Oregon Health Plan Medicaid Demonstration Project

Quarterly Report
April-June 2003

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  - Enhanced exception process for non-PDL drugs
- The Medical Director's Office held monthly discussions addressing legislative actions and the reorganization of the OHP. (page 5)
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Administrative Operations

OMAP Program and Policy Activities

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

- Submission, monitoring and/or approval of several State Plan Amendments.
- Analysis of legislative bills.
- Implementation of enhanced exception process for non-PDL (Physician Drug List) drugs.
- Development of administrative rules and program coordination to implement legislative and DHS management directives.
- Continued 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.
- Implemented retail pharmacy reimbursement reduction to AWP-15%.
- Implemented institutional pharmacy reimbursement reduction to AWP-11%.
- Development of HIPAA required code changes for school based health services.
- Hired new policy analyst/coordinator for durable medical equipment & supplies, home health and hospice programs.
- Continued collaboration with other DHS programs and community partners in the areas of:
  - Childhood immunizations
  - Maternity case management
  - Breast and cervical cancer Medicaid coverage for uninsured women
  - Tribal issues
  - Federally Qualified Heath Centers and Rural Health Clinics
  - Durable medical equipment
  - Lead poisoning prevention
  - Oral Advisory Group

OHP Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,605 calls per month during the second quarter 2003. Greater than 98% of the calls continued to be from practitioners, with 93.7% of the calls related to line placement and payment services.

Comorbid Condition Reviews*

Approved	4
Denied	9
Total	13

Not Covered Service Reviews*

Approved	87
Denied	39
Pended	9
Withdrawn	2
Not applicable	8
Total	145

Payment Reconsideration Reviews*

Approved	103
Denied	10
Pended	28
Withdrawn	2
Not applicable	13
Total	156

* 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 (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 second quarter of 2003 included:

- Reorganization of OHP – Monthly detailed discussions were held on the legislative Senate and House bills addressing the restructure of the OHP. House Bill 3640 outlines the service delivery methods for clients in the OHP. Senate Bill 540 outlines and restructures the population, benefits and funding for the OHP. Discussion also included the prioritization of benefit packages, populations, and funding methods. Opportunities for the management of the fee-for-service population and the establishment of benchmark capitation rates were also discussed.

- Methadone Concerns – Discussions were held regarding the increase in methadone deaths in Oregon and the investigation conducted by the Oregon Health Division. There has been a five-fold increase of methadone use in Oregon. Data demographics information for a period of three to four years was gathered to see what population was most affected. Based on medical examiner records it was determined that high risk clients with chronic pain, patients on methadone maintenance for opioid addiction, and a group of unknown subjects all showed equally high rates.

- Health Services Commission Prioritized List for 2003-2005 – Issues discussed included funding and a 30-line movement for all eligible populations.

- Creative Approaches to Managing Risk – A presentation was given by Lane IPA, a managed care organization. Potential funding options for members on the OHP Standard Benefit Package for pharmaceutical, mental health, durable medical equipment, and chemical dependency services were explored.

OHP Hearings

OHP Hearings Managed Care and Fee-for-Service April - June 2003		
	Managed Care	Fee-for-Service
Requests Rec'd	137	64
Hearings Held	35	7
Hearings Pending	137	48
Hearings Dismissed	98	24
Claimant Withdrew	55	9
Plan Withdrew/ Agency Withdrew	20	7
No Shows	11	0
No Jurisdiction	1	0
Decisions Affirmed	28	3
Decision Reversed	1	0
Below the Line	22	11
Not Hearable	12	8

Health Services Commission

The **Health Services Commission** (HSC) held one meeting during the quarter. The Commission created two task forces. The Evidence-Based List Task Force will develop a process for incorporating evidence-based research into the maintenance of the Prioritized List of Health Services. The Line Zero Task Force will examine potential savings that can be achieved in the areas of diagnostic and ancillary services. Specifically, the task force will look at those services not associated with specific line items on the list but still covered by the Oregon Health Plan.

