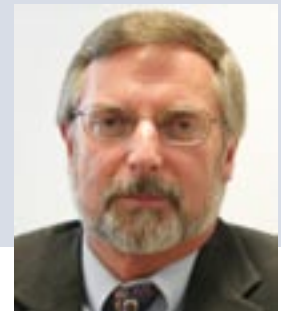# Oregon Health Plan

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

Quarterly Progress Report
January – March 2007

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 January – March 2007 reporting period.

Policy highlights

During this quarter, DHS divisions presented information about their programs to the Oregon Legislative Assembly's Joint Ways and Means Committee. This work will help the Legislature better determine how to move forward with the expansions to health care coverage approved in the Governor's Recommended Budget, including the proposed Healthy Kids Plan.

The Children's Mental Health Change System Initiative (CSCI) received statewide recognition thanks to the Governor's Executive Order to establish the Children's Wraparound Project Steering Committee. This committee will provide focus and strategic support for DHS' Addictions and Mental Health Division (AMH) to continue working with professionals at city, county, and community-based levels to provide integrated services and supports for children in Oregon's mental health system.

DHS continues work on the 2007 rate setting for contracted OHP managed care organizations (MCOs), while the Health Services Commission (HSC) continues to do the same for fee-for-service (FFS) providers for the 2008-2009 year.

These activities, among others outlined in the following pages, help DHS administer the OHP with the aim of maximizing resources for all who participate in making it work.

Operational highlights

As seen in CSCI efforts and continued work on collaborative Performance Improvement Projects (PIPs) to link behavorial and physical care, DHS believes integration, collaboration and coordination are important ways to add value to the services we provide under the OHP. The Division of Medical Assistance Programs (DMAP), AMH and Office of Public Health have now joined together to promote awareness of DHS' existing integration efforts and invite feedback on new ways to promote integration.

FHIAP maintains its focus on helping uninsured Oregonians obtain the appropriate health coverage resources they need. Their work to narrow the gap between the time that FHIAP members become eligible for a premium subsidy and the time members actually enroll in a health plan is another valuable factor in helping reduce the rate of uninsurance in Oregon.

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Benefit Coverage Changes

In February, the Oregon Legislative Assembly introduced House Bill (HB) 2552 to rescind the bill that required DHS to make the following changes to OHP benefits:

- Eliminate routine vision 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

In March, the Legislature also advised DHS to postpone implementation of these changes pending the outcome of this bill.

Legislative Activities

Ways and Means Presentations

This quarter, all DHS divisions presented the Oregon Legislature's Joint Ways and Means Committee with information about their programs and budget, as well as the anticipated impact of various policy option and reduction packages cited in the Governor's Recommended Budget for the 2007-2009 biennium.

This information, on the DHS Web site at www.oregon.gov/DHS/aboutdhs/budget/07-09budget/#wm, will help the Legislature determine Oregon's budget for providing health and human services for the next two years.

Bill Tracking

DMAP continues to track bills found in the Governor's Recommended Budget, including the Healthy Kids Plan and a modest expansion of the OHP Standard program. Other bills introduced that, if passed, may affect OHP administration include:

- **HB 2552:** This bill would direct DHS to develop and submit a proposal to CMS that allows the state to operate a demonstration project to test the use of health savings accounts (HSAs) in its state medical assistance programs.

- **HB 2660:** This bill would rescind Section 9 of Chapter 806, Oregon Laws 2005, which required DHS to adjust health services for OHP clients according to the legislatively adopted budget for the 2005-2007 biennium.

- **Senate Bill (SB) 159:** This bill would specify how much DMAP will pay when a provider delivers emergency services to a Medicaid client enrolled in a Fully Capitated Health Plan (FCHP), and the FCHP does not have a contract with the provider. In such a case, DMAP would pay the lower of the following options:

  - ✓ DMAP's standard FFS payment for the same services, minus any payments due for indirect, or direct medical education

  - ✓ The current method of payment, as directed in statute

- **SB 163:** This bill would permit exchange of protected health information among health care organizations and DHS to support the integration of behavioral and physical health care services.

Administrative Rule Development

During this quarter, DMAP continued to amend Oregon Administrative Rules (OARs) to reflect the DHS division name changes effective September 1, 2006, in the following programs:

- Administrative Exams and Reports

- American Indian/Alaska Native

- Dental Services

- Medical Transportation – Also repealed unnecessary "Purpose" rule, OAR 410-136-0020

- Private Duty Nursing – Also repealed unnecessary "Foreward" rule, OAR 410-132-0000

- Procedural Rules and Electronic Data Interchange (EDI)

- Targeted Case Management

- Transplant Services

- Visual Services

Children's Mental Health System Change Initiative

AMH continues to work with local, state and county mental health stakeholders to implement the Children's System Change Initiative (CSCI). The CSCI works toward building a system of community-based services and supports to help children and their families receive mental health services in the most natural environment and minimize the use of institutional care. Highlights during this reporting period included:

Statewide Children's Wraparound Initiative

On March 27, 2007, Governor Kulongoski issued Executive Order 07-04 <http://governor.oregon.gov/Gov/eo0704.pdf>, directing Oregon to establish a Statewide Children's Wraparound Project Steering Committee. This committee will develop a strategic plan for statewide implementation of a system of care approach to the delivery of behavioral health services and supports for children, youth and families.

To meet this goal, the Steering Committee will:

- Identify and agree on a common vision and goals for improving services and overcoming barriers to providing coordinated, culturally competent behavioral health services and supports to children, youth and families.

- Develop and document strategies to better utilize shared system resources, improve cross-agency service coordination at the state and local levels, and improve outcomes for children, youth and families.

- Develop a written, multi-year action plan for implementation of those strategies including, if necessary, recommendations relating to policy and statutory changes and/or requests for federal waivers.

