

Quarterly Report

OREGON HEALTH PLAN MEDICAID DEMONSTRATION PROJECT

Office of Medical Assistance Programs

October - December 2001



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Attachments

- 1) DHS Quality Control FFY 2001 Semi-Annual Report on OHP Applications/Re-applications/Denials
- 2) Mental Health Organization Complaint Log
- 3) Mental Health Organization Financial Reporting Analysis for October 2000 - September 2001
- 4) Managed Care Disenrollment by Plan by Reason
- 5) Managed Care Plans Complaints and Grievances Report
- 6) DHS 1005 - Alternate Format Notification
- 7) HIPAA Informational Newsletter
- 8) **Project: PREVENTION!** Task Force Minutes 10/01
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- 10) ECCP Steering Committee Minutes 11/01
- 11) ECCP Training Evaluation Results 11/01
- 12) Final QI Site Review Report for ODS Health Plan
- 13) Final QI Site Review Report for ODS Dental Plan
- 14) Final QI Site Review Report for Deschutes County CDO

1. summary

Among the highlights of the fourth quarter (October - December 2001) were the following items:

- ◆ The Policy Unit is in the process of developing three additional transportation brokerages throughout the state (page 3).
- ◆ The Medical Director's Office, in conjunction with managed care plan Medical Directors, has restructured the format and agenda of the monthly Medical Director's Meetings, with emphasis on sharing of best practices (page 5).
- ◆ During this quarter, the Health Services Commission completed their charge under House Bill 2519 to create a prioritized list of benefit packages for the new OHP standard benefit plan (page 6).
- ◆ Office of Mental Health and Addiction Services has released several Requests for Proposals for development of programs for both ongoing and pilot projects (page 8).
- ◆ Office of Mental Health and Addiction Services contract changes to the 2001-2002 MHO Agreement, effective October 1, 2001, are summarized for this report (page 9).
- ◆ Delivery Systems staff continue to work towards assuring access to health care for clients as managed care plans change or depart from coverage areas. Managed care enrollment in FCHP's averaged 65% for the quarter, with a total managed care enrollment of 72% (page 11).
- ◆ A new website section containing Administrative Rules information and documents was added to the OMAP Website this quarter (page 17).
- ◆ OMAP has been conducting regular workgroup sessions with managed care plans to review HIPAA standards and share information (page 18).
- ◆ The **Project: PREVENTION!** Task Force held discussions about topics for future statewide collaborative prevention initiatives (page 19).
- ◆ OMAP's Evaluation Team completed Quality Improvement reviews for three health care plans in the fourth quarter 2001 (page 20).

2. administrative operations

OMAP

POLICY

During the fourth quarter 2001 there have been three major staff changes with the Policy Unit. Jesse Anderson, formerly the Pharmacy Program Analyst has taken the position of State Plan Coordinator. Jesse replaces Bev Castor who retired. Allison Knight is the acting manager while Jim Edge is working on Special Projects. Thomas Drawbaugh was hired as the new Pharmacy Program Analyst.

Other significant activities included:

- ◆ Several State Plan Amendments were submitted and policy staff have been working with CMS to provide clarification and additional details.
- ◆ Development of January and April 2002 administrative rules implementing legislative and technical changes.
- ◆ Continued intensive work on HIPAA related changes and training.
- ◆ Worked with the Health Resource Commission and Health Services Commission regarding the Prioritized List of Health Services.
- ◆ The transportation brokerage program is maturing with three established regional brokerages. Three additional brokerages are in development.
- ◆ Finalization of the utilization review contract with OMPRO.
- ◆ Researched legislative concepts for the upcoming special legislative session.
- ◆ Continued collaboration with other DHS programs and other community partners in the areas of:
 - Childhood immunizations
 - Maternity case management
 - Breast and cervical cancer Medicaid coverage for uninsured women
 - Tribal issues
 - Safety net clinics
 - Durable medical equipment

BENEFIT RN HOTLINE

The Benefit RN Hotline received a monthly average of 1,700 calls during the quarter. Virtually all calls were related to placement of items on the Prioritized List. There were four comorbidity requests received. Three requests were denied; two for gastric bypass and one for frenoplasty. The fourth request was referred to the client's managed care plan. In addition, four requests were received for Not Covered Services. Two requests were approved; one for arthrodesis with bone graft and one for inpatient stay for discitis. One request for fasciectomy was denied and one request was referred to the client's managed care plan.

