

Lead Agency: Health Department

Program Contact: Marilyn Boss

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Backfill State/Federal/Grant

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 (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Annual number of clients screened	39,411	40,500	37,431	36,780
Outcome	Uninsured children in Multnomah County insured through program	6,280	6,000	5,435	5,500

Performance Measure - Description

- 1) Output: Reflects service volume.
- 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program. Placed (2) OEW at MESD and concentrated efforts at School Based Health Centers to increase enrollment in Healthy Kids.

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	2012	2012	2013	2013
Personnel	\$302,798	\$1,134,329	\$220,852	\$851,137
Contracts	\$3,137	\$0	\$5,770	\$0
Materials & Supplies	\$25,334	\$343	\$2,687	\$13,541
Internal Services	\$41,026	\$163,195	\$60,123	\$157,599
Total GF/non-GF:	\$372,295	\$1,297,867	\$289,432	\$1,022,277
Program Total:	\$1,670,162		\$1,311,709	
Program FTE	3.50	14.50	2.40	11.00
Program Revenues				
Indirect for dep't Admin	\$77,550	\$0	\$63,405	\$0
Intergovernmental	\$0	\$1,297,867	\$0	\$1,022,277
Total Revenue:	\$77,550	\$1,297,867	\$63,405	\$1,022,277

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 FY2013 is \$6.03 per visit and the medical fee revenue is based on 161,240 visits.

Medical fees: \$1,022,277
County general fund,: \$289,432

Significant Program Changes

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

This program has received reduced state funding for this function. To work within this constraint, we will need to reduce staffing (through not filling vacancies and/or attrition). Our goal is to NOT negatively impact the number of clients who are eligible for OHP getting access to those services. We will evaluate current output (number of applications) across our system and develop a target number of applications per day per Eligibility worker. We believe this can be done with fewer people.