

Oregon Health Plan

Section 1115 Quarterly Report



10/1/2022 – 12/31/2022

Demonstration Year (DY): 21 (10/1/2022 – 9/30/2023)

Demonstration Quarter (DQ): 1

Federal Fiscal Quarter (FQ): 1/2023

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I. Introduction

A. Letter from the State Medicaid Director

During this quarter, the Oregon Health Authority (OHA) continued to work with our partners in the Medicaid system to meet our program goals and statewide health equity goals. With the renewal and approval of new authorities in Oregon's 1115 Demonstration waiver occurring in the last quarter, partner education, engagement and implementation planning were a major focus of this period. Oregon's waiver team held *Waiver Days*, in English and Spanish, for partners and community members to learn more about what was approved, what changes occurred from application submission through the negotiations with the Centers for Medicare & Medicaid Services (CMS), and timelines and to ask questions.

In the latter half of this quarter, OHA leadership began briefing sessions with Governor-Elect Kotek's transition team, relayed proposed implementation timelines and responded to questions. Early in the next quarter, work will begin with the new administration to align policy priorities within the overall parameters of the approved waiver.

Dana Hittle, State Medicaid Director

B. Demonstration description

On September 28, 2022, CMS approved Oregon's renewed 1115 Demonstration waiver, which is effective from October 1, 2022, to September 30, 2027. This most recent approval included significant eligibility expansion authority as well as new services for individuals who have health-related social needs (HRSN) and are experiencing life transitions. Collectively, these reforms are expected to further OHA's goal to eliminate health inequities by 2030 by connecting underserved populations with effective health care and supports.

Several of Oregon's proposals are still being negotiated with CMS. These provisions include Tribal-related requests, a limited Medicaid benefit package for individuals in a carceral setting, and community investment collaboratives to fund local health equity efforts.

Voluminous and complex changes are included in the waiver, impacting many populations and creating new opportunities to address historical health inequities. Children who are enrolled in Medicaid at any time prior to their 6th birthday will remain enrolled until age 6. People over age 6 will automatically remain enrolled for two years (instead of one). These eligibility changes help members remain covered longer and be less likely to lose coverage because of short-term changes in eligibility, e.g., temporary income fluctuations.

The approved waiver includes some benefit changes for youth. All federally required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children and youth to age 21 will be available. Additionally, for youth with special health care needs (YSHCN), eligibility criteria will allow access to expanded benefits, including EPSDT, until age 26.

The waiver also includes significant and nationally innovative service expansions for target populations. Effective 2024, Oregon will provide HRSN benefits (such as housing and nutrition services) to people who are experiencing specific transitions in their lives. Eligible populations include the following:

- YSHCN aged 19 – 26
- Youth who are child welfare involved, including those leaving foster care at age 18
- People who are experiencing homelessness or at risk of homelessness
- Older adults who have both Medicaid and Medicare health insurance
- People being released from custody
- People at risk of extreme weather events due to climate change

Under the new waiver, Oregon Health Plan (OHP) members will get increased care and social supports in more situations. OHA is committed to working collaboratively with Tribal governments, communities of color and members of other historically underserved populations to design a benefit and implementation approach that expands health care access and quality and improves the lifelong health of everyone in Oregon.

C. State contacts

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II. Title

Oregon Health Plan Section 1115 Quarterly Report
Reporting period: 10/1/2022 – 12/31/2022
Demonstration Year 21—Quarter 1
Federal Fiscal Year 2023—Quarter 1

III. Executive Summary

This quarterly report summarizes OHA activities for Demonstration Year 21 Quarter 1 from October 1, 2022, through December 31, 2022. This quarter focused primarily on a statewide overview of progress toward operationalization of the approved waiver demonstration. The report includes implementation updates as well as summary reports regarding key Oregon Medicaid programmatic areas.

Significant accomplishments and milestones include, but are not limited to, the following:

- Improved CCO financial performance
- Approval to expand Medicaid eligibility to YSHCN
- Submission of the required maintenance of effort (MOE) process and the Oregon Provider Payment Rate Increase Assessment to CMS, which will expand access to HRSN-related supports

A. Enrollment progress

1. OHP eligibility

Title XIX and Title XXI enrollment numbers have continued to steadily climb as eligibility protections related to the COVID-19 Public Health Emergency have remained in place.

Of note, Title XXI enrollment continues to increase at slightly higher-than-normal rates. This is partially because, as families with Title XIX children experience income increases that put children above the Title XIX income range, children are moved into Title XXI as the uppermost available program while their coverage remains active for the remainder of the Public Health Emergency period.

Additionally, the Federally Facilitated Marketplace (FFM) open enrollment period commenced, for which new Medicaid and Children's Health Insurance Program (CHIP) referrals were processed. For new FFM referrals, if Medicaid or CHIP is approved, coverage generally starts as of the referral month.

2. CCO enrollment

Total CCO enrollment for October 2022 – December 2022 grew by 2.5% across all plan levels (CCOA, CCOB, CCOE, CCOG). Specific CCO membership growth ranged between 1.5% and 3%, except for Trillium Community Health Plan in the Portland metro Tri-County area, which continued to experience greater enrollment growth at 12.3% as it continued to establish itself in this new market.

Across the 16 CCOs, there are 48 unique CCO-county service areas. To provide context for geographic variability in membership growth trends, please see the table below.

DY21 Q1 (Oct – Dec 2022) Member Growth Zone	CCO Service Areas
Greater than 5.001%	1
3.00% – 4.99%	1
2.00% – 2.99%	10
0.00% – 1.99%	4
Reduction in enrollment	0

Overall enrollment growth was lower than in the previous quarter but slightly higher than in the same period in 2021. Please see the table below for a comparison of enrollment growth across all quarters.

DY19Q2 10/20 – 12/20	DY19Q3 1/21 – 3/21	DY19Q4 4/21 – 6/21	DY20Q1 7/21 – 9/21	DY20Q2 10/21 – 12/21	DY20Q3 1/22 – 3/22	DY20Q4 4/22 – 6/22	DY20EP 7/22 – 9/22	DY21Q1 10/22 – 12/22
3.9%	3.5%	2.4%	2.2%	2.4%	2.6%	1.4%	2.9%	2.5%

OHA waived the requirement to limit each CCO's enrollment to the county limit(s) and grand total limit listed in its contract to mitigate enrollment challenges during the pandemic. This requirement was initially established for CCO contract year 2020, was extended for contract year 2021 and has since been extended through contract year 2022 (December 31, 2022).

Between October 2022 and December 2022, six CCOs required adjustments above their 2022 contract limit in 27 county service areas in order to sustain auto-enrollment algorithms. This was

mostly due to adding a significant number of members to the CCOs as these members transitioned from fee for service (FFS) to CCOF (dental services).

B. Benefits

The Pharmacy & Therapeutics (P&T) Committee:

The P&T Committee developed new or revised prior authorization (PA) criteria for the following: oncology agents; orphan drugs; targeted immune modulators; multiple sclerosis oral agents; calcitonin gene-related peptide (CGRP) inhibitors; hepatitis C, direct-acting antiviral (DAA); pulmonary arterial hypertension; Alzheimer's disease; topical antiparasitic agents; EPSDT; sedatives; growth hormones; long-acting beta-agonist/corticosteroid combination (LABA/ICS); long-acting muscarinic antagonist/long-acting beta-agonist (LAMA/LABA) and LAMA/LABA/inhaled corticosteroid (LAMA/LABA/ICS) combinations; retire the ICS/LABA specific PA; antivirals-influenza; and topical agents for inflammatory skin conditions.

The committee also recommended the following changes to the preferred drug list (PDL): designate Combivent® Respimat® and Incruse® Ellipta® preferred; Cosentyx® preferred; Aimovig® preferred and Emgality® non-preferred; branded Epclusa® non-preferred; donepezil, rivastigmine, memantine and Namzaric® preferred; Soolantral® and Vanalice™ non-preferred; Nutropin AQ® Nuspin non-preferred; Combivent® Respimat non-preferred and Spiriva® Respimat preferred; Zoryve™, Vtama® and tazarotene gel non-preferred.

Health Evidence Review Commission (HERC): For the October – December 2022 time period, the Notification of Interim Changes for the January 1, 2023, Prioritized List was published December 1, 2022. Errata to the prioritized list were published December 13 and December 19, 2022.

C. Access to care

This information will be updated in the annual monitoring report.

D. Quality of care

This information will be updated in the annual report.

E. Complaints, grievances and hearings

1. CCO and FFS complaints

The information provided in the charts below is a compilation of data from the current 16 CCOs and FFS data.

Trends

	Jan – Mar 2022	Apr – Jun 2022	Jul – Sep 2022	New: Oct – Dec 2022
Total complaints received	4,262	4,398	4,938	4,402
Total average enrollment	1,452,054	1,475,164	1,514,019	1,533,995
Rate per 1,000 members	2.94	2.98	3.26	2.87

Statewide Rolling 12-Month Complaint Totals

Complaint category	Jan – Mar 2022	Apr – Jun 2022	Jul – Sep 2022	New: Oct – Dec 2022
Access to care	1,559	1,618	1,990	1,676
Client billing issues	381	416	411	392
Consumer rights	344	436	386	314
Interaction with provider or plan	1,256	1,277	1,337	1,329
Quality of care	549	510	596	496
Quality of service	173	141	218	195
Other	0	0	0	0
Grand Total	4,262	4,398	4,938	4,402

Barriers

CCO data illustrate that the number of complaints reported for the October – December 2022 quarter shows a 10.9% decrease from the previous (July – September 2022) quarter. The access to care category continues to have the highest number of complaints, with a 15.8% decrease from the previous quarter. The interaction with provider or plan category remained relatively steady for the number of complaints compared with the previous quarter, with a 0.6% decrease. Quality of care continues to be the third-highest category of complaints, with a 16.8% decrease from the previous quarter.

FFS data continue to show that the highest number of complaints are billing issues, with quality of care issues being the next-highest category.

Interventions

Under the managed care delivery system, CCOs report that nonemergency medical transportation (NEMT) issues continue to be where the highest number of complaints are filed. CCOs are continuing

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to work with their NEMT providers to increase communication about NEMT issues and ensure NEMT providers are performing as required under their contracts. CCOs report that the implementation of automated systems, increased communication and listening to community input are helping to address complaints. According to some CCOs, NEMT brokerages are continuing to hold town halls with members, providers and stakeholders. Some CCOs are reporting that the driver shortage is beginning to ease.

Dental issues continue to generate a high number of complaints. Some CCOs report they are continuing to work with dental offices to help resolve scheduling and communication issues to improve services.

CCOs have established committees and task forces specifically to address provider capacity within their networks. CCOs are also improving their auditing processes to ensure services are delivered in a timely manner and that member grievances are being forwarded to the CCOs. CCOs continue to report that they are increasing care coordination, providing more health navigators to assist members in making appointments and attending appointments, and taking other steps to improve services to members. Some CCOs report establishing committees to improve the member experience. CCOs report that they continue to monitor trends and work to improve services to their members.

Under the FFS delivery system, 206 complaints were received from members during this quarter. An additional 597 records were identified as calls received from members enrolled in CCOs. These calls were referred to the appropriate CCO. There were 150 complaints from members enrolled in dental care organizations (DCOs). Informational calls (9,178) were received asking for a variety of information, such as information about member coverage, CCO enrollment and how to request ID cards.

2. CCO Notice of Adverse Benefit Determinations and Appeals (NOABD)

NOABD

The following table lists the total number of NOABDs issued by CCOs during this quarter. The NOABDs are listed by reason, as per 42 C.F.R. 438.400(b)(1 – 7), and are the total number of NOABDs issued, regardless of whether or not an appeal was filed. During this quarter, CCOs report that the highest number of NOABDs issued were pharmacy-related, followed by specialty care and diagnostics. CCOs report that eligibility remains one of the most common reasons for denials. Some CCOs are working to provide information about OHP members who are terminating to assist providers in reducing confusion and requests for services that will end in denials. CCOs continue to monitor NOABDs to ensure written notices are sent to members in easily understood language and include the appropriate citations. CCOs report instituting processes related to tracking for timeliness, as well as reviewing for utilization and appropriateness of care, to ensure NOABDs are issued appropriately and timely.

