



**Oregon  
Health  
Plan  
Medicaid  
Demonstration  
Project**

**Quarterly Report  
October — December 2003**

## TABLE OF CONTENTS

<b>Summary of Fourth Quarter Highlights .....</b>	<b>1</b>
<b>Administrative Operations .....</b>	<b>2</b>
OMAP Program and Policy Activities.....	2
Benefit RN Hotline .....	3
OHP Hearings.....	3
Medical Director’s Office .....	3
<b>Quality Improvement, Evaluation, and Monitoring.....</b>	<b>5</b>
Quality and Performance Improvement Workgroup.....	6
DHS Quality Control--OHP Eligibility .....	7
<b>Health Services Commission .....</b>	<b>7</b>
<b>Office of Mental Health and Addiction Services .....</b>	<b>9</b>
Administrative Operations.....	9
Policy and Planning Decisions .....	9
Benefit Package.....	9
Monitoring and Evaluation.....	10
Training and Activities .....	10
<b>Family Health Insurance Assistance Program .....</b>	<b>11</b>
FHIAP Enrollment from Sept. 1—Dec. 31, '03 .....	11
<b>OHP Eligibles and Managed Care Enrollment.....</b>	<b>12</b>
Fully Capitated Health Plans .....	12
Dental Plans .....	12
Managed Care Activities.....	12
Regional Meetings.....	14
OHP Monthly Premium Billing & Payment .....	14
Managed Care Client Complaints.....	15
<b>Client, Applicant &amp; Provider Information .....</b>	<b>15</b>
Telecommunications and Applications .....	15
Client Advisory Services Unit .....	16
Senior Pharmacy and Communications Unit.....	17
Outreach Activities.....	17
<b>Technical Systems and Encounter Data.....</b>	<b>17</b>
HIPAA .....	17
Systems .....	18
Encounter Data Validations .....	19

## Tables

1. [OHP Hearings 11](#)
2. [FHIAP Enrollment 11](#)
3. [OHP Eligibles & Managed Care Enrollment 12](#)
4. [Premium Billing & Payment Information 14](#)
5. [Premium Waivers 15](#)
6. [Telecommunications & Applications 15](#)
7. [Client Advisory Calls 16](#)

## Attachments

- A. Oregon Health Plan Applications/Re-applications and Denials
- B. Managed Care Self Reported Complaints 3<sup>rd</sup> Quarter 2003
- C. Final QI Report for Northwest Dental Services
- D. Final QI Report for ODS Dental Plan
- E. Final QI Report for Hayden Family Dentistry
- F. Final QI Report for MultiCare Dental
- G. OHP Quality & Performance Improvement Workgroup  
Mission Statement and Charter
- H. FCH-DCO Quality & Performance Improvement Workgroup  
Minutes, 10/13/03
- I. FCH-DCO Quality & Performance Improvement Workgroup  
Minutes, 11/10/03
- J. FCH-DCO Quality & Performance Improvement Workgroup  
Minutes, 12/08/03
- K. Informational brochure: Home-Delivery Prescription Service
- L. Informational brochure: Don't Let Diabetes Break Your Heart
- M. Client Notice: Changes to the Prioritized List of Health  
Services
- N. Client Notice: OHP CareEnhance Program
- O. Client Notice: Prior Authorization Contact is Changing
- P. Provider Notice: Prior Authorizations

# Summary of Fourth Quarter Highlights

- Policy unit worked on development of improved transportation brokerages.
- On December 1, began the process of centralizing prior authorizations (PA) for speech and hearing aids, with other services to be phased in next quarter.
- Continued implementation of a Web-based system (AIS Plus) to verify client eligibility.
- Began to consider using an outside pharmacy benefits manager.
- The Medical Directors identified several emerging concerns in delivery systems, especially for mental health services.
- Health Services Commission subcommittees recommended remedies for appropriate use of supplies and imaging services; addressed transplant and mental health issues; drafted new guidelines for cataract surgeries.
- OMHAS acted in response to legislative directives to use evidence-based practices; released Request for Proposals for community-based services.
- FHIAP marketed the program with 69 presentations across the state. Total enrollment on Dec. 31, '03, was 5,832 lives compared to 3,995 the previous quarter.
- Managed care enrollment averaged 74% during the fourth quarter.
- Formed a Contract Improvement Process workgroup with MCOs.
- Began working with various participants to develop criteria for the Physician Care Organizations (PCOs) to be introduced in July 2004.
- The total number of calls received at the Telecommunications and OHP Application centers were down from last quarter at both phone banks.
- Client Advisory Services Unit (CASU) received a total of 12,470 calls from clients or their representatives about medical assistance issues.
- Quality Improvement meetings focused on External Quality Review (EQR) activities and the OHP Tobacco Cessation Campaign.
- Established a Trading Partner Agreement (TPA) for Electronic Data Interchange (EDI) submitters and set a compliance date.

