



**Oregon
Health
Plan
Medicaid
Demonstration
Project**



**Quarterly Report
July — September 2004**

Table of Contents

Third quarter highlights	1
Administrative Operations	3
OMAP Program and Policy Activities.....	3
Benefit RN Hotline	4
Medical Director’s Office	4
OHP Hearings.....	5
Quality Improvement, Evaluation and Monitoring	6
Managed Care Review	6
Quality and Performance Improvement Workgroup.....	7
Disenrollment and Complaint Reports	8
Medicaid Audit	8
Health Services Commission	9
Office of Mental Health and Addiction Services	10
Policy and Planning Decisions	10
Benefit Package.....	11
Monitoring and Evaluation.....	11
Training and Activities	12
Family Health Insurance Assistance Program	13
Administrative Operations/Policy Issues.....	13
FHIAP Enrollment	13
Ever-enrolled FHIAP	14
OHP Eligibles and Enrollment	14
Ever-enrolled OHP	15
Fully Capitated Health Plans	15
Dental Plans	15
Managed Care Activities.....	16
Regional Meetings.....	18
OHP Monthly Premium Billing and Payment	18
Client, Applicant, and Provider Information	19
Communications and Training.....	19
Outreach Activities.....	20
Telecommunications and Applications	21
Client Advisory Services Unit	21
Technical Systems and Encounter Data	22
Enhancements	22
Fee-for-Service/Encounter Data Validation	22
HIPAA	22
Systems	24

Tables

1. OHP Hearings Statistics.....	5
2. FHIAP Enrollment	13
3. Ever-enrolled FHIAP	14
4. OHP Eligibles and Managed Care Enrollment	14
5. Ever-enrolled OHP	15
6. OHP Monthly Premium Billing and Payments	18
7. Premium Waivers and Denials.....	18
8. Telecommunications and Applications Center	21
9. Client Advisory Services Call Center Activity.....	21

Attachments*

1. OHP Quality and Performance Improvement Workgroup Meeting Agenda and Minutes — July 2004
2. OHP Quality and Performance Improvement Workgroup Meeting Agenda and Minutes — September 2004
3. Disenrollment Reports — Third Quarter 2004
4. Managed Care Plans Complaints and Grievances Report — Second Quarter 2004
5. OMHAS Site Review Report — FamilyCare, Inc. MHO
6. OMHAS Site Review Report — Washington County Department of Health and Human Services MHO
7. OMPRO Quarterly Report to OMHAS
8. MHO Complaint Log — First Quarter 2004
9. OHP Client Handbook

** 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.*

Third 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.
- ◆ Oregon Health Plan (OHP) Benefit RN Hotline averaged 1,265 calls per month.
- ◆ Medical Directors reviewed the Adult and Child Medicaid Member Satisfaction Survey from 2003.
- ◆ The Quality and Performance Improvement (QPI) Workgroup focused on Dental Care Organizations (DCO) and asthma performance measures, the Oregon Quit Line initiative and tobacco cessation data.
- ◆ Medicaid Audit had the Surveillance and Utilization Review System (SURS) contractor onsite during the quarter providing hands-on consultation for staff.
- ◆ The Health Services Commission (HSC) approved the recommendations of its subcommittee for technical changes to the Prioritized List of Health Services.
- ◆ The Office of Mental Health and Addiction Services (OMHAS) distributed funding among seven projects selected for participation in the Oregon Children's Plan.
- ◆ Family Health Insurance Assistance Program (FHIAP) has provided training on the program to over 200 DHS employees in branch offices throughout the state.
- ◆ Delivery Systems staff manually enrolled approximately 50,000 OHP Standard clients into managed dental care during the quarter.
- ◆ Communications staff are participating in a pilot project, GovDocs, intended to improve access to updated program information for partners and the public.
- ◆ Outreach staff are piloting an outreach project designed to increase enrollment of uninsured children into the OHP.
- ◆ The OHP Telecommunications and Application Center sent out over 56,000 applications during the quarter.

- ◆ Client Advisory Services Unit call center received a total of 14,075 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.
- ◆ OMAP has implemented electronic funds transfer for direct deposits of payments to the managed care plans.

