



**Oregon
Health
Plan
Medicaid
Demonstration
Project**



**Quarterly Report
October — December 2004**

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- 6 – OMHAS Site Review Report – Clackamas County Mental Health Organization (CCMHO) – August 25-26, 2004
- 7 – OMPRO Quarterly Report to OMHAS – Second Quarter – October 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 (503) 947-5081.*

Fourth 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 1,027 calls per month.

Medical Directors reviewed the Report on the One-Year Outcomes for Oregon Tobacco Quitline Interventions.

The Health Services Commission (HSC) approved the recommendations of its subcommittee and added them to the List as interim modifications.

The Office of Mental Health and Addiction Services (OMHAS) began an assessment of cultural competency in the children's mental health system.

Communications staff are participating in a pilot project, GovDocs, intended to improve access to updated program information for partners and the public.

Outreach staff held six various informational meetings with interested outreach groups.

The OHP Telecommunications and Application Center sent out over 62,000 applications during the quarter.

Client Advisory Services Unit call center received a total of 10,953 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 any provider submitting claims in the compliant HIPAA 837 formats.

Administrative Operations

OMAP Program and Policy Activities

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 1,027 calls per month during the fourth quarter of 2004. Greater than 97% of the calls continued to be from practitioners, with 89% 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 Office of Medical Assistance Programs (OMAP) staff, state agencies and external associations and organizations. MDO also coordinates the managed care plan medical directors' monthly meetings.

Areas of focus for the fourth quarter of 2004 include:

Disease Management/Chronic Care Model

Compared delivery by Disease Management Organization versus the provider based model. Comparisons highlighted:

- The degree of effectiveness by model for key elements of provider and member issues
- Community involvement
- Clinical differences/patterns
- Utilization and cost outcomes, and
- Contractual risk arrangements.

ER and Hospital Utilization

Completed a comprehensive report on ER and hospital utilization for OHP Plus and OHP Standard benefit package clients enrolled in a managed care organization (MCO). The report showed:

- ER utilization including visits and billed amounts, and
- Hospital utilization including medical and surgical findings on length of inpatient stay and discharges per member months.

Governor's Workgroup

The Governor's Workgroup was created and began identifying critical issues that will affect the future of the OHP as well as developing recommendations intending to resolve the issues. The Workgroup:

- Outlined steps needed to create a sustainable future for the OHP
- Recommended the State consider:
 - ◆ Investment strategies that focus on improving access, and
 - ◆ Investments in the health care safety net
- Identified investments to be developed at a later time

Anticipated changes to OHP

Looked at the following anticipated changes to OHP regarding:

- Benefit package changes
- Reductions to other DHS programs
- Revenue resources
- Federal waiver requirements
- OHP Prioritized List changes and implementation dates

One-Year Outcomes for Oregon Tobacco Quitline Interventions Report

Objectives of the study were to provide credible data to assess the cost and effectiveness of three levels of counseling offered with or without the inclusion of free nicotine patches (NRT). Overall findings indicated the most desirable outcomes resulted with multi-session counseling and NRT.

OHP Hearings

Hearings Managed Care Organizations (MCO)/Fee-for-Service (FFS) October 1 – December 31, 2004		
	MCO	FFS
Requests Received	83	79
Hearings Held	28	16
Hearings Pending	55	28
Claimant Withdrew	14	21
MCO/Agency Withdrew	7	29
No Show	6	0
Affirmed	26	17
Reversed	2	0
Dismissed (timeliness)	0	2
Not Hearable	13	16
Below the Line	11	10

Quality Improvement, Evaluation and Monitoring

Managed Care Review

Site Reviews

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

External Quality Reviews

Rapid Cycle Improvement Process

The purpose of the Rapid Cycle Improvement Process is to evaluate the quality of care that OHP members receive. Following OMAP approval of the Clinical Practice Summary, the OHP Medical Directors determined four of the five topics for review for the focused study assessments:

- ED Utilization
- Access to Care
- Diabetes, and
- Cardiovascular

OMPROM will complete comparative assessment reports for each of the five topics analyzing administrative and encounter data, and using descriptive and inferential statistics, compare the variance between a baseline of state aggregated data averages or distributions measures identified to:

- FCHP specific measures using a sample of current encounter data submitted to OMAP by FCHPs, and
- FFS providers using a sample of claims data submitted to OMAP by those providers. Identification of outliers would lead to a more intensive review of charts or data after each comparative assessment.

