



**Oregon
Health
Plan
Medicaid
Demonstration
Project**

**Quarterly Report
October-December 2002**

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Summary

Among the highlights of the fourth quarter (October - December 2002) were the following items:

- ◆ Program and Policy staff submitted and monitored a number of State Plan Amendments related to changes in hospital payment methodologies, drug reimbursement rates, changes in client copayment requirements and coverage levels. (page 3)
- ◆ Program and Policy staff continued work on HIPAA requirements. (page 3)
- ◆ In accordance with CMS requirements for the expansion of the Oregon Health Plan, the Family Health Insurance Assistance Program (FHIAP) is now reporting administrative operations activities and eligibility information in this report. (page 3 and 10)
- ◆ The Health Outcomes Subcommittee of the Health Services Commission will form a task force on solid organ transplants. (page 7)
- ◆ The Office of Mental Health and Addiction Services is working with various interested parties regarding the ramifications of recent budget cuts and to look at long term planning to address possible restructuring of the OHP benefit and mental health delivery system. (page 8)
- ◆ Medicaid Audit collected \$326,049 during the third quarter 2002. (page 9)
- ◆ Managed care enrollment averaged over 63% for the quarter. FHIAP enrollment totalled 3,239. (page 10)
- ◆ To better reflect a coaching model of assistance, the Client Advocate Services Unit changed its name to Client Advisory Services Unit. (page 15)
- ◆ Communications staff sent out a variety of client and provider notices this quarter related to changes in OHP coverage and the roll-out of OHP 2. (page 16)
- ◆ System and Encounter Data staff are working with OMAP providers to bring about a smooth transition into the new benefit package. (page 17)
- ◆ Project: **PREVENTION!** Task Force has documented continued progress in the Early Childhood Cavities Prevention project. (page 18)
- ◆ Final Quality Improvement reports were completed for six managed care plans. (page 20)

Administrative Operations

OMAP Program and Policy

During the fourth quarter 2002, significant activities in Program and Policy included:

- Submission, monitoring and/or approval of several State Plan Amendments in the following areas: changes in hospital payment methodologies, changes in drug reimbursement rates, mail order pharmacy copay exemption, and elimination of coverage of clients in the Medically Needy program.
- Development of administrative rules and program coordination to implement legislative and DHS management directives.
- Implementation of the Oregon Health Plan 2.
- Working with three communities in the development of transportation brokerages. Monitoring contracts with established brokerages.
- Continued work on HIPAA transaction and data sets related changes, coordination and training.
- 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 Qualify Heath Centers and Rural Health Clinics
 - Durable medical equipment
 - Lead poisoning prevention

Family Health Insurance Assistance Program (FHIAP)

- Implemented Section 1115 and HIFA waivers for FHIAP and began claiming FFP on November 1, 2002.
- Promulgated administrative rules to implement legislative, technical and waiver-related changes to FHIAP.
- Developed and presented continuing education training on FHIAP and other OHP programs for health insurance agents.

- Continued work on HIPAA components (privacy, transactions and codes, and security) changes, coordination and training.
- Continued collaboration with DHS programs (particularly OMAP) with regards to coordination of program policies where applicable; and future transfer of OHP Standard clients with employer-sponsored insurance available to FHIAP.
- Revised FHIAP benefit benchmark per legislative instruction in Oregon House Bill 2519 (2001) for IPGB Board approval in November 2002.
- Developed Request for Proposal (RFP) for a survey/study of employer-sponsored health insurance in Oregon.
- Revised all publications to incorporate new subsidy, income guidelines, and eligibility changes.
- Conducted recruitments to fill staff positions needed for expansion and approved by Legislative Emergency Board in 2002.
- Operational staff completed move to new building.
- Prepared fiscal systems for federal reporting requirements.
- Modified database system to accommodate federal fiscal reporting system.

OHP Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,680 calls per month during the fourth quarter 2002. Greater than 97% of the calls continued to be from practitioners, with 94% of the calls related to line placement and payment services.

