Oregon Health Plan Medicaid Demonstration Project

Quarterly Report
January — March 2004

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First quarter highlights:

- Policy staff are collaborating with members of the durable medical equipment industry to roll-out the process of centralizing prior authorizations.
- Policy staff are working with the Federally Qualified Health Centers and Rural Health Clinics on quality improvement projects on oral health prevention and disease case management for Medicaid/State Children's Health Insurance Program clients
- Oregon Health Plan Benefit RN Hotline averaged 1,125 calls per month.
- Medical Directors shared local community solutions for meeting the needs of the uninsured.
- Following the mail out of tobacco cessation flyers to OHP members, the Oregon Quit Line saw an increase in calls from 50 to 900 in just one month.
- Disenrollment reports for the previous year are now available for Fully Capitated Health Plans, Dental Care Organizations and the Chemical Dependency Organization.
- Health Services Commission approved the recommendations of its subcommittees related to the pairing of transplants for certain conditions. The Commission also began work on the process of determining/establishing benchmark rates for all major categories of health services as required by House Bill 3624.
- Office of Mental Health and Addiction Services continues to work with providers to increase the use of evidence-based practices for mental health and chemical dependency treatment services. They will begin providing Targeted Case Management services for mental health and substance abuse clients.
- Family Health Insurance Assistance Program continued marketing efforts, with 24 presentations made throughout the state. Total enrollment this quarter was 6,172.
- Managed care enrollment averaged 75% during the quarter for both managed care health plans and mental health organizations.

- Delivery Systems developed a Request for Application and continued work to develop criteria for the Physician Care Organizations to be introduced in Fall 2004.

- Client Advisory Services Unit call center received a total of 15,758 calls from clients or their representatives about medical assistance issues, over a 10% increase from the previous quarter.

- Communications staff implemented a new department-wide transmittal process for sharing communications. This new process is designed to improve access to, and understanding of, OHP program information.

- OMAP continues outreach activities with numerous presentations on possible OHP changes given throughout the state.

- Systems and Encounter Data staff continue to work on HIPAA transaction and code set testing. Staff are working on improvements to the evaluation process for encounter data, including the ability to receive pharmacy data in a nationally recognized format.

Administrative Operations

OMAP Program and Policy Activities

- OMAP is in the process of submission, monitoring and/or approval of several State Plan Amendments concerning External Quality Review Organization (EQRO) requirements, removal of QI-2 program, changes to the Federal Poverty Level, and changes in hospital reimbursement.

- Staff continued coordination and development of transportation brokerages. Monitoring contracts with established brokerages.

- Staff continued to consult with the federally recognized Oregon Tribes on program/benefit changes. OMAP participates quarterly in meetings with the Tribes.

- OMAP is moving forward with the Federally Qualified Health Centers and Rural Health Clinics on quality improvement projects for Medicaid/State Children's Health Insurance (SCHIP) Program clients and includes oral health prevention and disease case management.

- Staff continued collaboration with durable medical equipment industry in development of agency centralization of prior authorization process.

- Policy staff continued work on Health Insurance Portability and Accountability Act (HIPAA) transaction and data sets related changes, coordination and training.

- Staff continued coordination with Medicaid Management Information Systems (MMIS) project and Request for Proposal (RFP) for pharmacy benefits manager per requirements from House Bill 3624.

- OMAP is in the process of implementation of a Web based client eligibility system.

- Staff provided ongoing policy technical assistance for staff, providers and other stakeholders.
- Staff worked on development of administrative rules and program coordination to implement legislative and Department of Human Services (DHS) management directives.

- Staff continued collaboration with other DHS programs and other 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 Qualified Heath Centers (FQHCs) and Rural Health Clinics (RHCs)
  - Durable medical equipment
  - Lead poisoning prevention
  - Oral health services
  - Diversity and health disparities issues

Benefit RN Hotline

The Oregon Health Plan (OHP) Benefit RN Hotline averaged 1,125 calls per month during the first quarter of 2004. Greater than 98% of the calls continued to be from practitioners, with 93% of the calls related to line placement and payment services.

