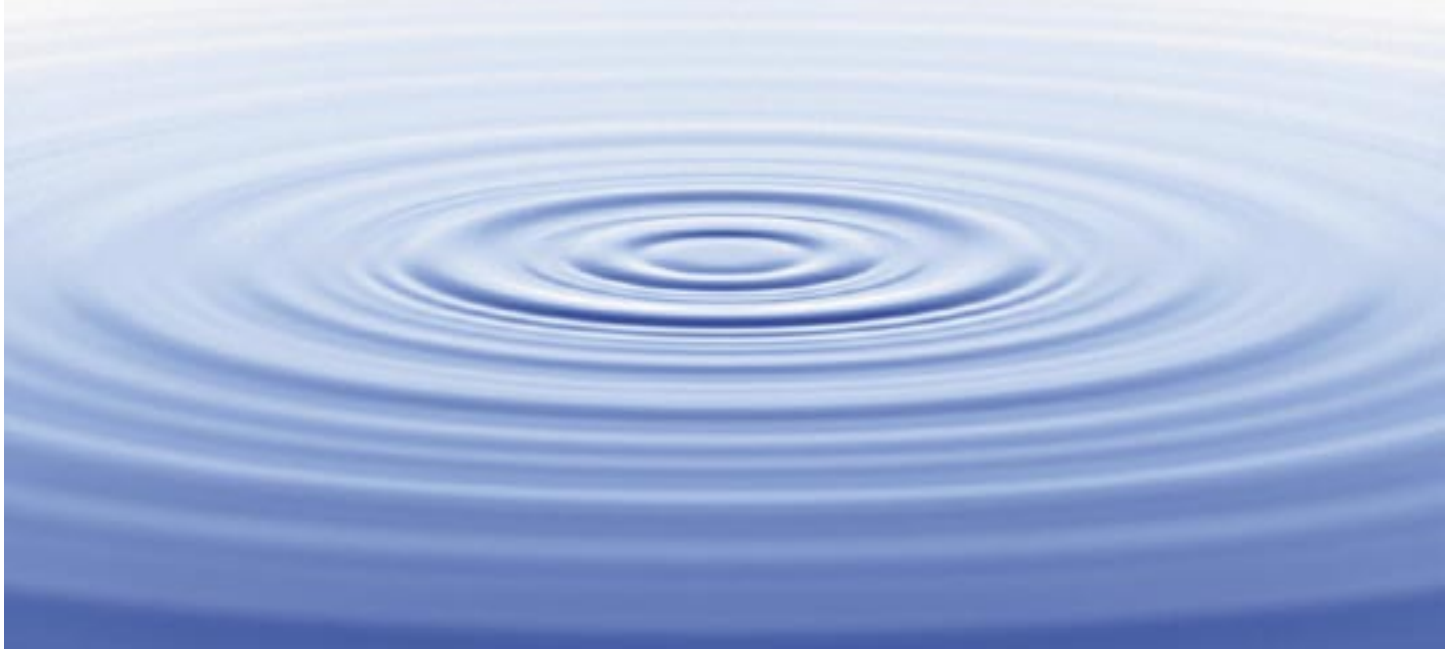
DHS
Oregon Department of Human Services

Oregon Health Plan

Medicaid and State Children's Health Insurance Program
section 1115(a) Medicaid demonstration extension

Quarterly Progress Report
April – June 2006



Executive Summary

This progress report covers information from the Oregon Office of Medical Assistance Programs (OMAP), Family Health Insurance Assistance Program (FHIAP) and Office of Mental Health and Addiction Services (OMHAS) on operational and policy issues related to administration of the Oregon Health Plan Medicaid demonstration for the April–June 2006 reporting period.

Policy issues

In continuing efforts to maintain sustainability of the OHP, OMAP worked on proposals to reduce OHP benefits for services in the dental, hospital, visual and pharmaceutical services programs. The April 2006 Special Session of the Oregon Legislative Assembly allocated FHIAP's remaining Special Purpose Appropriation funds to OMAP, to expand the eligibility period for the State Children's Health Insurance Program (SCHIP) from 6 to 12 months.

The Health Services Commission (HSC) completed the biennial review of the Prioritized List of Health Services, which prioritizes the benefits available to OHP clients. This review resulted in a reprioritized List for 2008 that emphasizes preventive care and chronic disease management. OMAP and OMHAS' interactions with the managed care plan Medical Directors and other OHP stakeholders support this focus on preventive care and continued improvement in access to and quality of care for OHP clients.

Operational issues

Managed care remains a focus in OMAP and OMHAS operations. OMAP has proposed changes to solicit additional managed care plans to participate in OHP's delivery system and ensure appropriate enrollment of OHP clients across DHS divisions, with a formal plan due later this year. Interactions with managed care plans focused on streamlining the rate development, capitation payment, and encounter data submission processes.

The MMIS Replacement project continues to move forward, with staff throughout OMAP sharing information with the contracted vendor to complete development and review of system design and business process documents. At the same time, staff are working on successful implementation of the National Provider Identifier in OMAP operations, and continuously improving the Electronic Data Interchange (EDI) services for OHP providers and managed care plans.

These continued strides to keep pace with technology, quality improvement developments, and the health care needs of all Oregonians help to bring Oregon's Medicaid operations further into the 21st century.

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Attachments

These attachments are only available with hardcopy distribution of the Quarterly Report. If you would like to be on the mailing list for this distribution, contact OMAP at (503) 945-5682.

1. OHP Ever-Enrolled Report — 2nd Quarter 2006
2. OHP Quality and Performance Improvement Workgroup (QPIWG) Meeting Agenda and Minutes — April 2006
3. OHP QPIWG Meeting Agenda and Minutes — May 2006
4. OHP QPIWG Meeting Agenda and Minutes — June 2006
5. Disenrollment Reports (FCHPs, DCOs, CDO and PCO) — Fourth Quarter 2005
6. OMAP Managed Care Plans Complaints and Grievances Report
7. OMHAS Housing Initiatives*
8. Mental Health Organization Enrollment — 2nd Quarter 2006*
9. Grievance Log — 1st Quarter 2006*
10. MHO Grievances Comparisons for 2003-04 and 2004-05*
11. Performance Improvement Project (PIP) Validation for Accountable Behavioral Health Alliance*
12. PIP Validation for FamilyCare Inc.*
13. PIP Validation for Greater Oregon Behavioral Health Inc.*
14. PIP Validation for LaneCare Inc.*
15. PIP Validation for Mid-Valley Behavioral Care Network*
16. PIP Validation for Washington County Health and Human Services*

***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.**

During this reporting period, OMAP administrative operations focused on developing relationships with program and policy stakeholders to actively participate in Oregon's administrative rule development process, and discuss solutions to reduce Emergency Department (ED) usage of OHP clients.

Program Development

Contingent on CMS approval, OMAP drafted rules to reduce the OHP benefits for services in the dental, hospital, visual and pharmaceutical services programs. Various OHP stakeholder groups provided input to help ensure the needs of OHP clients and providers were voiced and addressed where applicable.

The development of rules and processes around Emergency Department (ED) screening and triage fee also involved detailed interaction with OHP stakeholders during this reporting period.

