



**Oregon
Health
Plan
Medicaid
Demonstration
Project**



**Quarterly Report
January — March 2005**

Table of Contents

First 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, Ever Enrolled and Complaint Reports.....	8
Medicaid Audit	8
Health Services Commission	8
Office of Mental Health and Addiction Services	10
Policy and Planning Decisions	10
Benefit Package.....	11
Monitoring and Evaluation.....	11
Training and Activities	11
Family Health Insurance Assistance Program	13
Administrative Operations/Policy Issues.....	13
Marketing	13
FHIAP Enrollment	14
OHP Eligibles and Enrollment	15
Ever-enrolled Report	15
Fully Capitated Health Plans	15
Dental Plans	16
Managed Care Activities.....	16
Regional Meetings.....	19
OHP Monthly Premium Billing and Payment	19
Client, Applicant, and Provider Information	19
Communications and Training.....	19
Telecommunications and Applications	20
Client Advisory Services Unit	21
Outreach Activities.....	21
Technical Systems and Encounter Data	22
Enhancements	22
HIPAA	22
Systems	23
Encounter Data Validation.....	23

Tables

1. OHP Hearings Statistics.....	5
2. FHIAP Enrollment	14
3. OHP Eligibles and Managed Care Enrollment	15
4. OHP Monthly Premium Billing and Payments	19
5. Premium Waivers and Denials.....	19
6. Telecommunications and Applications Center	20
7. Client Advisory Services Call Center Activity.....	21

Attachments

1. OHP Quality and Performance Improvement Workgroup Meeting Agenda and Minutes – January 2005
2. OHP Quality and Performance Improvement Workgroup Meeting Agenda and Minutes – February 2005
3. OHP Quality and Performance Improvement Workgroup Meeting Agenda and Minutes – March 2005
4. Disenrollment Reports (FCHPs) — Third Quarter 2004
5. Disenrollment Reports (DCOs) — Third Quarter 2004
6. Disenrollment Reports (CDO) — Third Quarter 2004
7. Managed Care Plans Complaints and Grievances Report
8. OMHAS Site Review - Mid-Valley Behavioral Care Network, March 22, 2005*
9. *OMPRO Quarterly Report to OMHAS – Third Quarter, January 2005**

***OMHAS Managed Care Reports are included in the attachments at the end of the Quarterly Report, and not in the OMHAS section of the Quarterly Report.**

First quarter highlights:

- ◆ Policy staff are working with the DHS Oral Health Section to define the roles and responsibilities shared between OMAP and Oral Health.
- ◆ Policy staff worked with the Health Services Commission and Health Resource Commission regarding the Prioritized List of Health Services and evidence-based findings on pharmaceuticals.
- ◆ OMAP integrated National Provider Identification (NPI) requirements into program policy and operations.
- ◆ Oregon Health Plan Benefit RN Hotline averaged 974 calls per month.
- ◆ Medical Directors reviewed findings from the Physician Work Force Survey, which was sent to over 10,000 physicians statewide.
- ◆ OMPRO completed 2 out of the 5 Rapid Cycle Improvement Processes for OMAP (Emergency Department Utilization and Access to Care).
- ◆ Disenrollment reports for 3rd Quarter 2004 are now available for Fully Capitated Health Plans, Dental Care Organizations and the Chemical Dependency Organization. The Disenrollment reports will coincide with the Managed Care Plans Complaints and Grievances Report from now on.
- ◆ Health Services Commission released their biennial report to the Governor and 73rd Oregon Legislative Assembly. It documents all interim modifications made to the Prioritized List of Health Services during the 2003-05 biennium, and includes the new list scheduled for the 2005-07 biennium.
- ◆ Office of Mental Health and Addiction Services continues to work with providers to increase the use of evidence-based practices for mental health and chemical dependency treatment services.
- ◆ Family Health Insurance Assistance Program continued aggressive marketing efforts, including training of insurance agents, TV and radio ads, and trade show attendance. To streamline efforts, FHIAP also simplified the enrollment

process for clients and clarified various policies for staff. Total enrollment this quarter was 9,540.

