program groups do not fall into OHP Plus or OHP Standard. These groups include the Qualified Medicare Beneficiary program, Citizen-Alien Waived Emergency Medical program, and the Breast and Cervical Cancer program. History and forecasts for each of these groupings are discussed below.

Qualified Medicare Beneficiary

History

The Qualified Medicare Beneficiary caseload has undergone a significant shift across the history available to the forecast. The immediate and one time³ shift of clients from the Old Age Assistance group in February of 2003 nearly doubled the caseload. Since that time the caseload has grown slowly, followed by a steeper growth period, and a return to slow growth.

Graph 18: Qualified Medicare Beneficiary



³ The huge influx of clients actually took place over a 2-3 month period. The substantial majority of the impact, however, took place almost immediately.

Forecast

The Fall 2005 forecast for this group projects a continued growth pattern modeled on the pattern in the most recent six months of history (Graph 18). The Spring 2005 forecast projected a flattening of the growth beginning with the first month of the forecast. That flattening did occur, but not until the growth pattern persisted for several more months. Those accumulated cases result in a Fall 2005 forecast of caseloads higher than that from the Spring 2005 forecast. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the table below.

Table 10: Comparison of Spring and Fall 2005 Qualified Medicare Beneficiaries Forecasts

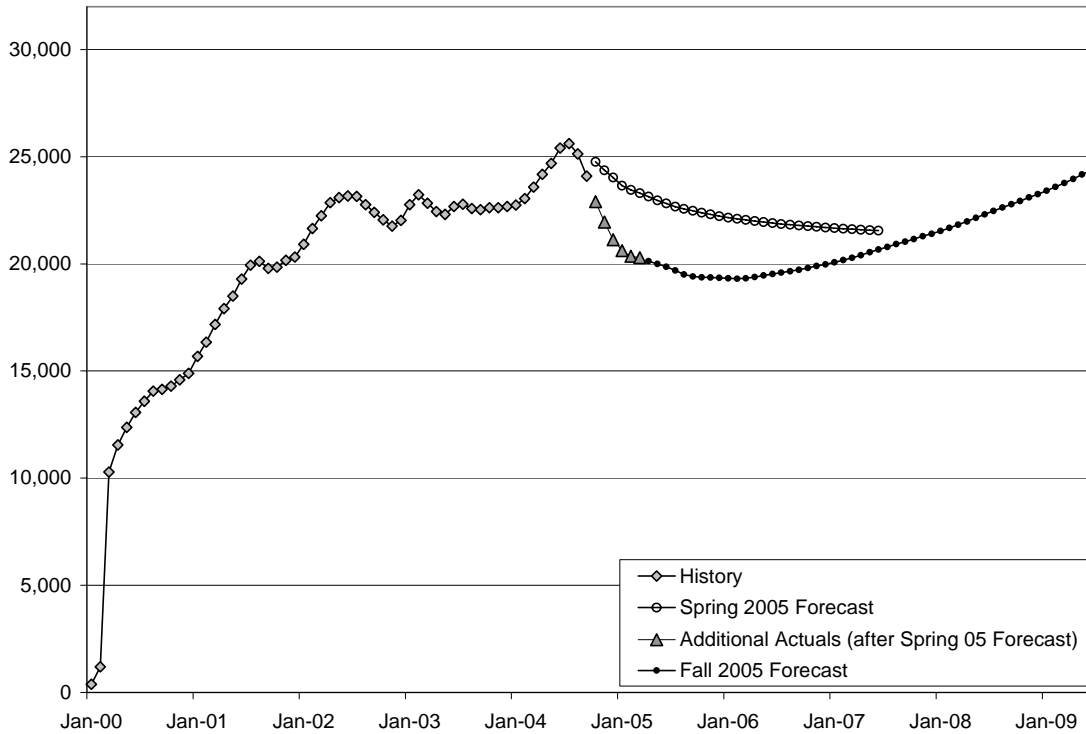
	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Qualified Medicare Beneficiaries	9,835	10,678	8.6%

Citizen-Alien Waived Emergency Medical

History

The Citizen-Alien Waived Emergency Medical program began around January of 2000. The caseload did not attain a sustained level until June of 2002. From that point until January of 2004 the caseload exhibited stability at somewhere around 22,500 clients with some monthly variability. Beginning in February of 2004, the client population grew from 22,745 to 25,614 in six months. An analysis of historical patterns of new clients entering this group shows a substantially elevated period that coincided with this aggressive growth pattern. The recent sharp decline in the caseload began in July/August of 2004. This coincides with the program changes to the OHP Standard groups that resulted in similar patterns of decline. This client population is sensitive to changes in OHP Standard.

Graph 19: Citizen-Alien Waivered Emergency Medical



Forecast

The Fall 2005 forecast for this group anticipates a continued slow decline until early spring of 2006 when the caseload is expected to begin a slow growth pattern into the future (Graph 19). The Spring 2005 forecast for this group expected a much less steep population decline than experienced since that time. The precipitous decline in this population since July of 2004 drives the lower caseload estimates in the current forecast. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the table below.

