



Oregon Health Plan

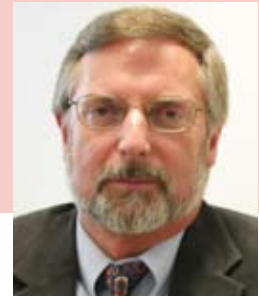
Medicaid and State Children's Health Insurance Program
section 1115(a) Medicaid demonstration extension

Quarterly Progress Report
April – June 2007



Letter from the Director

Jim Edge, M.P.H., 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 April – June 2007 reporting period.

Policy highlights

During this quarter, the Oregon Legislative Assembly passed several bills related to expanding or maintaining existing health care coverage in Oregon. The extension of the Medicaid provider tax for hospitals and managed care organizations (MCOs), which funds the OHP Standard program, ensures that clients can retain their OHP Standard coverage. The funding of a new physician incentive program, will help increase OHP clients' access to preventive care.

The Children's Wraparound Project Steering Committee began work on a strategic plan to help 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. The Governor also brought more attention to the Children's Wraparound Project by proclaiming May 8 Mental Health Awareness Day.

DHS continued 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

An important aspect of maximizing resources is working together. During this quarter, the Division of Medical Assistance Programs (DMAP) reached out to DHS branches and MCO representatives across the state in their semiannual OHP Regional Meetings. AMH also participated, providing meeting participants with a broader understanding of the OHP. Partnerships to promote the integration of primary and behavioral health care, streamline the MCO contracts across divisions, and improve Oregon's immunization rates are just a few examples of how DHS and its partners work together to achieve more.

FHIAP maintains its focus on helping uninsured Oregonians obtain the health coverage resources they need. Their work to approve new carriers and find innovative ways to promote their programs is still an important factor helping to reduce the rate of uninsurance in Oregon.

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OHP Program and Policy



OHP program development

Legislative activities

The 2007-2009 legislative session concluded on June 28. During this quarter, DMAP continued to track bills found in the Governor's Recommended Budget, including the Healthy Kids Plan and a modest expansion of the OHP Standard program. Actions from this session that may affect OHP administration include:

- Passing the Healthy Oregon Act (Senate Bill 329), which establishes the Oregon Health Fund Board. The Board will develop a comprehensive plan to reform Oregon's health care system so that affordable and effective health care is available and accessible to all.
- Passing House Bill 2406, which enables DHS to develop a new CMS model waiver for children with significant medical needs. The waiver will provide Medicaid supports to help families keep children with physical disabilities at home rather than in an institution.
- The Legislature extended the tax on Medicaid managed care organizations and hospitals to October 1, 2009, which will enable approximately 24,000 OHP Standard clients to retain medical coverage. In addition, the Legislature raised the Diagnostic-Related Group (DRG) component of OHP managed care capitation rates from 72 percent to 80 percent of cost.
- The 2007-2009 budget includes \$7 million to develop an incentive program to increase access to physicians for clients enrolled in OHP managed care organizations.
- The Legislature increased funding for School-Based Health Centers by \$2 million to add centers to areas of the state where they are most needed.
- The new Pharmacy Incentive Program will help keep drug costs down by encouraging pharmacies to dispense generic drugs and drugs from the state's Practitioner-Managed Prescription Drug Plan List. In addition, designated drugs will be exempt from copayment, which saves money for clients and for those pharmacies that often have absorbed the cost of the copayment.
- The Healthy Kids Plan (HKP) to provide affordable, accessible health care for Oregon's 117,000 uninsured children. was referred to the November 2007 election, along with the 84.5-cent tobacco

tax to fund HKP. If passed, with the additional resources, DHS will be able to increase outreach, cover more uninsured adults in the OHP Standard Program, expand tobacco-use reduction programs, and provide grants to safety-net clinics and rural health clinics.

Administrative rule development

The following matrix summarizes the program-specific DHS Oregon Administrative Rule (OAR) activities for the 2nd quarter of 2007.

| Program | Activity |
|---------------------------|--|
| General Rules | <ul style="list-style-type: none"> ■ On January 1, 2007, DMAP temporarily amended OAR 410-120-1295 to reference the reimbursement documents: FCHP Non-Contracted DRG Hospital Reimbursement Rates, effective for services rendered January 1, 2007, through December 31, 2007. DMAP permanently amended this rule and placed the date for the permanent action at the bottom of the rule. ■ DMAP amended 410-120-1980 to align with the Department of Human Services rules 407-003-0000 and 407-003-0010 that address what fees can be charged for public records request. |
| Home EPIV | <p>Amended OARs 410-148-0020, 410-148-0040, 410-148-0100 and 410-148-0300 to reflect the following:</p> <ul style="list-style-type: none"> ■ Effective October 1, 2004, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CMS approved a new designation and modifier for services performed in the Ambulatory Infusion Suite (AIS) of a home infusion provider. |
| Medical Transportation | <ul style="list-style-type: none"> ■ Amended OAR 410-136-0160 to eliminate the sanction for “no-shows” for medical transportation rides pursuant to CMS directive. |
| Medical-Surgical Services | <p>DMAP amended current policies and procedures for Medical-Surgical providers to ensure OARs are not open to interpretation by the provider or outside parties and to help eliminate confusion possibly resulting in non-compliance.</p> |

| Program | Activity |
|--|---|
| <p>Medical-Surgical Services (continued)</p> | <p>DMAP amended the following OARs with CPT coding changes:</p> <ul style="list-style-type: none"> ■ 410-130-0180 (Drugs) ■ 410-130-0200 (Prior Authorization/Prior Notification) ■ 410-130-0220 (Not Covered/Bundled Services) ■ 410-130-0255 (Immunizations and Immune Globulins) <p>DMAP amended the following OARs for minor operational changes described below:</p> <ul style="list-style-type: none"> ■ 410-130-0580 (Hysterectomies and Sterilizations): To update the sterilization consent form and its submission requirements. ■ 410-130-0595 (Maternity Case Management): To clarify language on MCM “Emergencies.” ■ 410-130-0368 (Anesthesia Services): To allow an appropriate flat rate payment for obstetric labor management epidurals (as a result of discussions with Oregon Anesthesia Society). |
| <p>OHP (Managed Care)</p> | <p>Having temporarily amended OAR 410-141-0420 to reflect the new state policy for necessary changes to the reimbursements for Graduate Medical Education (GME) by January 1, 2007, this rule amendment was made permanent, effective June 29, 2007.</p> |
| <p>Pharmaceutical Services</p> | <p>Made housekeeping corrections to the following OARs:</p> <ul style="list-style-type: none"> ■ 410-121-0030: To reflect new additions and deletions of drugs to the Plan Drug List (PDL) list. ■ 410-121-0040: To delete references to drug criteria recommended by the U.S. Food and Drug Administration. ■ 410-121-0145: To revise prescription requirements for Over-the-Counter (OTC) Plan B drugs. ■ 410-121-0150: To revise billing requirements for OTC Plan B drug products and to clarify changes in billing requirements as a result of National Provider Identifier (NPI) requirements. |
| <p>Physical and Occupational Therapy</p> | <p>Updated OAR 410-131-0280 to clarify that CPT codes, listed in Table 131-0280-1, do not require payment authorization.</p> |

| Program | Activity |
|---|---|
| Speech-Language Pathology, Audiology and Hearing Aid Services | Updated OAR 410-129-0060 to clarify that the prescription for prior authorization of a hearing aid must specify the ICD-9CM diagnosis code. |

