

Oregon

2007

Oregon Health Plan Annual Report
Medicaid and State Children's Health Insurance Program
Section 1115(a) Medicaid demonstration extension



Letter from the Director

Jim Edge, State Medicaid Director



In the past 12 months, the Department of Human Services (DHS) and Office of Private Health Partnerships (OPHP) accomplished extensive work to maintain the sustainability of the Oregon Health Plan (OHP) for the coming biennium. In addition to the many activities summarized in the OHP's Year in Review (page 1), we are particularly proud of the following accomplishments:

Behavioral Health and Primary Care Integration

The Department's Division of Medical Assistance Programs (DMAP), Addictions and Mental Health Division (AMH), and Public Health Division began working toward a new DHS goal— To improve health and reduce morbidity, mortality, and cost through greater coordination and integration of care provided by public and private behavioral health and physical health providers and community-based organizations.

The passage of Senate Bill 163 during the 2007 legislative session permits greater sharing of health information between physical and mental health providers who serve DHS clients, so that efforts to coordinate care between physical and mental health providers can truly integrate.

Encouraging cost-effective care

The passage of the Pharmacy Incentive Program and Physician Access Improvement Programs gives DMAP the opportunity to encourage two practices that are historically proven to reduce health care costs—dispensing generic drugs and other rigorously reviewed drugs from the state's Medicaid preferred drug list (or Plan Drug List), and access to primary care physicians.

The Pharmacy Incentive Program allows DHS to eliminate copayment requirements for most drugs on the Plan Drug List, which saves money for clients and for those pharmacies that have often absorbed the cost of copayments.

The Physician Access Improvement Program allows DHS to develop an incentive program for contracted MCOS to increase access to primary care physicians for their enrolled OHP members.

Supporting expanded health care

DHS saw the Legislature extend the tax on contracted MCOs and hospitals to October 1, 2009, thereby allowing 24,000 OHP Standard clients retain their medical coverage. At the same time, DHS and OPHP worked together to prepare for the Governor's Healthy Kids Plan.

Even though voters chose not to support the expansion of health care to over 110,000 Oregon children, DHS and OPHP's work on Healthy Kids included extensive planning for the public and private insurance components of the proposed plan. This work lays a firm foundation for future health care expansion efforts in Oregon.

These achievements help DHS extend OHP benefits to as many Oregonians as possible, and ensure that these benefits are used to access the most appropriate care available.

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Year in Review

October 1, 2006 to September 30, 2007

Specific activities for each quarter of the reporting period can be found in the OHP Quarterly Reports at www.oregon.gov/DHS/healthplan/data_pubs/quarterly/main.shtml.

OHP Policy Issues

New State Plan Amendment: Allow SCHIP coverage for prenatal health services for women with family incomes up to and including 185 percent of the poverty level and who are not eligible to receive services under the medical assistance program.

Healthy Kids Plan and OHP Standard: Oregon voters did not approve the measure to finance health care coverage for all Oregon children, but DHS continued efforts to promote adding more people to the OHP Standard benefit package for the first time since June 2004.

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

OHP Operational Issues

HIPAA Compliance: DHS focused on meeting the December 31, 2005, deadline. All primary paying providers using the 837P and 837I transactions met this deadline. By 3rd Quarter 2005, all managed care organizations (MCOs) were exchanging HIPAA-compliant transactions with DHS. National Provider Identifier (NPI) implementation is DHS' current focus.

Managed Care: DHS launched the first of a series of Requests for Application (RFA) to solicit current MCOs to expand their service areas to underserved areas of the state. DMAP, AMH and Office of Public Health joined together to promote physical and behavioral health integration and invite feedback on new ways to promote integration, starting with the managed care organizations.

Medicaid Management Information System (MMIS): DHS began User Acceptance Testing of the replacement MMIS.

Mental Health Program Changes: AMH remained focused on implementing the Children's Mental Health System Change Initiative (CSCI) in such diverse areas as workforce development, family support networks, and provider recertification. CSCI received statewide recognition thanks to the Governor's Executive Order to establish the Children's Wraparound Project Steering Committee. This committee will provide focus and strategic support for 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.

Family Health Insurance Assistance Program (FHIAP)

Continued marketing of OHP medical assistance programs to employers, city Chambers and various commercial routes ensures that Oregonians seek out the resources that meet their health care needs.

OHP Enrollment

DHS administers the following programs to support Medicaid coverage under the Oregon Health Plan demonstration:

- ◆ **OHP Plus** is a full benefit package provided to children and adults who are eligible for traditional Medicaid programs or for the Children’s Health Insurance Program (CHIP). The OHP Plus benefit package does not have premiums. Some adults have small copayments for some outpatient services and prescription drugs.
- ◆ **OHP Standard** is a limited benefit package provided under a specific medical program. The program covers only a limited number of uninsured adults who are not eligible for traditional Medicaid programs. Most people who get OHP Standard pay monthly premiums. OHP Standard does not have copayments.
- ◆ The Oregon **Children’s Health Insurance Program (CHIP)** provides OHP Plus coverage to children from birth to age 6 with family incomes between 133 percent and 185 percent of the Federal Poverty Level (FPL) and to children from age 6 to age 19 with incomes between 100 percent and 185 percent of the FPL.

As indicated in Figure 1 (right), enrollment in the Oregon Health Plan declined for the OHP Plus and OHP Standard populations during this reporting period.

Meanwhile, Oregon’s CHIP population increased during this reporting period. This is partly in thanks to Oregon’s ability to now certify children eligible for CHIP coverage for twelve months instead of six months. The Healthy Kids Plan in the news also continued to raise awareness of potential health care resources, such as CHIP, for Oregon children.

Figure 1: Monthly OHP Enrollment Counts

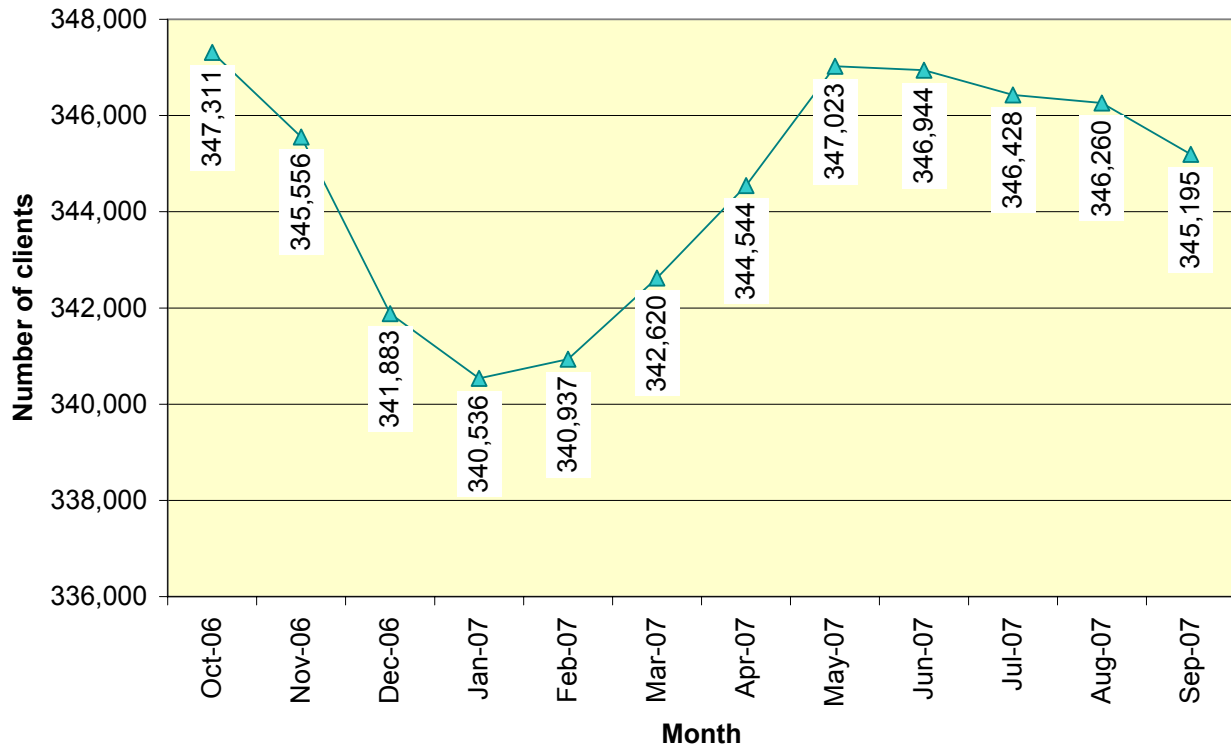
Month	Plus	Standard	CHIP	Total
Oct-06	347,311	21,308	30,505	399,124
Nov-06	345,556	21,081	31,279	397,916
Dec-07	341,883	20,702	32,351	394,936
Jan-07	340,536	20,120	34,178	394,834
Feb-07	340,937	19,732	35,974	396,643
Mar-07	342,620	19,404	37,299	399,323
Apr-07	344,544	19,342	38,198	402,084
May-07	347,023	19,192	39,341	405,556
Jun-07	346,944	18,996	39,586	405,526
Jul-07	346,428	18,883	39,369	404,680
Aug-07	346,260	18,738	39,186	404,184
Sep-07	345,195	18,517	39,198	402,910



