Oregon Health Plan Medicaid Demonstration Project

Quarterly Report
January-March 2003

Table of Contents

Tables

Attachments

1) DHS Quality Control Semi-Annual Report
2) MHO Complaint Log Report for Fourth Quarter 2002
3) MHO Utilization Summary Report
4) Site Review Report for Accountable Behavioral Health Alliance
5) Managed Care Disenrollments by Plan by Reason
6) Client Notice - General Changes to the OHP
7) Client Notice - Copayment Reminder
8) Client Notice - Changes to Premium Requirements
9) Client Notice - Changes to the Medical ID
10) Client Notice - OHP Standard Benefit Package Overview
11) Client Notice - Reminder of Changes to Benefit Packages
12) Client Notice - Change in Mail Order Pharmacy Program
13) Client Notice - OHP Standard Prescription Coverage Restored
14) Informational Brochure - *The Oregon Health Plan - It May Be For You*
15) Addendum to the OHP Application
16) Managed Care Plans Complaints and Grievances Report
17) Project: **PREVENTION!** Task Force Minutes - February 2003
18) Final QI Report for Douglas County IPA
19) Final QI Report for Kaiser Permanente
20) Final QI Report for CareOregon
21) Final QI Report for FamilyCare

Summary

Among the highlights of the first quarter (January - March 2003) were the following items:

- Staff continued coordination of activities related to the roll-out of the Oregon Health Plan Expansion (OHP2). (page 3)
- Program and Policy staff worked on a variety of OHP program changes related to budgetary issues. (page 3)
- The Health Services Commission made plans to review evidence-based research in examination of the effectiveness of high cost and high utilization services. (page 7)
- DHS Quality Control released the Semi-Annual Report on OHP Eligibility. (page 7)
- The Office of Mental Health and Addiction Services began discussions with MHOs to develop a pilot project which would incorporate OHP and non-OHP mental health services under one management structure. (page 8)
- Medicaid Audit collected $177,369 during the first quarter 2003. (page 10)
- FHIAP developed and presented statewide training for DHS staff. (page 11)
- Managed care enrollment averaged over 73% for the quarter. MHO enrollment averaged over 80% for the quarter. FHIAP enrollment totalled 3,995. (page 9 and 12)
- Premium collections averaged over 80% of total billed amounts over the quarter. (page 15)
- Client Advisory Services Unit calls increased 47% over the previous quarter. (page 17)
- Communications staff sent out a variety of client notices this quarter related to changes in OHP coverage. (page 18)
- HIPAA privacy training for all staff was completed at the end of March 2003. (page 19)
- Project: **PREVENTION!** Task Force is focusing on the tobacco cessation workplan goal, specifically targeting services for pregnant women and people with chronic illness. (page 20)
- Final Quality Improvement reports were completed for four managed care plans. (page 21)

Administrative Operations

OMAP Program and Policy Activities

During the first quarter 2003, significant activities in Program and Policy areas included:

- Policy coordination of the Oregon Health Plan expansion (OHP2) effective February 1, 2003. Additional activities related to the roll-out of OHP2 included:
  - Developed five education plans for different audiences (general public, providers, clients, applicants, and staff) - presented these education plans in a public meeting and incorporated feedback received into the various plans.
  - Developed five "Core Content" educational documents about OHP2 for different audiences. Released these in late November/early December 2002.
  - Developed extensive sets of frequently asked questions (FAQs) about all aspects of the OHP2 changes for providers, clients, applicants, and the general public. Posted these on the DHS website.
  - Developed a comprehensive OHP2 Slide Show for use in educating and informing a variety of audiences. Posted this on the DHS website.
  - Continued collaborations with the Family Health Insurance Assistance Program (FHIAP) around coordination of program policies and eligibility determination procedures.
  - Collaborative efforts were taken by OMAP, CAF, SPD, and FHIAP to organize comprehensive day-long OHP2 trainings for approximately 1600 DHS field staff. These took place around the state throughout the month of January. Trainings were also given to over 200 outreach workers at outreach centers throughout the state.

