



**Oregon
Health
Plan
Medicaid
Demonstration
Project**

**Quarterly Report
April-June 2002**

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Summary

Among the highlights of the second quarter (April - June 2002) were the following items:

- ◆ The Policy Unit continued work on development and implementation of additional transportation brokerage programs throughout the state. (page 3)
- ◆ The Health Services Commission continued their work to identify services for potential elimination or tighter management in order to achieve savings under the expansion of the Oregon Health Plan. This included modifications to the Prioritized List of Health Services. (page 6)
- ◆ The Office of Mental Health and Addiction Services developed an RFP for mental health evaluation services to nursing facilities in Multnomah County. (page 7)
- ◆ Medicaid Audit collected \$806,262 during the second quarter 2002. (page 10)
- ◆ The DHS Quality Control Unit released the Annual Report on OHP Applications/Re-applications and Denials. (page 10)
- ◆ As of this report, data on OHP Monthly Premium Billing and Payments has been expanded to include the total billed and total receipt amounts for the quarter. (page 13)
- ◆ Communications Unit notified OMAP Providers and Managed Care Plans of the implementation of the Pharmacy Management Program. (page 16)
- ◆ System and Encounter Data staff, with the participation of the Managed Care Plans, initiated an encounter claim validation pilot project. (page 17)
- ◆ Early Childhood Cavities Prevention (ECCP), a focus of OMAP Project: **PREVENTION!** Task Force, released it's first ECCP Milestone Report. (page 18)
- ◆ The External Quality Review Reports *The Findings for Dental Care Studies of the Pediatric and Prenatal Populations* and *Diabetes Care of the Adult Study* were completed with final presentations taking place in May. (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 averaged 2,055 calls per month during the second quarter 2002. Most calls (98%) continue to be from practitioner offices, with 93% of the calls related to line placement and payment of services.

Comorbidity Review - 11 requests received*:

- 6 denied
- 1 pended for more information
- 4 approved

Not Covered Services Authorization - 23 requests received*:

- 13 denied
- 2 coding issues resolved
- 1 diagnostic service
- 7 approved

Denied Payment Review - 33 requests received*:

- 6 denied
- 1 withdrawn
- 2 referred to Managed Care Plan
- 3 coding issues
- 21 approved

* Specific information provided on request. Please contact Arlene Nelson via email:
Arlene.Nelson@state.or.us.

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) April 2002 - June 2002		
	Managed Care	Fee-for- Service
Requests Rec'd	155	34
Hearings Held	46	13
Hearings Pending	90	20
Hearings Dismissed	107	27
Claimant Withdrew	57	17
No Shows	15	1
Plan Withdrew/ Agency Withdrew	32	9
No Jurisdiction	3	0
Decisions Affirmed	43	10
Decision Reversed	0	0
Below the Line	26	5

Other Agencies

Health Services Commission

The **Health Services Commission** held two meetings during the quarter. In April the Commission continued their work to identify services for potential elimination or tighter management that could be used to achieve savings under OHP2. At this meeting the Commission accepted the recommendations of the Subcommittee on Mental Health Care and Chemical Dependency to expand managed care for chemical dependency services, include coverage for subacute detoxification, exclude certain mental health services from fee-for-service coverage, and restrict coverage for benzodiazepines and other drugs.

As its meeting of May 1, 2002, the Emergency Board directed the Commission to review and modify the Prioritized List of Health Services in working towards a goal of achieving a 10% savings to both the OHP Plus and OHP Standard benefit packages. Because this charge requires benefit changes that would affect the entire OHP population, the Commission shifted their focus from incorporating changes only to the Prioritized List of Benefit Packages for OHP Standard, to making these same or similar changes to the Prioritized List of Health Services.

At their June meeting the HSC voted on the new Prioritized List of Health Services for the 2003-05 biennium. The Commission found that the majority of those changes initially being considered for OHP Standard were also appropriate for OHP Plus and will therefore appear in this new list. All, or a significant portion, of seven lines were moved from the currently funded region to the currently non-funded region, including the treatment of severe rhinitis and uncomplicated hernias in adults. In addition, many other lines were moved down to the region just above the current funding level, which should facilitate the federal approval of future funding line changes should they be necessary. This list is being forwarded to the independent actuary for pricing and will be presented to the Oregon Legislative Assembly soon after the beginning of the next session for funding determination.