Medical Director's Office

The Medical Director's Office (MDO) provides medical and clinical consultative services for the 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 first quarter of 2004 include:

- The medical directors viewed a presentation outlining the consultative services to profile physicians on psychotropic medication prescribing. Oregon chose Comprehensive Neuro-Science (CNS) to provide the service beginning February 2004. CNS will gather retrospective pharmaceutical utilization data for analysis and provide feedback to prescribing providers. The goal is to give providers suggestions and not specific prescribing recommendations. The program will look at the entire OHP population.

- Medical directors were updated on the limited hospital benefit criteria development for covered services that will be limited to hospital in-patient services required to prevent a life threatening health deterioration.

- The medical directors heard an overview of immunizations – flu, multi-dose, autism. The overview included updated information on influenza, childhood morbidity, vaccine efficacy, combination vaccines, the alleged link to autism, and the erosion of public confidence in immunization.

- The medical directors held a group discussion on community options for access to explore existing or planned access to care for people who are, or may become, uninsured. Attending medical directors shared local community solutions for meeting the needs of the uninsured including such options as safety net clinics, FQHCs, OHP enrollment efforts, donated services through churches, charities, and medical facilities, county health clinics, drug discounts, and the possible reallocation of unused funds.

OHP Hearings

OHP Hearings Statistics January – March 2004		
	Managed Care	Fee-for-Service
Requests Received	162	71
Hearings Held	60	16
Hearings Pending	86	38
Claimant Withdrew	56	16
Plan/Agency Withdrew	43	26
No Show	11	5
Decision Affirmed	54	17
Decision Reversed	1	1
Dismissed (Timeliness)	8	2
Not Hearable Issue	21	13
Below the Line	42	20

Quality Improvement, Evaluation and Monitoring

Managed Care Review

Site Reviews

Evaluations of Fully Capitated Health Plans (FCHPs) and Dental Care Organizations (DCOs) have been completed for this review cycle.

Final report issued

Capitol Dental Care/Managed Dental Care (Attachment 1)

External Quality Reviews

- **Task 1:** The rapid cycle improvement process extracts and validates administrative data and then evaluates the quality of care that OHP members receive. The five areas for review are derived from the Clinical Practices Summary and reflect areas determined to be high cost, high prevalence and foci for potential quality improvement intervention. From the 10 topic recommendations in the Clinical Practice Summary, the OHP medical directors chose Emergency Department (ED) Utilization, Access to Care, Diabetes and Cardiovascular Care. The directors will choose the fifth one at a later date. Each Rapid Cycle PI Process will result in a written Comparative Assessment Report (CAR). Staff presented the aggregate ED utilization data to the medical directors and quality improvement (QI) coordinators. Staff will present the plan level reports on ED utilization and data accuracy along with an aggregate of the second measure, Access to Care.

- **Task 2:** An assessment of the state's QI program and the activities of the Managed Care Organizations (MCOs). The task is complex, yet has already resulted in increased collaboration and clarification of the roles of the EQRO and the state QI processes. The EQRO presented an explanation of the Plan Do Study Act (PDSA) cycle to the MCO’s QI coordinators and distributed CD-ROMS of the Federal Medicaid Managed Care Regulations.

- **Task 3:** Surveys. The draft 2004 CAHPS report and data, due April 22, cover complimentary areas to the other two tasks, provide information on the smoking cessation efforts of the MCOs, and assist in evaluations of access, quality, provider communication and health status. Staff will present the final plan-level analyses, along with the results of the other two tasks, at the upcoming annual conference May 17. In collaboration with the local medical association, the state and EQRO are developing a survey to identify financial and non-financial barriers to access and for improving provider participation in Medicaid Managed Care.

The state and three MCOs (Providence, Family Care and Care Oregon), volunteered to participate and are completing an analysis of the effectiveness of the Minority Report Card Project. This effort is aimed at reducing health care disparities for non-majority populations. OMAP will forward separate reports on each of these topics to the CMS regional office following the conference.