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.
- 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
- Oregon Association of Hospitals and Health Systems
- Diversity and health disparities issues

Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,265 calls per month during the third quarter 2004. Greater than 95% of the calls continued to be from practitioners, with 91% 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 third quarter 2004 include:

- The Medical Directors were updated on the limited hospital benefit development and implementation for the OHP expansion population. The limited benefit was implemented August 1, 2004, with an additional change September 1, 2004, which reflected a broader interpretation of the benefit.
- The Medical Directors received an overview of the 2003 Consumer Assessment of Health Plans Survey (CAHPS) Adult and Child Medicaid Member Satisfaction Survey. Survey questions were reviewed and response trends discussed. The overall response rate to the survey was 62.5%.
- The Medical Directors viewed a presentation on the benefits of Telemedicine, including the economic development, quality of life perspective, patient and provider perspective, and challenges to successful implementation and integration into existing health structures and processes.

- The Medical Directors were updated on anticipated changes to the OHP including potential changes to the benefit packages, possible reductions to other DHS programs, potential revenue resources, federal waiver requirements, Prioritized List changes and possible implementation 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.
- The Medical Directors viewed a presentation on Asthma Friendly Schools, an asthma disease program recently conducted in rural Oregon. The program sought to identify students with a high probability of active asthma and related allergic respiratory disease. Identified barriers to preventive care were reduced and students were transitioned into long- term preventive care. The school clinic served as a central resource for the families and worked closely with the child's primary care physician in establishing a community standard.

OHP Hearings

Managed Care and Fee-for-Service Hearings July – September 2004		
	Managed Care	Fee-for-Service
Requests Received	80	99
Hearings Held	39	23
Hearings Pending	53	33
Claimant Withdrew	20	22
Plan/Agency Withdrew	23	36
No Show	5	4
Decision Affirmed	31	19
Decision Reversed	2	1
Dismissed (Timeliness)	2	2
Not Hearable Issue	17	21
Below the Line	25	18

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 reports have been issued as attachments with previous quarterly reports.

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 based on the Clinical Practice Summary that are areas determined to be high cost, high prevalence, and foci for potential quality improvement intervention. The topics are Emergency Department (ED) utilization, Access to Care, Diabetes and Cardiovascular Care. The fifth area will be chosen at a later date. Each Rapid Cycle Process results in a written Comparative Assessment Report. Using Agency for Healthcare Research and Quality (AHRQ) Algorithm for Classifying Emergency Department Utilization visits were classified as either: 1) non-emergent, 2) emergent and not preventable or avoidable, 3) emergent and primary care preventable, or 4) emergent and primary care treatable. Outliers in each of the categories were reviewed. The top ICD 9 codes for the preventable visits were identified. The plan level reports on ED utilization and data accuracy have been presented along with an aggregate of the performance measure, Access to Care.
- Task 2: Is an assessment of the state's Quality Improvement (QI) program and the activities of the managed care plans. The task is complex yet has already resulted in increased collaboration and clarification of the roles of the External Quality Review Organization (EQRO) and the state QI processes.
- Task 3: The 2004 Consumer Assessment of Health Plan Survey (CAHPS) report and data was disseminated to CMS and the managed care plans. The 2004 CAHPS report included an over-sample by Race and Ethnicity and 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 managed care plans, and assisted in evaluations of access, quality, provider communication and health status. In collaboration with the local medical association, the state and EQRO are conducting 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 survey was fielded in September.

The state and three managed care plans (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. Results indicate an improvement for African-Americans receiving annual lab tests for diabetes.

Quality and Performance Improvement Workgroup

The QPI Workgroup met twice 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 1 and 2) for specific details of each meeting this quarter.

- July's meeting included presentations and discussion on asthma and immunization performance measures, asthma technical assistance site visits to each FCHP, and tobacco cessation/asthma consumer and provider flyers. The September Statewide QI Workshop was targeted to focus on asthma and plans for the agenda and speakers were finalized. The OMAP (internal) Review Tool was also discussed as a tool for OMAP review staff to facilitate consistency of reviews and provide an instrument for giving feedback and guidance to plans to assist them in future evaluations. As a performance improvement project, Early Childhood Cavities Prevention activities were also reviewed and discussed. Other agenda items of interest included: Appendix Z of the CMS EQRO protocols, complaint and appeals documentation, pocket

drug guide, new disparities initiative, and the Oregon Quit Line Nicotine Replacement Therapy (NRT) Initiative.