# **A** **Administrative Operations**

## **OMAP Program and Policy Activities**

- Submitted, monitored and/or approved several State Plan Amendments concerning hospital reimbursement, supplemental pharmacy rebates, targeted case management, compounded prescriptions, and primary care management.
- Worked with three communities to develop transportation brokerages and monitored contracts with established brokerages.
- The Administrator of the Federal Transportation Administration visited Oregon and gave very positive feedback on DHS's transportation brokerage program.
- Continued work on HIPAA transaction and data code sets-related changes, coordination and training.
- Began planning a Request for Proposals (RFP) for a pharmacy benefits manager per requirements from House Bill 3624.
- Continued implementation of a Web-based client eligibility verification system (AIS Plus).
- Provided ongoing policy technical assistance for staff, providers and other stakeholders.
- Developed administrative rules and program coordination in order to implement directives from the legislature and DHS management.
- Collaborated with staff representing other DHS programs and community partners in the areas of:
  - Childhood immunizations
  - Maternity case management
  - School based health services
  - Pharmaceutical services
  - 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
- Oral health services
- Diversity and health disparities issues.

## Benefit RN Hotline

The OHP Benefit RN Hotline averaged 970 calls per month during the fourth quarter of 2003. Greater than 98% of the calls continued to be from practitioners, with 93% of the calls related to line placement and payment services.

## OHP Hearings

	<b>Managed Care</b>	<b>Fee-for-Service</b>
Requests Received	165	78
Hearings Held	50	11
Hearings Pending	117	50
Claimant Withdrew	45	14
Plan Withdrew/ Agency Withdrew (FFS)	39	36
No Shows	9	4
No Jurisdiction	0	0
Affirmed	39	8
Affirmed, below the line	26	9
Reversed	1	1
Dismissed (Timeliness)	3	0
Not Hearable	10	7

## Medical Director's Office

The Medical Director's Office (MDO) provides medical and clinical consultative services for the Oregon Health Plan (OHP) 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 fourth quarter of 2003 included:

- Preliminary discussion was held on the selection of new External Quality Review Organization (EQRO) performance measures and their potential to demonstrate methodology for improved health outcomes within the OHP population.
- Discussed the increasing prevalence of the prescribing of mental health drugs by primary care physicians within the various OHP-managed care plans. Talked about the need for prescribing guidelines that reflect evidence-based medicine to serve as prior authorization criteria.
- They discussed in detail the OHP eligibility process for clients moving from one population category to another. The discussion included time lines, agency roles in determining eligibility criteria such as disability status, impact on care continuity and potential impact on the administration of managed care.
- MDO presented recent legislation designed to reduce medical errors. The group discussed various types of medical errors, solutions that would reduce medical errors and the need to create a culture that promotes patient safety within the medical community.
- Group discussed emerging access issues indicated in a recent statewide survey. The concerns centered on access to specialty care and a general decline in provider capacity.

# Quality Improvement, Evaluation, and Monitoring

- **Site Reviews of Fully Capitated Health Plans and Dental Care Organizations:**

Capitol/Managed Dental Care was the subject of an on-site review/evaluation in October. This review concludes the Dental Care Organizations' on-site evaluation cycle.

- **Final reports issued** (Attachments C, D, E and F):

- Northwest Dental Service
- ODS Dental
- Hayden Dental
- MultiCare Dental

- **External Quality Reviews**

- **Task 1:** The Rapid Cycle Improvement review looks for out-of-range variations that will be followed up with clinical chart reviews when found. The review has begun for Emergency Department use for ambulatory care-sensitive conditions. The team is in the early stages of developing the technical specifications for the second topic of "Access to Care."
- **Task 2:** OMPRO is compiling a list of all Quality Improvement and Performance Improvement projects that managed care organizations are working on. The work group will graph these into a Plan/Do/Study/Act cycle.
- **Task 3:** Data collection for the CAHPS survey concluded in this quarter. The response rates were much lower than any survey fielded for Medicaid to date. OMAP will begin analyzing the findings during the first quarter of 2004.

