Oregon Health Plan Medicaid Demonstration Project

Quarterly Report
April — June 2005

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Attachments

***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.**

Second quarter highlights:

- Policy staff submitted two new State Plan Amendments: One is to increase payment for physician services at public teaching institutions; the other is to change transfer of assets & consideration of annuities in eligibility determinations.
- Oregon Health Plan Benefit RN Hotline averaged 970 calls per month.
- Medical Directors reviewed findings from the last three EQRO Rapid Cycle reports presented by OMPRO.
- OMPRO completed 3 out of the 5 Rapid Cycle Improvement Processes for OMAP (Emergency Department Utilization, Access to Care, and Diabetes). The last 2 Rapid Cycle processes (Cardiovascular and Asthma) will conclude with an explanation of the limits of analyzing a small data pool.
- Disenrollment reports for 4th Quarter 2004 are now available for the Fully Capitated Health Plans, Dental Care Organizations and the Chemical Dependency Organization.
- The Health Services Commission adopted the Health Outcome Subcommittee's recommendations on interim modifications to the Prioritized List, which included clarifying treatment options for age-related macular degeneration, relaxing the erythropoietin guideline, and limiting use of ventricular assist devices.
- Office of Mental Health and Addiction Services (OMHAS) continues to work with providers to increase the use of evidence-based practices for mental health and chemical dependency treatment services.
- In response to a recommendation from Governor Kulongoski's Mental Health Task Force Report, OMHAS created the Behavioral Health Work Force Development workgroup. This group will work to improve access and quality of workforce education in the areas of case management, clinical addiction and mental health services, supported employment and education, and integrated behavioral health. An August 2005 summit is planned to launch workgroup efforts.

- Family Health Insurance Assistance Program (FHIAP) focused on reviewing and streamlining processes for both applicants and staff. Total enrollment this quarter was 11,621.

- OMAP managed care enrollment averaged 76% during the quarter for managed care health plans. MHO enrollment during this reporting period was 89.6%.

- Kaiser Permanente Plus, the new Physician Care Organization (PCO) contractor, opened to enrollment May 1, 2005.

- The Client Advisory Services Unit (CASU) received 12,336 calls this quarter. This is a 35% increase from the previous quarter.

- OMAP continues outreach activities with presentations throughout the state.

- Systems and Encounter Data staff continues to focus on HIPAA/EDI outreach and education.

Administrative Operations

OMAP Program and Policy Activities

- Continued discussions and monitoring of previously submitted State Plan Amendments (SPA). These regard alternate payment methodology for frontier remote Rural Health Clinics related to higher obstetric care costs threatening access, and inpatient and outpatient proportionate share revisions.

- Submission of 2 additional SPAs:
  - Increased payment for physician services at public teaching institutions;
  - Changed transfer of assets & consideration of annuities in eligibility determinations.

- Finalizing negotiations for 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.

- Continued 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.

- Continued work with the Health Division's Oral Health Section to define roles and responsibilities and identify those areas where Medicaid/SCHIP and Public Health share common responsibilities.

- Continued collaboration with durable medical equipment industry representatives in development of agency centralization of 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.

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

- Involvement with MMIS replacement project, HIPAA code sets and MMA coordination.

- Integration of National Provider Identification (NPI) requirements into program policy, provider enrollment, and operations.

- Continued collaboration with other DHS programs and other community partners in the following areas:
  - 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 970 calls per month during the second quarter of 2005. Greater than 97% of the calls continued to be from practitioners, with 93% of the calls related to Line Placement and Payment for Services.

Medical Director's Office

The Medical Director's Office (MDO) provide medical and clinical consultative services for the Oregon Health Plan (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 second quarter of 2005 include:

- **340B Presentation.** Overview of a collaborative venture between an OHP Managed Care Plan, Cascade Comprehensive Care (CCC), and a FQHC, Klamath Open Door Family Practice (KODFP), to provide low cost 340B medications to CCC members who are patients of KODFP.

- **An update on the Health Policy Commission** *(see "Health Services Commission" section for more information)*.

- Review of the following EQRO reports *(see "Quality Improvement – External Quality Review" section for more information)*:
  - **Health Risk Health Status Survey.** An analysis to assess the health risks and health status of OHP adult enrollees (ages 19-64), with a focus on chronic diseases and the identification of opportunities for improvement in patient awareness and knowledge. Information for the survey was derived from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System survey fielded in August 2004.
  - **EQRO Rapid Cycle Cardiovascular and Asthma Analysis.** A comprehensive comparison of acute inpatient admission rates for OHP enrollees with asthma and cardiovascular disease with nation benchmark admission rates. The study also identified differences among OHP enrollees in demographic groups, OHP programs and managed care and fee-for-service plans.
  - **EQRO Rapid Cycle Diabetes Report**. Broken down by plan, the report identified differences among enrollees in demographic groups, OHP Plus and Standard programs, and managed care (MC) vs. fee for service. The report also examined variation among prepaid health plans to identify the range of performance for quality-of-care measures.

OMAP-OHP Hearings

OHP Hearings Statistics April – June 2005		
	Managed Care	**Fee-for-Service**
Requests Received	104	77
Hearings Held	34	9
Hearings Pending	46	43
Claimant Withdrew	25	18
Plan/Agency Withdrew	16	20
No Show	7	1
Decision Affirmed	32	14
Decision Reversed	4	1
Dismissed (Timeliness)	5	4
Not Hearable Issue	15	17
Below the Line	34	7

Quality Improvement, Evaluation and Monitoring

Managed Care Review

Annual Quality Improvement Reviews

Evaluations of the Managed Care Organizations (MCOs) are being completed sequentially for the annual reviews.