HEARINGS

OHP Hearings (Managed care and fee-for-service) October 2001 - December 2001		
	Managed Care	Fee-for- Service
Requests received	105	47
Hearings held	39	14
Hearings pending	61	23
Hearings dismissed	70	33
<i>Claimant withdrew</i>	38	17
<i>Jurisdiction & No-shows</i>	6	5
<i>Plan withdrew</i>	26	11
Decisions affirmed	53	15
Decision reversed	1	0
Below-line issues	27	9

MEDICAL DIRECTOR'S OFFICE

The Medical Director's Office (MDO) provides medical and clinical consultative services for the Oregon Health Plan internal staff, state agencies and external associations and organizations. Dr. Tom Turek is currently the Medical Director for the OHP and oversees the OHP Hearings Unit, out-of-state services and transplant prior-authorization and coordination.

The MDO also coordinates the monthly meeting of the managed care plan medical directors. Areas of focus on the agenda this quarter included:

- ◆ Reevaluation of the structure and purpose of the Medical Directors Meeting. Elements discussed were the purpose and format of the meeting, how valuable information can be shared by Email, what is the most effective way of conducting the meeting, should the committees be restructured, and how often should the meeting occur. It was the conclusion of the OHP Medical Directors that the purpose of the meeting should be to discuss critical issues in depth with an emphasis on the sharing of best practices. The monthly meeting subsequently consisted of fewer topics thereby allowing ample time for free exchange of information and in depth discussion of each topic amongst the Medical Directors. The new format has worked exceedingly well with a renewed level of participation from the individual Medical Directors. Best practices are shared on an ongoing basis and unique plan specific concerns are brought forward for open discussion. The agenda topics are solicited on a regular basis and specific monthly agendas are developed with the participation of individual health plan Medical Directors in conjunction with Dr. Turek.
- ◆ Emergency room utilization and redirection process discussion with clarification on the interpretation of COBRA and EMTALA. An extensive discussion on how redirection takes place in the E.R. following evaluation if the member's condition is determined non-emergent.
- ◆ Oxycontin discussion which included plan specific data and guidelines.
- ◆ Hospital Dentistry and the Follow-Up Exam including the coordination efforts between Managed Health Plans and Managed Dental Plans. Also discussed were pediatric dentistry and high risk patients follow-up appointments.
- ◆ EQRO Measures review and discussion of the measures for depression, suicide risk assessment and alcohol and drug assessment. Improvement in outcomes was noted but is still low. Ways to improve outcomes at the plan and FFS level were discussed. A specific suicide risk assessment tool for adolescents will be made available.

- ◆ Excluded Services within the Oregon Health Plan. A discussion of the current status of services that are considered always excluded and never covered.
- ◆ The role of the Medical Directors in approving guidelines. The discussion focused on the intent and scope of guideline development. The open discussion produced numerous comments on how guidelines are used in this setting and what is the function of a guideline. The group wishes to avoid redundancy and focus on new technology assessment through the therapeutic advances committee.
- ◆ Tri-county Fluoridation update and discussion on the current status of the effort in the Portland urban area. A request for a letter of endorsement for fluoridation for Bull Run district was endorsed.