In January, AMH issued a Request for Proposal (RFP) to identify the Statewide Children's Wraparound Project Manager who will staff the Steering Committee. Oregon awarded this RFP to Albertina Kerr Centers (Wraparound Oregon).

BRS Intensive Community Care RFP

This quarter, the DHS Children, Adults and Families (CAF) Office of Safety & Permanency for Children completed an RFP to implement the Intensive Community Care (ICC) program.

Once implemented, the ICC would increase access to enhanced mental health services for children in CAF-Child Welfare custody by:

- Increasing the number of Behavioral Rehabilitative Services (BRS) foster care settings that serve Child Welfare clients statewide.

- Targeting Child Welfare children who qualify for the children's mental health Integrated Service Array (ISA), who are more effectively treated in a community-based setting.

- Providing these children highly structured living environments with foster parents who are specially trained in behavioral support.

- Promoting placements that allow these children to receive in-home, intensive mental health services.

On April 13, 2007, CAF released the RFP to twelve geographic service areas similar to the current Mental Health Organization (MHO) service areas. More information about the RFP is on the Oregon Procurement Information Network Web site at <http://orpin.oregon.gov>.

Children's System Improvement Project RFP

Oregon awarded LifeWorks NW the RFP for the Children's System Improvement Project (CSIP). CSIP is a pilot project designed to better support system improvements in Intensive Community-Based Treatment and Support Services (ICTS).

The proposal targets children who require the most intensive services and supports to succeed. AMH staff will provide training to LifeWorks using *The Change Book*, a tool to help implement system change. The six-month project includes a plan to share "lessons learned" with other ICTS providers.

Meaningful Family Involvement on the Increase

Data from the 2005 and 2006 *Youth Services Survey for Families* (YSS-F) provides significant positive feedback on the work already done to transition Oregon to its new system of services and supports for children:

- Parents and caregivers express increased satisfaction with how Oregon coordinates mental health, educational, juvenile justice and child welfare services.

- Over 86% of parents and caregivers were involved in their children's treatment.

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- Overall, over 72% of parents and caregivers felt their children received appropriate services.

Additional evidence of increased family involvement includes:

- 114 family members trained to participate in advisory councils, planning committees and workgroups.

- 16 family members participating at a leadership level and training other family members in family-driven services and family involvement.

- 11 family members hired or subcontracted with MHOs to provide local family involvement coordination and leadership.

- 14 youth involved in advisory groups at the local, regional and state levels.

The complete *2005 Youth Services Survey for Families* is on the AMH Web site at www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/childsurvey2005report.pdf.

AMH Grant Activities

Real Choice Systems Change Grant

The 2004 Real Choice Systems Change Grant, *Integrating Long Term Supports with Affordable Housing*, is the resource manual that lists existing and potential community supports available to people with psychiatric disabilities.

AMH is currently selecting the test sites from among Oregon's mental health programs that currently provide support services in community-based affordable housing settings. The test sites will receive the resource manual, as well as individualized technical assistance with addressing service reform issues.

SAMHSA Mental Health Block Grant

On March 26, 2007, AMH received approval from the Substance Abuse and Mental Health Services Administration (SAMHSA) Oregon State Project officer for its 2007 Mental Health Block Grant. This grant aims to improve access to community-based health care delivery systems for people with serious mental illnesses who quickly exhaust available insurance benefits and often turn to their States and the public system of mental health care.

Program and Policy

State Incentive Grant for Early Childhood Prevention

Since 2003, Oregon's State Incentive Grant for Early Childhood Prevention funded four pilot sites to integrate behavioral health prevention and intervention with early childhood services, using the *Starting Early Starting Smart* (SESS) approach.

More information about this pilot project, which ended this year, is on the AMH Web site at www.oregon.gov/DHS/mentalhealth/ecp/main.shtml.

AMH is currently planning a Cross-Systems Forum for May 30-31, 2007, which will present lessons learned from the pilots and other early childhood cross-systems projects. The forum's goals are:

- To increase understanding of the following concepts:
  - ✓ The healthy development of young brains provides the architecture to last throughout life, and depends on consistent, positive experiences with attentive, nurturing adults.
  - ✓ The knowledge, experience and services of early childhood professionals can help support the growth and development of young children and their families.
  - ✓ When these professionals are trained in mental health or early intervention, they can better meet the more intensive social, emotional and behavioral needs of young children and their families.
- To collect recommendations to forward to the Systems Development Workgroup.

If you are interested in participating, contact Sandi Lacher at <Sandra.Lacher@state.or.us> or 503-945-7814. For more information, contact Kathy Seubert at <Kathy.K.Seubert@state.or.us> or 503-947-5526.

Program and Policy

OHP Rate Development

Actuarial Services Advisory Panel

In February, after collecting feedback from MCOs, DHS staff, and other stakeholders about the existing Rates and Actuarial Workgroup, the DHS Actuarial Services Unit (ASU) issued a proposed charter for the Actuarial Services Advisory Panel (ASAP). This group replaces the Rates and Actuarial Workgroup.

For more information, read the proposed charter at www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/charter.pdf.

Capitation Rate Development for 2007

In February, PricewaterhouseCoopers (PwC) published the final capitation rates for the 2007 calendar year. PwC based these rates on the anticipated benefit coverage changes reported in previous quarters. Since DHS has not yet implemented these changes, PwC is currently working on adjusted rates that reflect no change to the current OHP benefit packages.

For more information, capitation rate development reports and updates are on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/caprate-percapita.shtml.

2007 ITS Rate Setting Follow-Up

In January, AMH posted a Frequently Asked Questions (FAQ) document about the 2007 rate setting process for children's Intensive Treatment Services (ITS). This document is on the AMH Web site at www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/its-rateset2007faqs.pdf.

Health Services Commission

Commission Activities

The **Health Services Commission** (HSC) held one meeting during the quarter.

