

***Oregon State Case Study of
Medicaid Take-Up and Welfare Reform
for the Rockefeller Institute of Government
State Capacity Study***

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The Public Policy Research Center recently completed the Oregon State Case Study of Medicaid Take-up and Welfare Reform as one of 25 states participating in the State Capacity Study being conducted by the Nelson A. Rockefeller Institute of Government at the State University of New York-Albany. The Rockefeller Institute conducts multi-state, comparative studies designed to assist government and enhance the capacity of states and localities to meet critical challenges. At present, the Rockefeller Institute has funding from federal agencies and private foundations (including the U.S. Department of Agriculture, the Kellogg Foundation and the Robert Wood Johnson Foundation) for a multi-year project on implementation systems and the fiscal effects of welfare reform, including its effects on welfare, Medicaid, food stamps and workforce development programs. (For more information see: http://www.rockinst.org/quick_tour/federalism/index.html).

The Willamette University Public Policy Research Center is participating in the State Capacity Study as a field research team for Oregon. We recently completed one component of this study -- an analysis of factors influencing Medicaid enrollment and outreach at the state level and within Multnomah County. The following is a summary of our responses to specific research questions posed to all the state field research teams. These questions focused on the dynamics of Oregon Health Plan enrollment and outreach. In the summary below, we highlight the factors which we identified as most significantly promoting and constraining expanded enrollments. The study is based on interviews with state and local level administrators, policy makers, front line workers, providers and advocates, along with an analysis of government, policy and advocacy documents. A comprehensive list of our sources can also be found below.

OREGON MEDICAID CASE STUDY SUMMARY

When analyzing the dynamics of Medicaid enrollment and outreach in Oregon, it is important to understand that the state received a Medicaid Demonstration waiver in 1994 to create the Oregon Health Plan (OHP). The waiver enabled Oregon to provide health coverage to thousands of persons not previously eligible under existing Medicaid rules, using a priority list of covered health-care conditions and treatments. Most OHP clients receive care through prepaid health plans. Enrollees pay premiums ranging from \$6 to \$23 per month, with exceptions such as for children up to age 19 and for pregnant women. Oregonians are able to enroll in OHP through a direct mail-in process, as well as through traditional Adult and Family Services branch offices. The creation of the Oregon Health Plan decoupled medical assistance from welfare assistance. Furthermore, in contrast with many states, the Oregon CHIP program is administered as a “Medicaid look-alike” program. The application process is the same as for OHP, as are the benefits. There are no separate CHIP administrators, and outreach efforts for CHIP are often folded into outreach for OHP and the Family Health Insurance Assistance Program (described below).

Outreach

Despite, or perhaps because of, expanded Medicaid coverage through the Oregon Health Plan, commitment to outreach for OHP and Medicaid among Oregon policy makers has historically been tempered by concerns with limiting caseloads. In 1990, Oregon voters approved Ballot Measure 5, a property tax reduction measure, which has significantly reduced local tax revenues for schools and other services. Subsequent property tax measures have further exacerbated the problems created by Measure 5, and the smaller pool of local revenue has created pressure on the state budget. In addition, since 1995 Oregon has had a tax rebate rule, requiring the state to return surplus (above forecasted) revenue to taxpayers. As a result, the state is unable to build a rainy day fund, and a special budget session is required to authorize funds for unexpected OHP caseload increases.

The Oregon Health Plan itself has been an increasing drain on the state budget due to spiraling costs, particularly for drugs. In addition, managed care providers are withdrawing from the program because serving Oregon Health Plan enrollees is a money-losing proposition. Increasingly, fewer providers are willing to serve OHP clients. For example, in the Portland area there is now only one managed health care plan that currently accepts new OHP enrollees. As a result, ensuring access for current enrollees is a priority for policy makers, administrators and advocates, probably more so than reaching new clients.