- ◆ Managed care enrollment averaged 76% during the quarter for managed care health plans.
- ◆ The Physician Care Organization Request for Application (RFA) closed this quarter. OMAP accepted Kaiser Permanente Plus as the new PCO contractor, effective May 1, 2005.
- ◆ OMAP provider communications focused on best billing practices as part of OMAP's First Pass Initiative (<http://www.oregon.gov/DHS/healthplan/first-pass/main.shtml>).
- ◆ The Client Advisory Services Unit (CASU) received 9,294 calls this quarter. This is a 15% decrease from the previous quarter.
- ◆ OMAP continues outreach activities with numerous presentations on possible OHP changes given throughout the state.
- ◆ Systems and Encounter Data staff focus on HIPAA/EDI outreach and education. Electronic Funds Transfer service became available for any provider submitting claims in HIPAA-compliant 837 formats.

Administrative Operations

OMAP Program and Policy Activities

- Submission and monitoring of several State Plan Amendments concerning the following issues:
 - Possible alternate payment methodology for frontier Rural Health Clinics, to offset higher obstetric care costs that threaten access to care;
 - Inpatient and outpatient proportionate share revisions;
 - A change to hospital reimbursement methodologies for radiology, X-ray, and nuclear medicine.
- Negotiation of our final brokerage operation that will encompass Lane County. Staff is moving ahead with the final expansion of three brokerages to include those counties not currently in the brokerage system. The target date for complete brokerage coverage is 12/31/06.
- Consultation 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.
- Working with DHS Public Health's newly formed Oral Health Section to define both the unique and shared roles and responsibilities between the two agencies (Medicaid/SCHIP and Public Health).
- Collaboration with durable medical equipment industry representatives to continue development of DHS' centralized prior authorization process.
- Coordination and collaboration with the HSC and Health Resource Commission regarding the Prioritized List of Health Services and evidence-based findings on pharmaceuticals.
- Providing research and policy options to Oregon's leadership in response to the financial challenges facing the OHP.
- Involvement in MMIS Replacement Project, HIPAA code sets implementation and MMA coordination.

- Integration of National Provider Identification (NPI) requirements into program policy, provider enrollment, and operations.
- 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
 - Piloting 340B federally discounted prescription purchase strategies with eligible covered entities.
 - Strengthening program integrity and evaluation efforts

Benefit RN Hotline

The Oregon Health Plan (OHP) Benefit RN Hotline averaged 974 calls per month during the first quarter of 2005. Greater than 98% of the calls continued to be from practitioners, with 89% of the calls related to line placement and payment services.

Medical Director's Office

The Medical Director's Office (MDO) provides medical and clinical consultative services for the OHP internal staff, state agencies and external associations and organizations. The MDO also coordinates the monthly meeting of the managed care plan medical directors. Areas of focus for the first quarter of 2005 include:

- Mental Health/Physical Health Integration Update of "ORYGUN," a plan for Behavioral Health and Primary Care Integration. Its goal is to create a seamless system of care that increases access and integrates primary care, mental health and substance abuse prevention and treatment services.

- Presentation on the results of an Access Study designed for the purpose of:
 1. Examining the variation of first encounters among Fully Capitated Health Plans (FCHPs) and determining adverse our-or-range performance.
 2. Examining the variation of encounters among FCHPs regarding access to systems.

- Physician Work Force Survey. Completed an overview of survey findings from over 3,000 physicians and how their practice decisions impact OHP clients' access to care.

- Overview of OHP Drug Costs and Cost Control Strategies. A comprehensive overview and breakdown of Medicaid drug costs and trends.

- Uniform Management of High-Tech Imaging. General discussion on the potential benefit and administrative impact of requiring prior authorization of high-tech imaging. OMAP proposed prior authorization as a cost-saving management action due to increased use of high-tech imaging services.

OHP Hearings

OHP Hearings Statistics January – March 2005		
	Managed Care	Fee-for-Service
Requests Received	93	84
Hearings Held	39	21
Hearings Pending	61	16
Claimant Withdrew	15	12
Plan/Agency Withdrew	9	21
No Show	4	3
Decision Affirmed	41	14
Decision Reversed	2	0
Dismissed (Timeliness)	5	5
Not Hearable Issue	16	14
Below the Line	26	8

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

Plans are being made for a new RFP for the next EQR stages. No “onsite reviews” are anticipated until after a new RFP is awarded. A workgroup will be formed to develop the content and process.

