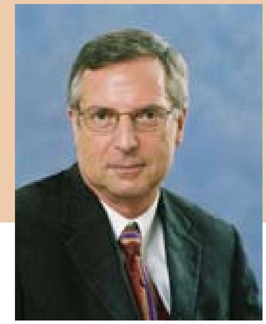
Oregon Health Plan

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

Quarterly Progress Report
July – September 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 July – September 2007 reporting period.

Policy highlights

During this quarter, the Division of Medical Assistance Programs (DMAP) began work on implementing policy changes as a result of the 2007 legislative session. DMAP also began preparing for the possible voter passage of the Governor's Healthy Kids Plan, which would have delivered health insurance to up to 117,000 uninsured children. Voters chose not to fund the Healthy Kids Plan with an increased tobacco tax, but DHS is still preparing to add more people to the OHP Standard benefit package for the first time since June 2004.

Meanwhile, the DHS Addictions and Mental Health Division (AMH) continues its work to improve behavioral health services and supports for some of our most vulnerable and impressionable clients. AMH's work focuses on the wellness of both children and the system supporting them, including their families, as demonstrated by continued efforts this quarter with the Statewide Children's Wraparound Project, as wel as new projects to support transition age youth, children's services, and family navigators.

The DHS Actuarial Services Unit (ASU) and state Health Services Commission (HSC) both continued work to clearly identify how changing health services affect the rates paid to our partners— the contracted managed care organizations (MCOs) and health care providers that serve OHP clients. In this quarter, the HSC approved changes to the Prioritized List of Health Services that will make it easier for providers to integrate primary and behavioral health care for their clients.

Operational highlights

DMAP and AMH also continued working with the MCOs on behavioral and primary health integration efforts, as well as aligning the MCO model contracts and MHO agreement for consistent language and format. The MMIS Replacement Project has entered a new phase where DHS staff are visualizing the replacement system in action through their review of User Acceptance Testing scenarios and work on the business processes they will use in the new system.

FHIAP continues to find interesting and innovative ways to market Oregon's health insurance assistance programs and get Oregon's employers interested in efforts to expand health coverage in both the public and private sectors, thereby helping reduce the rate of uninsurance in Oregon.

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OHP Program and Policy

OHP program development

Legislative implementation

DMAP is now working on implementation plans to follow through with the budget and policy accomplishments from the 2007-2009 legislative session, which include:

Budget Accomplishments

- **Physician Access Incentives:** The 2007-09 budget includes $7 million General Fund to develop an incentive program to increase access to physicians for clients enrolled in managed care organizations (MCOs). While details are yet to be determined, MCOs will have defined measurable goals for increasing access.
- **Provider Reimbursement:** The approved budget fully funds existing programs with cost-of-living adjustments (COLAs). The last three legislative sessions did not include funding for COLAs.
- **Prescription Drug Incentives:** The Pharmacy Incentive Program will help keep drug costs down by encouraging pharmacies to dispense generic drugs and drugs from the Practitioner-Managed Prescription Drug Plan List (PDL). Drugs on the PDL are effective and often less expensive. Designated drugs will be exempt from copayment, which will be a savings for clients and pharmacies (who often absorb the cost of the copayment).
- **Home Care Reimbursement:** DMAP received budget authority to increase the reimbursement to 75% of Medicare for agencies providing fee-for-service medical services in the home.
- **Hospital Access:** The Legislative Assembly raised the Diagnostic-Related Group (DRG) component of the Oregon Health Plan (OHP) managed care capitation rates to 80% of cost from its current level of 72% of cost. Increasing the DRG component of capitation rates supports access to hospital services for OHP managed care enrollees.

Policy Accomplishments

- **Information Sharing:** Senate Bill (SB) 163 statutorily frames how physical and mental health information may be exchanged between health organizations treating the same individual for improved health outcomes.

- **OHP Standard Program Funding:** By extending the tax on Medicaid managed care organizations and hospitals to October 1, 2009, 24,000 OHP Standard clients retain medical coverage.
- **Governor's Healthy Kids Plan:** Voter approval of a tobacco tax increase on the November 6 ballot would trigger the implementation of the Healthy Kids Plan providing affordable health care for most of Oregon's 117,000 uninsured children. With the increased funding, the state would 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.
- **Universal Health Care:** Two bills passed that are aimed at improving the health care system. SB 329 allows for planning toward coverage of universal health care in Oregon. House Bill (HB) 2946 allows for the testing of technology applications, including decision-making software that will improve health assessment data collection and decision-making. Both bills seek to increase and improve health care while finding ways to stretch limited dollars.
- **Expanding Prenatal Care:** The Legislative Assembly has authorized a framework to expand pre-natal services to immigrant women in the Citizen-Alien/Waived Emergency Medical program. DHS plans to make this expansion initially available in Multnomah County.
- **Contracting Standards:** HB 3501 clarified and simplified the methodology for how managed care organizations pay hospitals that do not contract with them. Along with the bill, the managed care organizations and hospitals agreed to a defined set of contracting standards.

In addition, the legislature assigned DHS the following budget notes that DMAP will also work on implementing:

- Develop an integrated health delivery system for physical and behavioral health services.
- Develop different payment methodology to move DHS toward increased contracting between managed care plans and hospitals.
- Work with the Office of Oregon Health Policy and Research (OHPR) to do a study of Type A and Type B hospital reimbursement.
- Set access rates for various ethnic groups to reduce health disparities.

Administrative rule development

The following matrix summarizes the program-specific DMAP Oregon Administrative Rule (OAR) activities for the 3rd quarter of 2007.