The following matrix summarizes OMAP program activities for 2nd quarter 2006.

Program	Activity
Dental	In May 2006, sent notification of proposed rulemaking about amending rule(s) to include: ■ Additional limitations on specific services that are reflective of clinical standards. ■ Clarification of the intent of existing limitations. ■ Dental benefit reductions for OHP Plus adult clients. These changes are in response to the need to reduce the overall Dental Program budget and to improve administrative efficiencies.

Program	Activity
Durable Medical Equipment (DME)	Continued quarterly DME-POS policy advisory committee meetings with medical equipment providers, managed care representatives, client advocates, consumers and other interested parties to assist OMAP in drafting rules. Updated OARs to: ■ Add definitions for activities of daily living, durable medical equipment, medical records, medical supplies, mobility-related activities of daily living, and prosthetic and orthotic devices. ■ Add general conditions of coverage and documentation requirements that did not exist previously. Coverage information is based on evidence-based clinical practice guidelines and will assist DME-POS providers in making appropriate dispensing and billing decisions. ■ Reflect current generally accepted standards of medical practice regarding apnea monitors for infants. Amendments assist providers in making appropriate dispensing and billing decisions. ■ Replace code S9098 (Home visit, phototherapy services [*e.g.*, bili-lite]), including equipment rental, nursing services, blood draw, supplies and other services, per diem) with code E0202 (Phototherapy [bilirubin] light with photometer) and to add rule text for this service.
FQHC/RHC	■ Continued coordination with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to support Medicaid billing where applicable, interface with Medicaid Managed Care Organizations (MCOs), and other opportunities for sustainable administrative support. ■ OMAP updated OAR 410-147-0460 to add language for an expedited process, in accordance with 42 USC 1396a(bb), to make supplemental payments to eligible FQHCs and RHCs that contract with MCOs.

Program	Activity
General Rules	Updated Oregon Administrative Rules (OARs) to: ■ Allow retroactive provider enrollment according to federal regulations with the discretion of OMAP to consider extenuating circumstances. ■ Specify the waiver requirement including the OMAP allowable and the extent of appeal of Medicare coverage before billing OMAP. ■ Change rate setting for physician administered drugs. ■ Add a client responsibility to advise the caseworker of insurance coverage changes within 10 days. In May 2006, sent notification of proposed rulemaking about adding the changes to the OHP Plus, QMB + OHP with Limited Drug, and the OHP with Limited Drug benefit packages. These revisions are contingent upon Centers for Medicare and Medicaid Services (CMS) approval.
Hospital	With implementation contingent upon approval from Centers for Medicare and Medicaid Services (CMS), updated OARs to: ■ Eliminate Direct Medical Education (DME) and Indirect Medical Education (IME) settlements to hospitals for teaching expenses. ■ Clarify calculation of the upper payment limit (UPL) related to the elimination of DME and IME and to make explicit the inclusion of outpatient in the UPL. ■ Comply with an agreement with the Oregon Association of Hospitals and Health Systems to eliminate maternity case management interim reimbursement from payment by Fee for Service fee schedule.
Indian Health Services (IHS)	Consulted 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.
Medical Transportation	■ By Fall 2006, Lane County will begin development of its transportation brokerage, pending ODOT approval of funds. Grant and Lake Counties are the only counties left in Oregon that do not operate a brokerage, but both will be approved to develop by Fall 2006. This will meet the target date of 12/31/06 for complete brokerage coverage/ development. ■ Provided training to DHS branch staff on medical transportation, which OMAP will provide annually.

Program	Activity
Medical/ Surgical	Continued collaboration with other DHS programs and other community partners in the following areas: ■ Childhood immunizations ■ Maternity case management ■ Lead poisoning prevention ■ Breast and cervical cancer Medicaid coverage for uninsured women Updated OARs to: ■ Require providers to add the National Drug Code (NDC) of drugs administered in their offices to the 837P billing format and remove reference to covered codes. ■ Clarify that the person obtaining consent cannot sign the Sterilization Consent form retroactively. ■ Add requirement to assist in making referrals for dental services. ■ Clarify all mandatory topics must be reviewed for Full Maternity Case Management, and to add Mercury Consumption of fish to the training topics.
OHP (Managed Care)	Updated OARs to: ■ Resume OHP Mental Health enrollment for eligible children. ■ Clarify the policy for established relationship disenrollments. ■ Update Medicare Plan Election Form processing policy.

Program	Activity
Pharmacy	Coordinated and collaborated with the HSC and Health Resource Commission regarding the Prioritized List of Health Services and evidence-based findings on pharmaceuticals. Worked with its Pharmacy Benefit Manager to allow DHS' MMA hotline to authorize overrides of pharmacy claims that should be covered by Medicare Part D. Continued collaboration with other DHS programs and other community partners in piloting 340B federally discounted prescription purchase strategies with eligible covered entities. Updated OARs to: ■ Update the Plan Drug List. ■ Clarify that if a client is enrolled in managed care and the particular pharmacy is not a participating provider with the managed care plan, the pharmacist should inform the client of that fact and should also inform the client he or she can contact their managed care plan for a list of participating providers. ■ Clarify that a dispensing pharmacist may offer to counsel a client's caregiver rather than the client presenting the new prescription if the pharmacist determines that it is appropriate under the circumstances. ■ Clarify that an institutional pharmacy must send OMAP a copy of its institutional license along with its provider application in order to qualify for the enhanced institutional reimbursement.
State Plan Amendment (SPA)	OMAP continued discussions and monitoring of previously submitted State Plan Amendments (SPAs). ■ 4 SPAs correspond with an 1115 waiver amendment request for benefit reductions in vision, dental, over-the-counter prescription drugs and hospital day limit. ■ 3 additional SPAs submitted this quarter relate to the Emergency Department assessment fee, and technical changes to previously submitted SPAs.
Targeted Case Management (TCM)	Updated OARs to: ■ Describe the requirements applicable to qualified providers. ■ Establish reimbursement mechanisms. ■ Authorize payment for targeted case management services by qualified providers.
Vision	Updated OAR to clarify that providers must bill Medicare before billing OMAP for Medicare-covered visual services.

Information Sharing

Monthly meetings between the OMAP Medical Director and the Medical Directors of the OHP managed care organizations, as well as the Managed Care Quality and Performance Improvement Work Group, shared the following information to support the OHP's growing emphasis on preventive care and case management:

- **Pandemic Preparedness Overview.** Overview of a state and local pandemic influenza-planning checklist developed by the State Public Health Division. It recommends preparedness goals and measures to meet those goals.
- **Oregon Health Care Quality Corp.** This group convenes clinicians, health plans and quality experts to guide Oregon's health care quality improvement efforts for outpatient practice. The program is voluntary and in the early stage of development, which includes development of the following:
  - ✓ Methods for data collection
  - ✓ Formalized methods to engage physicians in the quality improvement process
  - ✓ New infrastructure to facilitate pay for performance for chronic care. This will provide an incentive for physicians to provide data to support quality improvement efforts.
  - ✓ A common set of measures that can quantify quality improvement efforts
  - ✓ Incentives for clients to become active participants in their health care.
- **Academic Detailing Update.** The Mental Health Educational Outreach program has conducted two types of outreach efforts:
  - ✓ Group utilization interventions to a targeted audience of providers
  - ✓ Introduction of prescription change forms to providers of patients who could be considered for a voluntary cost-saving medication change.