On June 28, 2002, the Commission submitted their report on the Prioritized List of Benefit Packages for OHP Standard for the 2003-05 biennium as required by HB 2519. Final actuarial pricing for this list will be reported when it is available. Pricing was not done at this time as the terms and conditions negotiated with CMS could necessitate additional modifications.

The **Health Outcomes Subcommittee** held two meetings during the quarter. In April the Subcommittee continued their work on developing a set of recommended changes to the Prioritized List as part of the biennial review process. At their June meeting these recommendations were finalized and accepted by the full Commission. Of note was a new line item for the use of intestine and intestine/liver transplants for the treatment of short gut syndrome in young children. Also at their June meeting the Subcommittee began working on changes to the Prioritized List to incorporate the new ICD-9-CM codes for 2002 and continued to look at appropriate pairings of condition and treatment codes that had not previously been accounted for. These interim modifications to the list will be finalized during a conference call of the full Commission in July.

The **Subcommittee on Mental Health Care and Chemical Dependency** held one meeting during the quarter. The Subcommittee completed their work on identifying potential mental health and chemical dependency services to eliminate or further manage as part of the Commission's work on OHP Standard. Final reports from the workgroups on mental health lines and benzodiazepines were accepted for recommendation to the Commission. The first of these recommendations calls for the elimination of coverage for psychotherapy sessions over an hour in length, acupuncture for the treatment of mental health conditions, and certain other mental health services under fee-for-service care. The second recommendation includes shifting coverage of benzodiazepines to generic form only and limiting coverage for sleeping medications and muscle relaxants. The Subcommittee also concluded an in-depth review of the effectiveness of acupuncture in the treatment of chemical dependency, including taking over an hour of public testimony. The unanimous recommendation to the full Commission was that acupuncture continue to be covered for the treatment of chemical dependency as part of a broad spectrum of services.

Office of Mental Health and Addiction Services (OMHAS)

Administrative Operations

OMHAS added the following staff to the Community Treatment Systems team:

- Derek Wehr joins the team as the Children's Coordinator and will assist in coordinating admissions to the Oregon State Hospital Child and Adolescent Treatment Program.
- Debra Scott comes to the unit from OMAP and is the new OHP Addictions Treatment Specialist.
- Ellen Pimental joins the team as the Child & Adolescent Intensive Treatment Services Pilot Project coordinator.

Policy and Planning Decisions

During a site visit to Warm Springs Community Mental Health Center a need was identified by OMHAS staff to collaborate on assisting the tribe to find culturally competent intensive psychiatric residential and other treatment services. The tribe is currently providing cross training to a residential treatment provider to ensure culturally competent and sensitive services for their tribal members.

OMHAS staff developed a Request for Proposals for mental health evaluation services to the approximately 40 nursing facilities in Multnomah County. This RFP will re-establish a contractor for Preadmission Screening and Resident Review (PASRR) services in Multnomah County.

OMHAS announced the availability of a limited amount of mental health housing renovation funds. These funds are available to help finance improvements to meet code, licensing or

sanitation requirements in housing for persons with severe and persistent mental illness. Projects must be completed by June 30, 2003.

OMHAS continues to work with county mental health programs to allocate funds designated by the 2001 Legislative Assembly for the development of community-based alternatives to institutional treatment for children. Funding will be on a child-by-child basis, with children identified and approved using criteria authorized by OMHAS. A workgroup comprised of state and local partners has been formed to advise and assist in the development of criteria and processes to be used in allocating funds.

Dartmouth College in New Hampshire is conducting a study of evidence-based practices in six states; Oregon has been selected as one of the states. Three dual diagnosis projects and three supported employment projects will be part of the study. Four counties (Douglas, Polk, Josephine, and Union) will be pilot sites for this study.

Eligibles and Enrollment

MHO enrollment was at 87% in April and May, and 86% in June. Actual enrollment in MHOs was 359,676 in April, 362,286 in May, and 362,796 in June.

Benefit Package

The OHP Integration Workgroup is a collaboration of OHP contractors which seeks to define the responsibilities and improve the coordination of care between historically separate systems of care: medical, mental health, and chemical dependency. The group serves in an advisory role and has worked towards the development of mutually agreeable solutions to help clarify the roles and expectations of these systems. The group produced a document that outlines a process to further improve the coordination of care between mental health and physical health care systems for inpatient hospital admissions for clients presenting with mental health and/or chemical dependency diagnoses. Future discussion items will include chronic disease, chronic pain and chemical dependency, eating disorders, and coordination strategies for shared responsibilities between mental health and chemical dependency.