- Policy coordination of Standard Benefit Package reductions due to budget shortfall. This included elimination of coverage of durable medical equipment and supplies, dental services, outpatient chemical dependency services and outpatient mental health services. Pharmacy benefits were first eliminated and then restored mid-March.

- Policy coordination of the elimination of the Medically Needy program.

- Policy coordination of Senate Bill 5548 which restored limited pharmacy benefits to clients previously covered under the Medically Needy program with HIV/AIDS and transplants.

- Implementation of DHS HIPAA privacy policies. Staff HIPAA privacy training.

- Submission, monitoring and/or approval of several State Plan Amendments in the following areas: changes in hospital payment methodologies, increase in drug reimbursement rates for institutional pharmacy, decrease in reimbursement rate for retail pharmacy, and elimination of coverage of clients in the Medically Needy program.

- Implemented DRG hospital rate reductions.
- Analysis of legislation and development of testimony.
- Continued work with three communities in the development of transportation brokerages and monitoring contracts with established brokerages. In the process of negotiation and implementation of transportation rate reductions.
- Conducted School Based Health Services Training.
- Continued work on implementation of upgraded, HIPAA compliant pharmacy benefits administration contract. Start upgrade of pharmacy coordination of benefits.
- Continued work on HIPAA transaction and data sets. Implementation of code changes required for HIPAA.
- Continued collaboration with other DHS programs and other community partners in the areas of:
  - School based health services
  - Childhood immunizations
  - Maternity case management
  - Breast and cervical cancer Medicaid coverage for uninsured women
  - Tribal issues
  - Federally Qualified Heath Centers and Rural Health Clinics
  - Medical transportation
  - Early Childhood Cavities Prevention
  - Durable medical equipment
  - Lead poisoning prevention

OHP Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,572 calls per month during the first quarter 2003. Greater than 98% of the calls continued to be from practitioners, with 95% of the calls related to line placement and payment services.

Comorbid Condition Reviews* - 7% increase from previous quarter

Approved	5
Denied	8
Pended	1
Total	14

Not Covered Service Reviews* - 31% decrease from previous quarter

Approved	24
Denied	16
Pended	1
Total	41

Payment Reconsideration Reviews* - 28% decrease from previous quarter

Approved	23
Denied	2
Pended	3
Withdrawn	2
Total	30

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

OHP Hearings

OHP Hearings Managed Care and Fee-for-Service January - March 2003		
	Managed Care	Fee-for-Service
Requests Rec'd	176	29
Hearings Held	40	10
Hearings Pending	111	13
Hearings Dismissed	106	30
Claimant Withdrew	66	17
Plan Withdrew/ Agency Withdrew	26	9
No Shows	14	4
No Jurisdiction	0	0
Decisions Affirmed	44	12
Decision Reversed	2	0
Below the Line	39	13

Medical Director's Office

The Medical Director's Office (MDO) provides medical and clinical consultative services for internal staff, state agencies and external associations and organizations. The MDO also coordinates the monthly meeting of the managed care plan medical directors. Areas of focus for the medical directors during the first quarter of 2003 included:

- Oregon Health Plan 2 (OHP2) - A detailed discussion was held on the implementation of the OHP2 Standard Benefit Package scheduled for February 1, 2003. The challenges of providing medically appropriate services to the expansion population of Oregon Health Plan members who are enrolled in OHP Standard were outlined with a general consensus that the proposed elimination of durable medical equipment, adult dental, mental health services, prescription drugs, and chemical dependency services for these members creates an urgent need for alternative resources to fill service gaps and enhanced transition efforts. Key elements to the successful transition of members to alternative resources were identified and discussed.

- State strategies to control Medicaid growth were discussed and included restricting/reducing eligibility, copayment increases, provider payment reductions, and federal expectations regarding benefit options.

- Overview of current legislation that directly impact the OHP with detailed discussion on various proposals.

- Recommendations to the Legislative Committee established to formulate legislative proposals for cost savings within the Oregon Medicaid program were discussed and included the efficiency of managed care in the management of pharmacy benefits, durable medical equipment, and ER utilization, and the effectiveness of the Prioritized List of Covered Services as a tool for administering the OHP.