  The next goal is to implement faxback educational sheets and identify a list of prescribing providers that may benefit from one-on-one consultation. A database that tracks various interventions has been created and will be used to capture and analyze the impact of the outreach efforts.

- **ER Utilization Presentation.** Bob Lowe, MD, MPH, OHSU Center for Policy and Research in Emergency Medicine, presented research findings regarding Emergency Department use and the Oregon Health Plan. Findings indicate that by increasing primary care providers' accessibility and providing adequate behavioral health and dental services, opportunities exist to decrease ED utilization.
- **Medication Management Program Overview.** MonitoRX is a tool that provides information on medication utilization, which aids in improved treatment planning, coordination of care and reduction in provider liability.
- **Medicaid Medical Director's Learning Network (MMDLN) Conference Overview.** The MMDLN, is a new Web-based forum that allows the states to share and survey the health care options being developed in other states for funding, utilization of managed care organizations, integration of LTC and acute care, and integration of behavioral health and physical health.
- I**maging Prior Authorization Practices Roundtable.** The OMAP and OHP managed care organization (MCO) medical directors recommended various tools to assist in appropriate review and authorization of imaging services. No denials are made without MD review and denials tend to decrease as providers become familiar with the criteria. PA practice has demonstrated significant cost savings.

Health Services Commission

The Health Services Commission (HSC) is responsible for maintaining the Prioritized List of Health Services, which determines the benefits available to clients of the Oregon Health Plan. During this reporting period, the Commission's focus was the biennial review of the Prioritized List.

Commission Activities

The **Health Services Commission** (HSC) held three meetings during the quarter. Focus remained on the following areas:

Biennial Review

The HSC completed the biennial review of the Prioritized List, which involved a complete reordering of all line items according to a new methodology which places more emphasis on preventive care and chronic disease management.

- As part of the biennial review process, the HSC reviewed comments solicited by letter they sent out to over 200 physicians, hospitals, safety net clinics and school-based health centers.
- They also held five focus groups involving the Oregon Academy of Family Practice, medical specialty societies, other provider representatives, advocacy groups and consumers.

All sources provided overwhelming support for the reorganization of the list the HSC was undertaking.

Reprioritization Methodology

The new methodology places the line items into one of the following nine ranked categories of care:

1) Maternity and Newborn Care
2) Primary and Secondary Prevention
3) Chronic Disease Management
4) Reproductive Services
5) Comfort Care
6) Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure

7) Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure
8) Self-limited Conditions
9) Inconsequential Care

The line items were then sorted within category according to a score based on ratings to the following criteria:

1) Impact on Healthy Life Years
2) Impact on Suffering
3) Population Effects
4) Vulnerability of Population Affected
5) Tertiary Prevention
6) Effectiveness
7) Need for Medical Services
8) Net Cost

Ratings for the criteria for 1) thru 5) were summed, then multiplied by the ratings for 6) and 7). Net cost (8) was used to break any ties. Weights were then developed for the nine categories and those weights were applied to the criteria score to provide a draft list that was reviewed at the HSC's June 2006 meeting. Finally, the rankings of a small number of lines were hand adjusted to better reflect the importance of the service.

Reprioritization Results

The top twelve lines, deemed "The Healthy Dozen," on the unanimously approved new list are:

1) Maternity Care
2) Newborn Care
3) Preventive Services for Children From Birth to 10 Years of Age
4) Preventive Services With Proven Effectiveness After Age 10
5) Abuse or Dependence of Alcohol and Drugs
6) Tobacco Dependence
7) Reproductive Services
8) Obesity (treatment as recommended by the US Preventive Services Task Force)

9) Recurrent Major Depression
10) Type I Diabetes Mellitus
11) Asthma
12) Hypertension and Hypertensive Disease

The new list will go into effect no sooner than January 1, 2008, pending the acceptance of the Oregon Legislative Assembly and approval from CMS.

Subcommittee Activities

The **Health Outcomes Subcommittee** held three meetings during the quarter. They made a minor clarifying revision to the therapy guidelines, expanded the PET scan guideline to include use in the diagnosis and staging of testicular and colon cancers, and significantly changed the psoriasis guideline to include coverage for individuals with only 10% or more body surface area affected when accompanied by functional limitations. New guidelines were also developed for complicated hernias in adults and prophylactic breast removal in women with a history or high risk of breast cancer.

The **Subcommittee on Mental Health Care and Chemical Dependency** held three meetings during the quarter. The Subcommittee followed the new methodology as it was developed by the HSC, providing input that helped to shape its final form. They then applied the new methodology to the mental health and chemical dependency line items, resulting in scores for each of the lines that were adopted by the HSC for integration with the physical health lines.

OHP Eligibles

Ever-enrolled Report

The following table shows, by category, how many people were enrolled in the OHP at any time during the quarter. For each population listed below, Attachment 1 also includes the percent changes from the previous quarter, percent changes from the previous year, and total member months.

Ever-enrolled Persons on OHP April – June 2006*			
Population		**Total Number of Persons**	
Expansion	Title 19; OHP Standard	OHP Parents	7,966
		OHP Childless Adults	15,487
	Title 19; OHP Plus	PLM Children FPL > 170%	596
		Pregnant Women FPL > 170%	612
	Title 21; OHP Plus	SCHIP FPL > 170%	3,932
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	10,916
	Title 21; OHP Plus	SCHIP FPL < 170%	28,890
Mandatory	Title 19; OHP Plus	Other OHP Plus	338,051
Quarter Totals			**406,450**

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

Managed Care

During this reporting period, a major focus in OMAP's relations with the OHP managed care organizations (MCOs) involved the proposed delivery system changes for the OHP, which include:

- Changing targeted ZIP codes from voluntary to mandatory enrollment areas.
- Reviewing current disenrollment and exemption processes across DHS divisions to ensure appropriate enrollment of all OHP clients.
- Initiating statewide solicitations no earlier than January 1, 2008, to provide new MCOs and Partially Capitated Organizations (PCOs) the opportunity to participate in the OHP delivery system in underserved areas.

In May 2006, forums for the OHP MCOs and all other interested OHP stakeholders were held to discuss these proposed changes. The final plan to implement any delivery system changes should be completed later this year.

Managed Care Review

Annual Quality Improvement Reviews

Evaluations of the managed care organizations (MCOs) for 2005 have been completed sequentially for the annual reviews. Submissions for 2006 are being reviewed.

External Quality Reviews

2006 –2008. The Oregon Department of Administrative Services and the Oregon Department of Justice are currently reviewing OMAP's new Request for Proposal (RFP) for EQR services. In addition to the mandatory area EQR RFP, and following CMS Region X meetings, OMHAS and OMAP will move toward one additional EQR-based performance improvement project.

In addition, there will be the EQR-based survey work previously conducted, and a revised Quality Improvement Strategy.

