

Lead Agency: Health Department

Program Contact: Dawn Shatzel

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 increase the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at re-certification. 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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Annual number of clients screened	11,181	36,780	13,394	14,000
Outcome	Uninsured children in Multnomah County insured through program	5,052	5,500	3,693	4,000

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.

Reviewed the current year purchased amount of 36,780 clients screened and have amended our reporting process. The previous count included other financial screening/application support (not OHP exclusively).

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	2013	2013	2014	2014
Personnel	\$220,852	\$851,137	\$242,281	\$968,924
Contracts	\$5,770	\$0	\$0	\$2,800
Materials & Supplies	\$2,687	\$13,541	\$14,584	\$594
Internal Services	\$60,123	\$157,599	\$31,677	\$176,295
Total GF/non-GF:	\$289,432	\$1,022,277	\$288,542	\$1,148,613
Program Total:	\$1,311,709		\$1,437,155	
Program FTE	2.40	11.00	3.00	11.55
Program Revenues				
Indirect for dep't Admin	\$63,405	\$0	\$73,656	\$0
Intergovernmental	\$0	\$1,022,277	\$0	\$1,148,613
Total Revenue:	\$63,405	\$1,022,277	\$73,656	\$1,148,613

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 compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue is based on actual expenses from FY2012. DMAP disallows the cost of supervision, office support and interpretation services. General fund backfills expenses not covered by state funding. The rate for FY2014 is \$6.69 per visit and the medical fee revenue is based on 171,691 visits.

Medical fees: \$1,148,613
County general fund,: \$288,542

Significant Program Changes

Last year this program was:

A Program Supervisor was eliminated and Program Specialist was added to this program. Oversight and support provided by the Program Specialist will allow eligibility staff to maximize number of screening appointments they can make. Revenue for this program offer increased because the number of visits increased.