Collaborative QI and Performance Improvement Projects

OMAP mailed approximately 250,000 “Help is Here” tobacco cessation flyers with the January 2004 medical identification cards. This resulted in an increase in client calls to the Oregon Quit Line from 50 in December 2003, to 900 in January 2004. In addition, the number of fee-for-service clients who received in-depth tobacco cessation counseling increased tenfold.

Quality and Performance Improvement Workgroup

The Quality and Performance Improvement (QPI) Workgroup met each month this quarter. Each meeting included 32-35 participants from OHP managed care health and dental plans (QI coordinators and medical directors), DHS staff, and partners who serve as resources and experts on given quality improvement and chronic disease topics. Please see QPI agendas and minutes (Attachments 2 through 4) for specific details of each meeting this quarter.

- January’s meeting focused on immunization performance measures including a trial result presentation, trending and possible solutions for improving immunization rates, and approval of the continuation of immunizations for 0-2 year olds as the second OHP FCHP performance measure. The

workgroup discussed the OHP tobacco cessation program, one of the Performance Improvement Projects (PIP), including the progress of the Oregon Quit Line, tracking promotion of the Quit Line to OHP clients and providers, tobacco cessation 5 A's training for OHP providers, and new information from the National Tobacco Conference.

- In February, QPI Workgroup focused on Early Childhood Cavities Prevention (ECCP) program, which is the second PIP, including what each dental plan had accomplished specifically for February as Children's Oral Health Month, and heard a presentation by Marion-Polk Community Health Plan on their innovative ECCP program. The workgroup reviewed and refined the OHP asthma performance measure specifications for the medical plans and explored and discussed proactive tobacco cessation interventions and actionable asthma data use for smokers with asthma.

- The workgroup welcomed Dr. Jackson at their March 8 meeting as a new co-chair, replacing Dr. Labby. Highlights included evidence-based tobacco cessation interventions for asthma patients and pregnant women, and plan input for future asthma tools. Doctors of the Oregon Coast South presented their growing ECCP program. Additionally, Central Oregon Independent Health Services and Providence Health Plan presented their mature clinical practice guideline programs, policies and procedures with written examples of each as part of the strategy for "Successful Practices Sharing." The workgroup discussed and approved contract changes, along with approval of the asthma performance measure specifications.

Disenrollment and Complaint Reports

A series of charts showing managed care disenrollments are included with this report. These attachments cover data from second quarter 2003 through first quarter 2004. OMAP has previously reported on disenrollments for the FCHPs. Data is now also available for DCOs and the CDO. (Attachments 5 through 8)

The Managed Care Plans Complaints and Grievances Report attached contains data from the fourth 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. (Attachment 9)

Medicaid Audit

Medicaid Audit collected approximately $250,000 in identified overpayments during the quarter. Two referrals were made to the Medicaid Fraud Control Unit.

Staff invested considerable time in improving skills in the new Surveillance and Utilization Review System this past quarter. Several audits are being opened as a result of the system's reporting. Unit staff are in the process of finalizing some very large audits in the areas of Pharmacy, Durable Medical Equipment (DME), Hearing Aids and Mental Health.

Oregon's Circuit Court granted the state's motion for a summary judgment against a DME supplier who comprised one of the biggest audits. This was a major victory for the state since the Court found Oregon's interpretation of its rules and the resulting overpayment to be reasonable. The DME supplier has since appealed this decision.

Staff met with the Program Integrity Group from the state of Washington this past quarter. They shared ideas on ways to improve audit function. In addition, the department is currently reassessing its approach to the program integrity function. An independent project manager within the agency will study this issue. Some of the functions being considered for consolidation are provider audits, third party recovery, client surveillance and identification of employee training needs.

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.

