

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: Marcy Sugarman

Related Programs:

Program Characteristics:

Executive Summary

Medicaid Enrollment operates under contract with the State Office of Medical Assistance Programs (OMAP) 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 Medicaid benefits (Oregon Health Plan, Family Health Insurance Assistance Program, Children's Health Insurance Program). Over two-thirds of adults on the Oregon Health Plan have lost coverage. This program provides detailed follow-up with State agencies on application denials, benefit terminations, and disenrollment due to cognitive disability, multiple chronic medical conditions, unpaid premiums, and loss of stable housing, to assure eligible clients receive appropriate benefits.

Program Description

Medicaid Eligibility staff operating within Health Department clinical sites and using outreach strategies screen individuals for Medicaid, submit their applications and continually monitor Medicaid-enrolled clients, particularly those at high risk like HIV, to assure that they retain coverage. The program targets un/under-insured families and children in collaboration with community partners and agencies. The agencies receive basic training on how to identify potentially eligible clients, and then notifies the Medicaid Administration Office via faxed referral or telephone, to initiate the process. The Medicaid Program continues to maintain strong working relationships with Multnomah/Clackamas Education Service Districts (over 100 elementary, middle, and high schools), Head Start, North Portland Nurse Practitioner Clinic, Asian Health & Service Center, St. Francis Dining Hall, Multnomah County Corrections, and various at-risk youth service organizations and alcohol and drug treatment facilities, and others. The eligibility screening includes understanding managed health care services, clients' rights and responsibilities; the health insurance provides access to preventive medical, dental and mental health services, care for hard-to-cover pre-existing conditions and costly medications.

Program Justification

The Medicaid Program addresses the Basic Living Needs strategy to provide access to care, including behavioral and physical health by securing insurance coverage for eligible individuals. The program also addresses the strategy to educate, prevent, and/or intervene to keep individuals from experiencing health or economic crisis by helping those individuals enroll in the appropriate Medicaid program and assist individuals whose coverage has been denied or terminated or obtaining reinstatement of benefits.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Annual number of clients screened	16,202	16,300	16,400	17,500
Outcome	Uninsured children in Multnomah County insured through program	4,837	4,838	5,000	5,100
Efficiency	Annual number of clients screened/FTE	2,592	2,600	2,624	2,800
Outcome	OHP retention rate for adults in HIV Clinic or screened in Outreach*	61%	50%	55%	59%

Performance Measure - Description

The "Current Year Purchased" represent experience for the first 6-months of FY06 annualized.

Uninsured children insured through program: Insurance coverage is a direct result of program.

OHP retention percentage - Fiscal Year total of adults* who remain covered through two 6-month certification periods.

Legal/Contractual Obligation

The Medicaid Program is on contract with State Office of Medical Assistance Programs (OMAP) to provide application and enrollment assistance to all Oregon Health Plan/Medicaid eligibles, providing education regarding managed healthcare. Information shall include establishing a Date of Request (DOR) or effective date of coverage, managed health care, criteria for choosing medical and dental plans, 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	2006	2006	2007	2007
Personnel	\$0	\$543,689	\$1,397	\$716,446
Contracts	\$0	\$12,027	\$22	\$11,058
Materials & Supplies	\$0	\$56,006	\$84	\$42,886
Internal Services	\$0	\$127,239	\$107	\$116,712
Subtotal: Direct Exps:	\$0	\$738,961	\$1,610	\$887,102
Administration	\$0	\$0	\$14,196	\$0
Program Support	\$0	\$0	\$41,384	\$0
Subtotal: Other Exps:	\$0	\$0	\$55,580	\$0
Total GF/non-GF:	\$0	\$738,961	\$57,190	\$887,102
Program Total:	\$738,961		\$944,292	
Program FTE	0.00	0.00	0.00	10.40
Program Revenues				
Indirect for dep't Admin	\$41,439	\$0	\$42,555	\$0
Intergovernmental	\$0	\$738,961	\$0	\$887,103
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$41,439	\$738,961	\$42,555	\$887,103

Explanation of Revenues

This program is funded by the State Office of Medical Assistance. The reimbursement rate is designed to cover 100% of the costs of the program, but the timing of the budget submission to the State and the County's budget process can result in revenue over or under the actual cost of the program. The margin of error should be very small and should be adjusted in the next funding cycle.

Significant Program Changes

Last year this program was: #40030, Medicaid/Medicare Eligibility