- There was no QPI meeting scheduled in August.
- In September the focus was on the DCO and asthma performance measures, the Oregon Quit Line NRT Initiative, tobacco cessation data, and EQRO compliance protocol.

Disenrollment and Complaint Reports

Disenrollment reports for FCHPs, DCOs and the CDO for third quarter 2004 are included with this report. (Attachment 3)

The Managed Care Plans Complaints and Grievances Report attached contains data from the second 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 4)

Medicaid Audit

Medicaid Audit collected approximately \$25,000 in identified overpayments during the quarter. Staff finalized 23 audits and made two referrals to the Medicaid Fraud Control Unit.

Affiliated Computer Services (ACS), the Surveillance and Utilization Review System (SURS) contactor was onsite during the quarter assisting staff with the use of the SURS system. ACS is providing hands-on consultation. This process will enable Medicaid Audit to increase productivity, as well as overall recovery of Medicaid overpayments, by enabling SURS users to more easily identify areas of fraud and abuse.

Audit staff continue to focus on program integrity and DHS continues work on identifying ways of preventing and detecting improper payments. A full plan should be developed in the next quarter.

Health Services Commission

The **Health Services Commission** (HSC) held one meeting during the quarter. They approved a number of technical changes to the Prioritized List recommended by the Health Outcomes Subcommittee (see below) to go into effect no sooner than April 1, 2005.

The HSC heard a presentation from Mercer Human Resource Consulting (Mercer), on their draft report to establish benchmark rates for the Oregon Health Plan (OHP). One of five methods was used to establish the benchmarks, depending on the availability of cost data for each of the nine categories of service being analyzed. When comparing the cost benchmarks to historical reimbursements for the 2001-03 biennium, most categories see payments near 70 percent of cost. Exceptions included DME (101%) and inpatient mental health services (45%). No true cost benchmark could be developed for prescription drugs because of the absolute lack of information available on the true acquisition costs. Instead, the historical reimbursement rates will act as a benchmark to compare the State's ability to control costs in this area in the future. Examples of measures used to ensure more appropriate utilization levels by other states are provided in the report. The Commission provided additional comments and a final report incorporating them will be reviewed for final approval in November.

The HSC discussed how the recent focus on evidence-based research and cost-effectiveness can be integrated with the methodology used to rank health services for the first Prioritized List implemented in 1994. The Commission is developing a decision tree to represent the process for using information in the consideration of future modifications of the List.

The **Health Outcomes Subcommittee** held one meeting during the quarter. They formulated recommendations on a number of technical changes to the Prioritized List along with a modification to their erythropoietin guideline. The most significant change recommended was the movement of composite dental fillings from Line 700 to Line 507. This would include an accompanying guideline specifying that the composite fillings would only be reimbursed at the same rate as amalgam fillings. The Subcommittee also developed recommendations on various fetal surgeries after soliciting input from a number of national experts on the subject.

The **HSC Actuarial Advisory Committee** held one meeting during the quarter. Mercer presented their draft report on OHP cost benchmarks and the committee provided their final comments prior to finalization of the report.

Office of Mental Health and Addiction Services

Policy and Planning Decisions

- Oregon Children's Plan - In 2003, the Legislature allocated \$2,000,000 for the Oregon Children's Plan to focus on children at risk for developing mental health or drug and alcohol problems. Office of Mental Health and Addiction Services (OMHAS) distributed funding among seven projects that were selected through a competitive process between July 1 and September 30. Every project site was visited and formatting for future quarterly reporting was reviewed.
- Youth Suicide Prevention - OMHAS is attempting to obtain special appropriations for work on Youth Suicide Prevention and is also seeking in-kind contributions as training dollars for state level work in this prevention effort.
- Staff continue work on Evidenced Base Practices (EBP) under the direction of SB 267. OMHAS distributed a Final EBP Continuum (operational definition) in July which was also placed on the OMHAS website. A Budget Estimate Survey, to establish baseline information from programs that have implemented EBPs, was sent out in August. Staff tallied results of the surveys for inclusion in a report to the Legislature.
- The Governor's Mental Health Task Force Final Report, published September 2004, identified ten priority items for the Governor, the Legislature and state agencies in 2005-07. These priority areas focus on system improvement and improving communication and coordination between the State and community providers of mental health services, including the criminal justice system.
- OMHAS distributed six policy statements that describe a course of action for the integration of the full array of children's intensive treatment mental health services into managed care. Policy areas include: level of service intensity determination, system structure and functions, meaningful family involvement, cultural competency, outcomes and financing. OMHAS is sponsoring a children's mental health summit in October to raise awareness of many of the

issues raised regarding the OMHAS policy statements and begin to provide technical assistance and workforce development.