Notice of Adverse Benefit Determination (NOABD)	Jan – Mar 2022	Apr – Jun 2022	Jul – Sep 2022	Oct – Dec 2022
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a) Denial or limited authorization of a requested service	26,862	28,669	26,379	25,077
b) Single pre-paid health plan (PHP) service area, denial to obtain services outside the PHP panel	835	680	658	709
c) Termination, suspension or reduction of previously authorized covered services	109	126	73	79
d) Failure to act within the time frames provided in Section 438.408(b)	9	9	12	19
e) Failure to provide services in a timely manner, as defined by the state	82	101	52	60
f) Denial of payment at the time of any action affecting the claim	54,606	52,775	56,727	57,162
g) Denial of a member's request to dispute a financial liability	0	0	0	0
Total	82,503	82,360	83,901	83,106
Number per 1,000 members	70.03	68.43	67.66	66.00

CCO Appeals

The table below shows the number of appeals the CCOs received during the October – December 2022 quarter. CCOs report that the highest number of appeals were for pharmacy services. Outpatient services was the next most common category of appeals, with specialty care the third most common category. CCOs review the overturn rates, which prompts more in-depth discussions and reviews, monitoring, and process changes. Some CCOs report that peer reviews with providers are resulting in service improvements. CCOs report they are continuing to implement activities such as staff education and monitoring for providers to improve understanding of the appeal process. CCOs also report working with members to assist them in finding needed services or alternative covered options.

CCO Appeals	Jan – Mar 2022	Apr – Jun 2022	Jul – Sep 2022	Oct – Dec 2022
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a) Denial or limited authorization of a requested service	1,072	1,193	1,159	1,016
b) Single PHP service area, denial to obtain services outside the PHP panel	34	22	34	16
c) Termination, suspension or reduction of previously authorized covered services	2	5	2	0
d) Failure to act within the time frames provided in Section 438.408(b)	0	0	0	0
e) Failure to provide services in a timely manner, as defined by the state	0	0	0	3
f) Denial of payment at the time of any action affecting the claim	244	331	433	396
g) Denial of a member's request to dispute a financial liability	0	0	0	0
Total	1,352	1,551	1,628	1,431
Number per 1,000 members	1.15	1.29	1.31	1.14
Number overturned at plan level	401	524	579	471
Appeal decisions pending	8	0	1	5
Overturn rate at plan level	29.7%	33.78%	35.57%	32.91%

CCO and FFS Contested Case Hearings

The following information is a compilation of data from 16 CCOs, five DCOs¹ and FFS.

¹ In every quarter, there is an overlap between processed cases and those received. For instance, cases processed and resolved in October of 2022 may be cases OHA received as far back as July and August of 2022.

FFS members¹ may be enrolled in a DCO for dental coverage.

During the first quarter (October 1, 2022 – December 31, 2022), the OHA received 186 hearing requests related to the denial of medical, dental and behavioral health services, including NEMT. Of those received, 162 were from CCO-enrolled members, and 24 were from FFS members.

Of the cases, 187¹ were processed and resolved. The table below shows the outcomes of these cases, some of which were decided after an administrative hearing.

OHA dismissed 94 cases that were determined to be not-hearable cases. Of the not-hearable cases, 70 were forwarded to the member's respective CCO to process as an appeal. Per Oregon Administrative Rule, OHP members must exhaust their appeal rights at the CCO level and receive notice of appeal resolution (NOAR) before they can request a contested case hearing at the state level. Hearing requests received by OHA prior to the appeal being exhausted are dismissed as not hearable with a letter to the member explaining their appeal rights through the CCO and their hearing rights after receiving an NOAR.

Of the 93 cases that were determined to be hearable, 25 were approved prior to hearing. Members withdrew from 30 cases after an informal conference with an OHA hearing representative. Twenty-four cases went to hearing, where an administrative law judge upheld the OHA or CCO decision, and 12 cases were dismissed for the member's failure to appear. The administrative law judge reversed the decision stated in the denial notices in one case during this quarter and set aside the denial notices in one case.

Outcomes of Contested Case Hearing Requests Processed

Outcome Reasons	Count	% of Total
Decision overturned prior to contested case hearing	25	13%
Client withdrew request after pre-hearing conference	30	16%
Dismissed by OHA as not hearable	94	40%
Decision affirmed*	24	13%
Client failed to appear*	12	6%
Dismissed as non-timely	0	0%
Dismissed because of non-jurisdiction	0	0%
Decision reversed*	1	1%
Set aside*	1	1%
Total	187	

* Resolution after an administrative hearing.

Related Data

Reports are attached separately as an appendix.

F. CCO activities

1. New Plans

Oregon awarded 15 CCO contracts under a procurement conducted in 2019. All of the CCOs are previously existing plans, one of which was approved to expand into two new service areas. CCOs began serving members under the terms of the new contract, effective January 1, 2020.

One of the previously existing plans—Trillium Community Health Plan—had applied to continue in its historical Lane County service area and to expand into Clackamas, Multnomah and Washington Counties (the Tri-County). OHA denied Trillium a notice to proceed in the Tri-County and gave until June 30, 2020, for Trillium to demonstrate a sufficient provider network in the Tri-County, or that service area would be removed from its contract. On August 14, 2020, OHA approved Trillium's expansion into the Tri-County, effective September 1, 2020. This expansion was subject to a Corrective Action Plan (CAP), effective March 5, 2021; the CAP was closed on May 31, 2022.

2. Provider Networks

Nothing to report for this quarter.

3. Rate Certifications

OHA pays CCOs to cover individuals eligible for Medicaid using capitation rates. Capitation rates set the levels of predetermined payments that depend on each individual's OHP eligibility status and are paid to CCOs on a monthly basis, dependent on enrollment.

These capitation rates are developed and certified by OHA's contracted actuaries on a yearly basis. The process and methodology used to develop capitation rates are governed by federal and state regulations. CMS requires Oregon's capitation rates be actuarially sound and follow applicable Actuarial Standards of Practice, which are developed by the Actuarial Standards Board.

OHA has begun the planning of the HRSN billing and the fee schedule methodology for services related to HRSN.

OHA delivered the final CY23 CCO rate package to CMS, which included the Oregon CY23 rate certifications and contract rate sheets. OHA continues to monitor the COVID-19 pandemic closely and is working with CCOs in partnership to maintain our health care system.

4. Enrollment/Disenrollment

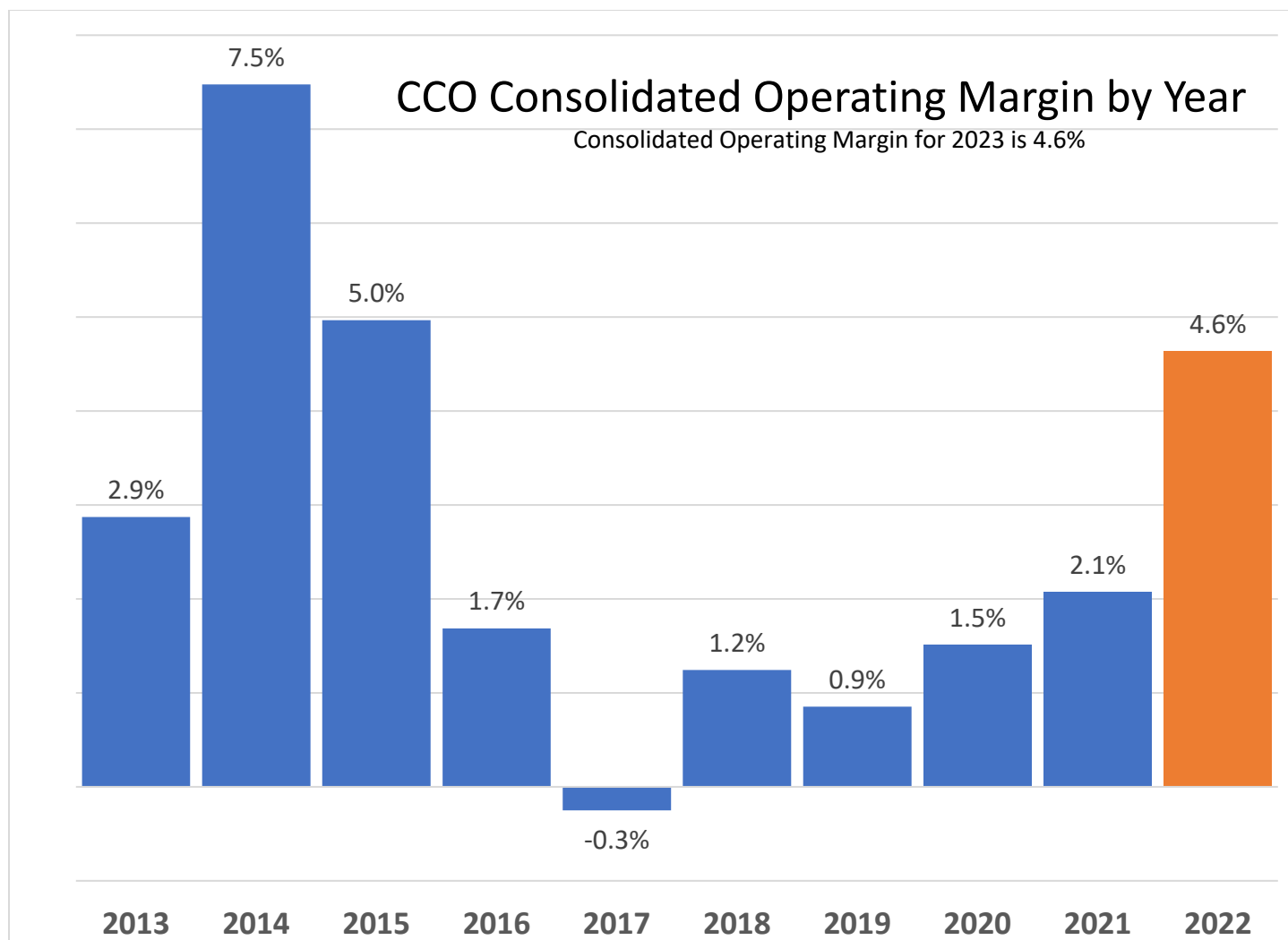
All significant enrollment and disenrollment trends are discussed in other sections of this report and in Appendix A.

5. Contract Compliance

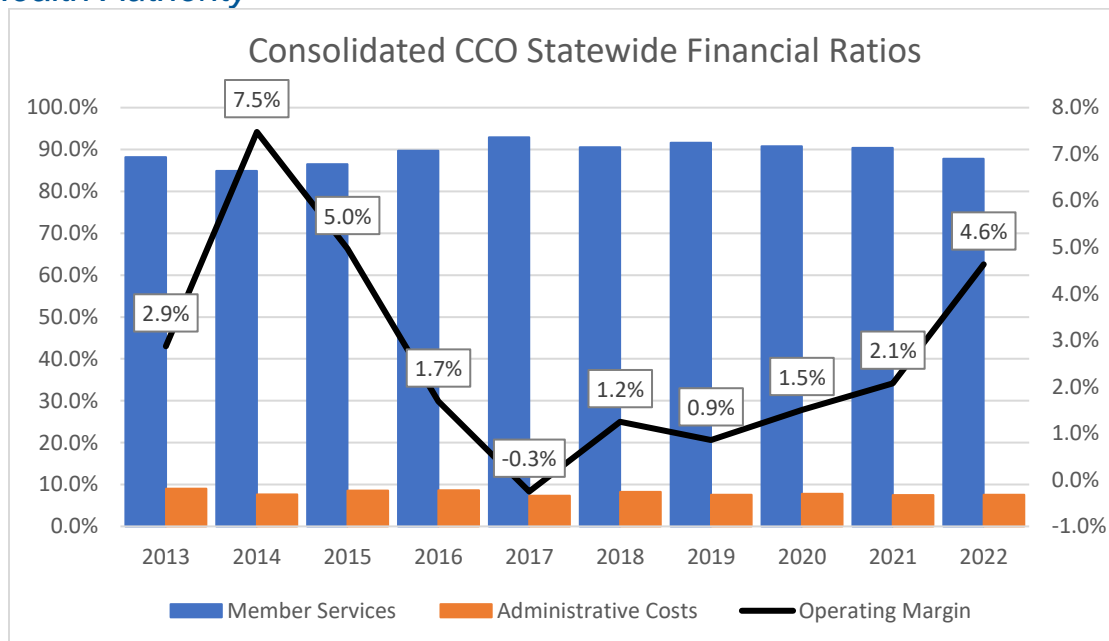
There are no additional issues with CCO contract compliance aside from those discussed in subsection 7 (CAPs) of this section.