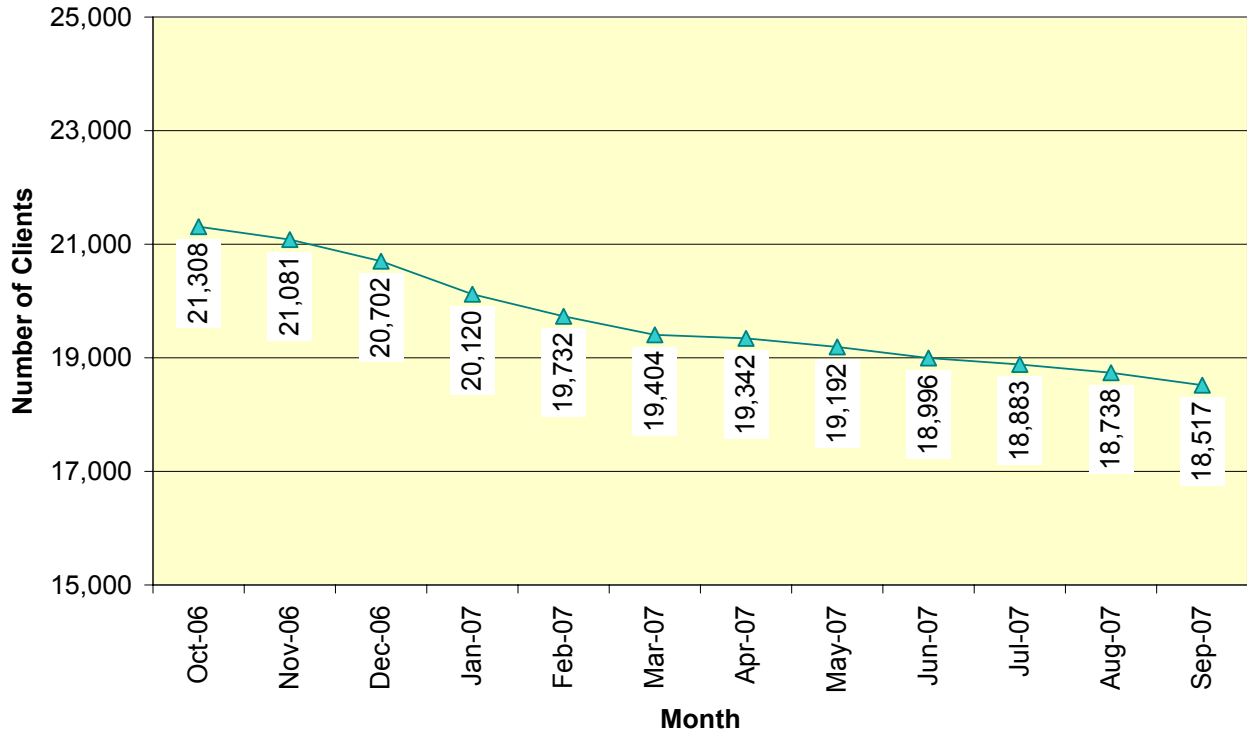
344,603

Average number of clients on the OHP Plus benefit package

OHP Plus Enrollment



OHP Standard Enrollment



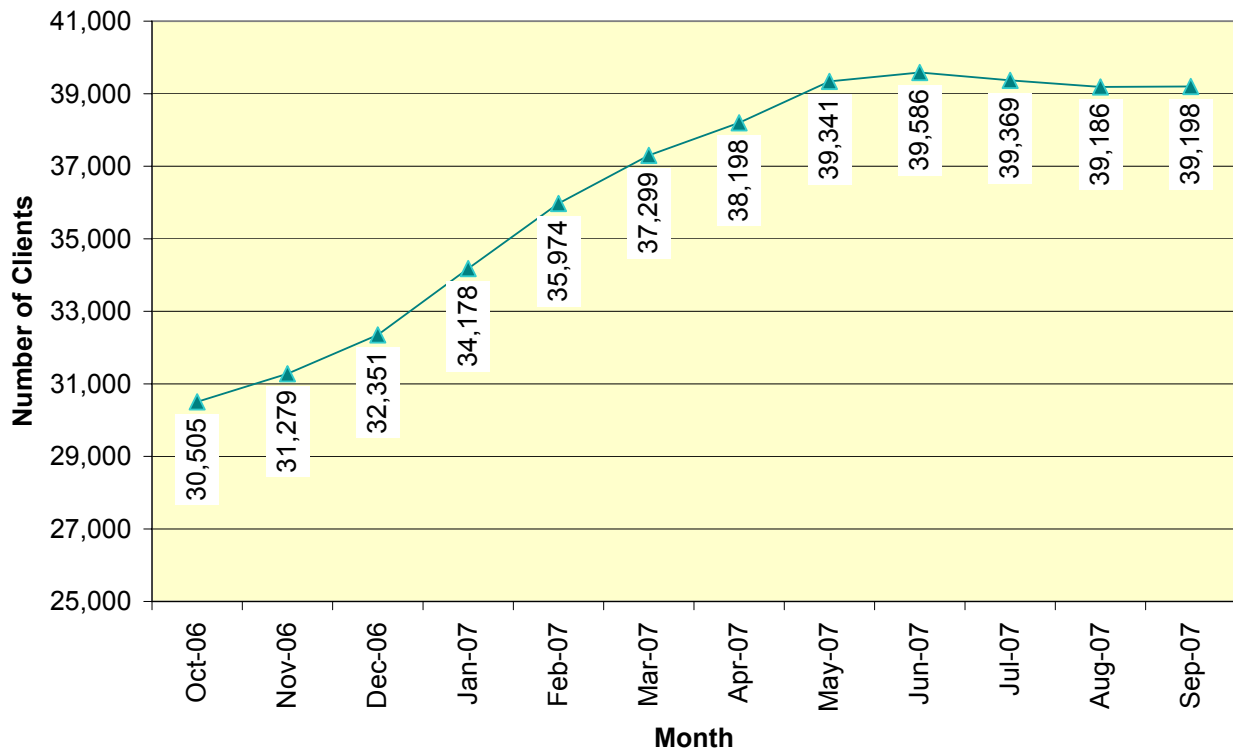
19,668

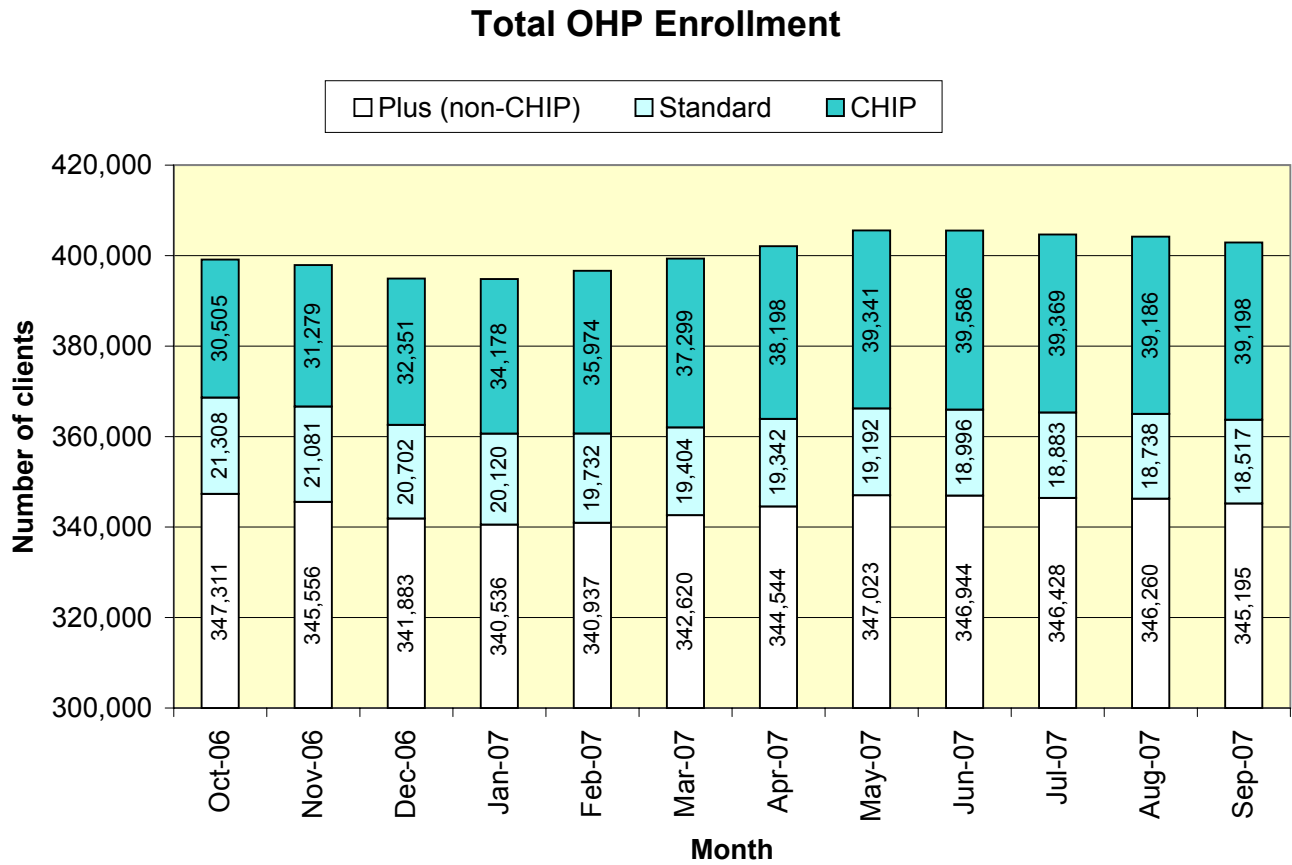
Average number of clients on the OHP Standard benefit package

36,372

Average number of clients in the
Children's Health Insurance Program

CHIP Enrollment





400,643

Average number of clients enrolled in the Oregon Health Plan

OHP Managed Care

Managed Care Enrollment

Seventy-seven percent (77%) of all OHP clients receive their primary medical care services through an OHP managed care organization (MCO) or primary care manager (PCM). Wherever possible, OHP enrolls clients in fully-capitated health plans (FCHPs) as the best means of controlling costs of health care. DMAP's current goal is to enroll 80 percent of OHP clients in managed care, for the following outcomes:

- ◆ **Access to routine care:** People who have access to and use routine care have improved health outcomes, and health care is delivered in a more cost-effective manner.
 - Accessing routine care allows diseases to be diagnosed and treated before they become serious and debilitating.
 - In addition, preventive health screens and anticipatory guidance given as part of routine primary care helps to promote early diagnosis and treatment, healthy lifestyles and wellness.
- ◆ **Access to preventive care:** Routine health care visits lead to increased access to preventive and primary health care, which may reduce unnecessary and more expensive health care in the hospital or emergency room setting.
 - Routine primary and specialist care are most effectively and appropriately delivered in a clinic or office rather than an emergency room.
 - Clients in managed care use preventive and primary care services at higher rates than other clients. Therefore, one way DMAP promotes routine health care services is through enrollment in managed care.
- ◆ **Managed quality of care:** Managed care plans participate in quality improvement and prevention activities including Performance Improvement Projects and performance measures. Past and present focuses include tobacco cessation, asthma, diabetes and prenatal care, early childhood cavity prevention, and childhood immunizations.



Managed care

ensures increased access to routine health care, preventive and primary care services, and quality of care for Oregon Health Plan clients.