The **Health Outcomes Subcommittee** held one meeting during the quarter. The subcommittee continued incorporating pairings of ICD-9-CM and CPT-4 codes identified through OMAP's claims processing, where appropriate. These recommendations will be combined with additional changes involving the placement of new ICD-9-CM codes to be reviewed in the summer. Once approved by the HSC these interim modifications will go into effect in October 2003.

The **Evidence-Based List Task Force** held two meetings during the quarter. The task force developed a process for using information on effectiveness of treatments available from sources on evidence-based research for evaluating the placement of services currently on the Prioritized List and the potential placement of new technologies. They tested the process on three selected services and will recommend the incorporation of this process into the ongoing maintenance of the list.

The **Line Zero Task Force** held one meeting during the quarter. They began looking at potential savings in the Oregon Health Plan from such areas as inappropriate use of the emergency department, overutilization of incontinence supplies, PET scans for purposes other than the diagnosis of certain malignancies, and the abuse of non-emergent transportation.

The **Subcommittee on Mental Health Care and Chemical Dependency** held one meeting during the quarter. The subcommittee heard a report on the process being developed by the Evidence-Based List Task Force and began a discussion whether such a process for the incorporation of evidence-based research can be used in the maintenance of the line items on the Prioritized List involving mental health and chemical dependency services.

Office of Mental Health and Addiction Services (OMHAS)

Administrative Operations

- Robert Nikkel was appointed Administrator of the Office of Mental Health and Addiction Services, May 1, 2003.
- Jerry Williams was hired to fill the position of Civil Commitment Coordinator in June 2003.

Policy and Planning Decisions

- Dr. David Pollack, OMHAS Medical Director, and Ralph Summers, OMHAS Community Treatment Systems, are part of a workgroup that is developing recommendations for cost containment strategies for mental health medications. The use of generics, provider profiling, and bulk purchasing are some of the ideas being discussed. Focus groups of stakeholders and other interested parties will be involved.

- The Mental Health Planning and Management Advisory Council discussed:
  - Legislative bills concerning mental health care issues.
  - David Foster, Department of Housing and Community Services, presented on Best Practices/Partners of Children and Families and Community comprehensive planning.

- OMHAS introduced a plan to change billing and payment procedures for psychiatric day treatment providers in April 2003 to bring that process into compliance with HIPAA transactions and code set requirements.

- OMHAS submitted a grant application for the development of dual diagnosis treatment infrastructure for three pilot sites. The money is to be used for planning and implementation, not for actual treatment services.

Eligibles and Enrollment *

- MHO enrollment was at 68% in April, 70% in May, and 72% in June. Actual OHP eligibles were as follows:

April	394,759
May	380,257
June	386,144

* MHO enrollment numbers are higher than managed health care enrollment (page 11) because some counties have MHOs, but no health care plan available.

Benefit Package

- Changes were proposed for the MHO agreement to bring the contract into compliance with the BBA Medicaid Managed Care Rules.
- MHOs requested elimination of the Report C1, Monthly MHO Utilization Report. It was felt that utilization information can be obtained through encounter data. OMHAS agreed to waive the reporting requirement as of May 1, 2003.
- MHO's and their subcontractors recently met with OMHAS to discuss and evaluate revisions made to the Report C4, Quarterly Statement of Expenses and Net Worth.

Monitoring and Evaluation

- OMHAS recently completed site visits to Mid-Valley Behavioral Health Care Network (MVBCN), LaneCare, and Greater Oregon Behavioral Health Incorporated (GOBHI). Site reviews identify MHO strengths and assess MHO compliance with state and federal regulations. Final reports will identify specific areas that will require corrective action and provide comments and recommendations on review elements.

Training and Activities

- OMHAS staff completed HIPAA privacy training requirements.
- OMHAS received a grant from SAMHSA for Emergency Preparedness Response to develop and implement a comprehensive mental health and substance abuse plan in the event of a large-scale emergency. In the near future,

OMHAS will conduct a needs assessment regarding local and state-level planning and response capacities. These results will be used in the planning of an annual training agenda.