2008-2009 Benchmark Rate Development

The HSC heard a presentation from Mercer Government Human Services Consulting (Mercer) on the development of the OHP benchmark rates for calendar years 2008-09.

- Compared to the previous study period, preliminary numbers show that, per unit cost, the OHP reimburses hospitals at a somewhat lower rate than what it pays for services provided on a FFS basis.

- Also on the FFS side, the OHP reimburses physicians at about the same rate compared to cost. The first benchmarking of prescription drugs also indicates that physicians are the only provider category reimbursed at a rate above cost.

Mercer reported that they will meet with the HSC Actuarial Advisory Committee (AAC) to receive additional input from the various stakeholder groups. Mercer will also circulate a draft report of the 2008-2009 benchmark rates for comment by the AAC and HSC.

New HSC Guidelines

The HSC approved the guideline on bariatric surgery, recommended by the Health Outcomes Subcommittee (HOSC) for the 2008-09 Prioritized List of Health Services (see below for more information). This guideline will allow coverage of gastric bypass surgery or the placement of an adjustable lap-band in those with a body mass index (BMI) greater than or equal to 35 who have co-morbid type II diabetes.

Subcommittee Activities

Health Outcomes Subcommittee

The HOSC held one meeting during the quarter to finalize their recommendation on the development of a bariatric surgery guideline for the 2008-09 Prioritized List.

The HOSC reviewed the Health Resources Commission (HRC) report on its evidence-based review of the literature on this topic, which clearly indicated bariatric surgery's effectiveness in the following areas:

- Promoting significant weight loss

- Completely resolving co-morbid type II diabetes in a majority of cases where both type II diabetes and obesity are present

As a result, the HOSC recommended adding two CPT codes to the line for type II diabetes on the new list: Gastric bypass surgery and adjustable lap-band, which showed the best results of all bariatric procedures identified in the HRC's evidence-based review.

In the guideline for these CPT codes, the HOSC recommended that the surgeries take place at Medicare-approved centers of excellence due to their better outcomes in terms of morbidity, mortality, and complication rates. After surgery, the patient will need to complete a six-month evaluation period, during which time the patient must:

- Receive a mental health assessment.

- Be free from abuse or dependence of alcohol, illicit drugs, and nicotine.

- Complete a medically supervised weight loss program (if not done previously).

Subcommittee on Mental Health Care and Chemical Dependency

The Subcommittee on Mental Health Care and Chemical Dependency held one meeting during the quarter. HSC member Lisa Dodson, MD, came to learn more about the subcommittee's recommendation to add CPT codes for health and behavior assessment and interventions to the line items related to conditions requiring chronic disease management.

The subcommittee explained the importance of identifying and addressing psychological, behavioral, emotional, cognitive, and social factors that can influence the effectiveness of the treatment for a physical condition. Dr. Dodson will relay this information to the HSC at their next full meeting.

Advisory Committee Activities

<u>HSC Actuarial Advisory Committee</u>

The AAC held one meeting during the quarter to hear a presentation by Mercer on the development of the OHP benchmark rates for 2008-09.

- Mercer explained the data sources used for this study period for each category of service, with base utilization data and reimbursement information coming from the 2003-05 FFS claims and managed care encounter data.

- Mercer is making additional considerations for program changes, provider taxes, and industry trends.

This is also the first time that Average Manufacturer Price (AMP) information has contributed to development of the OHP benchmark rates. Mercer will circulate a draft report of the 2008-2009 benchmark rates for comment by the AAC and HSC.

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Operations

Managed Care

Behavioral and Physical Health Integration

DMAP, AMH and the DHS Office of Public Health are working together to encourage greater coordination and integration of care among behavioral health providers, physical health providers, and community-based organizations in both the public and private sectors.

DHS believes that increased efforts to integrate behavioral and physical health care will not only improve the health of DHS clients, but also reduce morbidity, mortality, and cost of care.

In this quarter, DHS began to directly appeal to the plans and other stakeholders to find ways to help move integration efforts forward. More information about these efforts is on the Public Health Web site at www.oregon.gov/DHS/ph/hsp/integration.shtml.

Contracts

AMH wrapped up work on the MHO contract amendment regarding National Provider Identifier (NPI) required changes, effective May 1, 2007, and started work on MHO contract language changes for January 1, 2008.

DMAP modified Exhibits D & M for compliance with National Provider Identifier (NPI) requirements. DMAP is also coordinating changes for the 2008 Contract.

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
January 2007	Providence Health Assurance closed to new enrollment in Clackamas County with a 60-day re-enrollment period.	No changes.
February 2007	No changes.	Willamette Dental Group opened to new enrollment in Lane County for 30 days.
March 2007	Malheur County became mandatory for enrollment in ZIP codes 97914 and 97913. Wallowa County became mandatory for enrollment. Kaiser Permanente Oregon Plus re-opened to new enrollment in Clackamas, Marion, Multnomah, and Polk Counties.	Capitol Dental Care closed to new enrollment in Lane County, with a 60-day re-enrollment period. Willamette Dental Group closed to new enrollment in Lane County, with a 60 day re-enrollment period.

DHS/CAF Enrollment Change Delayed

DHS originally planned to implement a change to the enrollment protocol for CAF-Child Welfare children effective July 1, 2007. However, to ensure the implementation of this change proceeds smoothly, AMH decided to postpone it until January 1, 2008.

Additionally, AMH and CAF have decided to only apply this change to children in Behavioral Rehabilitative Services (BRS) placements, and are developing a written memo for distribution that articulates the policy. Both divisions will continue to work with affected stakeholders to identify and resolve important implementation issues.

This work will ensure that children in BRS placements experience a smooth transition when moved from one MHO to another, with as little disruption to the child and family/guardian as possible.

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. This includes preparations to issue an RFP for technical assistance in developing PIPs.