Quality and Performance Improvement Workgroup

The Quality and Performance Improvement (QPI) Workgroup met on three occasions during this quarter. Each meeting included 40-45 participants from OHP managed care health and dental plans (quality improvement coordinators and medical directors), DHS staff, and public health partners who serve as resources and experts on given quality improvement and chronic disease topics, and public quests. Please see QPI minutes (Attachments 2-4) for specific details of each meeting this quarter.

- April's meeting included presentations and discussions about:
  - ✓ Statewide public private performance measure sets.
  - ✓ Oregon AHRQ Project: Reducing Pediatric Asthma Disparities.
  - ✓ Performance Improvement Project Collaborative involving Mental Health and Physical Health Outcomes.

- ✓ OHP Special Needs Populations and the exceptional Needs Care Coordination Program.

- May's meeting addressed the following topics:
  - ✓ Continued discussion related to the Collaborative PIP
  - ✓ Cultural Competency Self –Assessment Sharing
  - ✓ Fluoride varnish application in the PCP setting-policy and procedure implications
  - ✓ Flu and pneumonia vaccine guidelines and information
- June's topics included:
  - ✓ Heart/Stroke/Diabetes guidelines.
  - ✓ Mental Health Delivery Systems Overview.
  - ✓ Children's Initiatives and Mental Health Programs.
  - ✓ Innovative Partnership Awards.

Managed Care 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 2006			
Month	**OHP Eligibles***	**MCO Enrollment**	**MHO Enrollment**
April	378,266	287,452	334,683
May	379,450	291,755	332,879
June	379,129	291,129	335,216
Qtr Average	**378,948**	**290,112 (76%)**	**334,259 (88%)**

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

Charts showing managed care disenrollment for FCHPS, DCOs, and the CDO are included with this report (Attachment 5). Due to the large number of retro disenrollments, the reports provided are for the same quarter as the complaint reports. The attachment covers this data from the 4th quarter 2005.

This report also includes the Managed Care Plans Complaints and Grievances Report with data from the 4th quarter 2005 (Attachment 6). 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.

Service Area Changes

The following changes to the service delivery areas of OHP managed care plans occurred during this reporting period. OMAP notified DHS staff and managed care plans of these changes prior to implementation.

Month	Fully Capitated Health Plans	Dental Plans
April 2006	■ CareOregon closed to new enrollment in Clatsop County, with a 30-day re-enrollment period. ■ All ZIP codes in Clatsop County became voluntary enrollment areas.	■ Willamette Dental Group opened to new enrollment in Douglas, Jackson and Josephine Counties.
May 2006	■ No activities reported for May.	■ Northwest Dental Services closed to new enrollment in Baker County, with a 90-day re-enrollment period.
June 2006	■ Kaiser Permanente Oregon Plus closed for new enrollment in all service areas (Marion, Multnomah, and Clackamas Counties). Kaiser will have a 30-day re-enrollment period.	■ Capitol Dental Care re-opened for new enrollment in Hood River and Wasco Counties. ■ Capitol Dental Care closed to enrollment in Klamath, Umatilla, Morrow and Union Counties, with a 60-day re-enrollment period. ■ Northwest Dental Services closed to new enrollment in Coos, Lake and Lane Counties, with a 120-day re-enrollment period. ■ Northwest Dental Services closed to new enrollment in Curry County, with a 90-day re-enrollment period. ■ Curry County became voluntary for dental enrollment.

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), Physician Care Organization (PCO) and Chemical Dependency Organization (CDO).

Below are the areas of focus during the 2nd quarter of 2006. Communications to stakeholders, as described in this section, included the managed care plans.

April 2006

- The Office of Medical Assistance Programs (OMAP) notified Managed Care Organizations (MCOs) and providers that effective April 1, 2006, OMAP revised an administrative rule in the Oregon Health Plan (OHP). They are available on the web.
- OMAP requested MCOs to submit Administrative Cost Information. The information obtained will assist in the development of the per capita cost for the 2007-2009 biennium.
- OMAP informed MCOs about a series of public meetings to gather input on the Governor Ted Kulongoski's Healthy Kids Plan. The Healthy Kids Plan gives access to affordable medical insurance to all uninsured Oregon children.
- OMAP provided FCHPs and DCOs a update on the Psychiatric Residential Treatment Services (PRTS) current research and the formulation of a written response soon to follow.
- OMAP informed MCOs that they will begin to process capitation payments for retro-enrolled clients manually, excluding newborns. This is to ensure accurate, timely and consistent payments. Capitation payments for newborns will continue to be processed though the system.
- OMAP sent FCHPs and PCOs a reminder that OMAP must receive Exhibit K (Reports K1 and K2) by March 31 of each year. This report is part of the contractual agreement.
- OMAP sent MCOs and OHP Standard clients notification about the OHP premium policy changes effective June 1, 2006. The changes include households with incomes 10% or less of the

Federal Poverty Level will not longer be changed a premium. In addition, clients must pay all past due premiums at reapplication in order to remain eligible for OHP Standard coverage.

- OMAP notified approximately 1,891 households living in the mandatory managed care areas that are required to be enrolled in a medical and/or dental managed care plan. The notice informed clients that they are being enrolled into a medical or dental plan effective May 1, 2006. Clients may change plans in the first 30 days of their enrollment and are instructed to call their caseworkers to do so.
- OMAP sent a provider announcement stating that the Governor has directed DHS to extend the temporary payment authorization of Medicare Part D drugs. The DHS override system will continue through at least May 31, 2006.
- OMAP notified MCOs of the Proposed Delivery System Changes Stakeholder Meetings, scheduled for May 15 and May 16, 2006. The May 15th meeting is for the OHP MCOs to provide feedback on the proposed plan. The May 16th meeting is for clients, providers, non-OHP MCOs, and general public to provide feedback.
- OMAP requested MCOs to provide their questions on paid claims data as preparation for the Paid Claims Encounter Data Meeting for May 31, 2006.
- OMAP sent MCOs clarification on the request to submit Administrative Cost Information. The information obtained will assist in the development for the per capita cost for the 2007-2009 biennium.

May 2006

- OMAP provided MCOs the minutes from the April 20, 2006, OHP Contractors Meeting. MCOs also received Web links to independent research on current models of managed long-term care, and a list of community forums on the future of long term care.
- OMAP sent MCOs information from the DHS Actuarial Services Unit (ASU) about the source data for the non-participating hospital rates.
- OMAP notified all providers subscribed to receive e-mail alerts for updates to the Electronic Data Interchange (EDI) Publications and News page and OMAP Provider Announcements pages about EDI Bulletin 10. This bulletin informed providers about general

system availability due to server moves and system outages. MCOs received notification of this bulletin and were advised to subscribe themselves to the EDI News page for future bulletins if interested.