- A presentation on the results of the OHP Consumer Assessment of Health Plans Survey (CAHPS) for 2002 including comparison between the 2002 National CAHPS Benchmark Data (NCBD) and OHP CAHPS Data. The information included the methodological information on consumer reports and consumer ratings, response rate calculation, case mix adjustment and significance testing.

- The integration/linking of Behavioral Health with Primary Care was discussed and included assessment and prevention methodologies, access and availability of mental health plans, communication issues, and confidentiality.

- An overview on the function and findings of the Committee for Alternate Delivery Systems. Various service delivery systems were discussed and included the current delivery service systems: Fully Capitated Health Plans, Primary Care Case Management Program, Administrative Services Organization, Community Coordinated Reimbursement System, and Block Grant Organization.

Health Services Commission

The **Health Services Commission** (HSC) held two meetings during the quarter. The HSC approved the recommendations of the Health Outcomes Subcommittee for a set of interim modifications to the Prioritized List of Health Services to incorporate the new CPT-4 and HCPCS codes.

The Commission also began discussing services on the Prioritized List with high cost and high utilization which are of questionable benefit. The HSC plans to review existing evidence-based research or potentially directing new research in examining the effectiveness of these services. They heard a presentation from Dr. Mark Helfand of the OHSU Evidence-based Practice Center on how they conduct evidence-based research for the Health Resources Commission in their development of the Practitioner Managed Prescription Drug Plan for the Oregon Health Plan.

At their March meeting the Commission heard testimony from three state representatives on the continued importance of the Prioritized List of Health Services as the legislature begins to look at restructuring the Oregon Health Plan in response to the state's current fiscal crisis. The legislature may ask the HSC to play a role in further health services prioritization efforts as new legislation is crafted. The representatives encouraged the HSC to continue in their new focus on the use of evidence-based research to make sure that the state's limited resources are being used to provide the best possible health care.

The **Health Outcomes Subcommittee** held two meetings during the quarter. The Subcommittee completed the development of a set of recommendations for the placement of new CPT-4 and HCPCS codes. The subcommittee began work on a guideline for the use of vagal nerve stimulators for selected patients with epilepsy. A guideline was completed for the treatment of spinal stenosis to indicate the clinical findings necessary for treatment to be covered. 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. They completed their work on the crosswalk of local procedure codes for MHCD services to CPT-4 and HCPCS codes as required by HIPAA. During this process they also identified other procedure codes that were inappropriately paired with diagnoses that they are recommending be removed from the Prioritized List.

DHS Quality Control - OHP Eligibility

The DHS Quality Control Unit released the Semi-Annual Report on OHP Applications/Re-applications and Denials for the period October 2001 through March 2002.

The study sampled 198 cases between October 2001 and March 2002. The report shows an error rate of 11% for the period, which represents an increase of 64.2% from the Fiscal Year 2001. (see attachment 1)

Office of Mental Health and Addiction Services (OMHAS)

Administrative Operations

- Ann Brand, Administrator for the Office of Mental Health and Addiction Services, submitted a letter of resignation effective March 31, 2003. She will be leaving OMHAS to pursue other professional opportunities. Robert Nikkel has been appointed as Acting Administrator.

Policy and Planning Decisions

- OMHAS has completed its work to implement the required set of national mental health procedure codes to replace Oregon's unique BA/ECC codes for mental health treatment services.

- Dr. David Pollack, OMHAS Medical Director, convened a workgroup to discuss and develop recommendations for the management of mental health psychiatric medications.

- A workgroup was convened at the request of the mental health plans to identify and research the feasibility of alternatives to full risk capitated contracts. Discussion included options such as partial risk to full risk management, plans as administrative service organizations with no risk, and plans as primary care case managers.

- OMHAS is involved in discussions with two Mental Health Organizations (MHOs) to develop a "full service pilot project" which would incorporate OHP and non-OHP mental health services under one management structure.

- OMHAS is currently tracking legislative bills that may impact mental health, including a bill that proposes to broaden the scope of civil commitments and extend the maximum time for commitments.