The MHO Rates and Finance Workgroup had focused discussions about the capitation rate setting process that is currently underway for the 03-05 biennium. A report of the analysis of the data used for this process was received from the actuaries for review by the MHOs. Members of the group agreed that a significant amount of time should be spent in future meetings to evaluate the information that is reported on financial reports required in the MHO agreement.

The MHO Quality Assurance/Quality Improvement Workgroup tried to identify areas of collaboration between medical, dental, and behavioral health systems. Improved communication between these systems will help in the provision of more “seamless” services to OHP clients. Future meetings of this group will focus on identifying the interests and training needs for staff in order to develop a workplan for the group for the next fiscal year.

Monitoring and Evaluation

DHS Office of Rate Setting and OMHAS engaged in a study of the rates for child and adolescent psychiatric day treatment programs. The study included an evaluation of financial information from each program as well as a site visit to five programs.

MHO site visits will be conducted in the Fall. The scope and protocol are in the process of finalization. Every effort will be made to not duplicate other review processes that are already in place.

Due to staff turnover, there has been a delay in producing quarterly utilization and enrollment reports.

DHS Office of Rates and Financing is in the process of analyzing MHO financial data at the request of the Legislative Fiscal Office. Quarterly financial summaries will be provided to the LFO that will help the LFO understand the variations across MHOs. These quarterly summaries will also be shared with the MHOs.

MHOs continue to work with the information provided by the Encounter Data Audit performed by the DHS Auditing & Consulting Services Unit. MHOs will work with their provider system to make improvements to the encounter data submissions.

OMHAS Applied Research and Evaluation Unit will be producing a series of papers over the next year about different aspects of the mental health system in Oregon. The first paper explores the current and potential relationship between case management services and civil commitment.

Training and Activities

OMHAS staff provided training for the 20-hour monthly Personal Care Services Program. This program is designed to assist families to maintain family members with psychiatric disabilities at home and receive support through an array of community wraparound services.

OMHAS staff and OMPRO conducted a three hour training and discussion forum for psychiatric residential treatment programs and Oregon State Hospital focused on the process of admission, continued stay, and discharge clinical chart audits. The role performed by OMPRO and the MHOs in utilization authorization and review of children involved in the Intensive Treatment Services (ITS) Pilot Project was also discussed.

OMHAS staff provided an overview of Oregon's children's mental health system to internal staff. The overview included national and local policy and practices.

Oregon Family Support Network received funding from OHMAS to provide family advocacy training to family members and providers. OFSN completed a project to promote family, or other child representative, participation on MHO advisory committees.

OMHAS and Services for People with Disabilities Central Office staff worked collaboratively to develop and present a training for SPD screeners from around the state and local mental health staff on how to determine service eligibility for individuals with both medical and psychiatric needs.

Attachments

The MHO Complaint Log Report for the First Quarter 2002 and the MHO Utilization and Enrollment Report for October 2000 through September 2001 are included with this report (see attachments 1 and 2)

Medicaid Audit

For the past quarter, \$677,951 in overpayments was collected and \$131,311 was recouped, for a total of \$809,262. Four referrals were made to Department of Justice Medicaid Fraud Control Unit this past quarter.

Final audit reports were released for 17 Direct Entry Midwives. Thus far, 13 have requested administrative hearings.

Phase two of the audit of claims submitted under the Citizen/Alien Waived Emergency Medical (CAWEM) program is well underway. The audit continues to find repeated billings from providers of all types who have been billing ineligible services for clients with CAWEM coverage. One provider had an identified overpayment of \$502,000 for their phase two audit alone. Medicaid Audit worked with OMAP staff on designing better computer edits to assist in preventing ineligible services from being paid in the future.

A final audit report was released for a major DME supplier that identified an overpayment of \$964,000. An administrative review has been requested and will be finalized in the coming quarter.

Continuing projects include incontinence supplies, J Codes (injections), taxi providers, and Federally Qualified Health Clinics.

DHS Quality Control Unit

The DHS Quality Control Unit released the Annual Report on OHP Applications/Re-applications and Denials for the period October 2000 through September 2001.

