September 2011 DMAP Update

Patient Centered Primary Care Homes

In response to the federal *health home* reform initiative, Patient Centered Primary Care Homes (PCPCH) were legislated under HB 3650.

To help implement the program, we applied for and received a $1 million grant from the Centers for Medicare and Medicaid Services (CMS). Other incentives supporting this initiative include 100 percent federal funding for OHP individuals enrolled in both Medicare and Medicaid programs. Beginning October 1, we will also receive two years of increased funding through an enhanced federal matching rate of state funds when clients with multiple chronic conditions see a recognized PCPCH provider.

The Patient Centered Primary Care Home (PCPCH) initiative is the foundation for OHP health system changes. In addition to care coordination and case management, the program creates the opportunity to focus on some of the social determinants that affect a patient's health and may offer treatment insight. New data models that track and measure patient care and treatment outcomes will be available to assist providers as performance feedback tools.

Through the Office for Oregon Health Policy and Research, we have been laying the groundwork for this program by working with our health care community partners and stakeholders since 2009. The PCPCH model is a critical component of the greater Coordinated Care Organization (CCO) delivery system of *Health System Transformation*.

Recently, we submitted a State Plan Amendment (SPA) to CMS to allow us to implement this initiative and receive federal funding support. We are finalizing our Administrative Rules to identify practices that meet the patient centered primary care homes standards. To follow our progress, go to http://www.oregon.gov/OHA/OHPR/HEALTHREFORM/PCPCH/index.shtml.

Patient Access

With the necessary implementation of provider rate reductions and the possible impact this action may have on access to care, we have reviewed our current strategies and identified a number of new ones, to ensure individuals enrolled in the Oregon Health Plan receive health care during these difficult times.

Managed care enrollment continues to be our primary strategy for ensuring access to care. Individuals enrolled in managed care plans have guaranteed access to providers through their plans. The percentage of OHP enrollees receiving care through managed care organizations is as follows:

- Physical health - 84 percent
- Dental health - 97 percent
- Mental health - 94 percent

Our metrics are in place to evaluate events such as the client's length of time to their first medical or dental appointment and preventive care utilization rates (such as immunizations). Through our Client Services call center, we also track access-related telephone calls and connect clients to enrolled providers in their area when they have access needs. Trends in provider enrollment and claims volume are monitored to explore potential access issues. We also coordinate with the OHA Ombudsman and the Governor's Advocacy Office when clients contact them about access challenges.

In addition, we have established a statewide *Access Steering Committee* to develop additional strategies and address immediate needs. We are also continuing our conversations with stakeholders and the provider community to identify efficiencies, cost containment measures and other opportunities to promote provider engagement and retention.

Pregnancy and Delivery Quality Measures

Studies reveal that ten percent of all infants experience complications when born before 39 weeks gestation. Research shows that a baby's brain nearly doubles in weight in the last few weeks of pregnancy with lung, liver and kidney development also occurring at this time.

Two efforts are underway to address reducing elective inductions and C-sections prior to 39 weeks gestation:

- Effective **September 1,** seventeen Oregon hospitals, where over 49 percent of births occurred in 2010, have agreed to put a *hard stop* on elective non-medically necessary inductions and C-sections before 39 weeks gestation. A list of approved medical reasons for early delivery will be available to all schedulers.
- DMAP is working with the Oregon Health Leadership Council, the Oregon Chapter of the March of Dimes, and the OHSU Center for Evidence-Based Policy to monitor and develop statewide guidelines.
  - March of Dimes unveiled an awareness campaign: *Healthy Babies are Worth the Wait*.
  - Reports are being prepared for baseline data about current C-sections and induction rates. This information will be shared with providers to provide a baseline to compare future OHP birth outcomes.

Our *DMAP Medical Management Committee* looks at length of stay for deliveries, which is an indicator of better outcomes for OHP pregnancies. The committee also reviews utilization rates and length/cost for managed care and fee-for-service inpatient hospital stays. A shorter length of stay per claim suggests fewer hospitalizations for care-intensive issues such as neonatal care and C-sections representing better pregnancy outcomes.