- A review of the Secure Children's Inpatient Program (SCIP), opened in January 2002 as a community-based alternative to an institutional setting, showed that during the first year of operation the average length of stay was reduced from an average of 258 days at Oregon State Hospital (OSH) to an average of 126 days at SCIP. The SCIP program provides a critical level of care for Oregon's children in the mental health system, and has exceeded expectations during its first year of operation.

- Mental Health Planning and Management Advisory Council – The primary advisory group to OMHAS which meets CMHS requirement of 50% consumer participation. Topics discussed this quarter include recent Community Mental Health Program (CMHP) site reviews, review of Block Grant performance measures for children and adults, and proposed legislative bills.

Training and Activities

- OMHAS Medical Director, Dr. David Pollack, reconvened the first meeting after a long hiatus of the MHO Medical Directors/Clinical Supervisors Workgroup.

- Over the past several months, DHS and OMHAS staff worked closely with MHOs to revise contractual financial reporting requirements. Contract revisions that take effect February 1, 2003, should result in greater comparability across MHOs, and a more accurate analysis of cash flow, net worth and financial solvency.

- OHP Integration Workgroup – Dr. Robert Wheeler and Bruce Abel from LaneCare presented preliminary data from the Targeted Case Management Pilot Project. An enhanced database was developed for this project that collects information on prescription utilization and mental health service utilization for clients involved in the project.

- The MHO Quality Improvement Coordinators discussed new contract requirements for practice guidelines. They will research current evidence-based practices and develop a resource list for MHOs.

Benefit Package

- The MHO Agreement was amended in February to include OHP benefit package changes (OHP plus and OHP Standard) and revisions needed to comply with new Balanced Budget Act (BBA) Medicaid Managed Care Rules.

- The MHO Agreement was amended in March 1, 2003, to eliminate the outpatient mental health benefit package for OHP Standard clients. OHP Standard clients will not be enrolled with MHOs as of this date. Limited mental health services remaining for this population include inpatient psychiatric hospitalization, emergency room services, and outpatient medication management by psychiatrists or psychiatric mental health nurse practitioners.

- The March amendment to the MHO Agreement also reduced the administrative fee paid to MHOs from 8% to 7.25%.

- MHOs discussed MHO responsibilities for 24/7 crisis services in light of general fund budget cuts to county safety net services.

Eligibles and Enrollment

- MHO enrollment was at 87% in January, 86% in February, and 68% in March. Actual enrollment was:

January	356,412
February	351,030
March	270,525

Monitoring and Evaluation

- An evaluation was conducted on the MHO Intensive Treatment Service Pilot Projects and showed the following:
  - Length of stay was 98 days less than traditional programs.
  - Children served have the same or higher psychiatric acuity level.
  - Discharge to family and/or relatives at a higher rate (70%) than traditional programs (50%).
  - Overall clinical improvement upon discharge higher (89%) than traditional programs (86%).
  - More families served (8%) than traditional programs.
  - High Parent/Guardian satisfaction with services provided.

- OMHAS staff completed site visits at Mid-Valley Behavioral Care Network (MVBCN) and Accountable Behavioral Health Alliance (ABHA). The MVBCN report is being finalized; the ABHA report is included as an attachment.

- A representative from the HHS Office of Inspector General visited Oregon to gather fiscal information on Medicaid contractors who are also governmental entities.

Delivery System

- OMHAS received a letter (February 21, 2003) from Multnomah County Board of Commissioners on behalf of Multnomah County Verity giving notice of termination of their MHO agreement contract for mental health services. On March 6, 2003, the request was rescinded. OMHAS will work with Multnomah Verity to address the issues prompting the initial request.

Attachments

- The MHO Complaint Log Report for the Fourth Quarter 2002 is included with this report. (see attachment 2)
- The MHO Utilization Summary Report for the period July 2001 - June 2002 is included with this report. (see attachment 3)
- Site Review Report for ABHA is included with this report. (see attachment 4)

Medicaid Audit

For the first quarter 2003, $177,369 in overpayments was collected. No referrals were made to the Department of Justice Medicaid Fraud Control Unit.