The Office of Medical Assistance Programs (OMAP) office has one staff person committed to outreach, and that person is the liaison to 142 contracted outreach facilities. These facilities receive information, outreach materials and technical assistance, but do not receive funding from OMAP, with the exception of limited

support for 18 federally qualified clinics. The primary strategy used by the state for outreach is a combination of outreach facilities, a toll-free hotline for requesting applications, printing and distributing flyers and brochures, and coordinating with community organizations.

A significant amount of outreach for Oregon Health Plan and other medical assistance programs is also conducted by the Family Health Insurance Assistance Program, which subsidizes insurance premiums for lower-income working families. The Family Health Insurance Assistance Program (FHIAP) distributes outreach materials on their program, which also describe the Oregon Health Plan. FHIAP informs persons applying for their program and on their waiting lists that OHP is another option for health coverage. FHIAP has a network of grass-roots organizations that helps spread the word about OHP.

There has been some state effort to specifically target outreach to children, although budget constraints have affected this effort as well. Because the application for CHIP and OHP are the same, families who apply for CHIP coverage for their children often apply for coverage for other household members as well, leading to an increase in OHP enrollments. Currently, there is insufficient legislative support for aggressive outreach. According to one state staffer, "All the outreach in the world is great, but if you don't have the money to pay for it---and for the folks across the street [legislators] that's what matters."

Outreach in Multnomah County

Efforts to improve Medicaid enrollment in Multnomah County have been generated by the Health Department and local provider and advocacy groups, and have not come from local Adult and Family Services branch offices. The Health Department is committed to providing outreach for the Oregon Health Plan, and has budgeted for 1-1/2 additional community outreach positions in the next fiscal year. The Department plans to continue its efforts to collaborate with safety net clinics and other organizations. We are optimistic that the Health Departments' outreach efforts are sustainable.

Local low-income providers and health advocates are confident that local outreach efforts will increase with the new Robert Wood Johnson "Covering Kids and Families" grant. Multnomah County will be one of four sites that will have a local coalition to promote outreach, as required by the grant application. A local coalition has already formed in the county and is working on the grant application. This coalition will likely improve the flow of information about Oregon Health Plan and Medicaid rules and changes towards organizations that are not contracted outreach facilities with the Office of Medical Assistance Programs.

Local actors are eager for the grant to be accepted and implemented, and believe that it will enhance the effectiveness of outreach efforts. We have found local providers and advocates to be committed to outreach, despite limited resources. We expect their efforts to continue, although many individual

organizations will continue to be hampered by a lack of a “date stamp” that enables them to submit Oregon Health Plan applications directly to the OHP Central Processing Branch.

Management Efforts to Enhance Coverage for Adult and Family Services Clients

In Oregon, persons with incomes less than 50 percent of the federal poverty level qualify for Medical Assistance Assumed (MAA) or Medical Assistance for Families (MAF), programs that were created to insure that the traditional Medicaid population did not have a reduction in health benefits due to welfare reform rules. Clients who meet the financial criteria for TANF are not required to go through the TANF assessment and job search program in order to receive MAA or MAF, and many choose not to. MAA and MAF clients receive OHP cards and the same set of medical benefits as OHP enrollees, with the addition of up to 90 days retroactive medical care. Their eligibility is continuous. They are not required to pay premiums. In contrast, Oregon Health Plan enrollees need to be re-certified every six months, may need to pay premiums, and can lose coverage if they are over-income at the time of re-certification.

Despite important differences in these programs, our research indicates that a some of those who qualify for MAF or MAA are not being placed in these categories by either local Adult and Family Service (AFS) front line workers, nor by eligibility workers at the OHP Central Processing branch (where 90 percent of all applications are ultimately processed.). As a result, many Oregonians who should receive free, continuous medical care with retroactive benefits do not. Many receive six months of OHP but do not re-certify. AFS and OMAP managers recognize this problem and are working to solve it. A major constraint is that eligibility workers at the OHP Central Processing Branch do not have the training for determining MAA and MAF eligibility. At the local AFS level, managers recognize that a number of clients are placed into OHP instead of MAA or MAF, but few front line workers are concerned, as long as their clients receive their OHP card. State managers hope to revise the Oregon Health Plan application to make it easier for caseworkers to place enrollees in the right category. There has been considerable pressure by the federal government to institute this change, but there is no exact target date for its implementation.

