

Priority:	Safety Net Services	Lead Agency:	Health Department
Program Offer Type:	Existing Operating	Program Contact:	Marcy Sugarman
Related Programs:	40039A, 40041, 40047		
Frameworks:	Poverty Framework		

Executive Summary

Medicaid/Medicare Eligibility operates under contract with the State, and plays an integral role in reducing the number of un-/under-insured individuals in Multnomah County by providing application assistance and advocacy to clients applying for the Oregon Health Plan, Family Health Insurance Assistance, and State Children's Health Insurance programs. Over half of the 120,000 adults on Oregon Health Plan have lost coverage. This program not only provides application assistance, but also detailed follow-up with various State agencies on application denials. The team assists clients who have been dis-enrolled from the health plan due to cognitive disability and/or multiple chronic medical conditions, inability to pay premiums, and loss of stable housing, assuring clients are able to take full advantage of their dis-enrollment rights of appeal.

Program Description

Medicaid/Medicare Eligibility Specialists, located at Health Department primary care clinics, screen more than 22,106 clients annually, through scheduled and walk-in eligibility appointments. The program targets un-/under-insured families and children with the assistance of community partners and agencies. These agencies receive training on how to identify potentially eligible clients, and then contact staff via telephone or referral, to initiate the application process. The program maintains working relationships with over 100 community partners (e.g., Asian Health & Service Center, North Portland Nurse Practitioner Clinic, Portland Community College campuses, Mt. Hood Community College, Head Start, MESD, Portland Public Schools, various at-risk youth service organizations, alcohol and drug treatment providers, St. Francis dining hall, Harbor Light, Rescue Mission, Goodwill) to encourage Medicaid eligibility screening. Health Insurance provides access to preventive medical, dental, and mental health services, and hard-to-cover pre-existing conditions. Once screened, clients are provided with information on clinics to contact for their medical needs.

Program Justification

The Eligibility program addresses the Basic Living Needs strategy to provide access to care, including behavioral and physical health care, by securing insurance coverage for eligible clients. This program also addresses the strategy to educate, prevent and/or intervene to keep people from experiencing health or economic crises by helping clients enroll in the Oregon Health plan and assisting clients whose coverage has been denied or terminated.

Performance Measures

There are more than 8,400 uninsured children in Multnomah County, with African American and Hispanic children disproportionately represented in that total. We will focus results outcomes on this population in the next year, using data from the Health Department's Epic Practice Management system. Multnomah Educational Service District and Oregon Health Action Campaign. We will also focus on Oregon Health Plan retention rates for adults. Outcome measures for next year will be:

Percentage reduction in the number of uninsured children (Baseline 8,400) in the County.

Retention rate for adults currently on Oregon Health Plan, including adults dropped from the Oregon Health Plan due to cognitive and/or physical disability.

Summary of last year's program results and this year's expected results

Last year: Despite substantial cuts to Medicaid programs in Oregon, the number of individuals screened by Medicaid/Medicare Eligibility did not decrease. Medicaid/Medicare Eligibility Specialists screened 22,106 clients, received over 1,660 referrals, submitted 5,531 applications and verified insurance coverage on 13,464 individuals during the last fiscal year. This year: We expect screening and coverage numbers to increase, assuming no change in OMAP eligibility criteria and successful renegotiation with OMAP by mid-FY 2006 to assure appropriate staffing levels to handle demand. This year's expected results: Reduce number of uninsured children by 8%. Increase retention rate for adults on Oregon Health Plan by 10%.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

To allow potential Oregon Health Plan (OHP) clients to apply for the OHP program services at the locations of the facilitator (Medicaid/Medicare Eligibility) locations, per the conditions of our contract with State Office of Medical Assistance.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2005	2005	2006	2006
Program Expenses				
Personnel	\$0	\$472,243	\$0	\$543,689
Contracts	\$0	\$0	\$0	\$12,027
Materials & Supplies	\$0	\$26,238	\$0	\$56,006
Internal Services	\$0	\$101,519	\$0	\$127,239
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	\$0	\$600,000	\$0	\$738,961
Administration	\$0	\$0	\$12,189	\$0
Program Support	\$0	\$0	\$28,385	\$485
Subtotal: Other Exps:	\$0	\$0	\$40,574	\$485
Total GF/non-GF:	\$0	\$600,000	\$40,574	\$739,446
Program Total:	\$600,000		\$780,020	
Program FTE	0.00	0.00	0.00	8.00
Program Revenues				
Indirect for dep't Admin	\$46,689	\$0	\$41,439	\$0
Intergovernmental	\$0	\$600,000	\$0	\$738,961
Program Revenue for Admin	\$0	\$0	\$29,989	\$485
Total Revenue:	\$46,689	\$600,000	\$71,428	\$739,446

Explanation of Revenues

These services are currently funded based on the number of medical visits provided to Oregon Health Plan Open Card clients, rather than on the number of clients assisted with enrollment or enrolled into the Oregon Health Plan. Since the State has moved most Oregon Health Plan clients into Managed Care, few if any are Open Card eligible, resulting in a continual decline in revenue for this program. In FY06 the County will renegotiate the payment relationship with the State, so that the full cost of services is recovered.

Significant Program Changes

Leading up to FY05, the Eligibility program cut all of its general fund revenue (\$890k,) leaving only the State Medicaid revenue. The budget cut forced the layoff of the Program Manager, a Program Development Specialist and eight full-time Eligibility Specialists, as well as the closure of the Outreach component. The Eligibility program continues to see a high volume of clients, despite this significant reduction in capacity. However, whenever an eligible person is wrongly denied coverage or is unable to enroll in the Oregon Health plan without assistance, the Health Department clinics usually serve them, as uncompensated care, resulting in lost revenue to the clinic and barriers to care for the client.