Staff spent the majority of time finalizing audits for the remaining licensed direct entry midwives, several durable medical equipment suppliers and taxi companies. Most of these audits have been contentious and time consuming. Planning major priorities for the next biennium has begun.

Family Health Insurance Assistance Program (FHIAP)

Administrative Operations/Policy Issues

- Developed and presented training on FHIAP in conjunction with DHS for DHS staff across the state.
- Continued work on HIPAA components (privacy, transactions and codes, security) changes, coordination and training.
- Continued collaboration with DHS programs, particularly OMAP, with regards to coordination of program policies where applicable; and transfer of OHP Standard clients with employer-sponsored insurance available to FHIAP.
- Developed a survey/study of employer-sponsored health insurance in Oregon to be conducted by the Lewin Group of Washington, D.C.
- Revised all publications to incorporate 2003 federal poverty level income guidelines.
- Contracted with an actuarial firm to do an analysis of benchmark.
- Conducted recruitments to fill staff positions needed for expansion and approved by Legislative Emergency Board in 2002.
- Phone call volume increased to approximately 1,500 per week during this quarter from an average of 900 calls per week in 2002.

Proposals for addressing potential problems

Marketing efforts — While FHIAP has been aggressive in marketing the program to employers and employer organizations, Oregon's weak economy and the State's budgetary crisis has caused many employers to take a "wait and see" attitude towards the program. They are hesitant to purchase health insurance for employees who could not afford the employee portion of the premium without financial assistance from FHIAP since they are locked into paying for that health insurance for at least a year. If these low-income workers were to lose the subsidy due to budget cuts and be forced to drop the insurance, the employer could risk losing health insurance for the entire company because the participation rates dropped below the insurance carrier's standard.

FHIAP believes that once the legislative session is over and the state's budget is set, employers will actively seek to get their lower-income workers enrolled in the program.

Immunizations — The Attorney General advised FHIAP that it was statutorily prohibited from paying for direct services (like immunizations). The agency introduced legislation that would allow for this to happen and has briefed key legislators and their staffs about the need for its passage. Once the legislation has passed, the program will send a notice to clients outlining the steps they need to take to be reimbursed for any immunizations that weren't covered by their insurance since November 1, 2002. If the legislation should fail to pass, FHIAP would work with the Department of Human Services to develop another mechanism to pay for the immunizations when required.

Benchmark — The FHIAP benchmark (as revised by the Board in November 2002) has an actuarial value that is slightly less than the value for the mandatory Medicaid benefits. However, this revised benchmark does conform to Oregon's statutory requirements for the benchmark. The program will use State-only funds to pay for plans that meet the benchmark but which don't have a value equal to or greater than the actuarial equivalent of mandatory Medicaid benefits. As benefits change in the small group market (on which state statutes dictate the benchmark must be based on), Oregon may need to submit a Plan Amendment as stipulated in the Terms and Conditions.

Eligibles and Enrollment

Oregon Health Plan (OHP) Jan - Mar 2003

Eligibles

Total actual eligibles were:

January	394,204
February	397,744
March	403,878

Enrollment

Managed care enrollment:*		Actual FCHP enrollment
January	73%	287,324
February	73%	291,929
March	73%	295,966

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

Family Health Insurance Assistance Program (FHIAP) Jan - Mar 2003

Enrollment

New group enrollments	508
New individual enrollments	606
Total new enrollments	1,114

Total FHIAP enrollment 3/31/03	3,995

Disenrollment for non-payment of premiums

Total disenrollment for non-payment	81

Fully Capitated Health Plans

Effective in January 2003

- HSC Prioritized List line change resulted in reduction in capitation rates.
- Clatsop County zip codes 97016, 97103, and 97121 became mandatory for FCHP enrollment.

Effective in February 2003

- Central Oregon Independent Health Service (COIHS) no longer provides service for the OHP Standard population.
- OHP Implementation—Standard benefit package for OHPFAM and OHPADC.

Effective in March 2003

- Pharmacy, DME, Chemical Dependency were eliminated from the Standard Package.
- Care Oregon, Doctors of the Coast South (DOCS), Douglas County IPA (DCIPA), Family Care (except Jackson and Josephine counties), Marion/Polk Community Health, Providence, and Tuality Health no longer provide services for members of the OHP Standard population.