Benefit Package

- Tuality Health Alliance (THA) Mental Health Organization elected not to renew their contract for mental health services and the contract terminated September 30, 2004. THA members were enrolled into Washington County Mental Health Organization (MHO) on November 1, 2004. THA continues to operate as a Fully Capitated Health Plan (FCHP).
- Washington County Mental Health Organization terminated their sub-contractual relationship for administrative services with Providence Behavioral Health on September 30, 2004.
- An MHO Agreement amendment was implemented August 1, 2004, to incorporate the requirements of the Federal Medicaid Managed Care rules.
- Discussions continue on risk adjustors for use in the development of the MHO capitation rates. Discussions are particularly centered around diagnostic distribution within the eligibility categories.
- OMHAS is in the process of development of 05-07 MHO capitation rates for 2005/2007. The encounter data used for those calculations has been sent to PriceWaterhouseCoopers and is being validated.

Monitoring and Evaluation

- Since July 2004, the OMHAS Quality Assurance Team conducted Community mental health program site reviews at Wallowa Community Mental Health Program and Mid-Columbia Center for Living (Hood River, Wasco, Gilliam, and Sherman Counties). Both of these programs will be approved for recertification.
- The site review conducted recently for Tillamook Community Mental Health combined the OMHAS Addictions and Mental Health teams to complete the review for recertification of both service elements together. This combined site review process is planned for future recertification with Community Mental Health Programs (CMHP) that directly provide both alcohol and drug and mental health services. This combined review process will improve the coordination of OMHAS quality assurance activities.

- Final Site Review Reports are included for FamilyCare MHO and Washington County Department of Health and Human Services MHO. (Attachments 5 and 6).
- OMPRO issued its Quarterly Report to OMHAS. (Attachment 7).
- The MHO Complaint Log for First Quarter 2004 is included with this report. (Attachment 8)

Training and Activities

- The MHO Code Workgroup created a document to assist MHOs in consistent application of the CPT and HCPCS codes that were implemented in October 2003. The document was submitted to OMHAS with a recommendation that it be used as a technical assistance tool for all providers. In addition, the workgroup proposed that four new codes be made available for submission of encounter data. These recommendations will be reviewed by OMHAS and any approved changes will be submitted to the Health Services Commission for possible inclusion on the Prioritized List.
- Within this quarter, the Quality Assurance and Certification Team have provided training for Commitment Investigators and Examiners. Staff provided training in La Grande July 26-27 and Pendleton September 28-29. Medical staff at Eastern Oregon Psychiatric Center in Pendleton received in-service training regarding civil commitment issues on September 27.
- In 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$2.25 million for a project to address the primary goals identified by the Center for Substance Abuse Prevention: (1) to enhance state prevention data infrastructure capacity; and (2) to address gaps in prevention and early intervention programs and services to meet the needs of the 0-6 population. Between July 1 and Sept 30, six community trainings were developed and presented with the specific focus on *Starting Early Starting Smart*. Attendance at the trainings was mandatory for each community that submitted a proposal in response to the Request for Proposals. Sixteen communities submitted proposals. Under a SAMHSA grant for Expanded Emergency Response Capacity, OMHAS developed a strategy for increasing the number of persons in Oregon trained to provide behavioral health intervention in the wake of large-scale emergencies. The Recovery Phase Behavioral Health Intervention course was conducted in a train-the-trainer format in Salem August 23-25.

Family Health Insurance Assistance Program

Administrative Operations/Policy Issues

- The Family Health Insurance Assistance Program (FHIAP) continued collaboration with DHS programs with regards to coordination of program policies where applicable, and transfer of OHP Standard clients who have access to employer-sponsored insurance to FHIAP.
- FHIAP has trained approximately 220 DHS employees in branch offices throughout the state. Cities visited include Albany, Bend, Dallas, Eugene, Grants Pass, Hood River, McMinnville, Portland, Prineville, Salem, and Sisters.
- FHIAP continued marketing and outreach efforts across the state in meetings with employers, agents, and other stakeholders.
- FHIAP staff continued to revise the administrative rules for the program, which will clarify eligibility requirements. The rules will be filed with the Secretary of State and become effective next quarter.
- FHIAP staff also continued to revise legislative concepts, which remove obsolete references and revise unclear language within the FHIAP statutes.
- Phone call volume for the quarter averaged approximately 1,470 per week. This is an increase of 370 phone calls per week over the past two quarters.