Table 11: Comparison of Spring and Fall 2005 Citizen-Alien Waivered Emergent Medical Forecasts

	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Citizen-Alien Waivered Emergency Medical	21,962	19,742	-10.1%

Breast and Cervical Cancer Program

History and Forecast

The Breast and Cervical Cancer Program began in January of 2002. Since that time, the caseload has grown to a high of 233 cases. The Fall 2005 forecast is for this group to continue to increase at rates similar to those seen since its inception (Graph 20). The Spring 2005 forecast was sensitive to a six-month historical period of flattening which did not continue. The differences between the Spring 2005 and Fall 2005 forecasts for this group are displayed in the graph and table below.

Graph 20: Breast and Cervical Cancer

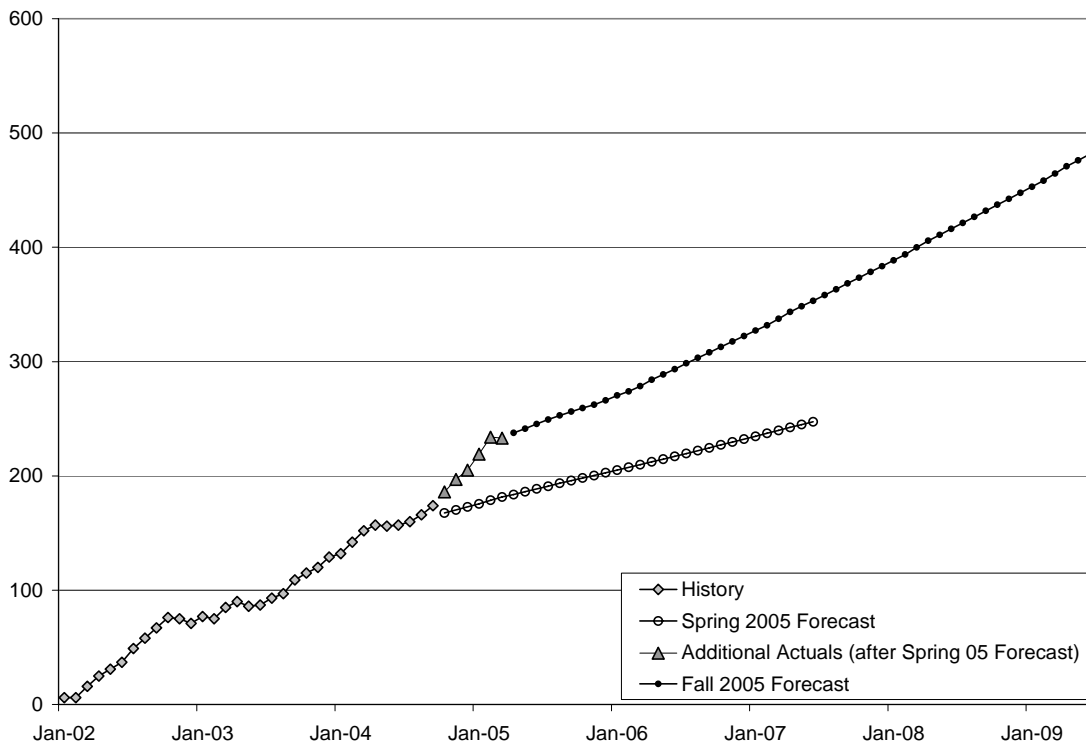


Table 12: Comparison of Spring and Fall 2005 Breast and Cervical Cancer Forecasts

	Spring 2005 Forecast	Fall 2005 Forecast	% Change
Breast and Cervical Cancer	219	297	35.6%