- OMAP provided clarification to MCOs about the Automated Information System (AIS).
- OMAP sent MCOs an updated Health-screen Maintenance Unit (HMU) Plan assignment list.
- OMAP requested MCOs to provide their comments on the new premium policy that will be effective on June 1, 2006.
- OMAP requested MCOs to provide their comments on the Medicare Part D plan names being removed from the OMAP Medical Care ID.
- OMAP notified MCOs that they are collecting National Provider Identifiers (NPIs) in preparation for use in DHS systems by May 23, 2007.
- OMAP notified MCOs about the OHP Contractors Meeting, scheduled for May 18, 2006.
- OMAP notified MCOs of the MCO/MMIS Workgroup Meeting, scheduled for May 17, 2006. This workgroup is a collaborative effort to inform and gain understanding of the new Medicaid Management Information System (MMIS) and the impact on MCOs.
- OMAP sent MCOs notification that effective January 1, 2007, the all-inclusive encounter rate for FQHCs and RHCs will include laboratory and radiology services. This information will be included in the clinics' data submission with reported payment.
- OMAP notified MCOs of the meeting Addressing Problems with Authentication Foster and Adoptive Parents, scheduled for June 6, 2006, to discuss MCO problems, address the issues, and answer related questions.
- At the request of the MCOs, OMAP provided the first draft of the Recommendations on the Future of Long-Term Care in Oregon report.
- OMAP sent MCOs a provider announcement reminding providers that the Plan Drug List is available on the Epocrates Rx database, via portable digital assistant (PDA) and on the Web.

- OMAP sent an invitation to MCOs to select one representative to participate in the new Caseload Forecasting Advisory Committee. This is an "industry/ provider" steering committee to advise OMAP on caseload forecasting for Fall 2006.
- OMAP provided MCOs with the minutes from the Proposed Delivery System Changes Stakeholder Meetings held on May 15 and May 16, 2006, which included feedback on the proposed plan from OHP MCOs, clients, providers, non-OHP MCOs, and general public.
- OMAP sent MCOs an announcement sent to clients on the OHP Standard benefit package. This was a premium policy reminder that 7800 OHP Standard clients with income 10% or less of Federal Poverty Level (FPL) are no longer subject to premium charges. 9800 OHP Standard clients with income more than 10% or more of FPL will still be charged monthly premiums.
- OMAP notified MCOs of the Paid Encounter Claims Data Meeting, scheduled for May 31, 2006, to request feedback and provide answers to some questions regarding the submission of paid encounter data.
- OMAP notified approximately 1,984 households living in the mandatory managed care areas that are required to be enrolled in a medical and/or dental managed care plan. The notice informed clients that they are being enrolled into a medical or dental plan effective June 1, 2006. Clients may change plans in the first 30 days of their enrollment and are instructed to call their caseworkers to do so.
- OMAP notified MCOs that a survey would be conducted as part of the development of a coordinated care performance improvement project (PIP), including both OMAP and Office of Mental Health and Addiction Services Mental Health Organizations (OMHAS).
- OMAP sent a provider announcement that the DHS pharmacy payment overrides for Medicare Part D drugs for fully dual eligible clients would be extended through June 2006.
- OMAP sent MCOs a reminder on the encounter data submission deadlines for the end of the rate setting cycle. The Health Financing Operations Section (HFO) requests that plans not wait till the last minute and that all 2005 date-of-service encounter claims, new and adjusted, need to be submitted by June 22, 2006.

- OMAP notified MCOs of the OHP Contractors Steering Committee Meeting, scheduled for June 5, 2006, to discuss contractor-related issues and topics to be covered in the June 2006 OHP Contractors Meeting.
- OMAP provided MCOs with the minutes from the May 18, 2006, OHP Contractors Meeting, as well as information related to the MCO/MMIS Workgroup.
- OMAP sent MCOs notice that the Final Delivery Systems Plan Changes will be delayed until further notice, including actions schedule for early June 2006 implementation. MCOs will be notified when it is finalized.

June 2006

- OMAP requested MCOs to complete a Process Improvement Plan (PIP) Survey. This survey is the first step in the process to development of a coordinated care PIP, including both OMAP and OMHAS. The survey deadline is June 8, 2006.
- OMAP sent MCOs a reminder notice and a request for questions about the Meeting Addressing Problems with Authentication Foster and Adoptive Parents, scheduled for June 6, 2006.
- OMAP sent a reminder to MCOs to complete a PIP Survey (see above).
- OMAP sent a provider announcement that Oregon will have a new MMIS in Summer 2007, which provided general information about what to expect, and what providers can do now to help prepare for the change.
- OMAP provided MCOs with the minutes from the June 5, 2006, OHP Contractors Steering Committee Meeting.
- OMAP requested MCOs to complete a Pend versus Deny Encounter Data Survey. This survey will help determine the preference on how the replacement MMIS will process encounter claims that contain invalid or missing information. The survey deadline is June 14, 2006.
- OMAP notified MCOs of the OHP Contractors Meeting, scheduled for June 15, 2006. This was discussion on contractor related issues and topics.
- OMAP provided MCOs with the minutes and handouts from the Paid Encounter Claims Meeting, on May 31, 2006.

- OMAP provided MCOs with a memorandum that was sent to hospitals, birthing centers, and midwives about OHP Newborn Notification. This was a reminder to notify OMAP of OHP client births.
- OMAP notified MCOs of OMAP's decision to not place Antiplatelets or Targeted Immunomodulators on the fee-for-service Plan Drug List (PDL). This decision followed a review by the Health Resources Commission.
- OMAP sent an invitation to MCOs' legal counsel to participate in a meeting to discuss the impact of US Supreme Court Case on the liens process. MCOs are to provide their legal counsel's contact information by July 3, 2006.
- OMAP sent MCOs a correction on the Post Hospital Extended Care for Medicare Duals dial-in conference phone number.
- OMAP sent a reminder requesting MCOs to provide feedback for the HSC List Changes by forwarding any concerns/preferences related to the time frames suggested in the HSC List, by June 26, 2006.
- OMAP sent an invitation to MCOs to participate and provide input to the Health Services Commission's Biennial Review of the Prioritized List of Health Services by visiting the provided Web link. Finalization of the new list is outlined for the June 29, 2006 meeting.
- OMAP sent MCOs an updated Health-screen Maintenance Unit (HMU) Plan assignment list, effective June 22, 2006.
- Notification was mailed to all Medicaid OHP Plus Benefits Package clients in Malheur County. Effective June 21, 2006, Cascade East Ride Center (CERC) will provide transportation to medical appointments covered by Medicaid.
- OMAP notified MCOs of the OHP Contractors Steering Committee Meeting, scheduled for July 10, 2006, to discuss contractor-related issues and topics to be covered in the July 2006 OHP Contractors Meeting.
- OMAP provided MCOs notification of a systems error. All fee-for-service claims submitted electronically during the week of June 19, 2006, were not processed. OMAP apologized for the inconvenience, the error was corrected, and affected claims were processed on June 30, 2006.

- OMAP notified MCOs and providers on updates related to an emergency rule related to MHO Enrollment and Psychiatric Residential Treatment Services (PRTS).
- OMAP provided MCOs with additional information related to the Meeting Addressing Problems with Authentication Foster and Adoptive Parents, held on June 6, 2006. OMAP confirmed with Office of Information Systems (OIS) that the 834 enrollment transaction includes the foster parent name and address.

OHP Regional Meetings

These meetings bring DHS branch staff together with representatives from Managed Care Plans and OMAP to discuss common issues related to the Oregon Health Plan and to receive program updates. OMAP notified DHS staff and the managed care plans of the Spring 2006 schedule and any changes as they occurred.