FHIAP Enrollment

FHIAP Enrollment July – September 2004		
Total enrollment on Sept 30, 2004		6,550
New Group enrollments	386	
New Individual enrollments	423	
Total new enrollments	809	
Disenrollment due to non-payment of premium		98

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 July – September 2004		
Population	Total # of Persons	
	Title 19	Title 21
Children	1,404	1,103
Childless Adults	664	996
Parents/Caretaker	469	2,449
Totals	2,537	4,548

OHP Eligibles and Enrollment

OHP Eligibles and Managed Care Enrollment July – September 2004			
Month	OHP Eligibles	MCO Enrollment	MHO Enrollment
July	359,524	271,051	295,537
August	387,278	291,984	348,527
September	378,939	290,903	347,442
Qtr Average	375,247	284,646	330,502

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 July – September 2004*			
Population		Total # of persons	
Expansion	Title 19; OHP Standard	OHP Parents	17,055
		OHP Childless Adults	44,493
	Title 19; OHP Plus	PLM Children FPL > 170%	383
		Pregnant Women FPL > 170%	443
	Title 21; OHP Plus	SCHIP FPL > 170%	2,701
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	9,936
	Title 21; OHP Plus	SCHIP FPL < 170%	21,924
Mandatory	Title 19; OHP Plus	Other OHP Plus	332,977
FHIAP Enrollees			7,085
Quarter Totals			436,997

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

Fully Capitated Health Plans

Effective in July 2004

- Family Care reopened to new enrollment in Washington County.
- Providence closed to new enrollment in Clackamas County with a 30-day re-enrollment period.

Dental Plans

Effective in August 2004

- ODS Community Health opened for new enrollment in all counties.
- Willamette Dental Group opened for new enrollment in Tillamook and Douglas counties.

- Willamette Dental Group closed to new enrollment in Marion and Polk counties with a 30-day re-enrollment period.

Effective in September 2004

- Capitol Dental Care closed to new enrollment in Lincoln and Jackson counties with a 30-day re-enrollment period.

Managed Care Activities

The Delivery Systems Unit (DSU) 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 third quarter 2004 included:

July 2004

- CMS notified OMAP during their review of the August 1, 2004, FCHP, CDO and DCO contract amendments concern over language surrounding 42CFR 438.60. This is a federal regulation that prohibits (with exceptions) payments above the capitated rate and also prohibits payments to providers of capitated services other than FCHPs, DCOs, MHOs or CDOs.
- CMS approved the waiver amendment for the 3-line movement on the Prioritized List, OHP Standard changes and our request to establish a Physician Care Organization (PCO) delivery system. CMS also approved the expansion of CHIP and FHIAP to 200%.

August 2004

- Staff completed the annual audit of the Hysterectomy and Sterilization consent forms for the period of October 1, 2002, through September 30, 2003.
- Staff manually enrolled 50,000 OHP Standard clients into managed care dental plans.
- PricewaterhouseCoopers shared the Chronic Disease and Disability Payment System (CDPS) raw scores with the FCHPs. This methodology was used in applying risk adjustment to the Fiscal Year 2005 for OHP Standard capitation rates using available data.

- DSU sent OHP clients and the prepaid health plans the limited emergency OHP Standard Dental benefit details.
- CMS approved the hospital provider tax and the State Plan amendment that changed the fee-for-service reimbursement method for DRG hospitals.
- Staff continued work on development of the Physician Care Organization (PCO) contract.
- DSU shared a draft review of the OHP Client Handbook with the prepaid health plans. This handbook revision includes the OHP Standard benefit package changes.