Assessment of Statewide Quality Improvement Activities

A draft of the Year 1 Evaluation Report was sent to OMAP for a CMS visit. Subsequent to the CMS review, OMAP requested that EQRO validation of performance measures and performance improvement projects be included in the evaluation. OMPROM will review contract language and requirements for the Year 2 Evaluation Report.

A chart review is scheduled in Year 2 to compare disease management of managed care enrollees with chronic diseases to FFS eligibles in a disease management program.

OMPRO, working with its subcontractor, Health Services Advisory Group, completed a Consumer Assessment of Health Plan Survey (CAHPS) in Year 1. Year 2 deliverables under Task 3 include a Provider Survey and Health Risk Health Status Survey of OMAP members.

The Provider Survey included collaboration among OMPRO, OMAP, OHPR, OMA and OHSU. The Provider Survey was sent as follows:

- 8/8** – Introductory postcard sent
- 8/20 and 8/23** – First mailing of survey
- 9/2** – Reminder postcard sent
- 9/10 and 9/13** – Second mailing of survey
- 9/8 – 9/29** – Data entry

Quality and Performance Improvement Workgroup

The Quality and Performance Improvement (QPI) Workgroup met monthly this quarter. Each meeting included 35-40 participants from OHP MCOs (QI coordinators and medical directors), DHS staff, and partners who serve as resources and experts on given quality improvement and chronic disease topics. See QPI minutes (Attachments 1-3) for specific details of each meeting this quarter.

Complaints and Grievance Reports

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

Health Services Commission

The **Health Services Commission (HSC)** held two meetings during the quarter. During a November conference call, the HSC made final suggested changes to reports on the establishment of benchmark rates for the OHP. Two reports dated November 29, 2004, were distributed to legislators and other interested parties:

- 1) A 160 page technical report written by Mercer Human Resource Consulting with detailed descriptions of the methodologies used and the results obtained for the nine broad categories of service, and
- 2) A 20 page summary report written by the Office for Oregon Health Policy and Research (OHPR) which provides an overview of the study for the layperson.

The Health Outcomes and Mental Health Care and Chemical Dependency Subcommittees recommendations were approved by the HSC and added to the Prioritized List as interim modifications. In addition, the HSC approved a guideline that establishes a limit of up to five years to receive breast reconstruction after mastectomy for breast cancer. Final decisions will be made on the potential placement of a few new CPT codes at their January meeting, at which time additional information on the cost and effectiveness of these services will be available.

Finally, the HSC heard testimony from providers and advocates for speech therapy on the recently implemented guidelines limiting the use of these services. This dialogue will continue at the January HSC meeting, which will likely result in revisions to the guidelines.

The **Health Outcomes Subcommittee** held one meeting during the quarter. They developed their recommendations on all but a few of the new CPT codes for 2005. Codes representing new technologies were only added to the List when there was evidence that they are more effective than existing treatments or they are as effective but less costly. Revisions were also formulated for the guidelines on erythropoietin and disorders of the spine. A new guideline was developed requiring trials of CPAP and oral appliances before surgery is approved for sleep apnea. The Subcommittee is also recommending the movement of retreatment of bicuspid and molar root canals to a lower line on the List based on input from OHP dental care organizations.

The ***Subcommittee on Mental Health Care and Chemical Dependency*** held one meeting during the quarter. They developed recommendations to forward to the HSC on the addition of a number of HCPCS codes to the mental health lines, representing the conclusion of the HIPAA conversion process. The Subcommittee also heard a presentation on a review being conducted within DHS regarding a system of diagnostic classification of early childhood mental health disorders for ages 0-3. A report is expected in May 2005 and the Subcommittee will determine if changes will need to be made to the List as a result.

Office of Mental Health and Addiction Services

Policy and Planning Decisions

State Hospital Master Plan

OMHAS has implemented strategies to reduce the wait list for admissions to the Oregon State Hospital by contracting with Community Mental Health Programs to develop alternate placements in the community. Seventy-five beds have been developed and OMHAS estimates one hundred twenty-five more by the end of the biennium. Local hospitals may develop forty-six additional beds. The Olmstead Settlement agreement requires OMHAS to transition clients from long-term care placement, in the Oregon State Hospital, into community-based placements.

