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
October – December 2006

Letter from the Director

Jim Edge, M.P.H., Interim State Medicaid Director

This report covers information from the Department of Human Services (DHS) and the Family Health Insurance Assistance Program (FHIAP) on administration of the Oregon Health Plan (OHP) Medicaid demonstration for the October - December 2006 reporting period.

Policy highlights

DHS is working toward many changes to expand access and quality of care for OHP clients. Oregon's recently submitted application to renew the OHP Medicaid demonstration should, upon approval, expedite DHS' ability to implement various changes approved by the Governor for the 2007-2009 biennium, including:

- Funding prenatal care for pregnant women in Oregon's Citizen-Alien Emergency Medical (CAWEM) program.
- Increasing OHP Standard enrollment.
- Implementing the Healthy Kids Plan, to make health insurance available to all Oregon children who need it.

The Children's Mental Health System Change Initiative also continues to promote coordinated care at the local level for children and their families in such diverse areas as workforce development, family support networks, and provider recertification.

During this quarter, DHS continued work on rate setting for contracted OHP managed care organizations (MCOs) and mental health service providers, while the Health Services Commission (HSC) did the same for fee-for-service (FFS) providers. Once finalized, the 2007 capitation rates for the MCOs and mental health service providers, and the 2008-09 benchmark rates for FFS providers will help ensure financial stability for those who commit to providing appropriate access to care for the clients they serve.

Operational highlights

In continuing efforts to maximize access to, and quality of, managed care services, DHS launched the first of a series of Requests for Application (RFA) to solicit current MCOs to expand their service areas to underserved areas of the state. National Provider Identifier (NPI) implementation and the MMIS Replacement Project remain important focuses that will help the OHP keep pace with other payers in the health insurance industry. FHIAP, in its continued marketing of OHP medical assistance programs to employers, city Chambers and various commercial routes, ensures that Oregonians seek out the resources that meet their health care needs and help reduce the rate of uninsurance in Oregon.

Contents

Tables

Attachment

OHP Program and Policy

OHP Program Development

Benefit Coverage Changes

In the previous reporting period, the Centers for Medicare and Medicaid Services (CMS) approved the following OHP benefit coverage changes:

- Eliminate routine vision eye examinations and eye glasses
- Limit dental services
- Limit over-the-counter drug coverage
- Limit inpatient hospital coverage at DRG hospitals to 18 days per person per year

Upon approval, DHS informed CMS that these changes would become effective February 1, 2007. Because more time was needed, DHS postponed implementation and has not determined a new effective date.

ED Triage and Screening

In December, DHS canceled implementation of the proposed emergency department (ED) triage fee policy, which had been planned to become effective January 1, 2007. The Department made this decision based on several factors, including an extensive review of the potential savings involved, the complexity of such a program, and the impact on clients and the health care delivery system.

Although DHS is no longer considering use of a triage fee, the Division of Medical Assistance Programs (DMAP) continues to work with providers and clients to identify ways to educate and encourage appropriate use of emergency departments.

OHP Demonstration Renewal

In October, DHS submitted the OHP demonstration renewal application to CMS. The application requests federal approval for an extension of the OHP in its current form for another three years after October 2007.

It also requests increased flexibility to make limited changes subject to the direction and funding authority provided by the Oregon Legislative Assembly during the 2007 legislative session. Proposed changes would include:

- Extending eligibility certification periods for children participating in the Poverty Level Medicaid (PLM) program from the current six months to twelve months of continuous eligibility.
- Reducing the period of uninsurance requirement for children in the Children's Health Insurance Program (CHIP) and for families receiving FHIAP assistance from six months to a shorter period, to reduce gaps in uninsurance for children.
- Increasing or eliminating the asset limit for children receiving benefits under CHIP and for families receiving FHIAP assistance.

Obtaining federal approval for increased flexibility through the demonstration renewal process should allow DHS and FHIAP to more quickly implement the proposed changes that are ultimately adopted by the Legislative Assembly and included in the 2007-2009 Legislatively Adopted Budget.

Legislative Activities

Approved Policy Option Packages

In December, DHS reconciled its list of proposed Policy Option Packages (POPs) with the Governor's Recommended Budget for the 2007-2009 biennium. DHS will now move forward with the Healthy Kids Plan (next page), as well as the following OHP-related initiatives for 2007-2009:

- **Prenatal Care for Citizen-Alien Waived Emergency Medical (CAWEM) clients:** This would give pregnant women covered by the CAWEM program access to paid prenatal care. This change promises to improve health outcomes for both the mother and child, diminishing the likelihood of paying for more serious emergent care later on.
- **Increase Fee-for-Service (FFS) reimbursements:** This would increase certain provider rates to 75% of the 2006 Medicare rate for services DHS currently pays below that percentage. This change would help promote increased access for OHP clients by giving providers more incentive to provide services for Medicaid programs. Groups affected by this change include physicians and providers of radiology, laboratory, physical/occupational therapy, and speech/audiology services.

- **Extend Sunset on Provider Taxes:** This would extend the sunset on provider taxes another 21 months for hospitals and managed care organizations (MCOs). The original sunset for provider taxes was January 1, 2008. With the extension, provider taxes would sunset on October 1, 2009.
- **Practitioner-Managed Prescription Drug Plan (PMPDP) Changes:** These would add Mental Health drugs to the Plan Drug List (PDL), Oregon's version of the preferred drug list, which promotes the use of cost-effective drugs. Another change would require prior authorization for any drugs not listed on the PDL.
- **Expanding OHP Standard:** Since July 2004, the OHP Standard program has been closed to new enrollment. This initiative would increase the cap on OHP Standard enrollment from 24,000 to 34,000 clients, so that the OHP can pay for the health services of 10,000 additional Oregonians who would otherwise be uninsured.
- **Increase DRG hospital reimbursements:** This would increase the base reimbursement rate for DRG hospitals to approximately 60% of the 2004 Medicare rate for DRG hospitals.

Healthy Kids Plan

This initiative will make health insurance made available to all Oregon children (projected at approximately 117,000 children). The State anticipates launching the Healthy Kids Initiative in October 2008.

The Healthy Kids Initiative has 5 components:

- Expanding and improving public outreach for Medicaid and the CHIP program
- Improving the continuity of children's health care by extending the period of eligibility from 6 months to 12 months for children in the Poverty Level Medical (PLM) program. DHS implemented this change for the CHIP program effective June 1, 2006.
- Increasing the income limit to qualify for the CHIP program to 200% FPL and increasing or removing the asset test requirement for the CHIP program
- Expanding access to children's health insurance coverage through private insurance plans administered by FHIAP. This would give households with higher incomes an opportunity to buy affordable pooled coverage for their uninsured children, as well as modifying the premium subsidy structure.

- ✓ The private insurance plan will have the basic health coverage that children now have in OHP Plus and require copayments for services associated with the insurance.

Over a three year timeframe, the State anticipates there will be approximately 63,000 kids enrolled into DHS programs, or two-thirds of the projected number of children who will enroll in the Healthy Kids Plan. The remaining third will be enrolled in private health insurance.

DHS will perform all eligibility determinations for the Healthy Kids Plan. Expanding the Oregon Clicks pilot to allow online applications and utilizing a record imaging and fax system for applications will be part of the technology supporting the Healthy Kids Plan.

Administrative Rule Development

Division of Medical Assistance Programs (DMAP)

During this quarter, DMAP amended its Oregon Administrative Rules (OARs) to reflect the division's name change from OMAP to DMAP. Also, DMAP repealed "Purpose" and "Foreword" rules, as well as other unnecessary or redundant rules in the following programs:

- Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- HIV-AIDS Prevention Services
- Home Health Services
- Hospice Services
- Medical Transportation Services
- Physical and Occupational Therapy Services
- Private Duty Nursing Services
- Speech-Language Pathology, Audiology and Hearing Aid Services

Addictions and Mental Health Division (AMH)

AMH is undertaking a project to examine and revise all OARs under its jurisdiction (OAR Chapters 309 and 415). To oversee this task, a steering committee made up of addiction and mental health stakeholders and AMH staff has been meeting regularly since August 2006.