September 2004

- CMS performed an on-site visit review of OMAP. The focus was on enrollee rights and protections (42CFR 438.100).
- The Managed Care Provider Tax became effective May 1, 2004, following direction of HB 2747. OMAP sent worksheets and forms to the prepaid health plans to record their tax information for the second quarter of 2004 with a due date of September 13, 2004.
- DSU staff worked on Phase I of the process to implement Electronic Funds Transfer for the prepaid health plans capitation payments.
- PricewaterhouseCoopers shared the managed care 2005-07 per capita cost exhibits with OMAP and the prepaid health plans for a final opportunity for input. These exhibits will be used for development of the Governor's Balanced Budget
- DSU shared the Oregon Health Policy Commission Community Forum schedules with the prepaid health plans and encouraged their attendance. These forums were held around the state during the month of September in an effort to improve the health of Oregon citizens.
- DSU shared the technical changes to the Prioritized List of Health Care Services, to become effective October 1, 2004, with the prepaid health plans. This list was reviewed by PricewaterhouseCoopers and approved by CMS.

Regional Meetings

September 2004

Regional meetings were held in Linn, Benton, Marion, Polk, Yamhill, Washington, Multnomah, Curry, Coos, Lincoln, Lane, Clackamas, Columbia, Clatsop and Tillamook Counties.

OHP Monthly Premium Billing and Payment

OHP Monthly Premium Billing and Payments July – September 2004						
Month	Households	Current Billed	Total Billed	Current Receipt	Total Receipt	% of Total
July	48,425	\$533,182	\$609,610	\$375,363	\$548,223	90%
Aug	49,969	\$521,421	\$620,622	\$376,647	\$559,011	90%
Sept	47,098	\$488,818	\$560,805	\$363,924	\$534,166	95%
Totals	145,492	\$1,543,421	\$1,791,037	\$1,115,934	\$1,641,400	92%

Approved Premium Waivers (Past Premiums – Billed Prior to Feb 2003) July – September 2004			
Waiver Type	July	Aug	Sept
Zero Income	314	81	22
Case Discrepancy	632	328	164
Crime Victim	4	0	0
Domestic Violence	32	15	10
Homeless	94	31	8
Natural Disaster	5	1	3
Death in Family	0	0	0
Totals	1081	456	207

Denied Premium Waivers July – Sept 2004	
July	7
Aug	9
Sept	0
Totals	16

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 wrote and distributed many communications to clients and providers on a variety of topics including the limited hospital benefit, post-hospital extended care, expanded rural pharmacy dispensing, nutritional supplements, overview on the reconfiguration of the OHP Standard benefit package, electronic fund transfers, coding changes and clarification on the limited dental benefit. Staff also developed and revised client informational materials including Medical ID stuffers on home delivery pharmacy service and the OHP Client Handbook. (Attachment 9)
- 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 worked on preliminary processes, including inventories, archiving and document preparation, for an upcoming migration of the OMAP Web site to a new statewide format.
- Communications staff continued work on coordinating the legislative process for OMAP for the upcoming session.
- Staff also spent time troubleshooting problems related to returned mail, provider data systems and the interface between DHS address files and mail processing.
- Communications staff attended training and will be participating in a pilot project, GovDocs, which will enable partners and the public to receive regular email notifications related to program changes and various other agency

updates. Staff also attended a workshop on “Delivering Culturally Competent Services”.

- Communications staff will be participating in the Steering Committee for the First Pass Initiative and will be instrumental in development of the communications plan for the project.
- Staff are in the process of revising a variety of forms related to the operation of the OHP, including application materials for both OHP and FHIAP.
- Training staff coordinated and facilitated trainings on security, medical screens training and new employee orientation. Staff also facilitated and chaired various committee meetings throughout the quarter including the Learning Leadership Council, Diversity Committee and Safety Committee.
- Training staff continued assisting the Medical Unit during their transition to the centralized prior authorization process.
- Staff wrote, produced, and developed the OMAP Employee Newsletter.
- Training staff also worked on developing surveys and presentations related to the First Pass Initiative.

Outreach Activities

Outreach staff worked primarily on Kid Care, an outreach pilot project designed to bring as many uninsured children into the OHP as possible. The Kid Care pilot is currently operating in Lincoln and Hood River counties with plans to expand statewide in 2005. Staff met with internal and external stakeholders to plan the evaluation stage of the pilot.

Staff also participated in the Forecasting Committee, the Analysis and Evaluation Committee for the Oregon HIV/AIDS Care Coalition and gave a presentation to Oregon MothersCare.