- **Task 1:** The rapid cycle improvement process extracts and validates administrative data and then evaluates the quality of care that OHP members receive. The five areas for review are derived from the Clinical Practices Summary and reflect areas determined to be high cost, high prevalence and foci for potential quality improvement intervention. From the 10 topic recommendations in the Clinical Practice Summary, the OHP medical directors chose Emergency Department (ED) Utilization, Access to Care, Diabetes and Cardiovascular Care. The directors will choose the fifth one at a later date. Each Rapid Cycle PI Process will result in a written Comparative Assessment Report (CAR).
 - Comparative Assessment #1 ED Utilization: Presented and distributed to FCHPs.
 - Comparative Assessment #2 Access to Care: DRAFT Access to Care report sent to OMAP and approved. Final Access to Care CAR sent to OMAP on March 16, 2005, and distributed to FCHPs.
- **Task 2:** An assessment of the state's QI program and the activities of the Managed Care Organizations (MCOs). An inventory of existing state QI activities is complete. Adjustments are currently being made to the evaluation of the findings and the recommendations to reflect client feedback after the Annual Conference.
 - Chart Review for Evaluation of the Management of Chronic Disease: scheduled visits for chart reviewers to go to clinics.

- Final Annual report expected in July 2005.
- **Task 3: Surveys.** Posted surveys are available on the DHS web site at http://www.oregon.gov/DHS/healthplan/data_pubs/reports/main.shtml.
 - **CAHPS Survey** results were distributed to each plan and posted on the web.
 - The 2004 **Physician Workforce Survey** was analyzed, and presented at Contractors, Medical Directors, and the QPIWG. Survey is posted on the web.
 - OMPRO presented high-level findings from the **Health Risk and Health Status Survey** of Medicaid enrollees to quality improvement coordinators of managed care health plans. The findings will help guide future quality improvement efforts at Medicaid managed care health plans. Final HRHS survey and presentation due in June 2005.

Quality and Performance Improvement Workgroup

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

- January's meeting included: A presentation and discussion about Plan Profile reports; EQR Study Reports: Access to Care; 2004 QI Annual Evaluation Form Revisions' Early Childhood Cavities Prevention program baseline and 1st year quantified data results; and the Oregon Asthma Program and Resource Bank (Attachment 1).
- February highlights included: Report/discussion of the Prototype of a Plan Profile; EQRO Provider Survey Results; and the QPI Strategic Agenda and Action Planning Sub-group (Attachment 2).
- March topics included: Presentation and discussion of the Early Childhood Cavities Prevention Program; Plan Profiles update; and QPI Strategic Agenda/Action Planning Subgroup (Attachment 3).

Disenrollment, Ever Enrolled and Complaint Reports

A series of charts showing managed care disenrollments for FCHPs, DCOs and the CDO are included with this report. Due to the large number of retro disenrollments, these reports will now coincide with the same quarter as the complaint reports. These attachments cover data from 3rd quarter 2004. (Attachments 4 through 6)

A table of OHP clients enrolled in OHP for 1st Quarter 2005 is also included (Attachment 7). Due to retroactive eligibility changes, the numbers should be considered preliminary.

The attached Managed Care Plans Complaints and Grievances Report contains data from the 3rd 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 8).

Medicaid Audit

Medicaid Audit collected approximately \$182,000 in identified overpayments during the quarter. Focus continues to be in the areas of pharmacy, durable medical equipment suppliers and transportation. Audit staff have also begun a large project to examine long term care payment issues across the department.

Based on continued use of the SURS, Audit staff have completed developing nearly all of the 43 CMS required studies and have started using the information developed for new audit leads.

The Department has also contracted with Health Watch Technologies (HWT) to recover inappropriate Medicaid payments. HWT will use proprietary algorithms to scour OMAP's payment data and identify opportunities for recovery.

Health Services Commission

The **Health Services Commission** (HSC) held one meeting during the quarter. Based on the recommendations received from the Health Outcomes Subcommittee, the HSC finalized the interim modifications to take effect on April 1, 2005. In

addition to numerous coding changes, the HSC approved a modification to their guideline on the use of erythropoietin to include treatment for those with chronic renal failure, whether on dialysis or not. The HSC also continued to fine tune their guideline on rehabilitative therapies, exempting limits for speech therapy in the case of swallowing disorders and exempting limits on all therapies in the settings of inpatient hospital care, inpatient rehabilitation units, and skilled nursing facilities with the primary purpose of rehabilitation. In addition, they increased the number of speech therapy visits allowable for children under three years of age from 0 to 4. New guidelines on the appropriate placement of cochlear implants were also approved.