Comorbid Condition Reviews* - 37% decrease from previous quarter

Approved	3
Denied	10
Pended	0
<u>Total</u>	<u>13</u>

Not Covered Service Reviews* - 69% increase from previous quarter

Approved	33
Denied	20
Pended	7
<u>Total</u>	<u>60</u>

Payment Reconsideration Reviews* - 63% increase from previous quarter

Approved	30
Denied	9
Pended	3
<u>Total</u>	<u>42</u>

* Specific information provided on request. Please contact Rosanne Harksen via email: rosanne.m.harksen@state.or.us.

OHP Hearings

OHP Hearings Managed Care and Fee-for-Service October - December 2002		
	Managed Care	Fee-for- Service
Requests Rec'd	184	41
Hearings Held	45	6
Hearings Pending	113	27
Hearings Dismissed	103	25
Claimant Withdrew	68	11
No Shows	10	5
Plan Withdrew/ Agency Withdrew	25	9
No Jurisdiction	2	1
Decisions Affirmed	40	5
Decision Reversed	4	0
Below the Line	32	8

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:

- Progress in Tobacco Use Reduction - Provided statistics on tobacco use from data 1996-2001. Described Oregon's comprehensive approach to prevention which began in 1996. Data showed the continual drop in Oregon and the nation in usage. Discussed trends in use of cessation assistance and motivation for quitting tobacco.
- Update on HIPAA timelines with significant dates for DHS.
- Overview of disease management/case management from McKesson Health Solutions and how the Medicaid fee-for-service population will benefit from disease management in chronic diseases such as asthma, diabetes, heart failure, and COPD.
- OHP2 - Medicaid Expansion Continuing Work Update. Included legislative update, public process for feedback and recommendations and progress report on implementation with timelines.
- Depression Screening Overview of USPSDF Preventative Services Task Force recommendation of depression screening on all adults. At the conclusion of the discussion the recommendation is to focus efforts to identify diagnosis and treat those from high risk groups such as chronic illness, disabled, aging, major life changes and losses, appearance of depression, and history of drug use.
- Medical Home Program review on the concept of the medical home for Children with Special Health Care Needs (CSHN) which describes the approach to providing health care services in a cost-effective manner. Primary care providers, families and allied health care professionals act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families.
- Diabetes in the OHP Population - An overview of diabetes in the OHP population including risk presentation, provision of care and dual-eligibility. More than 1 in 10 adult Medicaid clients have diabetes and are at higher risk for poor health. More than half of those are dual eligible for Medicaid and Medicare.

Other Agencies

Health Services Commission

The **Health Services Commission** (HSC) held no meeting during the quarter.

The **Health Outcomes Subcommittee** held one meeting during the quarter. The Subcommittee began developing recommendations on the placement of new CPT-4 and HCPCS codes. The subcommittee also revised the guideline for clinically significant spinal deformity (line 143) to indicate their intent that this only be applied to the condition of scoliosis. Later work will explore the possibility of developing a guideline for spinal stenosis, which also resides on that line. The subcommittee plans to form a task force on solid organ transplants to advise the HSC on such issues as retransplantation. They also recommend adding smallpox to line 207, Herpes Simplex and Herpes Zoster with Neurological and Ophthalmological Complications, on a temporary basis until a new line can be created during the next biennial review. Complications of smallpox vaccination (vaccinia) will be placed on line 148, Complications of a Procedure Always Requiring Treatment. Finally, the subcommittee continued incorporating pairings of ICD-9-CM and CPT-4 codes identified through OMAP's claims processing, where appropriate.

The **Subcommittee on Mental Health Care and Chemical Dependency** held two meetings during the quarter. The subcommittee discussed the use of detection and treatment of early psychosis and confirmed its placement on the list at line 190. They also began working on the crosswalk of local procedure codes for MHCD services to CPT-4 and HCPCS codes as required by HIPAA.