They also heard two presentations from Mercer Human Resource Consulting (Mercer), the actuarial firm they are contracting with to assist them in developing benchmark rates for the OHP. The first presentation in January included an overview of the process for establishing benchmark rates, which will be established for all major categories of health services for delivery in both a fee-for-service and managed care setting. The second meeting in March included a presentation on the

draft methodology for determining the benchmark rates. This methodology assumes that the health care market is in a state of equilibrium and that average reimbursement from all payers can be used as a proxy for cost.

The HSC approved changes eliminating the pairing of bone marrow/stem cell transplants for certain conditions. Review of the evidence for effectiveness of the currently covered indications of neuroblastoma, Ewing's sarcoma, rhabdomyosarcoma, medulloblastoma, and sickle cell disease were not substantiated by current literature. Many of these diseases have no randomized controlled trials, which are being sought due to the results of the breast cancer trials of the late 1990's, to provide unbiased data on their relative effectiveness. Those that do have such studies do not show an absolute improvement in the survival rate by at least 10%. They also voted not to cover non-myeloablative (mini) transplants or second bone marrow/stem cell transplants except for planned tandem transplants for multiple myeloma.

Finally, the HSC continued work on a draft methodology for incorporating cost-effectiveness into the prioritization process as directed by HB 3624 (2003). They agreed that the results of cost-effective analyses may be used, when available, to compare alternative services used to treat the same condition. This information would be used to determine whether or not a service should appear on the list in addition to, or instead of, other treatments for the same condition when a decision based on the evidence of effectiveness alone cannot be made.

The **Health Outcomes Subcommittee** held two meetings during the quarter. They revised the algorithm used to determine whether solid organ and bone marrow transplants meet the criteria necessary to warrant their inclusion on the Prioritized List. Based on the most recent literature available on the effectiveness of treating certain cancers, they established recommended list changes that were forwarded to the HSC. The subcommittee also began a review, based on an external request, of the previous decision to move the treatment of psoriasis from line 500 to line 553 during the previous biennial review. Finally, they began reviewing the responses received from providers on specific questions posed as part of the current biennial review process involving the treatment of advanced cancers, cataracts, Barrett's esophagitis, and osteoarthritis.

The **Subcommittee on Mental Health Care and Chemical Dependency** (MHCD) held one meeting during the quarter. The subcommittee discussed the appropriateness of facilitating the use of mental health services for children between the ages of 0 – 3. This item will be taken to executive staff within DHS as

many of their agencies would need to be involved in educating providers on the use of these services.

The **HSC Actuarial Advisory Committee** held two meetings during the quarter. This committee was created to provide the HSC with a group of stakeholders to provide regular input as they work with Mercer Human Resources Consulting to develop benchmark rates for the OHP. After an initial meeting was held to get an overview of the process called for by HB 3624, members of the committee were asked to provide data sources that could be used to approximate the cost of health care in different service categories. At their second meeting they heard a presentation from Mercer on a proposed draft methodology for setting these benchmark rates and provided reaction.

Office of Mental Health and Addiction Services

Policy and Planning Decisions

- A Children's Mental Health System (CMHS) Change Stakeholders Workgroup will work to implement a Legislative Budget Note that requires the Office of Mental Health and Addiction Services (OMHAS) to substantially increase the availability and quality of individualized, intensive home and community-based services for children and adolescents.

- Under the direction of SB 267, OMHAS is working with providers and other stakeholders to increase the use of Evidence Based Practices (EBP) for the mental health and chemical dependency treatment services. A workgroup will identify EBP for the continuum of services and develop administrative rules to operationalize the method for measuring cost effectiveness.

- Two 40-bed adolescent state hospital wards were recently consolidated into one 20-bed unit and the savings achieved by this action will be reinvested into community-based alternatives to hospitalization. A Stabilization and Transition Services Request for Proposal (RFP) is being developed to ensure that children are treated in the least restrictive, most medically appropriate level of care.

- A survey is being developed to assess the juvenile court system and the juvenile department to get a prevalence estimate on the system impact of a Juvenile Psychiatric Security Review Board.

