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MEDICAID
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OMAP Administrative Operations

Program and Policy

During this fiscal year the Policy Unit completed its work with the OMAP Medical Transportation Task Force. A new transportation brokerage covering Clatsop, Tillamook and Columbia counties was initiated in February 2001. Implementation of similar brokerages throughout the state are planned during the next fiscal year.

Policy Unit continued to attend monthly meetings of the Health Services Commission and provide input to that group, and related subcommittees.

In all OMAP program areas, the Policy Unit worked to replace OMAP unique medical procedure codes with new codes required under the Health Insurance Portability and Accountability Act in both administrative rules and the computer system.

Also during this past year, the Policy Unit has been involved with numerous legislative issues, primarily the review and analysis of proposed legislation affecting the Oregon Health Plan. During the upcoming fiscal year the Policy Unit will begin the process of implementation of these new laws.

OHP Benefits RN Hotline

The Oregon Health Plan Benefits RN Hotline received an average of 1,190 calls per month during the period July 2000 through June 2001. Virtually all calls received were from practitioners and all were related to placement of conditions and treatments on the Prioritized List of Health Services.

The hotline also received a total of 33 comorbidity requests. Four requests were approved; one for excision of ganglion cyst, one for sphincterotomy, one for excision of excessive skin, and one for gastric bypass. Twenty-seven requests were denied; twenty for gastric bypass/bariatric surgery, two for bunion surgery, one for tendon sheath surgery, two for ganglion cyst surgery, one for breast reduction, 1 for arthrodesis left toe, and one because the client was in a managed care plan.

There were also four requests for not-covered services; one for reconstruction of mandibular condyle was approved, two for breast reduction were denied, and one for repair of varicocele was denied.

Health Services Commission

The Health Services Commission (HSC) met eight times between July 2000 through June 2001. At the request of Governor John Kitzhaber, the Commission began consideration of alternative methods for defining additional benefit packages for the OHP that could be used towards expanding health care coverage to the uninsured between 100-200% of the federal poverty level (FPL). The Commission began work with the actuarial firm of William M. Mercer, Inc., to determine the impact on premium costs when certain non-mandated Medicaid services are eliminated or limited in some fashion. It is envisioned that reductions of this nature, along with increased cost-sharing by the individual according to their ability to pay, can be combined to define a benefit package that is at least actuarially equivalent to the minimum level mandated by current federal Medicaid law. It is further envisioned that members of the most vulnerable populations, including children, pregnant women, the elderly, the blind, and persons with disabilities, would continue to receive an augmented benefit package through the use of the Prioritized List as is currently done under the current OHP. The Commission is also considering cost-sharing options such as low copays for office visits, low coinsurance rates for hospital and other physician services, moderate copays for emergency room services and ambulance services, moderate coinsurance rates for lab/x-ray services and durable medical equipment, a high coinsurance rate for prescription drugs, and limitations or the potential elimination of dental services, vision services, and non-emergent transportation.

In May, the Commission presented the Oregon Legislative Assembly with their biennial report on the prioritization of health services for implementation during the 2001-2003 biennium.

The Commission approved several modifications to the Prioritized List of Health Services during this fiscal year, including:

Approved the addition of ICD-9-CM code 238.1 to line 445, representing the treatment of lung transplantation for lymphangiomyomatosis (LAM). Studies found an experience of more than 50 transplantations for this diagnosis despite its extremely rare occurrence, with outcomes similar to those accomplished when performing lung transplants for other conditions leading to pulmonary failure.

Modified guidelines for severe rhinitis, removing criteria that pertain to general symptoms that disturb sleep or last three months and adding a criterion for rhinitis that exacerbates preexisting asthma.

Finalization of guidelines on the use of hysterectomies and modifications to existing guidelines on the treatment of benign prostatic hyperplasia and chronic otitis media with effusion.

Added the treatment of seminoma, a testicular cancer, with high dose chemotherapy after bone marrow/stem cell rescue to line 183 of the prioritized list.

