

**MEMORANDUM**

**TO:** The Honorable Sen. Elizabeth Steiner Hayward, Senate Co-Chair  
The Honorable Rep. Dan Rayfield, House Co-Chair  
Subcommittee on Human Services

**FROM:** Janell Evans, Budget Director, Oregon Health Authority

**DATE:** May 25, 2017

**SUBJECT:** Responses to May 23 Informational Hearing Questions

During OHA's presentation before your committee on Tuesday, May 23, committee members asked questions that required additional follow-up. Here are those questions and our responses:

**Rep. Hayden:** Can OHA provide us with a 1 year budget for the provider tax so we can address that without over- or under-funding a budget for the biennium?

2017-2019 Proposed Provider Assessment Revenue Budget By Year					
	Effective Date of Tax	Tax Rate	Year 1 (SFY 2017)	Year 2 (SFY 2018)	2017-2019 Biennial Total
Hospital Assessment - DRG Hospitals	Continuing	5.3%	\$ 490,000,000	\$ 465,000,000	\$ 955,000,000
Additional Hospital Assessment - DRG Hospitals	July 1, 2017	0.7%	\$ 65,000,000	\$ 61,000,000	\$ 126,000,000
Hospital Assessment - Rural Hospitals	January 1, 2018	4.0%	\$ 40,000,000	\$ 83,000,000	\$ 123,000,000
Insurer's Assessment	January 1, 2018	1.5%	\$ 82,000,000	\$ 166,000,000	\$ 248,000,000
			<b>\$ 677,000,000</b>	<b>\$ 775,000,000</b>	<b>\$ 1,452,000,000</b>
The projected revenues presented above are gross revenues and do not represent the net financial impact to providers, the Oregon Health Plan or the Reinsurance Pool.					

**Sen. Winters:** Of the 115,000 you have kids, pregnant women - can you break down those 115,000 down further?

OHA will be able to provide further breakdown of the remaining 115,000 individuals on May 31<sup>st</sup>.

**Rep. Malstrom:** Could you give a break down – what percentage of people are applying online, over the phone, in an office?

Based on 2016 application and renewal volumes, the breakdown of application method is as follows:

- **Online (Applicant Portal)**
  - With Community Partner Assistance (available since April 2016) ~ 3,800/month
    - 48,959 applications submitted
    - 1,241 ONE Renewals
  - Self Service (available since Oct. 2016) ~ 3,600/month
    - 25,045 applications submitted
    - 10,403 ONE Renewals
- **Paper Applications/Renewals** ~ 30,000–45,000/month depending on renewal mail volumes
- **Phone** ~ 7,000–8,000/month (some are duplicative of paper applications already submitted)
- **Note:** Currently, there is no assistance for applications in branch offices so all applications are submitted online, by mail/fax, or phone.

**Rep. Hayden:** I would like more information on the eligibility process that doesn't require a social security number.

An applicant is required to provide a social security number if the applicant has one. When a social security number is provided, external electronic verification sources are systematically accessed to validate information reported by the applicant.

Applicants who do not have social security numbers can still qualify for Medicaid under specific circumstances. These include non-citizens who may only be eligible for emergency medical coverage and citizens who have a religious objection to obtaining a social security number. For applicants such as these, if the information provided requires verification, a letter is sent to the applicant requesting paper documentation.

Regardless of whether a social security number is provided or not, some applications require manual processing or intervention, and when the Oregon Eligibility (ONE) system identifies information requiring verification, staff utilize their direct access to other electronic verification systems to validate the information requiring verification. If unable to validate the information, a letter requesting paper documentation is sent to the applicant. Otherwise, the information is considered verified and additional documentation is not required.