Management changes have been implemented recently, however, to expand coverage of TANF leavers whose extended medical coverage ends. Oregon has a generous extended medical benefit for those who leave TANF for the workplace. These clients (estimated at 700-800 families per month) receive one year of extended Medicaid coverage (via the Oregon Health Plan), without income verification requirements. However, currently a large number of these do not apply for renewed coverage once the year is up, although they may still be eligible for either the Oregon Health Plan or for mandated coverage under MAA or MAF.

In October, 2001, Adult and Family Services began to send coded OHP applications to clients 45 days and 15 days before extended medical coverage was due to end, whereas previously they advised families to contact the OHP Application Center for an application. Managers hope that sending the application will increase enrollment, and thus far they have found that 50 percent of these applications are returned for eligibility determination. These applications are color coded, and a newly formed eligibility team at the Central Processing branch determines eligibility. This is the first time that AFS has created a system to track the entrance of TANF leavers into the OHP system, and indicates a commitment to ensuring that TANF leavers continue their medical coverage.

Current Initiatives and Outlook

Oregon has been an innovative leader in health care, and managers throughout different agencies have reported frustration with the Clinton's administrations limited willingness to grant waivers and exceptions to Medicaid rules that would enable the state to expand coverage. Each administrator we spoke to expressed optimism that the Bush administration will grant waivers that will have a direct impact on outreach and enrollment.

A significant bill was passed in the recently completed 2001 state legislative session, House Bill 2519. This bill has directed the OHP Office of Policy and Research to apply for a federal Medicaid waiver expanding OHP income requirements to up to 185 percent of the federal poverty level for adults and children. The waiver would create a more limited package of benefits for adults not classified as vulnerable or categorically eligible, while maintaining the existing benefit package for more vulnerable populations such as children and pregnant women. The waiver would also enable the Family Health Insurance Assistance Program to receive federal Medicaid matching funds so that it can pay the subsidies for private coverage for low-income children and families. FHIAP is currently funded only by state moneys, has a cap on enrollment and a long waiting list.

The passage of this bill demonstrates Oregon's commitment to serving the uninsured, although advocates are concerned about the creation of two tiers of benefits. There has long been tension here between administrators and policy makers in Oregon who want to expand some medical services to as many people as possible, and advocates who want to maintain the fullest range of benefits to the most needy. Still, administrators are optimistic that this waiver will be approved, and the OHP Office of Policy and Research has applied for a Robert Wood Johnson grant to administer the program should the waiver be approved. A series of public forums were recently held to inform the public about House Bill 2519 and to gather opinions on how to structure the two tiers of benefits. If the bill is approved, the Family Health Insurance Assistance Program will take the lead in outreach, and once again begin marketing its program along with OHP, using its printed resources, network of community-based organizations, and

public service announcements. FHIAP is well regarded for its aggressive and effective approach to outreach, particularly to families.

Despite these positive trends, there are significant factors that indicate that outreach efforts will continue to be hampered by political and budget constraints. Property tax measures and the “kicker” rule will continue to limit monies available for health care and other social service programs. The most significant political factor is that Governor Kitzhaber’s term ends at the end of 2002. The governor has been a driving force for health care innovation and reform in Oregon, and it is doubtful that the state’s position as a national health care innovator will continue. There is concern that some providers will withdraw once Kitzhaber is no longer in office, and thus provider access problems may increase.

Also of concern is that with the recent adoption of legislative term limits, soon there will be no legislators left in office who share the institutional memory of creating the Oregon Health Plan, and with it a commitment to protecting the Plan from budget cuts. Another factor that doesn’t bode well for Medicaid and Oregon Health Plan outreach is the downturn in the local and state economy. Oregon is already facing budget shortfalls and cuts, which will make it more difficult for legislators to balance the budget this biennium. Increased lay-offs will likely lead to increased Adult and Family Services caseloads, and budget demands for that division may compete with funding for the Office of Medical Assistance Programs.

