

Department: Health Department **Program Contact:** Tasha Wheatt-Dalancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs:
Program Characteristics: In Target

Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians 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. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain other coverage. Last year, more than 16,000 clients were screened and 10,800 enrolled in OHP.

Program Summary

The Medicaid Enrollment program provides outreach and education efforts which 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 re-certification. The program aims to provide dignified access to health care for County residents in collaboration with existing Multnomah County services, by securing insurance coverage for eligible individuals.

Performance Measures					
Measure Type	Primary Measure	FY17 Actual	FY18 Purchased	FY18 Estimate	FY19 Offer
Output	Annual number of clients screened	13,694	14,000	16,000	18,000
Outcome	% of Self-Pay patients in Medical	12%	15%	17%	15%
Outcome	% of Self-Pay patients in Dental	13%	12%	17%	15%

Performance Measures Descriptions

Output: Annual number of clients completing financial screening to determine eligibility for available programs
 Outcome: % of self-pay patients in medical and dental to ensure that patients are screened for services available.

Legal / Contractual Obligation

The Medicaid Enrollment Program is on contract with the State Division of Medical Assistance Programs (DMAP) 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 (DOR) 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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2018	2018	2019	2019
Personnel	\$0	\$1,261,093	\$430,228	\$1,272,492
Contractual Services	\$1,500	\$0	\$18,000	\$0
Materials & Supplies	\$5,282	\$6,390	\$10,599	\$2
Internal Services	\$91,857	\$249,556	\$230,215	\$160,461
Total GF/non-GF	\$98,639	\$1,517,039	\$689,042	\$1,432,955
Program Total:	\$1,615,678		\$2,121,997	
Program FTE	0.00	14.40	4.00	14.00

Program Revenues				
Indirect for Dept. Admin	\$102,860	\$0	\$124,831	\$0
Intergovernmental	\$0	\$294,467	\$0	\$295,693
Service Charges	\$0	\$1,095,197	\$0	\$1,137,262
Total Revenue	\$102,860	\$1,389,664	\$124,831	\$1,432,955

Explanation of 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. The revenue for FY18 is based on actual expenses from FY2017. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

Division of Medical Assistance Programs (DMAP): \$1,137,262
Federal Primary Care Grant: \$295,693

Significant Program Changes

Last Year this program was: FY 2018: 40016 Medicaid/Medicare Eligibility