APPENDIX I

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APPENDIX II

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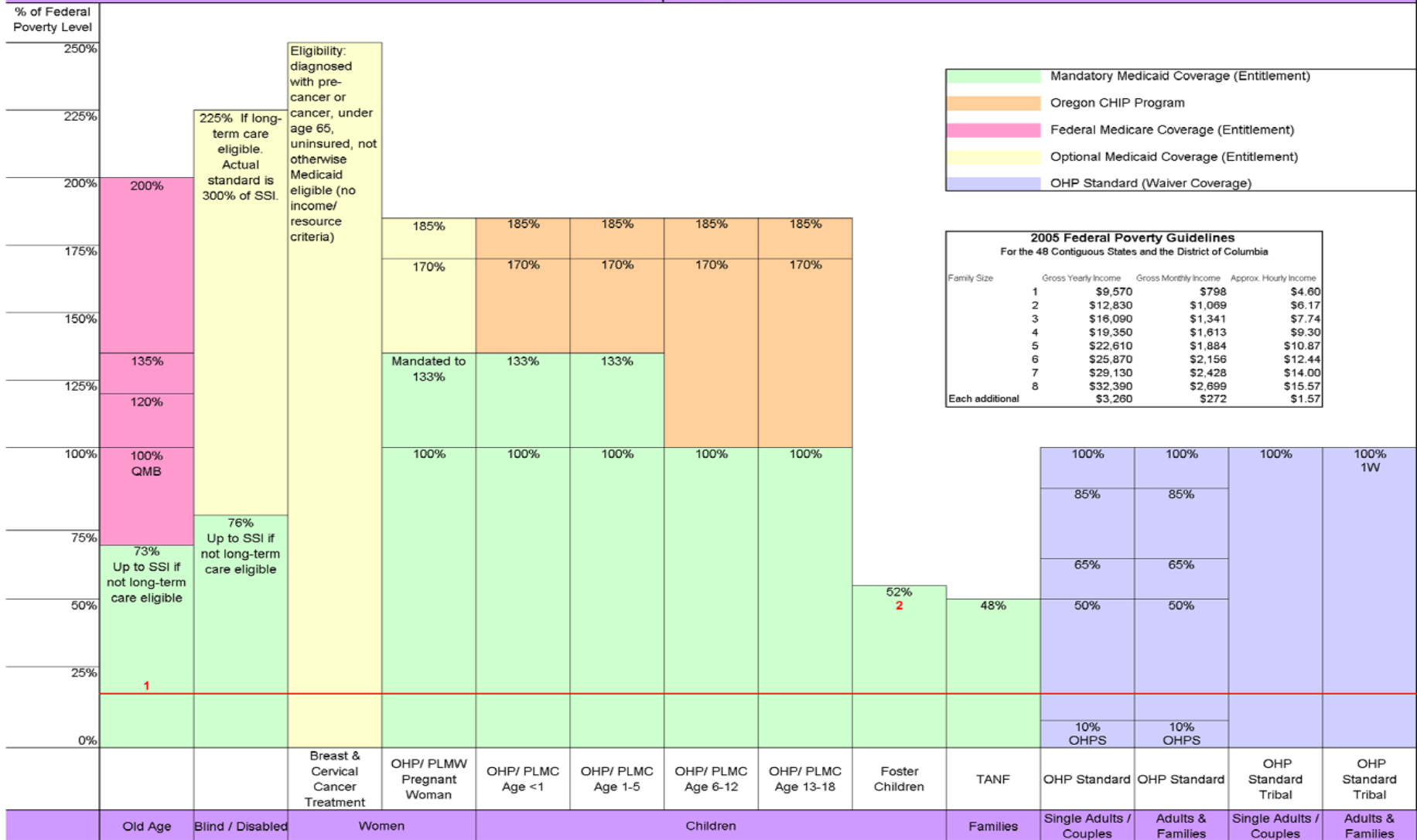
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APPENDIX III

OREGON MEDICAID/MEDICARE COMPLEX

This chart shows the various Medicaid and S-CHIP Program eligibility groups by their Federal Poverty Level limit and whether they are federally mandated, optional, or require a waiver from the federal government to cover them under the State Medicaid program.

Oregon's Medicare/Medicaid Health Complex
Report Date: 10/24/05



¹ If the person meets all the financial and nonfinancial eligibility requirements for another medical assistance program, except the citizen/alien status and social security number requirements they are eligible for Citizen-Alien Waved Emergency Medical (CAWEM)
² Income limit is not based on the Federal Poverty Level. It is set by the State.

APPENDIX IV

OMAP HISTORICAL DATA

Month	OHP Total	OHP Plus	TANF	TANF EXTENDED	TOTAL TANF (incl. Extended)	PLM-Children	AB/AD
Jul-01	439,362	311,894	53,740	29,585	83,325	102,759	51,214
Aug-01	440,519	313,455	55,551	29,335	84,886	101,837	51,640
Sep-01	439,990	314,084	56,591	29,280	85,871	100,984	51,797
Oct-01	442,300	316,159	59,265	29,077	88,342	99,653	52,048
Nov-01	444,559	317,538	61,492	28,576	90,068	98,956	52,146
Dec-01	447,239	319,372	63,519	28,546	92,065	98,697	52,268
Jan-02	456,374	324,427	66,221	28,116	94,337	100,306	52,528
Feb-02	461,041	326,858	67,888	27,612	95,500	101,130	52,642
Mar-02	465,034	328,633	68,498	27,729	96,227	101,849	52,936
Apr-02	468,539	330,177	68,030	27,964	95,994	103,221	53,189
May-02	468,279	329,908	66,982	28,642	95,624	103,450	53,431
Jun-02	466,298	329,237	65,956	29,352	95,308	102,883	53,584
Jul-02	466,804	330,138	66,088	29,544	95,632	102,829	53,817
Aug-02	463,167	329,608	66,634	29,660	96,294	100,892	54,033
Sep-02	462,637	330,406	66,469	29,716	96,185	100,691	54,298
Oct-02	461,449	330,555	66,803	29,688	96,491	99,427	54,607
Nov-02	459,168	329,590	66,987	29,794	96,781	97,729	54,817
Dec-02	460,187	330,472	68,955	29,476	98,431	96,653	54,944
Jan-03	465,922	334,042	70,937	29,042	99,979	97,863	55,332
Feb-03	465,347	333,314	72,584	28,910	101,494	97,285	57,883
Mar-03	455,736	333,205	74,420	28,699	103,119	95,930	57,911
Apr-03	446,419	331,828	75,492	28,463	103,955	94,386	57,670
May-03	428,024	330,175	76,192	28,319	104,511	92,778	57,504
Jun-03	425,819	329,707	77,349	28,270	105,619	91,452	57,427
Jul-03	422,361	329,493	78,132	28,453	106,585	90,459	57,434
Aug-03	416,733	329,093	79,322	28,432	107,754	88,825	57,396
Sep-03	416,061	331,014	80,303	28,462	108,765	88,670	57,479
Oct-03	417,072	332,313	81,447	28,496	109,943	87,920	57,531
Nov-03	415,411	331,701	82,167	28,543	110,710	86,401	57,566
Dec-03	415,260	333,488	83,873	28,676	112,549	85,953	57,618
Jan-04	416,667	336,338	86,138	28,630	114,768	85,999	57,604
Feb-04	418,625	338,332	88,296	28,169	116,465	85,981	57,708
Mar-04	423,981	341,280	90,836	27,984	118,820	86,649	57,753
Apr-04	427,838	342,469	91,156	28,399	119,555	87,078	57,680

