



**Oregon
Health
Plan
Medicaid
Demonstration
Project**

**Quarterly Report
January-March 2002**

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Summary

Among the highlights of the first quarter (January - March 2002) were the following items:

- ◆ The Policy Unit continued work on implementation of Prospective Payment System for Federally Qualified Health Clinics and Rural Health Clinics. (page 3)
- ◆ The OHP Benefit RN Hotline phone calls increased 27% during the first quarter 2002. (page 3)
- ◆ The Health Services Commission approved changes to the Prioritized List of Health Services. (page 6)
- ◆ Beginning in January 2002 mental health and addiction services in the Oregon Children's Plan began in selected Oregon counties. (page 7)
- ◆ Medicaid Audit collected over \$1 million during the first quarter 2002. (page 9)
- ◆ Communications Unit distributed informational materials regarding the updated Federal Poverty Level and Citizen/Alien Waived Emergency Medical to OHP clients. (page 15)
- ◆ System and Encounter Data staff collected and compiled two years of encounter data for OMAP's actuary for the development of capitation rates for contract period 2003-2005. (page 16)
- ◆ Planning and joint application development for a new MMIS and a decision support system are completed. Implementation of the decision support system is anticipated in October 2002. (page 16)
- ◆ Tobacco cessation data was reviewed and compiled as part of Project: **PREVENTION!** OMAP is in the planning stages of an initial marketing campaign to increase awareness of tobacco cessation services for OHP clients. (page 17)
- ◆ HEDIS® 2000 Performance Measures Report for OMAP was completed. (page 18)

Administrative Operations

OMAP Policy Unit

During the first quarter 2002, significant activities in the Policy Unit included:

- Development and submission of several State Plan Amendments.
- Development of administrative rules to implement legislative and technical changes.
- Continued work on HIPAA related changes and training.
- Continued work with the Health Resource Commission and Health Services Commission regarding the prioritized list.
- Continued work with the transportation brokerage program is maturing with three established regional brokerages. Three additional brokerages are currently in various stages of development.
- Continued work on implementation of Prospective Payment System (PPS) for Federally Qualified Health Clinics and Rural Health Clinics.
- Continued work on School Based Health Services and School Based Administration program.
- Research 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
 - Lead poisoning prevention

OHP Benefit RN Hotline

The OHP Benefit RN Hotline calls increased 27% during the first quarter 2002 to 2,340 average calls per month. Most calls continue to be from practitioner offices regarding line placement and payment of services.

Four requests for comorbidity review were received:

- 1 — No Action — Excision Benign Lesion
- 1 — Approved — Destruction of Cutaneous Vascular Lesion
- 1 — Denied — Gastric Bypass
- 1 — Withdrawn — Breast Reduction

Sixteen requests for authorization of not covered services were received:

Eleven requests were denied —

- 4 — Treatment of Ganglion Cyst
- 2 — Excision for Plantar Fascia
- 1 — Excision of Chalazion
- 1 — Ablation of Renal Cysts
- 1 — Ostectomy - Calcaneus
- 1 — Limb Perfusion
- 1 — Excision Benign Lesion

Five requests were approved —

- 1 — Tissue Transfer
- 1 — Baclophen Infusion via Pump
- 1 — Repair of Vestibular Stenosis
- 1 — Hospital Bed
- 1 — Lipectomy

Twenty-six requests were received for review of denied payment for not covered services:

- 24 — Approved
- 2 — Denied

Medical Director's Office

The Medical Director's Office coordinates the monthly meeting of the managed care plan medical directors. Areas of focus that have been on the agenda this quarter include:

- Discussion on the approach of the primary care practitioner for evaluation and treatment recommendations of chronic pain.
- Update and discussion on the Health Services Commission effort to find cost savings in the administration of the Oregon Health Plan, especially in the areas of medical-surgical, pharmaceuticals, ancillary services and diagnostic services.
- Implementation of the Oregon Children Plan (a process developed in the early childhood system to identify early risk factors of children 0-8 years old), development of a service plan, and improve integration of services.
- Update on the progress of the expansion waiver request of the Oregon Health Plan including the proposed benefit package, cost sharing recommendations, and public process.