Division of Medical Assistance Programs (DMAP)

DMAP continues to review the MCOs' annual quality improvement review submissions for 2006. In March, Dental Care Organizations (DCOs) submitted 2005 baseline measurements for their PIP (Dental Services for Pregnant Women).

DMAP is also developing RFPs for External Quality Review Organization (EQRO) work in the following areas:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey

- Network Adequacy

- Pilot project for Emergency Department (ED) diversion

Addictions and Mental Health Division (AMH)

On March 13, AMH staff started plan-specific site reviews. As of this date, AMH has visited one MHO site, Accountable Behavioral Health Alliance (ABHA). The site visits will focus on the EQRO, Acumentra Health's findings from its 2006 reviews.

AMH also published their *MHO Utilization Report*, which contains enrollment, unique served and hospitalization data from July 2005 through June 2006. This is on the AMH Web site at www.oregon.gov/DHS/mentalhealth/publications/mho-utilization0705-0606quart.pdf.

Encounter Data Validation

The DHS Actuarial Services Unit works with DMAP to develop, distribute, and monitor data validation reports. During scheduled Rates and Encounter Data meetings, DMAP briefs the MCOs on how to review and utilize these reports. DHS continues to review ways to enhance and simplify the data comparison process for the MCOs.

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

Meetings and Workgroups

MCO Workgroups

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

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

Body	■ Area of Focus
MCO Contractors	■ Legislative tracking of bills ■ Rate setting ■ DMAP-MCO communication plan ■ Medicaid program integrity ■ MMIS replacement project status ■ Premium billing contractor changes ■ National Provider Identifier (NPI)
QPI Workgroup	■ 2007 QPI tool ■ EQRO contract update ■ AHRQ Reducing Pediatric Asthma Disparities Project ■ PIP Collaborative ■ Enrollment/disenrollment reason codes ■ Member complaints/appeals reporting clarification ■ Plan-Do-Study-Act (PDSA) reporting ■ Disenrollment of patients who threaten violence ■ ENCC Workgroup ■ Smoking cessation and access
DCO Contractors	■ Oregon MothersCare program
Rules and Contracts Workgroup	■ Reviewed and approved Exhibits D, K and M (NPI changes) and some housekeeping changes. Discussed appeals and grievance issues. ■ All Managed Care Contractors will be meeting one full day to review the contracts.

Medical Directors Meeting

The DMAP Medical Director's Office (MDO) has been renamed the Clinical Unit (CU) and is part of DMAP's Quality Improvement & Medical Section.

The CU provides medical and clinical consultative services for DMAP internal staff, state agencies, external associations and other organizations. It coordinates the monthly meeting of the MCO medical directors. Meeting topics for the first quarter of 2007 include:

- **Health Care Delivery Pilot** – Alaska natives were given the option to assume responsibility for the operation of the health care system and moved from an open based care model to a system focused on population-based care. One of the OHP MCOs, CareOregon, is currently funding a similar collaborative initiative with grant dollars. Based on the key concepts of shared responsibility, commitment to quality, family wellness, and operational excellence, CareOregon's initiatve intends to create an enhanced Primary Care Home for its members that will improve service integration, quality of care, and the health of its members.

- **Senate Committee on Health Care Access and Affordability Legislative Concept** – This proposed plan would provide universal health coverage through a program administered by the Oregon Health Care Fund and funded from a payroll-based tax pooled with Medicaid, State Children's Health Insurance Program (SCHIP) and other public funds.

- **Public Health Obesity Initiatives** – Under the auspices of the Health Policy Commission, the DHS Office of Public Health reviewed data on childhood obesity in Oregon, in order to determine the effectiveness of prevention approaches and develop recommendations for policy or legislative action.

- **Immunization Performance Measure** – An overview of the 2006 Assessment of Immunization Rates and Practices for children enrolled in the OHP.

- **Asthma Performance Measure** – A report on FCHP and Medicaid Data submitted in 2006 for Emergency Department (ED) visits and Pharmacology.

- **Future of Long Term Care** – A focused look at Oregon's aging population and its potential impact on Medicaid.

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	Area of Focus
MHO Contractors Meeting	■ DHS Office of Payment Accuracy and Recovery (OPAR) overview. As a result of this presentation, DHS provided an MHO training specific to a requesting plan. ■ PHTech, a provider of subcontracted encounter data submission services for several MHOs, provided an overview of NPI from the MHO prospective. ■ AMH staff sought MHO participation in their RFP for the CMS Real Choices Grant pilot project (see page 6). ■ Collaboration on changing the MHO enrollment protocol for children receiving ISA services (see page 15).
Intensive Service Array (ISA) Coordinator Workgroup	■ White Paper on ISA Service Delivery/Best Practices: Coordinators routinely share this paper with the MHOs as it continues to evolve to include MHO recommendations. ■ Best practices model for case management for children, utilizing the most intensive levels of care. ■ Review of Client Process Monitoring Systems (CPMS) Reports: AMH's Children's Treatment Systems Unit led a review of CPMS reports by service type, focusing on Child and Family Teams. ■ Workforce Development: How to provide focused technical assistance; possible topics (see page 25).
MHO Rules and Contracts	■ Level of Need Determination data validation ■ Determined a need for an "end date" data field as a requirement in the Exhibit N – Level of Need Determination report. AMH will include this requirement in the January 1, 2008 MHO agreement.
MHO Rates and Finance Workgroup	■ AMH is working to provide the MHOs an Excel spreadsheet format to use when submitting contractually required financial reports. ■ Use of capitation data for encounterable services, where MHOs provide the amount of capitation paid for the encounter data submitted. ■ March meeting cancelled.
MHO Codes Workgroup	■ On hiatus

Body	Area of Focus
QI Workgroup	■ Collaborative work on AMH/DMAP Quality Assessment and Performance Improvement Program (QAPI) requirements (PIPs) ■ Further review and changes to Exhibit B (Grievance Log) of the MHO Agreement ■ Starting collaborative (AMH/MHO) restructure of Exhibit A (Provider Capacity Report) of the 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.

