

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: Marcy Sugarman

Related Programs:

Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Medicaid Enrollment assists uninsured, under-insured Oregonians gain access to health services by providing application assistance and advocacy to families and children applying for Medicaid benefits (Oregon Health Plan (OHP), Family Health Insurance Assistance Program (FHIAP), and State Children’s Health Insurance Program (SCHIP). The Program operates under contract with the State Division of Medical Assistance Programs (DMAP).

Program Description

This program’s goals are to 1) educate the uninsured population about OHP and other state insurance expanded services; 2) increase the number of clients who complete the OHP enrollment process; 3) increase access to health care services, particularly for pregnant women and children. Medicaid Enrollment Eligibility Specialists are stationed in Health Department clinical sites using outreach strategies to screen individuals for Medicaid programs, expedite applications to ensure prompt coverage, monitor Medicaid enrollees, particularly those at high risk, to assure continuity of coverage and care, and recertify for continued coverage on time. Insurance coverage under Medicaid provides access to preventive medical, dental, and mental health services and care for hard-to-cover pre-existing conditions and costly medications. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services and community partners; to educate and enroll clients in OHP. During FY 05-06 Medicaid Enrollment Eligibility Specialists found 7,053 clients to be eligible for full medical benefits. 2,707 individuals received emergency medical coverage including labor & delivery. An additional 365 newborns received full medical coverage during their first year of life.

Program Justification

Medicaid Enrollment addresses the Basic Needs strategy to provide access to care, including behavioral and physical health, by securing insurance coverage for eligible individuals. In addition, the program addresses the strategy to educate, prevent, and/or intervene to keep individuals from experiencing health or economic crisis, by assisting these individuals to enroll in the appropriate Medicaid program, and by assisting individuals whose coverage has been denied or terminated the opportunity for reinstatement of benefits. Approximately 60% of eligible clients select CareOregon. Multnomah County is CareOregon’s single largest Medicaid provider.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	Annual number of clients screened	17,336	17,500	18,742	18,500
Outcome	Uninsured children in Multnomah County insured through program	5,995	5,100	6,500	6,800
Efficiency	Annual number of clients screened per FTE	2,889	2,800	3,000	3,200
Outcome	OHP retention rate for adults	65.0%	59.0%	60.0%	60.0%

Performance Measure - Description

Output: Reflects service volume.

Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program. FY 06-07 Purchased number estimated low due to data available at that time. Adjusted upward for FY 07-08 offer.

Outcome: OHP retention percentage-Fiscal year total of adults who remain covered through two six month certification periods. Although OHP coverage for adults closed to new enrollment (July, 2004) and has dropped significantly it is important to note that 1) The percentage of adults now covered by Medicare, OMIP (medical insurance pool through the state for high risk coverage), and private employer sponsored insurance has stabilized as a result of the program's active retention efforts.

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
	2007	2007	2008	2008
Program Expenses				
Personnel	\$1,382	\$716,446	\$298,657	\$489,590
Contracts	\$22	\$11,058	\$2,872	\$4,709
Materials & Supplies	\$84	\$42,886	\$11,536	\$18,910
Internal Services	\$107	\$116,712	\$25,346	\$86,791
Subtotal: Direct Exps:	\$1,595	\$887,102	\$338,411	\$600,000
Administration	\$14,196	\$0	\$15,796	\$0
Program Support	\$41,384	\$0	\$47,278	\$0
Subtotal: Other Exps:	\$55,580	\$0	\$63,074	\$0
Total GF/non-GF:	\$57,175	\$887,102	\$401,485	\$600,000
Program Total:	\$944,277		\$1,001,485	
Program FTE	0.00	10.40	3.94	6.46
Program Revenues				
Indirect for dep't Admin	\$42,555	\$0	\$35,018	\$0
Intergovernmental	\$0	\$887,103	\$0	\$600,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$42,555	\$887,103	\$35,018	\$600,000

Explanation of Revenues

These services are currently funded by the number of medical visits provided to Oregon Health Plan recipients @ \$4.73 per visit within Multnomah County Health Department clinical services, rather than on the actual number of clients assisted with enrollment or enrolled into the Oregon Health Plan.

Significant Program Changes

Last year this program was: #40024, Medicaid/Medicare Eligibility

It is important to note that the Medicaid Program continues to increase the number of individuals screened with less than a fulltime Eligibility Specialist at each clinical site on an annual basis and ensure these individuals remain on the health plan for continuity of coverage and care.

The 32% decrease in expected Title 19/Medicaid-OMAP Fees for Service is the main reason for increase in proposed general funds. The method of reimbursement has changed in the last year, with an anticipated shortfall in FY08, which we should make up in FY09. The payment method is in theory full cost recovery, but it is always a year lagging.