Health Outcomes Subcommittee

The Health Outcomes Subcommittee reviewed a list of indications for transplantation published by the United Network for Organ Sharing to determine whether any conditions should be added to the prioritized List. The Subcommittee made recommendations, which were approved by the Commission as interim modifications, to add ICD-9-CM codes to the Prioritized List representing conditions found to be appropriate for solid organ transplantation in addition to those already approved. Further information had been requested as to the effectiveness for certain conditions that could recur after transplantation. Additions were made to the list only for those indications where recurrence does not occur or the time to recurrence would likely be longer than the survival of the transplanted organ. Work continued on the list of ICD-9-CM and CPT-4 codes categorized as “always covered” or “never covered”. The previous four lists were combined into two, representing all diagnosis and treatment codes not appearing on the Prioritized List. Language was agreed upon to accompany groups of codes within these lists representing, for example, ancillary services, diagnostic services, secondary diagnosis codes, administration codes, to reflect the Commission’s intent as to their reimbursement. The Commission hopes to distribute these lists of codes to the managed care plans in conjunction with the start of the new contract period in the fall of 2001.

Mental Health Care and Chemical Dependency Subcommittee

During this fiscal year, the Mental Health Care and Chemical Dependency Subcommittee participated in a focus group discussion to provide input for the Governor’s Mental Health Alignment Workgroup. The Subcommittee also heard a presentation from the Oregon Youth Authority on the prevalence of mental health and substance abuse conditions in the populations they serve, both in custody and those under community supervision. The Subcommittee also passed a recommendation, which the HSC approved, to include an OMAP unique code for subacute non-hospital respite services to all mental health lines on the Prioritized List of Health Services. This code was inadvertently omitted from the list at the previous publishing.

Workgroup on Public Outreach

The Workgroup began preparations for a series of public forums and meetings with stakeholders and advocacy groups to gain public input regarding benefit related issues involved with the expansion of the Oregon Health Plan under House Bill 2519.

Mental Health Services

Policy and Planning

The Mental Health Alignment Workgroup completed a report to Governor John Kitzhaber with recommendations that, if implemented, will move the state towards a better coordinated mental health system. The “ideal” mental health system designed by the Workgroup focuses on early identification, prevention and early intervention, a broad range of treatment services, social supports and recovery.

During this fiscal year Mental Health Services reviewed current capacity for acute inpatient psychiatric care for adults and children. Admissions to acute care have increased steadily during the past 6 years. The most recent capacity concerns have arisen due to the closure of a hospital (Pacific Gateway) in the Portland area. Mental Health Services will continue to work with the Mental Health Organizations (MHOs), staff of community programs, hospital administrators, and other affected stakeholders towards the development of options, as well as discuss the policy implications and costs associated with these alternatives.

Mental Health Services is working with Oregon’s Judicial Department’s Office of the State Court Administrator to plan and develop Integrated Treatment Courts for juveniles and their families. Eight pilot sites will be selected statewide to promote integrated treatment approaches for youth and families who are involved in the juvenile justice system and have underlying mental health and/or chemical dependency issues.

A one-year Targeted Case Management pilot program has been initiated to ensure appropriate, adequate, and effective medication management for OHP members who are prescribed antidepressants and antipsychotics (pharmaceutical class 7 and/or 11 drugs).

A Request for Information (RFI) was released for a Mental Health Organization (MHO) to develop an integrated approach for the delivery of mental health and chemical dependency treatment services for OHP members. MHOs selected to participate in this pilot project will develop policies that promote a service system with improved access for OHP members who require services from mental health and/or chemical dependency treatment programs. This Integrated Mental Health and Chemical Dependency Services Behavioral Health Pilot Project specifically targets service areas where a managed health plan does not currently administer the chemical dependency benefit.

Proposed changes to the 2001-02 MHO Agreement include revisions to the tracking and reporting of complaints and grievances. The definition of “complaints” was clarified to include oral or written communications from OHP members that express dissatisfaction, concerns, or issues about a contractor’s or provider’s operations, activities, or behavior.

Activities and Training

During this fiscal year, Mental Health Services was involved in a variety of training and related activities. These included:

Supported Employment - A report based on a survey of Supported Employment for persons with mental illness was completed February 16, 2001. Supported Employment projects, funded by Mental Health Services, have demonstrated that consumers participating in these projects are able to obtain and maintain jobs over a significant period of time, resulting in decreased dependency costs to society while advancing consumer self-sufficiency.