Program	Activity
Durable Medical Equipment	DMAP updated the July 1, 2007, rulebook with the following: ■ Repeals: ✓ 410-122-0470, Supports and Stockings, is repealed and the information is moved to 410-122-0625. ■ Amend and Renumber: ✓ 410-122-0255 to 410-122-0655, External Breast Prostheses: Rewrites rule to add and clarify coverage criteria. ■ Amendments: ✓ 410-122-0055, OHP Standard Benefit Package Limitations: Rewrites rule to clarify Healthcare Common Procedure Code System (HCPCS) codes covered in this benefit package. ✓ 410-122-0080, Conditions of Coverage, Limitations, Restrictions and Exclusions: Clarifies some of the exclusions. ✓ 410-122-0186, Payment Methodology: Makes a technical correction. ✓ 410-122-0204, Nebulizer: Makes technical corrections to the table. ✓ 410-122-0320, Manual Wheelchair Base: Adds coverage for an extra heavy-duty wheelchair for a nursing facility client whose weight exceeds 350 pounds. Clarifies some documentation requirements. ✓ 410-122-0330, Power-Operated Vehicle: Clarifies some coverage criteria.
Federally Qualified Health Centers/ Rural Health Centers (FQHC/RHC)	DMAP updated the July 1, 2007, rulebook with the following administrative rule adoption and other amendments: ■ DMAP adopted 410-147-0362 as DMAP is required by 42 USC §1396a(bb)(3)(B), to adjust FQHC and RHC Prospective Payment System (PPS) encounter rates based on any increase or decrease in the scope of FQHC or RHC services, as defined by 42 USC §§ 1396d(a)(2)(B-C).

Program	Activity
FQHC/RHC	✓ The Centers for Medicare and Medicaid Services (CMS) defines a "change in scope of services" as one that affects the type, intensity, duration, and/or amount of services provided by a health center. CMS' broad definition of change in scope of services allows DMAP the flexibility to develop a more precise definition of what qualifies as a change in scope as it relates to "type," "intensity," and "duration" and procedures for implementing these adjustments. ✓ This new rule states the DMAP criteria for change in scope of service requests, and the policy for implementing FQHC and RHC PPS rate adjustments based on DMAP-approved change-in-scope of services. DMAP amended rules 410-147-0040 and 410-147-0500 to clarify current policies and procedures for FQHC and RHC providers to ensure OARs are not open to interpretation by the provider or outside parties and will help eliminate confusion possibly resulting in non-compliance.
Medical-Surgical Services	■ DMAP updated the July 1, 2007, rulebook with revisions to OARs: 410-130-0180, 410-130-0200, 410-130-0220, 410-130-0255, 410-130-0368, 410-130-0580 and 410-130-0595 ■ 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. ■ The amendments that pertain to reimbursement update current rule with CPT coding changes and minor operational changes within DMAP are amended as follows: ✓ 410-130-0180 (Drugs), 410-130-0200 (Prior Authorization/Prior Notification), 410-130-0220 (Not Covered/Bundled Services), and 410-130-0255 (Immunizations and Immune Globulins): for CPT coding changes;

Program	Activity
Medical-Surgical Services	✓ 410-130-0580 (Hysterectomies and Sterilizations) and 410-130-0595 (Maternity Case Management) respectively: update to the sterilization consent form and its submission requirements, and language clarification on MCM "Emergencies"; and ✓ 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).
Pharmaceutical Services	■ DMAP updated the July 1, 2007, rulebook with the following: ✓ 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 the National Provider Identifier (NPI). ✓ All rules listed are amended to make housekeeping corrections. ■ In August, DMAP posted a Notice of Proposed Rulemaking to implement federal tamper-resistant prescription pad requirements effective October 1, 2007.
Speech-Language Pathology, Audiology and Hearing Aid Services	DMAP updated the July 1, 2007, rulebook by amending administrative rule 410-129-0060.This amendment clarifies that the prescription for prior authorization of a hearing aid must specify the ICD-9CM diagnosis code.

Statewide Children's Wraparound Project

The Statewide Children's Wraparound Project Steering Committee was established, by an Executive Order from the Governor, to 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. The Steering Committee met on April 27 and June 15, 2007. Committee efforts shall include:

- Prioritizing planning efforts,
- Identifying current spending and utilization patterns across agencies at the state level,
- Making recommendations for better coordination of resources across systems, maximizing federal resources, and ensuring accountability,
- Focusing on behavioral health services for children and youth ages 0-18, and
- Possible identification of issues for future study relating to behavioral health services for youth ages 19-24.

The Steering Committee is to provide initial recommendations to the Governor's Office no later than September 30, 2007. Final recommendations should be compiled in a report to the Governor and the Legislature no later than December 31, 2007, in time for consideration as part of state agency legislative and budget development for the 2009-2011 biennium.

The Statewide Children's Wraparound Update

On September 5, 2007, a statewide videoconference provided family feedback regarding recommendations from the four subcommittees (Finance, Local Implementation, Cultural Competency and Data and Evaluation). Family members responded to four questions from locations in Portland, Salem, Medford, Redmond and Hood River.

The Steering Committee received their feedback, as well as the final reports from the subcommittees, at their fourth meeting on September 7, 2007. The Steering Committee has made these general recommendations related to the wraparound initiative:

- Serve all children in the target population.
- Generate family-driven and youth-guided individual plans developed through a high-quality wraparound process.

- Include culturally competent mental health, substance abuse, and nontraditional services in the benefit plan.
- Blend funds at the state and local levels for target population services.
- Monitor outcomes and provide accountability through local real-time, Web-based, electronic records that inform the larger statewide system about certain key indicators.