External Quality Reviews

In order for OMPRO to complete all deliverables in the contract, OMPRO and OMAP signed a contract amendment that allows a 3-month, cost-free extension of the contract. The contract was extended from May 23, 2005 to August 23, 2005. Final Reports are expected at the end of July.

- **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. Each Rapid Cycle PI Process will result in a written Comparative Assessment Report (CAR).

- **Comparative Assessment #1: ED Utilization.** Complete.
- **Comparative Assessment #2: Access to Care.** Complete. Final CAR submitted March 16, 2005. Analysis identified one outlier, DCIPA. OMPRO reviewed the annual report with DCIPA's QI staff and medical director. DCIPA is taking action to improve access to care and address the high ED utilization. DCIPA is also implementing electronic health records that will improve communication between the plan and providers about patient utilization of services. OMAP and OMPRO are satisfied that these interventions will improve access to care for DCIPA.
- **Comparative Assessment #3: Diabetes.** Complete. Final CAR submitted May 24, 2005. Plans whose total number of HbA1c and LDL lab tests done during the study year were lower than the state averages were identified as outliers. OMPRO and OMAP agreed that no follow-up action would be required with outliers, but recommended that plans review their processes for monitoring lab tests for enrollees with diabetes.
- **Comparative Assessments #4 & #5**: Cardiovascular and Asthma. OMPRO presented an update to the OHP Medical Directors and the QPI Work Group on June 13, 2005. Both studies compare to AHRQ national data, for each plan, the number of cardiovascular- and asthma- related admissions per 100,000 members. Low numbers of admissions limited OMPRO's ability to analyze the data comparatively. The CAR will not include outliers, and will focus on explaining the limitations of the study (Attachments 1-2).

- **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. OMPRO is currently adjusting the evaluation of the findings and the recommendations to reflect client feedback after the Annual Conference.
  - A draft Statewide QI Report was presented and revisions are underway.

- **Task 3:** Surveys.
  - **Health Risk Health Status (HRHS) Survey:** OMPRO presented findings to OMAP on May 26, 2005. OMPRO presented to the OHP Medical Directors and the QPI Work Group on June 13, 2005. Draft report revisions are underway. The findings will help guide future quality improvement efforts at Medicaid managed care health plans.

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.

- April highlights included: Presentation and discussion about the Performance Improvement Project (PIP) for early childhood cavities prevention (ECCP); asthma care practices, results, and programs (Attachment 3).

- May highlights included: Review of plan feedback about the Preliminary Plan Profile Reports; EQRO Study Results—Diabetes Rapid Cycle presentation; Oregon Asthma Program; Adverse Events reporting requirements discussion (Attachment 4).

- June highlights included: Statewide QI Workshop topic ("Substance Abuse/Methamphetamines") discussion and feedback; Performance Improvement Projects (PIPs) 2005 milestone report summary/results for tobacco cessation and early childhood cavities prevention (ECCP); EQRO Study Results—Health Risk Health Status and Cardiovascular, Asthma Review of Evidence-based Clinical Practice Guidelines for Cardiovascular Disease and Asthma (Attachment 5).

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 4th quarter 2004 (Attachments 6 through 8).

A table of OHP clients enrolled in OHP for 2nd Quarter 2005 is also included (page 22). Due to retroactive eligibility changes, the numbers should be considered preliminary.

OMAP's Managed Care Plans Complaints and Grievances Report (Attachment 9) contains data from the 4th 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.

Medicaid Audit

During this quarter, DHS collected approximately $420,000 in identified overpayments. Several large audits in process will generate significant recoveries in the future.

Audit staff received training on the use of the SURS system, OmniAlert. Several staff can run SURS studies on demand, while all staff can read and analyze the output of the studies.

A toll-free hotline for reporting fraud and abuse went live on June 1, 2005, with 151 calls to the hotline in its first month of operation. DHS also contracted with a vendor to develop an anonymous, online reporting system for public use by September 2005.

Health Services Commission

The **Health Services Commission** (HSC) held one meeting during the quarter. They adopted the Health Outcome Subcommittee's recommendations on interim modifications to the Prioritized List, which OMAP will implement no sooner than October 2005. The HSC's discussion with speech therapy providers and advocates resulted in an additional change to their guideline on rehabilitative therapies. They increased the number of speech therapy visits allowable for children under three years of age from 4 to 24, making it equivalent to the limits previously established for children between the ages of 3 and 8.

The **Health Outcomes Subcommittee** held one meeting during the quarter. They developed and forwarded to the Commission recommendations on interim modifications to the Prioritized List. These included a change to the previously adopted erythropoietin (EPO) guideline, removing a requirement to measure the blood EPO level of cancer patients. The subcommittee also clarified the treatment options for age-related macular degeneration. This included adding codes for the use of photodynamic therapy, and creating a guideline to limit the use of Macugen to the treatment of the occult and minimally classic subtypes of the wet form of this disease. Finally, the subcommittee forwarded a guideline for ventricular assist

devices to the HSC. The guideline indicates that these devices are only considered on the list when used as a bridge to transplant, not as destination therapy.