Additionally, in March the HSC released their biennial report to the Governor and 73rd Oregon Legislative Assembly. This report documents all interim modifications made to the Prioritized List of Health Services during the 2003-05 biennium and also includes the new list for implementation during the 2005-07 biennium. The legislature will now determine the funding level on this list, establishing the services to be reimbursable under the Oregon Health Plan beginning October 1, 2005.

The **Health Outcomes Subcommittee** held one meeting during the quarter. They developed recommendations on the placement of the remaining new CPT codes that were carried over from the December meeting and other miscellaneous coding changes for the April 1, 2005 interim modifications. These included:

- Adding brachytherapy to the breast cancer line;
- Adding flexible sigmoidoscopy with endoscopic ultrasound to the colon/rectum cancer line;
- Moving tinnitus from the hearing loss line to the line for sensory organ conditions with no effective treatment; and,
- Adding osteoplastic reconstruction of the dorsal spine to the clinically significant spinal deformity line.

The subcommittee also developed recommendations to make changes to the placement of certain chronic hepatitis and hepatitis with coma ICD-9-CM codes for the 2005-07 Prioritized List, moving them to the higher hepatitis lines.

The **Subcommittee on Mental Health Care and Chemical Dependency** held one meeting during the quarter. They heard a presentation by Dr. David Pollack about his efforts promoting, in Oregon and nationwide, the integration of behavioral health and primary care. The core strategies involve the co-location of behavioral health providers in primary care settings.

Office of Mental Health and Addiction Services

Policy and Planning Decisions

- The Institute for Mental Diseases (IMD) Waiver for the Eastern Oregon Psychiatric Center (EOPC), which began in 1995, is being phased out. Due to decisions by CMS as part of the 2002 waiver renewal and once the phase out is complete, EOPC will no longer offer acute care services. This will affect several MHOs placement options in this rural part of the state. Planning has begun to identify options for acute psychiatric inpatient services and development of alternatives.
- Keeping with a long-standing goal to develop community-based treatment alternatives to Oregon State Hospital (OSH) for children and adolescents, the Adolescent Treatment Services Unit closed effective March 1, 2005.
- A new program and additional alternative services were implemented March 1, 2005. Trillium Family Services operates a new program called the Secure Adolescent Inpatient Program (SAIP) at the Children's Farm Home campus in Corvallis, Oregon. This program provides for the specialized and treatment needs and public safety of adolescents who were previously served at OSH. In addition to this program, in order to increase the capability to provide continuity of care and discharge options, OMHAS will develop additional capacity for enhanced treatment in current Psychiatric Residential Treatment Services programs.
- OMHAS is making progress toward implementing a system to quantify services that are provided using Evidence Based Practices (EBP) The work in progress includes: rule revisions, contract changes, and technical assistance to providers. Additionally, OMHAS continues to conduct surveys of counties and providers to measure the extent and progress of evidence-based practices in the mental health and addictions prevention system. This information will be used in future budget presentations to the Legislative Assembly.

Benefit Package

- MHO Rates and Finance Workgroup met with PriceWaterhouseCoopers, who is working on the development of costs associated with Children's Intensive Treatment services.
- As of March 31, 2005, Umatilla County Mental Health will no longer provide mental health services in Umatilla County, affecting both Medicaid and non-Medicaid eligible individuals. To meet the need, Lifeways-Umatilla, Inc. received certification from OMHAS to provide services to the community and to Greater Oregon Behavioral Health Members in the Umatilla County area.

Monitoring and Evaluation

- Quality Assurance – As of the end of the first quarter 2005, Oregon Medical Professional Review Organization (OMPRO) completed the final site review report for Mid-Valley Behavioral Care Network, March 22, 2005. (Attachment 9)

Training and Activities

- Many of the sixty MHO and CMHP practitioners that OMHAS certified to administer the Child and Adolescent Service Intensity Instrument (CASII), are now training additional people. OMHAS plans to facilitate an additional training in April 2005 that will be open to a wider audience.
- On February 28, OMHAS staff, consultants and representatives of ten (10) providers met to review how OMHAS and its consultants will work with providers who want to establish and maintain effective Evidence-Based Practices implementation plans. This technical assistance pilot will test the effectiveness of OMHAS consulting methods in working with providers to promote research-based methods of system change.
- Quality Assurance and Certification Team – Since January 2005, OMHAS has provided training for Civil Commitment Investigator/Examiners. Staff facilitated training in Bend on March 24 and 25, 2005.