- Focused discussion on recommendations from the Medical Directors on cost saving measures for the Oregon Health Plan which included the development of treatment guidelines, use of care management systems, effective use of encounter data, the Prioritized List and the need to develop increased consistency and articulate the process for defining prioritization, exclusions, cost sharing measures, pharmacy issues, alternative medicine, establishment of a voluntary state-wide formulary securing third party resources, and cost effectiveness of specific procedures.
- Discussion of the Oregon Medication Education Program (OMEP). The program utilizes volunteer Pharmacists, RNs and students to provide services aimed at increasing health and treatment literacy of the consumer.
- Depression Screening Tool Project - Managed Care Organization project on Depression Screening. The goal is to improve awareness in the medical community on the objectives and criteria for the treatment of depression.

OHP Hearings

OHP Hearings (Managed Care and Fee-for-Service) January 2002 - March 2002		
	Managed Care	Fee-for- Service
Requests Rec'd	142	43
Hearings Held	32	11
Hearings Pending	90	30
Hearings Dismissed	83	31
Claimant Withdrew	45	17
No Shows	9	6
Plan Withdrew/ Agency Withdrew	29	8
Decisions Affirmed	23	9
Decision Reversed	2	1
Below the Line	20	2

Other Agencies

Health Services Commission

The **Health Services Commission** held two meetings during the quarter. At their January meeting they approved changes to the Prioritized List of Health Services to incorporate the new CPT and HCPCS codes for 2002 and to add appropriate pairings of condition and treatment codes that had not been accounted for previously. The Commission heard a report on the benefit package approved by the Waiver Application Steering Committee and reaffirmed their ranking of benefit categories appearing in the October 2001 report on priorities for the OHP Standard benefit package. The Commission also continued their work to identify services for potential elimination or tighter management that could be used to mitigate cost-sharing in OHP Standard or result in further cost savings to the plan.

The **Health Outcomes Subcommittee** held two meetings during the quarter. The Subcommittee finalized their recommendations on changes to the Prioritized List necessitated by new CPT and HCPCS codes. They also developed recommendations on the addition of many CPT codes to lines in order to pair them with appropriate ICD-9-CM codes. The need for these changes came to light through reports from OMAP on claims that were pending due to the non-pairing of these codes. The Subcommittee also continued to be kept apprised of the responses that staff were receiving from provider reviewers regarding the biennial review of the list.

The **Subcommittee on Mental Health Care and Chemical Dependency** held three meetings during the quarter. The Subcommittee looked at potential mental health and chemical dependency services to eliminate or further manage as part of the Commission's work on OHP Standard. To accomplish this work, the Subcommittee created four workgroups on chemical dependency management, subacute detoxification, mental health lines, and benzodiazapines. Final reports from the first two of these workgroups were accepted for recommendation to the Commission. The first of these recommendations calls for the expansion of managed care for chemical dependency to those areas of the state for which none currently exists. The second recommendation suggests that savings can be achieved by moving detoxification from an inpatient setting to a less expensive and often more effective, subacute setting. The Subcommittee also began an in-depth review of the effectiveness of acupuncture in the treatment of chemical dependency.

Office of Mental Health and Addiction Services

Administrative Operations

As part of the DHS reorganization, the mental health and alcohol and substance abuse program offices have been combined. The new administrator of the Office of Mental Health and Addiction Services is Ann Brand, Ph.D., who brings leadership experience administering mental health and addiction programs in public and private agencies in Washington and California.

Policy and Planning Decisions

Oregon Children's Plan (OCP) - Legislatively mandated through HB 3659, the Oregon Children's Plan provides for a systematic and voluntary medical and psychosocial screening for children and their families for the earliest possible identification and treatment of possible problems. Mental health services for children eight years and under and their families are an essential component of the OCP. Early childhood mental health interventions will help reduce risk factors, enhance protective factors, and support young children and their families in achieving optimal levels of development and functioning. Beginning in January 2002, mental health and addiction services in the OCP began in selected counties: Clackamas, Lane, Jackson and Mid Columbia (Wasco, Hood River, Sherman and Gilliam). The selected counties were identified as having early childhood mental health capacity, women specific alcohol and drug services, and an active Healthy Start component. Phase II counties: Umatilla, Linn, Douglas, Marion, Polk and Deschutes, will begin after March 1, with the remaining counties added by June 30, 2002.

