



**Oregon
Health
Plan
Medicaid
Demonstration
Project**

**Quarterly Report
July-September 2002**

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- 1) MHO Complaint Log Report
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- 3) Client Notice - Pharmacy Management Program
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- 5) Managed Care Plans Complaints and Grievances Report
- 6) Project: **PREVENTION!** Task Force Minutes 9/02
- 7) Project: **PREVENTION!** Tobacco Cessation Work Plan
- 8) Project: **PREVENTION!** Tobacco Cessation Dashboard
- 9) Updated Mission Statement for Project: **PREVENTION!**
- 10) Project: **PREVENTION!** ECCP Committee Minutes 7/02

Summary

Among the highlights of the third quarter (July - September 2002) were the following items:

- ◆ Program and Policy staff participated in implementation of the Breast and Cervical Cancer Program. (page 3)
- ◆ Program and Policy staff submitted planning documents, an implementation schedule and a contract amendment for an upgrade to the system used by the Pharmacy Benefits Manager (page 3)
- ◆ The Health Services Commission approved recommendations on interim changes to the Prioritized List of Health Services. (page 6)
- ◆ The Office of Mental Health and Addiction Services is working to develop a legislative bill to create a youth Psychiatric Security Review Board. (page 7)
- ◆ Medicaid Audit collected \$935,104 during the third quarter 2002. (page 10)
- ◆ Managed care enrollment averaged over 63% for the quarter. (page 10)
- ◆ Client calls to the Client Advocate Services Unit increased 61% over calls received during the third quarter 2001 (page 15)
- ◆ A new work unit was created in OMAP, combining the former Communications Unit with the newly formed Senior Pharmacy Programs (page 16)
- ◆ Additional Managed Care Plans are voluntarily participating in OMAP's encounter claim validation pilot project. (page 17)
- ◆ Project: **PREVENTION!** Task Force continues work on development of an OHP Tobacco Cessation Workplan (page 18)

Administrative Operations

OMAP Program and Policy

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

- Development, submission and approval of several State Plan Amendments in the following areas: changes in hospital payment methodologies, changes in drug reimbursement rates, and Practitioner Managed Prescription Drug Plan.
- Participated in implementation of Breast & Cervical Cancer Program.
- Submitted Advanced Planning Document, Detailed Implementation Schedule and Contract Amendment for the upgrade of the system used by OMAP's Pharmacy Benefits Manager, First Health Services Corporation.
- Development of administrative rules to implement legislative and technical changes.
- Request For Proposal for Mail Order Pharmacy.
- Working with three communities in the development of transportation brokerages. Monitoring contracts with established brokerages.
- Participated in HIV Coalition Conference.
- Received an exemption from the need to request further cost avoidance waivers for certain services.
- Continued work on HIPAA transaction and data sets related changes, coordination and training.
- Research legislative concepts for the fourth and fifth special session of the state legislature.
- Continue 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
- Federally Qualified Health Centers and Rural Health Clinics
- Durable medical equipment
- Lead poisoning prevention

OHP Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,990 calls per month during the third quarter 2002. Most calls (98%) continue to be from practitioner offices, with 91% of the calls related to line placement and payment of services.

Comorbidity Review - 22 requests received*:

- 6 approved
- 11 denied
- 5 pending for more information

Not Covered Services Authorization - 26 requests received*:

- 8 approved
- 13 denied
- 5 pending for more information

Payment Reconsideration Review - 24 requests received*:

- 10 approved
- 9 denied
- 5 pending for more information

* 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:

- Fee-For-Service Disease Management Program for diabetes, asthma, and congestive heart failure and Case Management of high utilizers of health care is progressing with the contract awarded to McKesson Health Solutions. A Physician Advisory Group will be formed to meet quarterly and provide input. Implementation is scheduled for October 2002.
- Practitioner Managed Prescription Drug Plan Update - Analysis of drug categories prepared by Oregon EPC with the Health Resources Commission making recommendations based on effectiveness. OMAP will then do a cost analysis and determine preferred drugs. The subcommittee has been reconvened for the second group of drugs. NSAID and Statin went into effect on September 1, 2002.
- OHP2 - Medicaid Expansion Continuing Work Update. Included legislative update, public process for feedback and recommendations and progress report on implementation with time lines.
- OHP Overview - An overview of the ongoing accomplishments of the Oregon Health Plan. Status for 2001 indicate 626,942 Oregonians received benefits; including 278,301 children under 19 years old; 17,730 pregnant women with 46,686 births; 45,730 elderly and disabled. Over the past 9 years over 1 million Oregonians received services. Highlighted healthcare prevention services, ECCP guidelines, Project: **PREVENTION!**, educational seminars, Outreach, and Disease Management program. Reported outcome of 2,500 fewer smokers in the OHP population this year as a result of prevention efforts.
- Notation on Prescription, Fee-for-Service Clients Overview. This was originally directed by the Oregon State Legislature to prevent payment for non-covered prescriptions. Prescription drugs will not be covered if the prescription is below the funding line, excluded