Cultural Competency

OMHAS has begun an assessment of cultural competence in the children's mental health system. A consultant, with thirty years experience in mental health and the improvement of cultural competence, has been hired through a Request for Proposal (RFP). Charged with making recommendations toward cultural competency improvements, he will review data and speak with representatives to understand the Oregon Mental Health delivery system.

Evidence Based Practices

Staff continue work on Evidence Based Practices, under direction of Senate Bill 267, OMHAS is working with three stakeholder workgroups: Selection & Validation, Adoption & Implementation, and Cost Benefits & Outcomes to finalize definition and criteria for determining how much of the mental health and addiction treatment services are based on Evidence Based Practices.

Children's System of Care Initiative (CSCI)

A temporary Oregon Administrative Rule (OAR) has been filed with the Secretary of State identifying criteria for intensive community-based treatment programs for children and adolescents. The Children's System Advisory Committee, recently approved as a permanent committee, will advise OMHAS on issues affecting the children's mental health system. The committee membership is more than fifty percent family members of children with mental health needs.

Benefit Package

OMHAS Request for Technical Correction to OHP Prioritized List

On October 27, 2004, OMHAS requested that the Health Services Commission make adjustments to the Prioritized List of Health Services, dated October 1, 2004. The new codes do not have a fiscal impact. Recommended changes give providers and MHOs greater flexibility for reporting services in the following areas:

- Mental health services provided in a residential program for co-occurring disorders
- Intensive treatment services for children in residential or community-based placements, and
- Better capturing of services that follow Evidence Based Practices.

The HSC approved the additional codes and the placement on the mental health lines with an effective date of April 2005.

Coding

The Mental Health Organization (MHO) Code Workgroup developed guidelines for the consistent application of procedure codes used for encounter billing as a tool for MHOs and their contracted providers. In addition to sending the guidelines to OMHAS for endorsement, four new codes were also proposed for submission of encounter data. The four codes were submitted to the Health Services Commission, and approved for inclusion on the Prioritized List.

Rates

Discussions were initiated with PriceWaterhouseCoopers (PWC) around rate development and methodology for inclusion of child and adolescent intensive treatment services under managed care. Discussions center particularly on:

- Number of children/adolescents expected to be eligible for Intensive Treatment Services
- Utilization and cost of services

When completed, new rates and contract requirements will be sent to CMS for review and approval.

MHO Agreement

Upon review and approval by CMS, a new MHO Agreement was effective on October 1, 2004. Changes in contract language occurred to reflect Child Welfare federal regulation language and HIPAA Transaction and Code Set requirements.

Monitoring and Evaluation

Validation of Encounter Data

Office of Finance is considering a quarterly or semi-annual encounter data validation report and is querying MCOs to designate data elements they will find helpful to them. Suggestions include:

- Receipt of information on a quarterly basis
- Total number of claims
- Claims by unit type
- Acute care utilization, and
- Outpatient utilization

Quality Assurance

Since September 2004, OMHAS Quality Assurance Team completed final site review reports for Multnomah Verity – July 21-22 and Clackamas County MHO – August 25-26. (Attachments 5 and 6)

With these site reviews, OMHAS has performed all of the State on-site visits of the MHOs for 2003-2004. Compliance determination review and Performance Improvement Project (PIP) validations are being performed by OMPRO. Information Systems Capabilities Assessments (ISCA) will also be conducted as part of the OMPRO Performance Measure validation activity that will occur during 2004-2005.

Training and Activities

Family/Professional Partnership Trainings

OMHAS contracted with Oregon Family Support Network (OFSN) to conduct family/professional trainings. The purpose of the trainings is to:

- Prepare families to work within the policy-making structure, and
- Help professionals get the most out of working with families for the betterment of the children's mental health system.

Real Choice Housing Assistance Fund

As part of a federal grant from CMS, Oregon's OMHAS is developing strategies to assist people with serious mental illness to obtain or regain integrated community housing. One strategy is to provide funds to local Community Mental Health Programs in order to assist individuals with specific short-term needs. Individual awards are typically \$300-\$500 used to assist with one-time move-in or emergency expenses.

DHS received an additional CMS Real Choices grant award. OMHAS and Seniors and Persons with Disabilities jointly administer the new Real Choices grant. The focus of the grant is to improve the use of assistive technology and analyze and implement change in Medicaid to remove barriers to independent housing for people with psychiatric disabilities.