Medical Enrollment

Thirty-five of Oregon’s 36 counties (97%) have managed medical care. For 32 counties, this care is through FCHPs or a Physician Care Organization (PCO). Primary Care Managers (PCMs) manage care in Gilliam, Lake, and Tillamook Counties.

- ◆ Figure 2 (right) shows, per Oregon county, the average number of OHP clients who enrolled with a FCHP/PCO or PCM for the reporting period, as well as the number of clients who received their primary medical care on a fee-for-service (FFS) basis.
- ◆ FFS clients may include those who are not required to participate in managed care enrollment for one of the following reasons:
 - Eligible for services through an Indian Health Services program
 - Scheduled for surgery
 - In the last three months of a pregnancy
 - Has End Stage Renal Disease (ESRD), receives routine dialysis treatment, or has received a kidney transplant within the last 36 months
 - No participating managed care plan in client county or ZIP code
- ◆ Figure 3 (next page) shows the participating medical plans for the reporting period.

77%
of all OHP clients enrolled with a primary medical care manager (FCHP, PCO, or PCM)

Figure 2: Medical Managed Care Enrollment by County

Detailed monthly enrollment data for each delivery system, by county, is available on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtml.

County	FCHP	PCM	FFS
Baker	24	268	1,623
Benton	4,058	26	635
Clackamas	17,527	87	3,779
Clatsop	1,046	19	2,330
Columbia	2,172	8	1,925
Coos	7,188	40	1,016
Crook	1,755	1	165
Curry	9	16	2,089
Deschutes	9,369	18	1,446
Douglas	11,150	15	1,741
Gilliam	1	34	95
Grant	544	13	84
Harney	659	2	113
Hood River	2,146	56	202
Jackson	2,227	1,856	15,682
Jefferson	1,766	4	1,109
Josephine	9,808	64	1,251
Klamath	7,421	13	1,285
Lake	42	375	418
Lane	26,622	201	8,054
Lincoln	10	736	4,816
Linn	12,167	35	1,509
Malheur	1,887	20	2,586
Marion	35,825	57	3,871
Morrow	1,163	1	121
Multnomah	67,005	1,202	9,953
Polk	6,116	28	1,041
Sherman	150	4	28
Tillamook	3	1,612	700
Umatilla	7,475	21	1,724
Union	201	223	2,470
Wallowa	258	10	333
Wasco	2,439	120	460
Washington	28,369	166	4,001
Wheeler	63	3	55
Yamhill	1,718	1,470	6,049
Unknown	10	8	291
Total	270,392	8,832	85,049
%	74%	3%	23%

OHP Managed Care

Figure 3: Participating medical managed care plans by county

Current plan information for each county is on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml.