Cultural Competency Plan finalized

AMH also finalized its Cultural Competency Plan during this quarter. The purpose is to establish cultural competence standards, values, and policy requirements for AMH and all organizations and agencies that receive grant funds from, or that are under contract with, the AMH, including county social services organizations and their vendors or contractors, managed care organizations and their provider networks, and community-based organizations.

The plan's intent is to serve as a planning document to assist AMH, county governments, and provider networks to develop and implement an individualized cultural competence plan as addressed in each county's biannual implementation plan, with its goal to enhance treatment outcomes for all patients.

The plan is available on the AMH Web site at www.oregon.gov/DHS/mentalhealth/cc-plan.pdf.

New Services for Transition Age Youth

After extensive research on mental health care for Oregon's transition age youth, ages of 16 and 24, a white paper was developed to provide considerations for a model of care in Oregon. Since development of this white paper, AMH has begun partnering with Portland State University and internal staff to identify the barriers to care for this population and support the development culturally relevant services in Oregon.

RFPs were awarded to ChristieCare and Trillium this spring to open three Transition Age Group Homes in Oregon. The Clackamas County location has opened; a home will open this month in Linn County and one in Douglas County is scheduled to open in the spring.

Additionally, AMH staff are accepting referrals for transition age youth in need of services and working collaboratively with Children Adults and Families (CAF), Oregon Youth Authority (OYA), Seniors and

Persons with Disabilities (SPD) and Adult and Child Mental Health partners to assist with the development of resources for this population. This paper is available on the AMH Web site at www.oregon.gov/DHS/mentalhealth/services/tay/main.shtml.

Children's System Improvement Project Request For Proposals (RFPs) Awarded

On August 14, 2007, AMH issued an RFP to children's mental health providers who would be interested in participating in a system improvement project in collaboration with an child-serving partner. LifeWorks NW is successfully completing the first Children's System Improvement Project (CSIP) that uses the change model described in *The Change Book* to identify, implement, and evaluate a system improvement.

The three new CSIP RFPs (totaling $33,333 each) were awarded to Marion County Health Department, Cascadia Behavioral Healthcare, and Klamath Youth Development Center. Each has identified a different child-serving partner with whom to collaborate. The projects include training and technical assistance from AMH and will be completed by October 2008.

Family Navigator Program RFP Awarded

AMH recently issued an RFP for a new program that will train family members of children who have received mental health services as Family Navigators. A Family Navigator represents the local community, including ethnic and cultural family values, and supports or assists other family members through a diversified system of care within the mental health service arena.

The Oregon Family Support Network (OFSN), a statewide family run organization, was awarded the RFP. OFSN's first task is to develop a draft training and orientation curriculum. During the next six months, OFSN will provide AMH with timelines and goals for establishing community partnerships with Community Mental Health Programs (CMHPs) and MHOs. They will also start the training process.

Evidence-based practices

Evidence-based treatment and prevention practices are those that research has proved effective. The Oregon Legislature directed DHS and four other state agencies to spend increasing shares of public dollars

on evidence-based services, culminating in 75 percent by the 2009-11 budget period. DHS is adopting proven practices in addictions and mental health services, which can be found on the AMH Web site at www.oregon.gov/DHS/mentalhealth/ebp/main.shtml.

During this quarter, AMH completed a position paper on Native American Treatment Programs and Evidence-Based Practices. This paper attempts to address the concerns of Native American providers and stakeholders regarding AMH's development of evidence-based practices. This paper is available on the AMH Web site at www.oregon.gov/DHS/mentalhealth/ebp/native-american-trtmntpro-ebp.pdf.

OHP rate development

Two new Actuarial Services panels have replaced the former monthly single group meeting led by the Actuarial Services Unit (ASU):

- The Technical Advisory Panel (TAP). During this quarter, the TAP discussed and solicited input on maternity case adjustments; reviewed the mental health risk adjustment process; and timelines for reviewing proposed rate changes and per capita costs. The panel will review the 2009 capitation rates next.
- The Policy Advisory Panel (PAP). The panel discussed the definition of policy and how it related to the panel's intended work.

For current Actuarial Services meeting information, go to the Actuarial Services public meetings Web site at www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/asu-meetings.shtml.

Health Services Commission

Commission activities

The **Health Services Commission** (HSC) held one meeting during the quarter. The commission approved the changes to the Prioritized List of Health Services for implementation on October 1, 2007.

- This included a presentation on the addition of behavioral assessment and treatment codes (CPT codes 96150-96154) to certain physical health lines. These services were said to be beneficial for patients who suffer from chronic conditions who also have psychosocial issues and may be disorganized mentally.
- It would also be a key step in moving towards an integrated medical home as it provides for better behavioral health services in a primary care setting.

Additionally, the HSC heard a report from Oregon Health Fund Board Executive Director Barney Speight, who outlined how the work of five committees would be delegated in developing a comprehensive health care reform plan for the 2009 Oregon Legislative Assembly. He then went on to say how the Health Services Commission members were expected to be an integral part in defining a set of essential health services as part of the Board's Benefits Committee.

Subcommittee activities

The **Health Outcomes Subcommittee** held one meeting during the quarter. The Subcommittee finalized their recommendations for changes to the Prioritized List to take effect on October 1, 2007.

- This included the incorporation of new ICD-9-CM codes, creation of a new statement of intent to clarify the use of comfort/palliative care versus the aggressive treatment of end-stage diseases, creation of a new guideline on the treatment of lyphedema, and amending the guideline for vertebroplasty.
- They also corrected non-pairings involving laporoscopic surgeries, explicitly placed immunization codes on the list instead of regarding them as an ancillary service, removed discography as a funded service and concluded their review on the placement of V-codes on the list.

