

Lead Agency: Health Department

Program Contact: Susan Kirchoff

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Backfill State/Federal/Grant, In Target

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 (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Annual number of clients screened	33,900	36,000	41,688	40,500
Outcome	Uninsured children in Multnomah County insured through program	13,000	13,500	5,000	6,000

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 and 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	2011	2011	2012	2012
Personnel	\$96,691	\$1,059,561	\$302,798	\$1,134,329
Contracts	\$3,123	\$0	\$3,137	\$0
Materials & Supplies	\$12,602	\$10,737	\$25,334	\$343
Internal Services	\$33,021	\$151,652	\$41,026	\$163,195
Total GF/non-GF:	\$145,437	\$1,221,950	\$372,295	\$1,297,867
Program Total:	\$1,367,387		\$1,670,162	
Program FTE	1.00	14.00	3.50	14.50
Program Revenues				
Indirect for dep't Admin	\$72,664	\$0	\$77,550	\$0
Intergovernmental	\$0	\$1,221,950	\$0	\$1,297,867
Total Revenue:	\$72,664	\$1,221,950	\$77,550	\$1,297,867

Explanation of 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. Compensation is related to the receipt and initial processing of applications for individuals, including low-income pregnant women and children, to apply for Medicaid at out station locations other than state offices. DMAP provides for compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The costs are based on actual expenses from FY2010 and DMAP disallows the cost of supervision, office support and interpretation services. The rate for FY2012 is \$7.78 per visit and the medical fee revenue is based on 166,821 visits.

Medical fees: \$1,297,867
County general fund: \$372,295

Significant Program Changes

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

Backfill has been noted for this program because of the small increase in general fund for FY12. Because of the costs excluded from the State reimbursement rate and the cap the State has applied to personnel salary and benefits more general fund is needed to maintain this valuable service.