In addition, the Department of Human Services is in the midst of a major reorganization that will unite different departments. Many managers are worried that the reorganization is occurring too quickly with unforeseen problems, while others believe that ultimately it will enhance enrollment, because clients who enter a local office for one program such as food stamps will also be informed about medical programs. Time will tell the end result, but for now both managers and line workers are focused on the reorganization rather than new program initiatives.

Administrators in the Department of Human Services are also focused on food stamps. Oregon was recently cited as the “hungriest state” in a United States Department of Agriculture study, and funds have been budgeted for more food stamp outreach. Hunger advocates are a strong force in Oregon, and they are succeeding in focusing DHS attention on this issue. As a result, Medicaid and OHP enrollment is significantly lower on the list of priorities for the Department of Human Services administration.

LIST OF SOURCES

The information reported here was based on 54 interviews conducted between June and August 2001 and a review of published information listed on the pages below. Interviewees included staff of Adult and Family Services, Adult and Family Services Partnership Agencies, the Office of Medical Assistance Programs, the Governor's Office, the Office for Oregon Health Plan Policy and Research, Department of Human Services Administration, the Oregon Health Division, the Insurance Pool Governing Board, the Multnomah County Health Department, and from nonprofit health advocacy groups.

Publications:

Adult and Family Services. *AFS Family Services Manual*. Online. Available: <http://www.afs.hr.state.or.us/Manuals.html>. August 2001.

Adult and Family Services. *Congratulations on Going to Work. We Want You to be a Success. So Remember That You Can Ask AFS*. Agency promotional brochure. Portland, OR: August 2001.

Adult and Family Services. *Health Plans for Oregonians: Closing the Gaps*. AFS Training Guide. Salem, OR.

Adult and Family Services. *How AFS Can Help You*. Agency promotional brochure. Portland, OR: August 2001.

Adult and Family Services. *An Introduction to Adult and Family Services*. Summary of AFS programs. July 1999.

Adult and Family Services. *Medical Assistance Programs*. Training manual. Salem, OR: October 1999.

Adult and Family Services. *Welcome to the AFS Assessment Program: Your First Step on the Road to Independence*. Agency promotional brochure. Portland, OR: August 2001.

Advocacy Alert. Newsletter prepared by the Oregon Food Bank and Oregon Hunger Relief Task Force. Volume 7, Issue 8. June 2001.

Analysis of Safeguard Programs of the Oregon Health Plan Medicaid Demonstration. Prepared by the Office for Oregon Health Plan Policy and Research. July, 1998.

Andrulis, Dennis, An, Christina, and Carol Pryor. *Getting Health Care When You Are Uninsured: A survey of uninsured patients at two hospitals in Lincoln*

County, Oregon. Produced in collaboration with the Oregon Health Action Campaign (OHAC). March 2001.

Application for Amendment of the Title XXI State Plan. Prepared by the Office of Medical Assistance Programs. August 9, 1999.

Aseguranza de Salud para los Niños. Covering Kids flyer received at the Oregon Health Action Campaign. Salem, OR: June 2001.

Assessment of the Oregon Health Plan Medicaid Demonstration. Prepared by the Office for Oregon Health Plan Policy and Research. February 1999.

Ballou, Barbara and Robert Gassner. *Communities in Charge: Overcoming Barriers to Access to the Oregon Health Plan and Other Public Health Insurance Programs.* Submitted to Communities in Charge Project, Multnomah County Health Department. Portland, OR: November 2000.

Bernstein, Judith. *Oregon's Theoretical Market Basket: A rational report outlining monthly expenses and discretionary income for 5 Oregon Regions at 13 income levels and 5 family configurations.* Submitted to Tri-County Communities in Charge, Multnomah County Health Department. Portland, OR: June 2001.