The **Oncology Task Force** held one meeting during the quarter. The task force was given an overview of the HSC's prioritization process and were told that they will be advising the Commission in three areas: 1) what indications for high-dose chemotherapy with bone marrow/stem cell transplant (BMSCT) are currently not paired with the treatment on the Prioritized List; 2) what conditions are inappropriately paired with high-dose chemotherapy with BMSCT on the list; and 3) advise the HSC on the issues of recent advancements in BMSCT technology such as tandem transplants, retransplantation, mismatched transplants, and the use of BMSCT in treating graft vs. host disease and non-hematologic diseases.

Office of Mental Health and Addiction Services (OMHAS)

Policy and Planning Decisions

- Due to budget shortfalls, the Legislature chose to take advantage of the flexibility in the OHP2 waiver. The November Legislative Emergency Board authorized elimination of outpatient mental health treatment, an optional Medicaid benefit, for approximately 118,000 people eligible for the OHP Standard benefit package effective March 1, 2003.
- OMHAS is working with various constituent groups and other interested parties regarding the ramifications of other budget cuts to the mental health and chemical dependency treatment system, which are in addition to the proposed OHP benefit cuts, and proposed to take effect on February 1, 2003.
- OMHAS is interested in convening a focus group to look at long term planning to address shift in population covered by OHP and restructuring of the OHP benefit and mental health delivery system.
- OMHAS staff are completing work to transition all Oregon unique mental health and chemical dependency treatment codes to the newly developed national standard codes.
- Psychiatric day treatment providers have inquired whether they can bill MHOs for medication management services by psychiatrists who are not affiliated with the program in addition to the all-inclusive rates they receive. OMHAS will review the direct contracts with the day treatment programs to ascertain the financial impact of any changes.

Benefit Package

- OMHAS received a letter from the Washington County Board of Commissioners requesting a change in the carve-out contractor for the OHP mental health managed care services in Washington County. OMHAS will work closely with the Oregon Department of Justice, Attorney General's office, to clarify state and federal regulations regarding the request. A transition date of February 1, 2003, is requested for OHP eligibles in Washington County to be transferred from Providence Behavioral Health Connections to Washington County Department of Health and Human Services. There will be no significant change to the provider panel.
- MHOs and FCHPs discussed their respective roles and payment responsibilities for the limited mental health benefits that will continue to be available for OHP Standard eligibles after March 1, 2003. These limited services include psychiatric inpatient hospitalization (including professional fees), psychotropic medication management, and psychiatric consultation.

Monitoring and Evaluation

- MHOs participated in an encounter data claim validation pilot project. Electronic worksheets developed by OMAP assist MHOs to validate on a weekly basis the encounter data submitted to OMAP.
- Over the past several months, DHS and OMHAS staff worked closely with MHOs to revise contractual financial reporting requirements. Many of the MHOs have also provided technical assistance to their risk-based subcontractors in an effort to update cost allocation plans and enhance financial management, reporting, and oversight. The contract revisions will take effect February 1, 2003, and should result in greater comparability across MHOs, and more accurate analysis of cash flow, net worth, and financial solvency.

Training and Activities

- A workshop on Integrated Approaches for Youth and Families with Co-Occurring Disorders was held on October 2-3, 2002.
- OMHAS is sponsoring a Child and Adolescent Mental Health Conference on April 22-23, 2003, in Springfield, Oregon. The conference will focus on providing technical assistance to child and adolescent mental health professionals on implementing a system of care using evidence-based practices. A number of national experts are scheduled to participate.
- The next FCHP Exceptional Needs Care Coordinators roundtable was scheduled for November 6, 2002. Topic items for discussion focus on improving communication between FCHPs, DCOs, and MHOs.
- OMHAS will convene a meeting of an oversight group that includes community providers, consumers, and other interested parties to coordinate the implementation of the OMHAS Trauma Policy.

Medicaid Audit

For the fourth quarter 2002, \$306,428 in overpayments was collected and \$19,621 was recouped for a total of \$326,049. One referral was made to Department of Justice Medicaid Fraud Control Unit (MFCU) this past quarter.