■ Throughout this quarter, DMAP advertised their upcoming regional meetings to DHS staff and MCOs. The meetings began April 10, 2007, in Curry County.

■ AMH's Medicaid Policy Unit has made plans to attend these meetings with DMAP.

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.

  ✓ NPI implementation remained the main provider communication focus.

  ✓ In January, DMAP introduced a new guide for providers called *Keys to Success – Partnering with DMAP*. It tells new providers what they need to know before billing for services to OHP clients. This resource is available on the OHP Web site at www.oregon.gov/DHS/healthplan/tools_prov/ keys2success.pdf.

■ 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 the "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 (FQHCs), 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 January – March 2007				
Application Call Center	**January**	**February**	**March**	**Total**
Calls Received:	7,208	5,853	6,073	19,134
Calls Answered:	7,128	5,800	6,041	18,969
Calls Abandoned:	80	53	32	165
% of Transferred Calls:	14.5%	14.6%	15.3%	14.8%
Avg. # of Agents Per Month:	4	4	4	4.00
Avg. # of Calls Per Agent Per Month:	1,782	1,450	1,510	1,581
Avg. Level of Service Per Month:	98.9%	99.1%	99.5%	99.2%
OCE Industries Mailroom	**January**	**February**	**March**	**Total**
Application Requests Mailed:	7,738	7,048	7,611	22,397
Redeterminations:	9,765	8,715	7,992	26,472

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, CASU received 14,136 calls from clients or their representatives about their medical assistance programs. This represents a 12.3% drop from the 16,116 calls taken the previous quarter.

■ One half-time agent completed training in February, and one full-time position was vacant during March.

■ Three national holidays also contributed to the reduced call volume.

Pharmacy calls remained high due to changes with Medicare Part D for dual eligibles. The following table shows the distribution of calls by type of issue or concern.

CASU Call Center Activity by Type of Call January – March 2007	
Medical Services	3,761
Pharmacy Services	1,147
Dental Services	843
Mental Health/Addiction Services	198
Client Medical Bills	1,667
Copayments/Premiums	256
Certificate of Creditable Coverage	280
Pharmacy Lock-in Change	764
Certificate of Non-Eligibility	289
Client Materials Request	214
Adoption Case Plan Change	41
Eligibility Questions	2,366
General Questions or Concerns	2,310
TOTAL	**14,136**

Client Hearings

DMAP Hearings staff handle administrative hearings involving DMAP and managed care/policy coordination.

OHP Hearings Statistics January – March 2007		
	Managed Care	**Fee-for-Service**
Requests Received	56	35
Hearings Held	23	17
Hearings Pending	33	14
Claimant Withdrew	10	2
Plan/Agency Withdrew	13	14
No Shows	8	1
Affirmed	24	18
Reversed	2	2
Dismissed (Timeliness)	5	4
Not Hearable	11	13
Below the Line	13	9

OHP Premium Billing and Payment

The OHP Premium 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 January – March 2007				
	January	**February**	**March**	**Total**
Households	10,622	10,401	10,283	31,306
Current Month Billed	$150,774	$144,414	$142,204	$437,392
Total Billed	$175,247	$172,796	$170,435	$518,478
Current Month Receipts	$104,779	$98,424	$95,943	$299,146
Total Receipts	$158,780	$147,111	$143,596	$449,488
Current % Receipts	69%	68%	67%	68%
Total % Receipts	91%	85%	84%	87%

Also, DMAP selected Chaves Consulting, Inc. as the new OHP Premium Billing Office effective April 1, 2007. Later this year, clients should be able to pay their premiums by phone using check, debit or credit card.

Provider Services

Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,560 calls per month during the first quarter of 2007. Greater than 98% of the calls continued to be from practitioners, with greater than 84% of the calls related to HSC line placement and payment for services.

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, 82% of all claims submitted to DHS are in the electronic formats.

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). AMH also has ongoing conversations with mental health providers about NPI.

- DHS routinely receives registered NPIs to add to its database, then crosswalks legacy provider numbers to the new NPIs for claims processing and payment. So far, 70% of DHS' enrolled Medicaid providers have submitted their NPIs.

- 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, Durable Medical Equipment (DME), Home Health, FQHC and Pharmacy providers.

- Completed the federal Office of the Inspector General (OIG) directive to perform audits of hospitals that 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 January – March 2007				
Provider Call Center	**January**	**February**	**March**	**Total**
Calls Received:	9,049	8,440	10,324	27,813
Calls Answered:	8,866	8,266	10,230	27,362
Calls Abandoned:	183	174	194	551
% of Transferred Calls:	28.9%	29.5%	30.0%	29.5%
Avg. # of Agents Per Month:	5	5	5	5.00
Avg. # of Calls Per Agent Per Month:	1,773	1,653	2,046	5,472
Avg. Level of Service Per Month:	98.0%	97,9%	99.1%	98.3%

Training

In March, DMAP and AMH presented a "Billing and NPI" workshop for TeleCare Assertive Community Treatment (T-ACT), who will provide post-acute intermediate mental health treatment services for AMH clients moving from state institutional care to community-based care.

In this quarter, AMH Workforce Development began determining possible training topics for 2007. Last year, the emphasis was on adults. This year, AMH may focus on adolescents and younger children. Rather than replicate collegiate skills, trainings would concentrate on facilitation of Family Teams, etc.

Systems

MMIS Replacement Project

All DHS divisions have participated in some level of the design and business process input decisions surrounding the replacement Medicaid Management Information System (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 continued focus for the reporting period.

- 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.

- Continued review of how business processes will change as a result of the replacement MMIS.