♦ A chart showing Fully Capitated Health Plan disenrollment by reason code is included with this report. Due to major system and program changes, there are several data anomalies in the report results that are still being analyzed. Therefore, these results are preliminary. (see attachment 5)

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 on the agenda for this quarter:

January 2003

- The Governor-Elect released his "technically balanced budget".
- Notification sent to plans due to programmatic reductions by the Legislative Emergency Board coverage for mental health services under the OHP Standard benefit package eliminated March 1, 2003.
- OMAP made the determination to allow plans the option of serving the OHP Plus population clients only or both OHP Plus and OHP Standard clients.
- The Pharmacy Mail Order Program vendor changed to Wellpartner Pharmacy effective February 1, 2003.
- Implementation of voluntary copayments on drugs ($2 generic/$3 brand) and ambulatory services ($3) for OHP fee-for-service (FFS) clients.
- Elimination of coverage for lines 559-566 on the HSC Prioritized List of Health Services.

February 2003

- OMAP staff worked with Seniors and People with Disabilities staff to transition the responsibility for the Statewide OHP Regional Meetings to the Delivery Systems Unit. There has been a reduction in staff attendance due to budget constraints.
- Explored a PCCM like model for one of the plans. May use abbreviated model/contract until further steps can be made to be in compliance with the BBAs in August. Approval obtained from CMS to explore this and the Attorney General is looking at the revised contract language. Access to care for our clients is imperative with the shift in OHP Standard vs. OHP Plus population.
- Worked together with DCOs to explore options for dental care not currently covered under OHP if their administration fee was reduced and funds applied to care while following the BBA guidelines.
- FFS workgroup convened to explore issues related to an increase in clients with an open medical card. Also, discussed impact on OMAP work units and partners.
- Expansion of coverage for pregnant women and children under age 19 from 170% FPL to 185% FPL. Established OHP Standard benefit package for approximately 110,000 clients. Changes include: elimination of coverage for vision exams and eyeglasses; elimination of non-emergency medical transportation; elimination of most medical equipment; reduced dental benefits; mandatory copayments for most services (both fee-for-service and managed care). Established more stringent premium policy for OHP Standard clients. Established 6-month uninsurance requirement for new OHP Standard clients. Delayed expansion of OHP Standard from 100% FPL to 110% FPL until July 2003.
- Reduced funding to counties for mental health crisis response services and reduced funding for outpatient alcohol and drug treatment for non-Medicaid clients.

March 2003

- Effective April 1 to June 30, 2003, a total of 10 FCHPs will provide medical services for the OHP Standard client population.
- SB 5548 passed which allows for limited prescription drug coverage for some former clients who were receiving assistance through the Medically Needy Program. This provides for funding through June 30, 2003, and is only available “to support organ transplants and remediate HIV positive symptoms.”

Regional Meetings

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

March	Coos, Crook, Curry, Deschutes, Douglas, Grant, Jefferson, Douglas, Lincoln, and Multnomah Counties

Premiums and Waivers

OHP Monthly Premium Billing and Payments January - March 2003				
Month	**Households**	**Total Billed**	**Total Receipts**	**% of Total Billed**
January	86,422	$845,234	$686,765	81%
February	78,515	$716,242	$459,337	64%
March	78,457	$905,477	$877,346	97%
Totals	243,394	$2,466,953	$2,023,448	82%

Premium Waivers January - March 2003			
Waiver Type	**January**	**February**	**March**
Zero Income	3250	1325	1190
Case Discrepancy*	1429	885	850
Crime Victim	13	12	9
Domestic Violence	210	169	133
Homeless	396	354	305
Natural Disaster	20	35	41
Death in Family	6	2	2
Total	5324	2782	2530

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

Denied Premium Cases January - March 2003	
Month	**Number**
January	81
February	82
March	89
Total	252

Service and Information

Telecommunications and Applications

During this quarter the OMAP Telecommunications Center received a total of 38,726 calls, an increase from the previous period's 33,584. The number of calls abandoned was 2,620, an increase from the previous quarter's 1,940.