Governor's Statewide Children's Wraparound Project

The Children's Statewide Wraparound Project Steering Committee met on April 27th and June 15th to prepare a strategic plan for the Governor by October 2007. The plan includes:

- Providing care and support services for emotional, behavioral or substance abuse problems, while increasing academic achievement and reducing the number of children entering foster care or the juvenile justice system.
- Tailoring services based on the needs of individual children and families, rather than on system requirements.
- Emphasizing the self-determination of children and families in designing their own care and support services.
- Maximizing the availability of resources for children and youth across systems to ensure access to the appropriate behavioral health services and other support services.

The plan also created four subcommittees: the Local Implementation Subcommittee, the Finance Subcommittee, the Data and Evaluation Subcommittee, and the Cultural Competency Subcommittee. Additional information about Wraparound Project efforts is on the DHS Web site at www.oregon.gov/DHS/mentalhealth/wraparound/main.shtml.

Children's Mental Health Awareness Day

On May 8, 2007, a statewide event, including children, families, advocates, state employees, and legislators, was held at the Capitol Mall in Salem. There was a youth parade, with participants armed with kazoos, whistles and posters, ending on the Capitol steps. The school counselor at Falls City Elementary School brought a busload of youth to join in the celebration just as the parade was starting.

An assortment of speakers addressed the group regarding Children's Mental Health. School children visiting the Capitol participated in the activities and a fundraising barbecue was held by the local Oregon

Family Support Network (OFSN) affiliate. Other activities occurred in Portland, Lincoln City, Mid-Columbia and Southern Oregon.

The Governor proclaimed May 8 Children's Mental Health Awareness Day. OFSN hopes this activity becomes an annual event; planning begins this summer for next year.

Research activities

Oregon is one of 18 states receiving a technical assistance grant from the National Academy of State Health Policy to participate in the Assuring Better Child Development (ABCD-3) Learning Academy. The purpose of this grant is to implement standardized early childhood developmental screening among Medicaid children and in pediatric practices. The initiative is a partnership of the Oregon Pediatric Society, the Division of Medical Assistance Programs, and the Public Health Division's Maternal and Child Health Program.

The work of this project is in three areas: Medicaid Policy and Pediatric Practice Improvement, Developmental Screening Demonstration Sites, and Evaluation and Quality Improvement. The initiative includes an ABCD Steering Committee and a Task Force for each of these areas, including private practitioners, community advocates, and public policy leaders. The initiative will last until about December 2008.

For more information about the ABCD-3 Learning Academy, go to www.abcdresources.org./ABCDprogram.htm.

Medicaid Transformation Grant

In June, DMAP submitted its proposal for a Medicaid Transformation Grant to support the Health Record Bank of Oregon (HRB Oregon), an electronic health records bank for OHP clients and providers. The three primary goals of HRB Oregon are to:

- Improve health by providing patients with the personal medical information that might not otherwise be available in clinical encounters;
- Facilitate patient-centered, high-quality primary care in support of coordinated team efforts, even as beneficiaries churn on and off of Medicaid; and
- Reduce costs associated with unnecessary and often duplicative diagnostic and other services.

OHP rate development

In April, PricewaterhouseCoopers LLP drafted revised FCHP, PCO, and DCO capitation rates to be effective July 1, 2007 or August 1, 2007. This draft reflects expected utilization now that the legislature rescinded the temporary benefit reductions that were to sunset June 30, 2007. More information on the draft rates is on the OHP Actuarial Services Web site at www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/capraterate-percapita.shtml.

Health Services Commission

The HSC held one meeting during the quarter. The commission heard a report from the Health Resources Commission's Obesity MedTAP (Medical Technical Advisory Panel) on the effectiveness of non-surgical treatments for obesity. Based on this evidence-based review, the HSC began developing a guideline to be associated with these services on line 8 of the new list scheduled to begin implementation on January 1, 2008.

Jeanene Smith, MD, Administrator of the Office for Oregon Health Plan Policy & Research, provided the Commission an update on Senate Bill 329. Signed into law by the Governor, this legislation calls for establishing the Oregon Health Fund Board to develop a comprehensive plan to expand health coverage to currently uninsured populations in the state. Dr. Smith indicated that the HSC will play a key role in the work towards defining a set of essential health services that will be part of the report due to the legislature in October 2008.

Additionally, the HSC reviewed a large number of technical corrections being recommended by the Health Outcomes Subcommittee to be a part of the set of interim modifications to the Prioritized List of Health Services for October 1, 2007, implementation.

Subcommittee activities

Health Outcomes Subcommittee

The HOSC held two meetings during the quarter. Both meetings focused on the review of potential interim modifications to the prioritized list to take effect on October 1, 2007.

The HOSC developed a recommendation for the full Commission to add capsule endoscopy to the list in cases of diagnosing the following conditions:

- Otherwise unexplained gastrointestinal bleeding with anemia thought to be of small bowel origin
- Suspected Crohn's disease with a previous negative workup

The HSC approved this recommendation.

The subcommittee also found that percutaneous vertebroplasty was only shown to be effective in reducing pain and disability in the first six weeks after a vertebral fracture, so the HSC adopted their recommendation to move those CPT codes to the vertebral fracture line. The HOSC also began reviews on the placement of V codes on the prioritized list and the effectiveness of treatments for lymphedema.

Genetics Advisory Committee

This committee held one meeting during the quarter. It reviewed data on the use of genetic tests for OHP clients and did not see any trends that required immediate attention. They will meet again after one year's time to see if any revisions are needed to the current guidelines on non-prenatal genetic testing or if new guidelines are appropriate.

OHP Program Operations



Managed care

Behavioral health and primary care integration

In May, DHS held a statewide Behavioral Health and Primary Care Integration and Coordination Learning Collaborative to share best practices/strategies and see how DHS can support efforts to integrate behavioral health and primary care on all levels. The follow-up report on the results of this meeting are on the Behavioral Health and Primary Care Integration Web site at www.oregon.gov/DHS/ph/hsp/integration.shtml.

Two of the OHP medical managed care plans, CareOregon and Mid-Rogue IPA, were awarded a grant targeted at integration of exceptional needs care coordination in physical and mental health care, specifically for children in foster care. DMAP will conduct a drug utilization review for these plans on a population basis, beginning with children in the DHS Child Welfare program.