Medicaid Audit productivity decreased significantly this past quarter due to time spent defending audits for a major durable medical supplier, a major teaching hospital, and the licensed direct entry midwives. This type of activity will have a ripple effect in future periods due to less time spent performing audits and identifying overpayments.

Completed audits during the fourth quarter include a chiropractor, several taxi providers, two pharmacies and a Federally Qualified Health Clinic.

Eligibles and Enrollment

Oregon Health Plan (OHP) Oct - Dec 2002

Eligibles

Total actual eligibles were:

October	426,320
November	422,399
December	426,871

Enrollment

Managed care enrollment:*		Actual FCHP enrollment
October	63.48%	270,644
November	63.44%	267,960
December	62.62%	267,288

* Enrollees as percent of total eligibles. Some eligibles cannot be enrolled in managed care.

Family Health Insurance Assistance Program (FHIAP) Nov - Dec 2002

Enrollment

New group enrollments	133
New individual enrollments	238
Total new enrollments	371

Total FHIAP enrollment 12/31/02 3,239

Fully Capitated Health Plans

October 1, 2002 - Kaiser will no longer have a re-enrollment period.

October 1, 2002 - Providence will no longer serve the following zip codes in Washington County: 97106, 97109, 97113, 97116, 97117, 97119, 97123, 97124, 97125, 97133, 97144.

October 15, 2002 - Willamette Dental Group will be closed for new enrollment in Linn and Benton Counties, with a thirty (30) day re-enrollment period.

November 6, 2002 - CareOregon will be open for enrollment in Clatsop County.

November 26, 2002 - Capitol Dental Care will be closed for new enrollment in Klamath County, with a sixty (60) day re-enrollment period.

November 26, 2002 - Capitol Dental Care will be closed for new enrollment in Josephine and Jackson Counties, with a sixty (60) day re-enrollment period.

November 26, 2002 - Capitol Dental Care will be closed for new enrollment in the Tri-County (Washington, Multnomah, and Clackamas Counties) area, with a sixty (60) day re-enrollment period.

December 1, 2002 - Willamette Dental Group will be closed for new enrollment in Douglas County, with a (60) day re-enrollment period.

December 5, 2002 - Northwest Dental Services will be closed for new enrollment in Lane County, zips 97424, 97426, 97427, 97428, 97434, 97443, 97472 only. There will be no re-enrollment period.

- ◆ A chart showing Fully Capitated Health Plan disenrollment by reason code is included with this report. (see attachment 1)

Managed Care Activities

The Delivery Systems Unit coordinates the monthly meetings of the managed care plans CEOs and plan contacts. These meetings including Fully Capitated Health Plans (FCHPs), Dental Care Organizations (DCOs), Mental Health Organizations (MHOs) and Chemical Dependency Organizations (CDOs). Below are the areas of focus for this quarter:

October 2002

- OMAP and PriceWaterhouseCoopers developed fee-for-service and capitation rate increases to reflect the increase in liability insurance costs for obstetricians. These proposed increases were included in the November rebalance budget to be reviewed and potentially approved by the November Emergency Board.
- Notified plans of the technical changes to the Health Services Commission (HSC) List. Changes include new CPT codes, deletion of invalid CPT/HCPCS codes, replacement of some OMAP unique codes with national recognized codes and other changes recommended by the HSC and reflected by national coding standards.
- Amended all FCHP, DCO and CDO contracts to extend them from December 1, 2002, to February 1, 2003, due to delay in implementation of the OHP Expansion.

November 2002

- DHS was given legislative direction to make changes in the OHP2 Standard benefit package effective March 1, 2003. DSU surveyed the DCOs on the OHP2 Standard benefit package changes and the impact on the dental plans.