We are still in the process of developing both metrics and strategies for OHP pregnancy and delivery quality measures. We anticipate this initiative will decrease the number of infants experiencing complications when born electively before 39 weeks gestation.

Four new hospital never-events

The *National Quality Forum Never-event List* now contains 29 serious reportable events.

When the list was adopted in 2002, medical mistakes were reported as never-events -- errors that never should occur. The term prompted backlash from some physicians saying that despite efforts to adhere to best practices, mistakes sometimes happen and the word *never* holds them to an impossible standard. Today, criterion for the list is that events be "largely preventable," because they may not always be avoidable.

Four new items, part of the first update to the list since 2006, are death or serious injury events associated with:

- Labor or delivery in a low-risk pregnancy
- Failure to follow up or communicate laboratory, pathology or radiology test results
- Irretrievable loss of an irreplaceable biological specimen (e.g., for a biopsy)
- Introduction of a metallic object into the magnetic resonance imaging area

Provider claims for specific never-events are not payable under the Oregon Health Plan.

In other news

Medicaid Evidence based Decisions Project

The Medicaid Evidence based Decisions (MED) Project, organized by Dr. John Kitzhaber in 2006, is a powerful self-governing collaboration of participating Medicaid state agencies and their partners. Participation is voluntary; dues and assessments support the research and support staff. In addition to Oregon, ten other Medicaid state agencies currently participate. MED provides policy-makers with the tools and resources they need to make evidence-based decisions. The group provides immediate access to policy and evidence experts who offer unbiased analyses of complex issues and evaluation of health services and technology.

Over the last five years, MED has provided expertise in developing the Oregon Health Authority. Now, the project will customize their data to assist the Public Employees Benefit Board evaluate its health insurance policies. Other projects for which MED provided expertise include the *OHP Prioritized List* policy for cochlear implants, effectiveness of radiation therapy, disease and care management approaches for people with serious mental health needs and health home development. For more information, go to http://www.ohsu.edu/xd/research/centers-institutes/evidence-based-policy-center/med/.

CAWEM Plus Prenatal project expands

Beginning July 2011, seven additional counties provide CAWEM Plus Prenatal care to eligible women: Columbia, Crook, Douglas, Jefferson, Morrow, Union and Wasco counties. Fourteen of the 36 Oregon counties are now participating.

Since it began in April 2008, 4,670 babies have been born under the CAWEM Plus Prenatal program. The CAWEM Plus Prenatal births for seven counties represented 35 percent of all births to CAWEM women *statewide* during that same period. (04/01/08 - 05/01/11). These seven counties leveraged more than $1 million in federal funds by contributing just 1.73 percent of the total cost of the program for their counties' eligible women.

Oregon Health Authority seeking Pharmacy and Therapeutics Committee nominations
The Oregon Health Authority is seeking candidates for nomination to the newly established Pharmacy and Therapeutics Committee. Members of the newly-established committee are charged with tasks designed to help the agency increase the quality and lower the costs of health care.

The committee will be made up of eleven individuals including five doctors and four pharmacists. Individuals who are neither a doctor nor a pharmacist will fill the two additional positions.

Applications and resumes are due **Wednesday, Sept. 21**. Anyone interested in serving on the committee should send an e-mail to dmap.rxquestions@state.or.us, attn: Roger Citron.

New tobacco cessation resource for all Oregonians
On August 31, 2011, the Oregon Tobacco Quit Line launched an expanded version of their interactive online support tool, *Web Coach.* This new service includes online counseling with live Quit Coaches via e-mail and instant message. Tobacco users may be eligible for two weeks of nicotine replacement therapy. *Web Coach* is available to all Oregonians regardless of income or insurance status (except commercial plans with existing Quit Line contracts). Online services are paid for by the State Tobacco Education Program (TPEP).