- **Collaborative QI and Performance Improvement projects**

OMAP Quality Improvement staff members are working with the DHS



Office of Family Health staff on pilot projects to improve access to dental care through prevention efforts for pregnant women and children 0-2. This effort is funded through a Robert Wood Johnson grant.

OMAP's Prevention/Performance Improvement coordinator arranged to mail out thousands of brochures on helping individuals access resources to quit smoking.

## Quality and Performance Improvement Workgroup

The Quality and Performance Improvement (QPI) workgroup met each month this quarter. Each meeting included 30-35 participants from OHP managed care health and dental plans (quality improvement coordinators and medical directors), DHS staff, and association partners who serve as resources and experts on given quality improvement and chronic disease topics. They provided multiple tools, articles, and other handouts to enhance discussion, education, and action among plans for prevention, chronic disease, and other quality improvement activities. Please see QPI minutes (Attachments H, I and J) for specific details of each monthly meeting this quarter.

- **October's** meeting focused on the OHP Tobacco Cessation Campaign, Early Childhood Cavities Prevention (ECCP), and OHP plan-selection of annual Performance Measures. As the Oregon Quit Line has been refunded, we renewed efforts to educate OHP clients and providers of the OHP tobacco cessation benefit, reduce barriers to cessation services, and target cessation education and services specifically to pregnant clients and those with chronic disease. Plan presentations on their individual ECCP program progress continued as well as discussions about how to improve the dental referral process from local physicians to local dentists. The workgroup also initiated a process for selection of two annual performance measures.
- In **November** we focused on the External Quality Review (EQR) activities, the continued discussion of annual performance measures, and the OHP Tobacco Cessation Campaign. The EQR Task 1 will look at ED utilization and access to care initially, and the CAHPS survey is underway. The prenatal performance measure will be replaced by an asthma, cardiovascular, or hypertension measure. The second FCHP measure would be either

immunizations or diabetes. An annual QI report template was also shared with OHP plans as an optional tool for their use.

- The **December** QPI meeting included highlights on ECCP, the Tobacco Cessation Campaign, EQR Task 2 activities, performance measure decisions, and an updated QPI Charter. The group selected new QI co-chairs and revised the charter to reflect this change. New ECCP educational materials were available. The ECCP Robert Wood Johnson (RWJ) grant identifies the need to train general dentists on treating pregnant women in the general dentistry practice, and Dental Care Organizations (DCOs) will continue with current performance measures with minor additions. Cascade Comprehensive Care, Inc. provided an in-depth presentation of their impressive ECCP program.

There is a new free resource for training local physicians and clinics in the tobacco cessation 5 A's, and the group will develop a tracking document that summarizes what each plan is doing to promote the use of the Oregon Quit Line for OHP clients. They selected asthma as the performance measure to replace the prenatal measure.

## DHS Quality Control--OHP Eligibility

The DHS Quality Control Unit released its Annual Report on OHP Applications/Reapplications and Denials (attached) for the period of October 2001-September 2002, or FFY 2002.

The study sampled 393 cases during the year with a 10.5 percent error rate. This represents a 56.7 percent increase from the error rate (6.7 percent) for FFY 2001.

## **H** Health Services Commission

- The **Health Services Commission** (HSC) held one meeting during the fourth quarter. The Commission approved the recommendations made to OMAP by the **Line Zero Task Force** (description below) to address the issues of appropriate use of imaging services and incontinence supplies. They also voted not to cover second, solid organ transplants (excluding kidney transplants) except those done during the same hospitalization as the first transplant. The Commission will solicit reaction to this decision during the biennial review process for potential reconsideration.