Community Based Secure Children's Inpatient Program - On January 1, 2002 the young child unit at the Oregon State Hospital closed. This unit provided inpatient psychiatric treatment to children 13 years and under with the most severe emotional disorders. Services for these children who meet criteria for long term psychiatric care will now be provided at a Secure Children's Inpatient Program located in Portland and operated by Trillium Family Services.

An ad-hoc workgroup from the Health Services Commission Mental Health and Chemical Dependency Subcommittee met to discuss the development of guidelines for the delivery of mental health services under the OHP that would reduce cost without compromising quality of care. The workgroup initially focused on five diagnostic categories from the OHP Prioritized List of Conditions and Treatment where it felt that significant cost savings could be achieved through management strategies, such as establishing limits for certain procedures or the case management of clients with anxiety disorders and co-occurring chemical dependency diagnoses who are prescribed anxiolytics.

Eligibles and Enrollment

Mental Health Organization (MHO) enrollment was at 87 % in January, February, and March. Actual enrollment in MHOs was 347,323 in January, 353,458 in February and 354,511 in March.

Benefit Package

The OHP Integration Workgroup completed work on a document that describes pre-authorization, clinical oversight and payment responsibilities for inpatient hospital admissions for co-occurring mental health and chemical dependency diagnoses. The document, created after several months of discussions, represents efforts to clarify overlapping responsibilities between the FCHPs and the MHOs.

The MHO Rates/Finance Workgroup is focused on reviewing data and providing input for the 2003-05 per capita cost development process for OHP capitation rates. Encounter data submitted for dates of services from 7/1/99 through 6/30/01 will be used for this rate setting process. Adjunctive services, which includes Prevention, Early Intervention and Outreach Services (PEO), Consumer Run Services, and Flexible Services provided to OHP Members, will be reported as a separate line item to the actuaries and MHOs will be asked to provide additional information for these non-encountered expenditures. The actuaries will produce a draft report in July and will request feedback from the MHOs during that month.

Monitoring and Evaluation

DHS Auditing & Consulting Services completed an audit of MHO encounter data submissions with a report to the MHOs dated March 4, 2002. The purpose of the audit was to analyze the data for completeness and accuracy. Auditors visited all contracted MHOs, including 104 providers that provided mental health services to OHP clients during the October 1999 through September 2000 contract year.

The MHO Quality Improvement Workgroup continued review of the most recent Performance Indicators Project report and discussed methods to encourage MHOs to use the information provided in this report. In addition, the workgroup discussed the current contract requirements for outcome measures.

An ad-hoc workgroup was formed to identify clinical outcome measures that can be effectively and reliably used across the widest range of populations served by the MHOs. The Outcomes Workgroup recommended the following:

- Have multiple MHO approaches feed in to a statewide reporting system under the umbrella of a single state-wide standard for conducting outcome measures;
- In addition to current outcome measurement studies, for a period of two years all MHOs study one common question;
- Explore the possibility of population based measures that are a reliable and valid measure indicator of MHO service delivery; and
- Discontinue the use of MCAS and CPMS as an outcome measurement tool and CPMS as an outcome measurement system.

In an effort to explore the positive outcomes of case management services, OMHAS Applied Research and Evaluation workgroup examined the relationship between case management services and the rates of civil commitment. The development of case management is in its early

stages for many programs in Oregon with regulatory requirements implemented in 2001. As training and experience increase across the state, OMHAS will watch for improved outcomes related to case management services.

Training and Activities

Pre-commitment Investigator/Examiner Training was held in Newport on February 14 and 15, 2002. These trainings are held for the purpose of certifying persons to perform civil commitment hearings and investigations as mandated under ORS 426. Approximately 7,000 pre-commitment investigations are conducted annually, resulting in approximately 1,100 civil commitment hearings and approximately 1,000 commitment orders per year.

Approximately 70 participants attended the Oregon Children's Plan conference on January 9, 2002. Participants included legislators, state and county officials, state partners, and staff from community mental health programs. The mental health and chemical dependency component of the OCP was discussed in two of the breakout sessions.

Attachments

The MHO Complaint Log Report for the Fourth Quarter 2001 and the Encounter Data Validation Audit are included with this report. (see attachments 1 and 2)

Medicaid Audit

For the past quarter, \$980,556 in overpayments was collected and \$22,740 was recouped, a total of \$1,003,296. Ten referrals were made to the Department of Justice Medicaid Fraud Control Unit this past quarter.