- The Community Mental Health Housing Fund was established with a portion of the proceeds from the sale of the Dammasch State Hospital property in Wilsonville. As of March 2005, \$620,000 has been awarded to eight (8) Oregon counties for the development of new housing for 104 people with serious mental illness.
- *Outreach and Case Management for Hard-to-House People with Co-occurring Mental Health and Substance Use Disorders - Part of the Best Practices Training Series.* This training took place in Portland, March 24, 2005. Topics included: promising practices/what works, basics of outreach and engagement, dilemmas in outreach, practical and ethical guidelines, worker safety, the role of supervision, self and team care, the stage model of change, using motivation interviewing skills, making effective referrals, and integrating service and advocacy.
- Behavioral Health Preparedness and Response to Disaster-Terrorism Trainings

<p>Immediate Phase Response:</p> <p>1/28/05 – Woodburn</p> <p>2/18/05 – Tillamook</p> <p>2/25/05 – Portland</p> <p>3/1/05 – Coos Bay</p> <p>3/18/05 – The Dalles</p> <p>3/25/05 – Eugene</p>	<p>Recovery Phase Response:</p> <p>1/13-14/05 - Albany</p> <p>2/10-11/05 - Roseburg</p> <p>3/10-11/05 - Medford</p> <p>3/17-18/05 - Bend</p>
--	--
- Children’s System Advisory Committee (CSAC) was developed to ensure meaningful family involvement with members of the children’s mental health, state advocacy, and provider communities. The committee developed by-laws to govern CSAC’s scope of focus. It is a standing subcommittee of the State Planning and Management Advisory Council and will, through the Council, represent children and families in the system of care.

CSAC members take meeting information back to their respective agencies, communities, boards and planning groups for further discussion, creating an informational round-table. The goal is to keep CSAC members involved, share timely information with different communities, and allow for comments from the larger family community. It meets the fourth Friday of each month.

***OMHAS Managed Care Reports are included in the attachments at the end of the Quarterly Report, and not in the OMHAS section of the Quarterly Report.**

Family Health Insurance Assistance Program

Administrative Operations/Policy Issues

- FHIAP called all approved members who had not yet enrolled in coverage to assist them with the process. Staff assisted members with their insurance applications and helped members understand the next steps they needed to take to obtain health insurance.
- FHIAP continued to streamline and simplify all correspondence sent to members and formatted the letters for ease of use and understanding.
- FHIAP continued to work closely with individual members who have payment issues. In most cases, staff were able to work out payment arrangements in order to retain memberships. Staff also changed the language on the final notices and subsidy cancellation letters so that members will more easily understand the consequences of non-payment.
- FHIAP implemented a “data check” system in our database that alerts staff if information is missing or entered incorrectly. This has been extremely useful in identifying data entry errors and keeping the database updated and accurate.
- FHIAP has implemented several policies and rule interpretations in an effort to streamline the eligibility determination process for staff.
- FHIAP has also taken a leadership role in the Committee on Enrollment and Retention (COER) subcommittees on more closely aligning eligibility requirements for FHIAP and OHP programs as well as aligning the applications and required materials. These meetings will continue as FHIAP strives to make a manageable process for our applicants.

Marketing

- From January-March 2005, staff trained more than 1,000 health insurance producers (agents) throughout Oregon in the state programs that can help insure Oregonians, including FHIAP.

- FHIAP conducted enrollment events in Springfield (2/3/05) and Grants Pass (3/10/05). Both events brought FHIAP eligibility staff to the community so that residents could begin FHIAP applications and insurance agents could explain private insurance. Extensive marketing of FHIAP in the community preceded both events.
- TV and radio ads announcing FHIAP openings continued in January and concluded in February.
- Outreach activities included continued joint enrollment sessions with Kaiser Permanente and FHIAP presentations to various groups such as the Oregon Commission on Disabilities and Oregon Child Development Coalition (pre-school program for migrant children).
- FHIAP appeared or distributed literature at several trade shows, including one for pharmacists in Eugene and a conference in Portland for early childhood educators.

