Office of Recovery Services - Projected General Fund Collections

ORS Only	2017 ACTUAL	2018 ESTIMATE	2019 ESTIMATE
Title XIX (Bureau of Medical Collections)			
Health Claim	$5,778,589	$4,333,942	$2,311,436
Tort	$4,318,358	$3,861,861	$3,861,861
Estate Recovery	$4,805,826	$4,430,598	$4,430,598
Provider Credit	$54,922	$30,352	$30,352
Nursing Home	$287,980	$143,990	$143,990
Total Title XIX	**$15,245,675**	**$12,800,743**	**$10,778,237**
Non Title XIX			
IV-D Medical Support	$47,879	$46,620	$46,620
Nursing Home Child Support	$84,692	$84,692	$84,692
Total Non-Title XIX	**$132,571**	**$131,312**	**$131,312**

Total Estimated Collections	**$ 15,378,246**	**$ 12,932,055**	**$ 10,909,549**
30% Estimated Return to General Fund	**$ 4,613,474**	**$ 3,879,617**	**$ 3,272,865**
	(Actual return to General Fund handled by DOH)		

Justification for Estimate	Two of the four programs (Estate Recovery and Tort) are overall on the rise, but collections depend on varying amounts of settlements and estate values, so a three-year average was used. Health claim is expected to decline; with two quarters of FY 2018 complete, collections are trending at about 90% of prior year. Used 75% of prior year as the estimate. Had previously expected that pharmaceutical claims would be cost-avoided by July 2017 (which would further reduce health claim collections), but that change is currently on hold per DOH, possibly to be implemented late in fiscal year. Used 40% of prior year for 2019 as pharmaceutical should be cost-avoided by then. Nursing Home is expected to decline rapidly; based the estimate on half of the previous year.
Explanation of Confidence	Medium-High confidence. Health Claim prediction is based on collections for first two quarters of this fiscal year. Have taken a conservative approach on all other program predictions.
Large events could raise or lower collections	DOH plans to change pharmaceutical claims (which have always been "pay and chase" (ie, a part of the BMC health claim total) largely to cost avoidance (billing other insurances prior to Medicaid) by FY 2019. The selected implementation date could decrease collections in this program late in FY 2018.