The OHP Application Center received 66,521 calls, an increase from the previous quarter's 61,984. The number of calls abandoned, at 2,687, was a decrease from the previous quarter's 4,385. The center received 6,346 hospital hold requests, an increase from the previous quarter's 6,251.

Telecommunications and Application Center January - March 2003	
OMAP Telecommunications	
Calls received	**38,726**
Calls answered	**36,106**
Calls abandoned	**2,620**
Transferred*	**24.5%**
Avg. calls/agent mo.	**3,135**
OHP Application Center	
Calls received	**66,521**
Calls answered	**63,834**
Calls abandoned	**2,687**
Transferred**	**7.7%**
Avg. calls/agent mo.	**2,699**
Hospital holds	**6,346**
App's requested	**38,735**
Redeterminations mailed	**58,103**

* Some calls are transferred to OMAP Central Provider Services.
** Some calls are transferred to OHP Central.

Client Advisory Services

During this quarter, the Client Advisory Services Unit (CASU) received a total of 16,243 calls from clients or their representatives. This represents a 47% increase over the 11,026 calls taken during the previous quarter.

These calls were distributed over the following categories of issues:

Access to/Denial of Medical Services	1,843
Access to/Denial of Pharmacy Services	977
Access to/Denial of Dental Services	644
Access to/Denial of Mental Health or Chemical Dependency Care	132
Specific Quality of Care Concerns	65
Client Receipt of Provider Billings	1,517
Premium Questions	497
Benefits Reductions Questions	2,209
Other Issues	8,359

Calls in the "Other Issues" category included such items as eligibility or application questions, managed care enrollment or disenrollment requests, pharmacy lock-in change requests, and requests for HIPAA certificates of creditable coverage.

During this quarter CASU staff referred many clients losing prescription drug coverage to the charity and low-cost pharmacy programs offered by various pharmaceutical companies. Applications for those companies' benefits usually require some kind of evidence that the applicant had no medication coverage through an insurer. CASU quickly developed a program for accepting requests for proof of non-coverage of drugs and providing certificates to eligible clients on the day of request. CASU issued 72 of these certificates during this quarter.

The client's medical delivery system was recorded in 11,771 calls where that information was applicable. Of those calls, 66 % were from fee-for-service clients, 32% were from members of managed care plans, and 2% were from PCCM enrollees.

Outreach Activities

During the first quarter 2003, the Outreach Coordinator traveled the state doing OHP2 trainings for staff and outreach facilities. Approximately 1600 field staff and 200 outreach workers received training.

Communications

During this quarter Communications staff continued work on revisions to administrative rules and related materials to reflect program changes as directed by the Oregon Legislative Assembly. Effective dates range throughout the first quarter 2003. The majority of projects this quarter continue to be 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/

The following notices and materials were developed and mailed to OHP clients advising them of changes to their benefits or changes to the program:

January 2003

- A Medical ID Stuffer containing information about general changes to the Oregon Health Plan. (see attachment 6)
- A Medical ID Stuffer reminding clients that they may be required to pay copayments. (see attachment 7)
- An insert included with premium billings regarding changes in premium requirements and penalties. (see attachment 8)

February 2003

- A Medical ID Stuffer explaining changes to the OMAP Medical Care ID. (see attachment 9)
- A Medical ID Stuffer for clients on the new OHP Standard Benefit Package again explaining changes to their benefits, including the elimination of prescription drug coverage. (see attachment 10)

March 2003

- A Medical ID Stuffer reminding OHP Standard clients of the major changes to their benefits. (see attachment 11)
- A Medical ID Stuffer advising of a change in the Mail Order Pharmacy Program and explaining how to participate. (see attachment 12)
- A direct-mail notice to OHP Standard clients advising that their prescription drug benefit had been restored. (see attachment 13)
- The informational brochure, *The Oregon Health Plan - It May Be for You*, was revised to include information about the different levels of coverage and benefit packages available. (see attachment 14)
- An addendum to the OHP application was created to explain policy changes relating to premiums and when coverage begins. (see attachment 15)

Managed Care Client Complaints

The Managed Care Plans Complaints and Grievances Report shown contains data from the fourth 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 16)

System and Encounter Data

HIPAA

HIPAA privacy policies went into effect March 31, 2003. HIPAA privacy training for all staff was also completed in March. Privacy policies are in place and procedure models provided for staff. Each DHS cluster has a Privacy Coordinator who will act as a liaison between staff and the Privacy Officer. A Notice of Privacy Practices has been mailed to all Medicaid households.

