

Department: Health Department **Program Contact:** Tasha Wheatt-Delancy
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Medicaid Enrollment 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. Additionally patients are screened for eligibility to sliding scale (discounted fees) for services received, if they are unable to obtain other coverage. Last year, more than 16,000 clients were screened and 11,028 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	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Annual number of clients screened	13,643	14,000	15,000	16,000
Outcome	% of Self-Pay patients in Medical	14%	15%	13.9%	14%
Outcome	% of Self-Pay patients in Dental	10%	14%	8%	11.5%

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	2019	2019	2020	2020
Personnel	\$430,228	\$1,272,492	\$546,132	\$1,245,081
Contractual Services	\$18,000	\$0	\$18,000	\$0
Materials & Supplies	\$10,599	\$2	\$13,303	\$449
Internal Services	\$230,215	\$160,461	\$251,696	\$144,416
Total GF/non-GF	\$689,042	\$1,432,955	\$829,131	\$1,389,946
Program Total:	\$2,121,997		\$2,219,077	
Program FTE	4.00	14.00	5.74	12.26

Program Revenues				
Intergovernmental	\$0	\$295,693	\$0	\$294,466
Service Charges	\$0	\$1,137,262	\$291,512	\$1,095,480
Total Revenue	\$0	\$1,432,955	\$291,512	\$1,389,946

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 FY20 is based on actual expenses from FY2019. 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): \$1,095,480
Federal Primary Care (330) Grant: \$294,467
FQHC Medicaid Wraparound: \$291,512

Significant Program Changes

Last Year this program was: FY 2019: 40016-19 Medicaid/Medicare Eligibility