Additional information is available on the AMH Web site at <www.oregon.gov/DHS/addiction/rule/main.shtml>. For further information contact Rick Luthe <richard.l.luthe@state.or.us>.

The following matrix summarizes other program-specific DHS administrative rule activities for the 4th quarter of 2006.

Program	Activity
Durable Medical Equipment (DME)	DMAP repealed the following rules: ■ 410-122-0000: Purpose ■ 410-122-0085: Information moved to OAR 410-122-0184 ■ 410-122-0190: Information in this rule is found in other rules ■ 410-122-0530: Information moved to OAR 410-122-0184 DMAP amended the following rules to clarify conditions of coverage as follows: ■ 410-122-0020 Orders: Adds that signature and date stamps are only acceptable for use on certificates of medical necessity (CMNs) when allowed by Medicare ■ 410-122-0055 Standard Benefit Package Limitations: Adds code A4604 (tubing with integrated heating element for use with positive airway pressure device) ■ 410-122-0080 Conditions of Coverage, Limitations, Restrictions and Exclusions: Removes reimbursement information (moved to 410-122-0186) ■ 410-122-0182 Legend: Clarifies some abbreviations used in the tables ■ 410-122-0184 Repairs, Maintenance, Replacement and Delivery (now named *Repairs, Maintenance, Replacement, Delivery and Dispensing):* Adds dispensing (from 410-122-0085), proof of delivery (from 410-122-0530) and documentation requirements ■ 410-122-0186 Reimbursement and Prior Authorization Requirements for Codes E1399 and K0108: Changes name to *Payment Methodology* and specifies payment methodology for DMEPOS ■ 410-122-0202 CPAP: Adds code A4604 (tubing with integrated heating element for use with positive airway pressure device) and clarifies payment authorization requirements

Program	Activity
Durable Medical Equipment (DME)	■ 410-122-0203 Oxygen and Oxygen Equipment: Rule rewritten and reformatted; prior authorization requirements added. ✓ Previously, DMAP made continuous monthly payments for oxygen equipment as long as medically appropriate. ✓ In keeping with the Deficit Reduction Act (DRA), beginning with items newly rented on or after January 1, 2006, the rental period changes to not more than 36 months for oxygen equipment. ✓ Once the rental period ends, title to the equipment transfers to the client. DMAP will continue to pay for reasonable and necessary service and maintenance after the end of the rental period for covered equipment ■ 410-122-0207 Respiratory Supplies: Moves A4608 (transtracheal oxygen catheter), A4615 (cannula, nasal), A4616 (tubing, oxygen), A4617 (mouthpiece) and A4620 (variable concentration mask) to OAR 410-122-0203. Adds E0605 (vaporizer). ■ 410-122-0209 Tracheostomy Care Supplies: Moves A7525 (tracheostomy mask) to 410-122-0203 Oxygen and Oxygen Equipment ■ 410-122-0240 Apnea Monitors for Infants: DHS Division name changes (housekeeping) only ■ 410-122-0320 Manual Wheelchair Base: Clarifies conditions of coverage ■ 410-122-0325 Motorized Power Wheelchair Base: Adds 63 new power wheelchair codes and clarifies conditions of coverage ■ 410-122-0340 Wheelchair Options/Accessories: Adds: "A shoulder harness/straps or chest strap (E0960) and a safety belt/pelvic strap (E0978) are covered only to treat a client's medical symptoms; (I) A medical symptom is defined as an indication or characteristic of a physical or psychological condition; (II) E0960 and E0978 are not covered when intended for use as a physical restraint or for purposes intended for discipline or convenience of others."

Program	Activity
Durable Medical Equipment (DME)	■ 410-122-0380 Hospital Beds: Adds: "Payment Authorization: Subject to service limitations of DMAP rules, from the initial date of service through the second date of service, a hospital bed rental may be dispensed without prior authorization. The provider is still responsible to ensure all rule requirements are met. Payment authorization is required prior to submitting claims and will be given once all required documentation has been received and any other applicable rule requirements have been met. Payment authorization is obtained from the same authorizing authority as specified in OAR 410-122-0040. All subsequent services starting with the third date of service require prior authorization." ■ 410-122-0400 Pressure Reducing Support Surfaces: Adds that DMAP may consider coverage for a client residing in a nursing facility only when the following requirements are met: (A) The client meets the conditions of coverage as specified in this rule; and (B) The bariatric pressure reducing support surface has been assigned code E1399 by the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)." ■ 410-122-0420 Hospital Bed Accessories: Adds: "Bariatric trapeze bars coded as E1399 (durable medical equipment, miscellaneous) for a client residing in a nursing facility, subject to service limitations of DMAP rules, may be considered for coverage." ■ 410-122-0510 Osteogenesis Stimulator: Clarifies coverage criteria for an ultrasonic osteogenesis stimulator ■ 410-122-0580 Bath Supplies: Adds E0705 (transfer board or device) ■ 410-122-0600 Toilet Supplies: Adds: "Bariatric commodes coded as E1399 (durable medical equipment, miscellaneous) for a client residing in a nursing facility, subject to service limitations of DMAP rules, may be considered for coverage."
	■ 410-122-0620 Miscellaneous Supplies: Clarifies conditions of coverage for some miscellaneous items

Program	Activity
Durable Medical Equipment (DME)	■ 410-122-0660 Orthotics and Prosthetics: Removes L7520 (repair prosthetic device, labor component, per 15 minutes) from exclusions list ■ 410-122-0700 Negative Pressure Wound Therapy Pumps: Removes PA from A7000 (canister, disposable, used with suction pump) and clarifies conditions of coverage ■ 410-122-0720 Pediatric Wheelchairs: Rewrites rule to reflect the same coverage criteria in 410-122-0320 Manual Wheelchair Base (which became effective 7/1/06).
FQHC/RHC	DMAP amended the following rules to take care of necessary housekeeping corrections, clarify language, remove reference to "independent" Rural Health Clinics (RHCs) and ensure OARs pertaining to laboratory and radiology costs and services are consistent with Federal law and regulations: ■ 410-147-0120 ■ 410-147-0320 ■ 410-147-0365 ■ 410-147-0460 ■ 410-147-0480 ■ 410-147-0620
General Rules	Amended the following rules: ■ 410-120-0000 to clarify and coordinate the definition of Ancillary Services with the OHP Managed Care Rules and the Prioritized List, as well as deleting OMPRO and instead generally defining Peer Review Organization (PRO) and Quality Improvement Organization (QIO) ■ 410-120-1280 to adopt by reference the annual publication of the national code sets (Health care Common Procedure Code Set – HCPCS and Current Procedural Terminology – CPT) for 2007 ■ 410-120-1295 temporarily amended to reference the reimbursement documents: FCHP Non-Contracted DRG Hospital Reimbursement Rates, effective for services rendered January 1, 2007 through December 31, 2007 ■ 410-120-1340 to adopt the federal publication of the Relative Value Unit weights for 2006

Program	Activity
General Rules	■ 410-120-1380 to include the federal mandate under the Deficit Reduction Act (DRA) requiring providers claiming more than $5 million annually to provider employee education on the State False Claims Act ■ 410-120-1390 to clarify that certification annually is required but will be requested no more frequently than quarterly ■ 410-120-1960 to specify effective dates
Home Enteral/ Parenteral and IV Services	Amended 410-148-0260 to recode and remove the standard or low profile gastrostomy/jejunostomy tube for non-Prior Authorized coding as B4086 from "Not Otherwise Classified (NOC)."
Home Health Services	Adopted 410-127-0065 to specify signature requirements for home health services ordered.
Hospice Services	Adopted 410-142-0225 to specify signature requirements for hospice services ordered.
Hospital Services	Amended the following rules: ■ 410-125-0146 to clarify the dates of service covered by rule and to make the rule consistent with other policy rules; ■ 410-125-0195 to make rules consistent with other policy rules.
OHP (Managed Care)	Amended the following rules: ■ 410-141-0060 to define detrimental to health for established relationship disenrollments. ■ 410-141-0080 to clarify the policy for Prepaid Health Plan (PHP) disenrollment requests for threats or acts of violence. ■ 410-141-0480 to delete the reference to the Ancillary Services list that is no longer in existence. ■ 410-141-0520 to update the references to the Prioritized List. ■ 410-141-0000, 410-141-0070 and 410-141-0220 for housekeeping changes.