- OMHAS provided a three-day technical assistance workshop, June 2003, "Hands on Discussion on Keeping Hands Off." The training focused on the reduction of seclusion/physical restraint in children's psychiatric residential treatment services system. OMHAS is working collaboratively with the provider system to develop and implement this quality improvement imitative.
- OMHAS in partnership with MHOs, Oregon Family Support Network, and Child and Adolescent Residential Psychiatric Programs provider organization, conducted a statewide conference, "Get The Picture: Bringing Together Those Who Care About the Mental Health Future of Oregon's Children."

Attachments

- Final site visit report for MVBCN (see attachment 1)
- Final site visit report for ABHA (see attachment 2)

Medicaid Audit

For the second quarter 2003, $362,909.73 in overpayments was collected and $115,064.78 was recouped for a total of $477,974.51. No referrals were made to the Department of Justice Medicaid Fraud Control Unit.

A significant amount of staff time continued to be spent on a handful of contentious audits this past quarter. Staff have started performing more pharmacy audits and this will remain a priority over the next biennium. Other priorities will include audits of mental health providers and hospitals.

Family Health Insurance Assistance Program

Administrative Operations/Policy Issues

- Continued collaboration with DHS programs with regards to coordination of program policies where applicable; and transfer of OHP Standard clients with employer-sponsored insurance available to FHIAP.
- Continued work on a survey/study of employer-sponsored health insurance in Oregon to be conducted by the Lewin Group of Washington, D.C.

- Phone call volume averaged approximately 1,300 per week during this quarter from an average of 1,500 calls the previous quarter and 900 calls per week in 2002.
- Marketing efforts continued across the state with face-to-face meetings with employers, agents and other stakeholders.
- The marketing team had interactive contact with almost 550 agents and employers during the quarter.
- Almost 4,300 employers were contacted by mail about the program in the first phase of an employer mailout.

Proposals for addressing potential problems

Benchmark — The FHIAP benchmark was revised by the Insurance Pool Governing Board in April 2003. The only change was to the minimum cost-sharing standard for the prescription drug benefit, now set at the actuarial value of a copay of $15 or 50%, whichever is greater. The benchmark has an actuarial value that is slightly less than the value for the mandatory Medicaid benefits. However, this revised level 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 (which state statutes dictate be the standard the benchmark is based on), Oregon may need to submit a Plan Amendment as stipulated in the Terms and Conditions.

Eligibles and Enrollment

OHP Eligibles — April - June 2003

Total actual eligibles were:

April	384,750
May	375,068
June	375,682

OHP Enrollment — April - June 2003

Managed care enrollment*		Actual FCHP enrollment
April	65%	251,434
May	67%	252,529
June	64%	242,313

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

FHIAP Enrollment — April - June 2003

New Group enrollments	586
New Individual enrollments	905
Total new enrollments	1,491

Total FHIAP enrollment on 6/30/03	5,054

Disenrollment from FHIAP due to non-payment of premium

Total disenrolled for non-payment	61

Fully Capitated Health Plans

Effective in April 2003

- Lane County zip codes 97390, 97428, 97439, 97443, 97453, 97480, 97493, 97498 became voluntary for enrollment.
- CareOregon closed for new enrollment in Union, Wallowa, Columbia, Umatilla and Morrow Counties with no re-enrollment period.

Effective in May 2003

- Grant County became voluntary for dental enrollment in all zip codes. New eligibles for Oregon Health Plan, residing in Grant County may be placed on fee-for-service upon request.
- CareOregon will no longer serve Union and Wallowa County. Clients living in this area were changed to fee-for-service.

Dental Plans

Effective in April 2003

- Capitol Dental Care in Josephine County (D126) re-opened to new enrollment.
- Northwest Dental Services (D105) closed to new enrollment in Grant County, with a 30 day re-enrollment period.