6. Relevant Financial Performance

CCOs achieved a statewide operating margin of 4.6% for the year ended December 31, 2022. This is an increase from prior years and a significant margin for the CCOs, as their membership has increased since March 2020. However, this may trend downward in the coming months due to redeterminations of members since the end of the Public Health Emergency.



CCO member services ratio (MSR) is a key financial metric that calculates the cost of services a CCO provides to its members (including medical, behavioral, dental and health-related services; reinsurance premiums and recoveries; and other adjustments) as a percentage of total revenue. A breakdown of key statewide financial ratios by year indicates that the member services component as a percentage of the payments that CCOs received has remained relatively consistent year over year, with a statewide minimum medical loss ratio (MLLR) of 85% as the benchmark for all CCOs to avoid a rebate. Member services spending across all CCOs for 2022 was 87.8%. In 2021, the consolidated percentage for all CCOs was 90.4%. Administrative costs of 7.6% for 2022 are in line with the prior year average, which was 7.5%.



In 2022, five of the 16 CCOs met or exceeded the 85% target for MSR, a key indicator for MMLR. However, CCOs in Oregon also have the option to include certain additional spending as a part of their medical spending for the purposes of determining whether they have achieved this minimum.

For additional CCO financial information and audited financials, please follow the link below:

<http://www.oregon.gov/oha/FOD/Pages/CCO-Financial.aspx>

7. CAPs

The continuing CAP for the Health Share of Oregon (HSO) addressed noncompliance with a CCO contract and Oregon Administrative Rule. Specifically, the HSO did not provide reliable NEMT services to covered appointments, resulting in disruption to members' access to care. This CAP started on October 14, 2019, and ended on April 14, 2020, which was later extended to October 31, 2020, and then re-extended to April 30, 2021. The current end date is when OHA determines the remaining area for improvement is "closed."

A plan was developed and implemented to correct issues identified by OHA. The CCO initially submitted weekly reports to OHA for the duration of the CAP, which changed to monthly reporting in February 2021.

The areas for improvement identified in the CAP are provider (driver) no-shows, on-time (pick-up) performance, call wait times, call abandonment and member grievances. In a letter dated January 29, 2021, OHA formally notified the HSO of its satisfaction with the improvements made in four of the five areas. The CAP is considered closed for those areas. The HSO is required to continue submitting monthly progress reports for the area of member grievances as well as documentation relating to specific NEMT concerns identified through member grievances. During the current quarter, the HSO submitted monthly progress reports demonstrating continued improvement for the five areas requiring

ongoing monitoring. OHA has determined the monthly reporting shows significant improvement and indicates the compliance breaches are remedied. OHA will seek to close the CAP in the upcoming quarter.

8. One-Percent Withhold

OHA analyzed encounter data received for completeness and accuracy for the subject months finalized for March 2022 through May 2022.

The Health Systems Division within OHA analyzed encounter data received for completeness and accuracy for the subject months of March 2022 through May 2022. All CCOs except for one met the Administrative Performance (AP) standard for all subject months, and no 1% withholds occurred.

One CCO did not meet the AP standard for the subject months of March 2022 through May 2022. No withhold was taken, as the CCO put remediation in place to ensure ongoing compliance. OHA leadership determined that due to the current pandemic affecting recent submissions, no withhold would be applied.

G. Budget neutrality

OHA is unable to report on the current waiver's new Budget Neutrality Workbook template. The agency is working to have 1115 system configurations implemented by October 1, 2023, to align with the current waiver reporting requirements. However, system configuration data is dependent on other system change requests, including continuous eligibility (CE) indicators, and may not be ready by October 1, 2023. OHA hopes to submit the report by February 2024 with available data retroactive to the beginning of the waiver.

H. Legislative activities

Nothing to report for this quarter.

I. Litigation status

Connecticut v. Generic Drug Manufacturers and Wisconsin v. Indivior

These are multistate antitrust suits that include the state of Oregon in its enforcement capacity (not the agency specifically). Among other claims, the suits allege pharmaceutical manufacturers illegally colluded to raise prices on certain drugs. There is potential for recovery for the agency for purchases/reimbursements of the drugs at issue; the state is working with the agencies to collect the applicable data.

Sarepta Therapeutics Inc. v. OHA

This case concerns a petition for judicial review of OHA's PA criteria, as set out in rule, for the prescription medication Exondys 51. Petitioner Sarepta Therapeutics, Inc., argued that OHA exceeded its authority in adopting the criteria because the criteria conflicted with drug coverage requirements under the federal Medicaid Act, specifically the Medicaid Drug Rebate Program. The parties submitted briefs regarding the validity of the PA criteria, and the case was argued before the

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Oregon Court of Appeals on March 12, 2021. In April 2023, the Court of Appeals issued a decision affirming the validity of the PA criteria for Exondys 51. The court construed the applicable Medicaid Act provisions and held that OHA's PA criteria for Exondys did not, on their face, contravene the Medicaid Act. Sarepta Therapeutics, Inc., has since petitioned that the Oregon Supreme Court take review of this case. A decision on whether the Oregon Supreme Court will undertake further review remains pending.

J. Public forums

During this quarter, general updates regarding the 1115 waiver were provided in various public forums. Given the upcoming governor's office leadership transition and uncertainty regarding specific agency leadership details, the briefings that occurred in the October to December 2022 time frame were very general and intended to educate audiences on the basics of the CMS-approved waiver, as well as those items that are still pending approval. The following list of meetings included the 1115 waiver as an agenda item; please note that this list is not exhaustive:

- Waiver Days: 10/25/2022 and 11/21/2022
 - 1115 Medicaid Waiver approval summary for partners and community members: Lori Coyner, Senior Medicaid Policy Advisor, OHA, provided an overview of the new authorities received and ongoing negotiations with CMS.
- HERC & Value-based Benefits Subcommittee: 10/6/2022
- HERC & Value-based Benefits Subcommittee: 11/17/2022
- Medicaid Advisory Committee (MAC): 12/7/2022
 - 1115 Medicaid Waiver Summary: Lori Coyner, Senior Medicaid Policy Advisor, OHA, updated the MAC on the changes to the 1115 Medicaid Waiver as they continue negotiations with CMS. Lori focused on what has changed and what to expect going forward. MAC members asked questions about the following topics:
 - Housing supports for outpatient substance use disorders (SUDs) for people transferring from Medicaid to Medicare
 - Accessing climate assistance in 2024
- Health Equity Committee (HEC): 11/10/2022
 - 1115 Medicaid Waiver Summary: Lori Coyner, Senior Medicaid Policy Advisor, OHA, gave an overview of the 1115 Medicaid Waiver to the HEC. Lori presented an overview of the waiver and its relation to the OHA goal of advancing health equity.
 - Specific topics were the following:
 - An overview of the populations that will be receiving HRSN benefits
 - Explanation of the housing, food and climate benefits
 - Comprehensive investments in children's health to advance health equity
 - What is not included in the waiver
 - HEC members asked questions about the following:
 - Long-term funding for the HRSN benefits
 - Informational awareness campaigns related to the HRSN benefits

IV. Progress Toward Demonstration Goals

CE for Adults and Children

Oregon received CMS approval via the 1115 Demonstration waiver to expand CE in October 2022:

- All children who are eligible and approved for OHP prior to turning 6 years old will maintain CE through the end of the month of their 6th birthday, or for 24 months, whichever is later.
- Individuals over age 6 who are eligible and approved for OHP will maintain CE for 24 months.

Oregon implemented Healthier Oregon coverage in July of 2022, and much of the analysis during this time was to determine how Healthier Oregon and new CE provisions would interact.

Analysis was also performed to assess potential enrollment impact, including reviewing statistics related to prior years' eligibility terminations for reasons that would allow coverage to continue with CE in place.

Expand Medicaid eligibility and benefits for YSHCN up to age 26

Oregon was approved to expand Medicaid eligibility to YSHCN, a newly defined population that aims to support youth with preexisting health conditions as they transition into adulthood.

Eligible populations will include those aged 19 to 26 who meet one or more of the following criteria:

1. Have one or more serious chronic conditions as represented by the Pediatric Medical Complexity Algorithm's (PCMA) list of complex chronic conditions;
2. Have a serious emotional disturbance or serious mental health issue;
3. Have a diagnosed intellectual or developmental disability through Oregon's Office of Developmental Disabilities Services;
4. Have an "Elevated Service Need" or functional limitations as determined by two or more affirmative responses to a screener; or
5. Starting no earlier than January 1, 2026, have two or more chronic conditions as represented by a subset of the PMCA's noncomplex chronic conditions as described in the New Initiatives Implementation Plan (see State Terms and Condition (STC) 11.4).

During this quarter, Oregon began developing a strategic work plan to implement this new eligibility category, identified additional supporting staff, and set up a policy oversight and governance structure for implementation.

Further, Oregon identified two key policy tasks that will inform necessary systems changes and operationalization: 1) finalizing specific criteria for YSHCN eligibility, and 2) finalizing eligibility pathways for each criterion that centers equity (e.g., a culturally and linguistically responsive screening pathway).

EPSDT

Oregon did not seek to renew its long-standing waiver regarding EPSDT. As of January 1, 2023, Oregon will have fully implemented the complete EPSDT program, benefits and services to OHP

Oregon Health Authority

members aged birth to 21. In Q4 of 2022, OHA collaborated with the managed care entities (MCEs) as well as the FFS program to ensure coverage of all EPSDT services for both our MCE-enrolled and FFS populations. EPSDT in Oregon is now a Medicaid program in alignment with other states' EPSDT programs and CMS requirements.

Expand Access to Supports That Address HRSN

The recently approved waiver includes authority to establish a series of time-limited services to help address eligible members' HRSN, including nutrition, housing, and specific state or federally declared climate events (e.g., wildfires, extreme temperatures.) Case management related to these new services is an additional component of the approved waiver.

Because these are, to a great extent, new services within the OHP Medicaid benefit, capacity must be built to ensure successful and timely implementation.

This first demonstration quarter was used, in large part, to establish initial organizational structure and processes for detailed implementation planning. A timeline including CMS deliverables and implementation milestones was created and shared with staff of partnering state agencies, as well as Tribal leaders and various community and system partners.

OHA's ability to implement the waiver will require additional policy and operational staff. Prior to CMS' waiver approval, more than 100 full-time positions were included in OHA's biennial budget request to support implementation; this request will be reviewed and potentially modified when the incoming Kotek Administration takes office. (Note that Governor-Elect Tina Kotek took office in January 2023.)

In the latter half of this quarter, OHA leadership began briefing sessions with Governor-Elect Kotek's transition team and responded to questions. OHA recognized that, within the overall parameters of the approved waiver, specific policies and processes might be modified to reflect the new governor's process preferences and/or policy priorities early in 2023. In this quarter, the required MOE process and the Oregon Provider Payment Rate Increase Assessment were developed and submitted to CMS.

Designated State Health Programs

To date, Oregon has received approval for 15 programs to claim federal financial participation as Designated State Health Programs (DSHP).

In this quarter, OHA worked to gather information on 32 programs to submit for approval in the first quarter of 2023.