Program	Activity
Pharmaceutical Services	Amended the following rules: ■ 410-121-0040 to add prior authorization criteria for Hepatitis C drug therapies, based on recommendations and review by the Drug Utilization Review Board (DUR Board) and to take care of necessary housekeeping corrections. ■ 410-121-0149 to take care of necessary housekeeping corrections. ■ 410-121-0030, the Practitioner Managed Prescription Drug Plan (PMPDP) Plan Drug List (PDL) by adding and deleting certain drugs to the PDL.
Physical and Occupational Therapy Services	Amended 410-131-0080 to clarify that a therapy care of plan is required when requesting payment authorization for physical and occupational therapy services from DMAP.
Speech/Language Pathology, Audiology, and Hearing	Amended 410-129-0080 to clarify that payment authorization request forms (DMAP 3071H or DMAP 3071S, or reasonable facsimiles) are required when requesting payment authorization form DMAP.

Children's Mental Health System Change Initiative

Implementation Evaluation Report to the Emergency Board

On November 30th, AMH and staff from Portland State University's Regional Research Institute (PSU/RRI) presented a report to the Emergency Board of the Oregon Legislative Assembly about Year One implementation of the Children's System Change Initiative (CSCI).

The PSU evaluation describes changes made to the children's mental health treatment system, as well as progress on the work that still needs to be completed. It also reviews the results of the qualitative evaluation conducted by DHS contractor PSU/RRI.

The PSU evaluation listed accomplishments and challenges for Year One and made recommendations for Year Two CSCI. Suggested system improvements include:

- Refining the standardized method of determining a child and family's level of service intensity need.
- Increasing coordination of care.
- Improving interagency collaboration and accountability.
- Increasing the development of services that are more community-based with management.
- Decision-making and service delivery occurring at the local level.

Oregon Family Support Network

With technical assistance from the Federation of Families for Children's Mental Health, AMH organized a two-day seminar held on October 25-26, 2006. The seminar aimed to identify key family members (Family Leaders) and continue to prepare them for work on advisory councils and policymaking boards in Oregon.

By providing Family Leaders with the skills they need to partner in a meaningful way with mental health provider groups, AMH is making sure the needs of the children served under CSCI, and their families, are heard by the mental health provider community.

A number of identified Family Leaders participated in a conference call to recommend discussion points for the training.

State Children's System Advisory Committee (CSAC) Recommendation

At the October 27th meeting of CSAC, the committee recommended dedicating non-contracted child mental health block grant dollars for Fiscal Year 2007-09 to develop a statewide system of "family navigators."

This system is similar to one developed in Washington State. These "navigators" are family members who mentor other parents or caregivers through the system. AMH is developing the Oregon concept through a Request for Proposal (RFP).

Children's System Improvement Project Request for Proposal (RFP)

AMH designed a pilot project to support workforce development by Intensive Community-Based Treatment and Support Services (ICTS) providers. An RFP, developed by AMH and sent to mental health stakeholders, targets a cohort of children requiring the most intensive services and supports to succeed. The successful applicant will be trained in an evidence-based model of system improvement (The Change Book).

The deadline for submission of proposals was January 2, 2007. The RFP is on the Oregon Procurement Information Network (ORPIN) Web site at <http://orpin.oregon.gov/open.dll/open?sessionID=1171138>.

ICTS Provider Recertification Update

AMH certified a total of 52 Mental Health Intensive programs the recertification of those programs is nearly complete. As of October 31, 2006, AMH enrolled 1,097 children in its Client Process Monitoring System (CPMS) with ICTS providers.

Addictions and Mental Health (AMH) Grant Activities

Block Grant

On December 1, 2006, representatives from AMH met with federal Substance Abuse and Mental Health Services Administration (SAMHSA) staff in San Diego, CA. They reviewed Oregon's 2007 Mental Health Block Grant application, which was approved with only minor modifications.

Real Choice Systems Change Grants

To address service reform issues in providing supports in community affordable housing settings, the 2004 Real Choice Systems Change Grant (Integrating Long Term Supports with Affordable Housing) has made plans to:

- Develop a Resource Manual based on analysis of existing and potential community supports available to people with psychiatric disabilities.
- Develop strategies for service reform and technical assistance based on identified barriers to provision of community support services.
- Select five test sites to receive training from the Resource Manual, once completed. The test sites will also receive individualized technical assistance.

State Incentive Grant for Early Childhood Prevention

The grant received approval for a one-year extension and use of carryover funds. AMH, using some of the funds to hire a Project Coordinator/Neutral Facilitator, will work with the Governor's Office and state agencies on further development of a System of Care.

Supporting this work with an executive order from the Governor, AMH is preparing a grant application to SAMHSA for the System of Care grant in 2008.

In May or June 2007, AMH plans to hold a Cross-Systems Forum designed to communicate lessons learned.

OHP Rate Development

In November, PricewaterhouseCoopers (PwC) published the *Summary Calculation of OHP Capitation Rates for January 2007 – December 2007*. This report presents the methods used to develop the capitation rates to be paid to the Fully Capitated Health Plans (FCHPs), Physician Care Organization (PCO), Mental Health Organizations (MHOs), Dental Care Organizations (DCOs), and Chemical Dependency Organization (CDO) participating in the Oregon Health Plan Medicaid Demonstration for the contract period beginning January 1, 2007.

Signed contracts with the participating MCOs will establish the final rates, which will ensure that each plan concurs that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to care, and that they expect to remain financially sound throughout the contract period.

The full report is available on the OHP Web site at <www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/statewide-caprate07cy.pdf>.

2007 ITS/ICTS Rate Setting Process

The DHS Actuarial Services Unit (ASU) and AMH have completed the 2007 Intensive Treatment Services (ITS) and Intensive Community-Based Treatment Services (ICTS) rate setting process for 2007. The ITS and ICTS portion of the MHO capitation rates use a plan-specific methodology rather than the glide path methodology developed in 2005. Exhibit 4-F in the report details the changes for each MHO.

The complete rate setting report is on the OHP Web site at <www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/main.shtml>.

Health Services Commission

Commission Activities

The **Health Services Commission** (HSC) held two meetings during the quarter. At the October 26, 2006, meeting, they heard a presentation from Mercer Government Human Services Consulting (Mercer), the actuarial firm they contract with to assist them in developing benchmark rates for the Oregon Health Plan (OHP).

- HSC will develop the 2008-09 benchmark rates using the methodologies developed in 2004 for the various service categories, but will utilize the most recent fee-for-service and encounter data, which also serves as the basis for the per capita costs developed by PricewaterhouseCoopers.
- In early 2007, Mercer will develop a report similar to the Summary Report distributed to the 2005 Oregon Legislative Assembly, with a more extensive supplementary report for those wanting additional detail.

At the December 8, 2006, meeting, the HSC accepted the recommendations of the Health Outcomes Subcommittee, Subcommittee on Mental Health Care and Chemical Dependency, and HSC Genetics Advisory Committee on the interim modifications to the Prioritized List of Health Services to go into effect on January 1, 2007. The changes incorporate the new CPT and HCPCS codes for 2007, as well as modifications to the psoriasis and PET scan guidelines.

Subcommittee Activities

The **Health Outcomes Subcommittee** held two meetings during the quarter. At their October meeting, they heard a presentation from the Health Resources Commission on their evidence-based medical technology assessment on the efficacy of bariatric surgery in the treatment of morbid obesity and co-morbid conditions such as type 2 diabetes. Oregon bariatric surgery centers provided additional testimony. The Subcommittee will continue discussions as to whether the placement of this service should be changed on the draft list for the 2007-09 biennium.