Month	OHP Total	OHP Plus	TANF	TANF EXTENDED	TOTAL TANF (incl. Extended)	PLM-Children	AB/AD
May-04	429,333	342,981	91,633	29,052	120,685	86,965	57,693
Jun-04	436,340	346,210	93,068	29,408	122,476	87,952	57,864
Jul-04	440,578	347,445	94,244	29,870	124,114	87,368	58,036
Aug-04	440,689	348,809	95,680	30,526	126,206	85,978	58,250
Sep-04	437,059	351,035	96,874	31,414	128,288	85,024	58,460
Oct-04	432,347	352,049	97,666	32,168	129,834	83,143	58,656
Nov-04	428,241	352,633	97,987	33,271	131,258	81,434	58,784
Dec-04	424,960	353,849	98,186	34,093	132,279	80,681	58,877
Jan-05	423,416	356,592	99,637	34,562	134,199	80,034	59,150
Feb-05	422,577	358,343	99,871	35,330	135,201	79,958	59,319
Mar-05	423,671	360,977	100,304	36,166	136,470	80,634	59,592
Fall 2005 Forecast Data							
Apr-05	421,664	361,199	99,886	36,626	136,512	80,369	59,886
May-05	419,524	361,160	99,492	37,262	136,754	80,080	60,086
Jun-05	418,271	361,787	99,605	37,866	137,471	79,730	60,383
Jul-05	417,505	362,576	100,323	38,237	138,560	79,201	60,666
Aug-05	417,203	363,716	101,025	38,533	139,558	78,841	60,909
Sep-05	417,523	365,306	101,763	38,745	140,508	78,611	61,193
Oct-05	417,875	366,393	102,474	38,811	141,285	78,092	61,718
Nov-05	417,261	366,532	102,526	38,961	141,487	77,462	61,897
Dec-05	417,360	367,443	103,066	39,393	142,459	76,797	62,100
Jan-06	419,349	370,168	104,388	39,511	143,899	76,982	62,368
Feb-06	419,076	370,717	104,390	39,526	143,916	76,691	62,667
Mar-06	419,897	372,199	105,136	39,620	144,756	76,806	62,949
Apr-06	419,946	372,666	105,576	39,585	145,161	76,721	63,215
May-06	419,789	372,899	105,932	39,851	145,783	76,526	63,398
Jun-06	420,461	373,835	106,755	40,055	146,810	76,379	63,674
Jul-06	421,665	375,082	108,066	40,288	148,354	76,066	63,939
Aug-06	423,212	376,683	109,301	40,611	149,912	75,757	64,179
Sep-06	425,059	378,678	110,515	40,875	151,390	75,550	64,479
Oct-06	426,671	380,458	111,578	41,143	152,721	75,124	64,774
Nov-06	427,171	381,108	111,908	41,482	153,390	74,521	65,013
Dec-06	428,310	382,478	112,825	41,895	154,720	73,933	65,276
Jan-07	431,385	385,670	114,602	41,983	156,585	74,151	65,602
Feb-07	432,071	386,538	114,824	41,980	156,804	73,944	65,950
Mar-07	433,831	388,428	115,838	42,130	157,968	74,108	66,284
Apr-07	434,729	389,415	116,474	42,290	158,764	74,103	66,615
May-07	435,467	390,199	117,049	42,771	159,820	73,989	66,852
Jun-07	437,036	391,744	118,173	43,154	161,327	73,923	67,182
Jul-07	439,158	393,632	119,836	43,556	163,392	73,686	67,499

Month	OHP Total	OHP Plus	TANF	TANF EXTENDED	TOTAL TANF (incl. Extended)	PLM- Children	AB/AD
Aug-07	441,594	395,868	121,444	44,040	165,484	73,437	67,792
Sep-07	444,248	398,429	123,005	44,447	167,452	73,268	68,147
Oct-07	446,588	400,760	124,390	44,851	169,241	72,892	68,497
Nov-07	447,737	401,889	124,922	45,334	170,256	72,371	68,789
Dec-07	449,548	403,766	126,065	45,897	171,962	71,852	69,108
Jan-08	453,332	407,491	128,188	46,089	174,277	72,096	69,490
Feb-08	454,545	408,713	128,509	46,173	174,682	71,981	69,893
Mar-08	456,922	411,061	129,718	46,425	176,143	72,218	70,280
Apr-08	458,371	412,480	130,524	46,685	177,209	72,297	70,667
May-08	459,723	413,756	131,283	47,310	178,593	72,286	70,956
Jun-08	461,985	415,871	132,680	47,820	180,500	72,317	71,338
Jul-08	464,864	418,377	134,682	48,347	183,029	72,166	71,706
Aug-08	468,060	421,245	136,651	48,965	185,616	71,988	72,049
Sep-08	471,407	424,368	138,541	49,494	188,035	71,863	72,456
Oct-08	474,406	427,243	140,233	50,021	190,254	71,543	72,856
Nov-08	476,124	428,824	140,932	50,636	191,568	71,106	73,199
Dec-08	478,537	431,198	142,292	51,339	193,631	70,649	73,570
Jan-09	482,977	435,457	144,777	51,616	196,393	70,914	74,005
Feb-09	484,628	437,008	145,170	51,765	196,935	70,894	74,460
Mar-09	487,568	439,811	146,576	52,100	198,676	71,205	74,897
Apr-09	489,540	441,656	147,554	52,439	199,993	71,374	75,336
May-09	491,490	443,424	148,505	53,194	201,699	71,468	75,673
Jun-09	494,441	446,127	150,205	53,816	204,021	71,593	76,104