	CareOregon	Cascade Comprehensive Care	Central Oregon Individual Health Solutions (COIHS)	Douglas County Independent Physicians Association (DCIPA)	Doctors of the Oregon Coast South (DOCS)	FamilyCare, Inc.	InterCommunity Health Network	Kaiser Permanente Oregon Plus (PCO)	Lane Independent Physicians Association (LIPA)	Marion-Polk Community Health Plan (MPCHP)	Mid-Rogue Independent Physicians Association (MRIPA)	ODS Community Health	Oregon Health Management Solutions (OHMS)	Providence Health Assurance	Tuality Health Alliance
Baker												x			
Benton							x								
Clackamas	x					x		x						x	
Clatsop	x														
Columbia	x														
Coos	x				x										
Crook			x												
Curry															
Deschutes			x												
Douglas	x			x							x		x		
Gilliam															
Grant			x												
Harney			x												
Hood River			x												
Jackson	x					x					x	x	x		
Jefferson			x												
Josephine						x					x		x		
Klamath	x	x	x												
Lake			x												
Lane								x							
Lincoln						x	x								
Linn															
Malheur												x			
Marion	x							x		x					
Morrow	x					x									
Multnomah	x					x		x						x	
Polk	x							x		x					
Sherman			x												
Tillamook															
Umatilla	x					x									
Union												x			
Wallowa												x			
Wasco			x												
Washington	x					x								x	x
Wheeler			x												
Yamhill	x													x	

Dental Enrollment

All Oregon counties have managed dental care through an OHP dental care organization (DCO). Figure 4 (right) shows, per Oregon county, the average number of OHP clients who enrolled with a DCO for the reporting period, as well as the number of clients who received their primary dental care on a fee-for-service (FFS) basis.

- ◆ FFS clients may include those who are not required to participate in managed care enrollment for one of the following reasons:
 - Eligible for services through an Indian Health Services program
 - Scheduled for surgery
 - In the last three months of a pregnancy
 - Has End Stage Renal Disease (ESRD), receives routine dialysis treatment, or has received a kidney transplant within the last 36 months
 - No participating managed care plan in ZIP code
- ◆ Figure 5 (next page) shows the participating dental plans for the reporting period.

93%

of all OHP clients enrolled with a dental plan to receive managed dental care services



Figure 4: Dental Managed Care Enrollment by County

Detailed monthly enrollment data for each delivery system, by county, is available on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtml.

County	DCO	FFS
Baker	1,441	474
Benton	4,332	388
Clackamas	20,167	1,226
Clatsop	3,111	284
Columbia	3,664	440
Coos	7,825	419
Crook	1,871	49
Curry	1,810	305
Deschutes	10,286	547
Douglas	12,492	414
Gilliam	82	46
Grant	459	182
Harney	733	40
Hood River	2,317	87
Jackson	18,373	1,392
Jefferson	1,958	921
Josephine	10,614	509
Klamath	8,060	659
Lake	786	49
Lane	32,912	1,965
Lincoln	4,292	1,271
Linn	12,708	1,003
Malheur	2,960	1,533
Marion	37,708	2,045
Morrow	1,215	70
Multnomah	72,573	5,587
Polk	6,763	422
Sherman	162	20
Tillamook	2,112	203
Umatilla	8,546	674
Union	2,788	106
Wallowa	576	26
Wasco	2,851	168
Washington	30,928	1,607
Wheeler	117	5
Yamhill	8,505	732
Unknown	7	301
Total	338,103	26,168
%	93%	7%

OHP Managed Care

Figure 5: Participating dental managed care plans by county

Current plan information for each county is on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml.

	Capitol Dental Care	Hayden Family Dentistry, Inc.	Managed Dental Care Services of Oregon	Multicare Dental	Northwest Dental Services	ODS Dental	Willamette Dental Services
Baker					X	X	
Benton	X	X				X	X
Clackamas	X	X	X	X		X	X
Clatsop	X					X	X
Columbia	X	X				X	X
Coos		X			X		X
Crook		X			X	X	
Curry					X		
Deschutes		X			X	X	
Douglas		X			X		X
Gilliam	X	X					
Grant	X	X			X		
Harney					X	X	
Hood River	X				X	X	
Jackson	X				X	X	X
Jefferson		X			X	X	
Josephine	X				X	X	X
Klamath	X	X			X		
Lake	X	X			X		
Lane	X	X			X	X	X
Lincoln	X	X				X	X
Linn	X	X				X	X
Malheur					X	X	
Marion	X	X				X	X
Morrow	X	X					
Multnomah	X	X	X	X		X	X
Polk	X	X				X	X
Sherman	X	X			X		
Tillamook	X	X				X	X
Umatilla	X	X			X		
Union					X		
Wallowa					X		
Wasco	X	X			X	X	
Washington	X	X	X	X		X	X
Wheeler	X	X			X		
Yamhill	X	X				X	X

Mental Health Enrollment

All Oregon counties have managed mental health care through an OHP mental health organization (MHO). Figure 6 (right) shows, per Oregon county, the average number of OHP clients who enrolled with an MHO for the reporting period, as well as the number of clients who received their mental health care services on a fee-for-service (FFS) basis.

- ◆ FFS clients may include those who are not required to participate in managed care enrollment for one of the following reasons:
 - Eligible for services through an Indian Health Services program
 - Scheduled for surgery
 - In the last three months of a pregnancy
 - Has End Stage Renal Disease (ESRD), receives routine dialysis treatment, or has received a kidney transplant within the last 36 months
 - No participating managed care plan in client ZIP code

◆ Figure 7 (next page) shows the participating mental health plans for the reporting period.



Figure 6: Mental Health Managed Care Enrollment by County

Detailed monthly enrollment data for each delivery system, by county, is available on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtml.

County	MHO	FFS
Baker	1,534	394
Benton	4,353	366
Clackamas	19,782	1,611
Clatsop	3,251	144
Columbia	3,790	315
Coos	7,648	596
Crook	1,827	93
Curry	2,019	96
Deschutes	10,165	668
Douglas	11,923	984
Gilliam	120	8
Grant	604	37
Harney	705	68
Hood River	2,321	83
Jackson	18,806	959
Jefferson	2,045	834
Josephine	10,518	606
Klamath	7,947	771
Lake	810	25
Lane	32,586	2,292
Lincoln	5,238	324
Linn	12,858	853
Malheur	4,275	218
Marion	37,365	2,388
Morrow	1,218	66
Multnomah	73,571	4,589
Polk	6,664	520
Sherman	175	8
Tillamook	2,219	96
Umatilla	8,483	737
Union	2,651	243
Wallowa	576	26
Wasco	2,773	246
Washington	30,736	1,799
Wheeler	118	5
Yamhill	8,759	478
Unknown	15	291
Total	340,448	23,834
%	94%	6%

94%

of all OHP clients enrolled with a mental health plan to receive managed mental health care services

OHP Managed Care

Figure 7: Participating mental health managed care plans by county

Current plan information for each county is on the OHP Web site at www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml.