Thirty-six preliminary audit reports for Direct Entry Midwives were released during this quarter. A total of 27 conferences have been held to discuss the audit results. All midwife audit reports should be finalized next quarter.

Phase two of the audit of claims submitted under the Citizen/Alien Waived Emergency Medical (CAWEM) program was started. This phase consists of reviewing 189 providers with payments totaling approximately \$3.8 million. Each provider received demand letters requiring refunds or documentation submission supporting that the claims met the criteria for the CAWEM rules. This is well underway with record reviews expected to continue through the next quarter.

A major school district audit was finalized at \$228,000 (their major services had included transportation and therapy).

In addition to these projects, Medicaid Audit continued to perform routine quarterly SURS screenings. Fifty providers were screened during the last quarter with four being opened. Also continuing are projects on incontinence supplies, J Codes (injections), taxi providers, and Federally Qualified Health Clinics.

Eligibles and Enrollment

Eligibles

Total actual eligibles were: January 376,053, February 377,134, March 378,834.

Enrollment

Managed care enrollment was at 70% in January, 71% in February and 71% in March. Actual enrollment in fully capitated health plans was 252,137 in January, 256,253 in February and 256,296 in March.

Fully Capitated Health Plans

January 2, 2002:

Douglas County IPA (DCIPA) increased their maximum enrollment capacity in Douglas County from 9,800 to 14,000.

January 2, 2002

Family Care began coverage for three (3) zip codes in Washington County, with a 1,000 client maximum enrollment capacity.

January 2, 2002

Kaiser Permanente terminated its contract for coverage of Washington County.

January 2, 2002

Providence Health Plan closed to new enrollment in Washington County.

January 2, 2002

ODS Dental closed to new enrollment in Baker County.

January 11, 2002

Providence Health Plan closed to new enrollment in Clackamas County.

January 23, 2002

Care Oregon closed to new enrollment in Marion & Polk Counties.

February 1, 2002

Care Oregon reduced their maximum enrollment capacity in Clatsop County from 3,000 to 1,400.

February 15, 2002

Capitol Dental Care increased their maximum enrollment capacity in Linn & Benton Counties from 3,500 to 7,500.

February 19, 2002

ODS Dental closed to new enrollment in Hood River and Wasco Counties.

March 1, 2002

ODS Health Plan terminated its contract for coverage of Marion & Polk Counties. ODS Health Plan no longer provides coverage for any OHP clients.

March 1, 2002

ODS Dental re-opened to new enrollment in Crook, Deschutes and Jefferson Counties.

March 21, 2002

Care Oregon re-opened to new enrollment in Washington County

March 21, 2002

Providence Health Plan re-opened to new enrollment in Clackamas County.

March 26, 2002

ODS Dental closed to new enrollment in Crook, Deschutes and Jefferson Counties.

- ◆ A chart showing Fully Capitated Health Plan disenrollment by reason code is included with this report. (see attachment 3)

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 Contractors, 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 Contractors, 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.

Oregon Health Plan Regional meetings were held in the following areas:

In January: None

In February: None

In March: Multnomah, Grant, Crook, Deschutes, Jefferson, Hood River, Gilliam, Sherman, Wasco, Coos, Reedsport and Curry Counties

Premiums and Waivers

OHP Monthly Premium Billing and Payments January - March 2002			
Month	Households	Total Billed*	Monthly Receipts
January	69,057	\$832,549	\$288,020
February	69,508	\$839,451	\$278,951
March	70,885	\$871,555	\$300,011

*Total Billed includes both current month and past-due premiums.

Premium Waivers January - March 2002			
Waiver Type	Jan	Feb	Mar
Zero Income	3716	3239	3576
Case Discrepancy*	1542	1486	1583
Crime Victim	5	13	17
Domestic Violence	242	222	231
Homeless	618	502	545
Natural Disaster	38	42	54
Death in Family	9	6	4
Total	6170	5510	6010

*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 January - March 2002	
Month	Number
January	116
February	74
March	72
Total	262

Service and Information

Telecommunications and Applications

During this quarter the OMAP Telecommunications Center received a total of 32,838 calls, an increase from the previous period (31,712). The number of calls abandoned was 699, a decrease from the previous quarter (1,023).

The OHP Application Center received 71,895 calls, an increase from the previous quarter's 64,079. The number of calls abandoned, at 5,436, was an increase from the previous quarter's 2,501. The center received 7,186 hospital hold requests, an increase from the previous quarter's 5,443.

