

Lead Agency: Health Department

Program Contact: Marcy Sugarman

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy, to families and children applying for Medicaid Oregon Health Plan (OHP) benefits, Medical Assistance Assumed (MAA), Medical Assistance for Families (MAF), Temporary Assistance For Needy Families (TANF), Family Health Insurance Assistance Program (FHIAP), Children’s Health Insurance Program (CHIP), Healthy Kids Plan & Kids Connect, Oregon Prescription Drug Program (OPDP), and Kaiser Child Health Program. The Medicaid Program operates under contract with the State Division of Medical Assistance Programs (DMAP).

Program Description

The Medicaid Enrollment program provides outreach and education efforts which increases the number of clients who complete the OHP enrollment process, increases access to health care services, particularly for pregnant women and children, and ensures continuity of coverage at recertification. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services and addresses the Basic Needs strategy to provide access to care, by securing insurance coverage for eligible individuals. Approximately 90% of Medicaid eligible clients select MCHD clinics as their provider. In addition, the program addresses the strategy to educate, prevent, and/or intervene to keep individuals from experiencing health or economic crisis due to lack of coverage.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Annual number of clients screened	33,933	32,500	33,900	36,000
Outcome	Uninsured children in Multnomah County insured through program	11,550	12,300	12,300	13,500

Performance Measure - Description

- 1) Output: Reflects service volume.
- 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program. 2,265 referrals received from MESD nurses (2,087 kids insured as a direct result); and 662 referrals from SBHC (244 kids & 35 adults insured as a direct result. Since October, 2009 an additional 607 individuals were screened for Medicaid eligibility resulting in 240 children now covered by the Healthy Kids Plan, through the outreach efforts of the MESD Eligibility Specialists. For FY11 one program outcome will include children insured directly through expanded outreach opportunities.

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
Program Expenses	2010	2010	2011	2011
Personnel	\$355,132	\$975,744	\$96,691	\$1,059,561
Contracts	\$3,080	\$0	\$3,123	\$0
Materials & Supplies	\$29,884	\$6,920	\$12,602	\$10,737
Internal Services	\$8,887	\$167,933	\$33,021	\$151,652
Total GF/non-GF:	\$396,983	\$1,150,597	\$145,437	\$1,221,950
Program Total:	\$1,547,580		\$1,367,387	
Program FTE	5.00	15.00	1.00	14.00
Program Revenues				
Indirect for dep't Admin	\$70,434	\$0	\$72,664	\$0
Fees, Permits & Charges	\$0	\$1,162,358	\$0	\$0
Intergovernmental	\$0	\$0	\$0	\$1,221,950
Total Revenue:	\$70,434	\$1,162,358	\$72,664	\$1,221,950

Explanation of Revenues

Significant Program Changes

✔ Significantly Changed

Last year this program was: #40016A, Medicaid/Medicare Eligibility

This offer now includes most of the staff previously included in 40016B, funded last year with CGF. There is now sufficient State revenue to support the expanded program. More clients were screened as a result of a new patient intake workflow to ensure all potential Medicaid eligible families with pregnant women and children were screened for Medicaid benefits prior to receiving services. Through this process the Medicaid Program staff established a fiscally responsible business practice that would directly support revenue to the Health Department. The workflow standardized how patients were screened for medical benefit eligibility, identified best business practices for primary care, and assured that all eligible patients receive their benefits.

Reduction in fte will discontinue screening referrals from SBHC (20-25 per day) and reduction in outreach services to MESD. Prioritizing clinics with higher volume.