Working with Clients with Acquired Brain Injury: Basic Skills and Beyond - In collaboration with the Seniors and People with Disabilities (SPD), a training conference was held in March with a focus on working with clients with acquired brain injuries. Participants discussed treatment approaches, case management strategies, and how to work with families of brain injured clients.

Mental Health Services continues to work with Community Access Programs to encourage applications for federal housing grants available to develop housing for clients with chronic mental illness.

Mental Health Services continues to meet with Children, Adults and Families (formerly State Office for Services to Children and Families) to discuss and problem solve systems issues for children jointly services by the mental health and child welfare systems, particularly those children served in Behavioral Rehabilitation Services (BRS) programs.

Personal Care Services Program - Staff provided training for Mid-Valley Behavioral Care Network on the 20-hour monthly Personal Care Services program. This program is designed to assist families to keep children with psychiatric disabilities at home supported with an array of community wraparound services.

Recommendations from the Dual Diagnosis Task Force - Staff continues to work on the development of performance indicators, outcome measurement tools and quality improvement projects for dual diagnosis services. Differences in how data is collected and reported are areas of focus, as well as barriers to developing quality improvement activities.

Early Psychosis Intervention Project - Mid-Valley Behavioral Care Network, with service areas in Marion, Polk, Yamhill, Linn, and Tillamook counties, has initiated a pilot project to identify people in the early stages of illness. Nine mental health agencies are involved in the project with a long-term goal of moving people towards a recovery orientation.

Housing and Homelessness - Mental Health Services cosponsored the 14th Annual Statewide Conference Addressing the Issues of Housing and Homelessness in April 2001. Participants attended workshops on the housing needs for persons with mental illness and substance abuse disorders, rehabilitation and housing issues for corrections clients, and projects for homeless children and families. Current research indicates that social supports, such as housing, have a significant impact on the ability of a person with a mental health disorder to attain and maintain a state of recovery. Oregon was one of the first states to develop a funding mechanism for supported housing for mental health consumers. Local mental health programs work with consumers to find and maintain placement in supported housing, independent apartments, or other specialized housing services.

Benefit Package

Mental Health Services is currently reviewing capitation payments made to MHOs under the current MHO Agreement. Amendments will be issued to most MHOs to increase the "not-to-exceed" amount in the contract. These changes are necessary due to an unpredicted increase in enrollees. Mental Health is working with budget staff to develop a tracking protocol to better track these amounts.

The MHO Data/Technical Workgroup developed a standardized format for the tracking and reporting of prevention, education, and outreach activities provided by MHOs for their enrolled members. The Workgroup made a recommendation for the MHOs to collect sample data using this format to determine the feasibility of incorporating the form into the MHO Agreement.

Monitoring and Evaluation

Mental Health Services completed a survey of Supported Employment Services for Persons with Mental Illness in May 2001. The data shows that supported employment providers have demonstrated the ability to help consumers obtain and maintain entry-level jobs thereby decreasing dependency costs to communities. The data also indicates that only 16% of respondents have any type of private health care sponsorship, so many remain on the OHP.