OTHER AGENCIES

HEALTH SERVICES COMMISSION

The **Health Services Commission** held three meetings during this period. The Commission completed their charge under House Bill 2519 to create a prioritized list of benefit packages for the new OHP Standard benefit plan. The report was finished by November 1st as required and delivered to the Waiver Application Steering Committee, the co-chairs of the Emergency Board, and the Leadership Commission on Health Care Costs and Trends. In December, the HSC met to discuss the rejection of the cost-sharing levels included in the OHP Standard Prioritized List of Benefit Packages and to hear strategies on developing a revised list to be used as a tool for establishing benefits for the 2001-03 biennium. Additionally, the Commission discussed a more medically-oriented approach which would allow mitigation of the cost-sharing levels or provide mechanisms for further benefit reductions for future biennia. In addition to using the broad categories of services (e.g. dental, mental health and chemical dependency) reflected in the work done to date, this approach would examine specific services within these broad categories to be identified for potential elimination or tighter management where appropriate.

The **Health Outcomes Subcommittee** held one meeting during this period. The Subcommittee began identifying recommended lines for the placement of the new CPT codes for 2002. This work will be completed in January for approval by the Commission. Testimony was heard on the cost-effectiveness of baclofen therapy for the treatment of spasticity. The Subcommittee also continued planning for the upcoming biennial review of the Prioritized List of Health Services. The letter to be sent to provider reviewers was finalized and will be sent in early January.

The **Subcommittee on Mental Health and Chemical Dependency** did not meet during this period.

OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES

POLICY AND PLANNING DECISIONS

◆ Mental Health Planning and Management Advisory Council -

This is the primary advisory group to Mental Health Services that meets CMHS requirement of 50% consumer participation. Topics discussed this quarter include:

- Review of changes to the Office of Mental Health Services - now Office of Mental Health and Addiction Services (OMHAS).
- Recent collaborative projects between mental health and chemical dependency which include Research Based Practices, Trauma policy, and the recommendations from the Dual Diagnosis Task Force Report.
- DHS budget projections and proposed cuts to both administration and programming.
- Review of draft guidelines for the local planning process mandated by HB 3024.
- Review of a draft report on implications to Oregon's mental health system resulting from the US Supreme Court Olmstead decision.
- Overview of the new federal guidelines on Seclusion and Restraint.
- Access and choice of services for clients with dual eligibility (Medicare and Medicaid).

◆ Community Based Secure Children's Inpatient Program

Request for Proposals - OMHAS released a Request for Proposals for the development of a community based program that will serve as Oregon's Long Term Psychiatric Care program for children 13 years and younger who previously would have received treatment services at the Oregon State Hospital. A contract for a Secure Children's Inpatient Program was awarded to Trillium Family Services. The new program will open on January 21, 2002 in a newly remodeled facility in Portland and will have a total capacity for 12 children. Trillium Family Services has a long history of providing high quality psychiatric residential treatment services in Oregon.

◆ **Psychiatric Residential Treatment Services** - Trillium Family Services also received a contract, effective January 15, 2002, to expand the psychiatric residential treatment services capacity for children under the age of 13. This program was previously a Behavioral Rehabilitation Services program, providing residential services for children in the care and custody of child welfare. This conversion utilizes funding previously used to finance 22 residential BRS slots. The new configuration of this program will be the capacity to treat 12 children in psychiatric residential treatment and 20 children in treatment foster care. This change will better address the psychiatric and community placement needs of young children in the care and custody of child welfare.

◆ **Targeted Case Management Request for Proposals** - OMHAS and OMAP released a Request for Proposal (RFP) to implement a one-year pilot program for the case management of OHP Members who are prescribed anti-depressants and anti-psychotics. Three proposals were awarded contracts with an effective date of November 1, 2001:

- ABHA/COIHS/GOBHI
- CareOregon/Multnomah Verity/Clackamas MHO
- LaneCare/LIPA

All three proposals demonstrated coordinated and collaborative efforts between a FCHP and one or more MHOs.

◆ **Integrated Mental Health and Chemical Dependency Services Behavioral Health Pilot Project Request for Information** - OMHAS and OMAP released a Request for Information for a MHO to develop an integrated approach for the delivery of mental health and chemical dependency treatment services for OHP Members. One proposal was received and while fairly comprehensive, several areas of concern were identified. Due to these concerns and other operational considerations, OMHAS and OMAP decided not to proceed with a behavioral health pilot project at this time.