The **Subcommittee on Mental Health Care and Chemical Dependency** held two meetings during the quarter. At an April meeting, HSC staff gave an update on how evidence-based research is being used in the maintenance of the Prioritized List for physical health services. In June, they heard a presentation from the Department of Human Services on the Medicare Modernization Act, and particularly, how it will impact those dual-eligibles on the Oregon Health Plan, especially those with mental illness and alcohol and drug issues.

Office of Mental Health and Addiction Services (OMHAS)

Policy and Planning Decisions

- **Behavioral Health Work Force Development (BHWFD) -** In response to a recommendation from Governor Kulongoski's Mental Health Task Force Report, OMHAS convened a workgroup of academic and behavioral health employer leaders to address BHWFD concerns. The workgroup identified 4 critical areas that need to be addressed in order to improve preparatory training in undergraduate, professional school, and employment-based training programs:
  - Case management
  - Addiction services provided by mental health clinicians and mental health services provided by additions clinicians
  - Supported employment and education
  - Integrated behavioral health

  Cultural factors and geriatric concerns affect clinical services, cultural competency, and older adult issues. The workgroup will address these issues in all topic areas (see *Training and Activities* section).

  To generate further discussion and consensus, a forum is planned for August 2005. The objective of the work group and the forum: to identify and agree upon essential core competencies and the core curricula supporting them in training programs, continuing education, and employment-based training.

- **Oregon State Hospital Master Plan –** Contractors KMD Architects presented Phase I of the Master Plan at a joint hearing of the House and Human Services and Senate Health Policy Committees. Phase II of the Master Plan will be a more detailed analysis of the conclusions and recommendations set forth in the Phase I Framework Master Plan. This work is contingent on the approval of funding by the 2005 Legislative Assembly.

- **Oregon State Hospital Discharge/Community-Based Programs -** Momentum has accelerated for development of community-based services for those either civilly or criminally committed due to severe mental illness and being a significant risk to themselves or others. Over the past biennium more than 124 community beds have been added for those civilly committed and ready to discharge from Oregon State Hospital (OSH). Many individuals designated under the state's Olmstead process successfully transitioned out of institutional living because of enhanced resources. An additional 70 plus community beds were developed for those under the supervision of the Psychiatric Security Review Board (PSRB) during the 2003-2005 biennium. This significantly raised the proportion of individuals living safely in the community. Both groups include large percentages of Medicaid eligibles.

- **Evidence Based Practices (EBP) –** OMHAS published and posted a revised EBP definition on the OMHAS website. The major change occurred in the description of Level III practices. The description now allows for the inclusion of practices that may be more culturally specific and not easily subjected to rigorous research methodologies.

  EBP Workgroup Activities included:

  - *Selection and Verification Workgroup* – Identification of a process to select practices qualifying as Evidence Based Practices.
  - *Outcomes Workgroup* – Outlined process for collecting and identifying key information for minimum reporting, adoption and implementation.
  - *Implementation Workgroup* – Reviewing rules and developing technical assistance guidelines. Discussion of fidelity.

- **Children's System of Care Change Initiative (CSCI), Memorandums of Understanding -** OMHAS is working with state agency partners, Oregon Department of Education, DHS Children, Adults and Families and Oregon Youth Authority to develop memorandums of understanding (MOU). These MOUs clarify respective roles and responses between state agencies with regard

to further changes and implementation in the children's mental health delivery system.

- **Intensive Community-Based Treatment and Support Services (ICTS) - Oregon Administrative Rules -** These rules prescribe standards and procedures for providers of intensive community-based treatment and support services within the continuum of mental health care for children with serious mental, emotional and behavioral disorders and their families. The completed rule was based on Stakeholder feedback and distributed to interested parties. The hearing took place June 1, 2005 - Department of Human Services Building. The permanent ICTS rule is effective July 1, 2005.

- **Primary Care Integration -** OMHAS and OMAP Medical Directors are working with a steering committee of stakeholders to develop strategies to increase integration of primary care with mental health services. The work of this committee may result in a future pilot project.

- **HIPAA National Provider Identification (NPI) Numbers -** All health care providers and health plans are required to use the NPI, effective 2007. Providers may begin asking for NPIs as of May 2005. OMHAS supplied information to MHOs at multiple Contractor meetings on NPI topics areas affecting them directly. Adjustments will need to be made pertaining to submission of encounter data and claims protocols.

- **Tele-Psychiatry -** The purpose of tele-psychiatry is to create an audio-visual connection equating to a face-to-face encounter with a given patient. OMHAS Medical Director, working with all MHOs, is currently determining how best to use tele-psychiatry in provision of consultation and service delivery. This treatment modality may prove most beneficial in rural geographic areas, where specialty mental health services may be less available.

- **OMPRO Site Reviews -** MHO site visits revealed a need for technical support related to BBA requirements, including support for Advance Directives and other contractual requirements such as hold rooms, and seclusion and restraint. In support of these findings, OMHAS provided MHOs with information to aid in their compliance with contractual requirements.

- **Data Systems Replacement -** DHS and OMHAS are in the planning phase for the replacement of two data systems used in tracking mental health and alcohol

and drug treatment systems. The Oregon Patient Resident Care System (OPRCS) reports data on inpatient services. The Client Process Monitoring System (CPMS) tracks community-based episodes of care and other demographics of clients entering the mental health and alcohol and drug treatment systems.