April 2006

OMAP held regional meetings for Curry, Coos, Lane, Washington, Linn, Benton, Klamath, Lake, Douglas, Jackson, Josephine and Clackamas Counties.

May 2006

OMAP held regional meetings for Malheur, Baker, Union, Wallowa, Umatilla, Morrow, Hood River, Wasco, Gilliam, Sherman, Marion, Polk, Yamhill, Multnomah, Grant, Harney, Wheeler, Crook, Jefferson, Deschutes, Columbia, Clatsop, Tillamook and Lincoln Counties.

June 2006

OMAP held a regional meeting for Clackamas County.

Encounter Data Validation

- The DHS Actuarial Services Unit continued to work with TEDS staff to develop, distribute, and monitor data validation reports. The monthly Rates and Encounter Data meetings brief the MCOs on how to review and utilize these reports. Both units continue to review ways to enhance and simplify the process of data comparison for the MCOs.

- Managed Care Contractors Quarterly Reports continued to address areas of compliance with Transactions and Code Sets and contractual requirements for encounter data submissions (medical, dental, mental health and pharmacy).
- Encounter Data staff, with Financial Solvency, Quality Improvement, Delivery Systems, Hearings and Client Advisory Services staff, continued to participate in the monthly Managed Care Contractors Collaboration Group, which shares issues of concern for group input and understanding.

HIPAA Compliance

- DHS' managed care entities made consistent progress toward compliance. Of the 32 managed care entities that must convert, 7 dental, 14 physical health, and 9 mental health/chemical dependency entities are in a compliant status. The remaining 2 are in the business-to-business testing process with DHS.
- DHS continues to report the Plan statuses to affected entities in a variety of forums:
  - ✓ Managed Care Contractor's Monthly meeting
  - ✓ Managed Care Contractor's Dental Workgroup
  - ✓ Managed Care Contractor's Mental Health Workgroup
  - ✓ Managed Care Contractor's Encounter Data Workgroup
  - ✓ Managed Care Contractor's Enrollment Workgroup

Systems

MMIS Replacement Project

All sections of the OMAP continue to participate in development of the new MMIS. During this reporting period, MMIS activities centered around development and review of design documents and business processes. Staff continue to work closely with DHS' contracted vendor, Electronic Data Systems (EDS), to ensure that a complete, comprehensive MMIS is brought online in the summer of 2007.

System Requests

For the current reporting period:

- 74 new systems requests written.
- 82 systems requests completed or withdrawn.

OHP Client, Applicant, and Provider Services

Communications

Communications staff worked on a variety of projects designed to improve access to, and understanding of, OHP information, including:

- Communications to pharmacies and prescribing providers on how to bill for Medicare Part D drugs for dual-eligible (Medicare/ Medicaid) clients.
- Communications to clients on the OHP Standard benefit package about changes to premium policy effective June 1, 2006.
- Communications about National Provider Identifier and general information about the replacement MMIS coming in Summer 2007.
- 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 HIPAA outreach and compliance, as well as other communications shared with MCOs (see "Managed Care Activities" section for more detail).

Outreach Activities

Outreach staff made various presentations on the current OHP and possible changes coming to the OHP, including presentations to DHS field staff.

OMAP staff also worked with the Medicaid Advisory Committee and the Governor's Office in support of the Governor's Healthy Kids plan, which aims to improve and expand access to Oregon's Medicaid and SCHIP programs.

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 Call Center Activity April – June 2006	
Provider Services Call Center	
Provider Claims Calls Received	24,997
Average # of Customer Service Agents Available	4.67
OHP Application Call Center	
OHP Applicant Calls Received	19,379
Average # of Customer Service Agents Available	4.67
OCE Industries Mailroom	
OHP Application Requests Mailed	19,449

OHP Premium Billing and Payment

Effective June 1, 2006, OHP households with income 10% or less of the Federal Poverty Level are no longer charged a premium. Also, clients with past-due premiums no longer lose coverage during their current enrollment period due to nonpayment of past-due premiums; instead, clients must pay all past-due premiums at the time of their reapplication in order to remain eligible for continued OHP Standard coverage.

From May to June 2006, this change reduced the number of households subject to monthly premiums by 43%, as illustrated in the table below.

OHP Monthly Premium Billing and Payment April - June 2006				
	April 2006	**May 2006**	**June 2006**	**Total**
Households	18,801	18,482	10,529	**47,812**
Current Billed	$194,671.00	$196,920.00	$155,080.00	**$546,671.00**
Total Billed	$237,283.00	$229,826.00	$185,441.00	**$652,550.00**
Current Receipt	$156,309.50	$148,194.25	$116,292.15	**$420,795.90**
Total Receipt	$224,095.95	$202,158.69	$157,405.36	**$583,660.00**
% of Total	94%	88%	85%	**89%**

Client Advisory Services Unit

During the quarter, the CASU call center received 14,343 calls from clients or their representatives about medical assistance or related issues. This represents a 2.5% decrease from the 14,715 calls taken the previous quarter.

CASU Call Center Activity by Type of Call April – June 2006	
Medical Services	3,351
Pharmacy Services	976
Dental Services	831
Mental Health/Addiction Services	201
Client Medical Bills	1,544
Co-payments/Premiums	436
Certificate of Creditable Coverage	337
Pharmacy Lock-in Change	882
Certificate of Non-Eligibility	186
Client Materials Request	142
Adoption Case Plan Change	53
Eligibility Questions	2,531
General Questions or Concerns	2,873
TOTAL	**14,343**

OMAP-OHP Client Hearings

OHP Hearings Statistics April – June 2006		
	Managed Care	**Fee-for-Service**
Requests Received	75	74
Hearings Held	32	16
Hearings Pending	72	53
Claimant Withdrew	11	7
Plan/Agency Withdrew	15	24
No Show	8	4
Decision Affirmed	28	7
Decision Reversed	2	1
Dismissed (Timeliness)	1	2
Not Hearable Issue	11	17
Below the Line	21	6

Provider Enrollment

Provider Enrollment continues to find ways to enhance the verification process of prospective enrollees.

- The IRS TIN Match is now standard query for all applicants.
- A new edit disallows a performing provider from being paid when their enrollment is based on the billing provider they work for. This edit is particularly useful when claims are crossed over from Medicare.
- To prepare for NPI, OMAP is reviewing all enrolled billing providers to separate non-medical billing services from medical providers who also bill.
- Provider enrollment forms are being reviewed to ensure all required information is captured on these forms to expedite enrollment.
- All providers can now enroll for Electronic Funds Transfer (EFT or direct deposit).

Electronic Data Interchange (EDI) Support Services

DHS' Office of Information Services (OIS) continues to fine-tune the system for the new HIPAA standards. As a result of this new technology, processing times in all areas have improved, resulting in consistent data management, response, and payment.

EDI Registration and Testing

- Continues to register electronic submitters and move the paper billers to electronic billing.
- The EDI Registration Database continues to be upgraded to enhance the system. One enhancement in development is a crosswalk match function to assist with implementation of the NPI and taxonomy codes.

EDI Outreach and Training

- Continues to inform Trading Partners of system processes and status, as well as availability of features such as EFT.
  - ✓ DHS' eSubscribe feature alerts subscribers when new material is posted to the DHS Web site.

