Multnomah County				
Program #40016 - Medie	caid/Medicare Eligibility			5/6/2020
Department:	Health Department	Program Contact:	Tasha Wheatt-Delanc	y
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Proposed	
Related Programs:				
Program Characteristic	s:			

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 9,000 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 access to health care for County persons in collaboration with existing Multnomah County services, by securing insurance coverage for eligible individuals.

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Annual number of clients screened	16,124	16,000	19,000	17,500
Outcome	% of Self-Pay patients in Medical	13%	14%	13.5%	14%
Outcome	% of Self-Pay patients in Dental	7.5%	12%	6%	9%

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 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 Assistants is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2020	2020	2021	2021
Personnel	\$546,132	\$1,245,081	\$107,415	\$1,756,545
Contractual Services	\$18,000	\$0	\$24,000	\$C
Materials & Supplies	\$13,303	\$449	\$14,941	\$C
Internal Services	\$251,696	\$144,416	\$341,617	\$205,516
Total GF/non-GF	\$829,131	\$1,389,946	\$487,973	\$1,962,061
Program Total:	\$2,219	\$2,219,077 \$2,450,034		,034
Program FTE	5.74	12.26	1.00	17.00
Program Revenues				
Intergovernmental	\$0	\$294,466	\$0	\$1,962.061

\$1,095,480	\$0	\$0
	+-	ΨŬ
\$1,389,946	\$0	\$1,962,061
	\$1,389,946	\$1,389,946 \$0

Explanation of Revenues

This program generates \$205,516 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. The revenue for FY21 is based on actual expenses from FY2020. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

\$ 1,667,594 - Division of Medical Assistance Programs (DMAP)

\$ 294,467 - Federal Primary Care (330) Grant

Significant Program Changes

Last Year this program was: FY 2020: 40016-20 Medicaid/Medicare Eligibility