Effective in May 2003

- Grant County became voluntary for dental enrollment in all zip codes. New eligibles for Oregon Health Plan, residing in Grant County were placed on fee-for-service upon request.
- Capitol Dental (D008) in Tillamook County zip codes 97135 and 97149 only closed to new enrollment, with a 30 day re-enrollment period.
- Capitol Dental (D019) in Linn and Benton Counties re-opened to new enrollment.

Effective in June 2003

- Capitol Dental (D013) closed to new enrollment in Tri-Counties (Washington, Multnomah and Clackamas) with a 30 day re-enrollment.
- Capitol Dental (D008) closed to new enrollment in Marion and Polk Counties, with a 30 day re-enrollment period.
- Capitol Dental Care (D017) Klamath and Jackson Counties reduced the re-enrollment from 60 days to 30 days for clients.
- Managed Dental (D085) closed to new enrollment in the Tri-Counties (Washington, Multnomah and Clackamas), Marion and Polk Counties with a 30 day re-enrollment period.
- Managed Dental Care (D056) reduced the number of re-enrollment days from 60 days to 30 days for clients.
- Oregon Dental Services re-opened to new enrollment in Baker, Crook, Deschutes, Jefferson, Lincoln, Lane, Hood River and Wasco Counties.
- Oregon Dental Services (D037) reduced the number of re-enrollment days from 60 days to 30 days in Tri-Counties, Marion, Polk, Malheur, Linn, Benton, Grant, Josephine, Jackson, Yamhill, Umatilla, and Tillamook Counties.

Managed Care Activities

The Delivery Systems Unit coordinates the monthly meetings of the managed care plans CEOs and plan contacts. These meetings include Fully Capitated Health Plans (FCHPs), Dental Care Organizations (DCOs), Mental Health Organizations (MHOs) and Chemical Dependency Organizations (CDOs). Below are the areas of focus during the second quarter of 2003:

April 2003

- Continued effort to increase managed care enrollment in Washington County and throughout the State.
- Decision was made to accept claims and pay medical providers directly for application of fluoride varnish to small children.
- Staff identified 166 clients that had exemptions from managed health care, but had PERC code of Medicare Beneficiary before Spend-Down (QB) or CAWEM—Citizen/Alien-Waived Emergency Medical (CW). Also identified were 1,371 clients who have Medicare dual through a private carrier and were also enrolled with a managed care plan.
- Participated in quality improvement reviews and prepared financials.
- Completed an evaluation of fee-for-service/managed care impact on clients in Morrow, Umatilla, Union and Wallowa Counties and other Counties in Eastern Oregon.
- Continued review of OHP administrative rules for BBA/CFR, HIPAA, HIPAA TPA/EDI rules, managed care contracts for BBA/HIPAA compliance, Client Denial Notice and Provider Capacity reports.
- Completed matrix outlining the contract and rule changes. Completed and distributed contract amendments on the FCHP, DCO and CDO Agreements for June 1, 2003.

May 2003

- Created a work plan to increase managed care enrollment throughout the State.
- Worked with DHS Information Systems to allow OHP clients to be auto enrolled into multiple plan/mandatory counties to enhance managed care plan enrollment.
- Continued effort to bring OHP administrative rules into BBA and HIPAA compliance by October 1, 2003.
- Developed a plan to manage the issue of mid-month benefit changes of a OHP Standard client changing to an OHP Plus client.
- Drafted an August amendment for all of the managed care plans to bring the contracts into compliance with the BBA/CFRs and reviewed the Lane County RFA.

- Developed and presented training on the Oregon Health Plan for DHS Staff.
- Participated in quality improvement reviews and prepared financials.

June 2003

- BBA and HIPAA compliance efforts continue.
- Revision of the ECCP Manual with the ECCP Education committee.
- Met and provided Medicaid information to CalOptima.
- Participated in Quality Improvement Reviews and prepared financials.
- Continued work on contract amendments on the FCHP, DCO and CDO Agreements.
- Effective July 1, 2003, approximately 1,500 OHP clients to be enrolled in managed care as part of the effort to increase managed care in the State.