◆ **Local Mental Health Planning Process (HB 3024)** - HB 3024, passed by the 2001 Legislative Assembly in response to recommendations from the Governor's Mental Health Alignment Work Group, represents a major step forward in improved planning for mental health services in Oregon for all age groups. After input from a Guidelines Planning Workgroup, which had representation from the Association of Oregon Counties, community mental health directors, and other local key stakeholders, a document outlining key features for the first round of plans was released on November 2, 2001. Focus areas to be addressed in the local plans which are due March 1, 2002 include: Consumer-centered community based services, consumer-centered

intensive services, suicide prevention, and juvenile and adult corrections.

ELIGIBLES AND ENROLLMENT

MHO enrollment was at 85 % in October, 82 % in November, and 80 % in December. Actual enrollment in MHOs was 327,636 in October, 324,000 in November, and 319,988 in December.

BENEFIT PACKAGE

Contract changes to the 2001-2002 MHO Agreement effective October 1, 2001 include the following:

- OMHAS shall be responsible for the cost of services for managed care clients who have been accepted for long-term care but remain in local inpatient acute care settings waiting for transfer to a state facility.
- MHOs shall have written policies and procedures for processing service authorization requests.
- MHOs shall provide information in alternative formats and in the languages prevalent in their service delivery area.
- MHOs shall develop and implement policies and procedures to meet the provisions of the HIPAA Administrative Simplification Act and Privacy standards.
- Revision of the MHO Practitioner Report and MHO Complaint Log to improve data collection.

TRAINING AND ACTIVITIES

- ◆ **OHP Statewide Quality Improvement Committee Meeting -** MHOs Quality Assurance coordinators and FCHP Exceptional Needs Care Coordinators participated in the OHP Statewide Quality Improvement Committee meeting held in Salem on October 23, 2001. The focus was on youth depression and suicide prevention. Speakers included Robert McKelvey, MD/OHSU Professor and Director of Child/Adolescent Psychiatry, Ron Bloodworth, MA/Oregon Health Division, and Gary McConahay, PhD/Josephine County Mental Health.
- ◆ **Enhancing Core Competency: Tools for Success -** OMHAS sponsored a workshop to address the findings of the most recent clinical chart audit completed by OMPRO. Topics of discussion included: Engaging consumers in strengths based assessment and treatment, Skill building, application of the revised ASAM criteria, and Case management.

ATTACHMENTS

The MHO Complaint Log Report for the Third Quarter 2001 and the MHO Financial Reporting Analysis for October 2000 through September 2001 are included with this report. (see attachments 1 and 2)

DHS QUALITY CONTROL UNIT

The DHS Quality Control Unit released the Semi-Annual report on OHP Applications and Denials for the period October 2000 through March 2001. (see attachment 3)

The study sampled 198 cases between October 2000 and March 2001. The report shows an error rate of 6.7% for the period, which represents a decrease of 33% from the Fiscal Year 2000.

3. eligibles & enrollment

ELIGIBLES

Total actual eligibles were: October 387,019; November 393,924; and December 399,180.

ENROLLMENT

Managed care enrollment in FCHP's was at 64.93% in October, 64.90% in November and 65.42% in December. Actual enrollment in FCHP's was 237,668 in October, 242,133 in November and 247,656 in December. Total managed care enrollment for the quarter ending 12/31/01, including retroactive enrollments and clients enrolled with Primary Care Case Managers (PCCM's), was at 72%.

HEALTH PLAN ACTIVITY

Effective October 15:

Capitol Dental opened to new enrollment in Lincoln and Tillamook Counties.

Effective October 30:

Managed Dental Care increased their maximum enrollment in Yamhill County from 2,500 to 3,500.

Effective November 1:

Kaiser closed to new enrollment in Marion/Polk Counties with a thirty (30) day re-enrollment period.

Effective November 1

Kaiser opened to new enrollment in Multnomah and Clackamas Counties.

Effective November 5:

Care Oregon closed to new enrollment in Washington County with no re-enrollment period.