- The Commission also discussed the directive from the previous session of the Oregon Legislative Assembly to consider cost-effectiveness in addition to clinical effectiveness in the prioritization process. It was agreed that this would be of most use in determining which services should be included on a line item as opposed to the rank ordering of line.
- 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 codes. They drafted a new guideline on cataract surgery and revised guidelines on comfort care and the treatment of spinal stenosis. The subcommittee developed recommendations to address the ambiguities in the Prioritized List regarding the definition of treatable cancers. They also continued work on review of the evidence-based research on second transplants, bone marrow transplants in general, and therapies. Finally, the subcommittee assisted staff in composing individualized letters to solicit input for the upcoming biennial review of the Prioritized List.
- The **Subcommittee on Mental Health Care and Chemical Dependency (MHCD)** held one meeting during the quarter. The subcommittee heard a presentation from the Office of Mental Health and Addiction Services (OMHAS) on strategies for pharmacy management. They also concluded that they will monitor the ongoing efforts of OMHAS to implement evidence-based practices for MHCD services rather than initiate new work of their own. If changes to the Prioritized List can aid implementation, then action by the subcommittee could be taken at that time.
- The **Line Zero Task Force** also held one meeting during the quarter. They concluded their review of imaging services and incontinence supplies. They advised the HSC to recommend that OMAP contract with an imaging management service to address over-utilization issues. In the area of incontinence supplies they advised the HSC to recommend that OMAP (1) reduce the maximum number of supplies from 360 to 210 per month, with an exception process, (2) review the auto-shipment of potential unnecessary amounts of supplies, and (3) contract with a single, or very limited number, of suppliers to lower costs.

# Office of Mental Health and Addiction Services

## Administrative Operations

- The Office of Mental Health and Addiction Services (OMHAS) made several significant staffing changes during the quarter.

## Policy and Planning Decisions

- The Oregon Legislature, through SB 267, required OMHAS to assure that programs receiving state and federal funds for mental health and addiction services provide services based on evidence-based practices, supported by scientific evidence. Stakeholder meetings will work to:
  - Identify and define what “evidence-based programs and practices” are for addictions and mental health treatment and prevention;
  - Establish a methodology for assessing fidelity to those programs and practices;
  - Define the parameters of the administrative rules necessary to carry out the provisions of the legislation; and
  - Determine a methodology for assessing the degree to which programs are meeting the goals of the legislation.
- Governor Kulongoski appointed a Mental Health Taskforce with the mission to review, analyze, and recommend changes to the State of Oregon’s public mental health system in order to preserve and improve services for all Oregonians with severe emotional and psychiatric disorders.
- OMHAS released an RFP for community-based projects that will focus on alternatives to state hospital admissions. This is an opportunity for counties to build community infrastructure for adults.

## Benefit Package

- OMHAS implemented national standard billing procedure codes effective for dates of service after October 1, 2003. OMHAS will continue to provide technical assistance to providers during this transition.

- OMAP invited MHOs to participate on a stakeholder workgroup to define a limited hospital benefit for OHP Standard clients. They will develop guidelines for preauthorization and utilization management of these services.
- The MHO Medical Directors/Clinical Supervisor workgroup discussed concerns of access around the state to prescribers of mental health medications. Primary Care physicians are concerned about an increased burden that may have resulted from reductions in services to OHP Standard and Medically Needy clients.

## Monitoring and Evaluation

- The Oregon Psychiatric Inpatient Committee will be reviewing issues such as the rate of denials, which, despite the variety of utilization management guidelines, vary from plan to plan.
- MHOs gathered input for an action plan to increase the accuracy and timeliness of encounter data submissions.
- The MHO Code Workgroup will review the conversion from local billing procedure codes to the national standard procedure codes to develop guidelines for consistency in interpretation and implementation.
- A site review of Clackamas County MHO has been postponed because of the need to hire a replacement for the OMHAS QI Coordinator position.
- The MHO QI/QA workgroup suggested that future site reviews include peer reviewers.

## Training and Activities

- Commitment Investigator/Examiner trainings:
  - October 23 & 24, Pendleton
  - November 18 & 19, Roseburg.
- OMHAS staff participated in a meeting with OMAP and the statewide transportation brokerages to discuss non-medical transportation for OHP members to mental health services. According to client surveys, transportation is one of the biggest barriers to accessing services.