CSCI Summit

Children's System of Care Initiative Summit was held on October 19 and 20, 2004, with 400 people in attendance. One topic covered: Child and Adolescent Service Intensity Instrument (CASII), used in determination of need for intensive community-based services.

CASII Trainings

Trainings on this standardized tool for determining child/family level of mental health need, took place on November 5 and December 3, with additional trainings scheduled for early 2005. Seventy people have been trained.

Quality Assurance and Certification Team

Within this quarter, training was provided for Civil Commitment Investigators and Examiners. Staff facilitated training in Portland, December 2 and 3, 2004.

Behavioral Health Preparedness and Response to Disaster/Terrorism Trainings

A series of local trainings on behavioral health response to large-scale disasters were held. The trainings included an 'immediate phase' and a 'recovery phase.'

Immediate Phase:

- ◆ Four trainings were held, one in Portland, Ontario, Pendleton and Bend
- ◆ 70 participants – mostly behavioral health professionals
- ◆ 11 more events to be held by May 19, 2005

Recovery Phase:

- ◆ Two trainings were held, one in Salem and Eugene
- ◆ 69 participants – mostly behavioral health professionals
- ◆ Eight more events to be held by May 13, 2005

Attachments

MHO Site Review and Utilization Reports for:

- Multnomah Verity – July 21-22 (Attachment 5)
- Clackamas County MHO – August 25-26 (Attachment 6)
- External Quality Review Quarterly Report (Attachment 7)
- MHO Utilization Report, October 2003 – September 2004 (Attachment 8)

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.

OHP (Medicaid) began to include FHIAP flyers in application packets. FHIAP began new marketing strategies to let people know about FHIAP openings. The strategies included:

- Sending thousands of:
 - ◆ Postcards to targeted communities, and
 - ◆ Flyers home with school children
- Attending trade shows and conventions. A sampling of those visited this quarter: Head Start, Oregon Seed Growers, Oregon Caregivers and Oregon Association of Insurance and Financial Advisors.
- Developing and airing TV and radio ads through the Oregon Association of Broadcasters (OAB) Non-Commercial Sustaining Announcement Program offering discounted rates to government and non-profit agencies
- Airing commercials on radio and TV stations throughout Oregon

FHIAP attended multiple enrollment events with Kaiser Permanente, which offers health coverage to eligible elementary students in select schools who aren't eligible for other state programs. Kaiser's premium-free health insurance program started in September 2004; FHIAP attended to sign up families who qualified for its program.

For "Cover the Uninsured Day" FHIAP sponsored an enrollment event in The Dalles, Ore., that was the prototype for future events. The agency brought eligibility staff to the event so that residents could begin paperwork to apply for FHIAP.

FHIAP staff made final revisions to the administrative rules for the program, which clarify eligibility requirements. The rules were filed with the Secretary of State and became effective November 1, 2004. 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 1,969 per week. This is an increase of approximately 500 phone calls per week over the last quarter.

FHIAP Enrollment

FHIAP Enrollment October – December 31, 2004		
Total enrollment on December 31, 2004		7,908
New group enrollments	464	
New individual enrollments	1,430	
Disenrollment due to non-payment of premium	182	

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 October – December 2004		
Population	Total # of Persons	
	Title 19	Title 21
Children	4,127	4,566
Childless Adults	1,269	3,740
Parents/Caretaker	1,667	8,091
Totals	7,063	16,397

OHP Eligibles and Enrollment

OHP Eligibles and MCO Enrollment October – December 2004					
Month	OHP Eligibles	MCO Enrollment		MHO Enrollment	
		Amount	*%	Amount	*%
October	386,866	289,149	75%	335,161	87%
November	384,659	289,923	75%	336,587	88%
December	382,111	288,956	76%	336,769	88%
Quarter Average	384,545	289,343	75%	336,172	87%
* These numbers are from a one day catch at the first of the month. (WebReports)					

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 October – December 31, 2004			
Expansion	Title 19; OHP Standard	OHP Parents	13,556
		OHP Childless Adults	33,778
	Title 19; OHP Plus	PLM Children FPL > 170%	423
		Pregnant Women FPL > 170%	470
	Title 21; Plus	SCHIP FPL > 170	3,231
Optional	Title 19; Plus	PLM Women FPL 133-170%	9,675
	Title 21; Plus	SCHIP FPL < 170%	23,811
Mandatory	Title 19; Plus	Other OHP Plus	332,135
Quarter Totals			417,079

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

Fully Capitated Health Plans (FCHP)

November 2004

Providence Health Assurance closed to new enrollment in Multnomah County, with a 30 day re-enrollment period.