Alignment with Tribal Partners' Priorities

Of note, there are several areas of 1115 waiver authority of specific interest to American Indian/Alaska Native beneficiaries that have not yet been approved by CMS. Specifically, two proposals remain outstanding, and a negotiation timeline has not been identified:

- Enable the Special Diabetes Program for Indians (SDPI) to be converted to a Medicaid benefit.
- Allow Tribal health care providers to receive reimbursement for the provision of Tribal-based practices.

Biweekly meetings between the OHA Office of Tribal Affairs and the Medicaid Director inform representatives of that office of new policy and operational developments. These meetings provide an opportunity for members of the Tribal Affairs team to indicate specific topical areas in which they would like to engage and to communicate their team's regular updates to Tribal leaders. As implementation planning proceeds, formal Tribal Consultation will occur for all topics identified as appropriate by Tribal leaders.

V. Appendices

A. Quarterly enrollment reports

1. Statistical Enrollment Data System (SEDS) reports

Attached separately.

2. State-reported enrollment table

Enrollment	October 2022	November 2022	December 2022
Title XIX-funded State Plan Populations 1, 3, 4, 5, 6, 7, 8, 12, 14	1,270,274	1,277,445	1,283,795
Title XXI-funded State Plan	137,784	140,795	143,182
Title XIX-funded Expansion Populations 9, 10, 11, 17, 18	N/A	N/A	N/A
Title XXI-funded Expansion Populations 16, 20	N/A	N/A	N/A
Designated State Health-funded Expansion	N/A	N/A	N/A
Other Expansion	N/A	N/A	N/A
Pharmacy Only	N/A	N/A	N/A
Family Planning Only	N/A	N/A	N/A

3. Actual and unduplicated enrollment

Ever-enrolled report

POPULATION			Total Number of Clients	Member Months	% Change from Previous Quarter	% Change from Previous Year
Expansion	Title XIX	PLM children FPL > 170%	N/A	N/A	N/A	N/A
		Pregnant women FPL > 170%	N/A	N/A	N/A	N/A

Oregon Health Authority

	Title XXI	SCHIP FPL > 170%	62,594	169,141	0.50%	-19.28%
Optional	Title XIX	PLM women FPL 133% – 170%	N/A	N/A	N/A	N/A
	Title XXI	SCHIP FPL < 170%	141,276	379,126	2.19%	5.65%
Mandatory	Title XIX	Other OHP Plus	220,303	633,104	2.77%	16.54%
		MAGI adults/children	997,919	2,845,790	2.13%	5.69%
		MAGI pregnant women	20,848	52,653	10.81%	46.11%
		QUARTER TOTALS	1,442,940			
* Due to retroactive eligibility changes, the numbers should be considered preliminary.						

OHP eligible and managed care enrollment

OHP Eligible*		Coordinated Care				Dental Care	Mental Health
		CCOA**	CCOB**	CCOE**	CCOG**	DCO	MHO
October	1,328,500	1,244,538	1,727	183	12,285	71,194	N/A
November	1,337,129	1,253,068	1,936	179	12,401	71,798	N/A
December	1,346,435	1,262,077	1,106	129	12,441	71,742	N/A
Quarter average	1,337,355	1,253,228	1,590	164	12,376	71,578	N/A
<p>* Total OHP eligibles include Temporary Assistance for Needy Families (TANF), General Assistance (GA), Poverty Level Medical (PLM)-Adults, PLM-Children, MAGI Adults/Children, MAGI Pregnant Women, OAA, Aged blind and disabled (ABAD), CHIP, FC and SAC. Due to retroactive eligibility changes, the numbers should be considered preliminary.</p> <p>** CCOA: Physical, dental and mental health; CCOB: Physical and mental health; CCOE: Mental health only; and CCOG: Mental and dental health</p>							

B. Complaints and grievances

Please see appendices.

C. CCO appeals and hearings

Please see appendices.

D. Neutrality reports

Budget monitoring spreadsheets are attached separately.



CHIP Statistical Enrollment Data Reports

Form 21E | OR | 2023 | Quarter 1

Conception to birth:

1. What is the unduplicated number of children Under Age 0 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	1,155	165	11	15	0	1,346
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	1,155	165	11	15	0	1,346

2. What is the unduplicated number of new enrollees Under Age 0 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	354	61	5	7	0	427
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	354	61	5	7	0	427

3. What is the unduplicated number of disenrollees Under Age 0 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	421	49	4	6	0	480
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	421	49	4	6	0	480

4. What is the number of member-months of enrollment for children Under Age 0 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	2,657	386	25	29	0	3,097
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	2,657	386	25	29	0	3,097

5. What is the average number of months of enrollment for children Under Age 0 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.3	2.3	2.3	1.9	0	2.3
B. Managed C are Arrangem ents	0	0	0	0	0	0.0
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.3	2.3	2.3	1.9	0.0	2.3

Values will not appear until source data is provided

6. What is the number of children Under Age 0 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for -Service	782	124	9	9	0	924
B. Manag ed Care A rrangeme nts	0	0	0	0	0	0
C. Primar y Care Ca se Manag ement	0	0	0	0	0	0
Totals:	782	124	9	9	0	924

Birth through age 12 months:

1. What is the unduplicated number of children between the ages of 0 and 1 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	19	61	43	0	123
B. Managed Care Arrangements	0	133	355	259	0	747
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	152	416	302	0	870

2. What is the unduplicated number of new enrollees between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	16	50	37	0	103
B. Managed Care Arrangements	0	59	142	121	0	322
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	75	192	158	0	425

3. What is the unduplicated number of disenrollees between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	8	16	5	0	29
B. Managed Care Arrangements	0	11	26	21	0	58
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	19	42	26	0	87

4. What is the number of member-months of enrollment for children between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	29	94	65	0	188
B. Managed Care Arrangements	0	346	944	687	0	1,977
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	375	1,038	752	0	2,165

5. What is the average number of months of enrollment for children between the ages of 0 and 1 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	0	1.5	1.5	1.5	0	1.5
B. Managed C are Arrangem ents	0	2.6	2.7	2.7	0	2.6
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	0.0	2.5	2.5	2.5	0.0	2.5

Values will not appear until source data is provided

6. What is the number of children between the ages of 0 and 1 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	12	52	39	0	103
B. Managed Care Arrangements	0	123	342	246	0	711
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	135	394	285	0	814

Age 1 year through age 5 years:

1. What is the unduplicated number of children between the ages of 1 and 5 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	1,625	727	782	0	3,134
B. Managed Care Arrangements	0	22,897	7,680	6,333	0	36,910
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	24,522	8,407	7,115	0	40,044

2. What is the unduplicated number of new enrollees between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	318	167	147	0	632
B. Managed Care Arrangements	0	7,207	1,899	1,663	0	10,769
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	7,525	2,066	1,810	0	11,401

3. What is the unduplicated number of disenrollees between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	317	132	141	0	590
B. Managed Care Arrangements	0	2,651	514	473	0	3,638
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	2,968	646	614	0	4,228

4. What is the number of member-months of enrollment for children between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	4,376	1,900	2,121	0	8,397
B. Managed Care Arrangements	0	61,729	21,617	17,694	0	101,040
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	66,105	23,517	19,815	0	109,437

5. What is the average number of months of enrollment for children between the ages of 1 and 5 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	0	2.7	2.6	2.7	0	2.7
B. Managed C are Arrangem ents	0	2.7	2.8	2.8	0	2.7
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	0.0	2.7	2.8	2.8	0.0	2.7

Values will not appear until source data is provided

6. What is the number of children between the ages of 1 and 5 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	1,535	692	757	0	2,984
B. Managed Care Arrangements	0	21,257	7,357	6,055	0	34,669
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	22,792	8,049	6,812	0	37,653

Age 6 years through age 12 years:

1. What is the unduplicated number of children between the ages of 6 and 12 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	2,727	1,162	1,160	0	5,049
B. Managed Care Arrangements	0	33,572	12,102	9,364	0	55,038
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	36,299	13,264	10,524	0	60,087

2. What is the unduplicated number of new enrollees between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	482	211	195	0	888
B. Managed Care Arrangements	0	8,465	2,381	1,995	0	12,841
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	8,947	2,592	2,190	0	13,729

3. What is the unduplicated number of disenrollees between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	558	189	189	0	936
B. Managed Care Arrangements	0	3,162	663	580	0	4,405
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	3,720	852	769	0	5,341

4. What is the number of member-months of enrollment for children between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	7,416	3,149	3,150	0	13,715
B. Managed Care Arrangements	0	93,276	34,744	26,645	0	154,665
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	100,692	37,893	29,795	0	168,380

5. What is the average number of months of enrollment for children between the ages of 6 and 12 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	0	2.7	2.7	2.7	0	2.7
B. Managed C are Arrangem ents	0	2.8	2.9	2.8	0	2.8
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	0.0	2.8	2.9	2.8	0.0	2.8

Values will not appear until source data is provided

6. What is the number of children between the ages of 6 and 12 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	2,586	1,133	1,119	0	4,838
B. Managed Care Arrangements	0	31,597	11,677	9,040	0	52,314
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	34,183	12,810	10,159	0	57,152

Age 13 years through age 18 years:

1. What is the unduplicated number of children between the ages of 13 and 18 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	2,370	925	920	0	4,215
B. Managed Care Arrangements	0	26,941	10,330	8,168	0	45,439
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	29,311	11,255	9,088	0	49,654

2. What is the unduplicated number of new enrollees between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	445	165	159	0	769
B. Managed Care Arrangements	0	6,178	1,852	1,582	0	9,612
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	6,623	2,017	1,741	0	10,381

3. What is the unduplicated number of disenrollees between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	465	142	120	0	727
B. Managed Care Arrangements	0	2,415	519	447	0	3,381
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	2,880	661	567	0	4,108

4. What is the number of member-months of enrollment for children between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	6,420	2,512	2,497	0	11,429
B. Managed Care Arrangements	0	75,405	29,745	23,331	0	128,481
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	81,825	32,257	25,828	0	139,910

5. What is the average number of months of enrollment for children between the ages of 13 and 18 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	0	2.7	2.7	2.7	0	2.7
B. Managed C are Arrangem ents	0	2.8	2.9	2.9	0	2.8
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	0.0	2.8	2.9	2.8	0.0	2.8

Values will not appear until source data is provided

6. What is the number of children between the ages of 13 and 18 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	2,246	885	892	0	4,023
B. Managed Care Arrangements	0	25,486	10,037	7,890	0	43,413
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	27,732	10,922	8,782	0	47,436

Add any notes here to accompany the form submission:



CHIP Statistical Enrollment Data Reports

Form 64.21E | OR | 2023 | Quarter 1

Birth through age 12 months:

1. What is the unduplicated number of children between the ages of 0 and 1 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

2. What is the unduplicated number of new enrollees between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

3. What is the unduplicated number of disenrollees between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

4. What is the number of member-months of enrollment for children between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

5. What is the average number of months of enrollment for children between the ages of 0 and 1 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	0	0	0	0	0	0.0
B. Managed C are Arrangem ents	0	0	0	0	0	0.0
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	0.0	0.0	0.0	0.0	0.0	0.0

Values will not appear until source data is provided

6. What is the number of children between the ages of 0 and 1 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

Age 1 year through age 5 years:

1. What is the unduplicated number of children between the ages of 1 and 5 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

2. What is the unduplicated number of new enrollees between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

3. What is the unduplicated number of disenrollees between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

4. What is the number of member-months of enrollment for children between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

5. What is the average number of months of enrollment for children between the ages of 1 and 5 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	0	0	0	0	0	0.0
B. Managed C are Arrangem ents	0	0	0	0	0	0.0
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	0.0	0.0	0.0	0.0	0.0	0.0

Values will not appear until source data is provided

6. What is the number of children between the ages of 1 and 5 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	0	0	0	0	0	0
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	0	0	0	0	0	0

Age 6 years through age 12 years:

1. What is the unduplicated number of children between the ages of 6 and 12 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	27,172	0	0	0	0	27,172
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	27,172	0	0	0	0	27,172

2. What is the unduplicated number of new enrollees between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	10,229	0	0	0	0	10,229
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	10,229	0	0	0	0	10,229