- ✓ All Trading Partners are eSubscribed to the EDI System Alerts page for immediate notification of system status for EDI transaction processing and EFT availability.
- ✓ EDI Bulletins posted to the HIPAA Publications and News page provide general updates on system functionality and electronic features, such as electronic funds transfer or direct deposit.

- DHS continues to review the transaction-specific Companion Guides for needed modifications and re-posting to the DHS Web site.
- DHS awaits CMS approval of an Advance Planning Document (APD) for NPI implementation. Much of the outreach work needed for this effort has already been begun, but with the enhanced funding DHS will easily meet this requirement.

Benefit RN Hotline

The OHP Benefit RN Hotline provides information on diagnosis and treatment pairs covered or not covered according to the Prioritized List.

The Hotline averaged 1,430 calls per month during the second quarter of 2006. Greater than 97% of the calls continued to be from practitioners, with greater than 79% of the calls related to Line Placement and Payment for Services.

Provider Audit

During this reporting period, the DHS Provider Audit Section collected approximately $2.5 million in overpayments for State Fiscal Year 2006, and anticipates similar collections for the next fiscal year.

The OIG-directed States to perform audits of hospitals that may have incorrectly coded the discharge status on their claims. This project is well underway, with several hospitals reimbursing the State for incorrect coding.

Staff also invested a lot of time with our Medicaid claims recovery contractor, Health Watch Technologies (HWT). Next quarter, HWT will send recovery letters to hospitals that may have unbundled their DRG billings.

The Provider Audit Section has long-implemented procedures to ensure the State's compliance with federal regulations around refunding the federal government their share of identified overpayments. The section was pleased to see that CMS' recent audit confirmed the State's compliance with this regulation.

Finally, the State has executed an amended Memorandum of Understanding (MOU) with the Department of Justice (DOJ) Medicaid Fraud Control Unit. The resulting document is much better than the previous MOU and represents the hard work invested by both DOJ and DHS.

Family Health Insurance Assistance Program (FHIAP)

Administrative Operations/Policy Issues

- FHIAP is partnering with the American Federation of State, County and Municipal Employees (AFSME) and Northwest Employee Benefits (NEB) to provide affordable health insurance to Oregon childcare workers and their families.
  - ✓ FHIAP and AFSME staff developed a survey designed to identify potential FHIAP eligibles. AFSME will use the results to secure insurance carrier interest in offering benefit plans to childcare workers and their families. Carriers believe that FHIAP subsidies will ensure increased and stable enrollment.
- On May 24, 2006, FHIAP sent 252 surveys to members who have been in the program at least six months. The survey featured six customer service-related questions to be answered with an Excellent, Good, Fair, Poor or Don't Know rating. 95% of the 63 surveys returned rated FHIAP's service as Good or Excellent.
- Upon receipt of formal approval from CMS, the April 2006 Special Session of the Legislature allocated the remaining $1.1M Special Purpose Appropriation funds (set aside by the 2005 Legislature) to the Department of Human Services (DHS).
  - ✓ This allows the agency to expand the eligibility period for the Children's Health Insurance Program (CHIP) from six to twelve months and/or raise the income eligibility from 185 to 200% of the Federal Poverty Level (FPL) and help meet the FHIAP Maintenance of Effort (MOE) requirements.
- Effective June 1, 2006, FHIAP filed new rules. Major changes included:
  - ✓ Implementation of statutory changes to incorporate elderly adults (55+) and adult disabled children (over age 23) in the definition of dependent.
  - ✓ Period of Uninsurance (POU) – the POU is waived for people covered under any form of military insurance; new group members are now able to apply for FHIAP within 120 days of enrolling in their employer plan as long as they met the six month POU before enrolling.

- ✓ If an applicant is legally separated, the spouse's income does not have to be counted. FHIAP no longer counts Educational Income.

Information, Education and Outreach

- Information, Education and Outreach (IEO) staff trained approximately 160 health insurance agents appointed with PacificSource and Providence as part of its ongoing efforts to promote FHIAP in the group market. Outreach representatives also met individually with hundreds of agents in the Willamette Valley, bringing them up to date on use of FHIAP with existing groups and uninsured businesses.
- Staff held three Salem classes and one Medford class to explain state health insurance programs to newly licensed agents. Agents received continuing education credit.
- Staff attended multiple outreach events, including the Northwest Food Service trade show in Tacoma, WA, attended by numerous Oregon restaurants. Our agency also addressed the Portland Area Health Underwriters at one of its gatherings. Other events ranged from the Central Oregon Benefits Seminar in Bend to the Lincoln City Health Fair on the central Oregon coast.
- Staff began work on new informational publications and revisions to existing documents as a result of Deficit Reduction Act-mandated rules on proving citizenship and identity.
- Phone call volume averaged approximately 1,734 per week during this quarter.

FHIAP Enrollment

This section now includes comparison of the current quarter's enrollment with the previously reported quarters. This comparison shows a lower net enrollment number due to the way enrollment occurs in the commercial health insurance market.

- Once a FHIAP member is approved for subsidy, they begin their search for a FHIAP-eligible plan, apply for coverage, and await the carrier's underwriting and approval process. This can result in delays of 60 to 120 days before enrollment in the individual market plan and subsequently FHIAP.
- Employer open-enrollment periods can have the same affect on the group market. Members can be approved but not be able to enroll until some point in the future.

A cumulative comparison over multiple quarters will paint the most accurate picture of how many of our approved members actually enroll in the program. For this reason we have reported 2nd Quarter enrollments based on approved lives in the previous quarter. We have also reported 2nd Quarter enrollments based on approvals in the 2nd Quarter.

New Group enrollments	829
New Individual enrollments	819
Total new enrollments	1,648
% change from 1Q06	-37%
% change from 2Q05	-48%

Total enrollment on June 30, 2006	15,149
Disenrollment due to non-payment of premium	833
Total number of people ever enrolled during this quarter	16,534

Other Statistical Data

For the current reporting period:

- **Transfers from FHIAP to State coverage:** 26 accounts; 31 lives transferred from FHIAP to OHP[1]
- **MOE Requirements:** As of June 2006, FHIAP has spent a total of $21,829,484 toward our $40.9M requirement. Projected expenditures are $36.5M, with the remaining $4.4M being expended by the Department of Human Services (DHS) for the expansion of the eligibility period from six to 12 months.
- **FHIAP Member Months:** This requires development of a new database script, so cannot be reported until 1st Quarter 2007.
- **OHP2 Disenrollment Requests in First 30 Days:** 39 requests[2]; 0 request denials.

[1] This number reflects any account terminated with an "OHP" term code. This could include members terminated because they were enrolled in both programs and not just those who requested transfers. We have no way of differentiating at this time.

[2] This number reflects members who formally "declined coverage" (14), as well as members who were terminated for non-payment of the first month's premium (25).

Office of Mental Health and Addiction Services (OMHAS)

Policy and Planning Decisions

Workforce Development

The OMHAS Workforce Development Unit's work in 2006 has, and will continue to be, focused on facilitating programs with the identification, implementation and sustainability of Evidence Based Practices (EBPs). OMHAS is using fidelity review and an "emersion model" that includes both on and off site training and technical assistance.

