



Changes in Enrollment Among OHP Standard Clients with OHP2 Implementation

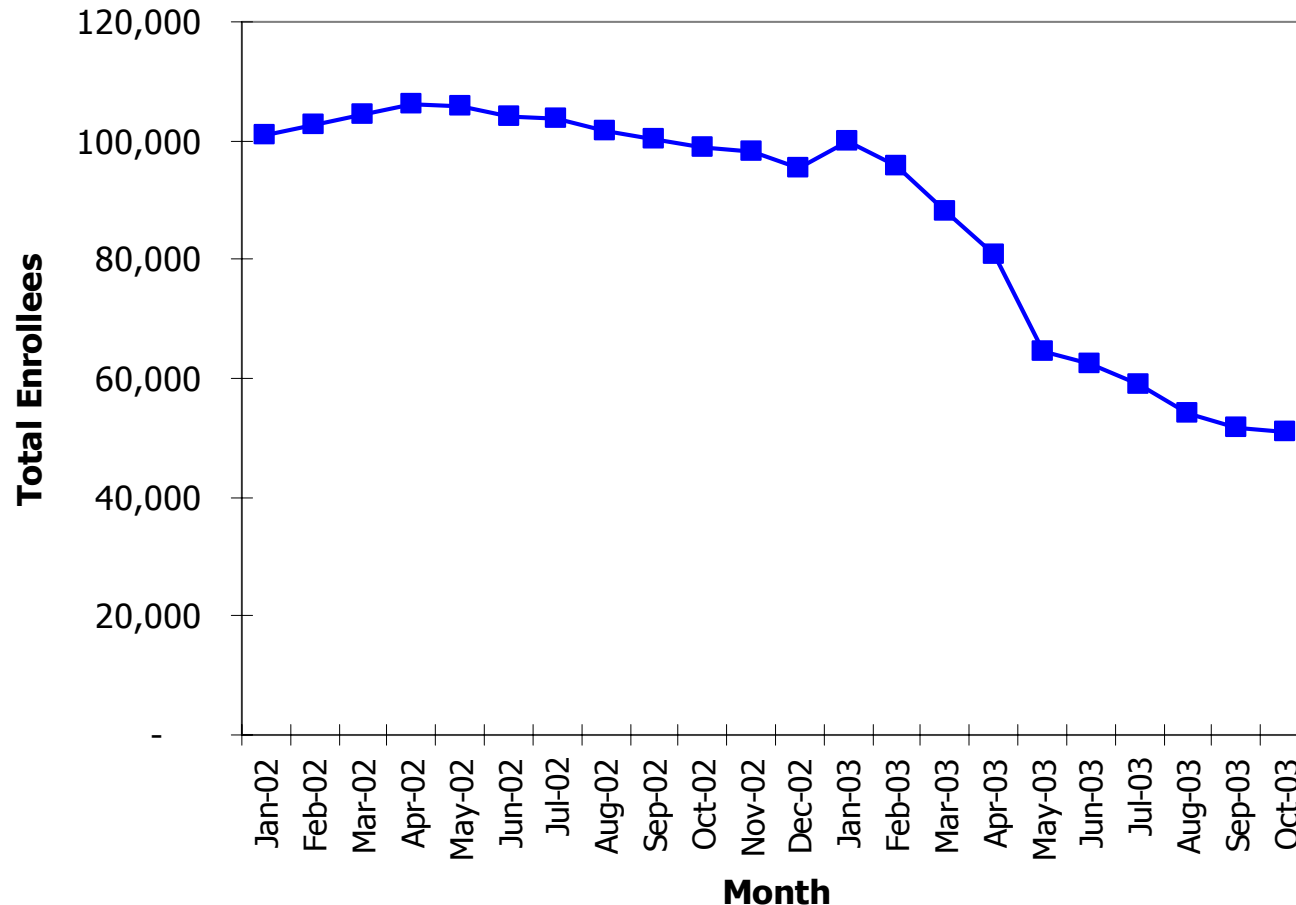
John McConnell, PhD
Oregon Health & Science University