- The state of Oregon recently settled the *Miranda v. Kitzhaber,* a class-action lawsuit filed in 2000, on behalf of civilly committed adults awaiting discharge from the State Hospital. As part of the settlement, Oregon has agreed to transition 69 named clients to community-based settings. Special funding was included within the 2003-2005 biennium for the development of community-based residential resources and wraparound services. OMHAS will work to identify other individuals currently in institutions who could be served in community-based settings as well as individuals in the community who may be at risk of placement in unnecessarily restrictive settings. A report of these findings and recommendations for improvements to community-based services will be submitted to the 2005 Legislature.

- OMHAS received approval through a State Plan Amendment (SPA) to provide Targeted Case Management (TCM) for mental health and substance abuse clients. The TCM services described in the SPA will be provided to Medicaid eligible individuals who do not have a Medicaid benefit package that covers community-based ambulatory behavioral health services. The frequency and duration of TCM services will be individualized to best address the needs of the eligible individuals served.

- Mental Health Planning and Management Advisory Council, the primary advisory group to OMHAS which meets CMHS requirement of 50% consumer participation, met and discussed the following issues:

    - Recommendations for the mental health block grant for the fiscal years 2005-2007.
    - Opportunities for involvement with the Governor's Mental Health Task Force.

Benefit Package

- Mental Health Organization (MHO) Medical Directors/Clinical Supervisory Workgroup continued discussions on access to mental health medications and to review mental health prescription drug utilization.

- The MHO Code Conversion Workgroup is developing a guideline document for MHOs and providers on the use of CPT/HCPC codes for billing.

- OMHAS, Children, Adults and Families cluster and the MHOs will work collaboratively to establish guidelines to ensure that all children removed from their homes receive an initial mental health screening as soon as possible, as well as a comprehensive mental health assessment within 60 days.

Monitoring and Evaluation

- OMHAS released an RFP to renew the current scope of work for an External Quality Review of MHOs.

- Site reviews are scheduled for Tuality Health Alliance MHO on April 21/22, 2004, and FamilyCare on May 26/27, 2004.

- MHO Complaint Logs for second and third quarters 2003 are enclosed. (Attachment 10 and 11)

Family Health Insurance Assistance Program

Administrative Operations/Policy Issues

- Continued collaboration with DHS programs to coordinate program policies where applicable and to transfer OHP Standard clients with employer-sponsored insurance available to Family Health Insurance Assistance Program (FHIAP).

- Phone call volume averaged approximately 1,100 per week during this quarter, down from an average of 1,300 calls the previous quarter and 1,350 calls per week in 2003.

- Marketing efforts continued across the state with face-to-face meetings with employers, agents and other stakeholders. Because of the uncertainty over the

state's budget situation and the fate of the OHP Standard program, before and in the wake of the defeat of Ballot Measure 30, FHIAP put aggressive marketing efforts on hold. However, staff made over 24 presentations during the quarter across the state. The cities visited include: Aurora, Beaverton, Bend, Clackamas, Klamath Falls, Portland, Salem, Seaside, and Redmond.

- Awarded contract for development and implementation of enhanced FHIAP database. An enhanced database will allow easier and more efficient operation by system users, as well as more flexibility to modify the database.
- Began revising program rules to make them simpler and easier to understand. FHIAP anticipates a July 2004 effective date, with a public comment and hearings process in June.
- Began working the Insurance Pool Governing Board (IPGB) Small Business Plans program to ensure the benefits offered in these plans meet the FHIAP benchmark. Started exploring ways to link the future marketing efforts of these two IPGB programs.

FHIAP Enrollment

New Group enrollments	664
New Individual enrollments	166
Total new enrollments	**830**

Total enrollment on March 31, 2004 6,172

Disenrollment due to non-payment of premium 23

OHP Eligibles and Enrollment

OHP Eligibles and Managed Care Enrollment January – March 2004			
Month	**OHP Eligibles**	**MCO Enrollment**	**MHO Enrollment**
January	314,203	239,400 (76%)*	375,990 (75%)
February	318,537	235,020 (74%)*	373,663 (76%)
March	321,009	243,155 (76%)*	378,086 (75%)
Qtr Average	**317,916**	**239,192 (75%)***	**375,913 (75%)**

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

Ever-enrolled Report

The following table shows numbers of persons, by category, who were enrolled in the OHP at any time during the quarter. The Title 21 adults and children covered under FHIAP are not included at this time. FHIAP data will be available for inclusion with this report by next quarter.

Ever-enrolled Persons on OHP January – March 2004*			
Population		**Total # of persons**	
Expansion	Title 19; OHP Standard	OHP Parents	19,187
		OHP Childless Adults	40,901
	Title 19; OHP Plus	PLM Children FPL > 170%	368
		Pregnant Women FPL > 170%	474
	Title 21; OHP Plus	SCHIP FPL > 170%	2,746
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	3,065
	Title 21; OHP Plus	SCHIP FPL < 170%	21,606
Mandatory	Title 19; OHP Plus	Other OHP Plus	333,279
Quarter Totals			**421,626**

* Due to retroactive eligibility changes, the numbers should be considered preliminary.

Fully Capitated Health Plans

Effective in January 2004

- Central Oregon Independent Health Plan changed their name to Central Oregon Individual Health Solutions, Inc.

- Oregon Health Management Services will no longer serve zip codes 97417, 97429, 97457, 97469 and 97484. Clients will be fee-for-service.

- Providence Health Plan changed their name to Providence Health Assurance.

Effective in February 2004

- Marion-Polk Community Health Plan will no longer serve zip codes 97013 (Canby) and 97038 (Molalla).

Effective in March 2004

- CareOregon re-opened for new enrollment in Yamhill County.

Dental Plans

Effective in January 2004

- Northwest Dental Services closed to new enrollment in Sherman County with a 30-day re-enrollment period.
- Sherman County became voluntary for dental enrollment in all zip codes.
- Oregon Dental Service changed their name to ODS Community Health, Inc.

Effective in March 2004

- Capitol Dental Care closed to enrollment in Lane County with a 30-day re-enrollment period.
- ODS Community Health re-opened to new enrollment in Marion and Polk counties.
- Willamette Dental Group closed for enrollment in Lane County with a 30-day re-enrollment period.

Managed Care Activities

The Delivery Systems Unit coordinates the monthly meetings of the prepaid health plans CEOs and plan contacts. These meetings including Fully Capitated Health Plans (FCHPs), Dental Care Organizations (DCOs), Mental Health Organizations (MHOs) and Chemical Dependency Organization (CDO). Areas of focus for the Delivery Systems during the first quarter of 2004 included:

January 2004

- OMAP shared with the health plans the first draft of the Measure 30 recommended budget cuts submitted to the Governor.

- HB 3624 Section 4 (6), (7) and (8) lists requirements of managed care plans to provide specific information requested by an enrollee or prospective enrollee. Delivery Systems Unit surveyed the plans for this information.
- Jean Thorne, DHS Director, held a meeting with the health plans to discuss the DHS budget disappropriation proposal.

- OMAP began the implementation process of House Bill 3624, Section 12, regarding non-contracted DRG hospital reimbursement rates. OMAP continues to facilitate meetings that include stakeholders and community providers to coordinate implementation and discuss payment methodologies.

- Staff developed a Request for Application (RFA) and authored a draft Physician Care Organization (PCO) template contract. OMAP has begun modification to the MMIS System and the state's actuarial contractor is assessing rates and risk adjustment methodology. OMAP submitted a waiver amendment to CMS February 19, 2004. The Office for Oregon Health Policy and Research has developed the criteria for the PCO.

- Staff completed the development of a county resource guide for OHP clients to access. This information has been placed on the DHS Web site.

- Staff developed the Health Financing Operations function document that encompasses the Delivery Systems and Health Maintenance Units.

- OMAP transmitted to the health plans the 7 and 11 National Drug Codes (NDCs) on Oregon's drug file.