Month	Old Age Assistance	CHIP	Foster Care	PLM-Woman	GA
Jul-01	30,632	19,190	13,107	8,537	3,130
Aug-01	30,891	19,208	13,229	8,651	3,113
Sep-01	30,915	19,637	13,207	8,624	3,049
Oct-01	31,007	20,015	13,338	8,739	3,017
Nov-01	31,006	20,426	13,375	8,587	2,974
Dec-01	30,950	20,590	13,341	8,534	2,927
Jan-02	31,121	20,923	13,476	8,848	2,888
Feb-02	31,160	21,099	13,612	8,818	2,897
Mar-02	31,168	21,007	13,695	8,847	2,904
Apr-02	31,222	20,838	13,857	8,941	2,915
May-02	31,358	20,398	13,971	8,836	2,840
Jun-02	31,435	20,479	14,040	8,655	2,853
Jul-02	31,560	20,729	14,061	8,644	2,866
Aug-02	31,741	20,986	14,075	8,674	2,913
Sep-02	31,826	21,599	14,121	8,823	2,863
Oct-02	31,952	22,068	14,364	8,804	2,842
Nov-02	31,935	22,422	14,471	8,682	2,753
Dec-02	31,853	22,734	14,496	8,644	2,717
Jan-03	31,775	23,211	14,551	8,788	2,543
Feb-03	30,737	22,050	14,646	9,218	1
Mar-03	30,768	21,222	14,840	9,415	0
Apr-03	30,407	21,041	14,896	9,473	0
May-03	30,304	20,741	14,981	9,356	0
Jun-03	30,203	20,628	15,078	9,300	0
Jul-03	30,206	20,505	14,959	9,345	0
Aug-03	30,208	20,583	15,020	9,307	0
Sep-03	30,230	21,270	15,190	9,410	0
Oct-03	30,204	21,973	15,330	9,412	0
Nov-03	30,131	22,300	15,307	9,286	0
Dec-03	30,097	22,633	15,441	9,192	5
Jan-04	29,963	23,039	15,571	9,380	14
Feb-04	30,045	22,955	15,711	9,426	41
Mar-04	30,032	22,383	15,893	9,615	135
Apr-04	30,150	22,042	16,032	9,693	239
May-04	30,150	21,652	15,989	9,563	284
Jun-04	30,197	21,799	16,105	9,503	314
Jul-04	30,242	21,892	16,051	9,404	338

Month	Old Age Assistance	CHIP	Foster Care	PLM-Woman	GA
Aug-04	30,328	22,127	16,161	9,396	363
Sep-04	30,418	22,955	16,133	9,373	384
Oct-04	30,406	24,096	16,231	9,289	394
Nov-04	30,359	24,833	16,391	9,160	414
Dec-04	30,410	25,537	16,523	9,125	417
Jan-05	30,323	26,473	16,622	9,376	415
Feb-05	30,283	27,020	16,776	9,365	421
Mar-05	30,279	27,052	17,052	9,468	430
Fall 2005 Forecast Data					
Apr-05	30,324	26,851	17,218	9,625	414
May-05	30,357	26,498	17,328	9,656	401
Jun-05	30,384	26,217	17,496	9,714	392
Jul-05	30,423	25,999	17,616	9,726	385
Aug-05	30,482	26,060	17,735	9,751	380
Sep-05	30,519	26,512	17,810	9,775	378
Oct-05	30,513	27,027	17,963	9,795	0
Nov-05	30,518	27,400	18,057	9,711	0
Dec-05	30,542	27,706	18,201	9,638	0
Jan-06	30,541	28,232	18,304	9,842	0
Feb-06	30,627	28,525	18,433	9,858	0
Mar-06	30,663	28,376	18,642	10,007	0
Apr-06	30,687	28,062	18,782	10,038	0
May-06	30,699	27,633	18,874	9,986	0
Jun-06	30,708	27,256	19,030	9,978	0
Jul-06	30,725	26,900	19,141	9,957	0
Aug-06	30,766	26,848	19,259	9,962	0
Sep-06	30,789	27,143	19,338	9,989	0
Oct-06	30,771	27,551	19,494	10,023	0
Nov-06	30,762	27,876	19,590	9,956	0
Dec-06	30,776	28,137	19,743	9,893	0
Jan-07	30,760	28,616	19,854	10,102	0
Feb-07	30,834	28,878	19,995	10,133	0
Mar-07	30,858	28,695	20,221	10,294	0
Apr-07	30,875	28,350	20,369	10,339	0
May-07	30,875	27,900	20,465	10,298	0
Jun-07	30,873	27,505	20,632	10,302	0
Jul-07	30,881	27,130	20,753	10,291	0
Aug-07	30,915	27,054	20,883	10,303	0
Sep-07	30,932	27,321	20,972	10,337	0