Dental Care Organizations (DCO)

November 2004

Capitol Dental Care opened to new enrollment in Lane County.

Due to capacity issues, approximately 3,000 members were dis-enrolled from ODS and placed in Fee-For-Service.

December 2004

Due to capacity issues, approximately 1,000 members were dis-enrolled from ODS in Lane County.

ODS in Grant, Lincoln and Umatilla will no longer provide service for OHP members. Members will be placed Fee-For-Service.

Managed Care Activities

The Delivery Systems Unit coordinates the monthly meetings of the prepaid health plans CEOs and plan contacts. These meetings include FCHPs, DCOs, MHOs and Chemical Dependency Organizations (CDO). Below are the areas of focus for the Delivery Systems during the fourth quarter of 2004:

October 2004

- OMAP announced that effective November 8th Barney Speight would be the Administrator of OMAP.
- In order to evaluate the Chronic Disease Payment System (CDPS) impact on OHP Standard clients, PricewaterhouseCoopers (PWC) requested encounter and claims data from the FCHPs. The data period requested was July 2003 through June 2004.
- OMAP provided interim instructions to the MCOs to report the MCO tax on their quarterly financial reports.

November 2004

- OMAP notified the MCOs that on December 2, 2004, the Department would be facilitating a stakeholders conference call on the Governor's 2005-07 Recommended Budget.
- OMAP staff, Department of Justice staff and CMS held discussions regarding contract quality improvement processes.
- OMAP sent out a due date reminder (December 13, 2004) to the MCOs about the quarterly provider tax payment.
- OMAP sent the MCOs an explanation of the changes to the OHP Application (OHP 7210) and related materials.

December 2004

- OMAP notified the FCHPs of the April 1, 2005, implementation date for the CDPS adjusted capitation rate amendment.
- The Par/Non Par Hospital Workgroup continues to meet to discuss possible reimbursement structures.
- OMAP requested questions from the plans regarding the Medicare Modernization Act (MMA) which has an implementation date of January 1, 2006.
- OMAP developed a position paper on Administrative Service Organizations (ASOs). This analysis was shared with the FCHPs.
- Effective December 14, 2004, OMAP will no longer print client social security numbers on Medical Care Identification Cards.
- OMAP shared the final Capitation Rate Development Report for Federal Fiscal Year 2005 with the MCOs. This rate report was for the contract year running October 1, 2004 through September 30, 2005.

Regional Meetings

October 2004

Douglas, Josephine, Jackson, Klamath, Lake, Hood River, Wasco, Gilliam, Sherman, Umatilla, Morrow, Union, Wallowa, Baker and Malheur Counties.

OHP Monthly Premium Billing and Payment

OHP Monthly Premium Billing and Payments						
October – December 2004						
Month	Households	Current Billed	Total Billed	Current Receipt	Total Receipt	% of Total
Oct	42,143	\$441,494	\$492,787	\$326,842	\$476,729	97%
Nov	38,329	\$396,951	\$455,112	\$306,219	\$442,439	97%
Dec	34,994	\$360,199	\$416,914	\$271,438	\$386,830	93%
Totals	115,466	\$1,198,644	\$1,364,813	\$904,499	\$1,305,998	96%

Approved Premium Waivers			
Past Premiums – Billed Prior to February 2003			
October – December 2004			
Waiver Type	October	November	December
Zero Income	22	22	24
Crime Victim	0	0	0
Domestic Violence	10	4	6
Homeless	8	8	9
Natural Disaster	3	1	1
Death in Family	0	0	0
Totals	43	35	40

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 change in the 90-day grace period for medical codes, Prioritized List changes, Home-Delivery Prescription Services, and temporary coverage of FluMist for certain clients.
- 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.oregon.gov/DHS/healthplan
- 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 interfaces between DHS address files and mail processing.
- Communications staff are 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.
- Communications staff are on the Steering Committee for the First Pass Initiative and developing the communications plan for the project.
- 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.
- 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

One Quarterly meeting for outreach workers: 40 people

One Outreach Orientation: 30 people

Six various informational meetings with interested outreach groups.