- Current projects include the implementation of Supported Employment, Integrated Dual Disorder Treatment (IDDT), Motivational Interviewing, Clinical Supervision, Seeking Safety, Functional Family Therapy and Improving Mood-Promoting Access to Collaborative Treatment (IMPACT).
- OMHAS recognizes the indirect cost of re-training the workforce as they take on the challenge of implementing EBPs. In particular, OMHAS recognizes the limited resources in the rural counties and focuses its efforts there, as well as on the programs that serve ethnic minorities. OMHAS continues to support service improvement projects that change models of service delivery.

Oregon's Behavioral Health Workforce Development Project

OMHAS will meet in August 2006 with the executive team that was instituted in August 2005 to recommit, prioritize and develop an implementation plan. The team continues the work of identifying essential core competencies in case management, cross training between mental health professionals and substance abuse professionals, supported employment and integrated behavioral health. This effort is aimed at influencing the curricula and outcomes at Oregon's institutions of higher education. Many projects were created as a result of the forum last year. They include an exchange of "teachers" between Portland State University and a large treatment program.

Block Grant Performance Indicators

As part of the 2007 Mental Health Block Grant application, representatives from the Children's System Advisory Committee

(CSAC) of the Planning and Management Advisory Council Meeting (PAMAC) met on three occasions during April and May 2006 to finalize recommendations for the Children's System Block Grant Performance Indicators. These recommendations were later accepted by the PAMAC in early June 2006.

Children's System Advisory Committee (CSAC)

The CSAC celebrated its one-year anniversary in April 2006. Family involvement is increasing across the state. Some of the goals for services are as follows: new roles for families, mentorship and leadership training, state and local leadership.

State Hospital Master Plan Update

The Phase II Final Report is in the hands of the Governor and the Legislature.

Benefit Package

Mental Health Organization (MHO) Managed Care Enrollment

Member enrollment has, as of July 1, 2006, transitioned from a monthly automated enrollment system to a combination monthly/weekly enrollment process. This enables clients to be enrolled in mental health managed care on a weekly basis. This will enhance access to OHP recipients by minimizing the time newly eligible individuals or individuals who have moved and are in fee-for-service. In addition, the monthly automated system will continue to process the larger plan level monthly enrollment and capitation.

MHO Contractors Monthly Meeting

The Children's System Care Initiative (CSCI) still drives many of the monthly discussions. Conversations flow up and down between the workgroup level and the Contractor level of meetings, reflecting functional group interaction. As a result of this stream of communication, the Contractors Meeting is looking to reinforce its *topic tracking* mechanism for a better sense of the status of their discussions/ outcomes and those of the MHO workgroups.

MHO Workgroups

These workgroups are subsets of the monthly Contractors Meeting and report to it.

- **MHO QI Coordinator Workgroup.** The group has been discussing Practice Guidelines as they pertain to each Mental Health Organization. Each plan has had the opportunity to express how they monitor guideline use and effectiveness. There will be further discussion regarding the level of specificity required by OMHAS and how that impacts the plans. Performance Improvement Projects have been discussed in relation to this contract year and the next.
- **MHO Rates and Finance Workgroup.** The workgroup is working collaboratively with OMHAS in reviewing required information fields of the contractual financial report documents. There have also been ongoing conversations regarding Prevention, Education and Outreach activities. These elements became part of the contractually required reporting with the advent of the October 1, 2005, MHO Agreement. We continue to discuss the best ways to capture the utilization of these elements and their associated costs. Other areas of discussion this quarter include Evidence Based Practices, Diagnostic Risk Adjusters and Early Childhood Mental Health Services.
- **Mental Health Organization Intensive Service Array (ISA) Operational Workgroup.** This group is comprised of MHO Children's Care Coordinators. This is a recent addition to the workgroups established as subsets of the MHO Contractors Meeting. The current charge is to compare how each MHO is carrying out care coordination and sharing best process practices. The group has also been discussing high risk/high need children and how these children can be served within the ISA, with particular emphasis on care coordination.
- **MHO Contracts and Rules Workgroup.** This group has been working with OMHAS on contract changes for the 2007 MHO Agreement. Some areas of consideration are: the Grievance Log, housekeeping changes, National Provider Identification (NPI) numbers and Medicaid Management Information System (MMIS) Replacement accommodation in the contract language.
- **Implementation of the Children's Mental Health System Change Initiative (CSCI).** Implementation of the Children's Mental Health System Change Initiative (CSCI) continues. Statewide stakeholder groups meet regularly to address system

issues (Children's System Advisory Committee) and clinical issues (Children's Mental Health System Coordinator's Meeting). A workforce development focus group meets to provide feedback to OMHAS about areas related to the CSCI. OMHAS initiated a process to streamline and update administrative rules. A schedule of steering committee meetings comprised of stakeholders has been set. Administrative rules that relate to children's mental health will be consolidated and revised in order to reduce unnecessary paperwork, promote resiliency, and further the use of evidence based practices.

Monitoring and Evaluation

Quality Assurance Unit. Annual external quality review activities continue this year with the MHO Performance Improvement Project (PIP) Validations. Attached are the final reports for the first six MHOs reviewed.

Training Activities

QA/QI Training Activities

OMHAS is planning a training for the MHOs in November addressing PIP questions that have been raised as the PIPs have been validated. Included in the training will be the incorporation of PIPs into the annual Quality Improvement Work Plans and Reports.

State Incentive Grant

The State Incentive Grant provided four state-wide, video-conference, cross disciplinary trainings for early childhood, mental health and substance abuse treatment providers in May 2006. The training series goals were:

- Increase awareness of the effects alcohol, drugs, trauma and mental illness have on children and how to address the unique needs of these children in childcare and education settings.
- Create a resource network between the childcare and education community and the behavioral health care community; providing knowledge on how to access behavioral health services and to support families.
- Increase knowledge of early brain development, attachment and bonding theories and how to recognize attachment issues.

- Increase knowledge on how to identify child-specific issues and the need for follow-up services.

These trainings were certified for continuing education credits through the Oregon Registry, ACCBO and NASW.

Quality Assurance and Certification Team

Since April 1, 2006, OMHAS has provided nine Hold Room Reviews, one Investigator/Examiner Training, and eight Technical Assistance visits regarding Civil Commitment and Involuntary Commitment.

Attachments

- OMHAS Housing Initiatives (Attachment 7)
- Mental Health Organization Enrollment for 2nd Quarter, 2006 (Attachment 8)
- Grievance Log 1st Quarter, 2006 (Attachment 9)
- MHO Grievances Comparisons for 2003-04 and 2004-05 (Attachment 10)
- Performance Improvement Project Validation for:
  - ✓ Accountable Behavioral Health Alliance (Attachment 11)
  - ✓ FamilyCare Inc. (Attachment 12)
  - ✓ Greater Oregon Behavioral Health Inc. (Attachment 13)
  - ✓ LaneCare Inc. (Attachment 14)
  - ✓ Mid-Valley Behavioral Care Network (Attachment 15)
  - ✓ Washington County Health and Human Services (Attachment 16)