Month	Old Age Assistance	CHIP	Foster Care	PLM-Woman	GA
Oct-07	30,905	27,705	21,142	10,378	0
Nov-07	30,888	28,018	21,251	10,316	0
Dec-07	30,895	28,267	21,423	10,259	0
Jan-08	30,871	28,735	21,548	10,474	0
Feb-08	30,944	28,995	21,706	10,512	0
Mar-08	30,964	28,815	21,960	10,681	0
Apr-08	30,976	28,476	22,123	10,732	0
May-08	30,971	28,024	22,230	10,696	0
Jun-08	30,963	27,634	22,414	10,705	0
Jul-08	30,965	27,264	22,550	10,697	0
Aug-08	30,997	27,187	22,697	10,711	0
Sep-08	31,010	27,454	22,801	10,749	0
Oct-08	30,975	27,835	22,990	10,790	0
Nov-08	30,952	28,152	23,115	10,732	0
Dec-08	30,956	28,407	23,308	10,677	0
Jan-09	30,926	28,876	23,449	10,894	0
Feb-09	31,002	29,152	23,628	10,937	0
Mar-09	31,020	28,986	23,915	11,112	0
Apr-09	31,030	28,661	24,095	11,167	0
May-09	31,020	28,215	24,214	11,135	0
Jun-09	31,009	27,835	24,417	11,148	0

Month	OHP Standard	Adults/ Couples	Families	Other Medical Assistance	QMB
Jul-01	102,843	60,123	42,720	24,625	4,686
Aug-01	102,236	60,230	42,006	24,828	4,707
Sep-01	101,405	60,052	41,353	24,501	4,712
Oct-01	101,606	60,919	40,687	24,535	4,691
Nov-01	102,140	61,777	40,363	24,881	4,714
Dec-01	102,835	62,725	40,110	25,032	4,712
Jan-02	106,346	65,192	41,154	25,601	4,683
Feb-02	107,847	66,389	41,458	26,336	4,682
Mar-02	109,449	67,657	41,792	26,952	4,697
Apr-02	110,779	68,569	42,210	27,583	4,700
May-02	110,579	68,856	41,723	27,792	4,673
Jun-02	109,172	68,056	41,116	27,889	4,688
Jul-02	108,758	68,195	40,563	27,908	4,713
Aug-02	106,004	67,065	38,939	27,555	4,740
Sep-02	105,028	67,777	37,251	27,203	4,731
Oct-02	103,942	69,585	34,357	26,952	4,818
Nov-02	102,830	68,922	33,908	26,748	4,911
Dec-02	102,658	68,092	34,566	27,057	4,964
Jan-03	103,893	68,681	35,212	27,987	5,150
Feb-03	99,224	65,141	34,083	32,809	9,511
Mar-03	90,136	59,477	30,659	32,395	9,483
Apr-03	82,481	54,429	28,052	32,110	9,578
May-03	65,903	42,444	23,459	31,946	9,551
Jun-03	63,745	41,048	22,697	32,367	9,599
Jul-03	60,373	38,906	21,467	32,495	9,625
Aug-03	55,324	36,034	19,290	32,316	9,641
Sep-03	52,753	34,527	18,226	32,294	9,661
Oct-03	52,356	34,461	17,895	32,403	9,667
Nov-03	51,289	34,011	17,278	32,421	9,684
Dec-03	49,297	33,072	16,225	32,475	9,673
Jan-04	47,802	32,362	15,440	32,527	9,650
Feb-04	47,446	32,186	15,260	32,847	9,657
Mar-04	49,259	33,549	15,710	33,442	9,710
Apr-04	51,270	34,597	16,673	34,099	9,763
May-04	51,735	34,756	16,979	34,617	9,771
Jun-04	54,705	37,365	17,340	35,425	9,861
Jul-04	57,423	39,953	17,470	35,710	9,936