OHP contracts

May 1, 2007 MHO Contract Amendment

National Provider Identification (NPI) federal requirements were incorporated into Exhibit D (Encounter Data Requirements) of the 2007 Mental Health Organization (MHO) Agreement.

The amendment also changed the format of contract attachments D.1, D.2 and D.3 accompanying the exhibit. These forms now parallel those used by the Division of Medical Assistance Programs (DMAP) in their Managed Care Organization (MCO) contract. This will make discussion of these forms between divisions easier because of an aligned format.

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 |
|------------|---|---|
| April 2007 | <p>Deschutes County became a voluntary enrollment area.</p> <p>Central Oregon Individual Health Solutions (COIHS) closed to new enrollment with a 60 day re-enrollment period in Deschutes County.</p> <p>Mid Rogue IPA will serve all ZIP codes in Jackson County.</p> | <p>Willamette Dental Group opened to new enrollment in Lincoln County.</p> <p>Capitol Dental Care closed to new enrollment with a 60 day re-enrollment period in Lincoln County.</p> |
| May 2007 | No changes. | <p>Willamette Dental Group closed to new enrollment with a 60 day re-enrollment period in Lincoln County.</p> <p>Willamette Dental Group opened to new enrollment in Douglas County.</p> <p>Hayden Dental opened to new enrollment in Grant County.</p> |

| Month | FCHPs | DCOs |
|-----------|---|--|
| June 2007 | COIHS opened for new enrollment in Deschutes and Lake Counties. | <p>Willamette Dental Group closed to new enrollment with a 60 day re-enrollment period in Clatsop and Columbia Counties.</p> <p>Willamette Dental Group opened to new enrollment in Lincoln County.</p> <p>ODS closed to new enrollment with a 60 day re-enrollment period in Jackson and Josephine Counties.</p> <p>Capitol Dental Care opened to new enrollment in Lincoln, Umatilla, Morrow and Union Counties.</p> |

Evaluation and monitoring

Addictions and Mental Health Division

- **External quality review (EQR):** During this quarter, the EQRO contractor, Acumentra, completed the following reviews:
 - ✓ 2007 Performance Measures Validation Report
 - ✓ 2007 Clackamas Mental Health Organization External Quality Review Report
 - ✓ 2007 Greater Oregon Behavioral Health Inc. External Quality Review Report
 - ✓ 2007 Washington County Health and Human Services External Quality Review Report

Division of Medical Assistance Programs

- **Consumer Assessment of Health Care Providers and Systems (CAHPS):** DHS is adding 12 questions to this year's CAHPS survey for adults and children on the Oregon Health Plan. Six of the questions are customer satisfaction questions that DHS requires to be included on surveys issued to DHS clients.
- **EQR:** DMAP is coordinating timelines with the EQRO contractor, Acumentra, for onsite reviews of the dental care organizations. EQRO will focus on performance measures and Performance Improvement Projects (PIPs), and evaluating how DMAP evaluates the plans.

- **Performance measures:** In May, DMAP met with DHS Immunization Program managers to review and discuss how to improve immunization rates. In June, DMAP distributed Year 2006 denominators for the Asthma and Dental performance measures.
- **Performance improvement projects (PIPs):** In June, DHS awarded a one-year technical assistance grant to Acumentra, to assist in developing PIPs for this year's topics, asthma and the mental/physical health collaborative. Technical assistance will include evaluating if the PIP is sustainable, going through the right steps, and targeting the appropriate audience.
- **Quality improvement reports:** The 2005 annual reports are being finalized. DMAP is beginning work on the 2006 annual reports, to include an updated report template that includes what is useful to the plans and also meets federal and state requirements for PIPs.

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.

The DHS Encounter Data Team continues to work closely with all managed care organizations to ensure accurate, complete and timely submission of encounter data including pharmacy data.

DMAP and AMH meet monthly with the MCO Collaborative to review all aspects of MCO compliance, discuss areas where performance improvements are needed, and develop consistent and meaningful resolutions.

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 | Areas of focus |
|--|---|
| Enrollment, Disenrollment, Education and Marketing Workgroup | <ul style="list-style-type: none"> ■ Newborn notification ■ Contract review recordkeeping ■ 2008 contract reviews |
| Financial Solvency Workgroup | <ul style="list-style-type: none"> ■ Discussion of 2006 financial analysis ■ Benchmarks for the use of MCO-contracted hospitals |
| OHP Contractors | <ul style="list-style-type: none"> ■ Exhibits D & M ■ Legislative updates ■ Governors Recommended Budget ■ CMS waiver renewals ■ Managed care contract standardization ■ National Medicaid Report ■ EQRO update |
| QPI Workgroup | <ul style="list-style-type: none"> ■ AHRQ Reducing Pediatric Asthma Disparities Project Update ■ EQRO Update ■ PIP Collaborative Requirements – Expectations ■ Disenrollment – Complaints – ENCC ■ Legislative Updates – Ways & Means ■ Contract components ■ PIP Collaborative ■ Oregon Health Care Quality Corporation (Q-Corp) overview ■ Childhood immunizations |
| Rules and Contracts Workgroup | <ul style="list-style-type: none"> ■ Plan contract reviews ■ DHS contract realignment ■ AMH language changes |

Medical Directors Meeting

The Medical Director's Office (MDO) provides medical and clinical consultative services for the Oregon Health Plan internal staff, state agencies and external associations and organizations. The MDO also coordinates the monthly meeting of the managed care plan medical directors. Areas of focus that have been on the agenda include:

- **HPV Vaccine** – Overview of HPV cost effectiveness study conducted by Merck, which concluded adding 19-24 year old women to the coverage criteria would equal a cost benefit. A discussion followed regarding the relationship between the degree of patient exposure to the virus and the vaccine's effectiveness for patients age 19-26 . It was generally agreed that if the MD feels the vaccine is appropriate on an individual basis, OHP should cover the vaccine.
- **Quality Corp Update** – An outline of the Oregon Health Care Quality Corporation's grant from Aligning Forces for Quality, The Regional Market Project. This grant intends to help our community improve the quality of health care provided to people with chronic illnesses. A discussion followed on data usage and its impact. The Oregon Medical Association is taking a leadership role in promoting quality improvement efforts and will work with providers to ensure that data is accurate and systems are efficient.
- **Sedative Coverage Policy** – Discussion on the fee-for-service (FFS) sedative policy. The current DMAP drug policy is influenced by regulatory limits, OHP list placement, DUR Board recommendations and other issues. The FFS policy does allow limited coverage of sedatives, but MCOs may implement additional management strategies not allowed in FFS. The policy allows coverage for psychiatric cases, provides safety checks for therapy length and favors less expensive but safe effective options.
- **Marketing vs. Outreach** – An overview of rule and regulation requirements for marketing. Currently Oregon does not have a marketing plan and outreach efforts by managed care plans is limited.