- Began planning conversion and configuration of data from the current MMIS to the replacement MMIS.

Primary staff continue to work closely with DHS' contracted vendor, Electronic Data Systems (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 56 new Service Requests to OIS and closed 40 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 last year.

Program Operations

Family
Health
Insurance
Assistance
Program

Administrative Operations/ Policy Issues

Customer Satisfaction Survey

FHIAP mails surveys to members who have been in the program at least six months. The survey features six customer service-related questions to be answered with an Excellent, Good, Fair, Poor or Don't Know rating.

- As of March 31, 2007, 97% of those responding rated FHIAP's overall service as Good or Excellent.

New Federal Poverty Levels

FHIAP incorporated the new Federal Poverty Levels (FPLs) into program material. The new FPLs became effective January 24, 2007.

Information, Education and Outreach (IEO)

Information

- An article on FHIAP appeared in the January 2007 edition of *Health Insurance Underwriters* (HIU) magazine, one of the best-read publications in the insurance industry. The article is also on the HIU Web site http://hiu.nahu.org/article.asp?article=1503&paper=0&cat=1,

- FHIAP staff updated publications to incorporate the 2007 FPLs, worked to improve the member handbook, and revised agency Web sites to conform the new state look.

Education

- The Human Resource Certification Institute approved a 1.5-hour FHIAP training for human resource/payroll employees to learn about FHIAP and get credit toward three certifications (Professional in Human Resources, Senior Professional in Human Resources, and Global Professional in Human Resources) that are important in their industry.

- March was a travel month. In addition to the regular monthly training of health insurance agents in the Portland area, IEO staff trained agents in Pendleton, Medford, and Bend on state programs for the uninsured. Other key trainings included the following audiences:
  - ✓ 100 Providence employees in Portland
  - ✓ About 30 PeaceHealth hospital employees in Eugene
  - ✓ 100 stakeholders who are part of a Health Access Coalition in Lane County

Outreach

FHIAP staff called hundreds of applicants who are approved for FHIAP, but not yet enrolled in health insurance. The goal was to make sure new members understand the enrollment process and to provide these members an agent resource to help select an individual plan.

- FHIAP is currently reviewing the information received from these calls to determine why new members did not take the next steps to select a health insurance plan.

- Based on this review, FHIAP will then review and revise their communications to better explain the program, as appropriate.

IEO staff also sent the quarterly *Connections* newsletter to FHIAP members and agents. This publication is available on the FHIAP Web site at www.oregon.gov/OPHP/publications.shtml#Family_Health_Insurance_Assistance_Program__FHIAP_.

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 effect 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 1st Quarter enrollments based on approved lives in the previous quarter. We have also reported 1st Quarter enrollments based on approvals in the 1st Quarter.

New Group enrollment	602
New Individual enrollment	1,403
Total new enrollments	2,005
% change from 4Q06	321%
% change from 1Q06	-24%
% approved to be enrolled from 1Q07	74%
% approved to be enrolled from 4Q06	29%

Total enrollment on March 30, 2007	14,258
Disenrollment due to non-payment of premium	181
Total number of people ever enrolled during this quarter	15,002

Other Statistical Data

For the current reporting period:

- **Transfers from FHIAP to State coverage:** 21 lives transferred from FHIAP to OHP[1]

- **MOE Requirements:** As of March 2007, FHIAP has spent a total of $30,540,677 toward our $40.9M requirement. Projected expenditures are $39.3M, with the remaining $1.6M 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.

- **OHP2 Disenrollment Requests in First 30 Days:** 20 requests[2]; 0 request denials

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[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, total member months for the quarter; and the percent changes from the previous quarter and year.

Ever-enrolled Persons on OHP January – March 2007			# Persons	Member Months	% change from 4Q06	% change from 1Q06
POPULATION						
Expansion	Title 19; OHP Standard	OHP Parents	8,591	23,554	-5.03%	11.85%
		OHP Childless Adults	13,368	37,812	-6.25%	-23.75%
	Title 19; OHP Plus	PLM Children FPL > 170%	666	1,725	-6.61	7.81%
		Pregnant Women FPL > 170%	570	1,370	-4.04%	-7.19%
	Title 21; OHP Plus	SCHIP FPL > 170	4,974	13,932	1.19%	15.66%
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	10,479	25,493	-1.83%	-2.07%
	Title 21; OHP Plus	SCHIP FPL < 170%	33,745	94,740	3.71%	14.50%
Mandatory	Title 19; OHP Plus	Other OHP Plus	317,937	872,665	-3.43%	-6.25%
QUARTER TOTALS			**390,330**	**1,071,292**	**-2.77%**	**-4.07%**

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

OHP Enrollment

This table indicates enrollees 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 January – March 2007					
Month	**OHP Eligibles***	**FCHP**	**PCM**	**DCO**	**MHO**
January	360,656	266,187	8,871	336,746	338,527
February	360,669	266,688	8,653	337,742	338,625
March	362,024	270,509	8,665	338,238	338,933
Qtr Average	361,116	267,795 (74%)	8,730 (2%)	337,575 (94%)	338,695 (94%)

*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 3rd Quarter 2006. The following tables list the FCHP, DCO, CDO and PCO disenrollments by reason for disenrollment, as reported to DMAP staff by DHS staff, plan representatives, and clients.

