



**Program #40016 - FQHC-Medicaid/Medicare Eligibility** FY 2025 Department Requested

**Department:** Health Department **Program Contact:** Belma Nunez  
**Program Offer Type:** Operating **Program Offer Stage:** Department Requested  
**Related Programs:**  
**Program Characteristics:** In Target

**Executive Summary**

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance.

**Program Description**

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 15% of our patients have no insurance, and 95% of our clients live below 200% of the Federal Poverty Guideline. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance. Patients are also screened for eligibility to sliding scale (discounted fees) for services received if they are unable to obtain other coverage. Last year, we had 29,600 clients contacts and there were 1,641 projected enrollments into OHP.

The Medicaid Enrollment program provides outreach and education efforts that increase the number of clients who complete the Oregon Health Plan (OHP) enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at recertification. After nearly three years of automatic renewals OHA started to roll out a redetermination process for all of its members, this cause a surge of contacts from and to clients to answer questions and assist with re-enrollment paperwork.

Starting in March 2020, Eligibility transitioned to screening clients both in person and by phone due to the COVID-19 pandemic. The introduction of the phone line allowed for clients to call in and reach an eligibility specialist to apply for OHP benefits, the sliding scale discount or other medical assistance programs.

**Performance Measures**

Measure Type	Performance Measure	FY23 Actual	FY24 Budgeted	FY24 Estimate	FY25 Target
Output	Annual number of clients screened	18900	23000	29600	23000
Outcome	% of Self Pay Patients in Medical	11.5%	9.9%	3.5%	11%
Outcome	% of Self Pay Patients in Dental	7.78%	13.10%	3%	7.9%

**Performance Measures Descriptions**

## Legal / Contractual Obligation

The Medicaid Enrollment Prog. is on contract with the State Division of Medical Assistance Progs. to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process. Medical Assistance is in the scope of the Primary Care 330 Grant and must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Department Requested General Fund	Department Requested Other Funds
<b>Program Expenses</b>	<b>2024</b>	<b>2024</b>	<b>2025</b>	<b>2025</b>
Personnel	\$0	\$2,193,622	\$0	\$2,305,618
Contractual Services	\$0	\$18,000	\$0	\$18,000
Materials & Supplies	\$0	\$11,800	\$0	\$12,800
Internal Services	\$0	\$661,826	\$0	\$804,327
<b>Total GF/non-GF</b>	<b>\$0</b>	<b>\$2,885,248</b>	<b>\$0</b>	<b>\$3,140,745</b>
<b>Program Total:</b>	<b>\$2,885,248</b>		<b>\$3,140,745</b>	
<b>Program FTE</b>	0.00	19.00	0.00	19.00

<b>Program Revenues</b>				
Other / Miscellaneous	\$0	\$0	\$0	\$40,000
Service Charges	\$0	\$2,885,248	\$0	\$3,100,745
<b>Total Revenue</b>	<b>\$0</b>	<b>\$2,885,248</b>	<b>\$0</b>	<b>\$3,140,745</b>

## Explanation of Revenues

This program generates \$389,880 in indirect revenues.

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400.

\$1,133,498 - Charges for Services, APM

\$40,000 - HD FQHC Care OR - Redetermination

\$1,967,247 - HD FQHC OHP Enrollment Medicaid FFS

## Significant Program Changes

Last Year this program was: FY 2024: 40016 FQHC-Medicaid/Medicare Eligibility