Neal Wallace, PhD
Portland State University

In collaboration with the Office for Health Policy and Research (OHPR) and the
Office of Medical Assistance Programs (OMAP)

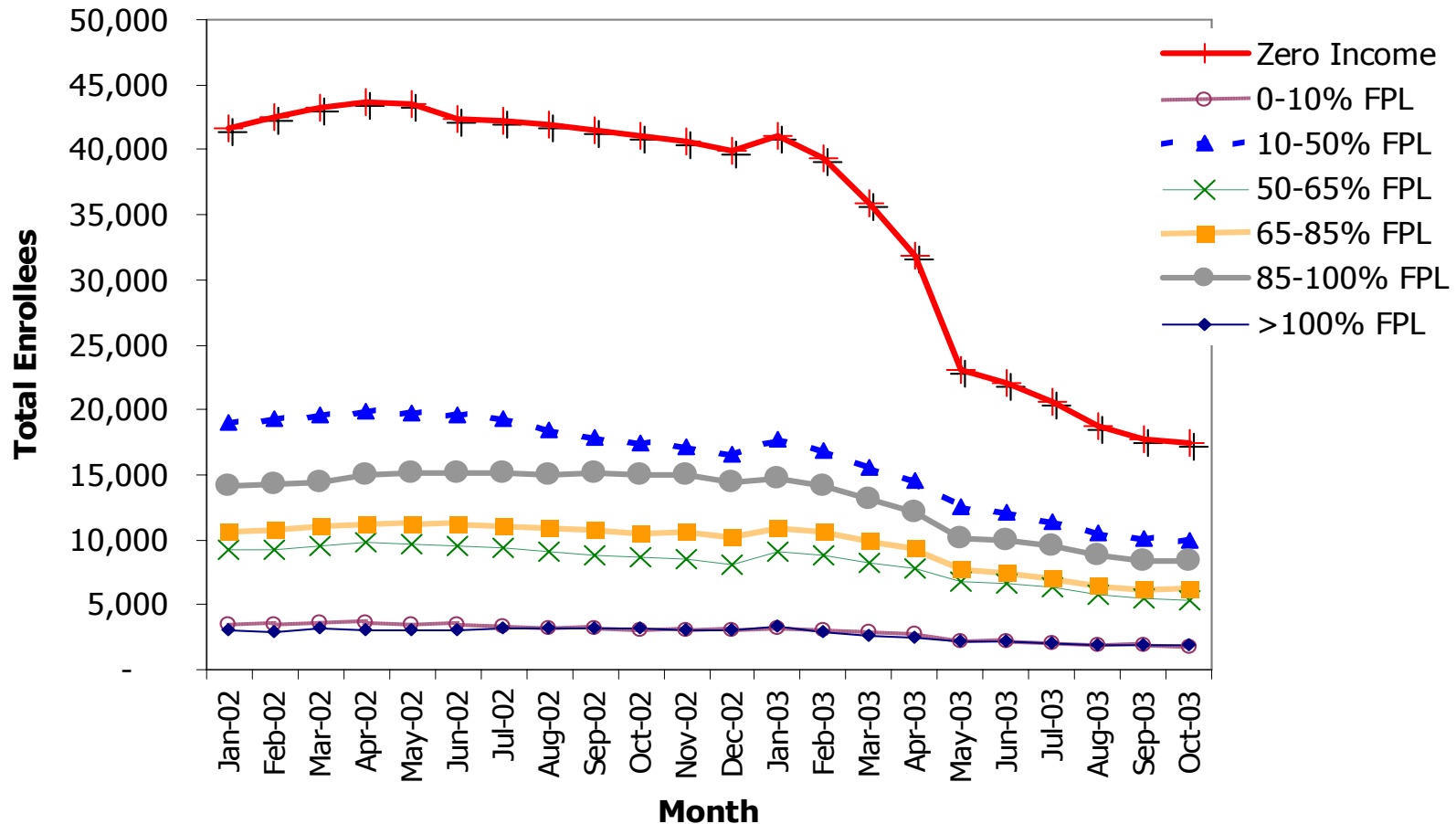
January 2004

OHP Standard Enrollees by Month



Between January 2003 and October 2003, enrollment in OHP Standard decreased from 102,000 to 51,000.