Effective November 5:

Washington County zips 97123 and 97124 became mandatory for enrollment.

Effective December 1:

Oregon Dental Services closed for new enrollment in Lincoln County with a thirty (30) day re-enrollment period.

Effective December 13:

NorthWest Dental Services, LLC closed for new enrollment in Lane County with a ninety (90) day re-enrollment period.

Effective December 17:

Care Oregon closed for new enrollment in Clatsop County with a sixty (60) day re-enrollment period.

Effective December 17:

Clatsop County became voluntary for enrollment.

Effective December 31:

Kaiser left Washington County. All clients rolled into Fee-For-Service.

- ◆ A chart showing Fully Capitated Health Plan disenrollment by reason code is included with this report. (see attachment 4)

MANAGED CARE ACTIVITIES

Meetings were held monthly for CDO, DCO, FCHP, MHO and OHP Contractors. Various workgroups and task forces met during the period, including Diversity Committee meeting, A & D OHP Coordination, Challenging Clients Meeting, OHP Contractor’s, OHP Contractor’s Quality Improvement Workgroup, OHP Dental Contractor’s Organization Workgroup, Dental Collaboration Committee, Early Childhood Cavities Prevention Educational Committee, Early Childhood Cavities Prevention Coalition, ENCC Round Table, Encounter Data Workgroup, Enrollment/Disenrollment Workgroup, Financial Solvency Workgroup, OHP Health Services Commission Community Forum Meetings, HIPAA Task Force, Managed Dental QI Review, Medical Directors, MHO Contractor’s, MHO/FCHP Integration, OMA/OMAP Training, Prenatal Task Force, **Project: PREVENTION!** Workgroup, Rates & Actuarial Workgroup, Rules and Contracts Workgroup, Statewide Public Health Nutrition Plan, OHP Contractor’s Steering Committee, Third Party Resource Workgroup, Workgroup Review Committee.

OHP Regional meetings were held in the following areas:

- In October: Baker, Harney, Malheur, Morrow, Umatilla and Wallowa Counties
- In November: None
- In December: None

PREMIUMS AND WAIVERS

OHP Monthly Premium Billing and Payments October - December 2001			
Month	Households	Total Billed	Total Receipts
October	66,382	\$771,704	\$283,189
November	66,395	\$808,410	\$280,829
December	67,292	\$809,309	\$253,011

Premium Waivers October - December 2001			
Waiver Type	Oct	Nov	Dec
Zero Income	3284	3061	2899
Case Discrepancy*	1638	1356	1308
Crime Victim	11	11	18
Domestic Violence	230	184	179
Homeless	527	496	448
Natural Disaster	32	27	32
Death in Family	6	4	7
Total	5729	5139	4891

*Case Discrepancy is primarily used when client has made late payment and the billing office can confirm receipt prior to automated updates by systems.

Denied Premium Cases October - December 2001	
Month	Number
October	78
November	76
December	80
Total	234

4. service & information

TELECOMMUNICATIONS & APPLICATIONS

During this quarter the OMAP Telecommunications Center received a total of 31,712 calls, a slight decrease from the previous period (31,976). The number of calls abandoned was 1,023, a decrease from the previous quarter (3,326).

The OHP Application Center received 64,079 calls, an increase from the previous quarter's 59,836. The number of calls abandoned, at 2,501, was a decrease from the previous quarter's 2,732. The center received 5,443 hospital hold requests, an increase from the previous quarter's 4,932.

Telecommunications and Application Center October - December 2001	
OMAP Telecommunications	
Calls received	31,712
Calls answered	30,689
Calls abandoned	1,023
Transferred*	21.96%
Avg. calls/agent mo.	2,557
OHP Application Center	
Calls received	64,079
Calls answered	61,578
Calls abandoned	2,501
Transferred**	7.26%
Avg. calls/agent mo.	3,870
Hospital holds	5,443
App's requested	39,512
Redeterminations mailed	52,533

* Some calls are transferred to OMAP Central Provider Services.