The HIPAA claims translator has been delivered to OMAP. The translator will be used to translate HIPAA compliant formats from external sources into data that can be used by the MMIS system. It will then translate the MMIS information into HIPAA compliant formats. Information Systems staff have completed their training in mapping the translator.

OHP2 Expansion

OHP2 was implemented and legislative changes have been put into effect. The work on coordination of benefits for drug claims is in process.

Miscellaneous Activities

OMAP has been meeting with the representatives from the managed care plans and First Health to discuss system issues regarding the collection of pharmacy encounter data.

Staff have been assisting the MCOs in adjudicating applicable claims for the current risk period ending March 31, 2003.

The Technical/Encounter Data Unit has been working on various validations. A few of the validations this past quarter included:

- Inpatient Accommodation Unit – A review of days billed vs. accommodation units reported.
- Ambulatory Surgical Centers – A review of provider billing practices for services against appropriate billing guidelines (e.g., anesthesia, facility fee and professional services billing).
- DME Supply Comparison – a comparison of DME services used and billed amounts per DME category across plans.
- Dental Error 160 – A review of claims submitted during a new dental benefit package transition month for proper adjudication.

- Baseline performance measurements of encounter data/fee-for-service processes – analyzing ratios of electronic submitters to paper submitters, number of days to reconciliation, etc.

Staff have also worked on legislative requests concerning streamlining and efficiencies for dental authorizations and other encounter data related administrative processes.

OMAP provided training for managed care plans on pended claims and exact duplicate claims and offered technical/systems assistance "on-demand" for contracted plans.

The Encounter Data Work Group (EDWG) members have been meeting monthly to discuss and troubleshoot systems and encounter data issues.

Monitoring and Quality Improvement

Project: PREVENTION!

The Project: **PREVENTION!** Task Force met in February this quarter, with continued focus on the statewide tobacco cessation campaign for OHP smokers, and the Early Childhood Cavities Project. The main focus of the February meeting was Goal #3 of the tobacco cessation workplan: targeting tobacco cessation services for pregnant women and people with chronic disease. A brief summary report provided collective ideas that many of the plans have developed for implementing targeted tobacco cessation services to pregnant women and clients with chronic disease. Additionally, there was significant discussion and sharing about each contractor's plan, implementation, and activities on this topic. A majority of the contractors will be working with local Maternity Case Management programs to strengthen tobacco cessation education and treatment services for pregnant women. Other agenda topics included preparation for future data requirements, and available provider training and resources. OHP health and dental plans continue to present information about their individual Early Childhood Cavities Prevention (ECCP) program activities and progress. (see attachment 17 for full details)

Quality Improvement/Evaluation/Monitoring

Analysis and Evaluation Unit staff are revising contracts and state administrative rules for compliance with the Balanced Budget Act (BBA) Medicaid Managed Care rules.

Survey Activities

The final report of the National CAHPS Benchmarking Database Report was released during this quarter. The report is available online at:

www.dhs.state.or.us/healthplan/data_pubs/ncbdfinal2003.pdf

External Quality Review

The External Quality Review bid process was completed and a vendor was selected. Finalization of the contract is in process. It is anticipated that a contract will be executed by the second quarter 2003.

Quality Improvement Evaluations

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

January	Marion/Polk Community Health Plan
	Lane IPA

Final reports were issued for the following FCHPs:

Douglas County IPA (on-site October) (attachment 18)
Kaiser Permanente (on-site July) (attachment 19)
CareOregon (on-site November) (attachment 20)
FamilyCare (on-site December) (attachment 21)