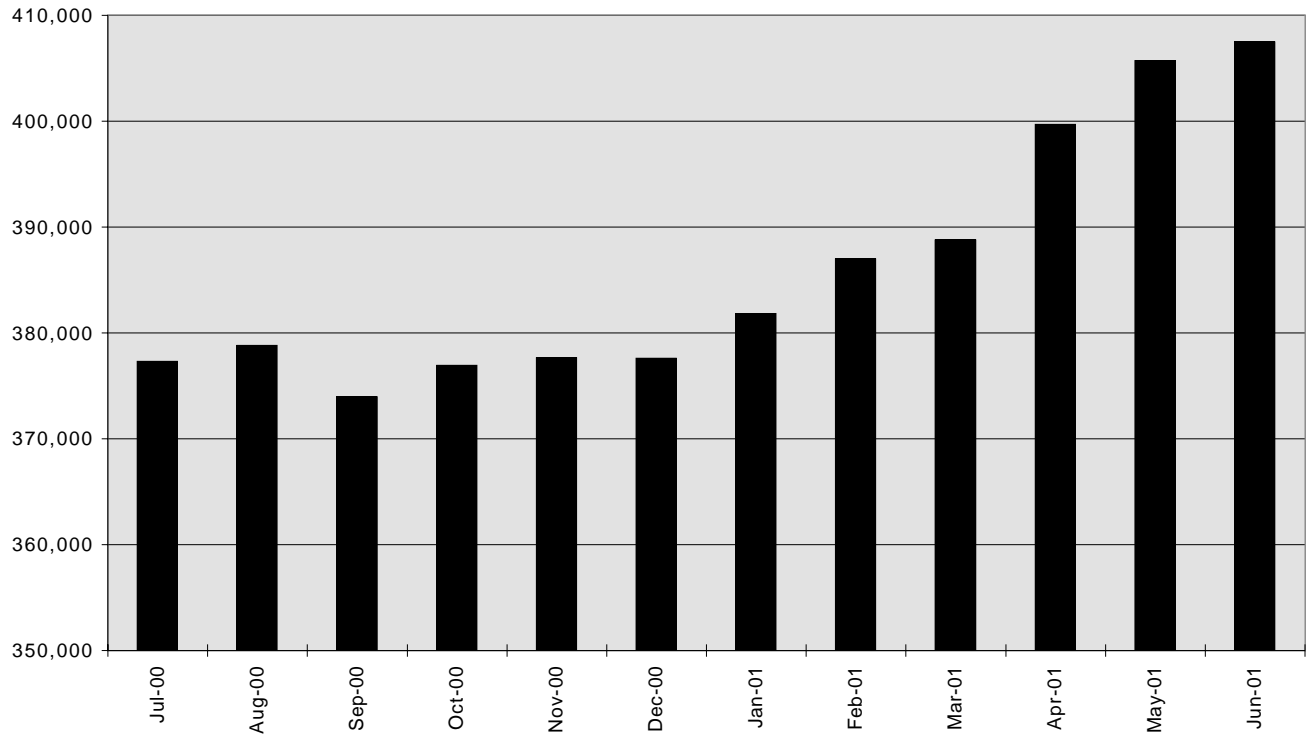
DHS Audit and Evaluation Unit is in the process of conducting a MHO encounter data audit for completeness and accuracy. A cost analysis to study provider's billing and cost allocation procedures will be included in the audit.

Mental Health is in the process of finalizing policies and protocols for conducting an on-site evaluation of MHOs. The purpose of the reviews will be to assess the level of MHO compliance with contractual requirements; to provide technical assistance, and to identify implementation and system needs, as well as areas for training; to assist in the development of future contract modifications; and to assist Mental Health in the development of system-wide quality improvement activities. On-site visits will begin in the fall of 2001.

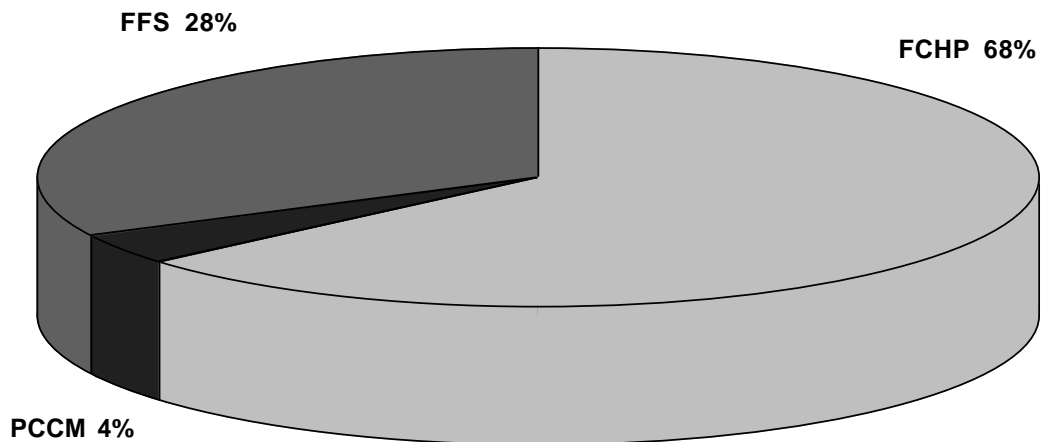
Eligibles and Enrollment

Total eligible persons on the Oregon Health Plan each month during the period July 2000 through June 2001 are shown below.