** Some calls are transferred to OHP Central.

CLIENT ADVOCATE SERVICES

During the fourth quarter 2001, the Client Advocate Services Unit (CASU) received a total of 6,942 separate calls from clients or their representatives. The table below shows how those calls were divided over six major problem areas.

The category "Administrative Issues" includes such items as requests for assistance with the OHP application forms, address correction requests, premium problems, eligibility questions, medical ID card concerns, and requests for certificates of creditable coverage. The calls reflected in this table came from members of managed health care plans, as well as from clients who receive services on a fee-for-service basis.

Client Advocate Services Unit Calls Received October - December 2001		
PROBLEM CATEGORY	Previous Quarter	Current Quarter
Access to Providers	2113	1404
Quality of Care	122	102
Denial of Services	410	445
Client Billing Issues	1886	1548
Enroll/Disenroll Issues	413	432
Administrative Issues	1998	2122
TOTAL	6942	6053

Of the 6,053 calls to CASU during the quarter, a total of 1,951 dealt specifically with access to providers, quality of care, or denial of services. These three categories are of primary concern in the delivery of health care services to Medicaid clients.

The following table shows how those three areas were distributed over the major program service areas provided by OMAP.

Client Advocate Services Unit Calls Received October- December 2001				
TYPE OF SERVICE	Access	Quality	Denial	Total
Dental	236	28	33	297
DME	48	4	41	93
Home Health	4	0	1	5
Mental Health	91	4	7	102
Chemical Dependency	27	1	1	29
Pharmacy	142	7	206	355
Vision	80	10	29	119
Transportation	20	0	6	26
Pre-Natal	18	0	4	22
Speech/Hearing	15	0	2	17
PT/OT	3	0	12	15
Medical/Surgical	718	48	103	869
Interpreter Services	2	0	0	2
TOTAL	1404	102	445	1951

OUTREACH

During the fourth quarter 2001 there were three outreach trainings held; one in Beaverton attended by 20 participants, one in Medford attended by 20 participants, and one in Salem, attended by 30 participants.

CLIENT COMPLAINTS

The Managed Care Plans Complaints and Grievances Report shown contains data from the third quarter 2001. Managed care plans are allowed 60 days from the end of the quarter to submit their information, therefore this chart will always show information from the previous quarter. (see attachment 5)

COMMUNICATIONS

During the fourth quarter 2001, Communications Unit projects included:

- ◆ Communications staff initiated the process for revising OMAP administrative rules for changes to be effective 4/1/02. Most rule changes for this effective date involve updating procedure codes for the various programs.
- ◆ Staff continued work with the OMAP Webmaster in developing and refining a new website section on Administrative Rules. This new page contains Notification of Rulemaking and Rulemaking Hearing documents, as well as text of proposed rules. Visitors to the site can click on the program links to see a summary of proposed rule changes: **www.omap.hr.state.or.us/rules**.
- ◆ The DHS 1005 form, Alternate Format Notification, was included in the mailing with the November client Medical Care Identification cards. This form advises clients about the availability of alternate format materials, accessibility, and the client complaint process. (see attachment 6)
- ◆ Staff made a training presentation covering client alternate format materials to members of the OMAP Program and Policy Section. This training included how to identify the need for an alternate format as well as specific procedures needing to be followed for each format type.
- ◆ An informational newsletter regarding the Health Insurance Portability Accountability Act (HIPAA) was developed by Communications and distributed to OMAP Staff. (see attachment 7)

5. system & encounter data

ENCOUNTER DATA ACTIVITIES

During the fourth quarter 2001, major accomplishments for Encounter Data staff included:

RATE SETTING

OMAP provided managed care plans with a variety of reports that identify by rate category which encounters will be used for rates. One example included the number of emergency room visits. These reports are helpful to plans in determining the accuracy and completeness of the data submitted. The reports included comparisons to other plans. The FTP site showing claims that will be used for rates was updated on a monthly basis. The data are available to give each plan access to their specific raw data for analysis. OMAP staff assisted plans in resolving problem submissions.