# Family Health Insurance Assistance Program

- Continued collaboration with DHS to coordinate program policies where applicable and to transfer OHP Standard clients with employer-sponsored insurance available to the Family Health Insurance Assistance Program (FHIAP). Worked as part of a committee to simplify the OHP application, and to use findings and feedback to modify the FHIAP application.
- Phone call volume averaged approximately 1,300 per week during this quarter from an average of 1,300 calls the previous quarter and 900 calls per week in 2002.
- Finished the six-month Non-Commercial Sustaining Announcement (NCSA) campaign that began in July, in cooperation with the Oregon Association of Broadcasters. Similar to Public Service Announcements, NCSAs are aired by radio and television stations across the state. Announcements aired at the following times during the quarter: October 5-18, November 2-15, November 30-December 15, and December 28-31 (carried over into next quarter, through January 9).
- Marketing efforts continued across the state with face-to-face meetings with employers, agents and other stakeholders, equating to 69 presentations during the quarter across the state. FHIAP representatives visited: Albany, Astoria, Beaverton, Clackamas, Corvallis, Hermiston, Hillsboro, La Grande, Lebanon, Lincoln City, Newport, Pendleton, Portland, Salem, Scappoose, Seaside, Rickreall, Tillamook, The Dalles, and Tualatin.
- The final phase of an employer mail-out ended September 30, 2003. Over 334 employers returned response cards requesting additional information during the quarter.

## FHIAP Enrollment from Sept. 1—Dec. 31, '03

New Group enrollments	395
<u>New Individual enrollments</u>	<u>131</u>
<b>Total new enrollments</b>	<b>526</b>

Total enrollment on Dec. 31, '03	5,832
Total disenrolled for non-payment of premiums	58

# OHP Eligibles and Managed Care Enrollment

	<i>OHP eligibles</i>	<i>OHP managed care enrollment</i>	<i>MHO enrollment</i>
<i>October</i>	362,619	257,747 (71%)*	375,446 (74%)
<i>November</i>	312,263	233,852 (75%)*	377,333 (76%)
<i>December</i>	315,261	238,565 (76%)*	373,783 (75%)

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

## Fully Capitated Health Plans

### **Effective in October 2003**

- CareOregon closed for new enrollment in Yamhill County, with a 90-day reenrollment period.

## Dental Plans

### **Effective in October 2003**

- With the exception of Tri-County, Managed Dental Care will no longer deliver care in the following areas: Clatsop/Columbia, Hood River, Jackson/Josephine, Linn/Benton, Marion/Polk, Tillamook, and Yamhill. OMAP will enroll clients in these areas with Capitol Dental Care.

### **Effective in November 2003**

- Willamette Dental Group will be closed for new enrollment in Douglas County, with a 30-day reenrollment.

## 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 the Chemical Dependency Organization (CDO). Below are the OMAP areas of focus for managed care during the fourth quarter of 2003.

### **October 2003**

- Prepared amendments on the 2003-2004 contract exhibits.

- OMAP formed a Contract Improvement Process workgroup. The workgroup included the Department of Justice, Department of Health Services and volunteers from the Fully Capitated Health Plans, Dental Care Organizations, Mental Health Organizations and Chemical Dependency Organizations.
- OMAP answered questions regarding Exhibit M in the October 2003 contract. This exhibit details pharmacy encounter data requirements and corrective action.
- OMAP shared their action plan for post-Legislative session activities. This internal list designates DHS point people.
- Began preparing for spring 2004 Exceptional Needs Care Coordinator (ENCC) Round Table.
- Began implementation process regarding HB 2318, Section 27.
- Healthy Start project pamphlets for mothers of newborns were scheduled for distribution in December.

### **November 2003**

- OMAP discovered and alerted the Office of Information Systems (OIS) to correct a February 1 error in the Program Eligibility Report Code (PERC) system.
- Effective November 1, OMAP revised the contract with SWEEP Optical.
- OMAP and Fully Capitated Health Plans (FCHPs) reviewed ways to reduce administrative burden [HB3624, Section 14 (1)(b) directive]. OMAP presented their report at the November Emergency Board meeting and was asked to complete some additional tasks. E-Board asked that FCHP representatives attend and speak at the April and Nov 2004 meetings.
- Delivery Systems Unit (DSU) drafted a response to a letter from Rep. Betsy Johnson expressing concern over dental access in Columbia and Clatsop Counties. DSU will meet with her after the first of the year to discuss concerns and find potential solutions.
- Participated in the final phase of developing the Dragon Alert protocol and the Maternity Case Rate walk-through.