The **Subcommittee on Mental Health Care and Chemical Dependency** held two meetings during the quarter. In July the

Subcommittee reaffirmed their recommendation for adding behavioral health assessment and treatment codes to line items involving the management of chronic physical diseases. This would allow reimbursement of a behaviorist in order to work with a non-compliant patient on identifying steps that will hopefully result in them getting the care that they need. In addition, they also formulated recommendations on V-codes affecting MHCD services to forward to the Health Outcomes Subcommittee.

In September, the Subcommittee heard a report from Jeanene Smith, Administrator for the Office of Oregon Health Policy & Research, on the legislation creating the Oregon Health Fund Board (SB 329), their timeline for developing a comprehensive health care reform plan for the 2009 legislative session, and how the members could assist in the process.

OHP Program Operations

Managed care

Behavioral and primary health integration

DMAP formed a workgroup of DHS staff that will work on how to implement Senate Bill 163, which the 2007 Oregon Legislature made law. This bill permits the exchange of specified protected health information between MCOs and DHS for the purpose of providing integrated behavioral and/or physical health care services to clients.

It also requires DHS to obtain signed acknowledgement from clients that their health information may be shared, and directs DHS to adopt rules that define the specified health information and disclosure document.

MCO contracts

DMAP and AMH worked with the MCOs on updating exhibits for the 2008 managed care contracts, and aligning the DCO, FCHP/PCO and MHO contract formats so that the content and exhibits are in the same order for all formats.

Another 2008 contract change includes a new exhibit to comply with House Bill 2952, which the 2007 Oregon Legislature made law. This bill requires MCOs to report salary and benefit information for their three highest executive positions.

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
July 2007	No changes.	Effective July 16, Northwest Dental Services opened to new enrollment in Lane County ZIP codes 97430, 97439, 97445, 97451, 97453, 97480 and 97493. Effective July 31, Northwest Dental Services closed to new enrollment in Lane County ZIP codes 97430, 97439, 97445, 97451, 97453, 97461, 97480, and 97493, with a 90-day re-enrollment period.
August 2007	Union County became mandatory for health (HMO) enrollment in ZIP code 97850 (LaGrande).	ODS Dental opened to new enrollment in Hood River, Wasco and Baker counties. Northwest Dental Services closed to new enrollment in Deschutes County, with a 120-day re-enrollment period. Northwest Dental Services reopened to new enrollment in Baker and Coos counties. Capitol Dental Care opened to new enrollment in Lane County. Capitol Dental Care closed to new enrollment in Hood River and Wasco counties, with a 60-day re-enrollment period.
September 2007	No changes.	Northwest Dental Services closed to new enrollment in Baker and Coos counties with a 120-day re-enrollment period. Willamette Dental Group closed to new enrollment in Linn and Benton counties with a 60-day re-enrollment period.

During this reporting period, DMAP also began discussions with MCOs and various DHS staff to research the pros and cons of moving from monthly to weekly automatic enrollment of OHP clients into managed medical and dental care.

Evaluation and monitoring

- **Consumer Assessment of Health Providers and Systems (CAHPS):** In July, DMAP held a public meeting to discuss the 2007 Oregon CAHPS survey, scheduled for fall 2007. Background information, previous surveys, and an agenda went out for participants to review and develop questions. A new component of the 2007 CAHPS survey concerns the special health care needs of children and adults.
- **External Quality Review (EQR):** The EQR contractor, Acumentra, began working on Performance Measure Improvement Project (PIP) and Performance Measure (PM) validation, as well as compliance reviews.
- **Disenrollment Survey:** DMAP is also working on a survey to determine the reasons for OHP disenrollment, such as citizenship and identity verification issues at the time that clients need to reapply for OHP benefits.
- **Performance Improvement Projects (PIPs):** During this quarter, DMAP worked with the Technical Assistance contractor, Acumentra, to plan regional meetings where the MCOs could continue to work collaboratively on developing PIPs. All of the DCOs are participating in the increasing dental services to pregnant women PIP
- **Performance Measures:** DMAP integrated the Asthma PIP with the asthma performance measure, and collected Year 2006 data for the measure. DMAP has also requested data for the dental measure to be submitted by October 2007.
- **Quality Improvement Reports:** DMAP continues to work on the 2006 annual reports for the MCOs.

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	■ ID cards ■ Marketing guidelines ■ Address project ■ Eligibility
Encounter Data Workgroup	■ NPI implementation ■ Encounter Data provider enrollment
DCO Contractors	■ DCO contract review ■ Performance measures
Financial Solvency Workgroup	■ 2008 contract changes ■ HB 2952 ■ Actuarial Services panels
OHP Contractors	■ OHP updates ■ NPI implementation progress ■ MMIS update ■ Contracts updates ■ Transportation brokerage Q&A
QPI Workgroup	■ AMH report ■ EQRO update ■ Setting goals for immunization care project ■ Provider Workforce Survey review ■ Medicaid integrity (Fraud and Abuse) ■ QI alignment

Body	Areas of focus
Rules and Contracts Workgroup	■ Disenrollment questions ■ ENCC definition ■ Encounter Data - Exhibit D changes ■ Hospital Network Adequacy - New Exhibit R ■ QPI and Medicare QI projects ■ 2008 Contract updates ■ 2007 Contract review process assessment ■ Preparing for 2009 contracts

Medical Directors Workgroup

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:

- **Non-Surgical Treatment of Obesity -** An overview of the June 2007 MedTAP report on the ever-increasing problem of obesity in our society. This report is available on the HRC Web site at www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/Obesity.6.2007.MedicalManagement.pdf.
  - ✓ The report reviewed non-surgical treatments in detail. Surgical treatments are only appropriate for a small segment of obese people and the long-term results of non-surgical treatment regardless of the modality, are minimal.
  - ✓ The report also concluded that if the obesity epidemic is to be halted or slowed, education regarding good nutrition and appropriate physical activity must become pervasive. Examples of promising attempts include nutrition education to children at an early age, removal of inappropriate food items in school vending machines, increased opportunities for exercise, and education of the public on the health consequences of obesity and the positive aspects of exercise.
- **Immunization Update** - A report on the data extracted from the Statewide Immunization Registry. The legislature has set improving immunization rates in Oregon as a priority due to low 2-year rates.
  - ✓ A discussion followed on adverse effect of late immunizations and the best way to accurately reflect the true immunization rate.