- **CSCI - New Enrollment Protocol -** This protocol for Medicaid eligible children entering into Psychiatric Residential Treatment aligns with the existing Oregon Administrative Rules on managed care Enrollment/Disenrollment for OHP recipients regarding hospitalization. In summary, the protocol requires:
  - Children enrolled in an MHO prior to admission to Psychiatric Residential Treatment Services (PRTS) receive services as an enrollee of that MHO.
  - Children enrolled in a mental health organization after the date of admission to PRTS will be disenrolled from that MHO and services will be on a fee-for-service reimbursement basis.
  - Enrollment in managed care will take place at the first possible date in the month following discharge from the PRTS, should the child continue to be OHP eligible.

- **Office of Mental Health and Addiction Services Housing Initiatives**
  - **Community Mental Health Housing Fund and Villebois Community Housing Fund:** This fund, created from the sale of the former Dammasch State Hospital, supports development of community housing for people with serious mental illness. Community housing is also incorporated into the development on the Dammasch property. Mental Health housing sites, totaling eight acres are integrated throughout the new community.
    - In 2003-05, a total of $620,000 was awarded to 8 projects, creating new capacity for 110 people in 8 counties. The first two projects at Villebois, a small group home and a 20-unit apartment complex, are currently under development.
  - **Federal PATH Grant**: Funds totaling $495,000 allows the creation of services in 6 counties directed at alleviating homelessness and funds training on evidence-based practices for achieving residential stability. Implementation of the state interagency plan to address homelessness continues.
    - In FFY 2003-05, increases in Oregon's PATH allocations enabled expansion of services to homeless persons in 4 additional counties. OMHAS developed a homeless plan and introduced new legislation

creating an interagency council at the state level to address homelessness. Implementation of expanded services and ending homelessness plan continues in 2005-07.

- **Mental Health Services (MHS) Housing Fund:** Grant awards continue to expand and preserve housing for persons with serious mental illness. Awards support development of new housing and renovation of existing housing to address health and safety issues.
  - *2003-05* – 16 MHS housing development grants were awarded; two withdrew. These projects created 182 units of new housing capacity. Renovation awards helped preserve 30 existing housing sites throughout Oregon.
- **Real Choice System Change Grants:** OMHAS is completing and evaluating 2001 grant initiatives. 2004 grant service finance reforms progress.
  - In 2003-05, 2001 Real Choice housing funds assisted over 500 individuals to obtain or retain integrated housing and provide staff support to Dammasch reinvestment, housing planning and homeless services. The grant awarded in 2004 will assist with service financing reform integrating long-term supports with affordable housing.
  - **Real Choices CMS Grant** – OMHAS is developing initial evaluation and recommendations to improve use of Medicaid services in support of people, who are either homeless or living in supported housing, concurrently receiving mental health services. A newly hired project coordinator has begun analysis.

Benefit Package

- **MHO Rates and Finance Workgroup – Provider Tax** to be added as a line item to the C4-MHO Contractor's Quarterly Statement of Revenue and Expenses report for the January, 2006 MHO Contract. Continued discussions of CSCI financial glide path. MHOs validated encounter data for the '05-'06 risk adjustment, effective October 1st.

- **MHO Contracts and Rules Workgroup –** On-going discussion of new MHO contract language around CSCI. MHOs submitted recommended changes for Intensive Community-Based Treatment and Support Services administrative rule in preparation for the June 1st hearing.

- **Code Conversion Workgroup -** Completed updates to "tip sheet" document generated by MHOs for mental health procedure codes. Discussed how to best provide services and capture utilization for parents of children in the intensive treatment services. Group will next review Prevention, Education and Outreach activities in encounter data.

- **RiverBend -** As of June 15, 2005, RiverBend Youth Center of Oregon City no longer provides mental health services under its current contract. A state inspection deemed the facility "unsafe" and prompted moving the facility's residential children to other facilities.

- **Mental Health Organization Agreement** – The MHO Agreement is being amended for the 2004-2005 contract year. This amendment extends the contract cycle from to December 31, 2005. Additionally, new contract language adding Psychiatric Day Treatment and Psychiatric Residential Treatment Services will also be implemented. Future MHO contract cycles will extend from January 1st – December 31st for any calendar year.

- **Medicare Modernization Act (MMA) -** OMHAS representatives are a part of a DHS/MMA steering committee. A specific workgroup will review institutional pharmacy issues at state operated institutions. Information materials are being prepared for MHOs and community mental health programs. DHS is convening local and regional meetings between behavioral health and parts of DHS involved in enrollment of dual eligibles through Medicare Advantage or prescription drug plan (PDP).

- **MHOs and Hospitals -** The Oregon Hospital Association came to OMHAS with concerns regarding disparities in reimbursement of services to *out of area* OHP clients. OMHAS is currently doing analysis and has planned meetings with the Hospital Association. Additionally, meetings have been planned with the MHOs to develop a means of resolution.

Quality Improvement, Evaluation and Monitoring

- **MHO Agreement, Exhibits M and N** – New reports required of MHOs in the MHO Amendment, October 1, 2005.

- Exhibit M, *Summary Report of Youth Services Survey* is a monitoring tool used to solicit feedback from families with children served under the Intensive Services Array.
- Exhibit N, *Level of Need Determination Data* is a mechanism to collect and analyze data using the Child and Adolescent Service Intensity Instrument (CASII) administered to children referred for intensive services.