Access to Care Reports

DMAP Access to Care Disenrollments July – September 2006							
FCHP	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	3Q06 Total
CareOregon	105,167	286	2	1	34	0	323
Cascade Comprehensive Care	6,615	7	0	0	0	0	7
COIHS	21,711	23	0	0	7	0	30
Doctors of the Oregon Coast South	7,893	7	0	0	1	0	8
Douglas County IPA	11,378	11	0	0	0	0	11
FamilyCare, Inc.	18,474	153	3	4	15	0	175
InterCommunity Health Network	17,049	15	0	0	6	0	21
Lane IPA	29,646	24	0	0	13	0	37
Marion-Polk Community Health Plan	38,176	25	0	0	6	0	31
Mid-Rogue IPA	5,732	15	0	0	0	0	15
Oregon Health Management Svcs	4,168	3	0	0	1	0	4
ODS Medical	3,459	6	0	0	0	0	6
Providence Health Assurance	18,081	81	0	1	8	0	90
Tuality Health Alliance	6,668	8	0	1	1	0	10
FCHP TOTAL	**294,217**	**664**	**5**	**7**	**92**	**0**	**768**

DMAP Access to Care Disenrollments July – September 2006							
DCO	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	3Q06 Total
Capitol Dental Care	123,404	249	12	0	36	0	297
Hayden Family Dentistry Group	36,197	132	0	3	52	1	188
Managed Dental Care Services	11,599	56	0	1	11	0	68
Multicare Dental	26,432	70	0	0	9	0	79
Northwest Dental Services, LLC	67,111	180	2	0	15	3	200
ODS Dental	46,760	83	0	0	6	1	90
Willamette Dental Group	61,046	149	6	0	14	1	170

DCO TOTAL	**372,549**	**919**	**20**	**4**	**143**	**6**	**1,092**
CDO	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	3Q06 Total
Deschutes County Human Services	9,505	0	0	1	0	0	1

PCO	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	3Q06 Total
Kaiser Foundation Health Plan (Northwest)	4,498	8	0	0	1	0	9

Quality of Care Reports

DMAP Quality of Care Disenrollments July – August 2006							
FCHP	Unduplicated Enrollment	Client Request at Redetermination	Provider's Poor Explanation	Provider's Staff Rude	Quality of Care	Wait Time	3Q06 Total
CareOregon	105,167	211	3	0	0	0	214
Cascade Comprehensive Care	6,615	3	0	0	0	0	3
COIHS	21,711	7	0	0	0	0	7
Doctors of the Oregon Coast South	7,893	1	0	0	0	0	1
Douglas County IPA	11,378	3	0	0	0	0	3
FamilyCare, Inc.	18,474	101	3	0	0	0	104
InterCommunity Health Network	17,049	5	0	0	0	0	5
Lane IPA	29,646	16	0	0	0	0	16
Marion-Polk Community Health Plan	38,176	31	0	0	0	0	31
Mid-Rogue IPA	5,732	5	0	0	0	0	5
Oregon Health Management Svcs	4,168	0	0	0	0	0	0
ODS Medical	3,459	9	1	0	0	0	10
Providence Health Assurance	18,081	39	0	0	0	0	39
Tuality Health Alliance	6,668	12	0	0	0	0	12
FCHP TOTAL	**294,217**	**443**	**7**	**0**	**0**	**0**	**450**

DMAP Quality of Care Disenrollments July – August 2006							
DCO	Unduplicated Enrollment	Client Request at Redetermination	Provider's Poor Explanation	Provider's Staff Rude	Quality of Care	Wait Time	3Q06 Total
Capitol Dental Care	123,404	317	3	0	1	0	321
Hayden Family Dentistry Group	36,197	173	1	6	0	1	181
Managed Dental Care Services	11,599	57	0	0	0	0	57
Multicare Dental	26,432	68	1	0	0	0	69
Northwest Dental Services, LLC	67,111	144	7	4	0	0	155
ODS Dental	46,760	97	0	0	0	0	97
Willamette Dental Group	61,046	144	6	2	0	0	152
DCO TOTAL	**372,549**	**1,000**	**18**	**12**	**1**	**1**	**1,032**

CDO	Unduplicated Enrollment	Client Request at Redetermination	Provider's Poor Explanation	Provider's Staff Rude	Quality of Care	Wait Time	3Q06 Total
Deschutes County Human Services	9,505	0	0	0	0	0	0

PCO	Unduplicated Enrollment	Client Request at Redetermination	Provider's Poor Explanation	Provider's Staff Rude	Quality of Care	Wait Time	3Q06 Total
Kaiser Foundation Health Plan (Northwest)	4,498	11	0	0	0	0	11

Complaint Reports

DMAP Self-Reported Complaints

All MCOs follow guidelines for the reporting of member complaints as outlined in Exhibit F of the FCHP, DCO, CDO and PCO contracts. Member complaints include any expression of dissatisfaction, which the MCO then analyzes and resolves accordingly. This report only captures the complaints received for the quarter, not the resolution.

For more information, see Exhibit F on the OHP Managed Care Contracts Web page at www.oregon.gov/DHS/healthplan/data_pubs/contracts/fchp/2007/exhibit_f_07.pdf.

Because MCOs are allowed 60 days from the end of the quarter to submit their complaint information, this information is from 3rd Quarter 2006. The following tables list MCO-reported complaints by reason for FCHPs, DCOs, CDO and PCO.

| DMAP Self-Reported MCO Complaints July – September 2006 | | | | | | | |
FCHP	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	3Q06 Total
CareOregon	105,167	75	32	60	52	0	144	363
Cascade Comprehensive Care	6,615	0	0	0	1	3	12	16
COIHS	21,711	0	0	1	0	18	37	56
Doctors of the Oregon Coast South	7,893	12	7	10	0	2	5	36
Douglas County IPA	11,378	1	1	8	2	0	26	38
FamilyCare, Inc.	18,474	9	2	10	7	0	15	43
InterCommunity Health Network	17,049	1	3	7	3	5	10	29
Lane IPA	29,646	6	12	13	8	0	11	50
Marion-Polk Community Hlth Plan	38,176	6	4	13	72	55	67	217
Mid-Rogue IPA	5,698	1	5	3	0	0	10	19
Oregon Health Management Svcs	4,168	3	5	2	0	0	5	15