	Accountable Behavioral Health Alliance (ABHA)	Clackamas County MHO (CCMHO)	FamilyCare, Inc.	Greater Oregon Behavioral Health Services (GOBHS)	Jefferson Behavioral Health (JBH)	LaneCare, Inc.	Mid-Valley Behavioral Care Network (MVBCN)	Verity Integrated Behavioral Health Services (VIBHS)	Washington County HHS (WCHHS)
Baker				x					
Benton	x								
Clackamas		x	x						
Clatsop				x					
Columbia				x					
Coos					x				
Crook	x								
Curry					x				
Deschutes	x								
Douglas					x				
Gilliam		x							
Grant				x					
Harney				x					
Hood River		x							
Jackson					x				
Jefferson	x								
Josephine					x				
Klamath					x				
Lake				x					
Lane						x			
Lincoln	x								
Linn							x		
Malheur				x					
Marion							x		
Morrow				x					
Multnomah			x					x	
Polk							x		
Sherman		x							
Tillamook							x		
Umatilla				x					
Union				x					
Wallowa				x					
Wasco		x							
Washington			x						x
Wheeler				x					
Yamhill							x		

Managed Care Expenditures

Managed care plans contract with DHS to provide physical, dental, mental health, and/or chemical dependency services for OHP clients. DMAP pays these plans a monthly fee for each enrolled person (*i.e.*, a capitation fee) for the services they provide.

As shown in Figure 8, the majority of OHP capitation expenditures is for primary medical care services rendered by FCHPs.

Figure 8: Capitation Payments by MCO Type

The following chart shows, for the reporting period, payments to contracted managed care organizations (MCOs) for health care services by rate group and MCO type.

Rate Group	Description	CDO	DCO	FCHP	MHO	PCO
ABAD	Aid to the Blind or Disabled	\$85,778.83	\$12,507,214.84	\$205,306,749.66	\$53,533,000.22	\$3,637,021.06
ABAD-MED	Aid to the Blind or Disabled - Medical only	\$19,166.51	\$8,684,891.16	\$25,309,120.29	\$22,669,553.92	\$413,000.64
CHILD 00-01	CHIP eligible, age < 1, <185% FPL PLM child, age < 1, < 133% FPL	\$92.45	\$28,631.57	\$116,798,707.81	\$13,219.81	\$731,686.69
CHILD 01-05	CHIP eligible, age 1-5, < 185% FPL PLM child, age 1-5, < 133% FPL	\$196.60	\$12,919,885.52	\$48,125,411.70	\$2,579,640.04	0
CHILD 06-18	CHIP eligible, age 6-18, < 185% FPL PLM child, age 6-18, <133% FPL	\$50,845.37	\$28,087,582.20	\$66,391,261.15	\$23,886,220.24	0
OAA	Old Age Assistance	\$433,840.39	\$313,403.28	\$4,054,581.65	\$551,575.27	\$89,943.76
OAA-MED	Old Age Assistance - Medical only	\$976.14	\$6,757,411.84	\$27,392,082.36	\$18,021,035.76	\$635.34
OHPAC	OHP Adults and Couples, age 19+, < 100% FPL	\$60,410.61	\$728,788.29	\$51,010,715.57	\$4,214,615.25	0
OHPFAM	OHP Families, age 19+, < 100% FPL	\$7,824.80	\$388,307.79	\$13,581,418.65	\$1,014,969.68	0
PLMA	OHP pregnant female, < 185% FPL	\$19,690.21	\$2,014,230.86	\$72,992,972.95	\$502,804.55	\$124,556.01
SCF	Foster children - SCF	\$8,751.34	\$3,949,782.54	\$15,755,892.86	\$38,430,667.95	\$389,379.33
TANF	Temporary Assistance to Needy Families	\$168,015.22	\$13,353,973.66	\$80,951,748.44	\$7,545,920.06	0
Grand Total		\$855,588.47	\$89,734,103.55	\$727,670,663.09	\$172,963,222.75	\$5,386,222.83
% of Total Capitation Payments		0.09%	9.0%	73.02%	17.36%	0.54%

OHP Managed Care

Quality Activities and Measures

Division of Medical Assistance Programs (DMAP)

For the current reporting period, DMAP initiated and monitored quality improvement of the dental and medical managed care plans in the following areas:

- ◆ **Annual Quality Reviews.** As indicated in Figure 9 (below), DMAP completed 5 reviews during this reporting period.

Figure 9: DMAP Annual Quality Reviews

The following table lists the Annual Quality Improvement Reports finalized by DMAP for the current reporting period.

Year 2005 Quality Reviews		
Date Completed	Plan Name	Enrollment
11/13/2006	Deschutes County Chemical Dependency Organization	9,907
11/21/2006	Kaiser Permanente	5,080
02/07/2007	Cascade Comprehensive Care	6,706
02/11/2007	Northwest Dental Services	70,531
03/15/2007	LIPA	30,468

- ◆ **Quality and Performance Improvement (QPI) Workgroup.** This workgroup includes MCO and DHS quality improvement coordinators and medical directors, other DHS staff and partners who serve as resources and experts on given quality improvement and chronic disease topics. The workgroup met 11 out of 12 months this year. Presentations and discussions during this reporting period focused on:
 - EQR contract renewal, performance measures and Performance Improvement Projects (PIP)
 - Chronic disease management
 - Prevention and awareness strategies
 - Behavioral health and primary care integration
 - Member complaint and appeals reporting

- ◆ **Performance Improvement Projects (PIP).** DMAP solicited an *Asthma PIP*, *Dental PIP* and *Physical and Behavioral Health (Collaborative) PIP* for calendar year 2007:
 - The Asthma PIP will measure specific interventions to increase the percent of ED visits for asthma with a follow-up outpatient visit within 30 days, and/or the percent of members with persistent asthma who have a favorable medication ratio.
 - The Dental PIP will focus on dental services for pregnant women.
 - The Collaborative PIP will focus on coordination of care. DMAP awarded a Technical Assistance grant to Acumentra Health, who will provide a series of technical assistance trainings to help MCOs develop their PIPs.
- ◆ **Performance Measures.** DMAP issued Advisory Committee on Immunization Practices (ACIP) childhood immunization performance measures and technical specifications to the MCOs for calendar year 2006. MCOs also returned dental and asthma care measures for calendar year 2006.



Ensuring quality of care

*To keep Oregon
Health Plan clients
independent, healthy
and safe*

OHP Managed Care

Addictions and Mental Health Division (AMH)

For the current reporting period, AMH initiated and monitored quality assurance (QA) and quality improvement (QI) of the OHP-contracted mental health care plans as follows:

- ◆ **Performance Improvement Projects.** AMH’s Quality Improvement and Certification Unit continued annual external quality review activities this year with the MHO PIP Validations.
 - As indicated in Figure 10 (below), AMH completed 9 PIP validations of the mental health plans for the current reporting period.
 - Plans with scores on any PIP of “Partially Met” or below were asked to submit a timeline for completing the PIP because the score was due to validation occurring prior to completion of the project. These are not considered corrective action plans.