They completed the review for the placement of new CPT and HCPCS codes for 2007 as well as the incorporation of appropriate ICD-9-CM/ CPT code pairings on the Prioritized List. Expert testimony led to the

recommendation of a guideline for use of Quanti-FERON TB Gold, a new blood test for latent tuberculosis and tuberculosis disease.

The **Subcommittee on Mental Health Care and Chemical Dependency** held one meeting during the quarter. They developed a set of recommendations to the HSC for technical corrections to add a number of HCPCS codes for medication services, multisystemic therapies for juveniles, and residential treatment to certain mental health and chemical dependency lines. These services currently appear on other lines on the Prioritized List, but the Subcommittee recommended that the HSC include them elsewhere where appropriate.

Advisory Committee Activities

The **HSC Genetics Advisory Committee** held two meetings during the quarter. The purpose of this committee of genetics professionals, led by an HSC Commissioner, is to discuss the appropriate use of current genetic tests and to consider proactive ways to control costs of potential new and expensive testing.

The committee presented recommendations to the HSC which included:

- A requirement for patients to receive genetic counseling before breast cancer gene (BRCA) tests are ordered.
- The adoption of guidelines from the National Comprehensive Care Network on the use of genetic testing for the diagnosis of familial breast, ovarian, and colorectal cancers.

Further, the committee will continue to meet in 2007 to discuss the appropriate use of genetic testing for the diagnosis of developmental delay/mental retardation (DD/MR).

The **HSC Actuarial Advisory Committee** held one meeting during the quarter. This group of stakeholders representing each of the major service categories was reconvened to once again provide input into the benchmark rate development process. Mercer gave an overview of the upcoming benchmark rate development process for the 2007-09 biennium and began to take input on the methodology proposed to the HSC in October.

OHP Program Operations

Managed Care

OHP Contracts

Dental Request for Information (RFI)

In October, DMAP published a Q and A <www.oregon.gov/DHS/healthplan/dental-sys/rfi_qa1006.pdf> about the Dental RFI to help answer questions about the purpose of the RFI that DMAP issued in September. This RFI gathered information to consider for future Dental Delivery System improvements.

Jackson County RFA

In November, DMAP invited currently contracted FCHPs to submit applications to amend their Service Area to include Jackson County. This was the first of a series of Requests for Application (RFA) that DMAP intends to use in order to solicit applications from current FCHPs to expand their managed medical care coverage to other areas of the state.

Managed Care Enrollment

Service Area Changes

With a goal of having as many households enrolled in managed care as possible, DMAP monitors and encourages managed care enrollment and MCO contract compliance by:

- Communicating closely with MCOs and DHS branch offices to ensure program integrity, awareness of MCO contract requirements and correct interpretation of state and federal requirements.
- Soliciting and responding to feedback from DHS branch offices regarding the services, obstacles and quality of care clients receive from MCOs. This information enables DMAP to monitor client care and program operations to identify issues and resolutions.
- Working with the MCOs to determine where enrollment needs to be increased or limited to balance access to care and quality of care, as illustrated in the following list of service area changes for the reporting period.

Month	FCHPs	DCOs
October 2006	No changes.	Northwest Dental Services opened to new enrollment in Curry and Douglas Counties. Oregon Dental Service (ODS) will be closed to new enrollment for 30 days in Crook, Deschutes, Jefferson, Lane, Linn, Benton, Marion, Polk, Tillamook and Yamhill Counties. Willamette Dental opened to new enrollment in Linn and Benton Counties; closed to new enrollment in Douglas and Coos Counties. Hayden Family Dentistry Group opened to new enrollment in Crook, Jefferson, Sherman, and Wasco Counties.
November 2006	No changes.	Starting November 1, Northwest Dental Services only serves clients in ZIP codes 97430, 97439, 97445, 97453, 97480, & 97493. ODS Dental opened for new enrollment in Jackson and Josephine Counties.
December 2006	Kaiser Permanente Oregon Plus (KPOP) in Polk County closed to new enrollment with a 30-day re-enrollment.	No changes.

Evaluation and Monitoring

DMAP and AMH continue to work with the MCOs on developing an integrated Performance Improvement Project (PIP) that links Physical and Mental Health services.

- DMAP continues to review the MCOs' annual quality improvement review submissions for 2006.
- AMH finalized its PIP validation for Jefferson Behavioral Health (Attachment 1), and 2006 External Quality Review (EQR) Annual Report (on the Web at <www.oregon.gov/DHS/mentalhealth/publications/quality-improve/amh2006eqr-report.pdf>).

Encounter Data Validation

The Office of Finance and Policy Analysis (Actuarial Services) continues to work with DMAP to develop, distribute, and monitor data validation reports. During the monthly Rates and Encounter Data meetings, DMAP briefs the MCOs on how to review and utilize these reports. The DHS units involved continue to review ways to enhance and simplify the process of data comparison for the Plans.

Managed Care Contractors Quarterly Reports continue to address areas of compliance for Transactions and Codes Sets (TCS) and contractual requirements for encounter data submissions (medical, dental, mental health and pharmacy).

Encounter Data staff continue to participate in the Managed Care Contractors Collaboration Group that meets monthly. Any areas of concern are detailed in a spreadsheet and shared for team member input and understanding.

Meetings and Workgroups

AMH Advisory Meetings

More information about these meetings can be found at the AMH Web site <www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/main.shtml>.

- **Planning and Management Advisory Council (PMAC) –** Meets the 1st Thursday of the month
- **Children's System Advisory Committee (CSAC) –** Meets 4th Friday of the month
- **Quality Data Improvement Workgroup (QDIG) –** Meets 1st Wednesday of the month
- **Governor's Council on Alcohol and Drug Abuse Programs –** Meets the 4th Tuesday of the month <www.oregon.gov/DHS/addiction/gov_council/schedule2006-2007.pdf>.

MCO Workgroups

DMAP's Policy and Planning Section coordinates the monthly meetings of the CEOs and plan contacts for OHP FCHPs, DCOs, PCO, and CDO.

More detailed information about these meetings can be found on the OHP Web site <www.oregon.gov/DHS/healthplan/meetings/aboutcontractors.shtml>. Areas of focus for the reporting period were as follows:

Body	Areas of Focus
OHP Contractors	■ Proposed benefit reductions ■ MMIS Replacement Project ■ NPI implementation ■ Medicaid Program Integrity under Deficit Reduction Act ■ Healthy Kids Initiative
DCO Contractors	■ Quality Improvement (QI) Reports ■ OHP administration fee ■ Prioritized List ■ PIP Requirements for DCOs
Medical Directors	■ HSC update ■ American Health Insurance Plan Conference Overview ■ Pain Management – Avoiding Medication Diversion ■ 2006 Health Policy Conference ■ Proposed benefit package changes ■ 2006 Bariatric Surgery Medical Technology Assessment Program (MedTAP) Report ■ PIP Collaborative ■ Medicaid fraud and abuse ■ Oregon Prescription Drug Program ■ Healthy Kids Plan ■ Cost Control Measures for Mental Health Drugs ■ Long-Term Therapy for Stroke Prevention
Encounter Data Workgroup	■ NPI implementation ■ MMIS Replacement Project
Enrollment, Disenrollment, Marketing and Education	■ PRTS – MHO result ■ Disenrollment Subgroup Codes ■ Notice of Action – language
Financial Solvency Workgroup	No meetings this quarter.