- Based on decisions by the Emergency Board, OMAP notified plans of the OHP2 Standard benefit package changes to be implemented on March 1, 2003. Plans were also advised of the delay in the OHP Standard expansion from 100%-110% FPL until July 1, 2003, the decrease in pharmacy reimbursements from AWP –14% to AWP –17% and the increase in reimbursements for institutional pharmacies to AWP –11% and the dispensing fee to \$3.91.
- Began Gap Analysis between current contracts and rules and the BBA CFRs finalized on June 14, 2002, and taking effect August 2003.

December 2002

- OMAP decided to give the plans the option to serve only the OHP Plus population beginning March 1, 2003. DSU surveyed the FCHPs on their intent to serve the OHP Standard population.
- Jean Thorne held a special meeting with the contractors on December 16, 2002, to discuss OMAP’s internal analysis and pros/cons listing of various options, both short and long term, for the FCHPs.

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

October	Washington, Linn-Benton, Marion, Polk, Yamhill, Columbia, Clatsop, Umatilla, Union, Wallowa, Baker, Malheur, Harney, Douglas, Josephine, Jackson, Klamath, Lake, Clackamas and Lane Counties
November	None
December	None

Premiums and Waivers

OHP Monthly Premium Billing and Payments October - December 2002				
Month	Households	Total Billed	Total Receipts	% of Total Billed
October	86,049	\$808,841	\$579,821	72%
November	85,057	\$822,539	\$511,740	62%
December	86,422	\$845,235	\$503,649	60%
Totals	257,528	\$2,476,615	\$1,595,210	64%

Premium Waivers October - December 2002			
Waiver Type	October	November	December
Zero Income	3396	2975	3090
Case Discrepancy*	1494	1839	1443
Crime Victim	13	20	7
Domestic Violence	247	225	203
Homeless	513	503	511
Natural Disaster	31	20	22
Death in Family	5	7	5
Total	5699	5589	5281

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

Denied Premium Cases October - December 2002	
Month	Number
October	80
November	92
December	94
Total	266

Service and Information

Telecommunications and Applications

During this quarter the OMAP Telecommunications Center received a total of 33,584 calls, an increase from the previous period's 32,725. The number of calls abandoned was 1,940, a slight increase from the previous quarter's 1,909.

The OHP Application Center received 61,984 calls, a decrease from the previous quarter's 66,358. The number of calls abandoned, at 4,385, was an increase from the previous quarter's 2,448. The center received 6,251 hospital hold requests, a decrease from the previous quarter's 7,231.

Telecommunications and Application Center October - December 2002	
OMAP Telecommunications	
Calls received	33,584
Calls answered	31,644
Calls abandoned	1,940
Transferred*	21.29%
Avg. calls/agent mo.	2,304
OHP Application Center	
Calls received	61,984
Calls answered	57,599
Calls abandoned	4,385
Transferred**	7.76%
Avg. calls/agent mo.	3,583
Hospital holds	6,251
App's requested	43,079
Redeterminations mailed	50,709

* Some calls are transferred to OMAP Central Provider Services.

** Some calls are transferred to OHP Central.

Client Advisory Services

In the past year the Client Advocate Services Unit in OMAP has deliberately focused less on traditional advocacy for OHP clients and more on a coaching model of assistance. Clients receive education on strategies for resolving their issues themselves rather than simply relying on a public agency to take care of their concerns. This new mission promotes self-sufficiency and more closely mirrors customer service in commercial health care plans. To reflect this new orientation, this unit has changed its name to the Client Advisory Services Unit. No other changes in the actual operations of the unit are currently anticipated.

During the 4th quarter 2002, CASU received 2,532 calls which 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 Advisory Services Unit Calls Received October - December 2002				
TYPE OF SERVICE	Access	Quality	Denial	Total
Dental	324	66	48	438
DME	66	6	64	136
Home Health	1	0	3	4
Mental Health	128	1	6	135
Chemical Dependency	24	1	2	27
Pharmacy	203	4	495	702
Vision	80	9	19	108
Transportation	15	3	2	20
Obstetrics	15	0	1	16
Speech/Hearing	4	0	1	5
PT/OT	8	1	5	14
Medical/Surgical	746	49	130	925
Interpreter Services	1	0	1	2
TOTAL	1615	140	777	2532

Of the 11,026 calls received this quarter, 3,587 (32%) concerned issues such as eligibility, managed care enrollment, applications, premium questions, and requests for certificates of creditable coverage. 1,622 billing calls (15%) were also received this quarter.