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 Rules and Contracts | <p>Discussion topics in preparation for the 2008 MHO Agreement:</p> <ul style="list-style-type: none"> ■ MHOs need to enforce the subcontracting portion of the MHO Agreement, particularly areas pertaining to encounter data. ■ Change in enrollment protocol for children receiving Behavioral Rehabilitative Services ■ New consecutive listing of contractually required reporting. ■ ISA outcome data – MHOs agreed to placeholder language in the 2008 agreement with further discussion to be held for future language finalization. ■ Exhibit A, Practitioner Report, to be revised as the new “Mental Health Organization Provider Capacity Report”. ■ Exhibit C made more symmetrical from page to page in the header portion of the form. ■ Exhibit G, Grievance System ■ QA/QI Performance Measures |
| MHO Code Work Group | <ul style="list-style-type: none"> ■ Language was added to the MHO-created Code Guide to clarify that code H0019HA could be used for PRTS level of care, Treatment Foster Care or Proctor Care. The program must be licensed as a ISA provider and the program must comply with standards for ISA services including the Certification Of Needs for Services (CONS) process. ■ Procedure Code 90889 - “Preparation of report of patient’s psychiatric status, history, treatment or progress other than for legal or consultative purposes for other physicians, agencies or insurance carriers” was considered along with 90887 for reporting CONS. It was agreed that 90889 with lines paired with the diagnosis as H0019 HA (PRTS), better described the CONS process and that it would be possible to submit this change to the HSC as a technical adjustment. ■ Next meeting April 2008. |

| Body | Areas of focus |
|-----------------------|---|
| Ongoing CSCI Meetings | <ul style="list-style-type: none"> ■ Children’s System Advisory Committee (CSAC) – meets 4th Friday of the month ■ Quality Data Improvement Workgroup (QDIG) – meets 1st Wednesday of the month <p>For more information, go to the AMH Web site at www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/main.shtml.</p> |
| QI Work Group | <ul style="list-style-type: none"> ■ Collaborative DMAP/AMH Quality Improvement Coordinator Meeting scheduled for September 10, 2007. ■ MHO QI Coordinator Training to be provided September 10, 2007: Topic: Chronic Disease Self Management ■ Needs Assessment: Step-by-Step Training provided to MHO QI Coordinators July 24, 2007. ■ Continuing Collaborative (AMH/MHO) restructure of Exhibit A (Provider Capacity Report) of the MHO Agreement qContinuing Collaborative (AMH/MHO) restructure of Performance Measure Selection & Development |

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 April, DMAP held regional meetings for Curry, Coos, Harney, Grant, Deschutes, Jefferson, and Crook Counties.
- In May, DMAP held regional meetings for Malheur, Baker, Wallowa, Union, Umatilla, Morrow, Gilliam, Hood River, Sherman, Wasco, Wheeler, Douglas, Josephine, Jackson, Klamath, Lake, Washington, Linn, Benton, Clackamas, Marion, Polk, Yamhill, Multnomah, and Lane Counties.
- In June, DMAP held regional meetings for Columbia, Clatsop, Tillamook, and Lincoln Counties.

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

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. Updates to NPI-compliant paper claim forms were the main provider communication focus.
- 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 oversee the activities of the Oregon Health Plan (OHP) Application Call Center and Mailroom Services, which are located at Oregon Correctional Enterprises (OCE). OCE sends out OHP application materials upon request from the public, OHP outreach centers and DHS branch offices.

OCE reported the following information for the current reporting period:

| OHP Application Call Center and Mailroom Activity | | | | |
|--|--------------|------------|-------------|--------------|
| April – June 2007 | | | | |
| Application Call Center | April | May | June | Total |
| Calls Received: | 5,622 | 5,520 | 4,733 | 15,875 |
| Calls Answered: | 5,556 | 5,441 | 4,619 | 15,616 |
| Calls Abandoned: | 66 | 79 | 114 | 259 |
| % of Transferred Calls: | 15.9% | 14.8% | 18.0% | 16.2% |
| Avg. # of Agents Per Month: | 6 | 4 | 3 | 4.33 |
| Avg. # of Calls Per Agent Per Month: | 926 | 1,360 | 1,540 | 3,826 |
| Avg. Level of Service Per Month: | 98.8% | 98.6% | 97.6% | 98.3% |
| OCE Industries Mailroom | April | May | June | Total |
| Application Requests Mailed: | 7,037 | 7,496 | 7,320 | 21,853 |
| Redeterminations: | 8,211 | 9,393 | 10,361 | 27,965 |

Client services

Client Services Unit

DMAP Client Services Unit (CSU) 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, CSU received 13,508 calls from clients or their representatives about their medical assistance programs. This represents a 4.4% decrease from the 14,136 calls taken the previous quarter.

| CSU Call Center Activity by Type of Call | |
|---|---------------|
| April – June 2007 | |
| Medical Services | 3,546 |
| Pharmacy Services | 965 |
| Dental Services | 852 |
| Mental Health/Addiction Services | 183 |
| Client Medical Bills | 1,698 |
| Copayments/Premiums | 305 |
| Certificate of Creditable Coverage | 299 |
| Pharmacy Lock-in Change | 644 |
| Certificate of Non-Eligibility | 233 |
| Client Materials Request | 202 |
| Adoption Case Plan Change | 77 |
| Eligibility Questions | 2,216 |
| General Questions or Concerns | 2,288 |
| TOTAL | 13,508 |

Hearings

| OHP Hearings Statistics | | |
|--------------------------------|---------------------|------------------------|
| April – June 2007 | | |
| | Managed Care | Fee-for-Service |
| Requests Received | 75 | 40 |
| Hearings Held | 26 | 7 |
| Hearings Pending | 52 | 22 |
| Claimant Withdrew | 9 | 6 |
| Plan/Agency Withdrew | 15 | 14 |
| No Shows | 8 | 0 |
| Affirmed | 19 | 6 |
| Reversed | 1 | 0 |
| Dismissed (Timeliness) | 3 | 1 |
| Not Hearable | 8 | 10 |
| Below the Line | 15 | 2 |

Premium billing and payment

| OHP monthly premium billing and payment | | | | | | |
|--|-------------------|-----------------------------|-----------------------|-------------------------------|-----------------------|-------------------------|
| April -- June 2007 | | | | | | |
| Month | Households | Current Month Billed | Final Billings | Total Current Billings | TOTAL RECEIPTS | TOTAL % RECEIPTS |
| April | 10,451 | \$174,887.00 | \$36,723.90 | 211,610.90 | \$148,674.37 | 70% |
| May | 11,326 | \$170,079.00 | \$38,859.32 | \$208,938.32 | \$144,764.59 | 69% |
| June | 10,794 | \$169,838.00 | \$33,191.72 | \$203,029.72 | \$140,230.57 | 69% |
| Totals | 32,571 | \$514,804.00 | \$ 108,774.94 | \$623,578.94 | \$433,669.53 | 70% |
| Avg | 10,857 | \$171,601.33 | \$36,258.31 | \$207,859.65 | \$144,556.51 | 70% |

Provider services

Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,402 calls per month during the second quarter of 2007. Greater than 97% of the calls continued to be from practitioners, with greater than 80% of the calls related to Line Placement and Payment for Services.