Telecommunications and Application Center January - March 2002	
OMAP Telecommunications	
Calls received	32,838
Calls answered	32,139
Calls abandoned	699
Transferred*	22.44%
Avg. calls/agent mo.	2,325
OHP Application Center	
Calls received	71,895
Calls answered	66,459
Calls abandoned	5,436
Transferred**	7.64%
Avg. calls/agent mo.	4,197
Hospital holds	7,186
App's requested	44,310
Redeterminations mailed	56,606

* Some calls are transferred to OMAP Central Provider Services.

** Some calls are transferred to OHP Central.

Client Advocate Services

During the first quarter 2002, the Client Advocate Services Unit (CASU) received a total of 7,085 separate calls from clients or their representatives. This represents a 17% increase over the calls during the previous quarter.

Of these calls, 5,018 (71%) concerned non-medical issues such as billings, eligibility, managed care enrollment/disenrollment, applications address changes, premium problems, and requests for certificates of creditable coverage.

2,067 calls dealt specifically with concerns about access to providers, quality of care, or denial of services. 54% of these calls came from OHP fee-for-service clients, while 45% were from managed care members. 1% of the calls were from CAWEM clients. The following table shows how those three areas were distributed over the major program services areas provided by OMAP.

Client Advocate Services Unit Calls Received January - March 2002				
TYPE OF SERVICE	Access	Quality	Denial	Total
Dental	274	42	27	343
DME	56	2	76	134
Home Health	3	0	1	4
Mental Health	129	4	4	137
Chemical Dependency	18	0	1	19
Pharmacy	152	1	248	401
Vision	129	11	35	175
Transportation	20	1	6	27
Pre-Natal	6	0	0	6
Speech/Hearing	8	0	3	11
PT/OT	10	1	24	35
Medical/Surgical	649	24	97	770
Interpreter Services	4	0	1	5
TOTAL	1,458	86	523	2,067

Outreach

During the first quarter 2002 there were five outreach trainings held, as follows:

January 16	Portland	40 people
January 29	Salem	45 people
February 22	Salem	15 people
March 12	Salem	25 people
March 20	Salem	35 people

Communications

During the first quarter 2002 Communications Unit finalized administrative rules for program changes to be effective April 1, 2002. Final rules were filed with the Secretary of State's Office in March. Subsequently, Communications staff incorporated the changes into the appropriate OMAP Provider Guides. The majority of changes for April 2002 involved updates to procedure codes. The revised guides are available on the OMAP Website:

www.omap.hr.state.or.us/providerinfo/provguides.

Other projects completed during the quarter included:

An insert was included with the February client Medical ID's regarding the federal Earned Income Tax Credit (EITC): "*Get Your Money Back*". (see attachment 4)

Citizen/Alien Waived Emergency Medical (CAWEM) program clients received an insert with their March Medical ID's regarding which services are covered under the CAWEM program. (see attachment 5)

An informational flyer was developed for inclusion in the OHP application packets regarding the change to the Federal Poverty Level (FPL). This flyer was included temporarily until other application materials could be updated. (see attachment 6)

The OHP 3256 brochure - *It May Be for You*, which contains information about the Oregon Health Plan was revised to include the updated FPLs. (see attachment 7)

Managed Care Client Complaints

The Managed Care Plans Complaints and Grievances Report shown contains data from the fourth 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 8)

System and Encounter Data

Rate Setting

OMAP collected and compiled two years of encounter data for OMAP's actuary for the development of capitation rates for contract year 2003-2005. OMAP's managed care plans, comprised of health, mental, dental and CDO contractors, were granted access to a secure FTP site. The site, updated monthly, contained cleansed, usable data to be used for rate setting. With password access, managed care plans were able to access their specific encounter data for analysis at their convenience. OMAP staff assisted plans in resolving submissions problems and missing data prior sending the data to the actuary. Eleven managed care plans voluntarily submitted pharmacy data for rate development. OMAP will require mandatory submission of pharmacy encounter data by contract in October 2002.

Risk Adjustment

OMAP submitted encounter data to its actuary for the annual risk adjustment for high cost clients for contract year 2002. Health Plans used the FTP site to ensure their encounter data were complete.