**December 2003**

- Effective January 1, 2004, OMAP will begin recoupment of capitation overpayments on members who receive mid-month benefit package changes.
- OMAP’s Physician Care Organization (PCO) Implementation team to began working with various participants to develop criteria for this program.
- OMAP’s Contract Improvement Process workgroup created and shared a matrix of contract timelines.
- The Health Services Commission completed the RFP process and has awarded a contact to Mercer, as required by HB3624, to set the benchmark rates for OHP on August 1, 2004. The actuary will need to develop a methodology for setting the rates around the first part of March 2004.
- Reviewed financial information for Assignment/Assumption.
- Modified all of the OHP Managed Care Rules to reflect Physician Care Organization (PCO) verbiage. Worked on the PCO Request for Application (RFA).
- Completed, printed and distributed the OHP plan comparison charts.

**Regional Meetings**

In October, OMAP held 15 OHP Regional Meetings in Baker, Clackamas, Gilliam, Harney, Hood River, Jackson, Klamath, Lake, Lane, Malheur, Sherman, Umatilla, Union, Wallowa and Wasco Counties.

**OHP Monthly Premium Billing & Payment**

<b>Quarterly Report</b>				<b>4<sup>th</sup> Quarter 2003</b>			
<b>MONTH</b>	<b>HOUSE-HOLDS</b>	<b>CURRENT MONTH BILLED</b>	<b>TOTAL BILLED</b>	<b>CURRENT MONTH RECEIPTS</b>	<b>TOTAL RECEIPTS</b>	<b>CURRENT % Receipts</b>	<b>TOTAL % Receipts</b>
October	45,514	\$ 499,715.00	\$ 586,774.00	\$ 369,731.11	\$ 550,670.52	74%	94%
November	45,173	\$ 493,037.00	\$ 578,878.00	\$ 352,090.36	\$ 504,443.26	71%	87%
December	43,473	\$ 469,301.00	\$ 543,697.00	\$ 332,138.74	\$ 488,310.08	71%	90%
<b>TOTAL</b>		<b>\$1,462,053.00</b>	<b>\$1,709,349.00</b>	<b>\$1,053,960.21</b>	<b>\$1,543,423.86</b>	<b>72%</b>	<b>90%</b>

Premiums Waivers Information				Denied Premium Waivers (Cases)		
WAIVER TYPE	OCTOBER	NOVEMBER	DECEMBER	MONTH	NUMBER	
Zero Income	418	337	385	October	13	
Case Discrepancy	573	439	504	November	11	
Crime Victim	3	2	3	December	10	
Domestic Violence	92	54	66			
Homeless	112	119	127			
Natural Disaster	16	6	9			
Death in Family	0	2	1			
<b>TOTAL</b>	<b>1214</b>	<b>959</b>	<b>1095</b>	<b>TOTAL</b>	<b>34</b>	

## Managed Care Client Complaints

The Managed Care Self Reported Complaints (Attachment B) report is data from the third quarter. Managed care plans are allowed 60 days from the end of the quarter to submit their information. Therefore, this chart will always show a previous quarter's statistics.

## **C**lient, Applicant & Provider Information Telecommunications and Applications

	OMAP Telecommunications	OHP Application Center	Industries Mailroom
Calls received	30,882	48,061	
Calls answered	28,926	45,503	
Calls abandoned	1,956	2,558	
Transferred to Central Office	34.4%	6.0%	
Average calls/agent/month		2,690	
Hospital holds		4,159	
Applications requested			36,417
Redeterminations mailed			26,178

The total number of calls received was down from last quarter in both phone banks. Hospital hold requests were also fewer. The number of calls abandoned at Telecommunications was half of last quarter's while the number abandoned at OHP increased slightly.

## Client Advisory Services Unit

During the quarter, the Client Advisory Services Unit (CASU) received a total of 12,470 calls from clients or their representatives about medical assistance issues. This represents a 6% decrease from the 13,256 calls taken the previous quarter.

CASU experienced the resignation of one experienced hotline agent and also the temporary loss of two hotline agents on extended medical leaves. These staffing issues explain in part the lowered number of incoming calls taken from clients during the quarter.

On the following chart, it is significant to note the large drop in the volume of calls for three areas: (a) pharmacy, (b) medical bills received by clients, and (c) premium issues.