Broadus, Matthew, Jocelyn, Guyer, and Donna Cohen Ross. *Selected States Have a New Opportunity to Use More of Their SCHIP Funds for Outreach.* Center on Budget and Policy Priorities. April 2001.

Capacity and Readiness of the Office of Medical Assistance Programs to Administer the Medicaid Demonstration. Prepared by the Office for Oregon Health Plan Policy and Research. November 1998.

Chavkin, Wendy, Romero, Diana, and Paul H. Wise. *State Welfare Reform Policies and Declines in Health Insurance.* American Journal of Public Health. Vol. 90, Issue 6. June 2000.

Convisor, Richard. *A Brief History of the Oregon Health Plan and its Features.* Online. Office for Oregon Health Plan Policy and Research: Available: http://www.ohppr.state.or.us/ohp/index_ohp.htm. August 2001.

Crawford, Hersh. *Presentation to the Joint Committee on Ways and Means.* March 2001.

Evaluation of the Family Health Insurance Assistance Program. Prepared by the Office for Oregon Health Plan Policy and Research. June 1999.

- Expanded Access Coalition Meeting. Oregon Health Action Campaign. Salem, OR: June 24, 2001.
- Family Health Insurance Assistance Program. *Life Can be Difficult...Affording Health Insurance Doesn't Have to be*. Agency promotional brochure. Salem, OR: July 2001.
- Fossett, James W. *Managing Accountability in Medicaid Managed Care: the Politics of Public Management*. The Nelson A. Rockefeller Institute of Government, 1999.
- Garland, Michael J., Reed, Collen, Miller, Louis, Hoffman, Mari, and Jeanette Bardsley; Oregon Health Decisions. *Making Health Policy 2000*. Under contract from the Department of Human Resources, Oregon Health Decisions organized community meetings and focus groups, and commissioned a telephone survey as preparation for the Governor's Health Care summit in September 2000.
- Haber, Susan G. and Janet B. Mitchell, Health Economics Research, Inc. *Effects of Premiums on Eligibility for the Oregon Health Plan*. May 22, 2000.
- 1999 Health Policy Legislative Summary*. Prepared by the Office for Oregon Health Plan Policy and Research. Online. Available: <http://www.ohppr.state.or.us/1999LegSummary.htm>.
- The Impact of Reducing Basic Oregon Health Plan Eligibility to 80 Percent of Poverty*. Prepared by the Oregon Center for Public Policy. June 15, 1999. Online. Available: <http://www.ocpp.org/1999/rpt990615.htm>.
- Insurance Pool Governing Board. *Covering Oregon: The Oregon Health Plan, a public/private partnership approach*. Agency promotional brochure. Salem, OR: July 2001.
- Insurance Pool Governing Board (IPGB). *IPGB Program Brief*. Salem, OR: May 2001.
- Insurance Pool Governing Board (IPGB). *IPGB 2001 Budget*. Salem, OR: 2001.
- Kronick, Richard, Gilmer, Todd, Dreyfus, Tony, and Lora Lee. *Improving Health-based Payment for Medicaid Beneficiaries: CDPS*. Health Care Financing Review. Vol. 21, Issue 3. Spring 2000.
- Mann, Cindy and Liz Schott. *Ensuring that Eligible Families Receive Medicaid When Cash Assistance is Denied or Terminated*. Policy and Practice of Public Human Services. March 1999.