- ✓ It was suggested that the best way is to term late immunization as "missed opportunities," emphasize the actual number of children receiving immunizations as the rate and also encourage physicians to take advantage of visits to administer immunizations at the appropriate time.

- **Bariatric Surgery Implementation –** A report on the status of the bariatric surgery policy scheduled for implementation January 1, 2008. A handout of the revised HSC Guideline Note 7 (Bariatric Surgery For Obesity With Comorbid Type II Diabetes & BMI>35) was provided followed by discussion. Currently two Bariatric Surgery Centers of Excellence have been identified within Oregon and the bariatric surgery case rate is under development by the actuaries.

- **Building Quality Data Capacity -** Discussion on the strategies and activities of the Aligning Forces for Quality program funded by Robert Wood Johnson Foundation. Through the analysis of quality claims data, the program's vision is to create an Oregon health system that is held accountable for providing high quality and high value. MCO participation was encouraged.

MHO workgroups

The DHS Addictions and Mental Health Division coordinates the monthly MHO Contractors meeting and the workgroups that report to this meeting.

During the third quarter, AMH also provided written materials and presentations to the Managed Care Organization (MCO) Executives and Medical Directors on Opiate Substitution Therapy through the use of Methadone and Burenorphine/Suboxone medication assisted therapies.

Areas of focus for the reporting period were as follows:

Body	Areas of focus
MHO Rules and Contracts	■ Integrated Service Array Progress Review Document ■ Contract Changes for 2008 Agreement relative to Restructured Agreement format ■ Discussion of language for HB 2952-3 for incorporation into Exhibit and Schedule in '08 Agreement. Placeholder language created in anticipation for future detailed language insertion in future agreement. ■ Provider Capacity Assurance Report

Body	Areas of focus
MHO Contractors	■ Acute Care ■ Real Choice Grant Test Site Project ■ Wraparound – Governor's Committee ■ Presentation, by AMH Researcher, of changes and types of services utilized pre and post ISA ■ No meeting in August due to lack of agenda items ■ Program Integrity Audit ■ Office of Payment Accuracy and Recovery Audit Team Training on provider documentation ■ Behavioral Healthcare Training Series provided by the Children's Medicaid Unit. ■ CMS Cost Report Template ■ MMIS Replacement Implementation
Ongoing CSCI Meetings	■ Children's System Advisory Committee (CSAC) – meets 4th Friday of the month ■ Quality Data Improvement Workgroup (QDIG) – meets 1st Wednesday of the month For more information, go to the AMH Web site at www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/main.shtm1.
QI Work Group	■ Every other month collaborative DMAP/AMH Quality Improvement Coordinator meetings to occur regularly. Next scheduled for November 19, 2007. ■ Collaborative DMAP/AMH Quality Improvement Coordinator Meeting held September 10, 2007 ■ MHO QI Coordinator Training held September 10, 2007 on the Chronic Disease Self-Management Program
Rates Work Group	■ Discussion of Billed Charges ■ Level Of Need Report Issues ■ Discuss impact of Correctly Calculating Usual and Customary Charges on Cost to Charge Ratio for 2008-2009 ■ Interpretation of July Data Pull for CSCI Costs and Possible Rate Setting Period

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 compliance was 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 coordinated 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 July – September 2007				
Application Call Center	**July**	**August**	**September**	**Total**
Calls Received:	4,674	5,107	4,873	14,654
Calls Answered:	4,655	5,092	4,826	14,573
Calls Abandoned:	19	15	47	81
% of Transferred Calls:	47.3%	45.8%	46.4%	46.5%
Avg. # of Agents Per Month:	5	4	3	4
Avg. # of Calls Per Agent Per Month:	931	1,273	1,609	1,271
Avg. Level of Service Per Month:	99.6%	99.7%	99.0%	99.4%
OCE Industries Mailroom	**July**	**August**	**September**	**Total**
Application Requests Mailed:	7,429	7,649	6,865	43,796
Redeterminations:	10,361	10,314	10,251	58,453

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 12,652 calls from clients or their representatives about their medical assistance programs. This represents a 6.34% decrease from the 13,508 calls taken the previous quarter.

CSU Call Types July – September 2007	
Medical Services	3,598
Pharmacy Services	884
Dental Services	954
Mental Health/Addiction Services	166
Client Medical Bills	1401
Co-payments/Premiums	234
Certificate of Creditable Coverage	294
Pharmacy Lock-in Change	565
Certificate of Non-Eligibility	230
Client Materials Request	214
Adoption Case Plan Change	100
Eligibility Questions	1856
General Questions or Concerns	2156
TOTAL	**12,652**

Hearings

OHP Hearings Statistics July – September 2007		
	Managed Care	**Fee-for-Service**
Requests Received	59	46
Hearings Held	31	5
Hearings Pending	32	29
Claimant Withdrew	9	6
Plan Withdrew /	15	14
Agency Withdrew	20	13
No Shows	7	0
Affirmed	30	7
Reversed	2	1
Dismissed (Timeliness)	2	1
Not Hearable	17	9
Below the Line	23	3

OHP premium billing and payment

During this quarter, the OHP Premium Billing Office began accepting premium payments by debit or credit card. Clients quickly responded by using this payment option, which is an easier, more convenient way to keep current on premium payments.