The study sampled 396 cases between October 2000 and September 2001. The report shows an error rate of 6.7% for the period, which represents a decrease of 33% from the Fiscal Year 2000. (see attachment 3)

Eligibles and Enrollment

Eligibles

Total actual eligibles were: April 436,978, May 436,890, June 432,841.

Enrollment

Managed care enrollment was at 63.42% in April, 64.03% in May and 64.56% in June. Actual enrollment in fully capitated health plans was 277,124, in April, 279,760, in May and 279,433, in June.

Fully Capitated Health Plans

April 1, 2002 - Family Care closed to new enrollment in Washington County with no re-enrollment period.

April 1, 2002 - Capitol Dental closed to new enrollment in Lane County with a 60-day re-enrollment period.

April 1, 2002 - Oregon Dental Service will re-open to new enrollment in Umatilla County.

April 1, 2002 - Oregon Dental Service will re-open for new enrollment in Tillamook County.

April 1, 2002 - Oregon Dental Service will re-open to new enrollment in Yamhill County.

April 10, 2002 - Oregon Dental Service will be closed to new enrollment in Linn/Benton Counties with a 30-day re-enrollment period.

April 17, 2002 - Capitol Dental closed to new enrollment in Lincoln and Tillamook Counties with a 60-day re-enrollment period.

April 26, 2002 - Tuality Health closed to new enrollment in Washington County with a 30-day re-enrollment period.

May 1, 2002 - Providence Health Plan will be closed to enrollment in Mult. And Clackamas Counties with a 30-day re-enrollment period

May 2, 2002 - Managed Dental will close to new enrollment in Linn/Benton Counties with a 60-day re-enrollment period.

May 5, 2002 - Oregon Dental Service will be closed for new enrollment in Grant County, with a 60-day re-enrollment.

May 15, 2002 - Oregon Dental Service will be closed for new enrollment in Umatilla County with a 30-day re-enrollment period.

May 15, 2002 - Oregon Dental Service will be closed for new enrollment in Tillamook County with a 30-day re-enrollment period.

May 15, 2002 - Oregon Dental Service will be closed for new enrollment in Yamhill County with a 30-day re-enrollment period.

May 16, 2002 - Willamette Dental Group will be open for new enrollment in Douglas County.

May 16, 2002 - Willamette Dental Group will be open for new enrollment in Marion and Polk Counties.

May 18, 2002 - Kaiser Permanente will close for new enrollment in Multnomah and Clackamas Counties with a 30-day re-enrollment period.

May 20, 2002 - Northwest Dental Service will be open for new enrollment in the following zip codes, 97424, 97426, 97427, 97428, 97434, 97443 and 97472.

June 1, 2002 - CareOregon will be open for enrollment in Jackson County.

June 25, 2002 - Family Care will have a 60-day re-enrollment period and will remain closed for enrollment.

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

Managed Care Activities

Staff attended various meetings held monthly for CDO, DCO, FCHP, MHO and OHP Contractors. Various workgroups and task forces met during the month, including A & D OHP Coordination, Crack Report, ECCP Educational Committee, ECCP Coalition, ENCC Round Table, Encounter Data Workgroup, Enrollment/Disenrollment Workgroup, Financial Solvency Workgroup, HIPAA Task Force, OMAP Integration, Medical Directors, Monday Club, PPS All Staff, Project: **PREVENTION!** Workgroup, Quality Improvement Workgroup, Rates & Actuarial Workgroup, Rules and Contracts, Steering Committee, TPR Workgroup, Workgroup Review Committee. Weekly meetings are also held within the Delivery Systems Unit for DSU Staff.

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

April Lincoln, Washington, Linn-Benton, Marion, Polk, Yamhill, Columbia, Clatsop, Douglas, Josephine, Jackson, Klamath, Lake and Clackamas

May Lane, Umatilla, Morrow, Union, Wallowa, Baker, Malheur and Harney

June None

Premiums and Waivers

OHP Monthly Premium Billing and Payments April - June 2002				
Month	Households	Total Billed	Total Receipts	% of Total Billed
April	71,809	\$839,451	\$618,238	74%
May	90,689	\$871,555	\$612,613	70%
June	90,581	\$873,773	\$548,397	63%
Totals	253,079	\$2,584,779	\$1,779,248	69%

Premium Waivers April - June 2002			
Waiver Type	April	May	June
Zero Income	3404	3424	3094
Case Discrepancy*	1618	1416	1229
Crime Victim	15	16	13
Domestic Violence	239	230	197
Homeless	475	480	460
Natural Disaster	30	40	21
Death in Family	8	6	7
Total	5789	5612	5021

*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 April - June 2002	
Month	Number
April	77
May	65
June	54
Total	196

Service and Information

Telecommunications and Applications

During this quarter the OMAP Telecommunications Center received a total of 33,712 calls, an increase from the previous period (32,838). The number of calls abandoned was 2,870, an increase from the previous quarter (699).