Oregon is the second state to offer this service, with Florida being the first. A brief video tour of *Web Coach* features is available online at www.quitnow.net/_assets/image/Welcome.html.

For updated information on other areas of interest

- **Oregon Health System Transformation** — To track the transformation process, visit the Transition Web site at http://www.health.oregon.gov/.
- **Medicaid Management Information System** (MMIS) — Stay up-to-date with news on claim processing and other transaction updates and changes through eSubscribe and Provider Matters.
- **Federal health care reform** — With our own health care reform already underway, Oregon is well positioned to implement the federal legislative changes. For more information, visit the Oregon Health Authority Web site at www.oregon.gov/OHA.
- **Continuous Improvement program** — Enabling DHS and OHA to continue providing quality services in a time when demand is outpacing revenue and create a culture of continuous improvement where change is driven by staff. For more information, please visit www.oregon.gov/DHS/transformation.

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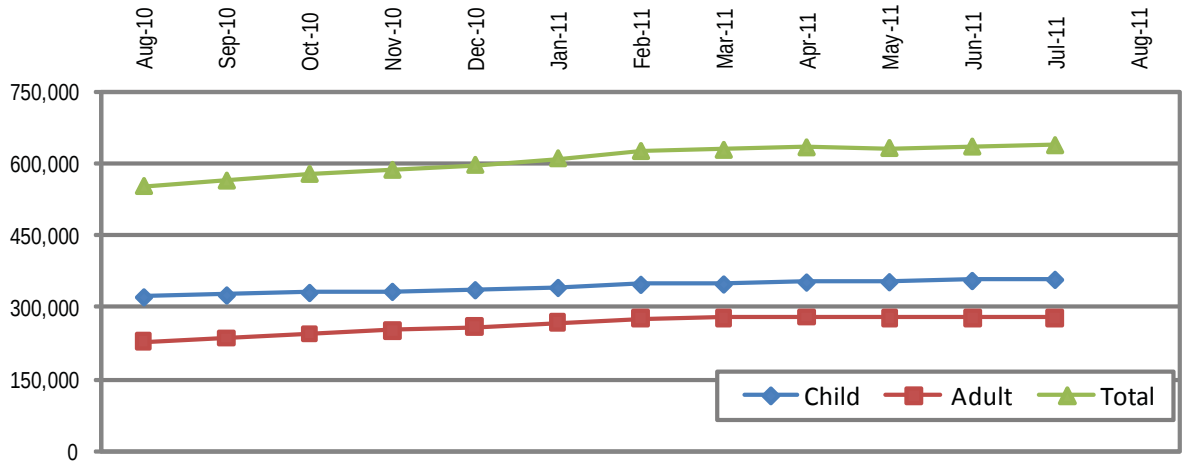
Demonstration and State Plan Amendment status

The following table outlines the status of Demonstration and State Plan Amendments (SPAs) under review by the Centers for Medicare and Medicaid Services (CMS).