or limited service or on the excluded and below the line diagnosis list. The practitioner will inform the client they will be responsible for the payment of the prescriptions that are not covered. The physician must write on the prescription “diagnosis not covered” or a similar statement.

OHP Hearings

OHP Hearings (Managed Care and Fee-for-Service) July 2002 - September 2002		
	Managed Care	Fee-for-Service
Requests Rec'd	164	42
Hearings Held	52	11
Hearings Pending	84	24
Hearings Dismissed	108	22
Claimant Withdrew	67	12
No Shows	11	2
Plan Withdrew/ Agency Withdrew	30	7
No Jurisdiction	0	2
Decisions Affirmed	52	8
Decision Reversed	0	1
Below the Line	32	8

Other Agencies

Health Services Commission

The **Health Services Commission** held two meetings during the quarter. In July, the Commission held a one-hour conference call to finalize the Prioritized List of Health Services for the 2003-05 biennium. As the actuaries would not be needing the finished list until later that month, the Commission took the opportunity to incorporate more previously non-paired ICD-9-CM and CPT-4 codes, the new ICD-9-CM codes to go into effect in October 2002, and made some additional minor changes. All changes made during the biennial review process, along with the priced Prioritized List, will appear in the Commission's biennial report to the Governor and Legislature in early 2003.

At their September meeting the Commission approved recommendations from the Health Outcomes Subcommittee on interim changes to the list (see below). They also displayed an interest in using an evidence-based review process similar to that being used by the Health Resources Commission in developing the preferred drug list for the Practitioner Managed Prescription Drug Plan. If implemented, such a process would look at condition-treatment pairs that are near the funding line that exhibit high utilization, high cost, and high practice variation and where it is felt that evidence exists as to the effectiveness of treatment in question. Further discussion will take place at their next meeting in January.

The **Health Outcomes Subcommittee** held one meeting during the quarter. In September the Subcommittee continued incorporating pairings of ICD-9-CM and CPT-4 codes identified through OMAP's claims processing, where appropriate. The Subcommittee is also recommending a coding change to the breast cancer line to allow for the billing of post-mastectomy breast reconstruction after a significant period of time has elapsed since the original surgery. They also reviewed the placement of irritable bowel syndrome (IBS) and atopic dermatitis based on the availability of new drugs for treatment. Neither drug, Zelnorm for IBS or Tacrolimus for atopic dermatitis, showed an increase in the cost-effectiveness of treatment to warrant movement of these conditions to higher line items. The Subcommittee also approved a guideline to be associated with line 335 for the recently added treatment of intrathecal baclofen therapy for severe spasticity.

The **Subcommittee on Mental Health Care and Chemical Dependency** did not meet during the quarter.

Office of Mental Health and Addiction Services (OMHAS)

Administrative Operations

- Dr. David Pollack accepted the position of Medical Director for OMHAS. Dr. Pollack is looking forward to reengaging the MHO Medical Directors and other Clinical Supervisors in monthly meetings. One of the first agenda items will be to define the mission statement, goals and objectives for the workgroup.
- Sandra Moreland, Ph.D., OMHAS Older Adult Specialist, has been named as President of the Older Adult Division of the National Association of State Mental Health Program Directors. She will be planning an annual meeting of this group in 2003 to be held in Portland.

Policy and Planning Decisions

Howard Goldman, University of Maryland, and Vijay Ganju, National Association of State Mental Health Program Directors, presented information to the MHOs regarding the implementation of Evidence Based Practices. Pilot projects have been initiated in several states, including Oregon, to develop and enhance evidence-based practices, performance measurement and quality improvement activities.