Oregon Health Plan Eligibles Fiscal Year 2000-2001



Categories for enrollment of Oregon Health Plan members include: 1) members enrolled in a fully capitated health plan (FCHP), 2) members whose health care is overseen by a primary care case manager (PCCM), and 3) members who receive health care on a fee-for-service (FFS) basis. Managed care enrollment during this fiscal year averaged around 72% (FCHP and PCCM), as shown below.



Premiums and Waivers

Between the period July 1, 2000, and June 30, 2001, OMAP billed a total of \$8,043,824 in premiums for members of the Oregon Health Plan. Of that amount, \$4,715,458 was collected. There were 58,186 premium payments waived during the reporting period. Detailed information is shown in the following tables.

OHP Monthly Premium Billing and Payments			
July 2000 - June 2001			
Quarter	Households	Total Billed	Total Receipts
3Q00	224,554	\$2,189,804	\$1,564,054
4Q00	221,859	\$2,154,323	\$1,515,190
1Q01	183,244	\$1,288,123	\$805,778
2Q01	203,202	\$2,411,574	\$830,436
Totals	832,859	\$8,043,824	\$4,715,458

Premium Waivers					
June 2000 - July 2001					
Waiver Type	3Q00	4Q00	1Q01	2Q01	Totals
Zero Income	7534	7514	8529	8816	32,393
Case Discrepancy*	4180	4247	5027	4885	18,339
Crime Victim	35	39	53	54	181
Domestic Violence	514	477	552	607	2,150
Homeless	989	1111	1314	1373	4,787
Natural Disaster	28	46	37	139	250
Death in Family	17	21	29	19	86
Totals	13,297	13,455	15,541	15,893	58,186

*Case Discrepancy is primarily used when client has made late payment and the billing office can confirm receipt prior to automated updates by systems.

Service and Information

Telecommunications and Applications

During this fiscal year the Telecommunications and Application Center, operated by Inside Oregon Enterprises at Oregon State Correctional Institution, answered over 350,000 calls from medical providers, OHP members and potential members, and the public. Over 152,000 new applications for the Oregon Health Plan were mailed, as well as over 194,000 redeterminations (current members who are reapplying for benefits). Totals per quarter are shown in the chart below.

OMAP Telecommunications and Application Center					
July 2000 - June 2001					
	3Q00	4Q00	1Q01	2Q01	Total
OMAP Telecommunications					
Calls received	28,702	28,551	29,692	33,456	120,401
Calls answered	27,380	27,753	28,132	31,937	115,202
Calls abandoned	1,322	798	1,560	1,519	5,199
Transferred*	19.2%	20.2%	18.5%	16.8%	18.7% avg
Avg calls/agent qtr	2,281	1,850	2,184	2,953	2,317 avg
OHP Application Center					
Calls received	67,399	58,820	67,358	56,546	250,123
Calls answered	64,328	56,616	60,204	54,999	236,147
Calls abandoned	3,071	2,204	7,154	1,547	13,976
Transferred*	3.8%	4.1%	5.6%	8.2%	5.4% avg
Avg calls/agent qtr	3,807	3,331	5,017	3,248	3,851 avg
Applications req'd	39,624	35,541	39,131	37,953	152,249
Redeterminations mailed	49,289	45,317	49,833	49,793	194,232

* Some calls are transferred to OMAP Central Provider Services or OHP Central.

Client Advocate Services

The Client Advocate Services Unit answered over 31,000 calls from OHP members or their representatives during the period July 2000 through June 2001. The numbers and types of calls received are shown in the chart below.