During this quarter, CASU took 1,283 calls from recipients of a letter sent by the Social Security Administration to Medicare beneficiaries about possible Medicaid benefits. 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 of pharmacy chains during the previous quarter. CASU was 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 1,292 calls about this program, including 1,098 requests for pharmacy changes.

CASU staff answered 360 calls from clients inquiring about the January 2003 copayments and 342 calls from clients concerned about impending benefit reductions in the OHP expansion and in other Medicaid programs.

Outreach Activities

During the fourth quarter 2002 one full outreach training was held. Forty participants attended. There was also a Quarterly Outreach meeting and a presentation on OHP to the Russian Delegation. Staff also spent time during this quarter preparing for the roll-out of OHP2.

Senior Pharmacy Programs and Communications

Staff continued work on the roll-out of the Senior Prescription Drug Assistance Program with an effective date of February 1, 2003. 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.

During this quarter Communications staff continued work on numerous revisions to administrative rules and related materials to reflect program changes as directed by the Oregon Legislative Assembly. Effective dates range throughout the fourth quarter 2002 and into the first quarter 2003. Many projects during this quarter were related to the expansion of the Oregon Health Plan or reduction or elimination of benefits due to budgetary rebalancing. As they occur, revisions to both administrative rules and provider guides are available on the OMAP Website at:

www.dhs.state.or.us/healthplan/

Notices were developed to advise both clients and providers regarding a change in the coverage line on the Prioritized List of Health Services. (see attachments 2 and 3)

Notices were developed to advise both clients and providers regarding the implementation of a client copayment requirement for outpatient services and prescriptions for certain clients (see attachments 4 and 5)

A comprehensive notice was developed for clients whose health care coverage would be changing under OHP2. Clients who received this notice will be covered under the Standard Benefit Package beginning February 1, 2003. (see attachment 6)

A Provider Information Overview was developed and mailed to all OMAP Providers. The booklet contains a variety of information on the upcoming changes to the OHP. (see attachment 7)

A notice regarding the OHP CareEnhance Program was mailed to OHP clients. This program is a cooperative effort between OMAP and McKesson Health Solutions to provide informational materials and personal resources for people with diabetes, asthma, or heart conditions. (see attachment 8)

Application materials and an invitation to participate in the Senior Prescription Drug Assistance Program were sent to Oregon pharmacy providers.

Information was sent to providers regarding an upgraded Automated Information System, now known as AIS Plus. The AIS Plus User's Guide is available on the OMAP Website.

Managed Care Client Complaints

The Managed Care Plans Complaints and Grievances Report shown contains data from the third 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

OMAP is in the final stages of the contract negotiation for a translator. Training and mapping transactions will be distributed as soon as they are finalized.

OHP2 Expansion

The OHP2 waivers have been approved. OMAP is working with providers to make a smooth transition into the new benefit package. Staff will continue working with the plans and assist in any technical issues arising from the OHP Standard transition.

Miscellaneous Activities

The three-month voluntary Claim Count Validation Pilot was a success. Several plans participated in the validation from July 1 to October 1. Because the validation was very useful to the pilot plans, several others voluntarily joined the validation claim counts and billed amounts process which compares contractor's self-reported counts to OMAP processed claims. OMAP liaisons began conducting OMAP's portion of the validation for every managed care plan after October 1, 2002. As of February 1, 2003, all managed care plans will participate in the validation claim count.