OMHAS is in the process of development of a “Logic Model” to be used as a method and structure for setting goals and objectives with achievable outcomes for mental health treatment. The proposed model is expected to provide a closer linkage between investment and outcomes, will tie in with the Oregon Progress Board performance indicators and provide useful information for budget documents. Indicators to be measured include: percent of consumers admitted to community based services in a timely manner following discharge from more intense care; percent of consumers readmitted to care at a more intense level within 30 days; and average length of time between acute care episodes. Some efficiency measures will include average cost per client; and timeliness, accuracy and completeness of data.

OMHAS is working with a legislative workgroup to develop a bill to create a youth Psychiatric Security Review Board. The intent of this legislative concept is to give youth with mental illness who commit a crime the ability to plea an insanity defense and, therefore, the ability to receive appropriate mental health treatment services.

Eligibles and Enrollment

MHO enrollment was at 87 % in July, August, and September. Actual enrollment in MHOs was 363,634 in July, 354,350 in August, and 354,262 in September.

Benefit Package

MHOs participated in discussions on how they could work together with providers to eliminate any barriers to treatment that may be inadvertently caused by copayments. Copayments for pharmacy and ambulatory services are being proposed for OHP fee-for-service clients beginning in January. OHP2 will also include copayments for the Standard Benefit Package and will apply to all the non-categorical eligibles (expansion population).

The OHP Integration Workgroup continues to work on issues of coordination between physical health, mental health, chemical dependency and dental care. Future discussion items include issues around care for people with chronic conditions, clients who are high utilizers of services, and improved coordination with dental care providers.

MHOs have requested written clarification from OMHAS regarding the circumstances under which telephonic services are allowed. An analysis of the question will be initiated with the purpose of developing a formal policy and procedure that is consistent with federal guidelines.

Monitoring and Evaluation

During the Legislative Assembly's special session, concerns were expressed related to several MHOs reserve levels. Some reserve level is appropriate to cover an organization's risk during times when costs exceed capitated payment revenue. Given the concerns about reserve levels, the following budget note was adopted:

DHS is directed to review financial reports for MHOs receiving OHP payments and report its findings to the September meeting of the Emergency Board. The report is to include an examination of variations in the rates of expenditures by MHOs and sub-contractor county programs as well as variations in accumulated MHO financial reserves. DHS shall recommend administrative actions needed to reduce reserves to reasonable levels necessary to manage financial risk, assure that future capitation rates reflect appropriate service costs and utilization, and perform ongoing financial and service quality monitoring of mental health providers under the OHP.

The MHO Rates and Finance Workgroup will focus on reviewing the financial reporting requirements of the MHO Agreement. It became apparent after some initial discussions that MHOs are not interpreting the requirements in the same way resulting in inconsistency in the data submitted. The workgroup will also discuss the issue of "reasonable reserves" and how this will be determined.

OMHAS received information that MHOs were using facilities for crisis respite or subacute services that were not certified or licensed for that level of care. MHOs providing alternatives to inpatient care must verify that providers are appropriately credentialed for the level of care provided. OMHAS has compiled a list of facilities that have been licensed or certified to provide respite care.

OMHAS finalized the process and protocols for on-site visits to MHOs. The reviews are scheduled to begin in October. The visits will have a quality assurance/quality improvement focus and will help identify areas for technical assistance.

OMHAS staff worked with a contracted professional review organization, OMPRO, on the development of a utilization management process to assure appropriate utilization and quality of intensive treatment services provided in child and adolescent psychiatric residential programs.

OMHAS entered into a data sharing agreement with the Oregon Youth Authority to evaluate adolescents who are served in both the mental health and youth corrections systems. The initial project will look at recidivists in the youth correction system and youth accessing mental health services to compare whether there is a different recidivism rate for those who receive mental health services.

Training and Activities

A workshop on Integrated Approaches for Youth and Families with Co-Occurring Disorders will be held in Portland on October 2-3, 2002.

The Oregon Association of Child and Adolescents Psychiatrists and the Oregon Psychiatric Association is hosting the 2nd Annual Child Mental Health Forum on October 11, 2002. The focus will be on prevention and response to violence on kids throughout their life cycle.

A workshop on early childhood mental health was held in Portland in September.

Attachments

The MHO Complaint Log Report for the Second Quarter 2002 is included with this report. (see attachment 1)

Medicaid Audit

During the third quarter, \$877,968 in overpayments was collected and \$57,136 was recouped for a total of \$935,104. Eight referrals were made to the Department of Justice Medicaid Fraud Control Unit this past quarter.

Medicaid Audit continues the lengthy audit of Citizen/Alien Waived Emergency Medical (CAWEM) claims. This audit continues to disclose repeated billings from providers of all types who have been billing ineligible services for clients with CAWEM coverage. This project has already identified \$1.9 million in disallowed billings.

A significant amount of time was spent this quarter preparing for the Licensed Direct Entry Midwife administrative reviews to take place in October. Thus far, 15 administrative reviews have been scheduled with at least another ten anticipated in the coming quarter. All audits will be finalized before December.

Audits of the major taxi providers saw significant progress this past quarter. It is anticipated all audits will be finalized in the coming quarter.

A statewide audit of branch offices' prior authorization processes was also started during the third quarter. The objective of the audit is to determine the error rate associated with prior authorizations performed by our local branch offices. This audit will be used by OMAP management in determining how the State should be prior authorizing services.

Continuing are audit projects on incontinence supplies, J Codes (injections), and Federally Qualified Health Clinics.

Eligibles and Enrollment

Eligibles

Total actual eligibles were: July 440,097; August 433,886; September 434,987.

Enrollment

Managed care enrollment was at 64.09% in July, 63.34% in August and 62.49% in September. Actual enrollment in Fully Capitated Health Plans was 279,645 in July, 270,064 in August and 268,420 in September.

Fully Capitated Health Plans

July 1, 2002 CareOregon expanded coverage to include all zips in Yamhill County.

July 1, 2002 ODS Dental in Grant County reopened to new enrollment.

July 3, 2002 ODS Dental in Clackamas, Multnomah, and Washington Counties closed for enrollment with a (60) day re-enrollment period.

July 3, 2002 ODS Dental in Jackson/Josephine County closed for enrollment with a (60) day re-enrollment period

July 3, 2002 ODS Dental in Malheur County closed for new enrollment with a (60) day re-enrollment period.

July 15, 2002 Providence in Washington County reopened to new enrollment.

July 15, 2002 Tuality in Washington County reopened to new enrollment.
Providence in Washington County reopened to new enrollment.

August 1, 2002 Family Care Washington County maximum enrollment decreased from 1,000 to 120.

August 1, 2002 Managed Dental in Linn and Benton Counties reopened to new enrollment.

August 1, 2002 CareOregon increased enrollment limits in Clackamas County from 12,000 to 15,000, Multnomah County from 45,000 to 49,000 and Washington County from 10,000 to 13,000.

August 14, 2002 Providence in Clackamas and Multnomah Counties increased the re-enrollment period from (60) days to (90) days.

September 1, 2002 Northwest Dental Service in Grant County will reopen to new enrollment.

September 1, 2002 CareOregon in Marion and Polk Counties reopened for enrollment.

September 1, 2002 COIHS in Grant County maximum enrollment decreased from 1,300 to 900.

September 1, 2002 Northwest Dental Service in Malheur County closed for new enrollment with a (30) day re-enrollment period.

September 15, 2002 Willamette Dental Group in Linn and Benton Counties reopened to new enrollment.

September 16, 2002 Providence in Multnomah County reopened to new enrollment.

- ◆ A chart showing Fully Capitated Health Plan disenrollment by reason code is included with this report. (see attachment 2)

Managed Care Activities

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

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

July	None
August	Multnomah County
September	Grant, Crook, Deschutes, Jefferson, Hood River, Gilliam, Sherman, Wasco, Coos, Douglas, Curry and Lincoln Counties

Premiums and Waivers

OHP Monthly Premium Billing and Payments July - September 2002				
Month	Households	Total Billed	Total Receipts	% of Total Billed
July	87,810	\$877,608	\$592,207	67%
August	87,615	\$873,197	\$536,948	61%
September	85,384	\$808,841	\$574,120	71%
Totals	260,809	\$2,134,754	\$1,703,275	67%

Premium Waivers July - September 2002			
Waiver Type	July	August	Sept
Zero Income	3037	3609	3162
Case Discrepancy*	1590	1684	1485
Crime Victim	16	25	20
Domestic Violence	210	285	259
Homeless	462	490	503
Natural Disaster	14	50	54
Death in Family	7	3	7
Total	5336	6146	5490

*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 July - September 2002	
Month	Number
July	77
August	73
September	122
Total	272

Service and Information

Telecommunications and Applications

During this quarter the OMAP Telecommunications Center received a total of 32,725 calls, a decrease from the previous period (33,712). The number of calls abandoned was 1,909, a decrease from the previous quarter (2,870).

The OHP Application Center received 66,358 calls, an increase from the previous quarter's 64,632. The number of calls abandoned, at 2,448, was a decrease from the previous quarter's 3,215. The center received 7,231 hospital hold requests, a slight decrease from the previous quarter's 7,432.

Telecommunications and Application Center April - May 2002	
OMAP Telecommunications	
Calls received	32,725
Calls answered	30,816
Calls abandoned	1,909
Transferred*	23.23%
Avg. calls/agent mo.	3,127
OHP Application Center	
Calls received	66,358
Calls answered	63,910
Calls abandoned	2,448
Transferred**	8.83%
Avg. calls/agent mo.	3,780
Hospital holds	7,231
App's requested	43,072
Redeterminations mailed	59,086

* Some calls are transferred to OMAP Central Provider Services.

** Some calls are transferred to OHP Central.

Client Advocate Services

During the 3rd quarter 2002, the Client Advocate Services Unit (CASU) received a total of 11,198 separate calls from clients or their representatives. This is a 10% increase over the calls for the previous quarter.

2,714 calls (24%) specifically addressed client concerns about access to providers, quality of care, or denial of services. The following table shows how issues of access, quality, and service denial were distributed over the major program service areas provided by OMAP.

Client Advocate Services Unit Calls Received July - September 2002				
TYPE OF SERVICE	Access	Quality	Denial	Total
Dental	407	55	29	491
DME	76	5	74	155
Home Health	3	0	0	3
Mental Health	162	4	10	176
Chemical Dependency	33	0	3	36
Pharmacy	211	5	391	607
Vision	134	12	26	172
Transportation	28	0	5	33
Pre-Natal	29	0	1	30
Speech/Hearing	8	0	5	13
PT/OT	12	0	11	23
Medical/Surgical	849	40	80	969
Interpreter Services	6	0	0	6
TOTAL	1958	121	635	2714

Of the total calls received this quarter, 5,397 (48%) concerned issues such as billings, eligibility, managed care enrollment, applications, premium questions, and requests for certificates of creditable coverage. Compared to the 3rd quarter of 2001, CASU experienced a significant decrease in total numbers of clients reporting receipt of a bill from a provider. 1,526 billing calls were received this quarter as opposed to 1,886 for the same period in 2001.

The 11,198 calls from this quarter also represents a 61% increase over the 6,942 client calls taken in the 3rd quarter of 2001. A significant part of these increases can be attributed to the 2,177 calls received from recipients of a letter sent by the Social Security Administration to

Medicare beneficiaries about possible Medicaid benefits. In an intergovernmental cooperative arrangement, CASU agreed to take calls from recipients of those letters and direct them to the closest individual senior services field office.

OMAP also started enrolling certain OHP eligibles into specific pharmacies or pharmacy chains during this quarter. CASU agreed to be the point of contact for clients needing additional information about the pharmacy management program or requesting a change in their pharmacy enrollment. CASU agents answered 910 calls about this program, including 29 requests for pharmacy changes.

Outreach

During the third quarter 2002 there was one outreach training held in Salem, attended by 30 participants.

Senior Pharmacy Programs and Communications

During the third quarter 2002 the Communications Unit was combined with the Senior Pharmacy Programs under the management of Sandy Wood.

One of the programs under this new unit is the Senior Prescription Drug Assistance Program. It is a program for Oregonians age 65 and older authorized by the 2001 Legislature. It will begin February 1, 2003, and could benefit 100,000 seniors. Members of this program will be able to purchase prescription drugs from participating pharmacies at the State Medicaid rate. The program will be phased in over a four-month period and will be implemented and administered by OMAP.

Communications staff continued work on 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 2002 and into the first quarter 2003. 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 client notice regarding implementation of the Pharmacy Management Program was included with July client Medical ID's. An additional notice was developed that will go out to the individual client when they are enrolled with a pharmacy. (see attachments 3 and 4)

A series of notices were developed advising various medical providers of fee-for-service rate changes.

Notices were sent to prescribing providers advising of recent policy changes in the area of pharmacy services. These included a notice regarding the legislative directive requiring notations on prescriptions for excluded or below-the-line services and a notice clarifying the intent of the Practitioner Managed Prescription Drug Plan.