3. What is the unduplicated number of disenrollees between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	4,947	0	0	0	0	4,947
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	4,947	0	0	0	0	4,947

4. What is the number of member-months of enrollment for children between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	69,738	0	0	0	0	69,738
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	69,738	0	0	0	0	69,738

5. What is the average number of months of enrollment for children between the ages of 6 and 12 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.6	0	0	0	0	2.6
B. Managed C are Arrangem ents	0	0	0	0	0	0.0
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.6	0.0	0.0	0.0	0.0	2.6

Values will not appear until source data is provided

6. What is the number of children between the ages of 6 and 12 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	23,989	0	0	0	0	23,989
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	23,989	0	0	0	0	23,989

Age 13 years through age 18 years:

1. What is the unduplicated number of children between the ages of 13 and 18 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	22,151	0	0	0	0	22,151
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	22,151	0	0	0	0	22,151

2. What is the unduplicated number of new enrollees between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	7,237	0	0	0	0	7,237
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	7,237	0	0	0	0	7,237

3. What is the unduplicated number of disenrollees between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	3,703	0	0	0	0	3,703
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	3,703	0	0	0	0	3,703

4. What is the number of member-months of enrollment for children between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	58,039	0	0	0	0	58,039
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	58,039	0	0	0	0	58,039

5. What is the average number of months of enrollment for children between the ages of 13 and 18 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.6	0	0	0	0	2.6
B. Managed C are Arrangem ents	0	0	0	0	0	0.0
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.6	0.0	0.0	0.0	0.0	2.6

Values will not appear until source data is provided

6. What is the number of children between the ages of 13 and 18 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	19,831	0	0	0	0	19,831
B. Managed Care Arrangements	0	0	0	0	0	0
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	19,831	0	0	0	0	19,831

Add any notes here to accompany the form submission:



CHIP Statistical Enrollment Data Reports

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Birth through age 12 months:

1. What is the unduplicated number of children between the ages of 0 and 1 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	1,019	0	0	0	0	1,019
B. Managed Care Arrangements	20,715	0	0	0	0	20,715
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	21,734	0	0	0	0	21,734

2. What is the unduplicated number of new enrollees between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	639	0	0	0	0	639
B. Managed Care Arrangements	9,557	0	0	0	0	9,557
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	10,196	0	0	0	0	10,196

3. What is the unduplicated number of disenrollees between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	74	0	0	0	0	74
B. Managed Care Arrangements	535	0	0	0	0	535
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	609	0	0	0	0	609

4. What is the number of member-months of enrollment for children between the ages of 0 and 1 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	2,023	0	0	0	0	2,023
B. Managed Care Arrangements	56,888	0	0	0	0	56,888
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	58,911	0	0	0	0	58,911

5. What is the average number of months of enrollment for children between the ages of 0 and 1 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.0	0	0	0	0	2.0
B. Managed C are Arrangem ents	2.7	0	0	0	0	2.7
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.7	0.0	0.0	0.0	0.0	2.7

Values will not appear until source data is provided

6. What is the number of children between the ages of 0 and 1 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	986	0	0	0	0	986
B. Managed Care Arrangements	20,505	0	0	0	0	20,505
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	21,491	0	0	0	0	21,491

Age 1 year through age 5 years:

1. What is the unduplicated number of children between the ages of 1 and 5 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	4,894	0	0	0	0	4,894
B. Managed Care Arrangements	85,215	0	0	0	0	85,215
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	90,109	0	0	0	0	90,109

2. What is the unduplicated number of new enrollees between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	662	0	0	0	0	662
B. Managed Care Arrangements	22,196	0	0	0	0	22,196
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	22,858	0	0	0	0	22,858

3. What is the unduplicated number of disenrollees between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	922	0	0	0	0	922
B. Managed Care Arrangements	7,554	0	0	0	0	7,554
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	8,476	0	0	0	0	8,476

4. What is the number of member-months of enrollment for children between the ages of 1 and 5 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	13,426	0	0	0	0	13,426
B. Managed Care Arrangements	244,451	0	0	0	0	244,451
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	257,877	0	0	0	0	257,877

5. What is the average number of months of enrollment for children between the ages of 1 and 5 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.7	0	0	0	0	2.7
B. Managed C are Arrangem ents	2.9	0	0	0	0	2.9
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.9	0.0	0.0	0.0	0.0	2.9

Values will not appear until source data is provided

6. What is the number of children between the ages of 1 and 5 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	4,598	0	0	0	0	4,598
B. Managed Care Arrangements	80,416	0	0	0	0	80,416
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	85,014	0	0	0	0	85,014

Age 6 years through age 12 years:

1. What is the unduplicated number of children between the ages of 6 and 12 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	8,673	0	0	0	0	8,673
B. Managed Care Arrangements	100,973	0	0	0	0	100,973
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	109,646	0	0	0	0	109,646

2. What is the unduplicated number of new enrollees between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	859	0	0	0	0	859
B. Managed Care Arrangements	25,253	0	0	0	0	25,253
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	26,112	0	0	0	0	26,112

3. What is the unduplicated number of disenrollees between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	1,570	0	0	0	0	1,570
B. Managed Care Arrangements	9,677	0	0	0	0	9,677
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	11,247	0	0	0	0	11,247

4. What is the number of member-months of enrollment for children between the ages of 6 and 12 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	24,181	0	0	0	0	24,181
B. Managed Care Arrangements	287,947	0	0	0	0	287,947
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	312,128	0	0	0	0	312,128

5. What is the average number of months of enrollment for children between the ages of 6 and 12 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.8	0	0	0	0	2.8
B. Managed C are Arrangem ents	2.9	0	0	0	0	2.9
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.8	0.0	0.0	0.0	0.0	2.8

Values will not appear until source data is provided

6. What is the number of children between the ages of 6 and 12 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	8,156	0	0	0	0	8,156
B. Managed Care Arrangements	94,530	0	0	0	0	94,530
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	102,686	0	0	0	0	102,686

Age 13 years through age 18 years:

1. What is the unduplicated number of children between the ages of 13 and 18 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	9,243	0	0	0	0	9,243
B. Managed Care Arrangements	84,280	0	0	0	0	84,280
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	93,523	0	0	0	0	93,523

2. What is the unduplicated number of new enrollees between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	920	0	0	0	0	920
B. Managed Care Arrangements	18,668	0	0	0	0	18,668
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	19,588	0	0	0	0	19,588

3. What is the unduplicated number of disenrollees between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	1,451	0	0	0	0	1,451
B. Managed Care Arrangements	7,020	0	0	0	0	7,020
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	8,471	0	0	0	0	8,471

4. What is the number of member-months of enrollment for children between the ages of 13 and 18 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	25,866	0	0	0	0	25,866
B. Managed Care Arrangements	241,724	0	0	0	0	241,724
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	267,590	0	0	0	0	267,590

5. What is the average number of months of enrollment for children between the ages of 13 and 18 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.8	0	0	0	0	2.8
B. Managed C are Arrangem ents	2.9	0	0	0	0	2.9
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.9	0.0	0.0	0.0	0.0	2.9

Values will not appear until source data is provided

6. What is the number of children between the ages of 13 and 18 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	8,766	0	0	0	0	8,766
B. Managed Care Arrangements	79,534	0	0	0	0	79,534
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	88,300	0	0	0	0	88,300

Age 19 years through age 20 years:

1. What is the unduplicated number of children between the ages of 19 and 20 ever enrolled during the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	4,509	0	0	0	0	4,509
B. Managed Care Arrangements	39,563	0	0	0	0	39,563
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	44,072	0	0	0	0	44,072

2. What is the unduplicated number of new enrollees between the ages of 19 and 20 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	608	0	0	0	0	608
B. Managed Care Arrangements	7,896	0	0	0	0	7,896
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	8,504	0	0	0	0	8,504

3. What is the unduplicated number of disenrollees between the ages of 19 and 20 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	456	0	0	0	0	456
B. Managed Care Arrangements	1,213	0	0	0	0	1,213
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	1,669	0	0	0	0	1,669

4. What is the number of member-months of enrollment for children between the ages of 19 and 20 in the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	12,632	0	0	0	0	12,632
B. Managed Care Arrangements	115,026	0	0	0	0	115,026
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	127,658	0	0	0	0	127,658

5. What is the average number of months of enrollment for children between the ages of 19 and 20 ever enrolled during the quarter?

	% of FPL 0- 133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-317	Totals
A. Fee-for-Ser vice	2.8	0	0	0	0	2.8
B. Managed C are Arrangem ents	2.9	0	0	0	0	2.9
C. Primary Ca re Case Mana gement	0	0	0	0	0	0.0
Totals:	2.9	0.0	0.0	0.0	0.0	2.9

Values will not appear until source data is provided

6. What is the number of children between the ages of 19 and 20 enrolled at the end of the quarter?

	% of FPL 0-133	% of FPL 134-200	% of FPL 201-250	% of FPL 251-300	% of FPL 301-300	Totals
A. Fee-for-Service	4,432	0	0	0	0	4,432
B. Managed Care Arrangements	38,918	0	0	0	0	38,918
C. Primary Care Case Management	0	0	0	0	0	0
Totals:	43,350	0	0	0	0	43,350

Add any notes here to accompany the form submission:



CHIP Statistical Enrollment Data Reports

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Conception through age 18 years:

1. What is the number of enrollees by gender?

	21E Enrolled	64.21E Enrolled	Total CHIP Enrolled	64.EC Enrolled	21PW Enrolled	Totals
1. Female	74,697	24,585	99,282	174,923	0	274,205
2. Male	77,765	25,557	103,322	184,161	0	287,483
3. Unspecified Gender	0	0	0	0	0	0
Totals:	152,462	50,142	202,604	359,084	0	561,688

2. What is the number of enrollees by race?

	21E Enrolled	64.21E Enrolled	Total CHIP Enrolled	64.EC Enrolled	21PW Enrolled	Totals
1. White	46,352	14,517	60,869	117,359	0	178,228
2. Black or African American	2,266	931	3,197	9,609	0	12,806
3. American Indian or Alaska Native	1,269	514	1,783	5,738	0	7,521
4. Asian Indian	188	46	234	235	0	469
5. Chinese	630	222	852	1,110	0	1,962
6. Filipino	289	56	345	366	0	711
7. Japanese	47	7	54	78	0	132
8. Korean	198	37	235	290	0	525
9. Vietnamese	830	241	1,071	1,323	0	2,394
10. Other Asian	765	266	1,031	1,831	0	2,862
11. Asian Unknown	2	2	4	130	0	134
12. Native Hawaiian	101	27	128	232	0	360

	21E Enrolled	64.21E Enrolled	Total CHIP Enrolled	64.EC Enrolled	21PW Enrolled	Totals
13. Guamanian or Chamorro	74	12	86	135	0	221
14. Samoan	71	32	103	268	0	371
15. Other Pacific Islander	279	127	406	925	0	1,331
16. Native Hawaiian or Other Pacific Islander Unknown	380	194	574	1,377	0	1,951
17. Some other race	7,448	2,494	9,942	15,691	0	25,633
18. Two or more races (regardless of ethnicity)	52,306	12,085	64,391	127,852	0	192,243
19. Unspecified Race	38,967	18,332	57,299	74,535	0	131,834
Totals:	152,462	50,142	202,604	359,084	0	561,688

3. What is the number of enrollees by ethnicity?

	21E Enrolled	64.21E Enrolled	Total CHIP Enrolled	64.EC Enrolled	21PW Enrolled	Totals
1. Not of Hispanic, Latino/a, or Spanish origin	74,200	23,468	97,668	185,215	0	282,883
2. Mexican, Mexican American, Chicano/a	0	0	0	0	0	0
3. Puerto Rican	0	0	0	0	0	0
4. Cuban	5	4	9	1,448	0	1,457
5. Another Hispanic, Latino, or Spanish Origin	0	0	0	0	0	0
6. Hispanic or Latino Unknown	22,314	8,787	31,101	52,615	0	83,716
7. Unspecified Ethnicity	55,943	17,883	73,826	119,806	0	193,632
Totals:	152,462	50,142	202,604	359,084	0	561,688