Regional Meetings

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

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

May Lane, Hood River, Wasco, Gilliam, Sherman, Umatilla, Union, Wallowa, Baker, Malheur and Harney Counties

June None

Premiums and Waivers

OHP Monthly Premium Billing and Payments April - June 2003				
Month	**Households**	**Total Billed**	**Total Receipts**	**% of Total Billed**
April	69,246	$682,863	$719,749	105%
May	66,004	$725,871	$608,520	84%
June	59,862	** $1,079,907	$716,641	66%
Totals	195,112	$2,488,641	$2,044,910	82%

** Billing file error - multiple months billed.

Premium Waivers (Past Premiums - Billed Prior to Feb 2003) April - June 2003			
Waiver Type	**April**	**May**	**June**
Zero Income	998	1044	700
Case Discrepancy*	883	1557	589
Crime Victim	8	9	3
Domestic Violence	108	119	94
Homeless	272	207	186
Natural Disaster	21	23	12
Death in Family	7	4	1
Total	2297	2963	1585

*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 Waivers (Past Premiums - Billed Prior to Feb 2003) April - June 2003	
Month	**Number**
April	96
May	37
June	33
Total	166

Service and Information

Telecommunications and Applications

During this quarter the OMAP Telecommunications Center received a total of 36,283 calls, a decrease from the previous quarter's 38,726. The number of calls abandoned was 4,087, an increase from the previous quarter's 2,620.

The OHP Applications Center received 52,316 calls, a decrease from the previous quarter's 66,521. The number of calls abandoned, at 2,556, was a slight decrease from the previous quarter's 2,687. The center received 6,584 hospital hold requests, up from the previous quarter's 6,346.

Telecommunications and Application Center April - June 2003	
OMAP Telecommunications	
Calls received	**36,283**
Calls answered	**32,196**
Calls abandoned	**4,087**
Transferred*	**29.78%**
Avg. calls/agent mo.	**3,577**
OHP Application Center	
Calls received	**52,316**
Calls answered	**49,760**
Calls abandoned	**2,556**
Transferred**	**10.32%**
Avg. calls/agent mo.	**3,357**
Hospital holds	**6,584**
App's requested	**36,397**
Redeterminations mailed	**49,374**

* 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 15,616 calls from clients or their representatives. This represents a 4% decrease over the 16,243 calls taken during the previous quarter. The volume change resulted primarily from a lower CASU staffing level (one permanent loss of a full-time limited duration employee, an extended medical leave of another employee, and a promotion out of CASU for yet another).

The 15,616 calls were distributed over the following categories of issues:

Problems with Access to or Denial of:	
Medical Services	4,053
Pharmacy Services	2,339
Dental Services	706
Mental Health or Chemical Dependency Care	210
Specific Quality of Care Issues	45
Client Receipt of Provider Billings	2,417
Copayment Issues	422
Premium Questions	742
Eligibility Questions	1,905
Other Issues	2,777

This quarter saw a significant increase in calls from clients with questions or concerns about medical services (up 220%) and pharmacy services (up 239%). This volume upswing was expected with the many recent changes in Oregon Health Plan benefit packages, health plan and provider access, coordination of benefits for drugs when clients have other prescription coverage, and drug prior authorizations. There was also a 159% increase in calls about medical billings received by clients. The reason for this increase has yet to be determined.

During the quarter, CASU started serving as the medical assistance hotline for parents of adopted children. Historically, this function had been handled exclusively by the department's Adoptions Assistance Unit which served also as a privacy safeguard for these children. At the request of that unit, CASU opened its toll-free number to adoptive parents and began providing them information about OHP benefits and health plan delivery. During the quarter, CASU received 229 calls and processed 61 requests for managed care plan changes.

