



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 5/24/13)

Board Clerk Use Only

Meeting Date: 8/22/13
Agenda Item #: R.3
Est. Start Time: 9:40 am
Date Submitted: 8/13/13

Agenda **NOTICE OF INTENT to submit an application for \$150,000 to the Oregon Health Authority's Provider Outreach and Enrollment Grant Program**

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date: 8/22/2013 **Time Needed:** 5 min
Department: Health **Division:** Integrated Clinical Services
Contact(s): Marc Harris and Marilyn Boss
Phone: 503-988-3663 **Ext.** 29778; 27363 **I/O Address:** 160/9; 160/7
Presenter Name(s) & Title(s): Marc Harris, Health Services Development Administrator

General Information

1. What action are you requesting from the Board?

Authorization for the Director of the Health Department to submit an application for \$150,000 to the Oregon Health Authority's Provider Outreach and Enrollment Grant Program.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

On August 6, 2013, the Oregon Health Authority (OHA) invited organizations to submit a grant proposal to participate in the Provider Outreach and Enrollment Grant Program for Cover Oregon. OHA intends to award multiple grants between \$50,000 and \$150,000.

Cover Oregon is the state's health insurance exchange that will serve and benefit the people who obtain health coverage for themselves, their families and their employees. Cover Oregon will help improve access to health coverage by providing an online central

marketplace where individuals, families and small employers can shop for private health plans by price, carrier or services offered. They can also compare plans apples-to-apples, select and enroll in a plan on the Cover Oregon website. As of January 1, 2014, thousands of Oregonians will be eligible for financial assistance to help cover the cost of insurance, and beginning October 1, 2013, Cover Oregon will help individuals determine whether they qualify beginning October 1, 2013. Through the Cover Oregon application process, individuals and families will also be able to find out if they qualify for public medical programs such as the Oregon Health Plan (OHP) and Healthy Kids.

The Provider Outreach and Enrollment Grant Program is designed to provide direct enrollment assistance and related outreach to those who are potentially eligible as outlined in the federal requirements to access health coverage through Cover Oregon, including consumers living in geographic isolation or with additional barriers to enrolling themselves or members of their family. Grant funds are intended to cover expenses for staff time dedicated to Cover Oregon provider outreach and enrollment efforts, local travel, and other expenses necessary to reach and provide assistance to targeted consumers. OHA will provide technical assistance and training, publications and other strategic support. Cover Oregon will provide flyers, posters, template ads, presentations, web-banners, and other materials that may be used for this project. Cover Oregon is also running a statewide marketing campaign that includes television and radio advertising.

The Health Department currently has two types of enrollment staff who work within Integrated Clinical Services and its Federally Qualified Health Center program. The first type of staff includes 13 eligibility specialists who are located in the Department's community health centers. These staff screen uninsured clients for OHP and other state programs prior to their primary care appointments; work with existing OHP clients to annually renew OHP applications; and assist walk-in clients with the OHP application process. The second type of staff includes five enrollment specialists (a total of 3.5 FTE) who are in the process of being hired. These staff are funded through a recently awarded Health Resources and Services Administration grant to provide additional capacity to support current resources in insurance enrollment and outreach. They will focus efforts on providing much needed in-reach work to educate, screen, and enroll MCHD currently uninsured clients. There are approximately 13,000 current clients who are uninsured; the vast majority will be eligible for OHP or subsidized insurance options in January 2014.

To bolster outreach, enrollment, and coordination capacity throughout the Health Department, other County Departments, and the community, the Health Department will propose to hire staff via OHA Provider Outreach and Enrollment Grant funds to act as a broader outreach, referral, and enrollment hub. These activities will support a large scale outreach and enrollment effort by maximizing local community capacity while collaborating with State and County programs to ensure the most vulnerable are reached. It is anticipated that thousands of community members will receive outreach, with approximately 1,500-2,000 receiving direct enrollment support from grant-funded staff and many others receiving referrals to community partners for culturally-specific enrollment support. Target populations of interest for outreach and enrollment activities include young adults ages 19-35; racial, ethnic and language minority communities; and populations with additional barriers (e.g., socioeconomic challenges, chemical dependency, homelessness, etc.). The requested grant funds will support two enrollment staff, and other associated costs, for a one-year project period.

3. Explain the fiscal impact (current year and ongoing).

This grant will provide the Health Department with \$150,000 for a one year period.

4. Explain any legal and/or policy issues involved.

OHA created this funding opportunity in response to new insurance coverage options that will become available in 2014 due to federal and state legislation (i.e. the federal Affordable Care Act; the State's creation of Cover Oregon, the new insurance exchange; and the State's decision to expand OHP eligibility following ACA suggestion). The Health Department's proposed activities will help the Department and its clients adapt to the changes.

5. Explain any citizen and/or other government participation that has or will take place.

The Health Department will partner with other Multnomah County Departments, safety net providers, and community based organizations to maximize local enrollment efforts.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**
Oregon Health Authority
- **Specify grant (matching, reporting and other) requirements and goals.**
There is no required match. Monthly reports are required. The grant program has 14 goals and objectives focused on enhancing and expanding current work and strategies to provide outreach and enrollment services for Cover Oregon to uninsured, hard to reach, underserved populations.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is one time funding.
- **What are the estimated filing timelines?**
The application is due on August 28, 2013.
- **If a grant, what period does the grant cover?**
The grant covers the period September 15, 2013 to September 14, 2014.
- **When the grant expires, what are funding plans?**
During the grant period, the Health Department will work with other Multnomah County Departments and community partners to develop a sustainable outreach and enrollment strategy. The Health Department will continue to have funding for enrollment staff not funded through this grant, providing ongoing enrollment capacity after the grant period.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
Yes.

Required Signatures

**Elected Official
or Department/
Agency Director:** Karin Johnson for Lillian Shirley /s/ **Date:** 08/13/13
Name/Title: _____

Budget Analyst: Althea Gregory /s/ **Date:** 08/13/13
Name/Title: _____

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved