Oregon Health Plan Medicaid Demonstration Project

Quarterly Report
April — June 2004

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** Attachments are included with the reports sent to CMS only. If you would like a copy of an attachment, please contact OMAP at 1-503-947-5081.*

Second quarter highlights:

- Office of Medical Assistance Program (OMAP) policy staff are in the process of submission and monitoring of several State Plan Amendments concerning an additional disproportionate share to public teaching hospitals, changes to school-based cost methodology, a pilot project with 340B pharmacy program, and changes to psychiatric day treatment methodology.
- Oregon Health Plan (OHP) Benefit RN Hotline averaged 1,434 calls per month.
- Medical Directors reviewed and discussed upcoming changes to the OHP and shared ideas about potential solutions and revenue resources.
- The Quality and Performance Improvement (QPI) Workgroup issued Milestone Summary reports for tobacco cessation and Early Childhood Cavities Prevention (ECCP).
- The Department of Human Services (DHS) has developed a department-wide committee to reassess program integrity and Medicaid audits.
- The Health Services Commission (HSC) approved the recommendations of its subcommittees for modifications to the Prioritized List of Health Services to incorporate the new ICD-9-CM codes and other new guidelines.
- The Office of Mental Health and Addiction Services (OMHAS) staff and local mental health providers participated in an advisory board to develop a state plan for suicide prevention in older adults.
- Family Health Insurance Assistance Program (FHIAP) continued work with the Insurance Pool Governing Board's Small Business Plans program to help lower-income parents afford health care premiums for children.
- Managed care enrollment averaged around 70% during the quarter for both managed care health plans and mental health organizations.
- Communications staff worked on coordination and development of legislative concepts and processes for the upcoming session.
- The OHP Telecommunications and Application Center sent out over 67,000 applications during the quarter.

- Client Advisory Services Unit call center received a total of 13,401 calls from clients or their representatives about medical assistance issues.

- Systems and Encounter Data staff continued work on Health Insurance Portability and Accountability Act (HIPAA) requirements. Staff have completed the system work to accept and process encounter pharmacy data in a nationally recognized format.

Administrative Operations

OMAP Program and Policy Activities

- OMAP is in the process of submission and monitoring of several State Plan Amendments concerning an additional disproportionate share to public teaching hospitals, changes to school-based cost methodology, a pilot project with 340B pharmacy program, and changes to psychiatric day treatment methodology.

- Staff continued coordination and development of transportation brokerages and 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 in addition to other meetings as necessary.

- OMAP is moving forward with the Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) on quality improvement projects. These projects include oral health prevention and disease case management.

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

- Staff coordinated and collaborated with the HSC and Health Resource Commission regarding the Prioritized List of Health Services and evidence-based findings on pharmaceuticals.

- Staff provided research and policy options to Oregon's leadership in response to the financial challenges facing the OHP.

- 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
- FQHCs and RHCs
- Durable medical equipment
- Lead poisoning prevention
- Oral health services
- Diversity and health disparities issues

Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,434 calls per month during the second quarter 2004. Greater than 98% of the calls continued to be from practitioners, with 94% of the calls related to line placement and payment for services.

Medical Director's Office

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

- The Medical Directors viewed a presentation on the Medicare Part D pharmacy benefit to be implemented on January 1, 2006, with details on the drug discount card, eligibility, cost sharing and assistance, and financial impact on the state.

- The Medical Directors were updated on the limited hospital benefit criteria for the reconfigured OHP Standard population.

- The Medical Directors viewed a presentation on the Emergency Room (ER) Utilization Study which included preliminary data, methodology and trends.

- The Medical Directors discussed anticipated changes to the OHP including potential changes to the OHP benefit packages, possible reductions to other DHS programs, potential revenue resources, federal waiver requirements, Prioritized List changes and implementations dates.

- The Medical Directors were updated on the Partnership for Psychiatric Medication Act and two initiatives designed to educate providers on cost effective prescribing of psychiatric medications.

OHP Hearings

OHP Hearings Statistics April – June 2004		
	Managed Care	**Fee-for-Service**
Requests Received	158	90
Hearings Held	41	15
Hearings Pending	80	39
Claimant Withdrew	41	32
Plan/Agency Withdrew	45	27
No Show	10	1
Decision Affirmed	43	14
Decision Reversed	2	0
Dismissed (Timeliness)	4	3
Not Hearable Issue	9	9
Below the Line	35	21

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.

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 Process will result in a written Comparative Assessment Report. Staff presented the ED utilization data to the Managed Care Organization (MCO) Medical Directors and Quality Improvement (QI) coordinators at an annual conference. In addition, staff reviewed the encounter data for accuracy and completeness.

- **Task 2:** The 2004 Consumer Assessment of Health Plan Survey (CAHPS) report and data was disseminated to CMS and the MCOs. The report included an over-sample by race and ethnicity that is being used as an example of how disparities might be measured by the National Committee for Quality Assurance (NCQA) to establish national standards and measures for assessing culturally and linguistically appropriate services. CAHPS analysis covered complimentary areas to the other two tasks, provided information on the smoking cessation efforts of the MCOs, and assisted in evaluations of access, quality, provider communication and health status. In collaboration with the local medical association, the state and External Quality Review Organization (EQRO) are developing a survey to identify financial and non-financial barriers to access and for improving provider participation in Medicaid managed care. In addition, a health risk/health status is being developed for fielding in September.

- **Task 3:** Surveys. The draft 2004 CAHPS report and data, received in April, 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 presented the final plan-level analyses, along with the results of the other two tasks, at the 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 in, 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. Preliminary results indicate an improvement for African-Americans receiving annual lab tests for diabetes.

Collaborative QI and Performance Improvement Projects

In April 2004 OHP health and dental plans submitted Milestone Reports for both performance improvement projects, tobacco cessation and early childhood cavities prevention. Staff shared the draft summary reports at the June Quality and Performance Improvement (QPI) meeting. (Attachments 1 and 2)

Quality and Performance Improvement Workgroup

The QPI Workgroup met each month this quarter. Each meeting included 35-40 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 3 through 5) for specific details of each meeting this quarter.

- April's meeting began with a presentation about the Early Childhood Cavities Prevention (ECCP) program at Lane Independent Practice Association. ECCP is one of OMAP's Performance Improvement Projects (PIP). The workgroup also discussed the OHP tobacco cessation program (also a PIP), including targeted educational materials and interventions for people with asthma who smoke, two local conferences for providers on tobacco cessation for pregnant women, and available statewide tobacco cessation training for providers and clinics. An additional topic of note was the benefits of recall reports and the use of the Oregon immunization registry to identify shots due for individual children.

- In May the workgroup focused on OHP tobacco cessation CAHPS data. The group also discussed materials from the new state campaign on second-hand smoke, updates about the Oregon Quit Line, and DHS support for plans for tobacco cessation/asthma programs. Plans were particularly interested in information about OMAP specific requirements for credentialing, after-hours calls, client surveys, medical records review and office/clinic site visits. The group also discussed the Plan-Do-Study-Act cycle, in theory and by example; how plans are identifying Children with Special Health Care Needs (CSHCN); and an introduction to the CMS EQRO protocol.

- The June meeting highlights include the draft results of submitted plan and fee-for-service tobacco cessation data with comparison among plans and fee-for-service of pharmacotherapy and behavioral counseling provided to OHP clients who smoke. Staff distributed draft summary reports of the plan milestone submissions for the two PIP projects (tobacco cessation and ECCP). Additional topics were the preliminary Oregon Quit Line National Cancer Institute study results, chronic disease self-management follow-up, successful immunization interventions, CAHPS "Shots/Drops" results, and continued review of CMS EQRO protocols.

Disenrollment and Complaint Reports

Disenrollment reports for FCHPs, DCOs and the CDO for second quarter 2004 are included with this report. (Attachment 6)

The Managed Care Plans Complaints and Grievances Report attached contains data from the first quarter 2004. 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 7)

Medicaid Audit

Medicaid Audit collected approximately $213,000 in identified overpayments during the quarter. Staff made four referrals to the Medicaid Fraud Control Unit.

DHS has established a department-wide committee to reassess the approach to program integrity. It is anticipated that final decisions will be made during the next quarter. Staff are also working towards executing a contract with Affiliated

Computer Services, the Surveillance and Utilization Review System (SURS) solution provider. The contract will involve:

- Recommending organizational and process changes to take full extent of the new SURS system.
- Developing a process for "We see you" letters.
- Developing approximately 40 required Federal SURS studies.
- Providing hands-on consultation with users of the SURS system.

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 ICD-9-CM codes as well as incorporate a number of new guidelines. New guidelines were established for physical, occupational and speech therapies, PET scans, cataract extraction, sinus surgery and the cancer treatments erythropoietin and colony stimulating factor (CSF).

The HSC also heard a presentation from Mercer Human Resource Consulting (Mercer), the actuarial firm they are contracting with to assist them in developing benchmark rates for the OHP. They were provided with an update on the revised methodology that uses an average market reimbursement across all payers as a proxy for cost. Mercer indicated that a separate methodology for approximating the cost of prescription drugs will be necessary as the same type of market forces are not at work to control the ingredient costs for brand name pharmaceuticals. The historical data necessary to begin calculating the benchmark rates had not yet been made available to them and so the actual numbers will be shown at their next presentation to the Commission.

The HSC completed the biennial review process, resulting in a new Prioritized List for the 2005-07 biennium. There are relatively few changes in line placements this review compared to years past. One exception is the movement of treatment for stage III and IV psoriasis to a higher line to replace the less serious condition of tinea. Other notable changes involved the deletion of many CPT codes from the 570+ medical therapy and 30+ radiation therapy line items so that only appropriate pairings remain on these lines.

The **Health Outcomes Subcommittee** held two meetings during the quarter. They concluded the formulation of their recommendations for both the next set of interim modifications to the Prioritized List as well as the biennial review. These changes included the incorporation of new treatment codes involving carotid artery stenting, minimally invasive coronary artery bypass grafts (CABGs), lobar lung transplants, fetal surgery for twin-twin transfusion syndrome, ultrasound pachymetry, and corneal topography. They also updated the prevention tables associated with the List to reflect the most recent recommendations of the US Preventive Services Task Force. Examples of services that were not added to the List because of their experimental nature or poor clinical and/or cost-effectiveness when compared to existing treatments include kyphoplasty, and ADL apheresis.

The **Subcommittee on Mental Health Care and Chemical Dependency** (MHCD) held one meeting during the quarter. The subcommittee reviewed the line items for MHCD services as part of the biennial review of the Prioritized List. They determined that only one change needed to be made involving the movement of the line representing the treatment of identity disorders. Upon closer inspection of the diagnosis code on that line it was determined that the conditions involved (e.g., identity disorders related to long-term goals and career choices) did not require treatment and it was therefore recommended that the code be moved to a lower line that is reserved for such conditions. The HSC accepted this change as part of the biennial review process.

The **HSC Actuarial Advisory Committee** held one meeting during the quarter. Mercer also gave an update on the benchmark rate development process to this Committee and received input from these stakeholders to consider as they prepared to begin analyzing the data as it becomes available.

Office of Mental Health and Addiction Services

Policy and Planning Decisions

- Office of Mental Health and Addiction Services (OMHAS) staff and local geriatric mental health providers have participated in an advisory board to develop a state plan for suicide prevention in older adults. The DHS Health Services Office of Injury Prevention and Epidemiology received a grant from

the Centers for Disease Control to develop the plan. It should be complete by November. Six community forums will be held in June and July and will solicit public suggestions and comments on the plan.

- A workgroup of key persons within DHS and Stakeholders representing provider health plan organizations developed a document that provides recommendations on how to improve linkage and integration between behavioral health and primary care.

- Work, under the direction of Senate Bill 267, continues on the Evidence Based Practices (EBP) for mental health and chemical dependency treatment services. As of June, the group had been defining an evidence continuum and levels along that continuum that can be considered benchmarks. Six have been identified. OMHAS is proposing that the first three levels (I – III) of evidence describe practices meeting the necessary scientific rigor to be defined as an evidence–based practice.

- Invitations were issued to interested parties for participants in a workgroup to develop processes for the adoption and implementation of EBPs for mental health, substance abuse and problem gambling prevention and treatment services.

- Pharmacy Management Project staff sent out an informational letter to prescribers of psychotropic medications written within the last year. The letter provided profiles and recommendations for alternatives.

- CMS approved a State Plan Amendment to implement a targeted case management benefit for Medicaid eligibles who do not have an outpatient mental health or chemical dependency treatment benefit.

- OMHAS and the Governor's Commission on Senior Services, in coordination with local community providers, are sponsoring a conference on older adult mental health services. The conference, *Recovery for Older Adults: Evidence-based Practices in Geriatric Mental Health*, will be held on September 22.

Benefit Package

- MHO Risk Adjustment – PricewaterhouseCoopers (PwC) discussed the proposed model for Mental Health Organization (MHO) capitation rate risk

adjusters. OMHAS requested that PwC provide data using the different risk models to assess the effect on each MHOs. Further refinements and adjustments to the model are continuing. Implementation of the risk adjuster is planned for October 1, 2004.

- Children's System of Care Initiative – OMHAS continues to work with the stakeholder workgroup on the development of financing strategies, administrative rule changes and contractual language for a January 2005 implementation date to integrate children's intensive treatment services under managed care contracts.

Monitoring and Evaluation

- OMHAS completed the site visit for Jefferson Behavioral Health MHO, September 29-30, 2003. The Site Review Report is included. (Attachment 8)

- OMHAS completed the site visit for Tuality Health Alliance MHO, April 21-22, 2004. The Site Review Report is included. (Attachment 9)

- OMHAS completed the site visit for Family Care MHO, June 22 –23, 2004. The Site Review Report is in progress.

- MHOs submitted recommendations to OMHAS for improvement of the MHO site review process. The inclusion of peer site reviewers is one of the recommendations.

- Consistent with the Medicaid managed care rules promulgated under the Balanced Budget Act, OMHAS contracted with Oregon Medical Professional Review Organization (OMPRO) to perform an external quality review of the MHOs.

Training and Activities

- The Best Environments Supporting Success & Treatment (BESST) Conference was held June 17-18, 2004, in Oregon City. The BESST program was created to reduce the numbers and risks associated with physically restraining and secluding children. Persons trained last year shared their accomplishments and challenges and opened the dialogue to hospitals, day treatment programs and

others who want more information on the BESST model. Presenters included program treatment staff, family members and national recognized persons in this field.

- OMHAS Real Choice Systems Change Grant in cooperation with Oregon Health Sciences University (OHSU) Center on Self-Determination hosted a two-day conference, June 3-4, 2004, on evidence based practices. Over 200 treatment professionals, administrators, consumer/survivors and family members attended the conference.

Family Health Insurance Assistance Program

Administrative Operations/Policy Issues

- The Family Health Insurance Assistance Program (FHIAP) continued work with the Insurance Pool Governing Board's Small Business Plans program. One of the these plans, the Children's Group Plan, meets the FHIAP benchmark and has become a keystone of the Governor's efforts to cover uninsured children. FHIAP will work with that program to help lower-income parents afford the premium associated with the Children's Group Plan. These plans will be offered across the state starting in early 2005.

- FHIAP continued collaboration with DHS programs with regards to coordination of program policies where applicable; and transfer of OHP Standard clients who have employer-sponsored insurance available to FHIAP. Staff continued to work at getting enhanced access to a variety of DHS data screens.

- Phone call volume for the quarter averaged approximately 1,100 per week. This mirrors the average of 1,100 calls received the previous quarter.

- FHIAP continued marketing efforts across the state with face-to-face meetings with employers, agents and other stakeholders. FHIAP staff made over 25 presentations during the quarter across the state. The cities visited include: Baker City, Beaverton, Burns, Clackamas, Enterprise, Forest Grove, Hermiston,

Hillsboro, John Day, La Grande, Medford, Pendleton, Portland, Salem, Silverton, and Warm Springs.

- FHIAP staff developed and distributed a promotional flyer for *Covering the Uninsured Week* in May.

- FHIAP staff developed legislative concepts which remove or revise obsolete or unclear references within the FHIAP statutes.

FHIAP Enrollment

FHIAP Enrollment April – June 2004		
Total enrollment on June 30, 2004		**6,385**
New Group enrollments	520	
New Individual enrollments	263	
Total new enrollments	**783**	
Disenrollment due to non-payment of premium		**57**

Ever-enrolled FHIAP

The following table shows numbers of persons, by category, who were enrolled in FHIAP at any time during the quarter.

Ever-enrolled Persons on FHIAP April – June 2004		
Population	**Total # of Persons**	
	Title 19	**Title 21**
Children	1,389	1,002
Childless Adults	517	852
Parents/Caretaker	696	2,260
Totals	**2,602**	**4,114**

OHP Eligibles and Enrollment

OHP Eligibles and Managed Care Enrollment April – June 2004			
Month	**OHP Eligibles**	**MCO Enrollment**	**MHO Enrollment**
April	369,654	263,977 (71%)*	287,630 (67%)
May	372,409	260,660 (70%)*	289,757 (68%)
June	378,939	266,512 (70%)*	292,550 (69%)
Qtr Average	**373,667**	**263,716 (71%)***	**289,979 (68%)**

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

Ever-enrolled OHP

The following table shows numbers of persons, by category, who were enrolled in the OHP at any time during the quarter.

Ever-enrolled Persons on OHP April – June 2004*			
Population		**Total # of persons**	
Expansion	Title 19; OHP Standard	OHP Parents	21,348
		OHP Childless Adults	46,282
	Title 19; OHP Plus	PLM Children FPL > 170%	355
		Pregnant Women FPL > 170%	434
	Title 21; OHP Plus	SCHIP FPL > 170%	2,431
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	10,130
	Title 21; OHP Plus	SCHIP FPL < 170%	20,654
Mandatory	Title 19; OHP Plus	Other OHP Plus	326,897
FHIAP Enrollees			6,716
Quarter Totals			**435,247**

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

Fully Capitated Health Plans

Effective in April 2004

- Providence Health Assurance in Clackamas, Washington, Multnomah, and Yamhill Counties will no longer provide service for members of the OHP Standard population. OHP Standard members were changed to fee-for-service.

- Providence Health Assurance reopened to new enrollment in Multnomah, Washington, and Yamhill County for OHP Plus population only.

Effective in June 2004

- Providence Health Assurance opened to new enrollment in Clackamas County.

Dental Plans

Effective in April 2004

- Capitol Dental closed to new enrollment in Umatilla, Union and Morrow Counties with a thirty-day re-enrollment.

Effective in June 2004

- Capitol Dental Care in Hood River and Wasco Counties reopened to new enrollment.

- Northwest Dental Services in Sherman County reopened to new enrollment.

- ODS Community Health closed to new enrollment with a thirty-day re-enrollment period in Jackson, Josephine, Malheur, Clackamas, Multnomah and Washington Counties.

Managed Care Activities

The Delivery Systems Unit coordinates the monthly meetings of the prepaid health plans (PHPs) CEOs and plan contacts. These meetings include FCHPs, DCOs,

MHOs and the Chemical Dependency Organization (CDO). Areas of focus during the second quarter 2004 included:

April 2004

- OMAP shared the report from PwC with the managed care plans and requested the plans review the per capita rates to be used in the process of developing cost estimates for the 2005-2007 biennium.

- OMAP continues to facilitate meetings with stakeholders and community providers to coordinate implementation and discuss payment methodologies in accordance with House Bill 3624, Section 12, regarding Non-Contracted DRG Hospital Reimbursement Rates.

- CMS verbally approved the managed care provider tax. OMAP sent new rates, effective May 1, 2004, to the managed care plans.

- OMAP sent the managed care plans the 2004 final Bucket Book which covers encounter data from July 1, 2002, through June 30, 2003.

May 2004

- The Managed Care Provider Tax took effect May 1, 2004, in accordance with House Bill 2747. The tax is 5.8 percent of the capitation rate.

- As a result of the *Spry* lawsuit decision, DHS notified providers to discontinue charging copayments for services to the OHP Standard population. This change took effect June 19, 2004.

- DHS closed enrollment for the OHP Standard benefit package on July 1, 2004.

- OMAP sent the managed care plans details of the proposed redefined OHP Standard benefit package.

- As directed by HB 3624, Section 14 (1)(b), OMAP submitted their Administrative Simplification report to the Oregon Joint Legislative Audit Committee.

June 2004

- OMAP received verbal approval from CMS for the following:
  - The 3-line movement on the Prioritized List of Health Services from 549 to line 548,
  - The reconfiguration of the OHP Standard benefit package, and
  - Use of a Physician Care Organization (PCO) model of managed care in the OHP.

- Managed care plans advised OMAP where they would serve OHP Standard clients in their service areas.

- OMAP staff worked on the first phase of implementation of an Electronic Funds Transfer process for the MCOs' capitation payments.

Regional Meetings

April 2004

Linn, Benton, Marion, Polk, Yamhill, Columbia, Lane, Clatsop, Tillamook, Douglas, Josephine, Jackson, Klamath and Lake Counties.

May 2004

Clackamas, Multnomah, Hood River, Wasco, Gilliam, Sherman, Umatilla, Morrow, Baker, Malheur, Washington, Lincoln, Grant, Harney, Wheeler, Crook, Jefferson, and Deschutes Counties.

June 2004

Curry, Coos and Douglas Counties.

OHP Monthly Premium Billing and Payment

OHP Monthly Premium Billing and Payments April – June 2004						
Month	**Households**	**Current Billed**	**Total Billed**	**Current Receipt**	**Total Receipt**	**% of Total**
April	44,270	$475,180	$574,360	$347,327	$506,712	88%
May	45,618	$489,291	$567,795	$366,517	$559,842	99%
June	46,460	$516,697	$593,562	$385,331	$593,367	100%
Totals	**136,348**	**$1,481,168**	**$1,735,717**	**$1,099,175**	**$1,659,921**	**96%**

Approved Premium Waivers (Past Premiums – Billed Prior to Feb 2003) April – June 2004			
Waiver Type	**April**	**May**	**June**
Zero Income	339	349	318
Case Discrepancy	704	617	693
Crime Victim	0	0	0
Domestic Violence	51	24	38
Homeless	129	99	92
Natural Disaster	7	6	8
Death in Family	0	1	2
Totals	**1230**	**1096**	**1151**

Denied Premium Waivers April – June 2004	
April	23
May	10
June	8
Totals	**41**

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:

- Staff implemented the communications plan for advising clients, providers and internal staff of the many upcoming changes to the OHP. This involved developing, writing and distributing notices about copayments, prior

authorization centralization, the closure to new enrollment of the OHP Standard benefit package, changes to the Prioritized List of Health Services, and the reconfiguration of the OHP Standard benefit package.

- Communications staff 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/

  Staff responsible for administrative rule filings also worked on streamlining processes including writing procedure manuals, developing timelines, calendars, and organizing electronic files and the Web site.
- Staff continued work on refining distribution lists and processes, including refining the administrative rules "interested parties" list and updating the stakeholder list for budget development. OMAP contacted stakeholders to request input on the budget development process and staff compiled comments for internal review.
- Communications staff will be coordinating the legislative process for OMAP for the upcoming session. Staff continued work on the agency budget narrative, developing legislative concepts, statutory language, policy packages, and reduction packages for the 2005-2007 legislative session.
- Staff also spent time troubleshooting problems and facilitating solutions for OMAP's email distribution system and shared network drives.
- Communications staff attended training in Web site applications, facilitating successful meetings and desktop publishing software.
- Communications staff reviewed the DHS Web site for obsolete or incorrect references as a result of the many changes to the OHP and made corrections as necessary.
- Training staff attended a class on doing ergonomic assessments and will be available to internal OMAP staff for assessment of their workstations. The also provided one-on-one training sessions for internal employees on basic Medicaid Management Information System (MMIS) and held several new employee trainings.
- Training staff continued assisting the Medical Unit during their transition to the new centralized prior authorization process.

Telecommunications and Applications

Telecommunications and Application Center Activity April – June 2004			
	Telecommunications	Application Center	Mailroom
Calls received	35,222	40,539	
Calls answered	32,394	39,578	
Call abandoned	2,828	961	
Transferred to Central Office	32.2%	10.9%	
Avg. calls/agent mo.	2,996	2,536	
Hospital holds		3,995	
Applications requested			31,790
Re-determinations mailed			35,517

Client Advisory Services Unit

During the quarter, the Client Advisory Services Unit (CASU) call center received 13,401 calls from clients or their representatives about their medical assistance programs. This represents a 2.6% decrease over the 13,747 calls taken the previous quarter. The following table shows the distribution of these calls by type of issue or concern.

CASU Call Center Activity by Type of Call April – June 2004	
Medical Services	3,157
Pharmacy Services	1,533
Dental Services	1,000
Mental Health/Addiction Services	214
Client Medical Bills	1,893
Copayments	529
Premiums	435
Certificate of Creditable Coverage	240
Pharmacy Lock-In Change	379
Certificate of Non-Eligibility	190
Client Materials Request	214
Adoption Case Plan Change	58
Eligibility Questions	2,070
General Questions or Concerns	1,489
Totals	**13,401**

Outreach Activities

Outreach staff worked on the Oregon Community Health Information Network (OCHIN) contract and finished the Progress Board contract for the Population Survey. Staff also participated in the Forecasting Committee, the Universal Application workgroup and the Medicaid Cross Functional Team.

Staff sent out over 150 modified contracts to outreach facilities to clarify the facilities' obligation.

Technical Systems and Encounter Data

HIPAA

- Electronic Data Interchange (EDI) Testing - DHS continues to make progress towards compliance as providers are submitting claims in the HIPAA 837 format for testing and processing.

- Trading Partner Agreement (TPA) compliance - DHS established TPA forms that all providers must complete who wish to submit claims electronically. DHS is at approximately 95% completion for providers identified as submitting claims electronically.

- TPA Change form - DHS created a 'Change Form' that identifies the specific area of the TPA that must be modified depending on the type of change.

- DHS continues to meet internally on a bi-weekly basis with the HIPAA Project Office to review status on implementation of transactions and compliance.

- Outreach - DHS will be hiring additional staff in September to begin statewide outreach for HIPAA compliance.

- DHS is working closely with the PHPs to ensure a smooth transition to the HIPAA compliant 837, 835, 834, and 820 transactions.

- Monthly Transaction and Codes Sets meetings continue between DHS and EDI Trading Partners.

- DHS sends out a monthly newsletter via email with updates to Companion Guides, recent business decisions and DHS status on implementation.

Systems

- Sixty-one new service requests written.
- One hundred-sixty service requests completed or withdrawn.
- Nineteen Help-Desk issues.

Encounter Data Validation

- DHS is completing the system technical programming work to enable the MMIS to facilitate Electronic Funds Transfer capabilities for the PHPs.

- The PHP quarterly reports have been redesigned with an "at a glance" format. This should assist those receiving the reports to more readily discern the status of their encounter submissions.

- DHS has completed the technical system programming work to accept and process encounter pharmacy drug data electronically in the National Council for Prescription Drug Programs (NCPDP) format. PHPs providing medical and inpatient services began submitting pharmacy drug data electronically in this format.