The OHP Application Center received 64,632 calls, a decrease from the previous quarter's 71,895. The number of calls abandoned, at 3,215, was a decrease from the previous quarter's 5,436. The center received 7,432 hospital hold requests, an increase from the previous quarter's 7,186.

Telecommunications and Application Center April - May 2002	
OMAP Telecommunications	
Calls received	33,712
Calls answered	30,842
Calls abandoned	2,870
Transferred*	17.43%
Avg. calls/agent mo.	2,857
OHP Application Center	
Calls received	64,632
Calls answered	61,417
Calls abandoned	3,215
Transferred**	7.36%
Avg. calls/agent mo.	4,146
Hospital holds	7,432
App's requested	42,692
Redeterminations mailed	56,605

* Some calls are transferred to OMAP Central Provider Services.

** Some calls are transferred to OHP Central.

Client Advocate Services

During the second quarter 2002, the Client Advocate Services Unit (CASU) received a total of 10,173 separate calls from clients or their representatives. This represents a 44% increase over the calls during the previous quarter.

Of these calls, 6,198 (61%) concerned non-medical issues such as billings, eligibility, managed care enrollment/disenrollment, applications, address changes, premium problems, and requests for certificates of creditable coverage.

In addition, 987 calls (10%) were received from recipients of a letter sent by the Social Security Administration to Medicare beneficiaries about possible Medicaid benefits. CASU's name and telephone number were included in the SSA's letter for recipients to call for information or referral to a local senior services office.

2,988 calls (29%) specifically addressed client concerns about access to providers, quality of care, or denial of services. 46% of these calls came from managed care members, while 46% were from fee-for-service clients. For the remaining 8%, the enrollment status was not applicable to the caller's concern. The following table shows how issues of access, quality, and denial of services were distributed over the major program services areas provided by OMAP.

Client Advocate Services Unit Calls Received April - June 2002				
TYPE OF SERVICE	Access	Quality	Denial	Total
Dental	427	61	41	529
DME	73	3	78	154
Home Health	8	1	1	10
Mental Health	168	6	8	182
Chemical Dependency	29	1	2	32
Pharmacy	218	7	398	623
Vision	150	9	30	189
Transportation	38	1	2	41
Pre-Natal	13	0	0	13
Speech/Hearing	13	0	6	19
PT/OT	7	0	21	28
Medical/Surgical	1006	53	95	1154
Interpreter Services	13	1	0	14
TOTAL	2163	143	682	2988

Outreach

During the second quarter 2002 there were three outreach trainings held in Pendleton, Klamath Falls and Roseburg. There were between 25 and 30 participants attending each training. In addition, a quarterly outreach meeting was held in Portland with about 45 attendees.

Communications

During the second quarter 2002 Communications Unit initiated the process for revisions to administrative rules to reflect program changes as directed by the Oregon Legislative Assembly. Effective dates for these changes range throughout the third and fourth quarters. As they occur, revisions to both administrative rules and provider guides are available on the OMAP Website: www.omap.hr.state.or.us/rules and www.omap.hr.state.or.us/providerinfo/provguides/welcome.html.

Other projects completed during the quarter included:

A notice was mailed to OMAP Pharmacy Providers, Prescribing Practitioners and Managed Care Plans regarding implementation of the Pharmacy Management Program. (see attachment 5)

The OHP 9025 *Information About the Oregon Health Plan* was revised to include the updated Federal Poverty Level (FPL) Income and Resource Guidelines. (see attachment 6)

A notice was sent to OMAP Providers regarding which services are covered for Citizen/Alien Waived Emergency Medical (CAWEM) program clients. (see attachment 7)

The OHP 9010 flyer was developed to advise Oregon Health Plan clients about the need for Social Security Numbers when applying for benefits. This flyer will be included with OHP Application Packet materials until it is incorporated into the next revision of the OHP Application. (see attachment 8)

Managed Care Client Complaints

The Managed Care Plans Complaints and Grievances Report shown contains data from the first quarter 2002. 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 9)

System and Encounter Data

HIPAA

A Request for Proposal (RFP) for translators was announced. Two RFP's were submitted by the July 15 deadline.