<b>CASU Calls</b>		
<b>Category of issue</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>
Medical service or access	3,389	3,571
Pharmacy service or access	2,131	1,649
Dental service or access	712	762
Mental health or addiction treatment	156	197
Specific receipt of medical bills	39	43
Copayment issues	347	281
Premium issues	665	359
Eligibility issues	2,166	2,206
Other issues*	1,590	1,638
<b>TOTALS</b>	<b>13,256</b>	<b>12,470</b>

\* The 1,638 "other issues" included such items as application questions, managed care enrollment or disenrollment requests, and requests for client materials. The unit processed 208 HIPAA-required certificates of creditable coverage, 352 pharmacy lock-in change requests, and 85 requests for certificates attesting to the lack of prescription drug coverage.

## Senior Pharmacy and Communications Unit

The Communications Team continued to upgrade their computer software skills as they began to migrate from MacIntosh to personal computers and to use HIPAA-compliant methods of securing information. Some team members learned to post Administrative Rules and provider/client notices to the OMAP Web site in order to expedite more timely communications with stakeholders.

Team members have been involved in the following projects:

- Client notification that the List of Prioritized Services would change (Attachment M).
- Distribution of informational brochures with monthly medical IDs: home-delivered prescriptions and diabetes awareness (Attachments K and L).
- Announcement of the CareEnhance Program for selected FFS clients with diabetes, asthma, or adult health problems (Attachment N).
- Notification to both clients and providers that prior authorization (PA) for most services would be made at OMAP Central Office instead of at the branch level (Attachments O and P).

## Outreach Activities

Approximately 40 people (each) attended a quarterly meeting and one outreach training. Both were held in Salem. In November, the Outreach Coordinator notified HIV-positive and transplant recipient clients that their prescription drug coverage would continue although the rest of the Medically Needy program was suspended.

## **T** **Technical Systems and Encounter Data** HIPAA

- DHS established a Trading Partner Agreement (TPA) for Electronic Data Interchange (EDI) submitters and set a compliance date of October 15, 2003, for receipt of the completed TPA. Of the approximate 2,550 (+/- 150) providers currently submitting claims electronically, DHS has received 2,362 TPAs.
- On December 1, 2003, DHS sent out a Compliance Action Plan (CAP) notice requesting specific information on the submitters' intentions toward meeting the

requirements of DHS and HIPAA transaction and codes sets to any electronic submitter not in compliance with the October 15, 2003, requirement. To date there remain 133 TPAs and/or CAPs not received. DHS continues communication with all electronic submitters to assist them with the transition to compliance.

- DHS' phone line and Web site continue to receive questions specifically related to transaction and code set testing. The Web site is updated routinely with revised Companion Guides and DHS business decisions related to claims data submission.
- DHS is near completion of the Companion Guide for the 837 Encounter transaction.
- A Policy statement has been released related to the Coordination of Benefit information.
- DHS established the policy that testing by transaction type (institutional, professional or dental) can be done separately.
- DHS continues to move EDI submitters from the third party testing site through business-to-business testing for the 837 transaction types. DHS has many submitters "in production" for the 837P transaction; pilot testing is near completion for the 837I and 837D.
- Outreach: A workgroup consisting of managed care plans and DHS HIPAA staff meets monthly to review progress, standards, compliance issues, concerns and readiness.
- The HIPAA Project Office e-mailed a weekly update on DHS progress to all registered claim submitters. DHS has a bi-weekly meeting between the Office of Information Systems, the EDI testing team lead, EDI registration team lead, and the HIPAA Project Office to review progress, resolve potential barriers and set new goals.

## Systems

- 40 new systems request written
- 75 systems request completed or withdrawn
- Completed an auto-enrollment process for three MCOs changing business identities.

- Work is continuing on establishing the systems requirements from the 2003 Legislative Session.

## Encounter Data Validations

- DHS provides all managed care plans with one 'rolling' year of data for rate setting on a FTP site, which is updated quarterly for their analysis and review.
- DHS routinely completes a variety of data validations and shares the results with the managed care plans. The most recent validation produced anomalies with surgical maternity claims. The affected managed care plans reviewed the anomalies and resolved the issue.
- Encounter data staff members have ongoing outreach with the managed care organizations (MCOs) to determine status of readiness, problems or concerns related to their transition to HIPAA compliance.
- DHS staff assisted managed care plans to resolve any data integrity issues with rate data.
- DHS has been completing analysis on encounter pharmacy data received.
- Implementation of the new DSSURS data research and analysis system continues.