



Program #40016 - FQHC-Medicaid/Medicare Eligibility **FY 2026 Department Requested**

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

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 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center 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 gain access to health services by providing registration, enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other types of medical assistance programs. Patients are also screened for sliding fee discounts for services received if they are unable to obtain other coverage. Last year, the program had 17,281 client contacts in person and by phone, and there were 2,012 projected enrollments into the Oregon Health Plan (OHP). Patient contacts include follow up on enrollments submitted, responding to insurance questions, assistance with securing the sliding fee scale for uninsured or underinsured patients, and assistance with data submission during the insurance redetermination period which had been postponed during the pandemic. The Medicaid Enrollment program provides outreach and education efforts aimed at increasing the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant people and children); and ensures continuity of coverage when recertification is due.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Annual number of patients screened	17,281	20,000	20,000	23,000
Outcome	% of Self Pay patients enrolled in care at the Health Center	4.9%	3.5%	5.2%	3.5%

Performance Measures Descriptions

The Output measures the number of clients served and visits during FY26 in comparison to previous years, while the outcome measures the level of success of self-pay patients.

Legal / Contractual Obligation

The Medicaid Enrollment Program is contracted by the State Division of Medical Assistance Program to provide application and enrollment assistance to all OHP/Medicaid eligible individuals and families including education regarding managed health care. Information includes establishing a Date of Request or effective date of coverage, navigating managed medical, dental, and mental health care, covered services (including preventive and emergent care), 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
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$2,305,618	\$0	\$2,396,460
Contractual Services	\$0	\$18,000	\$0	\$18,000
Materials & Supplies	\$0	\$12,800	\$0	\$11,400
Internal Services	\$0	\$804,327	\$0	\$860,207
Total GF/non-GF	\$0	\$3,140,745	\$0	\$3,286,067
Program Total:	\$3,140,745		\$3,286,067	
Program FTE	0.00	19.00	0.00	19.00

Program Revenues				
Other / Miscellaneous	\$0	\$40,000	\$0	\$0
Service Charges	\$0	\$3,100,745	\$0	\$3,286,067
Total Revenue	\$0	\$3,140,745	\$0	\$3,286,067

Explanation of Revenues

This program generates \$375,765 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.

\$1,243,840 - Charges for Services, APM

\$2,042,227 - HD FQHC OHP Medicaid/Medicare Eligibility

Significant Program Changes

Last Year this program was: FY 2025: 40016 FQHC-Medicaid/Medicare Eligibility