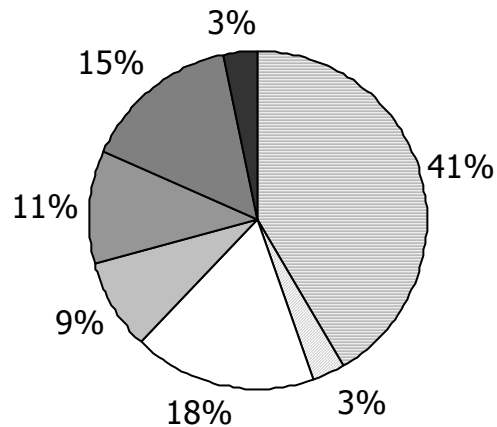
OHP Standard Enrollees by FPL



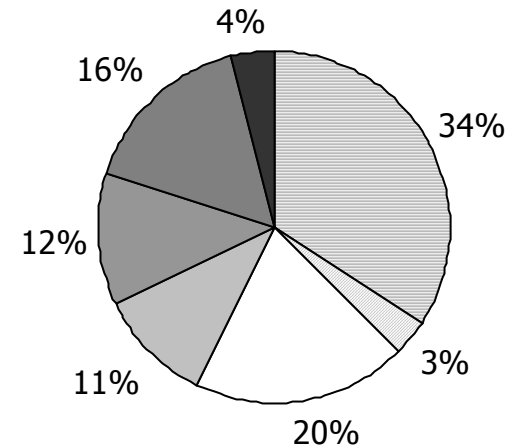
Steepest decline in enrollment experienced by those with zero income. This group experienced a 58% decline from January 2003 to October 2003.