- **MHO Capitation** – In the MMIS contract system for one of the MHOs, OMHAS identified a discrepancy in the MHO's client rate group information. This resulted in improper payment of capitation to that MHO for a set period. OMHAS contacted the plan, corrected MMIS system information and collected recoupment from the MHO during the following capitation cycle. OMHAS also sent the MHO documentation in their remittance advice for that capitation period.

- **OMHAS Statewide Quality Improvement** – OMHAS contracts with the Oregon Medical Professional Review Organization (OMPRO) to review services provided by the MHOs for compliance with BBA regulations and validation of Performance Improvement Projects (PIPs). OMHAS will consider this information for trending and patterns in development of future statewide quality improvement projects.

- **Evidence Based Practice Survey** – OMHAS recently surveyed Community Mental Health Programs (CMHP) regarding use of provisionally approved Evidence Based Practices (EBP). CMHPs were to indicate dollar amount spent monthly on each EBP. Funds represented money available through State general, Block Grant and Medicaid funds. Also indicated was information on degree of fidelity pertaining to implementation, indicating conformity to a published set of standards associated with the EBP. Information about the survey and other OMHAS work related to the implementation of EBP is available on the DHS Mental Health website: http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml

- **OMHAS Quality Improvement Activities** – During the 2nd quarter 2005, the following occurred:
  - Mid-Valley Behavioral Care Network EQR Report (Attachment 10)
  - Accountable Behavioral Health Alliance EQR Report (Attachment 11)
  - FamilyCare EQR Report (Attachment 12)
  - LaneCare EQR Report (Attachment 13)

- **Performance Measure Report -** OMHAS created the Performance Measures Report to monitor and to improve Oregon Health Plan (OHP) MHO performance in delivery of OHP services to OHP clients. Report data is collected on performance using objective performance measures that are divided into the following domains:

  - Access
  - Quality
  - Integration and Coordination
  - Prevention, Education, and Outreach
  - Outcomes

  The Performance Measures Report focuses on the MHOs and does not measure the performance of services to non-OHP clients or services delivered by organizations other than the MHOs and their subcontractors.

- **MHO Complaint Log** – See Attachment 14. MHOs reported a total of 74 complaints this quarter. This is a 32% decrease in complaints from the previous quarter. As in previous quarters, most complaints were reported in the *Clinical Care* and *Interaction with MHO, Provider or Staff* domains.

Training and Activities

- **Work Force Development Unit -** During the second quarter of 2005, OMHAS Education and Training Unit changed its name to Work Force Development Unit, reflecting current OMHAS emphasis and vision. The unit's goal is to develop a consumer-, family-, and community-based work force that promotes resiliency and supports recovery.

  - Unit objectives are to increase service integration, wrap around services, effective assessment and treatment of co-occurring disorders and culturally appropriate services.
  - Training is combined with technical assistance, as it applies to system readiness for change, selection and implementation of evidence-based practices and delivery of culturally appropriate services.

- **Oregon's Behavioral Health Work Force Development Forum** *(See Policy and Planning)* - In August 2005, there will be an invitational forum at Portland State University in Portland for 100-150 key leaders from academia, behavioral health employers, the consumer/advocacy community, policy makers from state and local government, think tanks, professional organizations and licensing

boards. The objective of the forum is to identify and agree upon essential core competencies and the core curricula supporting them in training programs, continuing education, and employment-based training.

Areas of discussion:

- Case management.
- Addiction services provided by mental health clinicians and mental health services provided by addictions clinicians.
- Supported employment and education.
- Integrated behavioral health.

- **Meaningful Family Involvement** - OMHAS is renewing a contract with Oregon Family Support Network (OFSN) for training of families and professionals to improve family involvement, and make it a more integral portion of the advisory process. The initial contract work is complete and the new contract will include work on curriculum and additional trainings.

- **OMHAS EBP Technical Assistance and Training** - OMHAS recently completed a pilot training and technical assistance project using a system wide approach to implementation of evidence-based practices in addiction and mental health prevention and treatment services.

  The office, in collaboration with Northwest Frontier Addiction Technology Transfer Center (NFATTC), trained 15 designated OMHAS staff in service improvement strategies and approaches. Trained staff provides technical assistance to nine selected agencies as each works on a service improvement project tailored to needs of the agency.

  The goal of the project is twofold: first to develop a small team of service improvement technical assistants who support and assist treatment agencies in Oregon through service improvement processes; and second, to pilot and evaluate improvement strategy with nine volunteer agencies.

- **Quality Improvement and Certification Unit** – Since April 1, 2005, OMHAS provided: 4 Hold Room Reviews, 4 MHO site reviews, 2 Investigator/Examiner Trainings with 37 in attendance and 1 ECMU Training with 43 attendees.

- **Behavioral Health Preparedness and Response to Disaster –**

  Terrorism Trainings – 2nd Quarter:

- Immediate Phase Response- 4 training locations – 70 participants
- Recovery Phase Response- 3 training locations – 25 participants

Additionally, the state workgroup on All-Hazards Behavioral Health Preparedness & Response (chaired by OMHAS Medical Director, David Pollack) submitted the Behavioral Health component of the state's Health Services-Emergency Response Plan for approval by the Health Preparedness Advisory Committee.

