For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

- **Program type:** Oregon operates a combination CHIP program called the Oregon Health Plan.
- **Number of children Covered:** In FFY 2018, 187,582 children were covered by the Oregon Health Plan. (Data from CHIP Annual Report Template System)
- **State’s enhanced federal match rate**: For FFY 2020, the federal match is 84.36 percent.
- **Participation rate:** In 2017, 94.5 percent of eligible children in Oregon participated in either Medicaid or the Oregon Health Plan. (Urban Institute)

*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.*

**Eligibility**

<table>
<thead>
<tr>
<th>Ages 0 – 1</th>
<th>Ages 1 – 5</th>
<th>Ages 6 – 18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid expansion</strong></td>
<td>133 – 185% FPL</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Separate CHIP</strong></td>
<td>186 – 300% FPL</td>
<td>134 – 300% FPL</td>
</tr>
</tbody>
</table>

*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.*

**Coverage for Pregnant Women**

Using CHIP funding, states can opt to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Oregon provides coverage up to 185% FPL through the CHIP unborn child option.”

**Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

**Delivery System**

The delivery system for the Oregon Health Plan is the same as Medicaid. Health care services for CHIP clients are primarily provided through the managed care delivery system established in Oregon’s Medicaid 1115 Waiver Demonstration for the Coordinated Care Organization (CCO) model. CCOs are accountable for care management and to provide integrated and coordinated health care for each of the organization’s members.
Premiums and Cost Sharing
Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

Oregon Health Plan has no premiums or cost sharing.

Strategies to Simplify Enrollment and Renewals in Oregon

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of presumptive eligibility</td>
<td>No</td>
</tr>
<tr>
<td>Use of 12-month continuous eligibility</td>
<td>Yes</td>
</tr>
<tr>
<td>Use of express lane eligibility</td>
<td>No</td>
</tr>
<tr>
<td>Premium assistance</td>
<td>No</td>
</tr>
</tbody>
</table>

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter here.

Other Characteristics of Oregon’s CHIP Program

<table>
<thead>
<tr>
<th>Does Oregon...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Require a waiting period?(^1)</td>
<td>No</td>
</tr>
<tr>
<td>Offer a buy-in option?(^2)</td>
<td>No</td>
</tr>
<tr>
<td>Cover dependents of public employees?</td>
<td>No</td>
</tr>
<tr>
<td>Cover lawfully residing children without a five-year waiting period?</td>
<td>Yes</td>
</tr>
</tbody>
</table>


Health Services Initiatives
States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state’s CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Oregon uses the HSI option; see NASHP’s chart.

Quality Measures
States may report on a core set of quality measures for children. Oregon reported on 15 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

<table>
<thead>
<tr>
<th>Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 – 24 months</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Oregon</td>
</tr>
</tbody>
</table>

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

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\(^1\) States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

\(^2\) States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

For more information, visit [www.nashp.org](http://www.nashp.org)

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