A notice was sent to Tribal Health Clinics clarifying policy and procedures for disenrollment requests for American Indian/Alaska Native clients.

Managed Care Client Complaints

The Managed Care Plans Complaints and Grievances Report shown contains data from the second 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 5)

System and Encounter Data

HIPAA

OMAP has completed a review of two (2) HIPAA EDI Translator Proposals in preparation for the implementation of HIPAA. No decisions have been made on which translator will be used.

OHP Expansion

OMAP is working with managed care organizations (MCOs) to resolve technical issues to ensure they have a smooth transition for the OHP 2 Expansion waiver which will include an additional benefit package and expand the FHIAP program which supplements employer-sponsored and individual insurance for low-income Oregonians.

Miscellaneous Activities

More HMOs, MHOs and Dental plans are voluntarily participating in OMAP's claim count validation pilot. OMAP liaisons track and report the number of usable and non-usable claims each week for plans participating in the pilot. Usable claims are those claims used in the computation of rate-setting and risk adjustment. The goal is to match Contractors' self-reported claim counts and billed amounts to OMAP's processed counts. Weekly tracking provides timely feedback to Contractors so they may investigate any non-usable claims.

The FTP site containing Encounter Data Claim data is now accessible and password protected for plans to view. The FTP site contains one rolling year of data for Contractors' analysis so that they may determine if their data are complete and accurate. These data will be used in future rate-setting and risk adjustment.

Preliminary rate claim counts were sent to encounter contacts at each MCO. Updates will occur quarterly until the rate deadline.

OMAP staff are monitoring encounter data claim pends after the implementation of the Medicare Code Editor Versions 13-19. OMAP has seen a decrease in the number of pended claims due to this error. OMAP will continue to monitor and verify that the code editor versions are working correctly. Version 20 implementation has been delayed. A statewide notice was sent to all MCOs.

OMAP and First Health are continuing to work on pharmacy encounter data issues and on the contract language regarding the new data elements that will be collected.

Several individual on-site plan trainings were conducted. Training and technical assistance included trouble shooting the plans' encounter data claim submission processes and training on data validation.

Staff provided group training sessions and discussed relevant submission issues with the plans at the monthly Encounter Data Workgroup meetings.

Monitoring and Research

Project: PREVENTION!

The Project: **PREVENTION!** Task Force met in September this quarter, continuing to focus on the initiation of a second statewide campaign on tobacco cessation for OHP smokers, the development of an OHP Tobacco Cessation 2002 Workplan, and the OHP tobacco cessation "Dashboard". (see attachments 6, 7 and 8). 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).

The focus of the September meeting was Goal #1 of the tobacco cessation workplan (outreach): the approval of a new and colorful OHP tobacco cessation flyer "Help is Here," and how each plan and OMAP will successfully distribute this flyer to OHP clients and providers. Goal # 2, discussion and standardization of the most recent tobacco cessation milestone form was also completed for future measurement. Information discussed about the Early Childhood Cavities Project (ECCP) included: OHP Dental and Medical plans initiated the first in a series of presentations of each plan's ECCP program, including successes and challenges; updates on the DHS application for the RWJ Dental grant, the Oregon ECCP Coalition, and the OHP ECCP Steering Committee. An updated mission statement for PP was approved which will become Exhibit J of the OHP2 contract for OHP plans. (see attachment 9)

Subcommittee to the PP Task Force, the OHP ECCP Steering Committee, met in July, and continues to provide oversight and monitoring of the OHP ECCP program. Updates on the ECCP program continue to be reported at the Project: **PREVENTION!** Task Force meetings. This quarter the Steering Committee meeting discussed: the DHS application for the RWJ dental grant; the ECCP Dissemination Plan and media opportunities; and the summary of the first ECCP Milestone report. (see attachment 10)

Quality Improvement/Evaluation/Monitoring

Survey Activities

Analysis work was done on some Oregon specific questions and CAHPS supplemental questions. The National CAHPS Benchmarking Database (NCDB) report is due in October.

External Quality Review

A Request for Proposal has been drafted and submitted to DHS Contracts for legal review.

Performance Measures

Dental plans and FCHPs have submitted their performance measures. They are being analyzed for a preliminary report in November.

Quality Improvement Evaluations

On-site reviews/evaluations were conducted for the following FCHPs:

July	Tuality Health Alliance Kaiser Permanente
August	Central Oregon Independent Health System
September	Intercommunity Health Plan Providence Health Plan