Add any notes here to accompany the form submission:

Form GRE | OR | 2023 | Quarter 1

**Hearing Request's Received DY21 Q1
by CCO, DCO and FFS**

PlanName	Hearing Requests Received	Avg. Plan Enrollment *	Per 1000 Members
ADVANCED HEALTH	4	30,119	0.13
ALLCARE HEALTH PLAN, INC.	5	68,070	0.07
CASCADE HEALTH ALLIANCE	2	28,218	0.07
COLUMBIA PACIFIC CCO, LLC	3	38,933	0.08
EASTERN OREGON CCO, LLC	3	78,529	0.04
HEALTH SHARE of Oregon	36	446,899	0.08
INTERCOMMUNITY HEALTH NETWORK	14	88,227	0.16
JACKSON CARE CONNECT	5	67,841	0.07
PACIFICSOURCE COMM. SOLUTIONS - Central	17	78,909	0.22
PACIFICSOURCE COMM. SOLUTIONS - Gorge	2	18,106	0.11
PACIFICSOURCE - Lane	20	94,380	0.21
PACIFICSOURCE - Marion Polk	35	152,565	0.23
TRILLIUM COMM. HEALTH PLAN - Tri-County	1	59,185	0.00
TRILLIUM COMM. HEALTH PLAN	6	40,811	0.15
UMPQUA HEALTH ALLIANCE	5	41,465	0.12
YAMHILL CO CARE ORGANIZATION	4	38,940	0.10
ADVANTAGE DENTAL		27,391	0.00
CAPITOL DENTAL CARE INC		19,208	0.00
FAMILY DENTAL CARE		4,695	0.00
MANAGED DENTAL CARE OF OR		4,648	0.00
ODS COMMUNITY HEALTH INC		17,875	0.00
FFS	24	274,871	0.09
Total	186	1,719,885	0.11

Data Source: DSS

Data Extraction Date: 02/24/2023

Data Analyst: Rosey Ball

*** Avg. Plan Enrollment based on average of Preliminary Member Months for October, Nover**

Hearing Issues Received DY21 Q1

Hearing Issues Received DY21 Q1																																			
PlanName	Avg. Plan Enrollment *	Ambulance Denial	Per 1000 Members	Billing Issue	Per 1000 Members	Dental Denial	Per 1000 Members	Disenrollment	Per 1000 Members	DME Denial	Per 1000 Members	ER Denial	Per 1000 Members	Hearing Denial	Per 1000 Members	Mental Health	Per 1000 Members	MISC	Per 1000 Members	Referral Denial	Per 1000 Members	Rx Denial	Per 1000 Members	Surgery Denial	Per 1000 Members	Therapy Denial	Per 1000 Members	Transplant Denial	Per 1000 Members	Transportation	Per 1000 Members	Vision Denial	Per 1000 Members		
ADVANCED HEALTH	30,119		0.00		0.00		0.00		0.00	1	0.03		0.00		0.00		0.00		0.00	1	0.03		0.00	2	0.07		0.00		0.00		0.00		0.00		0.00
ALLCARE HEALTH PLAN, INC.	68,070		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	2	0.03	1	0.01		0.00	2	0.03		0.00		0.00		0.00		0.00		0.00
CASCADE HEALTH ALLIANCE	28,218		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	2	0.07		0.00		0.00		0.00		0.00		0.00
COLUMBIA PACIFIC CCO, LLC	38,933		0.00		0.00	1	0.03		0.00		0.00		0.00		0.00		0.00		0.00	2	0.05		0.00		0.00		0.00		0.00		0.00		0.00		0.00
EASTERN OREGON CCO, LLC	78,529		0.00		0.00	1	0.01		0.00	1	0.01		0.00		0.00		0.00	1	0.01		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
HEALTH SHARE OF OREGON	446,899		0.00	2	0.00	10	0.02		0.00		0.00		0.00		0.00		0.00	5	0.01	6	0.01	5	0.01	7	0.02	1	0.00		0.00		0.00		0.00		0.00
INTERCOMMUNITY HEALTH NETWORK	88,227		0.00	4	0.05	1	0.01		0.00	1	0.01		0.00		0.00		0.00		0.00	2	0.02	3	0.03	3	0.03		0.00		0.00		0.00		0.00		0.00
JACKSON CARE CONNECT	67,841		0.00		0.00	1	0.01		0.00		0.00		0.00		0.00		0.00		0.00	3	0.04		0.00		0.00		0.00		0.00		0.00		0.00		0.00
PACIFICSOURCE COMM. SOLUTIONS - Central	78,909		0.00	12	0.15	1	0.01		0.00	2	0.03		0.00		0.00		0.00		0.00	2	0.03		0.00		0.00		0.00		0.00		0.00		0.00		0.00
PACIFICSOURCE COMM. SOLUTIONS - Gorge	18,106		0.00	1	0.06		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
PACIFICSOURCE COMM. SOLUTIONS - Lane	94,380		0.00	6	0.06	5	0.05		0.00		0.00		0.00	1	0.01		0.00	1	0.01	1	0.01		0.00	6	0.06		0.00	1	0.01		0.00		0.00		0.00
PACIFICSOURCE COMM. SOLUTIONS - Marion Polk	152,565		0.00	20	0.13	5	0.03		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	8	0.05	1	0.01		0.00		0.00		0.00	1	0.01
TRILLIUM COMM. HEALTH PLAN TRI-COUNTY	59,185		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	1	0.02		0.00		0.00		0.00		0.00		0.00
TRILLIUM COMM. HEALTH PLAN	40,811		0.00		0.00	1			0.00				0.00		0.00		0.00	1		2				1					0.00	1		0.00		0.00	
UMPQUA HEALTH ALLIANCE	41,465		0.00	1	0.02		0.00		0.00		0.00		0.00		0.00		0.00		0.00	1	0.02	1	0.02	2	0.05		0.00		0.00		0.00		0.00		0.00
YAMHILL CO CARE ORGANIZATION	38,940		0.00	3	0.08		0.00		0.00	1	0.03		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
ADVANTAGE DENTAL	27,391		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
CAPITOL DENTAL CARE INC	19,208		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
FAMILY DENTAL CARE	4,695		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
MANAGED DENTAL CARE OF OR	4,648		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
ODS COMMUNITY HEALTH INC	17,875		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
FFS	274,871		0.00		0.00	2	0.01	2	0.01	2	0.01		0.00	1	0.00	7	0.03	7	0.03	2	0.01	6	0.02	5	0.02		0.00		0.00		0.00		0.00		0.00
Total	1,719,885	0	0.00	49	0.03	28	0.02	2	0.00	8	0.00	0	0.00	2	0.00	7	0.00	17	0.01	23	0.01	15	0.01	39	0.02	2	0.00	1	0.00	1	0.00	1	0.00	1	0.00

Data Source: DSS
Data Extraction Date: 02/24/2023
Data Analyst: Rosey Ball

* Avg. Plan Enrollment based on average
of Preliminary Member Months for
October, November and December 2022

Hearing Outcomes Completed DY21 Q1

PlanName	Total Hearing Outcomes	Avg. Plan Enrollment *
ADVANCED HEALTH	1	30,119
ALLCARE HEALTH PLAN, INC.	5	68,070
CASCADE HEALTH ALLIANCE	2	28,218
COLUMBIA PACIFIC CCO, LLC	2	38,933
EASTERN OREGON CCO, LLC	3	78,529
HEALTH SHARE of Oregon	45	446,899
INTERCOMMUNITY HEALTH NETWORK	12	88,227
JACKSON CARE CONNECT	2	67,841
PACIFICSOURCE COMM. SOLUTIONS - Central	16	78,909
PACIFICSOURCE COMM. SOLUTIONS - Gorge	3	18,106
PACIFICSOURCE COMM. SOLUTIONS - Lane	12	94,380
PACIFICSOURCE COMM. SOLUTIONS - Marion Polk	36	152,565
TRILLIUM COMM. HEALTH PLAN - Tri County	4	59,185
TRILLIUM COMM. HEALTH PLAN	5	40,811
UMPQUA HEALTH ALLIANCE, DCIPA	7	41,465
YAMHILL CO CARE ORGANIZATION	6	38,940
ADVANTAGE DENTAL		27,391
CAPITOL DENTAL CARE INC		19,208
FAMILY DENTAL CARE		4,695
MANAGED DENTAL CARE OF OR		4,648
ODS COMMUNITY HEALTH INC		17,875
FFS	16	274,871
	3	
Total	180	1,719,885

Data Source: DSS

Data Extraction Date: 02/24/2023

Data Analyst: Rosey Ball

*** Avg. Plan Enrollment based on average of Preliminary Member Months for October, November**

Per 1000 Members
0.03
0.07
0.07
0.05
0.04
0.10
0.14
0.03
0.20
0.17
0.13
0.24
0.07
0.12
0.17
0.15
0.00
0.00
0.00
0.00
0.00
0.06
0.10

er and December

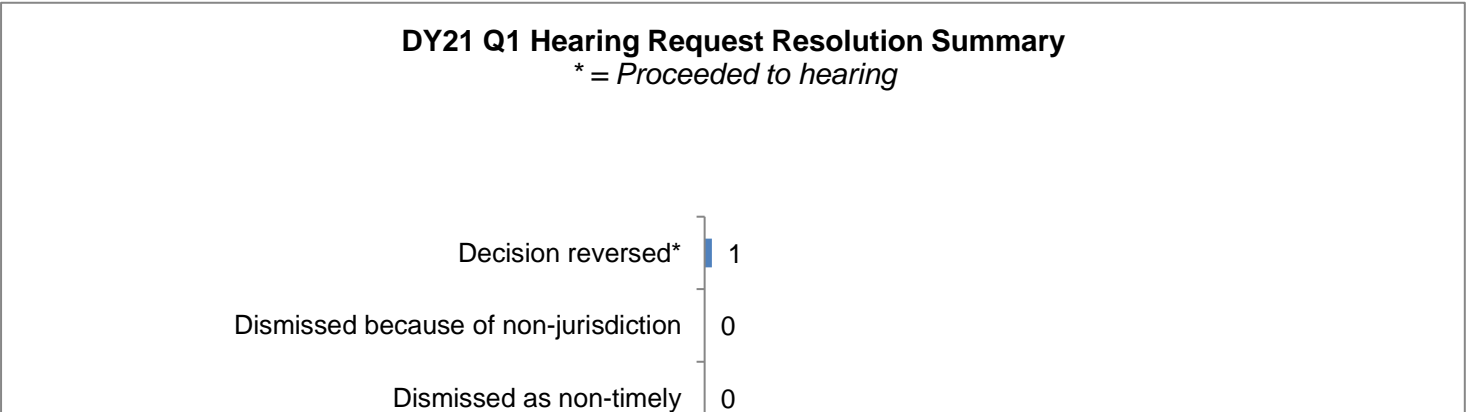
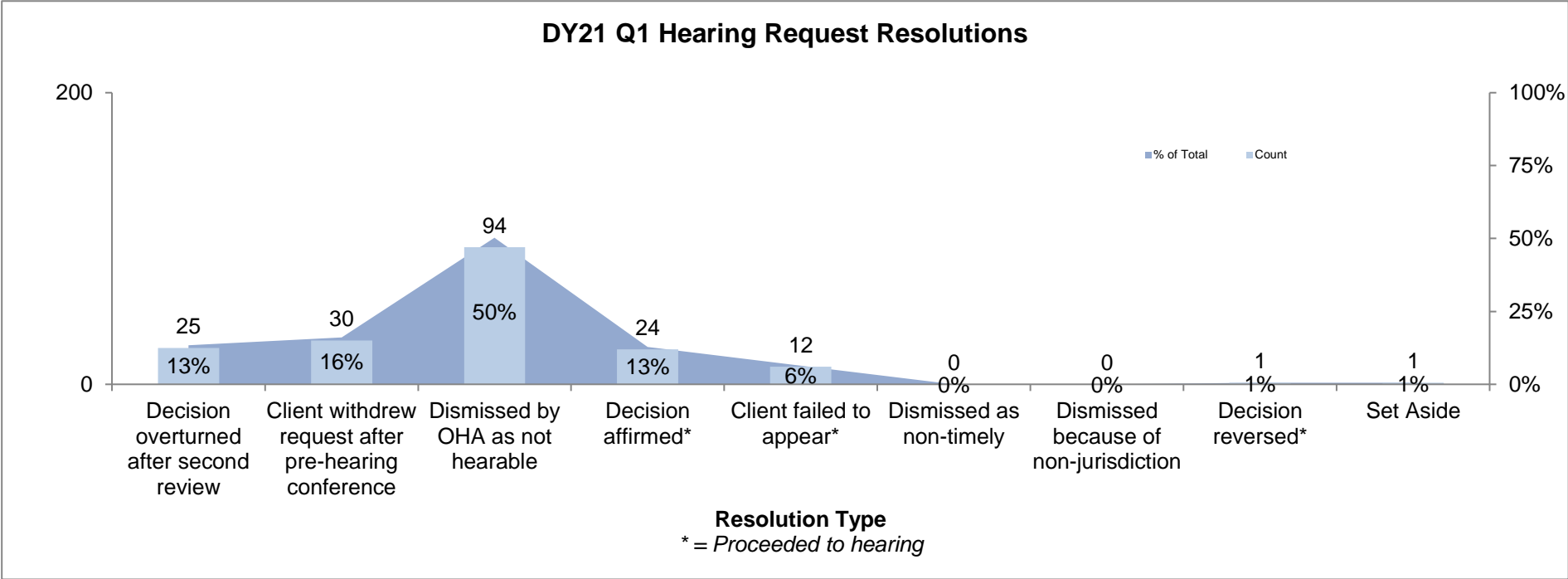
Hearing Outcome Types Completed
DY21 Q1