OHP Monthly Premium Billing and Payment July – September 2007					
Month	Households	Current Month Billings	Arrears Billings	Total All Billings	TOTAL RECEIPTS
July	10,709	$167,275.00	$144,036.12	$311,311.12	$142,597.89
Aug	10,550	$165,900.00	$137,943.64	$303,843.64	$134,788.53
Sep	10,919	$166,893.00	$150,755.14	$317,648.14	$132,513.86
Totals	**32,178**	**$500,068.00**	**$432,734.90**	**$932,802.90**	**$409,900.28**
Avg	**10,726**	**$166,689.33**	**$144,244.97**	**$310,934.30**	**$136,633.43**

Provider services

Benefit RN Hotline

The OHP Benefit RN Hotline averaged 1,134 calls per month during the third quarter of 2007. Greater than 98% of the calls continued to be from practitioners, with greater than 84% 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.

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. As of third quarter 2007, 73% 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.

Provider audit

During this quarter, the Provider Audit Unit in the department's Office for Payment Accuracy and Recovery (OPAR) continued to remain busy with its large and diverse workload. The unit recovered approximately **$77** thousand this past quarter. Efforts continue towards auditing mental health providers, pharmacies and other provider types. Several large appeals have been filed that are consuming a great deal of time.

The unit continued to work with the department's Medicaid claims recovery contractor, HealthWatch Technologies (HWT). The next set of recoveries will focus on pharmacy claims.

The CMS Program Integrity Review was held September 25 through 28, 2007. The federal Office of Inspector General (OIG) was also present. The outcome of the review for OPAR was a very positive one.

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:

- 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.
- Began validating conversion and configuration of data from the current MMIS to the replacement MMIS.
- Completed and refined User Acceptance Testing scenarios.
- Continued to define Benefit Plans and Reference Data.
- Continued testing of system interfaces.
- Began work on desk-level process manuals for DHS staff.

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.

Service requests

During this reporting period, DMAP submitted 118 open service requests to the department's Office of Information Services (OIS) and completed 113 of those 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

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 September 30, 2007, 98% of those responding so far have rated FHIAP's overall service as Good or Excellent.

Information, education and outreach

Information

FHIAP launched an online reservation system on August 16, 2007, allowing potential applicants to "reserve" an application 24 hours a day, seven days a week. More than 500 people monthly put their names on this list even though the existence of the online reservation system has not been promoted. Applications are mailed as the FHIAP budget allows.

During this quarter, FHIAP's updated *Employer Guide* became available. This booklet explains how FHIAP works in the group market and has been a handy reference guide for health insurance agents as well as employers.

Education

FHIAP provided continuing education training for more than 75 health insurance agents on state programs for the uninsured. The four-hour sessions were held in Wilsonville, Salem, Pendleton, Medford and Bend.

Outreach

On September 5, 2007, FHIAP trained another 80 health insurance agents in Medford at a training held in conjunction with an Employer Briefing on FHIAP. At the Employer Briefing, staff then provided two 60-minute trainings about FHIAP to about 120 Southern Oregon employers.

Four legislators attended at least one of the day's activities. Senator Alan Bates, D-Ashland, gave agents a great overview of the new health care reform legislation that requires the state to revisit existing strategies for insuring Oregonians.

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 3rd Quarter enrollments based on approved lives in the previous quarter. We have also reported 3rd Quarter enrollments based on approvals in the 3rd Quarter.

New Group enrollment	459
New Individual enrollment	1,827
Total new enrollments	2,286
% change from 2Q07	-10%
% change from 3Q06	+207%
% approved to be enrolled from 2Q07	72%
% approved to be enrolled from 3Q07	11%

Total enrollment on September 30, 2007 16,889

Disenrollment due to non-payment of premium 302

Total number of people ever enrolled during this quarter 17,697

Other Statistical Data

For the current reporting period:

1. **Transfers from FHIAP to State coverage:** 23 lives transferred from FHIAP to OHP[1]

2. **MOE Requirements:** As of September 30, 2007, FHIAP has spent a total of $39,485,703 toward our $40.9M requirement. Projected expenditures are $39,485,703, with the remaining $1.1 million being expended by the Department of Human Services (DHS) for the expansion of the eligibility period from six to 12 months.

3. **OHP2 Disenrollment Requests in First 30 Days:** 32 requests[2]; 0 request denials.

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

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

Appendix

OHP eligibles

Ever-enrolled report

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

Ever Enrolled Persons on the Oregon Health Plan July - September 2007						
POPULATION			# Persons	Member Months	% change from 2Q07	% change from 3Q07
Expansion	Title 19; OHP Standard	OHP Parents	8,570	23,626	0.97%	-1.44%
		OHP Childless Adults	12,288	35,002	-3.69%	-21.12%
	Title 19; OHP Plus	PLM Children FPL > 170%	744	1,760	12.63%	13.31%
		Pregnant Women FPL > 170%	654	1,451	12.84%	16.97%
	Title 21; OHP Plus	SCHIP FPL > 170%	5,467	14,779	6.15%	26.76%
Optional	Title 19; OHP Plus	PLM Women FPL 133-170%	11,213	25,693	5.35%	5.62%
	Title 21; OHP Plus	SCHIP FPL < 170%	38,913	106,071	6.49%	22.63%
Mandatory	Title 19; OHP Plus	Other OHP Plus	324,496	878,156	2.21%	-3.24%
QUARTER TOTALS			**402,345**	**1,086,538**	**-0.66%**	**-1.77%**