HIPAA

OMAP conducted regular workgroup sessions with managed care plans, third party submitters and vendors to review HIPAA standards, share information and 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 been adjudicated by the system were forced when appropriate prior to rate setting.

Update on Two New Systems

Planning and joint application development for a new MMIS and a decision support system are completed. The decision support system, which includes a SURS component, is in the detail design phase and should be implemented in October 2002. The new MMIS project team is reviewing the deliverables identified in the JAD sessions and preparing a cost benefit analysis.

Encounter Data Validation

OMAP staff performed several validation checks on encounter data. One project identified claims for non-capitated services submitted as encounter data. Contractors are not capitated for these services and were instructed to remove these claims. Another validation project identified plans using inaccurate unit values for several mental health codes. Plans were contacted and required to correct these problems. Validation findings are discussed with managed care plans through the monthly Encounter Data Workgroup meeting.

Identifying Inappropriate Claims

OMAP searches the vital statistics files each quarter to identify deceased clients. This information is used to determine services billed for clients in managed care after the date of death. Plans are required to investigate and remove claims when appropriate.

Systems Enhancements

Systems staff completed a request that will allow Residential detox centers to use the NSF format for encounter claims. Valid encounter claims that inappropriately failed in the MMIS were forced to adjudicate so that the claims could be used for rate setting and risk adjustment.

Monitoring and Research

Project: PREVENTION!

The Project: **PREVENTION!** Task Force met in February this quarter, focusing on the initiation of a second statewide campaign on tobacco cessation for OHP smokers (see attachment 9). Tobacco cessation data reviewed included CAHPS, BRFSS, and Medicaid BRFSS survey results, encounter data, and OHP plan/fee-for-service tobacco cessation milestone 2000 results (see attachment 10). Twice as many OHP clients use tobacco compared with the commercial population; they want to quit at the same rate as other Oregonians, but they are more likely to work in a place that allows indoor smoking and live in a home that permits smoking inside. Additionally, despite our previous education efforts, 67% of OHP clients and 54% of OHP providers don't know OHP covers tobacco cessation services. General consensus is to plan an initial marketing campaign to increase awareness of tobacco cessation services for OHP clients among both OHP providers and clients. Secondly, plans will target cessation services to specific populations at risk for tobacco use. And finally, plans will share best practices to decrease variability among plans in access and provision of cessation services. Additional information about the newly launched maternity case management tobacco cessation RWJ project and the Oregon Quitline Fax Referral Project was also discussed.

Subcommittee to the PP Task Force, the OHP Early Childhood Cavities Prevention (ECCP) Steering Committee is meeting quarterly in 2002 to provide oversight and monitoring of this

newly implemented program. Updates on the ECCP program continue to be reported at the Project: **PREVENTION!** Task Force meetings. The Steering Committee met in January this quarter and discussed the final evaluations of the ECCP training, ECCP Guideline distribution, the Dissemination Plan, and the first ECCP Milestone reports that plans must submit this spring. (see attachment 11)

Quality Improvement/Evaluation/Monitoring

Survey Activities

One additional health plan's Consumer Assessment of Health Plan Survey (CAHPS) began in the first quarter 2002. The raw results from the rest of the health plans and Fee-for-Service CAHPS were submitted to OMAP in this quarter.

External Quality Review

Review of medical charts for external quality review studies continued during this quarter. Final presentation is scheduled for second quarter 2002.

Performance Measures

HEDIS® 2000 Performance Measures Report for OMAP was completed. In this report measures are compared by :

- Individual Plans
 - Primary Care Case Management
 - Fee-for-Service Providers
 - National Averages
 - State and Federal Goals
- (see attachment 12)

Plan-submitted contracted performance measures report was compiled and presented at the Contractor's QI Workgroup meeting. This report contains plan information on childhood immunization rates, timeliness of prenatal care and diabetes measures. (see attachment 13)

Quality Improvement Evaluations

All FCHP and DCO quality improvement reports have now been finalized. The next cycle of review is being prepared.

Final Quality Improvement Reports were issued on:

- Managed Dental Care of Oregon (on-site 08/01) (see attachment 14)
- Northwest Dental Services, LLC (on-site 09/01) (see attachment 15)
- Lane Individual Practice Association (on-site 11/01) (see attachment 16)
- Marion Polk Community Health Plan (on-site 11/01) (see attachment 17)