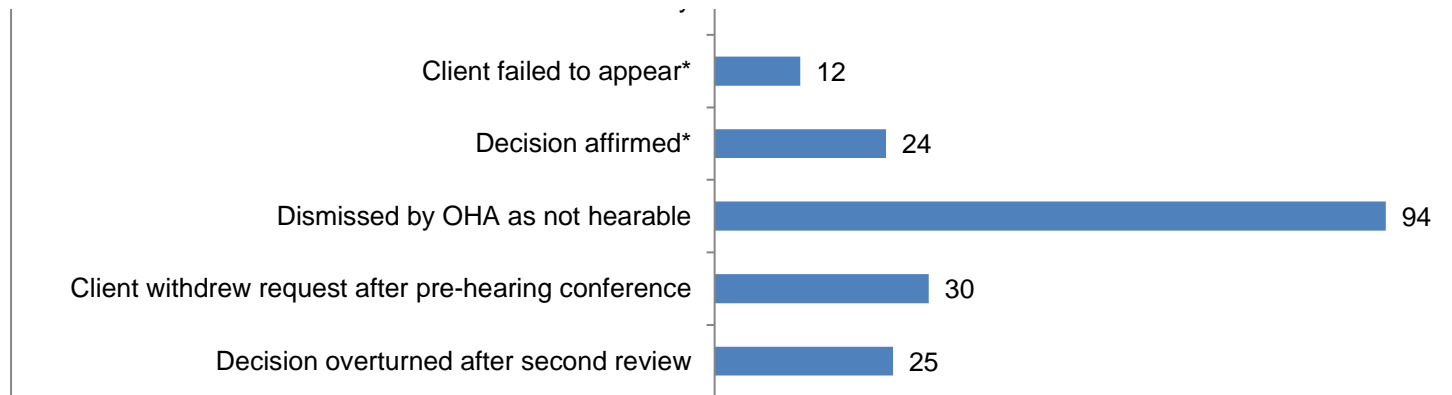
PlanName	Affirmed	Client Failed to Appear	Clients Withdrew Hearing Request	Decisions Overturned by OHA (FFS)	Decisions Overturned by Plan	Dismissed as Not Hearable	Dismissed as Not Hearable - No Appeal	Dismissed as Not Timely	Reversed	Set Aside
ADVANCED HEALTH	1									
ALLCARE HEALTH PLAN, INC.	2				1	1	1			
CASCADE HEALTH ALLIANCE			1		1		1			
COLUMBIA PACIFIC CCO, LLC			1				1			
EASTERN OREGON CCO, LLC						2	1			
HEALTH SHARE of Oregon	7	5	5		3	7	17			1
INTERCOMMUNITY HEALTH NETWORK	1		2		3		6			
JACKSON CARE CONNECT			1				1			
PACIFICSOURCE COMM. SOLUTIONS - Central	1	1	7			2	5			
PACIFICSOURCE COMM. SOLUTIONS - Gorge	2						1			
PACIFICSOURCE COMM. SOLUTIONS - Lane	1		2		1		8			
PACIFICSOURCE COMM. SOLUTIONS - Marion Polk	7	3	4		3		19			
TRILLIUM COMM. HEALTH PLAN					3		1			
TRILLIUM COMM. HEALTH PLAN - Tri-County			2		1	1	2			
UMPQUA HEALTH ALLIANCE			4			1	2			
YAMHILL CO CARE ORGANIZATION						1	4			0
ADVANTAGE DENTAL										
CAPITOL DENTAL CARE INC										
CARE OREGON DENTAL										
FAMILY DENTAL CARE										
MANAGED DENTAL CARE OF OR										
ODS COMMUNITY HEALTH INC										
FFS	2	3	2	9		1			1	
Total	24	12	31	9	16	16	70	0	1	1

Data Source: DSS
 Data Extraction Date: 02/24/2023
 Data Analyst: Rosey Ball

Outcome	Count	% of Total
Decision overturned after second review	25	13%
Client withdrew request after pre-hearing	30	16%
Dismissed by OHA as not hearable	94	50%
Decision affirmed*	24	13%
Client failed to appear*	12	6%
Dismissed as non-timely	0	0%
Dismissed because of non-jurisdiction	0	0%
Decision reversed*	1	1%
Set Aside	1	1%

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Data Source: DSS

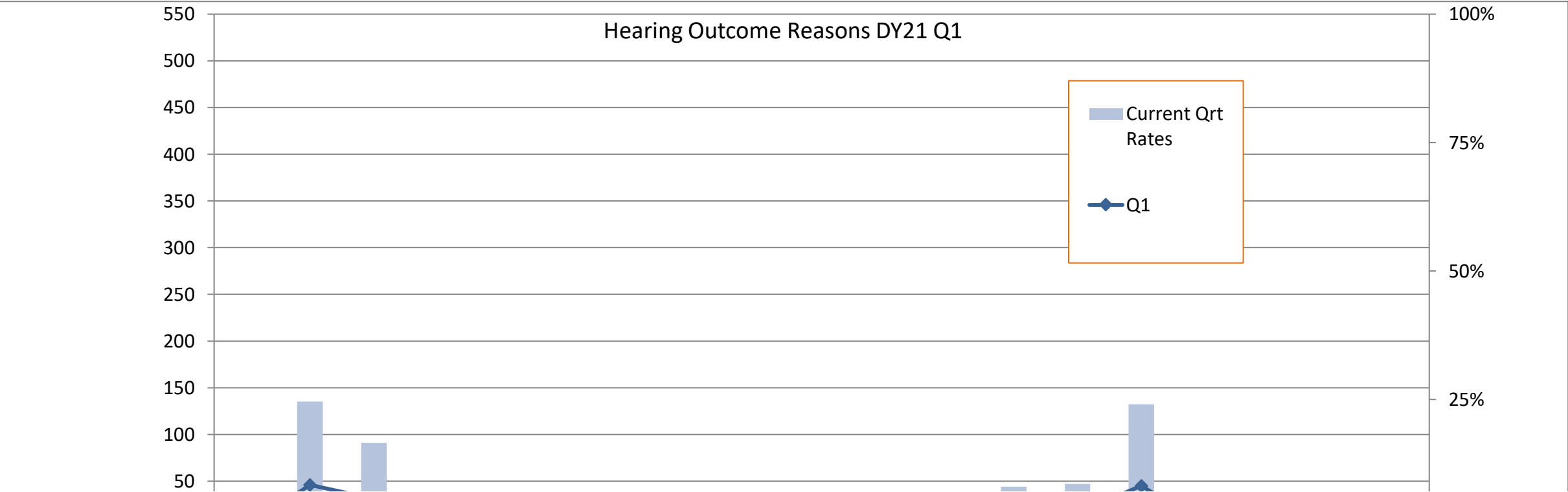
Data Extraction Date: 02/24/2023

Data Analyst: Rosey Ball

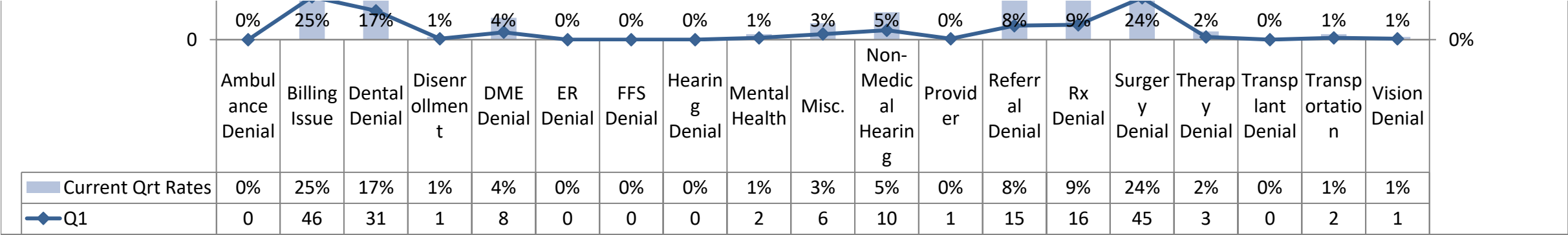
Hearing Outcome Reasons DY21 Q1

Issues	Q1	Current Qrt Rates
Ambulance Denial	0	0%
Billing Issue	46	25%
Dental Denial	31	17%
Disenrollment	1	1%
DME Denial	8	4%
ER Denial	0	0%
FFS Denial	0	0%
Hearing Denial	0	0%
Mental Health	2	1%
Misc.	6	3%
Non-Medical Hearing	10	5%
Provider	1	0%
Referral Denial	15	8%
Rx Denial	16	9%
Surgery Denial	45	24%
Therapy Denial	3	2%
Transplant Denial	0	0%
Transportation	2	1%
Vision Denial	1	1%

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Hearings Trend Charts Quarter 1 2013