EDI Support Services

- EDI Outreach and Training continues to inform providers on their Web site at www.oregon.gov/DHS/admin/hipaa/index.shtml of system status, updates to transaction-specific Companion Guides and Electronic Funds Transfer (EFT) availability.
- EDI Technical Support Team continues to register, test, and move interested providers to production status for HIPAA electronic compliant transactions. Currently, 82% of all claims submitted to DHS are in the electronic formats.

Level of Need Determination data analysis

As of March 2007, mental health providers saw almost 1,300 children for a Level of Need Determination screening. The mean age of children screened was 12.7. The majority of screenings (58%) were for boys. 84% of children determined eligible for the Integrated Service Array (ISA) were recommended to either Level 4 or Level 5 care, and an additional 5% of the children were recommended for Level 6 care.

According to Client Process Monitoring System (CPMS) data, children who met criteria for the ISA received a total of 2,185 episodes of service that either spanned or followed the date that they were determined to be eligible. Most of the service episodes (about 61%) have been for outpatient mental health. However, a sizeable number of the services provided have been at higher levels of care: About 9% of the services have been for psychiatric day treatment, and about 19% have been for psychiatric residential treatment. Additionally, 4.5% of the services have been for outpatient alcohol and drug treatment, and about 0.5% of the services have been for residential alcohol and drug treatment.

Inquires about this data can be directed to Marion David, AMH/PAE Unit, marion.david@state.or.us.

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 at 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 can receive and return claims data with NPI information as well as accept paper claims with NPIs.
- DHS final cut over date for NPI compliance is December 31, 2007.

In May, the imaging system used to enter paper claim information into the MMIS was updated to process NPI-compliant paper claims using OCR technology.

Provider audit

The DHS Provider Audit Unit continues to remain busy with its large and diverse workload. Three new Audit staff have joined the unit, bringing the total number of auditors to 10. During this quarter, the unit recovered approximately \$87 thousand this past quarter. Efforts continue towards auditing mental health providers and pharmacies. Several large appeals have been filed that are consuming a great deal of time.

Our Medicaid claims recovery contractor, Health Watch Technologies (HWT) has recovered over \$1 million for DHS thus far.

Training

AMH coordinated the following training sessions during the reporting period:

| Training | Overview |
|---|--|
| <p>Fetal Alcohol Spectrum Disorders Training for Early Childhood Providers</p> <p>June 14, June 28, and July 12, 2007</p> | <p>Diane Malbin provided a 3-day video-conference series to teams of service providers who potentially serve the same families.</p> <p>Video sites included Klamath Falls, Eugene, Hillsboro, John Day, Pendleton, Redmond, Newport, Roseburg, Gold Beach, Ontario and Condon.</p> <p>The conference was designed to provide:</p> <ol style="list-style-type: none"> 1) A foundation for understanding behavior based on neurological problems of the brain, 2) An approach to developing effective techniques for working with children and their families, and 3) Support for implementation of these techniques in different settings. |
| <p>Families & Professionals as Policy Partners</p> | <p>Oregon Family Support Network (OFSN) provided to 12 family members and 20 professionals two day-long seminars designed to increase family members comfort level in providing input while participating through advisory councils, boards and workgroups with Oregon's mental health delivery system.</p> |
| <p>Youth and Professionals as Policy Partners</p> | <p>OFSN provided training for youth involvement. The training was well received with good youth participation (9) and an additional four professionals attending. Both youth and professionals have asked that the curriculum be taught in other communities next year.</p> |

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 DMAP's Office of Information Systems (OIS) in collaboration with DHS NPI Project Team continued to fine-tune the system for HIPAA standards most notably the national provider identifiers (NPI) and taxonomy codes. As a result, DHS has implemented new processes that increased efficiencies in such areas as:

- The processing times of claims;
- The response times for claims and eligibility inquiries; and
- The addition of information returned in the eligibility inquiries.

Service requests

During this reporting period, DMAP submitted 42 open, waiting, pending or placeholder service requests to OIS and 153 completed or cancelled requests. All requests addressed the day-to-day maintenance and operation of the MMIS. To ensure focus on new MMIS Replacement Project efforts, the department's freeze on all non-essential Service Requests put in place last year is still in effect.

Family Health Insurance Assistance Program



Administrative operations and 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 a Don't Know rating. As of June 30, 2007, 98% of those responding so far have rated FHIAP's overall service as Good or Excellent.

New FHIAP carrier

FHIAP approved a new Individual Market Carrier, Providence Health Plan for an effective date of July 1, 2007.

Administrative rule development

FHIAP published new permanent rules effective June 18, 2007, allowing a dependent to be counted in two separate households for the purposes of determining eligibility for FHIAP and any other state assistance program.

Information, education and outreach

Information

- FHIAP worked to help people understand how this subsidy program works in conjunction with the state's high-risk pool for people turned down for individual health plans. As a result, all applications for the high-risk pool now include a flyer explaining who is eligible for a FHIAP subsidy to help pay premiums. In addition, all individual approval packets for FHIAP explain who automatically qualifies for coverage in the high-risk pool and which plans FHIAP subsidizes.
- FHIAP produced a colorful "roadmap" in an attempt to offer a more visual explanation of how people apply for an individual health plan once they are approved for a FHIAP subsidy to help pay the premium. The roadmap is sent to newly approved

members with their eligibility determination letter, as well as the agents who worked with them. See Appendix for a copy of the roadmap.

Education

- During this quarter, approximately 80 health insurance agents completed our four-hour continuing education class on state programs for the uninsured.
- FHIAP provided a motivational CD with four video clips of health insurance agents and FHIAP members talking about how FHIAP subsidies provide access to health care. The CDs were mailed to health insurance agents in Oregon who work with the FHIAP program.

Outreach

Program and Information, Education and Outreach (IEO) staff continued to call 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 an agent resource for help in selecting an individual plan.

Marketing staff attended numerous employer health fairs and industry gatherings and also visited a number of the insurance carriers to remind them of FHIAP. Highlights included:

- FHIAP staff talked to employees at Glenn Walters Nursery (Oregon's largest wholesale nursery), Confederated Tribes of the Warm Springs and Black Butte. Also, Safeway provided FHIAP brochures to pharmacy technicians at its 82 stores in Oregon.
- Newsletters were mailed to all FHIAP members and sent electronically to more than 1,200 health insurance producers.
- FHIAP had displays at major industry conferences, including those of the Oregon Association of Health Underwriters and Oregon Association of Insurance and Financial Advisors.