The Data Certification and Validation exhibit was drawn up and reviewed by the Rules and Contracts Committee for final approval. This follows the BBA requirement in section 438.606. The data that must be certified includes, but is not limited to, enrollment information, encounter data, and other information required by the state and contained in contracts, proposals and related documents. The plans will either email their certification form with an electronic signature, or fax it to OMAP concurrently with each submission. OMAP will then respond back to the plans with the claim count data validation.

OMAP implemented Version 20 of the Medicare Code Editor. In addition to the implementation of Version 20, all previous Versions back to Version 13 were also installed and are being monitored, making claims processing more timely and accurate.

OMAP completed the contract language regarding the new encounter data pharmacy elements. Collection of pharmacy encounter data has been delayed due to new software changes to the SX system.

The Staff continue to provide training and technical assistance to the plans in order to diagnose and assist in making the submission processes more efficient.

The Encounter Data Work Group (EDWG) members have shared an ACCESS program that helps the plans to tally the number of claims and billed amounts for their encounter data submissions. OMAP's FTP site is reporting a rolling year of data for plans to download and use in their data analysis. OMAP also provided training sessions and discussed relevant submission issues regarding OHP2 with the plans through the monthly EDWG meeting.

Monitoring and Quality Improvement

Project: PREVENTION!

The Project: **PREVENTION!** Task Force met in October and December this quarter, with continued focus on the second statewide tobacco cessation campaign for OHP smokers and the Early Childhood Cavities Prevention (ECCP) project. The tobacco cessation work is guided by the OHP Tobacco Cessation 2002 Workplan, and the OHP tobacco cessation "Dashboard"

which are regularly updated (see attachment 10 Workplan and 11 “Dashboard” for the most recent versions). The 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 improve access to services while decreasing variability among plans; and targeting tobacco cessation services specifically to OHP pregnant women, and clients with chronic disease (asthma, diabetes, COPD, and cardiovascular disease). All OHP plans and OMAP are actively integrating Goals #1 and #2 at this time. Regular updates of the work of this group are given to the Contractors Quality Improvement Workgroup, the Medical Directors meeting, and the Contractors meeting.

The main focus of the October meeting was Goal #2 of the tobacco cessation workplan: increasing access to services and decreasing variability among OHP plans. A discussion panel included five plan participants and David P. Hopkins MD, CDC. Topics included: the pros and cons of tying pharmacological products to counseling, how to educate providers about coverage, and the comparison of class and telephonic cessation counseling. In December, the focus was Goal #3: targeting pregnant women and people with chronic disease. OHP health and dental plans continue to present information about their individual ECCP program activities and progress. Additionally, a second statewide summary of ECCP activity was shared which documents continued progress in the ECCP program (attachment 12). Updates were also provided about the awarded state RWJ dental grant, and the partnership of this pilot program with the OHP ECCP program. Full details are included in the minutes. (see attachments 13 and 14)

The ECCP Steering Committee met in October this quarter for a progress review of the Distribution Plan, RWJ dental grant, and ECCP Milestone reports. It was a consensus of the group to discontinue meeting at this time. The Oregon ECCP Coalition will continue to expand the work of this group, and the Project: **PREVENTION!** Task Force will continue to provide oversight and evaluation for the OHP ECCP program. (see attachment 15 for final report)

Quality Improvement/Evaluation/Monitoring

Survey Activities

Received the National CAHPS Benchmarking Database report. It is currently under review and will be revised for public release.

External Quality Review

The Request for Proposal was released in late December.

Performance Measures

FCHP performance measures were submitted, but have been under extensive review. Dental plans performance measures report was finalized. (see attachment 16).

Quality Improvement Evaluations

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

October Mid-Rogue IPA
 Douglas County IPA

November CareOregon

December FamilyCare

Final reports were issued for the following:

Oregon Health Management Services (on-site June) (attachment 17)
Cascade Comprehensive Care (on-site June) (attachment 18)
Tuality Health Alliance (on-site July) (attachment 19)
Central Oregon Independent Health Services (on-site August) (attachment 20)
Providence Health Plan (on-site September) (attachment 21)
Intercommunity Health Network (on-site September) (attachment 22)