February 2004

- OMAP made the decision to transition the annual hysterectomy and sterilization reconciliation process into the Delivery Systems Unit. Staff will begin to audit consent forms for procedures performed from October 1, 2002, through September 30, 2003.

- Technical changes were made to the October 1, 2003, Prioritized List effective April 1, 2004. OMAP shared these changes with the health plans.

March 2004

- OMAP prepared the final letter of progress to the Emergency Board and Joint Commission on Human Services according to House Bill 3624 Section 14(1) (b). This bill directs the department to collaborate with FCHPs in reviewing OHP administrative requirements, and looking for ways to reduce costs in administering the contracts.

- The Non-Contracted DRG Hospital Payment Workgroup gathered significant input and completed analysis on the implementation of House Bill 3624, Section 12. This group agreed that OMAP would determine the process to use for the short-term solution. OMAP elected to use the DRG unit value and this methodology will be in place for dates of service October 1, 2003, through September 30, 2004. This workgroup plans to meet bimonthly to move forward with drafting a long-term solution.

- Staff developed a flow chart and functions document to be used as a tool to identify the roles and relationships and monitor subsequent activities of the OHP Contractor's meetings, workgroups, committees and subcommittees.

OHP Monthly Premium Billing and Payment

OHP Monthly Premium Billing and Payments January – March 2004						
Month	Households	Current Billed	Total Billed	Current Receipt	Total Receipt	% of Total
January	42,210	$454,319	$533,122	$316,668	$478,825	90%
February	41,213	$441,760	$516,866	$327,701	$518,312	100%
March	42,246	$537,417	$537,417	$347,065	$532,308	99%
Totals	**125,669**	**$1,433,496**	**$1,587,405**	**$991,434**	**$1,529,445**	**96%**

Premium Waivers Information (Past Premiums – Billed Prior to Feb 2003) January – March 2004			
Waiver Type	January	February	March
Zero Income	268	431	363
Case Discrepancy	443	656	697
Crime Victim	3	3	6
Domestic Violence	53	54	40
Homeless	107	162	137
Natural Disaster	11	13	14
Death in Family	1	2	1
Totals	**886**	**1321**	**1258**

Denied Premium Waivers January – March 2004	
January	15
February	11
March	16
Totals	**42**

Client, Applicant, and Provider Information

Communications and Training

Communications and Training staff worked on a variety of projects designed to improve access to, and understanding of, OHP information, including:

- Created, updated and streamlined distribution lists and processes for dissemination of materials.

- Made the entire OHP application packet available on the OMAP Web site.

- Continued work on numerous revisions to administrative rules and related materials to reflect OMAP program changes. As they occur, revisions to both administrative rules and supplemental information materials are available on the OMAP Web site at:
  www.dhs.state.or.us/healthplan/

- Created a new database to track and coordinate the administrative rules process.

- Published the OMAP Services Directory and "OHP: An Historical Overview". (Attachment 12)
- Participated in implementation of a new department-wide transmittal process for internal communications. Staff made presentations to managers and trained other internal staff on the new process.

- Reviewed and revised the OHP "Q and A" section on the Web site.

- Published the first OMAP-wide newsletter.

- Staff began work on developing legislative concepts, policy packages, and reduction packages for the 2005-2007 legislative session. Communications staff will be coordinating the legislative process for OMAP for the upcoming session.

- Communications staff began taking a variety of computer training classes this quarter to improve their desktop publishing skills.

- Communications staff began posting communications products directly to the Web site and will also represent OMAP on the DHS Web Content Committee.

- Training staff continue to assist the Medical Unit during their transition to the new centralized prior authorization process. Staff also provided several training classes and developed training plans.

- Communications staff developed a communications plan to advise both clients and providers of the upcoming changes to the OHP.