Body	Areas of Focus
MMIS-MCO Workgroup	■ Provider implementation support plan ■ New Medical ID card
QPI Workgroup	■ FCHP Asthma PIP Update ■ External Quality Review (EQR) Contract Update ■ CMS Managed Care Quality Strategy ■ Oregon AHRQ Project: Reducing Pediatric Asthma Disparities ■ Pain Management & Patient Safety ■ Asthma Performance Measure Results ■ Dental Performance Measure Results ■ PIP Collaborative
Rules and Contracts Workgroup	■ Proposed benefit package changes ■ Contract review process for 2007

MHO Workgroups

Addictions and Mental Health Division coordinates the monthly MHO Contractors meeting and the workgroups that report to this meeting. Areas of focus for the reporting period were as follows:

Body	Areas of Focus
MHO Contractor Monthly Meeting	■ National Provider Identification (NPI) numbers and minimum data sets using the NPI ■ MHO Children's Coordinator Workgroup White Paper on Psychiatric Residential Treatment for Children/Adolescents ■ DHS Office of Payment Accuracy and Recovery Unit presentation ■ MHO Collaboration with Primary Care and Fully Capitated Health Plans ■ Continuing discussion on MHO rates and various influences. ■ No MHO Contractors meeting was held in December.
MHO Contractors Contract and Rules Workgroup	■ Finalization of MHO Agreements and Rates for 2007 ■ First stage discussions regarding Behavioral Rehabilitative Services and the July 1, 2007 Amendment to implement a change in MHO enrollment policy ■ No workgroup meeting for December.

Body	Areas of Focus
MHO Contractors Code Workgroup	■ HSC timeline for technical adjustments ■ MHOs requested technical changes for codes for H2010 (Comprehensive Medication Services) and H2033 (Multisystemic Family Therapy) ■ HSC Mental Health and Chemical Dependency Subcommittee approval of technical adjustment adding these codes to the list ■ Recommendations to the HSC at the Dec. 8 meeting
MHO Contractors QI Workgroup	■ Practice Guidelines and best practices for monitoring guideline use and effectiveness ■ Review with suggestions and approval of draft Grievance Log for use in the 2007 MHO Agreement

OHP Regional Meetings

DMAP coordinates Spring and Fall regional meetings to bring DHS staff together with MCO and DMAP representatives, in order to discuss common issues and program updates related to the OHP.

- In October, DMAP held regional meetings for Josephine, Jackson, Klamath, Lake, Linn, Benton, Washington, Lane, Multnomah, Baker, Malheur, Union, Wallowa, Umatilla, Morrow, Hood River, Wasco, Gilliam, Sherman, Marion, Polk and Yamhill Counties.

OHP Customer Service

Communications

DMAP Communications staff work on a variety of projects designed to improve access to, and understanding of, OHP information for applicants, clients, and providers.

- Client communications for the reporting period are on the OHP Web site at <www.oregon.gov/DHS/healthplan/clients/notices.shtml>.
- Provider communications for the reporting period are on the OHP Web site at <www.oregon.gov/DHS/healthplan/notices_providers/main.shtml>. Highlights included:
  - ✓ MMIS Replacement Project
  - ✓ National Provider Identifier
- Administrative rules and related materials that reflect DMAP program changes are on the OHP Web site at <www.dhs.state.or.us/policy/healthplan/guides/main.html>. See "Administrative Rule Development" section of this report for a summary of the program changes for the reporting period.

During this reporting period, Communications continued work on analysis of legislative concepts, policy packages, and reduction packages for the 2007-2009 legislative session. Communications staff will coordinate the legislative process for DMAP this session.

Applicant Services

OHP Outreach

DMAP develops and implements orientation materials and programs for the outreach facilities that make the OHP application process available to the public at the point of care. OHP outreach sites include migrant health centers, Federally Qualified Health Centers, hospitals and county health departments. During this reporting period:

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

- DMAP staff also continued to work 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 CHIP programs.

OHP Application Center

DMAP staff also help supervise the OHP Application call center, one of two call centers located at Oregon Correctional Enterprises (OCE). OCE sends out application material upon request and helps walk applicants through their application as needed.

OCE reported the following information for the current reporting period:

OHP Application Call Center and Mailroom Activity October - December 2006				
Application Call Center	**October**	**November**	**December**	**Total**
Calls Received:	8,148	6,750	7,793	22,691
Calls Answered:	8,076	6,712	7,744	22,532
Calls Abandoned:	72%	38%	49%	159%
Calls Transferred:	1,226.00	1,043.00	1,210.00	3,479.00
% of Transferred Calls:	15.2%	15.5%	15.6%	15.4%
Avg. # of Agents Per Month:	5	5	4	4.67
Avg. # of Calls Per Agent Per Month:	1,615.20	1,342.40	1,936.00	1,631.20
Avg. Level of Service Per Month:	99.1%	99.4%	99.4%	99.3%
OCE Industries Mailroom	**October**	**November**	**December**	**Total**
Application Requests Mailed:	7,152	6,020	7,361	20,533
Redeterminations:	0	0	0	0

Client Services

Client Advisory Services

DMAP Client Advisory Services Unit (CASU) assists individual clients who call in with concerns about access to, limitations on, or quality of their OHP benefits or services. Staff members help clients navigate through a complex system of health financing rules and plan protocols to help clients.

During the quarter, the CASU call center received 16,116 calls from clients or their representatives about their medical assistance programs. This represents a 25.7% increase from the 12,823 calls taken the previous quarter.

- During this period, one new agent completed customer service training, boosting call intake numbers.
- DHS also installed a new contact center manager server (Symposium) which improves automated call distribution, allowing more clients to receive assistance.

The following table shows the distribution of these calls by type of issue or concern.

CASU Call Center Activity by Type of Call October – December 2006	
Medical Services	4,204
Pharmacy Services	1,248
Dental Services	1,055
Mental Health/Addiction Services	221
Client Medical Bills	1,708
Copayments/Premiums	210
Certificate of Creditable Coverage	369
Pharmacy Lock-in Change	1,001
Certificate of Non-Eligibility	270
Client Materials Request	183
Adoption Case Plan Change	79
Eligibility Questions	2,821
General Questions or Concerns	2,747
TOTAL	**16,116**

Client Hearings

OHP Hearings Statistics October - December 2006		
	Managed Care	Fee-for-Service
Requests Received	64	62
Hearings Held	31	18
Hearings Pending	49	43
Claimant Withdrew	8	17
Plan/Agency Withdrew	19	16
No Shows	12	4
Affirmed	28	14
Reversed	1	2
Dismissed (Timeliness)	2	1
Not Hearable	13	13
Below the Line	21	6

OHP Premium Billing and Payment

The OHP Billing Office performs billing and collection activities related to the monthly premium payments required of most clients on the OHP Standard benefit package. It reported the following information for the current reporting period:

OHP Monthly Premium Billing and Payment October - December 2006				
	October	November	December	Total
Households	11,064	10,998	10,869	32,931
Current Month Billed	$162,382	$159,830	$157,434	$479,646
Total Billed	$183,878	$185,250	$181,862	$550,990
Current Month Receipts	$108,035	$105,755	$101,635	$315,425
Total Receipts	$152,219	$147,191	$141,110	$440,520
Current % Receipts	67%	66%	65%	66%
Total % Receipts	83%	79%	78%	80%

In November, the OHP Premium Sponsorship Workgroup agreed to end the premium sponsorship program. This program allowed non-profit organizations to pay premiums for low-income Oregonians who were not able to pay for their premiums on their own. DMAP has supported, but not administered, this program.

Because the majority of sponsored premiums were at the $6 premium level, fund raising for premium sponsorship decreased when this premium level was eliminated in June 2006. Lack of participation in the premium sponsorship program resulted in its closure. However, DMAP is open to assist with future sponsorship efforts should the need arise.

Provider Services

Benefit RN Hotline

During this quarter, the hotline averaged 1,873 calls per month about diagnosis and treatment pairs covered or not covered by the Prioritized List. 98% of the calls continued to be from practitioners, with greater than 91% of the calls related to Line Placement and Payment for Services.

Electronic Data Interchange (EDI) Support Services

- EDI Outreach and Training continues to inform providers on their Web site <www.oregon.gov/DHS/admin/hipaa/index.shtml> of system status, updates to transaction-specific Companion Guides and Electronic Funds Transfer (EFT) availability.
- EDI Registration continues to register, test, and move interested providers to production status. Currently, 77.5% of all claims submitted to DHS are in the electronic formats.