Month	OHP Standard	Adults/ Couples	Families	Other Medical Assistance	QMB
Aug-04	56570	40391	16179	35310	10017
Sep-04	51,654	37,160	14,494	34,370	10,106
Oct-04	46,994	33,916	13,078	33,304	10,214
Nov-04	43,140	31,017	12,123	32,468	10,324
Dec-04	39,411	28,222	11,189	31,700	10,367
Jan-05	35,620	25,420	10,200	31,204	10,368
Feb-05	33,246	23,791	9,455	30,988	10,398
Mar-05	31,753	22,810	8,943	30,941	10,421
Fall 2005 Forecast Data					
Apr-05	29,675	21,249	8,426	30,790	10,425
May-05	27,715	19,817	7,898	30,649	10,408
Jun-05	25,911	18,601	7,310	30,573	10,460
Jul-05	24,507	17,506	7,001	30,422	10,480
Aug-05	23,241	16,438	6,803	30,246	10,489
Sep-05	22,044	15,556	6,488	30,173	10,508
Oct-05	21,311	15,040	6,271	30,171	10,536
Nov-05	20,546	14,510	6,036	30,183	10,556
Dec-05	19,714	13,953	5,761	30,203	10,589
Jan-06	18,975	13,373	5,602	30,206	10,614
Feb-06	18,184	12,794	5,390	30,175	10,591
Mar-06	17,478	12,292	5,186	30,220	10,610
Apr-06	16,975	11,876	5,099	30,305	10,639
May-06	16,510	11,509	5,001	30,380	10,631
Jun-06	16,145	11,286	4,859	30,481	10,664
Jul-06	16,016	11,152	4,864	30,567	10,682
Aug-06	15,885	10,977	4,908	30,644	10,685
Sep-06	15,641	10,777	4,864	30,740	10,711
Oct-06	15,378	10,569	4,809	30,835	10,716
Nov-06	15,114	10,390	4,724	30,949	10,733
Dec-06	14,776	10,168	4,608	31,056	10,752
Jan-07	14,529	9,928	4,601	31,186	10,791
Feb-07	14,227	9,671	4,556	31,306	10,802
Mar-07	13,949	9,433	4,516	31,454	10,836
Apr-07	13,708	9,188	4,520	31,606	10,864
May-07	13,509	9,008	4,501	31,759	10,871
Jun-07	13,355	8,922	4,433	31,937	10,920
Jul-07	13,423	8,924	4,499	32,103	10,954
Aug-07	13,472	8,871	4,601	32,254	10,971
Sep-07	13,404	8,785	4,619	32,415	11,012

Month	OHP Standard	Adults/ Couples	Families	Other Medical Assistance	QMB
Oct-07	13,268	8,659	4,609	32,560	11,032
Nov-07	13,124	8,560	4,564	32,724	11,061
Dec-07	12,900	8,413	4,487	32,882	11,092
Jan-08	12,775	8,251	4,524	33,066	11,145
Feb-08	12,595	8,070	4,525	33,237	11,166
Mar-08	12,426	7,898	4,528	33,435	11,212
Apr-08	12,259	7,696	4,563	33,632	11,252
May-08	12,139	7,567	4,572	33,828	11,269
Jun-08	12,061	7,535	4,526	34,053	11,332
Jul-08	12,222	7,601	4,621	34,265	11,378
Aug-08	12,351	7,603	4,748	34,464	11,407
Sep-08	12,367	7,575	4,792	34,672	11,461
Oct-08	12,302	7,498	4,804	34,861	11,492
Nov-08	12,227	7,451	4,776	35,073	11,534
Dec-08	12,063	7,352	4,711	35,276	11,577
Jan-09	12,012	7,237	4,775	35,508	11,644
Feb-09	11,894	7,096	4,798	35,726	11,677
Mar-09	11,786	6,963	4,823	35,971	11,735
Apr-09	11,669	6,791	4,878	36,215	11,787
May-09	11,605	6,703	4,902	36,461	11,816
Jun-09	11,581	6,715	4,866	36,733	11,892

Month	CAWEM	BCCP
Jul-01	19,939	
Aug-01	20,121	
Sep-01	19,789	
Oct-01	19,844	
Nov-01	20,167	
Dec-01	20,320	
Jan-02	20,912	6
Feb-02	21,648	6
Mar-02	22,239	16
Apr-02	22,858	25
May-02	23,088	31
Jun-02	23,164	37
Jul-02	23,146	49
Aug-02	22,757	58
Sep-02	22,405	67
Oct-02	22,058	76
Nov-02	21,762	75
Dec-02	22,022	71
Jan-03	22,760	77
Feb-03	23,223	75
Mar-03	22,827	85
Apr-03	22,442	90
May-03	22,309	86
Jun-03	22,681	87
Jul-03	22,777	93
Aug-03	22,578	97
Sep-03	22,524	109
Oct-03	22,621	115
Nov-03	22,617	120
Dec-03	22,673	129
Jan-04	22,745	132
Feb-04	23,048	142
Mar-04	23,580	152
Apr-04	24,179	157
May-04	24,690	156
Jun-04	25,407	157
Jul-04	25,614	160

Month	CAWEM	BCCP
Aug-04	25127	166
Sep-04	24,090	174
Oct-04	22,904	186
Nov-04	21,947	197
Dec-04	21,128	205
Jan-05	20,617	219
Feb-05	20,356	234
Mar-05	20,287	233
Apr-05	20,127	238
May-05	20,000	241
Jun-05	19,868	245
Jul-05	19,693	249
Aug-05	19,504	253
Sep-05	19,409	256
Oct-05	19,376	259
Nov-05	19,365	262
Dec-05	19,348	266
Jan-06	19,322	270
Feb-06	19,310	274
Mar-06	19,331	279
Apr-06	19,382	284
May-06	19,460	289
Jun-06	19,524	293
Jul-06	19,587	298
Aug-06	19,656	303
Sep-06	19,721	308
Oct-06	19,806	313
Nov-06	19,898	318
Dec-06	19,982	322
Jan-07	20,068	327
Feb-07	20,172	332
Mar-07	20,281	337
Apr-07	20,399	343
May-07	20,540	348
Jun-07	20,664	353
Jul-07	20,791	358
Aug-07	20,920	363
Sep-07	21,035	368