Client Advocate Services Unit Calls				
July 2000 - June 2001				
	3Q00	4Q00	1Q01	2Q01
Issue	Calls			
Application issues	462	276	206	186
Billing problems	1199	1166	1466	1577
Address change requests	198	149	123	165
Chemical dependency services	49	34	48	64
Dental services	420	416	501	642
Durable medical equipment	109	139	151	221
Eligibility issues	1018	791	1323	1370
Health plan enroll/disenroll requests	719	745	809	677
Home health/private duty nursing	9	5	5	8
Medical ID questions	432	398	316	383
Medical service quality issues	Type of inquiry not tracked until Second Quarter 2001			1499
Mental health services	173	170	216	192
Pharmacy services	434	463	601	741
Premium issues	220	215	284	329
Prenatal care	Type of inquiry not tracked until Second Quarter 2001			49
Primary care access	661	733	505	309
Specialty care access	404	379	429	584
Speech/hearing services	19	14	20	42
Transportation services	31	34	41	44
Vision services	228	179	304	363
Other issues	578	338	343	519
TOTAL	7363	6644	7691	9964

Outreach activities during the year included a total of 10 training sessions for contracted OHP Outreach Facilities, as well as quarterly outreach meetings.

Communications

During this fiscal year, Communication Unit staff were responsible for implementing the programming and administrative process for providing alternate format versions of agency materials to OHP members with an identified alternate format need. Through this process, OHP members are now able to receive informational materials in braille, audio tape, large print, computer disk, or oral presentation. This includes Medical Identification cards and OHP Application materials.

The Communications Unit is also responsible for much of the administrative process for the notification, filing, and publishing of administrative rule changes for OMAP. During this fiscal year there were program changes in the majority of program areas governed by OMAP effective for October 2000 and April 2001. Communications staff ensured that these rule changes were incorporated into OMAP Provider Guides for each program area, and that these updates were printed and distributed appropriately.

Among other activities during the annual report period, the Communications Unit:

Developed a database that will be used for tracking projects related to the Health Insurance Portability and Accountability Act (HIPAA).

Distributed client informational notices advising OHP Members about materials available on the OMAP Website and how to handle bills they might receive for health care services.

Notified providers about a new claims processing procedure for HCFA-1500's.

Notified providers about the Electronic Eligibility Verification Service (EEVS) with contacts for EEVS vendors.

Added a variety of new sections to the OMAP Website including, "Demographics and Eligibles", "Prevention", "Provider Alerts" and "Provider Billing Tips", "Children's Health Insurance Program", "HIPAA News", "Medical Worker Information", "State Plan" and "Administrative Rules". A section was also added this year for OMAP and OHP Forms that is designed for use by providers, partners, and clients. The Website is continuously updated to provide the latest information available to OMAP staff, medical providers, other agencies, OHP members and the general public.

System and Encounter Data

Encounter Data Review

OMAP established an Encounter Data Review Group that includes managed care plans in an effort to improve the quality of data and to ensure completeness. The group is addressing diagnosis and procedure coding issues, data anomalies, expected ratios of complicated conditions, and expected quantity distribution. OMAP is comparing the data submitted by plans with capitated providers and those that providers pay fee-for-service for completeness. Managed care plans support this ongoing review and validation because it ensures better data is used for rates and risk adjustment.

Duplicate Claims

During this fiscal year the Encounter Data Department identified the need for a means to identify duplicate claims as current computer edits were not working consistently. Staff were charged with developing and implementing a Duplicate Claims Report as a tool to be used by both the managed care plans, as well as OMAP, to more readily identify when a duplicate claim has been submitted and which claim needs to be deleted from the payment system.

Rate Setting FTP Site

OMAP developed a rate setting file transfer protocol (FTP) site for managed care plans. The FTP site is a snapshot in time of the usable claims during the Rate Setting period which is July 1, 1999 through June 30, 2001. This FTP site is updated on a monthly basis to allow the plans visibility to the usable claims that will be used to determine their rates. This is the first time managed care plans (MHOs and DCOs) have had access to their raw data for analysis.

MMIS Conversion and HIPAA Compliance

OMAP staff are actively involved in the process to convert the Medicaid Management Information System (MMIS) to a HIPAA compliant system. OMAP is working with managed care plans and several statewide organizations in various workgroups to resolve issues and explore a smooth transition.

A variety of activities are taking place within the Encounter Data department in support of the HIPAA regulation efforts including a review of the new HIPAA standards and steps necessary for creating the crosswalk from the former system.