* 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 July - September 2007					
Month	**OHP Eligibles***	**FCHP**	**PCM**	**DCO**	**MHO**
July	365,311	271,786	8,592	337,834	340,728
August	364,998	275,299	8,396	322,922	342,186
September	363,712	270,994	8,126	337,384	340,612
Qtr Average	364,674	272,693 (75%)	8,371 (2%)	332,713 (91%)	341,175 (93%)

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

Appendix

DMAP disenrollment

Due to the large number of retroactive disenrollments, these reports are for 1st Quarter 2007. 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 January - March 2007							
FCHP	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	1Q07 Total
CareOregon	107,116	229	0	0	18	1	248
Cascade Comprehensive Care	6,536	1	0	0	0	0	1
COIHS	21,839	11	0	0	2	0	13
Doctors of the Oregon Coast South	7,915	9	0	0	2	0	11
Douglas County IPA	11,650	14	0	0	1	0	15
FamilyCare, Inc.	19,091	159	2	0	5	0	166
InterCommunity Health Network	17,188	25	0	0	1	0	26
Lane IPA	29,738	20	0	0	3	0	23
Marion-Polk Community Health Plan	38,803	44	0	0	16	3	63
Mid-Rogue IPA	5,798	17	0	0	0	0	17
Oregon Health Management Svcs	4,134	6	0	0	0	2	8
ODS Medical	5,508	17	0	0	0	0	17
Providence Health Assurance	16,263	45	0	0	2	0	47
Tuality Health Alliance	6,690	10	0	0	2	0	12
FCHP TOTAL	**298,269**	**607**	**2**	**0**	**52**	**6**	**667**

DMAP Access to Care Disenrollments

January - March 2007

DCO	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	1Q07 Total
Capitol Dental Care	123,648	197	17	0	30	0	244
Hayden Family Dentistry Group	42,246	203	1	0	39	0	243
Managed Dental Care Services	11,134	51	0	0	0	0	51
Multicare Dental	27,327	70	0	0	2	0	72
Northwest Dental Services, LLC	64,082	146	2	0	18	4	170
ODS Dental	47,621	68	0	2	6	0	76
Willamette Dental Group	62,168	126	1	1	16	0	144
DCO TOTAL	**378,226**	**861**	**21**	**3**	**111**	**4**	**1,000**

CDO	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	1Q07 Total
Deschutes County Human Services	9,592	0	0	0	0	0	0

PCO	Unduplicated Enrollment	Access	Appointment Wait Time	Language Barrier	Provider Location	Provider Wait Time	1Q07 Total
Kaiser Foundation Health Plan (Northwest)	6,399	24	0	0	0	0	24

Quality of Care reports

DMAP Quality of Care Disenrollments January - March 2007							
FCHP	**Unduplicated Enrollment**	**Client Request at Redetermination**	**Provider's Poor Explanation**	**Provider's Staff Rude**	**Quality of Care**	**Wait Time**	**1Q07 Total**
CareOregon	107,116	242	4	0	0	0	246
Cascade Comprehensive Care	6,536	1	0	0	0	0	1
COIHS	21,839	10	0	0	0	0	10
Doctors of the Oregon Coast South	7,915	8	0	0	0	0	8
Douglas County IPA	11,650	10	0	0	0	0	10
FamilyCare, Inc.	19,091	144	0	0	0	0	144
InterCommunity Health Network	17,188	11	0	0	0	0	11
Lane IPA	29,738	17	0	0	0	0	17
Marion-Polk Community Health Plan	38,803	52	0	0	0	0	52
Mid-Rogue IPA	5,798	4	3	0	0	0	4
Oregon Health Management Svcs	4,134	11	0	0	0	0	11
ODS Medical	5,508	0	0	0	0	0	0
Providence Health Assurance	16,263	50	0	0	0	0	50
Tuality Health Alliance	6,690	8	1	0	0	0	9
FCHP TOTAL	**298,269**	**565**	**8**	**0**	**0**	**0**	**573**

DMAP Quality of Care Disenrollments

January - March 2007

DCO	Unduplicated Enrollment	Client Request at Redetermination	Provider's Poor Explanation	Provider's Staff Rude	Quality of Care	Wait Time	1Q07 Total
Capitol Dental Care	123,648	336	1	0	0	1	338
Hayden Family Dentistry Group	42,246	346	1	0	0	0	347
Managed Dental Care Services	11,134	54	2	0	0	0	56
Multicare Dental	27,327	92	0	0	0	0	92
Northwest Dental Services, LLC	64,082	569	0	0	0	0	569
ODS Dental	47,621	108	1	0	0	0	109
Willamette Dental Group	62,168	172	0	4	1	0	177
DCO TOTAL	**378,226**	**1,677**	**5**	**4**	**1**	**1**	**1,688**

CDO	Unduplicated Enrollment	Client Request at Redetermination	Provider's Poor Explanation	Provider's Staff Rude	Quality of Care	Wait Time	1Q07 Total
Deschutes County Human Services	9,592	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	1Q07 Total
Kaiser Foundation Health Plan (Northwest)	6,399	24	0	0	0	0	24