- Metropolitan Family Service. *Gaining Empowerment Access Responsibility Support (GEARS)*. Agency Promotional Brochure. Portland, OR: August 2001.
- Mohr-Peterson, Judy. *Department of Human Services News Release: New Research Identifies Gaps in Oregon Health Plan Coverage*. July 30, 2001. Online. Available: <http://www.hr.state.or.us/news/2001news/2001-0731.html>. July 2001.
- Multnomah County Community Health Council Meeting. NE Health Center. Portland, OR: August 13, 2001.
- The Nelson A. Rockefeller Institute of Government. *Annual Progress Report to the W.K. Kellogg Foundation Fiscal Year 2000*. November 2000.
- Office of Medical Assistance Programs. *Office of Medical Assistance Programs Medical Worker Training Handbook*. Prepared by OMAP Education and Training Unit. May 1999.
- Office of Medical Assistance Programs. *Office of Medical Assistance Programs Administrative Rules*. Online. Available: http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_120.html. July 2001.
- Office of Medical Assistance Programs. *Office of Medical Assistance Programs Budget*. Online. Available: http://bluebook.state.or.us/state/executi...ical_Assistance/medical_assist_budget.htm. 29 June 2001.
- Office of Medical Assistance Programs. *OMAP Phone Directory*. January 2001.
- Office of Medical Assistance Programs. *Oregon Health Plan Overview*. Agency communications booklet. June 1998.
- Office of Medical Assistance Programs. *OHP Outreach Facility Training*. Training notebook. Salem, OR: July 2001.
- Office of Medical Assistance Programs. *OMAP April 2000 Rebalance Forecast*. May 2000.
- Office of Medical Assistant Programs. *OMAP Worker Guide*. Online. Available: <http://www.omap.hr.state.or.us/medworkers>. August 2001.
- Oregon Center for Public Policy. *Census Finds Oregon Health Plan III: Nation Sees First Increase in Health Insurance Coverage in 12 Years While Oregon is Stagnant*. News Release. Silverton, OR: September 29, 2000.

Oregon Department of Administrative Services. *Technical Assistance Guide for Understanding the Potential of Adverse Selection Within Safety Net Systems in Medicaid Managed Care Programs*. Prepared by the Office for Oregon Health Plan Policy and Research. June, 1999.

Oregon Department of Human Resources. *Application for State Child Health Plan Under Title XXI of the Social Security Act--State Children's Health Insurance Program*. February 1998.

Oregon Health Action Campaign. *Access News*. Agency newsletter. March 2001.

Oregon Health Action Campaign. *The Oregon Health Plan and the Uninsured: Money is Available*. Memo to Oregon Legislators. Salem, OR: June 25, 2001.

Oregon Health Action Campaign. *Outreach and Enrollment Barriers and Solutions*. Agency advocacy article. Salem, OR: May 2001.

Oregon Health Division. *Oregon's Public Health System: A Quick Guide*. Agency brochure. Portland, OR: August 2001.

Oregon Health Division, Office of Medical Assistance Programs, and Office for Oregon Health Plan Policy and Research. *CHIP Too: A strategy for expanding access to more uninsured children*. Draft of the SCHIP Demonstration Project Proposal under section 1115 of the Social Security Act. Portland, OR: June 15, 2001.

Oregon Health Forum. *Oregon Health Forum Newsletter*. October 2000.

Oregon Health Forum. *Oregon Health Forum Newsletter*. March 2001

Oregon Health Forum. *Oregon Health Forum Newsletter*. June 2001.

Oregon Health Plan Application Packet. Received from local AFS office. Portland, OR: July 2001.

Oregon Health Plan Contractors. *The Oregon Health Plan is Working*. Promotional brochure. Portland, OR: August 2001.

Oregon Health Plan Expansion Public Forum. Organized by the Health Services Commission, Office for Oregon Health Plan Policy and Research. Red Lion Hotel. Salem, OR: August 14, 2001.

Oregon Health Plan Expansion Public Forum. Organized by the Health Services Commission, Office for Oregon Health Plan Policy and Research. Portland Adventist Medical Center. East Portland, OR: August 28, 2001.

The Oregon Health Plan and Oregon's Health Care Market: A Report to the 71st Legislative Assembly. Prepared by the Office for Oregon Health Plan Policy and Research. August 2000.

Oregon Health Policy Institute. *Family Health Insurance Assistance Program (FHIAP) Survey of Enrollees and Individuals on the Reservation List.* Summary Report for FHIAP. Portland, OR: June 2001.