Telecommunications Center

The following table shows the activity performed by customer service agents in two call centers located at Oregon Correctional Enterprises (OCE).

Provider Relations Call Center	
Provider Claims Calls Received	30,573
Average # of Customer Service Agents Available	4.00
% of Calls Transferred to OMAP Provider Relations Unit	33.2%
OHP Application Call Center	
OHP Applicant Calls Received	28,792
Average # of Customer Service Agents Available	3.67
% of Calls Transferred to OHP or OMAP	16.2%
OCE Industries Mailroom	
OHP Application Requests Mailed	23,157
Re-Determinations Mailed	39,437

Client Advisory Services Unit

During the quarter, the Client Advisory Services Unit (CASU) call center received 10,953 calls from clients or their representatives about their medical assistance programs. This represents a 25% decrease from the 14,705 calls taken the previous quarter. The following table shows the distribution of these calls by type of issue or concern.

CASU experienced some staffing issues with the temporary loss of one hotline agent on medical leave and another agent on intermittent medical leave. This explains, in part, some of the drop in calls taken from clients during this quarter.

CASU Call Types October – December 2004	
Medical Services	2,564
Pharmacy Services	1,411
Dental Services	1,071
Mental Health/Addiction Services	213
Client Medical Bills	1,577
Copays	106
Premiums	158
Certificate of Creditable Coverage	296
Pharmacy Lock-in Change	419
Certificate of Non-Eligibility	151
Client Materials Request	168
Adoption Case Plan Change	56
Eligibility Questions	1,483
General Questions or Concerns	1,280
Total	10,953

Technical Systems and Encounter Data

Enhancements

OMAP has implemented electronic funds transfer (EFT) service for direct deposit of payments to any provider submitting claims in the compliant HIPAA 837 formats. The DHS Electronic Data Interchange (EDI) Outreach and Training Team is marketing the availability of this payment process at each provider contact.

Fee-for-Service/Encounter Data Validation

Staff matched Institutional versus Medical (profes) Maternity from July 1, 2003, to December 31, 2003, for all FCHPs.

The quarterly reports for the prepaid health plans now compare previous quarter submissions with current quarter by claim type and dollar amount.

Staff produced a weekly fee-for-service claims payment report for DRG hospitals for Provider Tax analysis.

Staff are working to develop a quarterly data validation process between the data DHS receives from the prepaid health plans (PHP) and what the PHPs show as being sent that will be considered for rate/risk rate setting. This process will be released as a pilot project for a few previously identified PHPs.

HIPAA

Electronic Data Interchange Registration

Through continued analysis DHS HIPAA staff have identified additional Oregon Medicaid electronic billers needing to register for EDI claims submission. DHS now has approximately 95% registered through the Trading Partner Agreement (TPA) as 837 transaction submitters. DHS has registered all of the prepaid health plans as EDI submitters.

DHS Registration Team staff continue outreach efforts to register the remaining 5% of Oregon electronic submitters. The Team is 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 20% of the TPAs already received.

DHS has received approval to hire a contractor to complete needed upgrades to the Registration Database for better functionality and reporting.

EDI 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.

DHS has moved a substantial number of providers using the 837 professional and the 837 institutional fee-for-service to a production status for claims payment, leaving the third party test site for primarily maintenance type testing.

DHS continues to meet monthly with the prepaid health plan contractors as well as other interested parties on the status of the implementation of all transactions.

DHS continues to update and post a Frequently Asked Questions HIPAA document for the Web site. DHS will be reviewing the HIPAA web site for ease in maneuverability and understandability for possible changes.

The DHS HIPAA Project Office and OMAP staff 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 is preparing the fourth quarter updates for release to the DHS HIPAA Web site.

Staff continues producing and distributing the HIPAA Monthly Newsletter via email to all of DHS' registered trading partners. DHS will be advising providers on the new eSubscribe feature for use in early 2005 for receipt of the newsletter. This technology allows a provider to subscribe to specific areas of interest on DHS' web site for automatic updates.

EDI Outreach and Training Team

DHS has identified three OMAP positions that will be used to establish an EDI Outreach and Training Team within the TEDS Unit. TEDS EDI staff will identify training and outreach needs, and then develop materials tailored to distinct provider groups. In order to maximize this effort, staff will identify

current training materials available from DHS or other public sources as potential foundations that may be modified to reflect current or Oregon specific practices. A formal plan will be developed and finalized with executive level approval.