On May 18, 2005, an orientation exercise on that plan was conducted for 28 stakeholders in Portland. The workgroup has circulated the plan to the Association of Oregon Community Mental Health Programs and all Community Mental Health Program Directors to serve as a template for development of local/regional Behavioral Health Emergency Response Plans.

- **CASII Update** – OMHAS sponsored another training on administration of the Child and Adolescent Service Intensity Instrument (CASII) on April 22nd. OMHAS also presented a three-hour orientation on May 11th for those who wanted to learn more about the CASII and did not need to train on administration and use. Other interested parties sponsored additional trainings.

Family Health Insurance Assistance Program

Administrative Operations/Policy Issues

- In April, FHIAP operations conducted a quality assurance process review. In May, the review resulted in a report was distributed that prompted streamlining processes in the quality assurance unit and clarification of the communication process between the quality assurance unit and other work units.

- In April and May, the Insurance Pool Governing Board completed a Business Process Improvement Project. The purpose of the project was to identify strengths and weaknesses within the agency and its programs.
  - The project included a thorough review of all processes, procedures, policies, rules, and interviews with every staff member.
  - In June, the project resulted in a report that outlined the areas in which IPGB, including FHIAP, could improve to streamline operations and make the application process simpler for both applicants and staff. Staff implemented many of the recommendations immediately, since they did not require a rule or statutory change.
  - The agency managers continue to meet and review the report to discuss further changes to streamline the agency's activities.

- At the end of June, FHIAP began amending the agency rules to make some of the policy changes recommended in the above reports. The new rules are to be implemented in early July.

- In June, two of the Insurance Pool Governing Board's legislative bills were signed into law:
  - House Bill 2063 deletes obsolete reference to medical savings accounts.
  - House Bill 2064 allows FHIAP to count dependent elderly relatives and dependent adult disabled children as part of an applicant's family. This change will take affect on January 1, 2006.

Marketing

- In late May and early June, FHIAP sent approximately 100,000 FHIAP flyers to schools in various parts of the state.
- Staff trained approximately 25 newly licensed health insurance producers about state programs that help Oregonians obtain health insurance, including FHIAP.
- Phone call volume averaged approximately 2400 calls per week during this quarter, which is roughly the same as the previous quarter.
- Marketing staff continued outreach efforts across the state.

FHIAP Enrollment

New Group enrollments	537
New Individual enrollments	2,646
Total new enrollments	**3,183**

Total enrollment on June 30, 2005	11,621
Disenrollment due to non-payment of premium	205

OHP Eligibles and Enrollment

Enrollees are indicated as percent of total eligibles. Some eligibles cannot be enrolled in managed care. Enrolled include FCHP and PCM.

OHP Eligibles and Managed Care Enrollment April – June 2005		
Month	**OHP Eligibles***	**MCO Enrollment**
January	375,000	289,056
February	378,174	285,721
March	381,852	288,236
Qtr Average	**378,342**	**287,671 (76%)**

*Total OHP Eligibles include: TANF, GA, PLM-Adults, PLM-Children, Families, Adults & Couples, OAA, ABAD, FC and SAC.

MHO Enrollment

See Attachment 15, *MHO Utilization Report*, for complete information on MHO eligibles and enrollment from October 2004 through March 2005.

Ever-enrolled Report

The following table shows, by category, how many people were enrolled in the OHP at any time during the quarter.

Ever-enrolled Persons on OHP April – June 2005*			
Population		**Total Number of Persons**	
Expansion	Title 19; OHP Standard	OHP Parents	9,253
		OHP Childless Adults	22,349
	Title 19; OHP Plus	PLM Children FPL > 170%	465
		Pregnant Women FPL > 170%	455
	Title 21; OHP Plus	SCHIP FPL > 170%	3,307
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	10,198
	Title 21; OHP Plus	SCHIP FPL < 170%	25,028
Mandatory	Title 19; OHP Plus	Other OHP Plus	340,086
Quarter Totals			**411,141**

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

Fully Capitated Health Plans

Effective: May 2005

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

Dental Plans

Effective: April 2005

- Hayden Family Dentistry closed to new enrollment in Multnomah, Marion, Polk, Clackamas, Morrow, and Umatilla Counties with a 30-day re-enrollment period.

Effective: May 2005

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

- Capitol Dental Care closed to new enrollment in Lane County with a 30-day re-enrollment period.

- Capitol Dental Care closed to new enrollment in Marion and Polk Counties with a 30-day re-enrollment period.

Effective: June 2005

- Hayden Family Dentistry closed for enrollment in Crook, Grant, Deschutes, Klamath, Lake, Harney, Jackson, Gilliam, Jefferson, Lane, Douglas, Lincoln, Benton, Coos, Linn, Sherman, Wasco and Wheeler Counties with a 30-day reenrollment period.

- MultiCare Dental closed for new enrollment in Clackamas, Multnomah and Washington Counties with a 30-day re-enrollment period.

- ODS Companies opened for new enrollment in Multnomah, Clackamas and Washington Counties.

OMAP 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 second quarter of 2005:

April 2005

- OMAP notified approximately 2,160 OHP client households living in mandatory managed care areas that they would be automatically enrolled into a medical or dental plan effective May 1, 2005.

- OMAP sent the Par/Non-Par proposed rules to MCOs for their comments. OMAP plans to file these rules on May 15th.