FHIAP Enrollment

New Group enrollments	675
New Individual enrollments	1,571
Total new enrollments	2,246

Total enrollment on March 31, 2005	9,540
Disenrollment due to non-payment of premium	86

OHP Eligibles and Enrollment

OHP Eligibles and Managed Care Enrollment January – March 2005		
Month	OHP Eligibles	MCO Enrollment
January	373,779	281,864 (75%)*
February	373,991	285,046 (76%)*
March	373,121	285,795 (77%)*
Qtr Average	373,630	284,175 (76%)*

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

Ever-enrolled Report

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

Ever-enrolled Persons on OHP January – March 2005*			
Population		Total # of persons	
Expansion	Title 19; OHP Standard	OHP Parents	10,503
		OHP Childless Adults	25,619
	Title 19; OHP Plus	PLM Children FPL > 170%	455
		Pregnant Women FPL > 170%	455
	Title 21; OHP Plus	SCHIP FPL > 170%	3,469
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	9,959
	Title 21; OHP Plus	SCHIP FPL < 170%	24,951
Mandatory	Title 19; OHP Plus	Other OHP Plus	334,573
Quarter Totals			409,984

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

Fully Capitated Health Plans

No changes to report for this period.

Dental Plans

Effective: January 2005

- ODS Community Health will no longer have the 30-day re-enrollment period for members.

Effective: February 2005

- Willamette Dental Group opened for enrollment in Lincoln County.
- Willamette Dental Group in Lane County re-opened to new enrollment.
- Willamette Dental Group closed for new enrollment in Jackson and Josephine Counties, with a 30-day re-enrollment period.
- Capitol Dental Care opened to new enrollment for OHP Plus members in Jackson County.
- Lincoln County became mandatory for Dental (DCO) enrollment. This means new eligibles in Lincoln County must choose a Dental Care Organization.

Effective: March 2005

- Willamette Dental Group closed to new enrollment, with a 30-day re-enrollment period.

Managed Care Activities

The Program and Policy Section coordinates the monthly meetings of the prepaid health plans CEOs and plan contacts. These meetings include Fully Capitated Health Plans (FCHPs), Dental Care Organizations (DCOs), Mental Health Organizations (MHOs) and Chemical Dependency Organization (CDO). Below are the areas of focus during the first quarter of 2005:

January 2005

- CMS met with OMAP and identified their priorities as the Medicare Modernization Act (MMA) Part D, the upcoming CMS review of the Oregon

Health Plan Medicaid program and cooperation between CMS and OMAP for managed care contract review improvements.

- OMAP facilitated discussions around the Type A/B hospital issue and CMS's interpretation of 42 CFR 438.60. This portion of the CFR states how the state should pay its contractors for graduate medical education via its capitation rates.
- The Oregon Health Policy Commission recommended that DHS create workgroups to examine three specific issues: administrative efficiencies, cost drivers and long-term care. Meetings scheduled to begin in February 2005.
- OMAP worked on the April 1, 2005 contract amendment for the OHP Standard Chronic Illness and Disability Payment System (CDPS) risk adjustments.
- CMS announced that by May 23, 2005, every health care provider should be able to get his or her 10-digit National Provider Identifier (NPI) Code. DHS began analyzing the impact the NPI will have on its systems.
- CMS completed their review of the Physician Care Organization (PCO) contract.
- DHS implemented eSubscribe, a subscription service that enables plans and providers to be notified by email whenever the content changes on one of the DHS Website pages. This includes pages such as OMAP's administrative rules, proposed rule changes, provider notices, client notices, OHP eligibility reports, managed care enrollment reports, FFS fee schedule, quarterly reports and many more. OMAP shared eSubscribe information with the plans.
- OMAP notified approximately 1,100 households with clients living in mandatory managed care areas that they would be automatically enrolled into a medical plan by February 1, 2005.
- OMAP revised the Oregon Health Plan "Compare Your Health Plan" Comparison Charts. These charts were shared with managed care plans, clients and providers and are posted on the DHS website.
- OMAP shared the Spring 2005 schedule for OHP Regional Meetings with managed care plans. These meetings are designed to bring DHS Self

Sufficiency, SPD and Child Welfare staff together with managed care plan representatives to discuss common issues related to Oregon Health Plan clients.

February 2005

- OMAP met with Oregon State Legislative Ways and Means committee (Phase I) to focus on performance measures.
- Draft Par/Non-par Hospital rules shared with the Fully Capitated Health Plans for their review.
- Type A and Type B Hospital rule (410-125-1070) filing notice shared with Managed Care Plans. This rule describes how Type A & B hospitals will respond to requests for information on settlements.
- OMAP notified approximately 2,816 households with clients living in mandatory managed care areas that they would be automatically enrolled into a medical plan by March 1, 2005.
- OMAP notified approximately 15,600 households with clients living in mandatory managed care areas that they would be automatically enrolled into a dental plan by March 1, 2005.