Additionally, a Portland area school district, David Douglas, distributed

4,500 FHIAP flyers to students.

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 2nd Quarter enrollments based on approved lives in the previous quarter. We have also reported 2nd Quarter enrollments based on approvals in the 2nd Quarter.

| | |
|--|--------------|
| New Group enrollment | 528 |
| New Individual enrollment | 2,022 |
| Total new enrollments | 2,550 |
| % change from 1Q07 | +27% |
| % change from 2Q06 | +54% |
| % approved to be enrolled from 1Q07 | 26% |
| % approved to be enrolled from 2Q07 | 74% |

Total enrollment on June 30, 2007

15,766

| | |
|--|--------|
| Disenrollment due to non-payment of premium | 311 |
| Total number of people ever enrolled during this quarter | 16,627 |

Other statistical data

For the current reporting period:

- **Transfers from FHIAP to State coverage:** 20 lives transferred from FHIAP to OHP
- **MOE Requirements:** As of June 2007, FHIAP has spent a total of \$33.4M toward our \$40.9M requirement. Projected expenditures are \$39.3M, with the remaining \$1.6M being expended by the Department of Human Services (DHS) for the expansion of the eligibility period from six to 12 months.

*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 the Oregon Health Plan | | | | | | |
|---|---------------------------|---------------------------|----------------|------------------|--------------------|--------------------|
| April - June 2007 | | | | | | |
| POPULATION | | | # Persons | Member Months | % change from 1Q07 | % change from 2Q06 |
| Expansion | Title 19; OHP Standard | OHP Parents | 8,487 | 23,671 | -1.23% | 6.14% |
| | | OHP Childless Adults | 12,741 | 36,664 | -4.92% | -21.55% |
| | Title 19; OHP Plus | PLM Children FPL > 170% | 650 | 1,651 | -2.46% | 5.85% |
| | | Pregnant Women FPL > 170% | 570 | 1,385 | 0.00% | -4.56% |
| | Title 21; OHP Plus | SCHIP FPL > 170% | 5,131 | 14,675 | 3.06% | 23.37% |
| Optional | Title 19; OHP Plus | PLM Women FPL 133-170% | 10,613 | 26,329 | 1.26% | -2.86% |
| | Title 21; OHP Plus | SCHIP FPL < 170% | 36,389 | 103,921 | 7.27% | 20.61% |
| Mandatory | Title 19; OHP Plus | Other OHP Plus | 317,312 | 885,493 | -0.20% | -6.54% |
| QUARTER TOTALS | | | 391,893 | 1,093,790 | +0.40 % | -3.58 % |

* 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 | | | | | |
|--|-----------------------|------------------|----------------|------------------|------------------|
| April – June 2007 | | | | | |
| Month | OHP Eligibles* | FCHP | PCM | DCO | MHO |
| April | 363,886 | 270,016 | 8,664 | 337,982 | 339,206 |
| May | 366,215 | 274,369 | 8,903 | 343,947 | 344,083 |
| June | 365,940 | 273,730 | 8,698 | 343,364 | 343,330 |
| Qtr Average | 365,347 | 272,705 (75%) | 26,265 (2%) | 341,764 (94%) | 342,206 (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 4th 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 | | | | | | | |
|------------------------------------|-------------------------|------------|-----------------------|------------------|-------------------|--------------------|------------|
| October - December 2006 | | | | | | | |
| FCHP | Unduplicated Enrollment | Access | Appointment Wait Time | Language Barrier | Provider Location | Provider Wait Time | 4Q06 Total |
| CareOregon | 105,720 | 228 | 0 | 0 | 39 | 0 | 267 |
| Cascade Comprehensive Care | 6,551 | 2 | 0 | 0 | 0 | 0 | 2 |
| COIHS | 21,139 | 31 | 2 | 0 | 2 | 0 | 35 |
| Doctors of the Oregon Coast South | 7,811 | 3 | 0 | 0 | 1 | 0 | 4 |
| Douglas County IPA | 11,453 | 11 | 0 | 0 | 0 | 0 | 11 |
| FamilyCare, Inc. | 18,768 | 212 | 0 | 0 | 13 | 0 | 225 |
| InterCommunity Health Network | 17,168 | 17 | 0 | 0 | 2 | 0 | 19 |
| Lane IPA | 29,750 | 25 | 0 | 0 | 5 | 0 | 30 |
| Marion-Polk Community Health Plan | 38,506 | 28 | 0 | 0 | 7 | 0 | 35 |
| Mid-Rogue IPA | 5,777 | 20 | 0 | 0 | 1 | 0 | 21 |
| Oregon Health Management Svcs | 4,125 | 16 | 0 | 0 | 0 | 0 | 16 |
| ODS Medical | 4,131 | 5 | 0 | 0 | 5 | 0 | 10 |
| Providence Health Assurance | 17,380 | 98 | 0 | 1 | 5 | 0 | 104 |
| Tuality Health Alliance | 6,647 | 12 | 0 | 1 | 1 | 0 | 14 |
| FCHP TOTAL | 294,926 | 708 | 2 | 2 | 81 | 0 | 615 |

| DMAP Access to Care Disenrollments | | | | | | | |
|------------------------------------|-------------------------|------------|-----------------------|------------------|-------------------|--------------------|------------|
| October - December 2006 | | | | | | | |
| DCO | Unduplicated Enrollment | Access | Appointment Wait Time | Language Barrier | Provider Location | Provider Wait Time | 4Q06 Total |
| Capitol Dental Care | 122,655 | 230 | 4 | 0 | 37 | 0 | 271 |
| Hayden Family Dentistry Group | 38,503 | 91 | 9 | 0 | 17 | 0 | 117 |
| Managed Dental Care Services | 11,255 | 51 | 0 | 1 | 1 | 0 | 53 |
| Multicare Dental | 27,026 | 79 | 5 | 0 | 8 | 0 | 92 |
| Northwest Dental Services, LLC | 66,039 | 166 | 4 | 0 | 5 | 0 | 175 |
| ODS Dental | 47,332 | 78 | 0 | 0 | 6 | 0 | 84 |
| Willamette Dental Group | 61,241 | 181 | 1 | 0 | 15 | 0 | 197 |
| DCO TOTAL | 374,051 | 876 | 23 | 1 | 89 | 0 | 989 |

| CDO | Unduplicated Enrollment | Access | Appointment Wait Time | Language Barrier | Provider Location | Provider Wait Time | 4Q06 Total |
|---------------------------------|-------------------------|--------|-----------------------|------------------|-------------------|--------------------|------------|
| Deschutes County Human Services | 8,326 | 0 | 0 | 0 | 0 | 0 | 0 |

| PCO | Unduplicated Enrollment | Access | Appointment Wait Time | Language Barrier | Provider Location | Provider Wait Time | 4Q06 Total |
|---|-------------------------|--------|-----------------------|------------------|-------------------|--------------------|------------|
| Kaiser Foundation Health Plan (Northwest) | 5,349 | 14 | 0 | 0 | 0 | 0 | 14 |