Data Source: DSS
Data Extraction Date: 02/24/2023
Data Analyst: Rosey Ball

CCO Hearing Outcome Types by Issue DY21 Q1

Plan Name	Outcome Description
ADVANCED HEALTH	AFFIRMED
ALLCARE CCO	AFFIRMED
ALLCARE CCO	AFFIRMED
ALLCARE CCO	NOT HEARABLE
ALLCARE CCO	NOT HEARABLE-NO APPEAL
ALLCARE CCO	PLAN WILL PAY P2-BILLING ISSUE
CASCADE HEALTH ALLIANCE	NOT HEARABLE-NO APPEAL
COLUMBIA PACIFIC	CLIENT W/D C6-MISCELLANEOUS/UNKNOWN
COLUMBIA PACIFIC	NOT HEARABLE-NO APPEAL
EASTERN OREGON CCO	NOT HEARABLE
EASTERN OREGON CCO	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	AFFIRMED
HEALTH SHARE OF OREGON	AFFIRMED
HEALTH SHARE OF OREGON	AFFIRMED
HEALTH SHARE OF OREGON	AFFIRMED
HEALTH SHARE OF OREGON	CLIENT W/D C6-MISCELLANEOUS/UNKNOWN
HEALTH SHARE OF OREGON	CLIENT W/D C6-MISCELLANEOUS/UNKNOWN
HEALTH SHARE OF OREGON	CLIENT W/D C7-NON-COVERED/EXCLUDED SERVICE
HEALTH SHARE OF OREGON	CLIENT W/D C7-NON-COVERED/EXCLUDED SERVICE
HEALTH SHARE OF OREGON	NO SHOW
HEALTH SHARE OF OREGON	NO SHOW
HEALTH SHARE OF OREGON	NOT HEARABLE
HEALTH SHARE OF OREGON	NOT HEARABLE
HEALTH SHARE OF OREGON	NOT HEARABLE
HEALTH SHARE OF OREGON	NOT HEARABLE
HEALTH SHARE OF OREGON	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	NOT HEARABLE-NO APPEAL
HEALTH SHARE OF OREGON	PLAN WILL PAY P1-SERVICE AUTHORIZED
HEALTH SHARE OF OREGON	PLAN WILL PAY P1-SERVICE AUTHORIZED
HEALTH SHARE OF OREGON	PLAN WILL PAY P1-SERVICE AUTHORIZED
INTERCOMMUNITY HEALTH NETWORK	AFFIRMED
INTERCOMMUNITY HEALTH NETWORK	CLIENT W/D C7-NON-COVERED/EXCLUDED SERVICE
INTERCOMMUNITY HEALTH NETWORK	NOT HEARABLE-NO APPEAL
INTERCOMMUNITY HEALTH NETWORK	NOT HEARABLE-NO APPEAL
INTERCOMMUNITY HEALTH NETWORK	NOT HEARABLE-NO APPEAL
INTERCOMMUNITY HEALTH NETWORK	NOT HEARABLE-NO APPEAL
INTERCOMMUNITY HEALTH NETWORK	PLAN WILL PAY P1-SERVICE AUTHORIZED
INTERCOMMUNITY HEALTH NETWORK	PLAN WILL PAY P1-SERVICE AUTHORIZED
INTERCOMMUNITY HEALTH NETWORK	PLAN WILL PAY P1-SERVICE AUTHORIZED
JACKSON CARE CONNECT	NOT HEARABLE-NO APPEAL
PACIFICSOURCE CENTRAL	AFFIRMED
PACIFICSOURCE CENTRAL	CLIENT W/D C5-BILLING ISSUE
PACIFICSOURCE CENTRAL	CLIENT W/D C7-NON-COVERED/EXCLUDED SERVICE
PACIFICSOURCE CENTRAL	CLIENT W/D C7-NON-COVERED/EXCLUDED SERVICE
PACIFICSOURCE CENTRAL	NO SHOW
PACIFICSOURCE CENTRAL	NOT HEARABLE
PACIFICSOURCE CENTRAL	NOT HEARABLE-NO APPEAL

# Req	Issue Type Description
1	REFERRAL DENIAL
1	DENTAL DENIAL
1	SURGERY DENIAL
1	MISC.
1	SURGERY DENIAL
1	BILLING ISSUE
1	RX DENIAL
1	RX DENIAL
1	DENTAL DENIAL
1	MISC.
1	DME DENIAL
2	DENTAL DENIAL
1	REFERRAL DENIAL
3	SURGERY DENIAL
1	THERAPY DENIAL
1	DENTAL DENIAL
1	RX DENIAL
1	DENTAL DENIAL
2	REFERRAL DENIAL
3	DENTAL DENIAL
2	SURGERY DENIAL
1	DENTAL DENIAL
3	MISC.
2	NON-MEDICAL HEARING
1	REFERRAL DENIAL
2	BILLING ISSUE
5	DENTAL DENIAL
1	REFERRAL DENIAL
2	RX DENIAL
4	SURGERY DENIAL
1	THERAPY DENIAL
1	REFERRAL DENIAL
1	RX DENIAL
1	SURGERY DENIAL
1	REFERRAL DENIAL
2	SURGERY DENIAL
3	BILLING ISSUE
1	DENTAL DENIAL
1	DME DENIAL
1	RX DENIAL
1	REFERRAL DENIAL
1	RX DENIAL
1	SURGERY DENIAL
1	DENTAL DENIAL
1	DENTAL DENIAL
3	BILLING ISSUE
3	BILLING ISSUE
1	SURGERY DENIAL
1	BILLING ISSUE
2	BILLING ISSUE
3	BILLING ISSUE

1	DME DENIAL
1	REFERRAL DENIAL
1	BILLING ISSUE
1	SURGERY DENIAL
1	SURGERY DENIAL
1	DENTAL DENIAL
1	SURGERY DENIAL
6	BILLING ISSUE
1	DENTAL DENIAL
1	SURGERY DENIAL
4	BILLING ISSUE
1	REFERRAL DENIAL
2	SURGERY DENIAL
1	DME DENIAL
1	SURGERY DENIAL
1	DME DENIAL
1	SURGERY DENIAL
2	DENTAL DENIAL
1	SURGERY DENIAL
10	BILLING ISSUE
2	DENTAL DENIAL
4	SURGERY DENIAL
1	THERAPY DENIAL
1	VISION DENIAL
1	BILLING ISSUE
1	SURGERY DENIAL
3	SURGERY DENIAL
1	SURGERY DENIAL
1	REFERRAL DENIAL
1	MISC.
1	SURGERY DENIAL
1	TRANSPORTATION
1	DENTAL DENIAL
1	BILLING ISSUE
1	DENTAL DENIAL
1	RX DENIAL
2	SURGERY DENIAL
1	REFERRAL DENIAL
1	RX DENIAL
1	DENTAL DENIAL
1	TRANSPORTATION
3	BILLING ISSUE

[illegible]

[illegible]

DCO Hearing Outcome Types by Issue DY21 Q1

PlanName	Outcome	Issue	Totals

Data Source: DSS

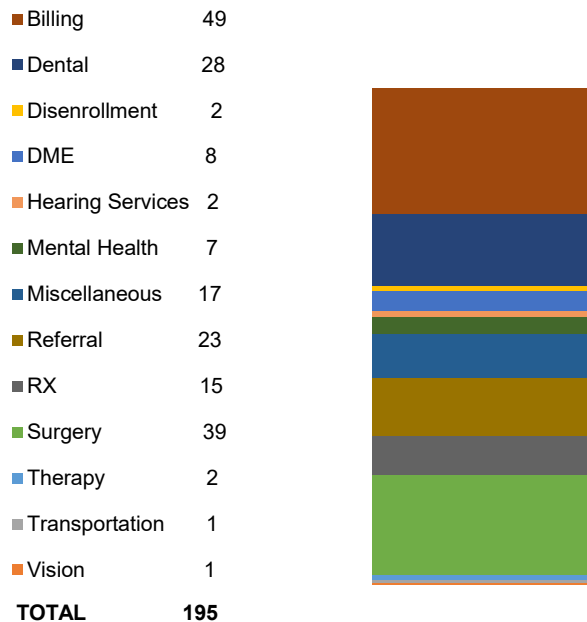
Data Extraction Date: 02/24/2023

Data Analyst: Rosey Ball

**Hearing Requests Received
10/1/2022 – 12/31/2022
by CCO, DCO and FFS**

Plan Name	Total Hearing Requests Received	Avg. Plan Enrollment *	Per 1000 Members
ADVANCED HEALTH	4	30,119	0.13
ALLCARE HEALTH PLAN, INC.	5	68,070	0.07
CASCADE HEALTH ALLIANCE	2	28,218	0.07
COLUMBIA PACIFIC CCO, LLC	3	38,933	0.08
EASTERN OREGON CCO, LLC	3	78,529	0.04
HEALTH SHARE of OREGON	36	446,899	0.08
INTERCOMMUNITY HEALTH NETWORK	14	88,227	0.16
JACKSON CARE CONNECT	5	67,841	0.07
PACIFICSOURCE COMM. SOLUTIONS - Central	17	78,909	0.22
PACIFICSOURCE COMM. SOLUTIONS - Gorge	2	18,106	0.11
PACIFICSOURCE COMM. SOLUTIONS - Lane	20	94,380	0.21
PACIFICSOURCE COMM. SOLUTIONS – Mar/Polk	35	152,565	0.23
TRILLIUM COMM. HEALTH PLAN – Tri-County	1	59,185	0.00
TRILLIUM COMM. HEALTH PLAN	6	40,811	0.15
UMPQUA HEALTH ALLIANCE, DCIPA	5	41,465	0.12
YAMHILL CO CARE ORGANIZATION	4	38,940	0.10
ADVANTAGE DENTAL		27,391	0.00
CAPITOL DENTAL CARE INC		19,208	0.00
FAMILY DENTAL CARE		4,695	0.00
MANAGED DENTAL CARE OF OR		4,648	0.00
ODS COMMUNITY HEALTH INC		17,874	0.00
FFS	24	274,871	0.10
Total	186	1,719,885	0.11

**Hearing Requests Received
10/1/2022 - 12/31/2022
by Issue**



Data Source: DSS

Data Extraction Date: 02/04/2023

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* Avg. Plan Enrollment based on average of Preliminary Member Months for Oct., Nov., Dec. 2022

CY 2022 Q4	Advanced Health	AllCare	Cascade Health	Columbia Pacific	Eastern Oregon
ACCESS - "A"					
TOTAL:	26	7	9	15	48
PENDING:	0	0	0	0	0
RESOLVED:	26	7	9	15	48
INTERACTION WITH PROVIDER OR PLAN - "IP"					
TOTAL:	30	26	9	20	68
PENDING:	0	0	0	0	0
RESOLVED:	30	26	9	20	68
CONSUMER RIGHTS - "CR"					
TOTAL:	8	5	3	1	21
PENDING:	0	0	0	0	0
RESOLVED:	8	5	3	1	21
Quality-of-Care - "QC"					
TOTAL:	15	5	6	11	8
PENDING:	0	0	0	0	0
RESOLVED:	15	5	6	11	8
QUALITY OF SERVICE - "QS"					
TOTAL:	2	6	1	1	9
PENDING:	0	0	0	0	0
RESOLVED:	2	6	1	1	9
CLIENT BILLING ISSUES - "CB"					
TOTAL:	27	0	1	6	19
PENDING:	0	0	0	0	0
RESOLVED:	27	0	1	6	19
OTHER	0	0	0	0	0
PENDING:	0	0	0	0	0
GRAND TOTAL	108	49	29	54	173
Enrollment Numbers: as of 12/31/2022	27,358	62,087	25,660	30,241	72,341
Per 1000 members:	3.95	0.79	1.13	1.79	2.39

Health Share	IHN	Jackson Care	PCSC CG	PCSC CO	PCSC Lane	PCSC MP	Trillium Lane	Trillium TriCo
702	40	24	6	61	310	136	77	25
40	0	0	0	0	0	1	4	0
662	40	24	6	61	310	135	73	25
556	67	33	9	67	164	150	59	29
29	0	1	0	0	0	0	6	0
527	67	32	9	67	164	150	53	29
102	10	9	12	26	51	38	7	7
9	0	0	0	0	0	0	1	0
93	10	9	12	26	51	38	6	7
302	20	16	1	9	22	25	7	3
28	0	1	0	0	0	1	0	0
274	20	15	1	9	22	24	7	3
79	25	2	0	9	8	15	4	1
2	0	0	0	0	0	0	0	0
77	25	2	0	9	8	15	4	1
49	1	4	4	14	21	28	38	44
0	0	0	0	0	0	0	10	0
49	1	4	4	14	21	28	28	44
0	0	0	0	0	0	0	0	0
108	0	2	0	0	0	2	21	0
1790	163	88	32	186	576	392	192	109
440,418	80,806	55,694	16,893	73,324	89,095	141,004	36,264	36,486
4.06	2.02	1.58	1.89	2.54	6.47	2.78	5.29	2.99

Umpqua	Yamhill County	FFS	Totals
151	29	10	1676
0	0	0	45
151	29	10	1631
15	26	1	1329
0	0	0	36
15	26	1	1293
4	3	7	314
0	0	0	10
4	3	7	304
5	8	33	496
0	0	0	30
5	8	33	466
3	3	27	195
0	0	0	2
3	3	27	193
0	8	128	392
0	0	0	10
0	8	128	382
0	0	0	0
0	0	0	133
178	77	206	4402
37,353	34,100	274,871	1,533,995
4.77	2.26	0.75	2.87