- OMAP sent the MCOs a request for data on OHP clients with assigned primary care.

- OMAP sent the PHPs a request for data on DRG hospitals during October 1, 2003 through September 30, 2004.

- OMAP notified the MCOs that their FFS drug list is scheduled to go on the Epocrates system by May 8th.

- OMAP is seeking final approval to change contract timeframe to January 1. OMAP plans to amend the contract 10/1/05 and move forward with a 1/1/06 contract.

- OMAP notified the MCOs, Clients and Providers of their plans to implement a Physician Care Organization (PCO) contract on May 1, with Kaiser Permanente Oregon Plus (KPOP).

- OMAP shared the following announcements with MCOs:
  - A client announcement sent to all OHP Plus clients residing in Lincoln County about Cascades West Ride Line.

- An announcement sent to all OHP Providers about OMAP's intent to discontinue mailing most provider materials effective July 1, 2005.

May 2005

- OMAP notified approximately 1,765 OHP client households living in mandatory managed care areas that they are being automatically enrolled into a medical or dental plan effective June 1, 2005.

- OMAP shared PwC's summary of the encounter data being used to develop adjustment factors for the OHP 2006 Fiscal Year capitation rates. The data covers services incurred during the period 10-1-03 through 9-30-04. Plans were given the opportunity to review their plan-specific data.

- As part of a federal research project, OMAP queried the Fully Capitated Health Plans for the name of their Pharmacy Benefit Managers for the period of 1993 through 2003.

- OMAP shared the following announcements with MCOs:
  - The *HIPAA Bulletin* that went out to all pharmacy providers. This bulletin informs pharmacy providers they must convert to HIPAA-compliant 835 remittance advice software by December 31, 2005.
  - OMAP's new quarterly provider newsletter, *First Pass Connections*. *Connections* includes articles on process improvements, common billing problems, HIPAA news, upcoming trainings and events, and more.
  - A brochure included with clients' May Medical IDs encouraging use of the Wellpartner Home-Delivery Prescription Service. This is a money-saving measure for the state, and a matter of convenience for clients.

June 2005

- OMAP notified approximately 1,765 OHP client households living in mandatory managed care areas that they are being enrolled into a medical or dental plan effective July 1, 2005.

- CMS notified DHS they plan to conduct an onsite review in Salem from 8-22-05 through 9-1-05. CMS will be conducting an evaluation of contract compliance and all relevant regulatory requirements during the calendar years 2003, 2004 and 2005.

- MCOs submitted lists of their subcontractors to CMS for their review.

- OMAP notified the MCOs of the deadline to submit encounter data claims for the period 10-31-03 through 12-31-04 to be considered in the January 1, 2006 rate development by PwC.

- OMAP shared the following announcements with MCOs:
  - Notifications to all providers who use the paper OMAP 505, UB-92 or ADA 2002/2004 dental claim forms. These forms define the critical fields of these forms; and inform providers that OMAP now screens claims for these critical fields at receipting and returns incomplete claims to the provider for more information.
  - An announcement to approximately 380 OHP client households that OMAP will auto-enroll them into Marion Polk Community Health Plan on July 1, 2005.
  - A direct announcement to dual-eligible clients in each Medical Plan that has enrolled with Medicare to become a Medicare Advantage Plan. The announcement explains to the client that their current OMAP Medical Plan is enrolling as a Medicare Advantage Plan and instructs the client to complete a Medicare Advantage election form, if they wish to enroll in the Plan.
  - A reminder to providers, hospitals, birthing centers and direct entry midwives and MCOs to report births of children from mothers enrolled in the Oregon Health Plan, using the Newborn Notification form. This will expedite enrollment of newborns on the Oregon Health Plan and payment to providers.

OHP Regional Meetings

April 2005

10 meetings for Grant, Harney, Wheeler, Crook, Jefferson, Upper Deschutes, Lower Deschutes, Washington, Lane, Multnomah, Columbia, Clatsop, Tillamook and Lincoln Counties.

May 2005

12 meetings for Clackamas, Marion, Polk, Yamhill, Douglas, Josephine, Jackson, Klamath, Lake, Linn, Benton, Malheur, Baker, Wallowa, Umatilla, Morrow, Union, Hood River, Wasco, Gilliam and Sherman Counties.

June 2005

No meetings in June.

OHP Monthly Premium Billing and Payment

OHP Monthly Premium Billing and Payments April - June 2005						
Month	**Households**	**Current Billed**	**Total Billed**	**Current Receipt**	**Total Receipt**	**% of Total**
April	26,694	$276,640.00	$331,253.00	$225,620.65	$321,101.22	97%
May	26,106	$275,162.00	$317,143.00	$219,896.41	$204,324.01	96%
June	25,258	$267,512.00	$303,276.00	$208,935.94	$294,772.51	94%
Totals	**78,058**	**$820,314.00**	**$951,672.00**	**$654,453.00**	**$910,197.74**	**96%**

Premium Waivers Information (Past Premiums – Billed Prior to Feb 2003) **April – June 2005**			
Waiver Type	**April**	**May**	**June**
Zero Income	19	15	20
Crime Victim	1	0	0
Domestic Violence	2	6	6
Homeless	5	5	3
Natural Disaster	0	1	0
Death in Family	0	0	0
Totals	**27**	**27**	**29**

OHP 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:

- Communications to providers and clients about the new Physician Care Organization to contract with OMAP.

