



Program #40016 - Medicaid/Medicare Eligibility 7/6/2021

Department: Health Department **Program Contact:** Erika Williams
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Adopted
Related Programs:
Program Characteristics:

Executive Summary

Integrated Clinical Services (ICS) is the largest Federally Qualified Health Center (FQHC) in Oregon, providing high-quality, patient-centered health care and related services to communities across Multnomah County.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance.

Program Summary

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Sixty percent of our patients identify as people of color, and more than 40% are best served in a language other than English, including more than 100 different languages. Nearly 20% of our patients have no insurance, 95% of our clients live below 200% of the Federal Poverty Guideline and nearly 2,000 of our patients report experiencing homelessness. All programs within ICS are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

The Medicaid Enrollment program assists uninsured and under-insured Oregonians to gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental coverage as well as other forms of assistance. Patients are also screened for eligibility to sliding scale (discounted fees) for services received if they are unable to obtain other coverage. Last year, more than 16,700 clients were screened and 7,800 enrolled in OHP.

The Medicaid Enrollment program provides outreach and education efforts that increase the number of clients who complete the Oregon Health Plan (OHP) enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at recertification.

Starting in March 2020, Eligibility transitioned to screening clients both in person and by phone due to the COVID-19 pandemic. The introduction of the phone line allowed for clients to call in and reach an eligibility specialist to apply for OHP benefits, the sliding scale discount or other medical assistance programs. The Oregon Health Authority relaxed rules for obtaining signatures which allowed for applications to be completed by phone with virtual consent given by the client. Clients are still able to walk in and see an eligibility specialist at any primary care clinic for their eligibility needs.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Annual number of clients screened	16,782	17,500	16,140	16,000
Outcome	% of Self Pay Patients in Medical	14.1%	14%	14.3%	14%
Outcome	% of Self Pay Patients in Dental	6.15%	7.77%	9.8%	7.77%

Performance Measures Descriptions

Output: Annual number of clients completing financial screening to determine eligibility for available programs
 Outcome: % of self-pay patients in medical and dental to ensure that patients are screened for services available

Legal / Contractual Obligation

The Medicaid Enrollment Prog. is on contract with the State Division of Medical Assistance Progs. 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 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. Medical Assistants is in the scope of the Primary Care 330 Grant must follow the HRSA Community Health Center Program operational and fiscal compliance requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$107,415	\$1,756,545	\$585,444	\$1,515,250
Contractual Services	\$24,000	\$0	\$0	\$24,000
Materials & Supplies	\$14,941	\$0	\$1,456	\$14,950
Internal Services	\$341,617	\$205,516	\$406,200	\$225,851
Total GF/non-GF	\$487,973	\$1,962,061	\$993,100	\$1,780,051
Program Total:	\$2,450,034		\$2,773,151	
Program FTE	1.00	17.00	5.00	15.00

Program Revenues				
Intergovernmental	\$0	\$1,962,061	\$0	\$295,945
Service Charges	\$0	\$0	\$993,100	\$1,484,106
Total Revenue	\$0	\$1,962,061	\$993,100	\$1,780,051

Explanation of Revenues

This program generates \$279,615 in indirect 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. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400.

\$ 1,484,106 - Division of Medical Assistance Programs (DMAP)

\$ 295,945 - Federal Primary Care (330) Grant

\$ 993,100 - FQHC Medicaid Wraparound

Significant Program Changes

Last Year this program was: FY 2021: 40016 Medicaid/Medicare Eligibility

The program has partially transitioned to telework due to the COVID-19 pandemic, including an adjustment in operations to allow for services by telephone.

FTE change: added 1.0 Lead position and transferred 1.0 from 40012A budget.