HIPAA

OMAP began conducting regular workgroup sessions with plans to review HIPAA standards and share information. Staff are participating in statewide HIPAA forums to gather and share information. OMAP staff and plan representatives also participate in HIPAA sponsored teleconferences to address outstanding issues.

SYSTEM SUPPORT

System support was provided to adjudicate pended encounter claims that were caused by MMIS internal processing problems. Valid encounters that should have adjudicated by the system were forced when appropriate prior to rate setting.

TWO NEW SYSTEMS

OMAP staff participated in the planning and joint application development for a new MMIS and a decision support system. The decision support system will contain a SURS component and will enhance OMAP's ability to monitor encounter data. The new MMIS will have features that will make it easier for plans to submit and correct encounter claims, and will give OMAP staff better encounter data reporting.

ENCOUNTER DATA VALIDATION

OMAP staff are performing additional validation checks on encounter data to identify data quality, anomalies and submission deficiencies. When problems were detected, the plans were contacted and required to correct these problems. OMAP staff continue to provide training and discuss submission issues through the monthly Encounter Data Workgroup.

6. monitoring & research

Project: PREVENTION!

The **Project: PREVENTION!** Task Force met in October and December this quarter, focusing on Early Childhood Cavities Prevention (ECCP) information, statewide ECCP medical & dental provider trainings, tobacco cessation, models of chronic disease management (diabetes), depression screening, state required child booster seats, and discussions about what topic to select for subsequent statewide collaborative prevention initiatives (see attachments 8 and 9). A changing of the guard will occur in 2002: Dr. Syltebo, Medical Director for Kaiser Permanente, will transfer his chairmanship to Drs. Labby/CareOregon and Morris/OHMS who will co-chair the PP Task Force beginning in 2002.

The OHP medical directors and the PP Task Force have agreed to focus more intensely on the previous statewide prevention topics of tobacco cessation and immunizations (and continuing the current ECCP project). There is more to be done on these three topics. Essentially, this will be a rotating campaign, beginning with tobacco cessation enhancements in 2002, and immunization systems improvements in 2003, and renewed ECCP efforts in 2004.

Additionally, the ECCP Steering Committee, a subcommittee to PP, met in November (see attachment 10). Updates on the nine statewide ECCP medical & dental provider trainings held throughout the state indicate the trainings have been well received and given high evaluation ratings (see attachment 11). CME category I credits for physicians and continuing education credits for nurses, dentists, dental hygienists, and dental assistants were provided for these trainings. Over 300 providers participated in these trainings held in Salem, Grants Pass, Eugene, Portland, and Bend.

Five thousand copies of the ECCP Guidelines have been printed and are being distributed according to the ECCP Dissemination Plan. Please see our website to view the guidelines: www.omap.hr.state.or.us. The DHS newsletter, *Currents*, published an article on the ECCP project and the provider trainings. Additionally, the Steering Committee is working on other media opportunities to spread the word and educate the public and providers about ECCP.

SURVEY

The Consumer Assessment of Health Plan Survey (CAHPS) to adults/children, Phase I and II data collection was completed in fall 2001.

EXTERNAL QUALITY REVIEW

Diabetes medical charts were requested for diabetes study. Dental charts were requested for dental study. Depression screening and assessment quality improvement project is continuing.

PERFORMANCE MEASURES

Plan reported performance measures were submitted. A summary report is being compiled and will be available in the first quarter 2002.

The second Annual HEDIS® measures report draft has been completed, but is currently undergoing revision. Publication is now expected sometime in the first quarter 2002.

QUALITY IMPROVEMENT EVALUATIONS

Quality Improvement/Evaluation/Monitoring on-site reviews were conducted for the following plans:

- Marion/Polk Community Health Plan (site visit 11/2001)
- Lane IPA (site visit 11/2001)

Final Reports were issued on:

- ODS Health Plan (on-site 5/2001) (see attachment 12)
- ODS Dental Plan (on-site 5/2001) (see attachment 13)
- Deschutes County CDO (on-site 7/2001) (see attachment 14)