Monitoring and Research

*Project: **PREVENTION!***

The Project: **PREVENTION!** Task Force has continued to meet during this fiscal year with primary focus on tobacco cessation, the Oregon Quit Line, and Early Childhood Cavities Prevention (ECCP). They have also addressed other prevention topics including asthma, diabetes, and chronic disease management.

Early 2001 the ECCP Steering Committee responded to the Project: **PREVENTION!** Task Force with recommendations about fluoride varnish application. They also received a report from the National Governors Association, Oregon Contingency, on the state of pediatric oral health in Oregon with Oregon's objectives in this regard. These include community water fluoridation, stabilization of the dental workforce expansion, integration of oral health policy into comprehensive health care, and grant and waiver funding. The ECCP Steering Committee continued discussion of fluoride varnish application in the ECCP guidelines.

During this fiscal year, the ECCP Steering Committee assisted the Oregon ECCP Coalition Education/Training Subcommittee in developing a statewide ECCP Training agenda for OHP managed care plans and provider panels. This three hour training was presented to health plan medical and dental directors, as well as OMAP Quality Improvement staff, in June 2001. Feedback from the initial training will be used to streamline the information for eight additional provider ECCP trainings scheduled throughout Oregon for the fall and winter 2001.

Survey

During this annual report period the Medical Transportation Steering Committee developed and approved the Tri-Met Medical Transportation Client Satisfaction Survey questionnaire. The Steering Committee contracted with a survey vendor to implement the survey, which occurred in early 2001. Preliminary results have been compiled and will be available late in the third or fourth quarter 2001.

A Consumer Assessment of Health Plan Survey (CAHPS) was originally initiated in May with vendor selection and contract negotiations following. The survey is expected to be fielded August 2001, with preliminary results available later in the year.

Performance Measures

During this reporting period OMAP staff continued to work on performance measures drawn from OMAP encounter/administrative data utilizing the Health Plan Employer Data and Information Set (HEDIS®) performance measurements developed by the National Committee on Quality Assurance (NCQA).

Health Plan performance measures for prenatal care, diabetes and immunization rates for two year olds: A comparison of plan-submitted performance measures for contract year 1999-2000, utilizing HEDIS® measurements, was completed. Health Plans are currently submitting data for the 2000-2001 contract year. OMAP's research unit provided the managed care plans with technical assistance by phone, email, and on-site visits. OMAP is working in collaboration with the state's immunization registry (ALERT) to coordinate collection of immunization data for the plans.

Dental Plans performance measures: OMAP provided Dental Care Organizations with their continuous enrollment denominators for this pilot year in collecting dental performance measures.

Quality Improvement Evaluations

During fiscal year 2000-2001, Quality Improvement Evaluations focused on education, community partnerships, prevention, and compliance with OHP administrative rules and contracts, with an emphasis on services for OHP members who are disabled, over the age of 65 or in the care of Children, Adults, and Families (formerly State Office for Services to Children and Families) or the Oregon Youth Authority. OMAP's Evaluation Team conducted on-site reviews for a total of 17 managed health care and dental plans.

Other QI Activities

Department of Human Services **Depression Taskforce Pilot Projects** are now activated in both Josephine County and the Southeast Region of the state. OMAP, Mental Health and Senior & People with Disabilities staff are all involved in this project.

Challenging Behaviors of Clients Workgroup has developed guidelines for referral of cases to the workgroup. These have been sent to managed health care and dental plans.

Hearings

Fiscal year end totals reflect 591 hearing requests received during the period July 2000 through June 2001, with 180 hearings actually held. This was an increase from the previous year totals of 442 hearing requests. For this fiscal year there were 392 hearings dismissed prior to the actual hearing date, up from 283 for the previous year.

Medicaid Audit

In February 2001, the Medicaid Audit function was transferred within the Department of Human Services Director's Office, moving from the Office of Medical Assistance Programs to the Audit and Consulting Services Section. The Audit Team conducted 369 audit screenings and collected a total of \$1,381,787 during fiscal year 2000-2001. Totals for each quarter are shown in the chart below.

Medicaid Audit				
July 2000 - June 2001				
Quarter	3Q00	4Q00	1Q01	2Q01
# of Audits	94	137	58	80
\$ Collected	\$582,508	\$156,252	\$572,021	\$71,000