Appendix

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 January - March 2007								
FCHP	**Unduplicated Enrollment**	**Access**	**Quality of Clinical Care**	**Interpersonal Care/Svc Quality**	**Other**	**Payment for Services Denied**	**Authorization for Services Denied**	**1Q07 Total**
CareOregon	107,116	41	26	26	29	0	155	277
Cascade Comprehensive Care	6,536	4	0	7	0	2	8	21
COIHS	21,839	0	3	5	2	34	92	136
Doctors of the Oregon Coast South	7,915	11	15	14	0	13	6	59
Douglas County IPA	11,650	0	3	3	0	0	38	44
FamilyCare, Inc.	19.091	6	5	12	13	2	2	40
InterCommunity Health Network	17,188	1	4	7	2	3	35	52
Lane IPA	29,738	10	17	37	10	0	27	101
Marion-Polk Community Hlth Plan	38,803	1	1	1	37	20	69	129
Mid-Rogue IPA	5,798	0	3	4	2	0	10	19
Oregon Health Management Svcs	4,134	0	4	1	1	0	3	9

DMAP Self-Reported MCO Complaints

January - March 2007

FCHP	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	1Q07 Total
ODS Medical	5,508	13	0	0	0	1	0	14
Providence	16,263	0	8	1	0	12	25	46
Tuality Health Alliance	6,690	1	0	1	0	0	17	19

DCO	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	1Q07 Total
Capitol Dental Care	123,648	3	4	39	4	0	13	63
Hayden Family Dentistry Group	42,246	0	0	0	11	1	0	12
Managed Dental Care Services	11,134	4	0	5	3	0	0	12
Multicare Dental	27,327	8	0	6	0	0	0	14
Northwest Dental Services, LLC	64,082	8	1	6	0	0	0	15
ODS Dental	47,621	74	21	15	7	2	1	120
Willamette Dental Group	62,168	3	3	5	5	0	0	16

CDO	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	1Q07 Total
Deschutes County Human Services	9,592	0	0	0	0	0	0	0

DMAP Self-Reported MCO Complaints January - March 2007								
PCO	Unduplicated Enrollment	Access	Quality of Clinical Care	Interpersonal Care/Svc Quality	Other	Payment for Services Denied	Authorization for Services Denied	1Q07 Total
Kaiser Foundation Health Plan (Northwest)	6,399	5	3	17	2	0	4	31

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 2nd 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 April - June 2007						
MHO	**Grievance Domain**	**1Q07**	**2Q07**	**3Q07**	**4Q07**	**Grievances/ Domain**
ABHA	Access	1	2			3
	Denial of Service, Authorization, or Payment	2	2			4
	Clinical Care	1	1			2
	Interaction with MHO, Provider, or Staff	3	0			3
	Quality of Service	0	0			0
	Consumer Rights	0	0			0
	TOTAL	**7**	**5**			**12**
	7.1% enrolled					
CCMHO	Access	0	0			0
	Denial of Service, Authorization, or Payment	4	0			4
	Clinical Care	1	5			6
	Interaction with MHO, Provider, or Staff	1	3			4
	Quality of Service	0	1			1
	Consumer Rights	0	0			0
	TOTAL	**6**	**9**			**15**
	6.9% enrolled					
FamilyCare	Access	0	0			0
	Denial of Service, Authorization, or Payment	0	0			0
	Clinical Care	0	0			0
	Interaction with MHO, Provider, or Staff	0	0			0
	Quality of Service	0	0			0
	Consumer Rights	0	0			0
	TOTAL	**0**	**0**			**0**
	2.9% enrolled					

Appendix

MHO	Grievance Domain	1Q07	2Q07	3Q07	4Q07	Grievances/ Domain
AMH Self-Reported Grievances April - June 2007						
GOBHI	Access	0	0			0
	Denial of Service, Authorization, or Payment	0	0			0
	Clinical Care	5	4			9
	Interaction with MHO, Provider, or Staff	4	4			8
	Quality of Service	2	0			2
	Consumer Rights	4	0			4
	TOTAL	**15**	**8**			**23**
	8.4% enrolled					
JBH	Access	1	0			1
	Denial of Service, Authorization, or Payment	1	0			1
	Clinical Care	2	3			5
	Interaction with MHO, Provider, or Staff	1	0			1
	Quality of Service	1	0			1
	Consumer Rights	0	1			1
	TOTAL	**6**	**4**			**10**
	17.4% enrolled					
LaneCare	Access	0	1			1
	Denial of Service, Authorization, or Payment	1	0			1
	Clinical Care	1	0			1
	Interaction with MHO, Provider, or Staff	2	8			10
	Quality of Service	3	0			3
	Consumer Rights	0	0			0
	TOTAL	**7**	**9**			**16**
	9.5% enrolled					
MVBCN	Access	0	2			2
	Denial of Service, Authorization, or Payment	2	0			2
	Clinical Care	0	2			2
	Interaction with MHO, Provider, or Staff	0	0			0
	Quality of Service	0	2			2
	Consumer Rights	1	1			2
	TOTAL	**3**	**7**			**10**
	19.3% enrolled					

AMH Self-Reported Grievances April - June 2007						
MHO	**Grievance Domain**	**1Q07**	**2Q07**	**3Q07**	**4Q07**	**Grievances/ Domain**
Verity	Access	3	2			2
	Denial of Service, Authorization, or Payment	2	0			0
	Clinical Care	0	5			11
	Interaction with MHO, Provider, or Staff	2	3			4
	Quality of Service	2	2			2
	Consumer Rights	0	0			0
	TOTAL	**9**	**12**			**19**
	19.7% enrolled					
WCHHS	Access	0	0			3
	Denial of Service, Authorization, or Payment	0	3			5
	Clinical Care	6	1			1
	Interaction with MHO, Provider, or Staff	1	2			4
	Quality of Service	0	2			4
	Consumer Rights	0	0			0
	TOTAL	**7**	**0**			**9**
	8.8% enrolled					