Description	Status	Rule Change*
Demonstration Amendments		
No demonstration amendments are currently under review.	n/a	n/a
Medicaid SPA		
Targeted Case Management — Children who are the responsibility of child welfare	Submitted 6/27/08	No
Targeted Case Management — Self sufficiency program	Submitted 3/17/10	No
1915(i) state plan option for Home Based Habilitation, HCBS Behavioral Habilitation, HCBS Psychosocial Rehabilitation for persons with Chronic Mental Illness — Allows additional flexibility in designing a complete care system for persons with chronic mental illness.	Submitted 7/29/10	Yes
Program Integrity Assurance — Technical change, a 2008 preprint for cooperation with Program Integrity functions was added to incorrect section of state plan. This submission merely deletes it from page 35a and moves it to page 79aa.	Approved 8/8/11	No
Freestanding Birth Center — Section 2301 of the Affordable Care Act requires States that recognize freestanding birth centers to provide coverage and separate payments for freestanding birth center facility services and services rendered by certain professionals providing services in a freestanding birth center, to the extent the State licenses or otherwise recognizes such providers under State law.	Submitted 6/27/11	Yes
Provider rate change — 2011-13 budget item, rate changes for DME, Dental, Home Health, Clinical lab, Anesthetists and Ambulance. Other services using RVU method are revised for Physicians (non primary care), PT, OT, speech.	Submitted 7/14/11	Yes
DSH redistribution — Beginning in Medicaid SPRY 2011, audit findings demonstrate that DSH payments exceed the documented hospital-specific limits. Payments will be treated as overpayments to providers that, pursuant to 42 CFR Part 433, Subpart F, trigger the return of the Federal share to the Federal government. However, if the excess DSH payments are redistributed by the State to other qualifying hospitals as an integral part of the audit process, the Federal share is not required to be returned. In order to redistribute DSH payments that exceed hospital-specific limits, a State plan must reflect that payment policy.	Submitted 6/31/11	No
Pharmacy dispensing — 2011-13 budget item change with dispensing fee tier claim volume.	Submitted 7/20/11	Yes
Signature authority — Technical submission - OHA Director designates the Medicaid Director as final signer on state plan amendments (SPA) submissions.	Submitted 8/17/11	No
Health homes — A health home model of service delivery that encompasses all the medical, behavioral health, and social supports and services needed by a beneficiary with chronic conditions per the Affordable Care Act.	Submitted 9/7/11	Yes

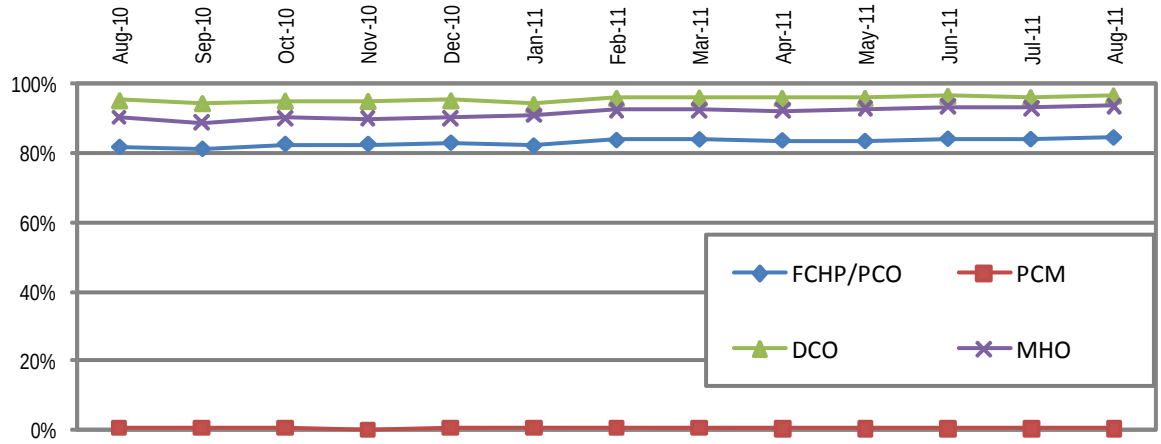
Enrollment Snapshot - August

Number of Oregonians on Medicaid: Total, Adults and Children



Medicaid Enrollment	August 2010	August 2011	Percent Increase
Children (18 and under)	322,694	360,644	11.76%
Adults	228,622	277,890	21.55%
Total	**551,316**	**638,534**	**15.82%**

Percent Enrolled in Managed Care: FCHP/PCO, PCM, DCO, and MHO



Managed Care Enrollment	August 2010	August 2011	Percent Increase
Fully Capitated Health Plans/ Physician Care Organizations	411,640	502,703	22.12%
Primary Care Managers	3,919	2,955	-24.60%
Dental Care Organizations	479,968	574,746	19.75%
Mental Health Organizations	454,583	556,244	22.36%