March 2005

- To anticipate the fiscal impact of temporarily covering medications that may be denied by Medicare Part D plans, OMAP asked managed care plans to submit information regarding pharmacy denials for their dual-eligible clients.
- The Physician Care Organization (PCO) RFA closed on March 7, 2005. OMAP received and accepted Kaiser Permanente Oregon Plus, LLC's application. This PCO contract is scheduled to be effective May 1, 2005.
- OMAP notified all Medicaid providers and managed care plans of the new DHS website locations.
- OMAP notified approximately 3,475 households with clients living in mandatory managed care areas that they would be automatically enrolled into a medical and/or dental plan by April 1, 2005.

Regional Meetings

March 2005

2 meetings in Curry and Coos Counties.

OHP Monthly Premium Billing and Payment

OHP Monthly Premium Billing and Payments January – March 2005						
Month	Households	Current Billed	Total Billed	Current Receipt	Total Receipt	% of Total
January	31,819	\$319,812	\$378,081	\$284,098.40	\$386,581.46	102%
February	28,867	\$297,539	\$354,684	\$237,962.31	\$343,060.44	97%
March	27,335	\$280,186	\$333,378	\$228,769.37	\$337,580.70	101%
Totals	88,021	\$897,537	\$1,066,143	\$750,830.08	\$1,067,222.60	100%

Premium Waivers Information (Past Premiums – Billed Prior to Feb 2003) January – March 2005			
Waiver Type	January	February	March
Zero Income	25	21	18
Crime Victim	0	0	0
Domestic Violence	9	4	8
Homeless	5	7	4
Natural Disaster	1	1	1
Death in Family	0	0	0
Totals	40	33	31

Denied Premium Waivers January-March 2005
None to report for this quarter.

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:

- 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:

<http://www.oregon.gov/DHS/healthplan/>

- Continued work on analysis of legislative concepts, policy packages, and reduction packages for the 2005-2007 legislative session. Communications staff will coordinate the legislative process for OMAP for this session.
- Communications staff worked on a variety of communications to providers about best billing practices, HIPAA outreach and compliance, and paperless communications.

Telecommunications and Applications

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

Telecommunications and Application Center Activity January – March 2005	
Provider Services Call Center	
Provider Claims Calls Received	26,181
Average # of Customer Service Agents Available	3.3
% Calls Transferred to OMAP Provider Services	30%
OHP Application Call Center	
OHP Applicant Calls Received	27,478
Average # of Customer Service Agents Available	4.3
% Calls Transferred to OHP or OMAP	15%
OCE Industries Mailroom	
OHP Application Requests Mailed	24,538
Redeterminations Mailed	33,017

Client Advisory Services Unit

During the quarter, the CASU call center received a total of 9,294 calls from clients or their representatives about medical assistance or related issues. This represents a 15% decrease over the 10,953 calls taken the previous quarter. The following table shows the distribution of these calls by type.

CASU Call Center Activity by Type of Call January – March 2005	
Medical Services	2,180
Pharmacy Services	1,168
Dental Services	850
Mental Health/Addiction Services	151
Client Medical Bills	1,396
Copayments	81
Premiums	101
Certificate of Creditable Coverage	317
Pharmacy Lock-In Change	445
Certificate of Non-Eligibility	211
Client Materials Request	157
Adoption Case Plan Change	47
Eligibility	1,252
General Questions or Concerns	938
Totals	9,294

Outreach Activities

Outreach staff made a number of presentations on the current OHP and possible changes coming to the OHP, including presentations to Outstationed Eligibility Workers, DHS field staff, and outreach facilities.

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. DHS EDI Outreach and Training Team are marketing the availability of this payment process at each provider contact.

HIPAA

- DHS Registration Team continue outreach to register the remaining 5% of Oregon electronic submitters. The Team is also responsible for completing quality review checks on all Trading Partner Agreements (TPAs) received.
- DHS continues the quality review of the TPAs currently on file for potential inaccuracies. As providers gain a better understanding of HIPAA, Oregon DHS receives revisions to approximately 20% of the TPAs already received.
- 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 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 advise providers on the new eSubscribe feature for receipt of the newsletter via email.

Systems

- 29 new systems requests written.
- 65 systems requests completed or withdrawn.

Encounter Data Validation

- 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 have completed initial development for 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.