60%

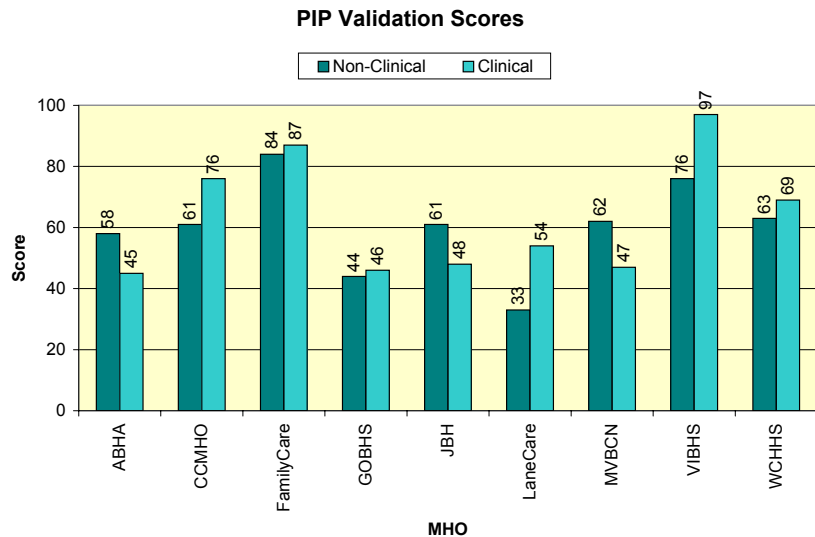
Average Non-Clinical PIP Validation Score

63%

Average Clinical PIP Validation Score

Figure 10: AMH PIP Validation Score Summary

The following table lists the clinical and non-clinical PIP validation scores for each participating MHO. Scores are pro-rated on a 100% scale.



PIP Scoring Legend	
80-100:	Fully Met
60-80:	Substantially Met
40-60:	Partially Met
20-40:	Minimally Met
0-20:	Not Met

OHP Services

Utilization

For clients who are exempt from managed care plan enrollment, OHP paid for over 4 million fee-for-service claims during the reporting period.

- ◆ As indicated in Figure 11 (below), the majority of claims paid were for non-emergent transportation services (27.3%). DHS has begun to focus on efforts to lower these expenditures.
- ◆ Figure 12 (next page) summarizes DMAP’s total fee-for-service claim expenditures. This data has no relationship to the capitation expenditures paid to the plans (see page 14) except as a consideration in setting future capitation rates.

Figure 11: Fee-for-Service Claims by Type of Service

The following chart lists the number of claims paid by service type for the current reporting period.

Description	Total Claims	%	Description	Total Claims	%
Alcohol and Drug	45,209	1.1%	Physician Services: Primary Surgery	120,599	3.0%
Ambulatory Surgical Center; Birthing Centers	4,091	0.1%	Podiatry	6,237	0.2%
Audiology/Speech/ Hearing	2,967	0.1%	Qualified Medicare Beneficiary:	3,794	0.1%
Behavioral Rehabilitation Services	1,801	0.0%	◆ Deductibles, co-insurance and premiums for Medicare-covered services		
Contracted RN’s	39,415	1.0%	Registered Physician Assistant	322	0.0%
DME Installation; Admin Exams	7,581	0.2%	School Based Services	57,983	1.4%
DME Purchase	117,344	2.9%	Special Medical Services; Targeted Case Management	204,459	5.0%
DME Rental	57,306	1.4%	Special Services, not limited to:	577,944	14.2%
DME Repair	1,259	0.0%	◆ Ophthalmic Materials (Frames, plastic lenses and miscellaneous items)		
Emergency Dental	2	0.0%	◆ Dental		
Family Planning Clinics	17,881	0.4%	◆ Home Health		
Lab/Radiology: Full Fee	154,890	3.8%	◆ Psychologist		
Lab/Radiology: Professional	169,515	4.2%	◆ Social Worker		
Lab/Radiology: Technical	239,698	5.9%	◆ Dietary Counselor		
Non-Covered Programs	2,750	0.1%	◆ Mental Health Clinics		
Nurse Practitioner	21,743	0.5%	◆ Home EPIV Services		
Optometry; Glass Lenses	13,421	0.3%	In-Home Services		
Pharmaceutical Services	229,946	5.6%	Medicare-Medicaid Crossovers		
Physician Services: Anesthesia	17,365	0.4%	Specialized Mental Health Programs	54,792	1.3%
Physician Services: Assistant at surgery	3,113	0.1%	Transportation: Emergency	18,827	0.5%
Physician Services:			Transportation: Non-emergency	1,110,149	27.3%
◆ Medicine/Naturopathic			Total FFS Claims	4,071,574	100%
Special Services:					
◆ Rural Health	768,462	18.9%			
◆ Indian Health					
◆ Federally Qualified Health Center					

Figure 12: Fee-for-Service Payments by Eligibility Group

The following chart shows, for the reporting period, total payments made to fee-for-service health care providers by OHP eligibility group.

Program	Group Description	Hospital Payments	Non-Hospital Payments
AB	Aid to the Blind	\$499,736.86	\$4,491,353
	Aid to the Blind - Medical only	\$116,111.40	\$9,130,032
AD	Aid to the Disabled	\$33,707,597.12	\$204,340,299
	Aid to the Disabled - Medical only/Presumptive Eligibles	\$50,923,936.86	\$302,655,455
ADC	TANF - Extended medical	\$6,102,899.30	\$15,803,068
	TANF - Medical only under age 21 (substitute adoptive care)	\$585,369.59	\$16,628,315
	TANF - Unemployed	\$2,331,474.25	\$5,141,117
BCP	Breast and Cervical Cancer Program (not Title XIX eligible)	\$3,197,758.17	\$6,081,688
CAWEM	Eligible except for citizenship; emergency services only	\$19,961,332.17	\$25,777,071
CHIP	CHIP eligible, age < 1, 133% to 170% FPL	\$687,803.22	\$904,462
	CHIP eligible, age < 1, 170% to 185% FPL	\$159,216.56	\$199,998
	CHIP eligible, age 13-18, 100% to 170% FPL	\$1,209,618.27	\$3,426,978
	CHIP eligible, age 13-18, 170% to 185% FPL	\$157,543.41	\$397,711
	CHIP eligible, age 1-5, 133% to 170% FPL	\$536,069.26	\$1,464,205
	CHIP eligible, age 1-5, 170% to 185% FPL	\$162,991.92	\$467,221
	CHIP eligible, age 6-12, 100% to 170% FPL	\$975,330.49	\$3,378,610
	CHIP eligible, age 6-12, 170% to 185% FPL	\$156,654.96	\$419,976
FC	Foster children - SCF	\$4,181,640.54	\$64,038,741
	General Assistance - SCF	\$36,951.73	\$83,079
OAA	Old Age Assistance - Medical only	\$3,337,249.84	\$393,208,475
	Old Age Assistance	\$2,486,109.99	\$29,384,640
OHP	Native American/Alaska Native, < 100% FPL	\$154,206.01	\$453,260
	Native American/Alaska Native, < 100% FPL	\$621,626.50	\$2,224,495
	OHP child, age < 1, < FPL	\$16,446,697.38	\$22,271,867
	OHP child, age < 1, 100% to 170% FPL	\$9,370,382.70	\$12,271,540
	OHP child, age 13-18, DOB >=10/1/83, < FPL	\$2,807,759.02	\$8,359,786
	OHP child, age 1-5, < FPL	\$2,222,429.20	\$6,439,517
	OHP child, age 1-5, 100% to 170% FPL	\$1,023,343.23	\$2,677,163
	OHP child, age 6-12, < FPL	\$1,525,690.14	\$5,947,542
	OHP non-pregnant age 19 no child or unborn, 0<10% FPL	\$3,762,704.60	\$12,898,620
	OHP non-pregnant age 19 no child or unborn, 10<50% FPL	\$1,223,425.64	\$3,860,180
	OHP non-pregnant age 19 no child or unborn, 50<65% FPL	\$361,673.99	\$1,549,925
	OHP non-pregnant age 19 no child or unborn, 65<85% FPL	\$710,770.15	\$2,277,710
	OHP non-pregnant age 19 no child or unborn, 85<100% FPL	\$566,521.12	\$1,813,746
	OHP non-pregnant age 19 w/child &/or unborn, 0<10% FPL	\$319,370.59	\$708,695
	OHP non-pregnant age 19 w/child &/or unborn, 10<50% FPL	\$602,854.51	\$2,000,864
	OHP non-pregnant age 19 w/child &/or unborn, 50<65% FPL	\$284,842.15	\$1,057,471
	OHP non-pregnant age 19 w/child &/or unborn, 65<85% FPL	\$575,059.96	\$1,735,805
	OHP non-pregnant age 19 w/child &/or unborn, 85<100% FPL	\$481,141.91	\$1,315,036
	OHP pregnant female < FPL	\$9,839,377.14	\$16,740,499
	OHP pregnant female, 100% to 170% FPL	\$4,745,867.16	\$7,885,419
OHP 2	OHP child, age <1, 170% to 185% FPL (AEN)	\$852,282.89	\$1,149,633
	OHP pregnant female, 170% to 185% FPL	\$826,886.46	\$1,301,539
QMB	Medicare beneficiary before spend-down	\$2,023,344.26	\$4,242,096
REFG	Refugee (families)	\$70,743.20	\$204,462
TANF	Emerg assist w/30 days medical, ADC or ADC-UN	\$2,948.36	\$5,014
	Temporary Assistance to Needy Families	\$28,652,371.27	\$75,869,475