FPL Case Mix Changes with OHP2

Case Mix, October 2002

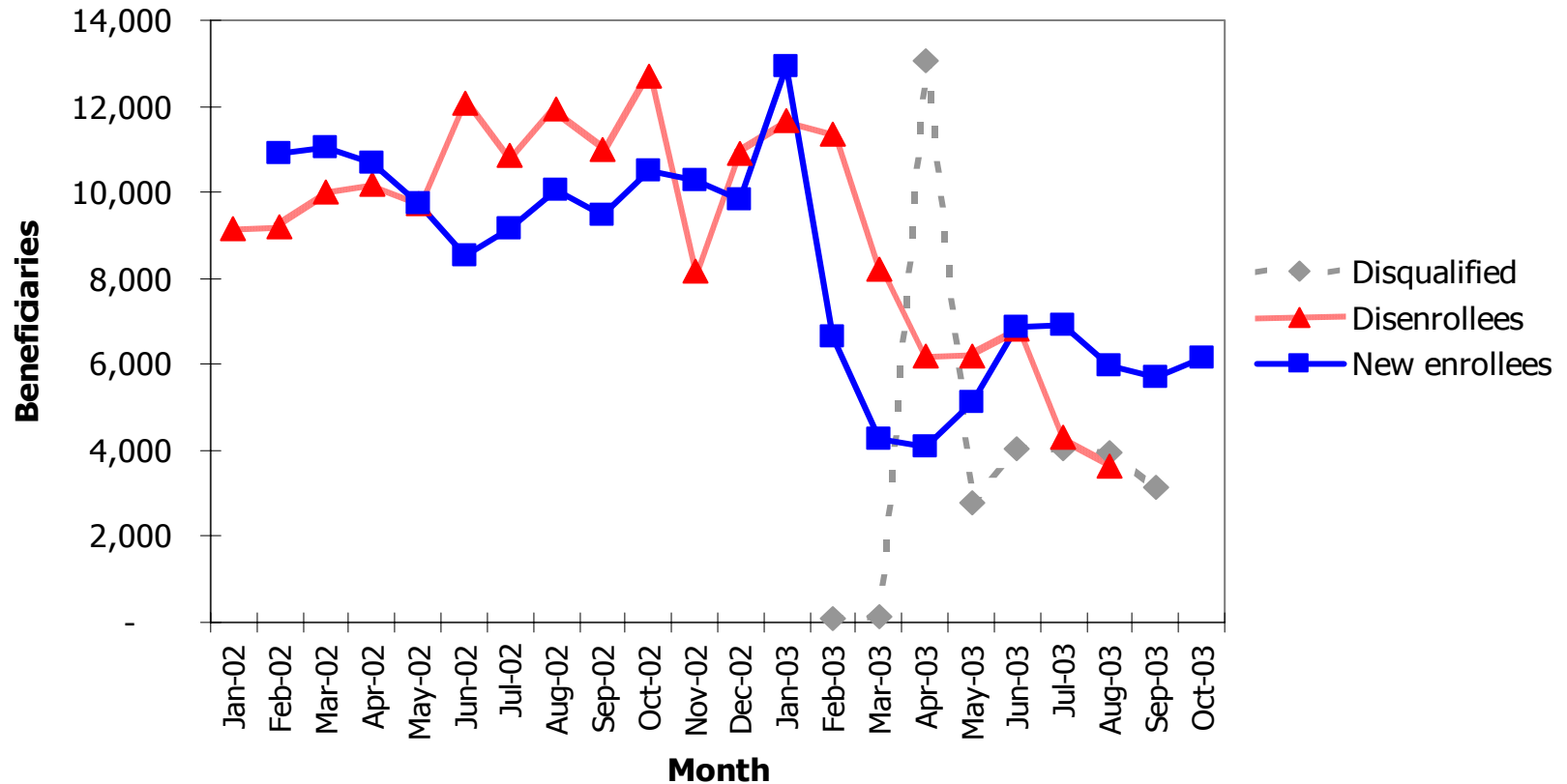


Case Mix, October 2003



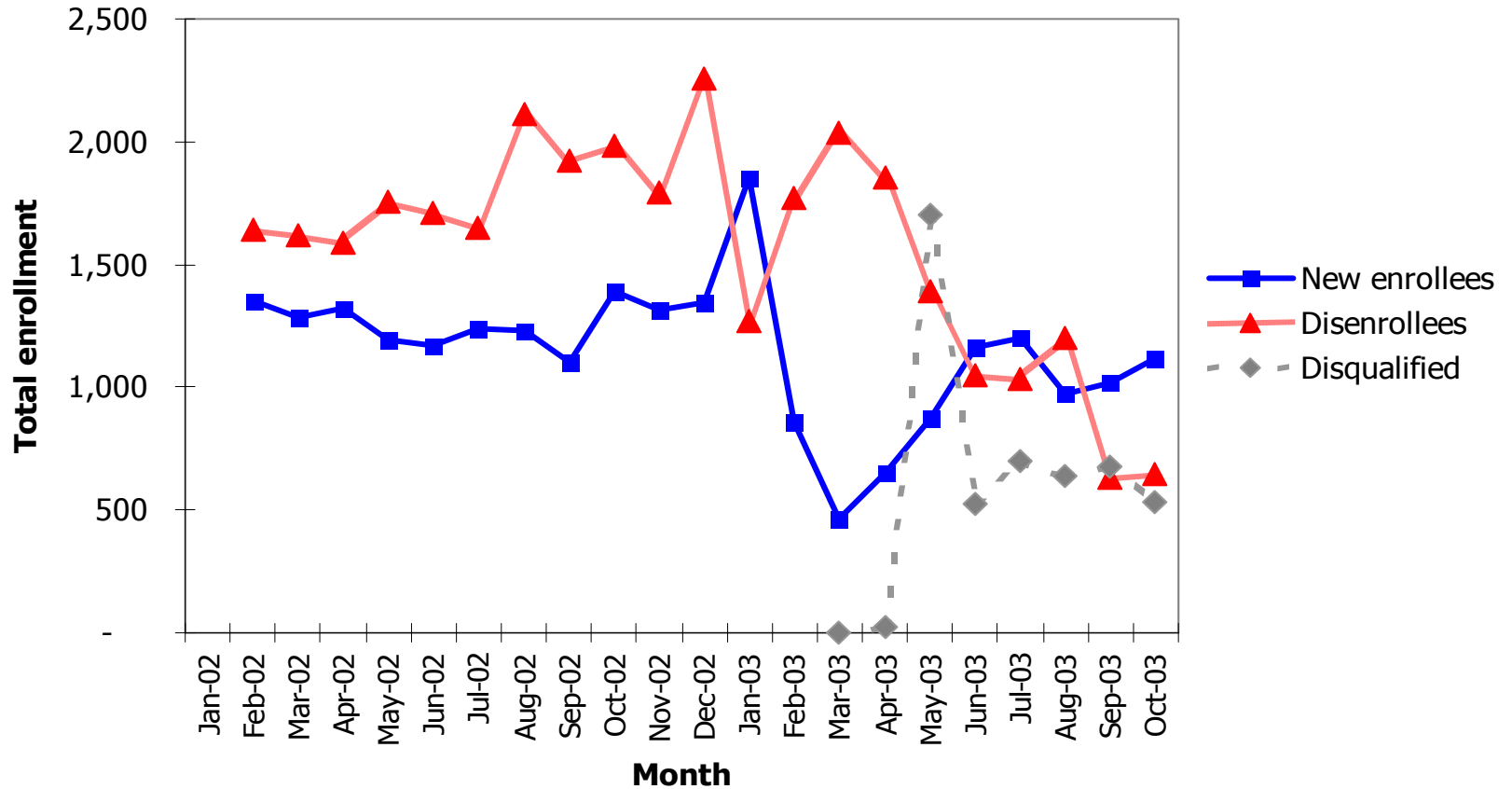
The "case mix" for OHP shifted as a result. The zero income category accounted for 41% of the OHP cases in October 2002. By October 2003 they accounted for 34% of the cases.

New enrollments, disenrollments, and disqualifications: All OHP Standard



After the initial implementation of cost sharing and benefit changes, new enrollment for the zero income category declines sharply and never returns to pre-OHP2 monthly levels.

Enrollment for 10% to 50% FPL




Other income categories almost return to pre-OHP2 monthly levels.

Limitations of the Data

- Premium was not the only change
 - Increased co-pays implemented (February 2003)
 - Outpatient mental health and chemical dependency benefits eliminated (March 2003)
- Utilization data not part of this analysis
 - Will be important to understand who stayed in terms of utilization (e.g., did healthier people leave?)
 - Without utilization data, impossible to understand the influence of co-pays

Additional Findings

- Individuals enrolled for more than 7 months are more likely to continue with enrollment
 - Utilization or other effect?
- Older individuals more likely to stay enrolled
- After implementation of rule disqualifying individuals for non-payment of premiums:
 - 85% to 100% FPL most likely to stay enrolled
 - 0 income least likely to stay enrolled
 - Non-English speakers more likely to stay enrolled



This study was funded by the Office for Health Policy and Research (OHPR) in collaboration with the Office of Medical Assistance Programs (OMAP) through the Oregon Health Research and Evaluation Collaborative (OHREC) using funds from the Robert Wood Johnson Foundation's (RWJF) State Coverage Initiatives Grant.

Further study with analysis of utilization changes is planned and recently submitted for consideration of grant funding to the RWJF Changes in Health Care Financing and Organization (HCFO) Program.