- 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 claims backlog updates, required fields on claim forms, HIPAA outreach and compliance, paperless communications, as well as other communications shared with MCOs (see “OMAP Managed Care Activities” section for more detail).

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 April – June 2005	
Provider Services Call Center	
Provider Claims Calls Received	29,159
Average # of Customer Service Agents Available	4.0
% Calls Transferred to OMAP Provider Services	30.7%
OHP Application Call Center	
OHP Applicant Calls Received	24,040
Average # of Customer Service Agents Available	5.0
% Calls Transferred to OHP or OMAP	17.7%
OCE Industries Mailroom	
OHP Application Requests Mailed	21,656
Redeterminations Mailed	33.010

Client Advisory Services Unit

During the quarter, the CASU call center received 12,366 calls from clients or their representatives about medical assistance or related issues. This represents a 35% increase over the 9,295 calls taken the previous quarter. The following table shows the distribution of these calls by type.

CASU Call Center Activity by Type of Call April – June 2005	
Medical Services	3,384
Pharmacy Services	1,780
Dental Services	831
Mental Health/Addiction Services	202
Client Medical Bills	1,574
Copayments	59
Premiums	116

CASU Call Center Activity by Type of Call April – June 2005	
Certificate of Creditable Coverage	471
Pharmacy Lock-In Change	705
Certificate of Non-Eligibility	249
Client Materials Request	232
Adoption Case Plan Change	40
Eligibility	1,245
General Questions or Concerns	1,478
Totals	**12,366**

Outreach Activities

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

Technical Systems and Encounter Data

HIPAA

Compliance deadline

- In May, DHS implemented a Good Faith Efforts initiative to encourage the small number of providers continuing to use the bulletin board function for processing claims to become HIPAA compliant. The letters advised these providers that their access would be discontinued unless they could demonstrate Good Faith efforts towards having and preparing to test for HIPAA compliant transactions. DHS will closely monitor those trading partners receiving Good Faith extensions.

- 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. In these meetings, DHS emphasizes the need to become compliant by December 30, 2005 and reports on the status of all PHPs attempting to become compliant.

- The DHS HIPAA Project Office and OMAP staff meet routinely with our CMS representative to provide updates and develop additional reporting tools.

Electronic Data Interchange (EDI) Registration

- DHS now has 100% registered through the Trading Partner Agreement (TPA) as 837 transaction submitters. DHS HIPAA staff continues to identify Oregon Medicaid electronic billers needing to register for electronic data interchange (EDI) claims submission.

- Via the recently created TPA Change Form, DHS receives revisions to approximately 10% of the TPAs already received.

- The contractor hired to complete needed upgrades to the Registration Database for better functionality and reporting completed his work June 20, 2005 and IS support has taken over to complete final enhancements with a release date for late July.

EDI Testing and production submission of transactions

- DHS continues to invite registered trading partners to participate in the no-cost third party test site for the 837, 270, and 276 transactions.

- DHS has moved the following groups to production status for claims payment:
  - 99.9% fee-for-service (FFS) providers required to use the 837 professional transaction.
  - 99.2% FFS providers required to use the 837 institutional transaction to a production status for claims payment.
  - Four of the seven dental care organizations that use the 837 dental transactions.

- DHS currently receives FFS dental claims in the paper format only, since no dental providers have indicated they are prepared to go electronic in the 837 dental transaction.

- Several of the thirteen prepaid health plans and the single chemical dependency organization are in business-to-business testing for the 837 professional transaction.

- The mental health organizations and physician care organization are not in testing or production status.

EDI Outreach and Training

- Over the last quarter the Outreach and Training Team have developed and facilitated many information sharing tools and opportunities. They completed HIPAA 101 training within OMAP's various units, participated in the First Pass training sessions and coordinated and facilitated a Vendor Fair, where providers could learn about available EDI service vendors.

- The primary focus for the remaining two quarters of 2005 is replacing DHS' noncompliant data entry screens with the 270/271 eligibility inquiry/response transactions and the 276/277 claims inquiry/response transactions. At every opportunity, the Outreach and Training Team will discuss and share additional information on DHS solutions to the termination of the noncompliant screens by December 30, 2005.

- DHS continues to update and post a Frequently Asked Questions HIPAA document for the Web site. DHS will review the HIPAA web site to recommend changes for ease in site navigation and readability.

- DHS updates Oregon proprietary Companion Guides on a quarterly basis and is preparing the third quarter updates for release to the DHS HIPAA Web site.

- Staff continues producing the HIPAA Monthly Newsletter which is posted to the DHS website.

Systems

- 39 new systems requests written.
- 67 systems requests completed or withdrawn.

Encounter Data Validation

- The quarterly reports for the prepaid health plans (PHP) now compare previous quarter submissions with current quarter by claim type and dollar amount by date of submission.
- Staff have completed initial development for a quarterly data validation process between the data DHS receives from the prepaid health plans (PHPs) and what the PHPs show as being sent that will be considered for Risk and per capita cost rate setting. The phase one pilot project was successful and the results were distributed to various external workgroups for review and consideration.
- The Encounter Data Liaisons participate in the OMAP PHP internal Collaboration meetings to share status of assigned PHPs.
- TEDS is almost done documenting their unit processes for the CMS on-site visit due in August.