National Provider Identifier (NPI) Implementation

- DHS continues to educate Oregon's Medicaid provider community about the requirements for NPI and taxonomy codes, via direct mailings and the DHS NPI Web page <www.oregon.gov/DHS/admin/hipaa/npi/main.shtml>.
- DHS has created an NPI tutorial available on NPI Web site.
- DHS routinely receives registered NPIs to add to its database, then crosswalk legacy provider numbers to the new NPIs for claims processing and payment. So far, 25% of DHS' enrolled Medicaid providers have submitted their NPIs.
- DHS can now accept the mass enumeration file created by the National Plan and Provider Enumeration System (NPPES) for a direct load after validation.
- DHS is working with a contractor to enhance the EDI Registration database to support NPI functions.

Provider Audit

The DHS Provider Audit group continues to remain busy with its large and diverse workload. During this quarter, the group:

- Recovered $479,933.83 in overpayments.
- Continued its focus on auditing Mental Health, Hospice, Alcohol & Drug, DME, Home Health, FQHC and Pharmacy providers.
- Completed the federal Office of the Inspector General (OIG) directive to perform audits of hospitals who may have incorrectly coded the discharge status on their claims. This audit resulted in $619,837.60 in overpayment recoveries.
- Invested significant time with its Medicaid claims recovery contractor, HealthWatch Technologies (HWT). HWT has recovered over $929,000 in overpayments.

Provider Services Call Center

At the second of two call centers located at OCE, customer service agents obtain claim information from providers to help them review the status of their claims.

The following table shows the activity performed by customer service agents for the reporting period.

Provider Services Call Center Activity
October - December 2006

Provider Call Center	October	November	December	Total
Calls Received:	8,733	8,062	9,352	26,147
Calls Answered:	8,508	7,699	9,029	25,236
Calls Abandoned:	225	363	323	911
Calls Transferred:	2,544	2,226	2,747	7,517
% of Transferred Calls:	29.9%	28.9%	30.4%	29.7%
Avg. # of Agents Per Month:	5	4	5	4.67
Avg. # of Calls Per Agent Per Month:	1,702	1,925	1,806	5,432
Avg. Level of Service Per Month:	97.4%	95.5%	96.5%	96.5%

Systems

MMIS Replacement Project

All DHS divisions have participated in some level of the design and business process input decisions surrounding the replacement MMIS, the computer system that will help administer Oregon's Medicaid program. During this reporting period, DHS activities included:

- Comprehensive system design review. This was the primary focus for the reporting period.
- Completed business process meetings across all MMIS functional areas to establish how business processes will change as a result of the replacement MMIS.
- Distributed first MMIS Information Releases to providers. These provided a high-level overview of the replacement MMIS and its benefits. Also continued review and discussion of proposed activities to introduce providers to the replacement MMIS.
- Continued review and resolution of policy issues related to implementation of the replacement MMIS.
- Delay of the implementation schedule for a proposed three to six months.

Primary staff continue to work closely with DHS' contracted vendor, EDS, to ensure a complete, comprehensive MMIS will support the needs of OHP providers and clients.

HIPAA Compliance

The DHS Office of Information Systems (OIS) continues to fine-tune the system for the new HIPAA standards. As a result, DHS has implemented new technology that increased efficiencies in such areas as the processing times of claims, and the response times for claims and eligibility inquiries.

Service Requests

During this reporting period, DMAP submitted 78 new Service Requests to OIS and closed 127 requests. All requests addressed the day-to-day maintenance and operation of the MMIS. To ensure focus on MMIS Replacement Project efforts, DHS put a freeze on all non-essential Service Requests earlier this year.

Family Health Insurance Assistance Program

Administrative Operations/ Policy Issues

Deficit Reduction Act (DRA)

- FHIAP management and policy staff implemented database enhancements and new work processes to support the new federal law that requires US citizens applying for subsidies to show proof of their citizenship and identity.
- The agency mailed a letter to all FHIAP members, notifying them of the new citizenship requirements. It also advised members to start gathering their proof documents to either submit with their redetermination application or ahead of time. The letter also provided space to identify Oregon-born members who can be verified via online records.
  - ✓ The campaign was very successful. Out of the approximately 8,000 letters mailed, about 20% came back to FHIAP accompanied by either proof documents or Oregon birth status information.
  - ✓ As of the fourth quarter, FHIAP verified about 7,000 members, or nearly half of FHIAP's membership, as Oregon-born using online records.

DRA processing continues to negatively impact our efforts to streamline the eligibility process. "Pend" rates (applications requiring additional information) have risen from 30% last year to 70% during the post-implementation period.

Individual Market Dental & Vision Subsidies

Effective December 1, 2006, FHIAP began subsidizing individual dental and vision benefits, if available through the member's FHIAP insurance plan. The program already subsidizes group (employer-sponsored) market vision plans in addition to group dental benefits.

Information, Education and Outreach

Outreach

FHIAP Information, Education and Outreach (IEO) staff continued to focus on marketing employer-sponsored (group) insurance. Sample outreach activities included:

- Displaying FHIAP-OMIP-SHIBA programs at an employer fair in Medford, and speaking about these programs to the Redmond Chamber of Commerce and the Community Action Agencies/ Oregon Food Bank in Ashland.
- Continued mailing of Employer Guides to various businesses, including members of the Prineville Chamber of Commerce. The Employer Guides explain how FHIAP works in the group market.
- Working with the Ashland, Madras and Redmond Chambers of Commerce, who will send information on FHIAP with their regular communications to members and keep a supply of Employer Guides at Chamber offices.
- Displaying materials and/or speaking to such groups as the Pacific Northwest Employee Benefits Conference, Oregon Seed Growers, Oregon Poverty Conference, Northwest Financial Association, and the National Association of Insurance Women.
- Participated in open enrollment for one of FHIAP's largest employers, Partnerships in Community Living.

Training

FHIAP training staff created the 2007 training schedule for health insurance producers (agents), which offers 21 classes statewide. The classes provide agents with information about the OHP, FHIAP and OMIP programs that help insure eligible Oregonians. Producers receive four hours continuing education credit. The schedule is on the FHIAP Web site <www.oregon.gov/OPHP/training.shtml>.

- FHIAP also mailed the schedule to about 400 of its referral agents, who help FHIAP-approved Oregonians select private health insurance.

- The agency routinely mails the schedule to newly licensed health insurance agents and to schools that offer continuing education training to agents.
- As part of this training, staff prepared an extensive binder containing marketing materials and state laws/rules for all the key health insurance programs in Oregon.

In addition to this four-hour class, FHIAP provides various trainings to DHS staff and community stakeholders.

Education

FHIAP created a simple marketing tool to promote subsidies in the group market. The "bee pad," a pad with 50 tear-off pieces of paper, encourages people to "Use a state program to add family members to [their] health plan at work." So far:

- Plaid Pantry has put the pads in its nearly 100 Oregon stores.
- The C&K Markets chain has put the pads in 38 of its grocery stores throughout western Oregon (Ray's Food Place, Shop Smart and Price Less Foods).
- FHIAP delivered the pads to several hundred Portland-Salem area apartment buildings. Apartment managers have put the pads in areas of high visibility such as office counters and laundry rooms.

Fred Meyer also carried FHIAP brochures in its 50 pharmacies statewide. Some of the apartment managers FHIAP contacted for the "bee pad" campaign also featured an article supplied by FHIAP in their tenant newsletter.

Other Information Activities

FHIAP submitted an article on Oregon's premium subsidy program to *Health Insurance Underwriters* (HIU) magazine. The article will appear in the January 2007 issue.

FHIAP Enrollment

The following quarterly comparison will show 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 underwriting and approval process of the carrier. 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. Employer-sponsored plans can approve members during open enrollment, 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 FHIAP's approved members actually enroll in the program. For this reason, we are showing 4th Quarter enrollments based on approved lives in the previous quarter. We have also reported 4th Quarter enrollments based on approvals in the 4th Quarter.