OHP Expansion

The OHP2 waivers have been submitted and in review with the Centers for Medicare and Medicaid Services (CMS), the Department of Health and Human Services (DHHS), and the Office of Management and Budget (OMB). Plans have been notified of the incoming new benefit package. Staff will be working with the plans and assisting in any technical issues arising from the additional benefit package.

Miscellaneous Activities

OMAP staff initiated an encounter data claim count validation pilot project. In order to ensure accurate reporting, OMAP has asked the MCO's to participate in a pilot project where by plans weekly self-report the number and type of claim and billed amounts. OMAP will monitor and validate weekly claim counts and billed amounts received by OMAP.

The Medicare Code Editor, Versions 13-19, have been loaded onto the system and implemented. Previously, OMAP used the refreshed, most current version of the MCE only. This caused claims outside of the version's dates of service to pend. With all MCE Versions added to the MMIS logic, invalid pends should not occur. Plans were notified to resubmit those claims with that pend only for processing. Staff are monitoring the implementation closely to verify that the MCE is working correctly.

Other validation projects identified claims for deceased clients with services performed after the Date of Death. The plans were asked to verify if the claim was valid (for example – lab work) and instructed to delete the invalid claims. Deceased client claims are not used for rate setting, risk analysis, research, utilization, etc.

OMAP implemented a new encounter data edit to ensure accurate reporting for Oregon Children's Plan (OCP) claims. Training instructions for appropriate OCP billing procedures have been provided at the Encounter Data Work Group (EDWG) meeting.

In December 2002, OMAP will begin to collect encounter pharmacy data. Plans were informed and OMAP staff are working with plans to develop contract language regarding the collection of these new encounter data elements.

Various On-site Plan training's were conducted and four plans are currently in the testing stages. They are in test for either converting to new software or changing over to in-house encounter claims processing. On-going training and technical assistance were provided to the plans in order to assist in a smooth transition.

OMAP staff provided training sessions and discussed relevant encounter submission issues with the plans through the monthly Encounter Data Workgroup meeting. Work group session sub-committees have been formed to address HIPAA transaction and code sets and OHP2 data system requirements.

Monitoring and Research

Project: PREVENTION!

The Project: **PREVENTION!** (PP) Task Force met in April and June this quarter, continuing to focus on the initiation of a second statewide campaign on tobacco cessation for OHP smokers and the development of an OHP Tobacco Cessation 2002 Workplan (see attachments 10 and 11). This plan includes three goals: outreach to clients and providers to raise awareness of the OHP tobacco cessation benefit and the availability of services through the Oregon Quit Line; sharing best practices to decrease variability among plans in access and provision of cessation services; and targeting tobacco cessation services specifically to OHP women, pregnant women, and clients with chronic disease (asthma, diabetes, COPD, and cardiovascular disease). Additional information about the Early Childhood Cavities Project was also discussed: review of the first milestone report, summarizing where both health and dental plans are in implementing this project within their plans; update and approval of the measurement plan for this project; scheduling "best practices" presentations by each plan; and discussions about the RWJ Dental Grant application.

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 April this quarter and discussed updates to the measurement plan, ECCP Guideline distribution, the Dissemination Plan, ECCP Coalition work, and the summary of the first ECCP Milestone report that plans submitted in April. (see attachments 12 and 13)

Quality Improvement/Evaluation/Monitoring

Survey Activities

Consumer Assessment of Health Plan Survey (CAHPS) survey data was completed for Marion/Polk Community Health Plans.

External Quality Review

Final presentation was conducted in Portland on May 2 and in Roseburg on May 3. The Findings for Dental Care Studies of the Pediatric and Prenatal Populations and Diabetes Care of the Adult Study are included with this report. (see attachments 14 and 15)

Performance Measures

OMAP has requested contract specified, plan-reported performance measures on timeliness of prenatal care and immunizations. The denominator population has been supplied to both Fully Capitated Health Plans and Dental Care Organizations. The due date for return of measurement information has been extended to mid-September.

Quality Improvement Evaluations

On-site reviews were conducted in June for OHMS and Cascade Comprehensive Care.