Month	CAWEM	BCCP
Oct-07	21,155	373
Nov-07	21,285	378
Dec-07	21,406	384
Jan-08	21,532	389
Feb-08	21,677	394
Mar-08	21,823	400
Apr-08	21,974	406
May-08	22,148	411
Jun-08	22,305	416
Jul-08	22,466	421
Aug-08	22,630	427
Sep-08	22,779	432
Oct-08	22,932	437
Nov-08	23,097	442
Dec-08	23,251	448
Jan-09	23,411	453
Feb-09	23,591	458
Mar-09	23,771	465
Apr-09	23,957	471
May-09	24,169	476
Jun-09	24,360	481

APPENDIX V

FORECAST METHOD

The Department of Human Services' Forecasting Process begins with the Forecast Agreement. A Forecast Steering Committee, composed of representatives from Department of Human Services' program and budget clusters, the Legislative Fiscal Office (LFO) and the Department of Administrative Services' (DAS) Budget and Management (BAM) Office, creates the Agreement.

A list of the members of the Medical Assistance Program Caseload Forecast Steering Committee is included in the Appendix II.

The Forecast Agreement outlines the program groups to be forecast and identifies the sources of information to be used in the creation of caseload records. Forecast groups are mutually exclusive with clients to move among those groups.

FORECAST METHODOLOGY

The base forecast is calculated using the Department of Human Services' Forecasting System, as a mathematical relationship between history and the future. The tool, which was created by Looking Glass Analytics (Olympia, Washington), enhances a model developed by Willamette University's Public Policy Research Institute. This model was originally devised to forecast Oregon's Medical Assistance Program caseloads.

The model uses three variables to forecast caseloads:

1. Current clients

The number of clients on the caseload on the last day of the month for which complete data were available at the time of the forecast is used as the starting point for the forecast. "Survival" rates – the proportion of clients who are likely to remain on the caseload each month – determine the number of current clients included in each monthly forecast.

2. New clients

The number of clients who are likely to enter the system after a service break of at least one month is forecast using the Statistical Analysis Software (SAS) Econometric and Time Series (ETS) forecasting module. The ETS tool selects

the model that best fits the data from more than 20 standard time series programs. The ETS new client forecast is added to each month's forecast.

3. Transfer clients

The number of clients who are likely to enter the caseload from other related caseloads is forecast using an historical transfer matrix. The transfer caseload is added to each month's forecast.

The base methodology is “utilization-“ rather than “needs-based.” It assumes that historic patterns of service will continue into the future. As a result, the forecast is particularly sensitive to policy and budget restraints.

A Peer Review Group, composed of forecasting experts from other Oregon state agencies and the Oregon university system, reviews and recommends changes and improvements to the base methodology. A list of the members of the Peer Review Group is included the Appendix I.

The Forecast Steering Committee gives final approval to the forecast.

Forecasts

The medical assistance program forecast consists of three parts:

Base Forecast

The base forecast is calculated purely as a mathematical relationship between historic data and future trends. It is not adjusted to reflect the anticipated impact of policy changes.

Adjusted Forecast

The adjusted forecast reflects the anticipated impact of policy changes that can be mathematically modeled. The adjusted forecast is reviewed by expert panels including, representation from Department of Human Services' program and budget clusters, the Legislative Fiscal Office (LFO) and the Department of Administrative Services' (DAS) Budget and Management (BAM) Office.

Risk Estimates

Risk estimates are modeled, but results are not included in the adjusted forecast. These estimates reflect the anticipated impact of policy actions and external factors that threaten the validity of the forecast.

The base forecast assumes that historic trends are indicative of future patterns of:

Survival - the rate at which participants leave eligibility groups.

Transfer - the movement of participants among eligibility groups.

Inflow - the rate at which people enter the group from the outside.

As necessary, the base forecast is adjusted to reflect the anticipated impact of policy changes. The final forecast is the sum of the base forecast and the policy adjustments. The estimated impact of each policy change is measured by the difference between the base forecast and the forecast in the adjusted model.

The forecast is based on six years of historical data. The data elements used are the Prime ID of a participant, the beginning date of eligibility, the end date of eligibility, and a program eligibility (PERC) code, which is used to delineate more specifically why an individual is eligible for medical assistance. This data set, which consists of roughly seven million records, is cleaned and analyzed for historical patterns.

To create the forecast, participants are categorized by PERC code into fourteen homogenous groups (below). The characteristics of the group in history are used to forecast future behavior.

Oregon Health Plan Standard Population

- Families
- Adults and Couples

Oregon Health Plan Plus Population

- TANF-Related Medical
- TANF-Extended
- Children's Health Insurance Program

- Poverty Level Medical Children (PLMC)
- Aid to the Blind and Disabled (ABAD)
- Old Age Assistance (OAA)
- Foster Care
- Poverty-Level Medical Women (PLMW)
- General Assistance (GA)

Other Medical Assistance Programs

- Qualified Medicare Beneficiaries
- Citizen-Alien Waived Emergency Medical
- Breast and Cervical Cancer Program

**For additional copies, information or to receive information
in an alternate format call (503) 945-6167.**

**www.dhs.state.or.us
Oregon Department of Human Services
Finance and Policy Analysis
Client Caseload Forecasting Team**