Oregon Health Policy Quarterly. The Newsletter of the Office for Oregon Health Plan Policy and Research. January 21, 2000.

The Oregon Legislative Assembly. *House Bill 2294.* Abolishes current divisions, offices, programs, and organizational units within Department of Human Services. June 30, 2001.

The Oregon Legislative Assembly. *House Bill 2519.* Creates a two-tier benefit system for the Oregon Health Plan and increases income eligibility to 185 percent of FPL. July 5, 2001.

The Oregon Legislative Assembly. *Senate Bill 819.* Requires the Department of Human Resources to adopt Practitioner-managed Prescription Drug Plan for the Oregon Health Plan. July 6, 2001.

The Oregon Legislative Assembly. *Status Report for Legislative Measures.* Prepared by the Legislative Counsel Committee. July 7, 2001.

The Oregon Legislative Assembly. *Weekly Cumulative Index to Legislative Measures.* Prepared by the Legislative Counsel Committee. July 9, 2001.

Oregon Primary Care Association. *El Boletín de Su Salud.* Agency newsletter. Portland, OR: 2001.

Oregon State Evaluation of Children's Health Insurance Plans Under Title XXI of the Social Security Act. Submitted to the Health Care Financing Administration. Prepared by the Office of Medical Assistance Programs. March 2000.

Providence Health System Center for Outcomes Research and Education. *Continuity and Turnover in Medicaid Managed Care: The Oregon Health Plan Summary Findings.* Draft of the Report. June 2001.

Receipt and Consumer Issues Related to the Medicaid Demonstration. Prepared by the Office for Oregon Health Plan Policy and Research. January 1999.

Redd, Diane. *Oregon's Rural Health Clinics.* Report supported by a grant from the Health Resources and Services Administration, Bureau of Primary Health Care. Prepared for the Oregon Primary Care Association. January 2001.

Remaking DHS: Reorganizing the Department of Human Services to Better Serve Oregonians, Phase II. Prepared by the Department of Human Services. August 2001.

Results of Provider Focus Groups Concerning Experiences with the Oregon Health Plan Medicaid Demonstration Project. Prepared by the Office for Oregon Health Plan Policy and Research. December 1998.

Roach, Linda. *Taking the Pulse.* Online. Article describes the Oregon Public Broadcasting television program, *Taking the Pulse.* August 2001.

Smith, Gregory. *Living with Oregon's Measure 5.* Phi Delta Kappan Vol. 76, Issue 6. 1995.

Sparer, Michael. *Health Policy for Low-Income People in Oregon.* Joseph L. Mailman School of Public Health. Columbia University: September 1999.

Newspaper Articles:

The Associated Press, "Coastal Doctor Reduces Health Plan Load." The Statesman Journal 22 Jun 2000: 3C.

The Associated Press, "Health Insurers Abandon Rural Areas." The Statesman Journal 8 Jul 2000: 3C.

The Associated Press. "Legislature Takes Step to Help More Oregonians Get Insurance." The Statesman Journal 5 May 1999, Legislature section.

Bacon, Larry. "New Health Care Program Helps Low-income Families." The Register Guard. 30 Jun 2000.

Cain, Brad. "Health Plan Expansion Wins House Approval." 7 May 2001. Online. Available:
http://www.newsregister.com/StoryP...lature/Wire/HealthPlan_051501.htm
1. 19 July 2001.

Christie, Tim. "Coalition Takes on Care Challenge." The Register Guard 26 Dec 2000.

Chuang, Angie and Wendy Y. Lawton. "Rules Aim at Equal Access to Health Care." The Oregonian 10 July 2001, News section.

Colburn, Don. "Even Some Insured Children Lack Health Care, Report Finds." The Oregonian 26 Apr. 2001, sunrise ed.: D11.

Comander, Lauren. "For Homeless, Health Care is Hard to Get." The Oregonian 28 Jun 1999, sunrise ed.: B02.