OHP Services

Participating primary care providers

Providers who accept Oregon Health Plan clients help meet Oregon’s goal of improving access to routine, preventive, and quality care for those most in need of health services.

2004 Physician Workforce Survey

Question 15 of this survey, posted at www.oregon.gov/DHS/healthplan/data_pubs/reports/04opsurvey.pdf, asked physicians if their office accepted, limited acceptance, or did not accept Medicaid managed care (MCO) or Medicaid fee-for-service (FFS) clients. Responses are summarized in Figure 13 (below).

Figure 13: Responses to Question 15 of 2004 Physician Workforce Survey

Survey Responses	MCO Clients		FFS Clients	
	Number	Percentage	Number	Percentage
Accept all	1,260	49.96%	1,292	51.23%
Limit acceptance	559	22.16%	584	23.16%
Accept none	362	14.35%	315	12.49%
Total	2,181	86.48%	2,191	86.88%

Estimated Provider Participation

Based on these responses, and the number of currently licensed physicians in Oregon according to the Oregon Board of Medical Examiners posted at www.bme.state.or.us/TotalActiveBySpecialty.html, DMAP estimates the number of Oregon physicians who accept MCO clients and FFS clients as follows:

Licensed Active Physicians	Accepting Some MCO Clients		Accepting Some FFS Clients	
	Number	Percentage	Number	Percentage
11,569	8,344	72.13%	8,606	74.39%

OHP providers

help make the Oregon Health Plan a working health care benefit for those in need



OHP Services

Children's Mental Health System Change Initiative

Overview

To enable children and their families to receive mental health services in the most natural environment and minimize the use of institutional care, the 2003 Legislative Assembly attached a Budget Note directing DHS to take significant action steps to increase community-based mental health services.

Previously, funding for these services was separate from the acute care and outpatient services administered through the MHOs and Community Mental Health Programs (CMHPs). Psychiatric Day Treatment Services (PDTS) and Psychiatric Residential Treatment Services (PRTS) were administered through direct contracts outside of the local system.

To follow the Legislature's direction, AMH established Oregon Administrative Rules (OARs) that set the standards for Children's Intensive Community-Based Treatment and Support Services during the summer of 2005. On October 1, 2005, the MHO Agreement was amended to help implement the Children's System Change Initiative (CSCI). This action brought a shift of intensive mental health services under the authority of the MHOs, the ultimate goal being to bring the majority of these services into the managed care delivery system.

Progress as of November 2006

At the conclusion of the first year's implementation of the CSCI, there is evidence of considerable system-wide infrastructure development. This is a major accomplishment in a short period of time and can be attributed to the foundation created through the state's system change efforts, such as:

- ◆ AMH policies and budget note requirements from the Oregon Legislative Assembly are incorporated into MHO Agreements.
- ◆ Interagency governance, planning, care coordination, and monitoring structures are in place at both the state and local levels with family involvement occurring at all levels.
- ◆ Flexible funds are being used to promote community-based service delivery.
- ◆ AMH is participating in state level interagency problem solving structures that include system partners such as DHS, CAF, and the Division of Medical Assistance Programs (DMAP). In addition, AMH has established working agreements with other child serving agencies, such as juvenile justice and education, to facilitate interagency collaboration about mental health policy issues.
- ◆ Funding has shifted to the MHO level to allow for flexibility in service provision.

Earlier change efforts, such as the Intensive Treatment Services (ITS) pilot projects and four federally funded community-based children's mental health system of care grants, also helped pave the way for these changes.

Thanks to the CSCI, there has been a philosophical shift in the culture of service delivery toward a more family-focused, strength-based and coordinated approach to planning and service provision. Service capacity has been enhanced with the addition of new services and expansion of existing ones. While there is still a feeling of confusion in roles and responsibilities, especially at the direct service provider level, this is not uncommon with a system wide change.

In addition, the foundation has been laid for:

- ◆ Quality assurance and contract monitoring;
- ◆ Development of culturally competent services;
- ◆ Full family participation and family driven services; and
- ◆ Development of a workforce to support the system change.

Looking ahead

As the next year of implementation begins, it will be important for AMH, MHOs, family advocates and system providers to establish and clearly articulate the expected outcomes for year two.

The next period of CSCI implementation should build on progress to date, refining communication mechanisms, providing training, technical assistance, and other support in areas such as care coordination, family and youth involvement, and in developing individualized, comprehensive service approaches.



Solving the puzzle

Joining parents and children, local and state resources to get a complete picture of children's mental health needs

OHP Progress

DHS Performance Measures

Since 2002, DMAP has monitored two Key Performance Measures (KPMs) to assess the OHP’s effectiveness in meeting the DHS goal of keeping people healthy. The data for the following measures is updated on a calendar year reporting cycle. Data for all DHS performance measures is available at www.oregon.gov/DHS/publications/pm_reports/index.shtml.

To take into account the typical OHP six-month certification cycle, both measures include clients who have been enrolled for six months or more within a 17-month period. This population includes many clients who began their OHP enrollment at the end of the year before the next measurement year and continued their enrollment into the measurement year.

Routine Health Care Provided to OHP Clients

This measure looks at the proportion of Oregon Health Plan (OHP) adults and children who receive routine health care services annually.

Since 2001, for both adults and children, the general trend shows a favorable increase in the proportion of OHP clients who receive routine health care services. From 2001 to 2006, the rate for adults increased 6.6 percentage points from 70.4% to 77.0% and the rate for children increased 2.0 percentage points from 69.3% to 71.3%.

- ◆ As shown in Figure 14 (below), the rate for adults increased in 2006 and is above the 2006 target. The rate for children dropped in 2006 by less than a percentage point and is slightly below the 2006 target. These rate changes may be attributed to the decreased number of adults, and the increased number of children, in the measure from 2005 to 2006.
- ◆ Barriers include health care providers who do not accept Medicaid clients and a lack of knowledge among some clients that routine health visits are necessary and important.
- ◆ DMAP has added more explicit standards to the MCO contracts to make certain there is adequate network capacity to provide routine and preventive services.
- ◆ DMAP has started requiring MCOs meet specified goals for performance measures.
- ◆ DMAP will continue to work with public health partners, promote enrollment in managed care, and use disease management and case management programs for FFS clients as appropriate.
- ◆ DMAP has added a nurse telephone advice line for FFS clients to help clients determine when routine or preventive care is appropriate.