Telecommunications and Applications

Telecommunications and Application Center Activity July - September 2004			
	Telecommunications	Application Center	Mailroom
Calls received	33,280	32,890	
Calls answered	31,535	31,348	
Call abandoned	1,745	1,542	
Transferred to Central Office	32.7%	12.7%	
Avg. calls/agent mo.	2,628	2,438	
Hospital holds		3,270	
Applications requested			25,533
Re-determinations mailed			40,597

Client Advisory Services Unit

During the quarter, the Client Advisory Services Unit (CASU) call center received 14,705 calls from clients or their representatives about their medical assistance programs. This represents a 2.3% increase over the 13,401 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 July – September 2004	
Medical Services	4,286
Pharmacy Services	1,409
Dental Services	1,446
Mental Health/Addiction Services	327
Client Medical Bills	1,695
Copayments	236
Premiums	341
Certificate of Creditable Coverage	268
Pharmacy Lock-In Change	390
Certificate of Non-Eligibility	185
Client Materials Request	176
Adoption Case Plan Change	69
Eligibility Questions	1,422
General Questions or Concerns	1,825
Totals	14,075

Technical Systems and Encounter Data

Enhancements

- OMAP has implemented electronic funds transfer service for direct deposit of payments to the managed care plans. Twenty-eight of the thirty-one managed care plans have enrolled for the payment feature.

Fee-for-Service/Encounter Data Validation

- Staff matched Institutional versus Medical (profees) Maternity from July 1, 2003, to December 31, 2003, for all FCHPs.
- The quarterly reports for the managed care plans now compare previous quarter submissions with current quarter by claim type.
- Staff reported two years of adjudicated claims data on inpatient units for CareOregon.
- Staff produced a weekly fee-for-service claims payment report for DRG hospitals for Provider Tax analysis.

HIPAA

Electronic Data Interchange Registration

- Through continued analysis, HIPAA staff have identified an additional 1,150 Oregon Medicaid electronic submitters, bringing the total to approximately 4,000 electronic data interchange (EDI) claims submitters. With the additional 1,100+ DHS now has approximately 85% registered through the Trading Partner Agreement (TPA) as 837 transaction submitters. DHS has 100% of the managed care plans registered as EDI submitters.

- DHS has two full-time and one 1/4-time staff dedicated to outreach to register the remaining 15% of Oregon electronic submitters not yet registered. They are also responsible for completing quality review checks on all TPAs received.
- The newly developed Change Form has simplified the process for Medicaid providers to update their TPAs. DHS continues the quality review of the TPAs currently on file for potential inaccuracies. As providers gain a better understanding of the Administration Simplification Act known as HIPAA, Oregon DHS receives revisions to approximately 30% of the TPAs already received.
- DHS continues to upgrade the Registration Database for better functionality and reporting.

Testing and production submission of transactions

- DHS has 100% of the providers registered who were invited to participate in the no-cost third party test site for the 837 transactions. 84% are in some stage of testing at this level.
- DHS has 27% of those providers passing third party testing in the business to business phase of testing for the 837 professional fee-for-service transaction and 48% for the 837 institutional fee-for-service. 41% of providers submitting the 837 professional and 3% submitting the 837 institutional fee-for-service are currently in production for claims payment.
- DHS continues to meet monthly with the managed care contractors as well as other interested parties on the status of the implementation of all transactions.
- The DHS HIPAA Project Office has completed the internal and external Joint Application Development (JAD) Sessions for the 820 transaction. The design phase is complete and the development phase is underway.
- The DHS HIPAA Project Office has completed the initial internal and external JAD Sessions for the 270/271 and 276/277 transactions. The design and development phases are now underway.

- The OMAP Business Lead has been designated as a co-manager with the HIPAA Project Office for the new outreach staff for the final implementation of all transactions.
- DHS continues to update and post a Frequently Asked Questions HIPAA document for the Web site.
- The DHS HIPAA Project Office meets routinely with our CMS representative to provide updates and develop additional reporting tools.
- DHS updates Oregon proprietary Companion Guides on a quarterly basis and has released the third quarter updates to the DHS HIPAA Web site.
- Staff continue producing and distributing The HIPAA Monthly Newsletter via email to all of DHS' registered trading partners.

Systems

- 72 new service requests written.
- 107 service requests completed or withdrawn.
- 9 Help-Desk issues resolved.