New Group enrollment	405
New Individual enrollment	218
Total new enrollments	623
% change from 3Q06	-20%
% change from 4Q05	-473%
% approved to be enrolled from 4Q06	59%
% approved to be enrolled from 3Q06	41%

Total enrollment on December 29, 2006	13,576
Disenrollment due to non-payment of premium	225
Total number of people ever enrolled during this quarter	14,549

Other Statistical Data

For the current reporting period:

- **Transfers from FHIAP to State coverage:** 26 lives transferred from FHIAP to OHP[1]
- **MOE Requirements:** As of December 2006, FHIAP has spent a total of $28,057,518 toward our $40.9M requirement. Projected expenditures are $39.8M, with the remaining $1.1M being expended by 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 FHIAP cannot yet report this.
- **OHP2 Disenrollment Requests in First 30 Days:** 9 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," as well as members who were terminated for non-payment of the first month's premium.

Appendix

OHP Eligibles

Ever-enrolled Report

The following table shows, by category, how many people enrolled in OHP at any time during the quarter, and total member months for the quarter; and the percent changes from the previous quarter and year.

Ever-enrolled Persons on OHP October - December 2006						
POPULATION			# Persons	Member Months	% change from 3Q06	% change from 4Q05
Expansion	Title 19; OHP Standard	OHP Parents	9,023	24,978	3.66%	10.72%
		OHP Childless Adults	14,204	40,457	-4.78%	-28.81%
	Title 19; OHP Plus	PLM Children FPL > 170%	710	1,727	9.15%	18.03%
		Pregnant Women FPL > 170%	593	1,350	8.43%	-1.35%
	Title 21; OHP Plus	SCHIP FPL > 170	4,915	13,077	18.54%	14.20%
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	10,671	24,855	0.82%	3.65%
	Title 21; OHP Plus	SCHIP FPL < 170%	32,492	88,238	7.34%	12.35%
Mandatory	Title 19; OHP Plus	Other OHP Plus	328,856	896,638	-1.87%	-2.58%
QUARTER TOTALS			**401,464**	**1,091,320**	**-0.07%**	**-1.60%**

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

OHP Enrollment

Enrollees are indicated as a percent of total eligibles. DHS cannot enroll some eligibles in managed care. Detailed monthly reports broken out by participating MCOs are available on the OHP Web site at <www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtml>.

OHP Eligibles and Managed Care Enrollment October - December 2006					
Month	**OHP Eligibles***	**FCHP**	**PCM**	**DCO**	**MHO**
October	368,619	268,831	9,595	340,815	346,317
November	366,637	269,302	9,525	341,233	344,248
December	362,585	266,976	9,285	339,033	332,193
Qtr Average	365,947	268,370 (73%)	9,468 (2%)	340,360 (93%)	340,919 (93%)

*Total OHP Eligibles include: TANF, GA, PLM-Adults, PLM-Children, Families, Adults & Couples, OAA, ABAD, FC and SAC. Due to retroactive eligibility changes, the numbers should be considered preliminary.

DMAP Disenrollment

Due to the large number of retroactive disenrollments, these reports are for 2nd Quarter 2006. The following tables list the FCHP, DCO, CDO and PCO disenrollments by reason for disenrollment.

Access to Care Reports

DMAP Access to Care Disenrollments April - June 2006							
FCHP	**Unduplicated Enrollment**	**Access**	**Appt wait time**	**Language Barrier**	**Provider Location**	**Provider wait time**	**Plan Subtotal**
CAREOREGON	107,056	443		4	77		524
CASCADE COMPREHENSIVE CARE	6,706	1			3		4
COIHS	20,961	35			18		53

DMAP Access to Care Disenrollments April - June 2006							
FCHP	**Unduplicated Enrollment**	**Access**	**Appt wait time**	**Language Barrier**	**Provider Location**	**Provider wait time**	**Plan Subtotal**
DOCS OF THE COAST SOUTH	7,901	13					13
DOUGLAS CO IPA	11,695	18			5		23
FAMILY CARE INC	18,776	255			21		276
IHN	17,306	24			8		32
LIPA	30,468	52	1		15		68
MARION POLK COMMUNITY	38,575	36			16		52
MID ROGUE IPA	5,698	18			5		23
OHMS	4,223	18			1		19
ODS Medical	435	6					6
PROVIDENCE	17,965	158		1	15	2	176
TUALITY HEALTH ALLIANCE	6,882	24			3		27
FCHP TOTAL	**294,647**	**1,101**	**1**	**5**	**187**	**2**	**1,296**
DCO	**Unduplicated Enrollment**	**Access**	**Appt wait time**	**Language Barrier**	**Provider Location**	**Provider wait time**	**Plan subtotal**
CAPITOL DENTAL CARE INC	125,177	364	12		91		467
HAYDEN FAMILY DENTISTRY GRP	35,986	227	5		54		286
MANAGED DENTAL CARE	12,276	82	6		15		103
MULTICARE DENTAL	26,483	128	5	5	10		148
NORTHWEST DENTAL	70,531	305	18	1	38	5	367
OREGON DENTAL SERVICE	46,474	116			19	1	136
WILLAMETTE DENTAL GROUP	62,110	250	7		54	4	315
DCO TOTAL	**379,037**	**1,472**	**53**	**6**	**281**	**10**	**1,822**

DMAP Access to Care Disenrollments April - June 2006							
CDO	Unduplicated Enrollment	Access	Appt wait time	Language Barrier	Provider Location	Provider wait time	Plan subtotal
DESCHUTES CO HUMAN SERVICES	9,907				2		2
PCO	Unduplicated Enrollment	Access	Appt wait time	Language Barrier	Provider Location	Provider wait time	Plan subtotal
Kaiser Foundation Health Plan (Northwest)	5,080	33			4		37

Quality of Care Reports

DMAP Quality of Care Disenrollments April - June 2006							
FCHP	Unduplicated Enrollment	OHP Client request at redetermination	Doctor's poor explanation	Doctors staff rude	Quality of care	Wait time	Plan subtotal
CAREOREGON	107,056	310	8	1	1		320
CASCADE COMPREHENSIVE CARE	6,706	5					5
COIHS	20,961	14					14
DOCS OF THE COAST SOUTH	7,901	4	1				5
DOUGLAS CO IPA	11,695	8					8
FAMILY CARE INC	18,776	143	3		3		149
IHN	17,306	14					14
LIPA	30,468	28					28
MARION POLK COMMUNITY	38,575	34					34

DMAP Quality of Care Disenrollments April - June 2006							
FCHP	**Unduplicated Enrollment**	**OHP Client request at redetermination**	**Doctor's poor explanation**	**Doctors staff rude**	**Quality of care**	**Wait time**	**Plan subtotal**
MID ROGUE IPA	5,698	6					6
OHMS	4,223	11					11
ODS Medical	435	9	1				10
PROVIDENCE	17,965	64					64
TUALITY HEALTH ALLIANCE	6,882	34					34
FCHP TOTAL	**294,647**	**684**	**13**	**1**	**4**	**0**	**702**
DCO	**Unduplicated Enrollment**	**OHP Client request at redetermination**	**Doctor's poor explanation**	**Doctors staff rude**	**Quality of care**	**Wait time**	**Plan subtotal**
CAPITOL DENTAL CARE INC	125,177	415	2	2	1		420
HAYDEN FAMILY DENTISTRY GRP	35,986	185		9			194
MANAGED DENTAL CARE	12,276	81					81
MULTICARE DENTAL	26,483	69	1				70
NORTHWEST DENTAL	70,531	220	7	5		1	233
OREGON DENTAL SERVICE	46,474	125	2	1		3	131
WILLAMETTE DENTAL GROUP	62,110	206	3	1			210
DCO TOTAL	**379,037**	**1,301**	**15**	**18**	**1**	**4**	**1,339**

DMAP Quality of Care Disenrollments April - June 2006							
CDO	Unduplicated Enrollment	OHP Client request at redetermination	Doctor's poor explanation	Doctors staff rude	Quality of care	Wait time	Plan subtotal
DESCHUTES CO HUMAN SERVICES	9,907						0
PCO	Unduplicated Enrollment	OHP Client request at redetermination	Doctor's poor explanation	Doctors staff rude	Quality of care	Wait time	Plan subtotal
Kaiser Foundation Health Plan (Northwest)	5,080	17					17

Complaint Reports

DMAP Self-Reported Complaints

Because MCOs are allowed 60 days from the end of the quarter to submit their complaint information, this information is from 2nd Quarter 2006. The following tables list MCO-reported complaints by reason for FCHPs, DCOs, CDO and PCO.