Figure 14: DHS KPM 25 – Routine Health Care Provided to OHP Clients

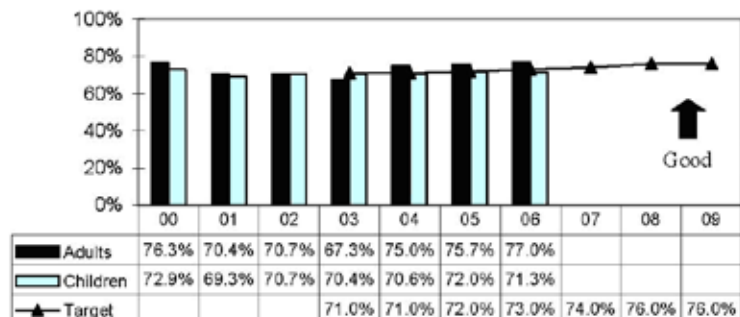
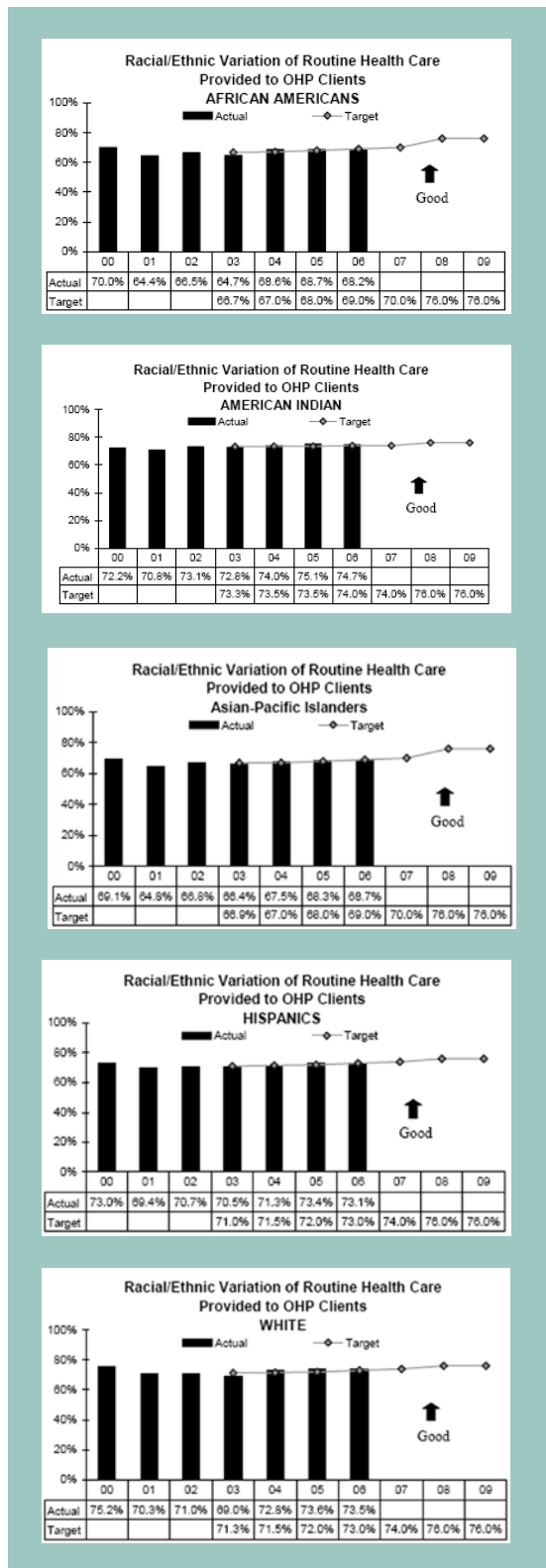


Figure 15: DHS KPM 26 – Racial/Ethnic Variation of Routine Health Care Provided

Race/ethnicity is self-reported by the client or reported by their caseworker. A client may be in only one of the five race/ethnic categories to be counted in this measure.



Racial/Ethnic Variation of Routine Health Care Provided

Reducing health disparities is a DHS priority. This measure (KPM 26) looks at the proportion of OHP clients who receive routine health care services annually: a) African Americans, b) American Indians, c) Asian/Pacific Islanders, d) Hispanic, e) White.

Since 2001, for all race/ethnic categories, the general trend shows a favorable increase in the proportion of OHP clients who receive routine health care services. From 2001 to 2006, the increased rates for all categories were between 3 and 4 percentage points.

- ◆ As shown in Figure 15 (left), the 2006 rates remained steady compared to 2005 rates – all changes were within a half of a percentage point or less.
- ◆ The Asian and Pacific Islander category increased by a fraction of percentage point from 2005 to 2006, while all other categories decreased by a half of a percentage point or less from 2005 to 2006.
- ◆ All race/ethnic categories were within a fraction of a percentage point of their 2006 targets. Native Americans, Hispanics, and whites categories were slightly above their 2006 targets while the African American and Asian and Pacific Islander categories were slightly below their 2006 targets.
- ◆ DMAP will continue to collaborate with community, public health, and federal partners on initiatives and projects that focus on reducing health care disparities.
- ◆ DMAP continues to provide an increasing number of educational materials in languages in addition to English.

OHP Progress

Oregon Benchmarks

The Oregon Progress Board monitors the percentage of Oregonians without health insurance (renumbered to Oregon Benchmark 55 during this reporting period). This benchmark aims for an 8 percent rate of uninsurance by 2010.

- ◆ 2006 Current Population Survey data from the US Census and Bureau of Labor Statistics at http://pubdb3.census.gov/macro/032007/health/h06_000.htm indicates that Oregon's uninsurance rate was 17.9 percent in 2006. This is a 1.9 percent increase from the uninsurance rate reported in the 2005 Current Population Survey.
- ◆ The Oregon Progress Board did not produce a 2006 Benchmark Survey.



Summary Report

FHIAP in review

In the past year, the Family Health Insurance Assistance Program (FHIAP) served an average quarterly enrollment of 15,968 people. As summarized in Figure 18 (below), the agency distributed over \$30 million to low-income Oregonians to subsidize private health insurance in the private-sector individual market. There were no changes in the participating FHIAP plans during this reporting period.

Figure 16: Premium Subsidy Totals

The following chart summarizes annual premium subsidies paid to FHIAP medical plans for the reporting period.

Plan	Subsidies Paid
BCBSO	\$5,559,322.39
Health Net	\$1,052,134.13
Kaiser	\$2,802,025.00
Lifewise	\$2,005,780.90
ODS	\$526,929.03
OMIP	\$16,469,925.87
Pacificare	\$1,020,933.23
PacificSource	\$598,084.25
Total Premium Subsidies Paid	\$30,035,134.80

15,968

Average quarterly enrollment in FHIAP

\$30 million

distributed to low-income Oregonians to subsidize private health insurance

FHIAP staff continued to hold classes throughout the state to explain all state health insurance programs, including OHP and CHIP, to newly licensed insurance producers (agents). Producers received continuing education credit for the class. Staff also continued to provide monthly training on FHIAP to business partners in the Department of Human Services (DHS) Central and Field Offices.

Creating opportunity

FHIAP works with Oregon's private insurance companies, individual health insurance agents, employers, and business partners on joint marketing efforts, information sharing about FHIAP resources, and more.



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