Telecommunications and Applications

Telecommunications and Application Center Activity January – March 2004			
	Telecommunications	Application Center	Mailroom
Calls received	34,739	47,463	
Calls answered	31,213	42,064	
Call abandoned	3,526	5,399	
Transferred to Central Office	27.7%	7.9%	
Avg. calls/agent mo.	3,192	2,876	
Hospital holds		5,385	
Applications requested			34,361
Re-determinations mailed			37,119

Client Advisory Services Unit

During the quarter, the CASU call center received a total of 13,747 calls from clients or their representatives about medical assistance or related issues. This represents a 10% increase over the 12,470 calls taken the previous quarter. The following table shows the distribution of these calls by type.

CASU Call Center Activity by Type of Call January – March 2004	
Medical Services	3,618
Pharmacy Services	1,512
Dental Services	921
Mental Health/Addiction Services	229
Client Medical Bills	2,006
Copayments	350
Premiums	344
Certificate of Creditable Coverage	245
Pharmacy Lock-In Change	323
Certificate of Non-Eligibility	294
Client Materials Request	234
Adoption Case Plan Change	68
Eligibility	2,531
General Questions or Concerns	1,072
Totals	**13,747**

Outreach Activities

Outreach staff made a number of presentations on the current OHP and possible changes coming to the OHP, including presentations to Portland State University staff, CareAssist Advisory Committee, MothersCare Quarterly Meeting and Advisory Board, and the Seniors and People with Disabilities training staff.

Staff represented OMAP on the Forecasting Committee and the Medicaid Cross Functional Team. Staff also completed the biennial contracts with Oregon Health Policy and Research, coordinated the contract with Oregon Community Health Information Network and worked on updating all 153 outreach contracts.

Technical Systems and Encounter Data

HIPAA

- OMAP continued to receive Trading Partner Agreements (TPA) from our Trading Partners wishing to submit claims via Electronic Data Interchange (EDI).

- Staff continued to receive questions specifically related to transaction and code set testing through the HIPAA phone number and email. The Web site is updated quarterly as needed with revised Companion Guides and business decisions related to claims data submission.
- OMAP continued to move EDI submitters from the third party testing site through business to business testing for the fee-for-service 837 P and I transaction types. There are many submitters in 'production' for the 837P transaction. Pilot testing is near completion for the fee-for-service 837 D.

- Outreach: A workgroup consisting of prepaid health plans and HIPAA staff meets monthly to review progress, standards, compliance issues, concerns and readiness. Staff are reviewing the Web site to ensure continued user friendliness.

- OMAP continued to send a monthly update via e-mail on agency progress from the HIPAA Project Office to all registered submitters.

- The DHS Office of Information Systems, the Technical Encounter Data Systems EDI testing team lead, Provider Services Unit EDI registration team lead, and the HIPAA Project Office continued to hold biweekly meetings to review progress, resolve potential barriers, facilitate business decision making and set new goals.

- OMAP upgraded the registration database to resolve minor reporting issues and include additional functionality.

Systems

- Fifty new systems requests written.
- Seventy-four systems request completed or withdrawn.
- Completed an auto enrollment process for three MCOs changing business names/identities.
- Continued work on establishing the systems requirements from the 2003 Legislative Session.

Encounter Data Validation

- OMAP continued to provide all prepaid health plans (PHP) with one 'rolling' year of data for rate setting on an FTP site that is updated quarterly for their analysis and review. Staff are also developing a survey tool to request input from the prepaid health plans on better ways to evaluate encounter data for completeness prior to the end of each rate period.

- Staff are continuing to review the quarterly reporting format that is sent to each of the prepaid health plans for inclusion of information that better reflects contract compliance and data submission norms.

- Encounter staff continued ongoing outreach with the health plans to determine status of readiness, problems or concerns related to their transition to HIPAA compliance. Encounter staff continue to work closely with the EDI Testing Team as each health plan begins the testing process.

- Staff continued to assist health plans to resolve any data integrity issues with rate data.

- Staff continued analysis on pharmacy data received.

- OMAP is near completion on implementation of the new DSSURS data research and analysis system.

- OMAP is on track to have the capability to receive encounter pharmacy data in a National Council for Prescription Drug Programs (NCPDP)-like format from the FCHPs and return a response in an NCPDP-like format. Target date for completion is July 2004.