Quality of Care reports

| DMAP Quality of Care Disenrollments | | | | | | | |
|-------------------------------------|-------------------------|-----------------------------------|-----------------------------|-----------------------|-----------------|-----------|------------|
| October - December 2006 | | | | | | | |
| FCHP | Unduplicated Enrollment | Client Request at Redetermination | Provider's Poor Explanation | Provider's Staff Rude | Quality of Care | Wait Time | 4Q06 Total |
| CareOregon | 105,720 | 251 | 6 | 7 | 4 | 0 | 268 |
| Cascade Comprehensive Care | 6,551 | 3 | 0 | 0 | 0 | 0 | 3 |
| COIHS | 21,139 | 14 | 0 | 0 | 0 | 0 | 14 |
| Doctors of the Oregon Coast South | 7,811 | 1 | 0 | 0 | 0 | 0 | 1 |
| Douglas County IPA | 11,453 | 5 | 0 | 0 | 0 | 0 | 5 |
| FamilyCare, Inc. | 18,768 | 137 | 7 | 0 | 0 | 0 | 144 |
| InterCommunity Health Network | 17,168 | 8 | 0 | 0 | 0 | 0 | 8 |
| Lane IPA | 29,750 | 10 | 0 | 0 | 0 | 0 | 10 |
| Marion-Polk Community Health Plan | 38,506 | 52 | 0 | 0 | 0 | 0 | 52 |
| Mid-Rogue IPA | 5,777 | 8 | 0 | 0 | 0 | 0 | 8 |
| Oregon Health Management Svcs | 4,125 | 10 | 0 | 0 | 0 | 0 | 10 |
| ODS Medical | 4,131 | 6 | 0 | 0 | 0 | 0 | 6 |
| Providence Health Assurance | 17,380 | 61 | 0 | 0 | 2 | 0 | 63 |
| Tuality Health Alliance | 6,647 | 20 | 3 | 0 | 0 | 0 | 23 |
| FCHP TOTAL | 294,926 | 586 | 16 | 7 | 6 | 0 | 615 |

| DMAP Quality of Care Disenrollments | | | | | | | |
|-------------------------------------|-------------------------|-----------------------------------|-----------------------------|-----------------------|-----------------|-----------|--------------|
| October - December 2006 | | | | | | | |
| DCO | Unduplicated Enrollment | Client Request at Redetermination | Provider's Poor Explanation | Provider's Staff Rude | Quality of Care | Wait Time | 4Q06 Total |
| Capitol Dental Care | 122,655 | 339 | 6 | 3 | 2 | 0 | 350 |
| Hayden Family Dentistry Group | 38,503 | 150 | 0 | 7 | 0 | 0 | 157 |
| Managed Dental Care Services | 11,255 | 77 | 0 | 0 | 0 | 0 | 77 |
| Multicare Dental | 27,026 | 79 | 0 | 0 | 0 | 0 | 79 |
| Northwest Dental Services, LLC | 66,039 | 134 | 0 | 11 | 0 | 0 | 145 |
| ODS Dental | 47,332 | 105 | 0 | 0 | 0 | 0 | 105 |
| Willamette Dental Group | 61,241 | 162 | 0 | 0 | 0 | 0 | 162 |
| DCO TOTAL | 374,051 | 1,046 | 6 | 21 | 2 | 0 | 1,075 |

| CDO | Unduplicated Enrollment | Client Request at Redetermination | Provider's Poor Explanation | Provider's Staff Rude | Quality of Care | Wait Time | 4Q06 Total |
|---------------------------------|-------------------------|-----------------------------------|-----------------------------|-----------------------|-----------------|-----------|------------|
| Deschutes County Human Services | 8,326 | 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 | 4Q06 Total |
|---|-------------------------|-----------------------------------|-----------------------------|-----------------------|-----------------|-----------|------------|
| Kaiser Foundation Health Plan (Northwest) | 5,349 | 25 | 0 | 0 | 0 | 0 | 25 |

Complaint reports

DMAP Self-Reported Complaints

All MCOs follow guidelines for the reporting of member complaints as outlined in Exhibit F of the 2007 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 in the 2007 OHP Managed Care Contracts archive at www.oregon.gov/DHS/healthplan/data_pubs/contracts/archive.shtml.

Because MCOs are allowed 60 days from the end of the quarter to submit their complaint information, this information is from 1st Quarter 2007. The following tables list MCO-reported complaints by reason for FCHPs, DCOs, CDO and PCO.

| DMAP Self-Reported MCO Complaints | | | | | | | | |
|-----------------------------------|-------------------------|--------|--------------------------|--------------------------------|-------|-----------------------------|-----------------------------------|------------|
| October - December 2006 | | | | | | | | |
| FCHP | Unduplicated Enrollment | Access | Quality of Clinical Care | Interpersonal Care/Svc Quality | Other | Payment for Services Denied | Authorization for Services Denied | 4Q06 Total |
| CareOregon | 105,720 | 75 | 32 | 60 | 52 | 0 | 144 | 363 |
| Cascade Comprehensive Care | 6,551 | 0 | 0 | 0 | 1 | 3 | 12 | 16 |
| COIHS | 21,139 | 0 | 0 | 1 | 0 | 18 | 37 | 56 |
| Doctors of the Oregon Coast South | 7,811 | 12 | 7 | 10 | 0 | 2 | 5 | 36 |
| Douglas County IPA | 11,453 | 1 | 1 | 8 | 2 | 0 | 26 | 38 |
| FamilyCare, Inc. | 18,768 | 9 | 2 | 10 | 7 | 0 | 15 | 43 |
| InterCommunity Health Network | 17,168 | 1 | 3 | 7 | 3 | 5 | 10 | 29 |
| Lane IPA | 29,750 | 6 | 12 | 13 | 8 | 0 | 11 | 50 |
| Marion-Polk Community Hlth Plan | 38,506 | 6 | 4 | 13 | 72 | 55 | 67 | 217 |
| Mid-Rogue IPA | 5,777 | 1 | 5 | 3 | 0 | 0 | 10 | 19 |
| Oregon Health Management Svcs | 4,125 | 3 | 5 | 2 | 0 | 0 | 5 | 15 |