Davies, Brian. "Justice for All." The Register-Guard 19 March 2001.

Feit, Josh. "To Your Corners: Doctors get set to throw the first punch at hospital administrators in the fight for Oregon Health Plan funds." Willamette Week Online. Available: <http://www.wvek.com/html/healthcare120998.html>. 10 May 2001.

"Is There a Doctor in the House?" The Oregonian 7 Jan. 2001, sunrise ed.: G04.

"Legislature Wraps Up Some Top Issues." The Statesman Journal 8 Jul. 2001, Legislature section.

Loew, Tracy. "Doctors Fill Health Void." The Statesman Journal 16 June 2001.

Loew, Tracy. "Health Care Access Better, Group Says." The Statesman Journal 16 Mar 2000: C.

Loew, Tracy. "Human Services Changes Move Ahead." The Statesman Journal 17 June 2001.

Loew, Tracy. "Human Services Loses 2 More Leaders." Statesman Journal 6 June 2001.

Loew, Tracy. "Social Services Feel Budget Pinch." The Statesman Journal 11 July 2001, sunrise ed.: Special Sections.

Loew, Tracy. "State Considers Oregon Health Plan Changes." The Statesman Journal 7 Aug. 2001, State news section.

Loew, Tracy. "State Health Plan Patients Dropped." The Statesman Journal 30 Sept. 2000: C.

Mapes, Jeff and James Mayer. "Compromise Reached on Governor's Drug List." The Oregonian 8 Jul. 2001.

- Mayes, Steve. "Bill Makes Case for Expanding Oregon Health Plan." The Oregonian 5 May 2001. Online. Available: www.oregonlive.com/news/oregonian/index.ssf?/news July 2001.
- "Medicaid Help Available at KMART." The Oregonian 18 Oct. 2000, sunrise ed.: E19.
- Pear, Robert. "States Ask Bush to Revoke Clinton's Medicaid Rules." New York Times 25 Feb. 2001, late ed.: 1.18.
- Pear, Robert. "States Lose Money For Kids' Health Care." The Oregonian 24 Sept. 2000, sunrise ed.: A15.
- "Program Aids 13, 000 Oregon Kids." The Oregonian 8 Aug. 1999, sunrise ed.: A12.
- Robertson, Lance. "Provider Bailing From Plan." The Register Guard 30 Sept. 2000.
- Rojas-Burke, Joe. "Patients Get the Book in HMA Battle," The Oregonian 22 July 2001, Metro/Northwest section.
- Rojas-Burke, Joe. "The Search for Alternatives to HMO's." The Oregonian 24 June 2001, Business section.
- Rojas-Burke, Joe. "Survey Gives Oregon Health Plan High Marks." The Oregonian 3 Feb 1999, sunrise ed.: B15.
- Rojas-Burke, Joe. "Activists Urge More Health Care for Kids." The Oregonian 19 Jan. 2001, sunrise ed.: D05.
- Suo, Steve. "Qutub Seeks Health Plan Savings." The Oregonian 5 Feb. 1999, sunrise ed.: B05.
- Wright, Jeff. "Governor Urges Doctors to Help Revive Failing Oregon Health Plan." The Register Guard 13 Sept. 2000.

Internet sources:

Cascade Links: Community Health Resources. Available: <http://www.cascadelink.org/health>. August 2001.

Department of Human Services. Available: <http://www.hr.state.or.us/>. August 2001.

Multnomah County Health Department. Available: <http://www.multnomah.lib.or.us/health>. August 2001.

Office of Medical Assistance Programs. Available: <http://www.omap.hr.state.or.us/>. August 2001.

Office for Oregon Health Plan Policy and Research. Available: <http://www.ohppr.state.or.us/>. August 2001.

Oregon Adult and Family Services. Available: <http://www.afs.hr.state.or.us/welcome.html>. August 2001.

Oregon OnLine. Available: <http://www.state.or.us/>. August 2001.