DMAP Self-Reported MCO Complaints
April - June 2006

FCHP	Unduplicated Enrollment	Access	Quality of Clinic Care	Interpersonal Care/ Quality Svc	Other	Payment for Services Denied	Authorization for Services Denied	2Q06 Total
CAREOREGON	107,056	95	31	49	92	0	141	408
CASCADE COMPREHENSIVE CARE	6,706	2	0	4	2	4	3	15
COIHS	20,961	0	0	1	0	8	70	79
DOCS OF THE COAST SOUTH	7,901	41	22	33	0	15	21	132
DOUGLAS CO IPA	11,695	0	1	6	0	0	38	45
FAMILY CARE INC	18,776	6	7	15	4	0	15	47
IHN	17,306	3	0	4	3	6	28	44
LIPA	30,468	15	25	22	10	1	21	94
MARION POLK COMMUNITY	38,575	2	7	18	47	34	89	197
MID ROGUE IPA	5,698	4	4	5	1	0	27	41
OHMS	4,223	1	8	7	0	8	5	29
ODS Medical	435	8	0	0	0	0	0	8
PROVIDENCE	17,965	0	1	2	0	1	33	37
TUALITY HEALTH ALLIANCE	6,882	2	3	1	0	0	14	20

DMAP Self-Reported MCO Complaints April - June 2006								
DCO	**Unduplicated Enrollment**	**Access**	**Quality of Clinic Care**	**Interpersonal Care/ Quality Svc**	**Other**	**Payment for Services Denied**	**Authorization for Services Denied**	**2Q06 Total**
CAPITOL DENTAL CARE	125,177	7	31	24	8	0	11	81
HAYDEN FAMILY DENTISTRY GRP	35,986	0	0	0	6	0	3	9
MANAGED DENTAL CARE	12,276	1	1	1	0	0	4	7
MULTICARE DENTAL	26,483	9	2	11	5	0	0	27
NORTHWEST DENTAL	70,531	11	0	9	0	1	0	21
OREGON DENTAL SERVICE	46,474	89	13	13	15	5	10	145
WILLAMETTE DENTAL GROUP	62,110	4	3	5	1	0	1	14
CDO	**Unduplicated Enrollment**	**Access**	**Quality of Clinic Care**	**Interpersonal Care/ Quality Svc**	**Other**	**Payment for Services Denied**	**Authorization for Services Denied**	**2Q06 Total**
DESCHUTES CO HUMAN SERVICES	9,907	0	0	0	0	0	0	0
PCO	**Unduplicated Enrollment**	**Access**	**Quality of Clinic Care**	**Interpersonal Care/ Quality Svc**	**Other**	**Payment for Services Denied**	**Authorization for Services Denied**	**2Q06 Total**
Kaiser Foundation Health Plan (Northwest)	5,080	5	1	20	0	0	197	223

AMH Grievance Log

MHOs are contractually allowed 60 days from the end of the calendar quarter to submit their grievance information, which creates a lag in meeting reporting timeframes.

The information in this report is from 3rd Quarter 2006. The total enrolled in MHOs for the 3rd Quarter 2006 was 376,020 (100%). The following tables list MHO-reported grievances by reason.

AMH Self-Reported Grievances July - August 2006						
MHO	**Grievance Domain**	**1Q06**	**2Q06**	**3Q06**	**4Q06**	**Grievances/ Domain**
ABHA	Access	1	1	2		4
	Denial of Service, Authorization, or Payment	0	1	1		2
	Clinical Care	5	0	2		7
	Interaction with MHO, Provider, or Staff	3	3	5		11
	Quality of Service	0	0	0		0
	Consumer Rights	2	1	1		4
	TOTAL	**11**	**6**	**11**	**0**	**28**
	26,746 (7.1%) enrolled					
CCMHO	Access	1	2	0		3
	Denial of Service, Authorization, or Payment	0	0	3		3
	Clinical Care	1	1	0		2
	Interaction with MHO, Provider, or Staff	3	0	1		4
	Quality of Service	1	0	1		2
	Consumer Rights	0	0	2		2
	TOTAL	**6**	**3**	**7**	**0**	**16**
	25,833 (6.9%) enrolled					
FamilyCare	Access	0	0	1		1
	Denial of Service, Authorization, or Payment	2	0	0		2
	Clinical Care	0	1	0		1
	Interaction with MHO, Provider, or Staff	0	0	1		1
	Quality of Service	0	0	0		0
	Consumer Rights	0	0	0		0
	TOTAL	**2**	**1**	**2**	**0**	**5**
	10,987 (2.9%) enrolled					

AMH Self-Reported Grievances July - August 2006						
MHO	**Grievance Domain**	**1Q06**	**2Q06**	**3Q06**	**4Q06**	**Grievances/ Domain**
GOBHI	Access	0	0	2		2
	Denial of Service, Authorization, or Payment	4	0	3		7
	Clinical Care	2	2	7		11
	Interaction with MHO, Provider, or Staff	6	4	6		16
	Quality of Service	0	0	1		1
	Consumer Rights	3	0	2		5
	TOTAL	**15**	**6**	**21**	**0**	**42**
	31,747 (8.4%) enrolled					
JBH	Access	6	2	1		9
	Denial of Service, Authorization, or Payment	2	4	2		8
	Clinical Care	4	4	5		13
	Interaction with MHO, Provider, or Staff	2	4	2		8
	Quality of Service	1	0	1		2
	Consumer Rights	0	1	1		2
	TOTAL	**15**	**15**	**12**	**0**	**42**
	65,350 (17.4%) enrolled					
LaneCare	Access	0	0	3		3
	Denial of Service, Authorization, or Payment	0	0	2		2
	Clinical Care	4	1	5		10
	Interaction with MHO, Provider, or Staff	2	2	8		12
	Quality of Service	0	1	2		3
	Consumer Rights	0	1	1		2
	TOTAL	**6**	**5**	**21**	**0**	**32**
	35,700 (9.5%) enrolled					
MVBCN	Access	0	0	1		1
	Denial of Service, Authorization, or Payment	3	2	0		5
	Clinical Care	2	2	0		4
	Interaction with MHO, Provider, or Staff	2	2	1		5
	Quality of Service	1	0	0		1
	Consumer Rights	0	0	0		0
	TOTAL	**8**	**6**	**2**	**0**	**16**
	72,695 (19.3%) enrolled					

AMH Self-Reported Grievances July - August 2006						
MHO	**Grievance Domain**	**1Q06**	**2Q06**	**3Q06**	**4Q06**	**Grievances/ Domain**
WCHHS	Access	0	3	2		5
	Denial of Service, Authorization, or Payment	4	1	0		5
	Clinical Care	5	2	5		12
	Interaction with MHO, Provider, or Staff	1	3	3		7
	Quality of Service	1	3	2		6
	Consumer Rights	0	2	0		2
	TOTAL	**11**	**14**	**12**		**37**
	32,976 (8.8%) enrolled					
Verity	Access	10	12	1		23
	Denial of Service, Authorization, or Payment	0	1	0		1
	Clinical Care	0	2	2		4
	Interaction with MHO, Provider, or Staff	5	3	3		11
	Quality of Service	0	0	0		0
	Consumer Rights	0	3	1		4
	TOTAL	**15**	**21**	**7**		**43**
	73,986 (19.7%) enrolled					