DMAP Self-Reported MCO Complaints July – September 2006								
FCHP	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	3Q06 Total
ODS Medical	3,459	7	0	0	0	0	0	7
Providence	18,081	0	5	0	0	0	22	27
Tuality Health Alliance	6,668	1	1	0	1	0	7	10

DCO	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	3Q06 Total
Capitol Dental Care	123,404	0	21	28	7	0	6	62
Hayden Family Dentistry Group	36,197	0	0	1	4	1	1	7
Managed Dental Care Services	11,599	2	0	5	1	0	0	8
Multicare Dental	26,432	1	3	10	0	0	0	14
Northwest Dental Services, LLC	67,111	9	4	7	0	0	0	20
ODS Dental	46,760	63	11	11	12	1	3	101
Willamette Dental Group	61,046	3	3	4	2	0	1	13

CDO	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	3Q06 Total
Deschutes County Human Services	9,505	0	0	0	0	0	0	0

DMAP Self-Reported MCO Complaints							
July – September 2006							
PCO	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	3Q06 Total
Kaiser Foundation Health Plan (Northwest)	4,498	0	1	23	3	1	168	196

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 4th Quarter 2006. The total enrolled in MHOs for the 4th Quarter 2006 was 346,317 (100%). The following tables list MHO-reported grievances by reason.

MHO	Grievance Domain	1Q06	2Q06	3Q06	4Q06	Grievances/ Domain
AMH Self-Reported Grievances **October – December 2006**						
ABHA	Access	1	1	2	3	7
	Denial of Service, Authorization, or Payment	0	1	1	0	2
	Clinical Care	5	0	2	3	10
	Interaction with MHO, Provider, or Staff	3	3	5	6	17
	Quality of Service	0	0	0	0	0
	Consumer Rights	2	1	1	1	5
	TOTAL	**11**	**6**	**11**	**13**	**41**
	24,337 (7.0%) enrolled					
CCMHO	Access	1	2	0	1	4
	Denial of Service, Authorization, or Payment	0	0	3	2	5
	Clinical Care	1	1	0	2	4
	Interaction with MHO, Provider, or Staff	3	0	1	0	4
	Quality of Service	1	0	1	1	3
	Consumer Rights	0	0	2	2	4
	TOTAL	**6**	**3**	**7**	**8**	**24**
	22,348 (6.7%) enrolled					
FamilyCare	Access	0	0	1	0	1
	Denial of Service, Authorization, or Payment	2	0	0	0	2
	Clinical Care	0	1	0	0	1
	Interaction with MHO, Provider, or Staff	0	0	1	0	1
	Quality of Service	0	0	0	0	0
	Consumer Rights	0	0	0	0	0
	TOTAL	**2**	**1**	**2**	**0**	**5**
	9,925 (2.9%) enrolled					

		1Q06	2Q06	3Q06	4Q06	Grievances/ Domain
MHO	**Grievance Domain**					

AMH Self-Reported Grievances

October – December 2006

MHO	Grievance Domain	1Q06	2Q06	3Q06	4Q06	Grievances/Domain
GOBHI	Access	0	0	2	2	4
	Denial of Service, Authorization, or Payment	4	0	3	3	10
	Clinical Care	2	2	7	3	14
	Interaction with MHO, Provider, or Staff	6	4	6	2	18
	Quality of Service	0	0	1	1	2
	Consumer Rights	3	0	2	3	8
	TOTAL	**15**	**6**	**21**	**14**	**56**
	29,054 (8.4%) enrolled					
JBH	Access	6	2	1	2	11
	Denial of Service, Authorization, or Payment	2	4	2	1	9
	Clinical Care	4	4	5	1	14
	Interaction with MHO, Provider, or Staff	2	4	2	1	9
	Quality of Service	1	0	1	0	2
	Consumer Rights	0	1	1	1	3
	TOTAL	**15**	**15**	**12**	**6**	**48**
	60,350 (17.4%) enrolled					
LaneCare	Access	0	0	3	0	3
	Denial of Service, Authorization, or Payment	0	0	2	0	2
	Clinical Care	4	1	5	0	10
	Interaction with MHO, Provider, or Staff	2	2	8	3	15
	Quality of Service	0	1	2	0	3
	Consumer Rights	0	1	1	0	2
	TOTAL	**6**	**5**	**21**	**3**	**32**
	35,700 (9.5%) enrolled					
MVBCN	Access	0	0	1	6	7
	Denial of Service, Authorization, or Payment	3	2	0	0	5
	Clinical Care	2	2	0	1	5
	Interaction with MHO, Provider, or Staff	2	2	1	1	6
	Quality of Service	1	0	0	0	1
	Consumer Rights	0	0	0	0	0
	TOTAL	**8**	**6**	**2**	**8**	**24**
	72,695 (19.3%) enrolled					

AMH Self-Reported Grievances October – December 2006						
MHO	Grievance Domain	1Q06	2Q06	3Q06	4Q06	Grievances/ Domain
Verity	Access	10	12	1	2	25
	Denial of Service, Authorization, or Payment	0	1	0	1	2
	Clinical Care	0	2	2	3	7
	Interaction with MHO, Provider, or Staff	5	3	3	0	11
	Quality of Service	0	0	0	0	0
	Consumer Rights	0	3	1	1	5
	TOTAL	**15**	**21**	**7**	**7**	**43**
	73,986 (19.7%) enrolled					
WCHHS	Access	0	3	2	2	7
	Denial of Service, Authorization, or Payment	4	1	0	0	5
	Clinical Care	5	2	5	5	17
	Interaction with MHO, Provider, or Staff	1	3	3	3	10
	Quality of Service	1	3	2	1	7
	Consumer Rights	0	2	0	0	2
	TOTAL	**11**	**14**	**12**	**11**	**37**
	32,976 (8.8%) enrolled					