The 2,777 "Other Issues" include such items as application questions, managed care enrollment or disenrollment requests, requests for client materials, and questions about the Senior Prescription Drug Assistance Program. This category also includes 280 requests for HIPAA-required certificates of creditable coverage, 610 pharmacy lock-in change requests, and 65 requests for certificates attesting to the lack of prescription drug coverage.

Outreach Activities

During the second quarter 2003, a Quarterly Outreach meeting was held in Salem with 40 participants attending. Outreach trainings were held in May with 50 participants, and June with 35 participants.

Communications

Communications staff completed numerous projects during the reporting period related to changes in managed care plan coverage for different client populations, as well as changes in benefits. A series of notices were developed for clients in Polk and Yamhill Counties regarding the roll-out of Trip Link, a new medical transportation brokerage. Clients in Marion County will be added to the brokerage and notified during the third quarter 2003.

Some of the notices and materials developed and mailed to OHP clients and OMAP providers during the quarter include:

April 2003

- A Medical ID Stuffer - Notice of Privacy Practices which describes how DHS may use and disclose client information. (see attachment 3)
- A notice to clients allowing additional time for payment of past due OHP premiums. (see attachment 4)
- A provider notice inserted with their weekly Remittance Advice regarding HSC List Processing. (see attachment 5)

June 2003

- A provider notice regarding public health reporting requirements under HIPAA. (see attachment 6)
- A provider notice regarding a change in the look of provider information posted to the OMAP website. (see attachment 7)

- Notices to both providers and clients regarding the restoration of funding for certain prescription drugs to support organ transplants and remediate HIV-positive symptoms. (see attachments 8, 9, and 10)

Managed Care Client Complaints

The Managed Care Plans Complaints and Grievances Report contains data from the first quarter 2003. 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 11)

System and Encounter Data

HIPAA

- Electric Data Interchange (EDI) testing and registration teams were formed.
- EDI Testing Team completed three days of training on the EDIFECS third party product "CommerceDesk". This software allows the team to monitor and manage the initial testing phase with OMAP's trading partners. It also provides tools to communicate with registered partners. The testing team also completed one day of training with the "SpecBuilder" product, which creates companion guides and test data.
- Approximately 160 electronic submitters have registered with OMAP. New submitters are registering daily. About 100 submitters have been enrolled into OMAP's third party testing site (EDIFECS). They can begin testing for HIPAA compliance for types 1-6.
- Business-to-business testing has begun with selected beta testers. Testing for mapping, translator, and a variety of other issues has started.
- Companion Guides for the "837" format have been published on OMAP's website for professional, institutional, and dental claims for both encounters and fee-for-service claims.
- Crosswalks were developed for 1) HIPAA adjustment reason codes and 2) mental health and alcohol and drug local procedure codes.
- Staff met with trading partners to develop a solution to deal with the Medicaid Management Information System's (MMIS) restrictions on number of lines submitted and billed amounts for inpatient hospital claims. Methods and answers were finalized and the business rules are on the DHS website, including frequently asked questions about HIPAA.

- The testing team answered many HIPAA transaction and code sets questions.
- A secure file transfer protocol (SFTP) site was set up and is ready. This will eventually replace the bulletin board for encounter data submission.

Miscellaneous Activities

- There were 105 new systems requests submitted during the quarter. During the same period of time, 74 requests were completed and eight requests were withdrawn. The majority of new systems requests were related to OHP2 implementation and enrollment problems such as Standard vs. Plus clients, newborns, premiums/co-pays and some rollovers.
- Approximately 280 user identification numbers for external business partners were created during the quarter. Approximately 50 On Line Access Agreements that were due to expire were renewed.
- Encounter data staff created a frequency distribution of procedure codes for 2002 by managed care plan. The claim count validation weekly counts tables were automated. The tables are used to compare self-reported claim counts and billed amounts to claim counts and billed amounts processed by OMAP.
- A telephone call and correspondence database was developed for the Provider Services Unit. The database gives the unit a way to document and track all calls and correspondence from providers.
- A database for the Health Management Unit was developed to streamline its daily recoupment process. It provides a centralized way to locate specific reports that need to be sent to providers on a daily, weekly, or monthly basis.
- Tracking systems were developed for requests for outside data access, data warehouse security tracking, forms orders from providers, and system notification for use by managers in the unit.
- A study was completed that determined it is not feasible to automate matching Universal Provider Identification Numbers (UPINs) with OMAP provider numbers.

