

**Priority:** Basic Needs  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** County Human Services  
**Program Contact:** Keith Mitchell

**Program Characteristics:**

**Executive Summary**

The County's managed mental health organization, Verity, is required to pay a 5.8% provider tax to the State to leverage additional federal funds for the Oregon Health Plan. The additional funds received by the State are then redistributed through the Oregon Health Plan reimbursement.

**Program Description**

The Oregon State Legislature approved a tax on managed care plans to support benefits for Oregon Health Plan Standard enrollees. The dollars raised by the tax on managed care plans are eligible to be matched by federal Medicaid funds. The federal government will match every dollar the State raises with \$1.50. This additional money is used by the State to fund Oregon Health Plan benefits so that individuals at a higher percentage of the federal poverty level can receive health care, including mental health care.

**Program Justification**

The Provider Tax links to the Basic Living Needs priority as well as the Poverty Elimination Framework by providing access to care for more people in need. Without insurance to cover outpatient mental health treatment, mentally ill individuals are more likely to experience a psychiatric crisis requiring them to be hospitalized. The provider tax helps insure additional residents and prevents the use of more expensive levels of care, such as hospitalization, by making outpatient treatment available for those who require it.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output		0	0	0	0
Outcome		0	0	0	0

**Performance Measure - Description**

N/A

## Legal/Contractual Obligation

Provider Tax is a requirement of participation in Oregon Health Plan as a Mental Health Organization under contract with the State of Oregon.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2007	2007	2008	2008
Contracts	\$0	\$2,022,892	\$0	\$2,053,383
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$2,022,892</b>	<b>\$0</b>	<b>\$2,053,383</b>
Administration	\$0	\$41,345	\$0	\$67,137
Program Support	\$0	\$89,588	\$0	\$141,523
Subtotal: Other Exps:	<b>\$0</b>	<b>\$130,933</b>	<b>\$0</b>	<b>\$208,660</b>
Total GF/non-GF:	<b>\$0</b>	<b>\$2,153,825</b>	<b>\$0</b>	<b>\$2,262,043</b>
Program Total:	<b>\$2,153,825</b>		<b>\$2,262,043</b>	
Program FTE	0.00	0.00	0.00	0.00
<b>Program Revenues</b>				
Intergovernmental	\$0	\$2,022,892	\$0	\$2,053,383
Program Revenue for Admin	\$0	\$130,933	\$0	\$208,660
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$2,153,825</b>	<b>\$0</b>	<b>\$2,262,043</b>

## Explanation of Revenues

Oregon Health Plan revenue based on the Governor's budget and December premium rates with 63,605 insured members - \$2,053,383.

## Significant Program Changes

Last year this program was: #25066, Mental Health Organization Provider Tax