| DMAP Self-Reported MCO Complaints | | | | | | | | |
|-----------------------------------|-------------------------|--------|--------------------------|--------------------------------|-------|-----------------------------|-----------------------------------|------------|
| October - December 2006 | | | | | | | | |
| FCHP | Unduplicated Enrollment | Access | Quality of Clinical Care | Interpersonal Care/Svc Quality | Other | Payment for Services Denied | Authorization for Services Denied | 4Q06 Total |
| ODS Medical | 4,131 | 7 | 0 | 0 | 0 | 0 | 0 | 7 |
| Providence | 17,380 | 0 | 5 | 0 | 0 | 0 | 22 | 27 |
| Tuality Health Alliance | 6,647 | 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 | 4Q06 Total |
|--------------------------------|-------------------------|--------|--------------------------|--------------------------------|-------|-----------------------------|-----------------------------------|------------|
| Capitol Dental Care | 122,655 | 0 | 21 | 28 | 7 | 0 | 0 | 62 |
| Hayden Family Dentistry Group | 38,503 | 0 | 0 | 1 | 4 | 1 | 1 | 7 |
| Managed Dental Care Services | 11,255 | 2 | 0 | 5 | 1 | 0 | 0 | 8 |
| Multicare Dental | 27,026 | 1 | 3 | 10 | 0 | 0 | 0 | 14 |
| Northwest Dental Services, LLC | 66,039 | 9 | 4 | 7 | 0 | 0 | 0 | 20 |
| ODS Dental | 47,332 | 63 | 11 | 11 | 12 | 1 | 3 | 101 |
| Willamette Dental Group | 61,241 | 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 | 4Q06 Total |
|---------------------------------|-------------------------|--------|--------------------------|--------------------------------|-------|-----------------------------|-----------------------------------|------------|
| Deschutes County Human Services | 8,326 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| DMAP Self-Reported MCO Complaints October - December 2006 | | | | | | | | |
|--|--------------------------------|---------------|---------------------------------|---------------------------------------|--------------|------------------------------------|--|-------------------|
| PCO | Unduplicated Enrollment | Access | Quality of Clinical Care | Interpersonal Care/Svc Quality | Other | Payment for Services Denied | Authorization for Services Denied | 4Q06 Total |
| Kaiser Foundation Health Plan (Northwest) | 5,349 | 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 1st Quarter 2007. Percentages are based on the total number of clients enrolled in MHOs for 2007. The following tables list MHO-reported grievances by reason.

| AMH Self-Reported Grievances | | | | | | |
|------------------------------|--|------|----------|------|------|-----------------------|
| January - March 2007 | | | | | | |
| MHO | Grievance Domain | 1Q07 | 2Q07 | 3Q07 | 4Q07 | Grievances/ Domain |
| ABHA | Access | 1 | | | | 1 |
| | Denial of Service, Authorization, or Payment | 2 | | | | 2 |
| | Clinical Care | 1 | | | | 1 |
| | Interaction with MHO, Provider, or Staff | 3 | | | | 3 |
| | Quality of Service | 0 | | | | 0 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL | | 7 | | | |
| | <i>7.1% enrolled</i> | | | | | |
| CCMHO | Access | 0 | | | | 0 |
| | Denial of Service, Authorization, or Payment | 4 | | | | 4 |
| | Clinical Care | 1 | | | | 1 |
| | Interaction with MHO, Provider, or Staff | 1 | | | | 1 |
| | Quality of Service | 0 | | | | 0 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL | | 6 | | | |
| | <i>6.9% enrolled</i> | | | | | |
| FamilyCare | Access | 0 | | | | 0 |
| | Denial of Service, Authorization, or Payment | 0 | | | | 0 |
| | Clinical Care | 0 | | | | 0 |
| | Interaction with MHO, Provider, or Staff | 0 | | | | 0 |
| | Quality of Service | 0 | | | | 0 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL | | 0 | | | |
| | <i>2.9% enrolled</i> | | | | | |

| AMH Self-Reported Grievances | | | | | | |
|------------------------------|--|-----------|------|------|------|-----------------------|
| January - March 2007 | | | | | | |
| MHO | Grievance Domain | 1Q07 | 2Q07 | 3Q07 | 4Q07 | Grievances/ Domain |
| GOBHI | Access | 0 | | | | 0 |
| | Denial of Service, Authorization, or Payment | 0 | | | | 0 |
| | Clinical Care | 5 | | | | 5 |
| | Interaction with MHO, Provider, or Staff | 4 | | | | 4 |
| | Quality of Service | 2 | | | | 2 |
| | Consumer Rights | 4 | | | | 4 |
| | TOTAL <i>8.4% enrolled</i> | 15 | | | | 15 |
| JBH | Access | 1 | | | | 1 |
| | Denial of Service, Authorization, or Payment | 1 | | | | 1 |
| | Clinical Care | 2 | | | | 2 |
| | Interaction with MHO, Provider, or Staff | 1 | | | | 1 |
| | Quality of Service | 1 | | | | 1 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL <i>17.4% enrolled</i> | 6 | | | | 6 |
| LaneCare | Access | 0 | | | | 0 |
| | Denial of Service, Authorization, or Payment | 1 | | | | 1 |
| | Clinical Care | 1 | | | | 1 |
| | Interaction with MHO, Provider, or Staff | 2 | | | | 2 |
| | Quality of Service | 3 | | | | 3 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL <i>9.5% enrolled</i> | 7 | | | | 7 |
| MVBCN | Access | 0 | | | | 0 |
| | Denial of Service, Authorization, or Payment | 2 | | | | 2 |
| | Clinical Care | 0 | | | | 0 |
| | Interaction with MHO, Provider, or Staff | 0 | | | | 0 |
| | Quality of Service | 0 | | | | 0 |
| | Consumer Rights | 1 | | | | 1 |
| | TOTAL <i>19.3% enrolled</i> | 3 | | | | 3 |

| AMH Self-Reported Grievances | | | | | | |
|------------------------------|--|----------|------|------|------|-----------------------|
| January - March 2007 | | | | | | |
| MHO | Grievance Domain | 1Q07 | 2Q07 | 3Q07 | 4Q07 | Grievances/ Domain |
| Verity | Access | 3 | | | | 3 |
| | Denial of Service, Authorization, or Payment | 2 | | | | 2 |
| | Clinical Care | 0 | | | | 0 |
| | Interaction with MHO, Provider, or Staff | 2 | | | | 2 |
| | Quality of Service | 2 | | | | 2 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL <i>19.7% enrolled</i> | 9 | | | | 9 |
| WCHHS | Access | 0 | | | | 0 |
| | Denial of Service, Authorization, or Payment | 0 | | | | 0 |
| | Clinical Care | 6 | | | | 6 |
| | Interaction with MHO, Provider, or Staff | 1 | | | | 1 |
| | Quality of Service | 0 | | | | 0 |
| | Consumer Rights | 0 | | | | 0 |
| | TOTAL <i>8.8% enrolled</i> | 7 | | | | 7 |

FHIAP roadmap

See the FHIAP section of this report for more information. A PDF of the roadmap is available on the FHIAP Web site at www.oregon.gov/OPHP/docs/fhiap_gameboard.pdf.