Monitoring and Quality Improvement

Project: PREVENTION!

The Project: **PREVENTION!** (PP) Task Force met in April and June this quarter, with continued focus on the statewide tobacco cessation campaign for OHP smokers, and the Early Childhood Cavities Project (ECCP). The April meeting agenda included: review and approval of the prevention aspect of the draft fall contract, tobacco cessation work, and plan presentations on ECCP. The recent legislative defunding of the Oregon QuitLine has impacted outreach for tobacco cessation efforts. Measurement of tobacco cessation program progress was also discussed along with continued sharing of program ideas for targeting cessation services to pregnant women.

The June agenda addressed the recent fluoride varnish carve out for medical providers, interim program adjustments while the QuitLine is temporarily out of service, the tobacco cessation dissemination plan, tobacco cessation services for pregnant women, and managed care plan ECCP presentations. Five managed care plans shared their progress and successes with strengthening connections with local maternity case management programs and implementing tobacco cessation services through those programs. PP minutes contain full details about the April and June meetings. (see attachments 12 and 13)

June was the last meeting of the PP Task Force. In September 2003, the PP Task Force will merge with the Contractor's Quality Improvement Workgroup to form the Quality and Performance Improvement (QPI) Workgroup. The purpose of this merger is to meet federal Balanced Budget Act (BBA) requirements and implement administrative streamlining. The QPI will serve as an active working body for the promotion and integration of quality and performance improvement requirements and activities for the Oregon Health Plan. Statewide performance improvement activities will continue to address tobacco cessation and early childhood cavities. A planning group of MCO and OMAP representatives has been meeting this quarter to develop the plan, charter, and process for the new QPI Workgroup. The first QPI meeting will occur on September 8, 2003.

Quality Improvement/Evaluation/Monitoring

Site Reviews

On-site reviews/evaluations of Fully Capitated Health Plans and Dental Care Organizations were conducted, as follows:

April	DOCS
May	Willamette Dental
June	NW Dental Services; ODS Dental

Final reports were issued this quarter, as follows:

Mid-Rogue IPA (see attachment 14)

Marion/Polk Community Health Plan (see attachment 15)

Lane IPA (see attachment 16)

Survey Activities

CAHPS survey is now part of our External Quality Review.

External Quality Review

Executed contract with quality improvement organization for external quality review (EQR) activities. The contract was awarded to OMPRO. The request for proposal and contract statement of work have been sent to CMS. There are three major tasks for the EQR:

- Task 1: Rapid cycle improvement, using 5 clinical practice summaries/topic areas over two years. The reviews begin using administrative/claims data looking for out-of-range variations that will be followed up with clinical chart reviews if out-of-range findings are present.
- Task 2: Review of performance improvement projects, performance measures and managed care quality improvement program.
- Task 3: CAHPS survey of adults/children. It is expected to be fielded in the third quarter 2003.

Collaborative QI and Performance Improvement projects

Quality improvement (QI) staff are working with DHS Office of Family Health staff on pilot projects to improve access to dental care through prevention efforts to pregnant women and children age 0-2. This effort is funded through an RWJ grant.

Staff have been working with the managed care plans in trying to develop new tobacco cessation efforts under the constraints of budgetary restrictions, specifically the cut in funding for the Tobacco QuitLine.

QI staff and research staff worked with managed care organizations on technical aspects of their contracted performance measures (provision of preventive dental care for DCOs; HEDIS timeliness of prenatal care and HEDIS immunizations for 2 year olds for the FCHPs).

Semi-annual statewide QI meeting was held in April. The focus was on a "Writing for Medicaid Clients" workshop taught by Dr. Jeanne McGee.