SNAP SHOT

OF SERVICES WE PROVIDE

AT NO COST TO OHP "OPEN CARD" MEMBERS

Nurse Advice and Triage Line

Members can speak by telephone with a Registered Nurse by calling 1-800-562-4620. They can ask for information about his or her health, health of family members, options for self-care, or whether he or she should seek a physician, urgent care, emergency room or other services. Nurse Advice Line is available anytime everyday (24/7/365) to all Open Card (Fee-for-Service) OHP members.

Care Coordination (CC)

Information and referrals are provided to members by OHPCC program staff, using an extensive database maintained by OHPCC. This includes physicians, specialists, dentists, home health, social services, transportation, and other resources. Members are helped to work their way through complexities of healthcare as part of with the Oregon Health Plan.

Case Management (CM)

Members are assisted by a RN or LPN by telephone on an ongoing basis. They provide information and assist members improve decisions, actions, and advocacy about health issues and his or her experience with the healthcare system.

Intensive Case Management (ICM)

Community-based RNs and LPNs manage high-risk members one-on-one. Services include post-discharge care coordination, intervention, resource assistance, or identifying future risks by assessments and in-home visits.

Questions about the OHPCC program?

Contact us using this information:

Oregon Health Plan Care Coordination
1750 Blankenship Road, Suite 425
West Linn, OR 97068

Phone: 1-800-562-4620
Fax: 866-350-1311
www.OHPCC.org

John R. DiPalma
Executive Director
jdipalma@kepro.com
(503)404-4092 ext 4671

Jeff McWilliams, MD
Medical Director
jmcwilliams@kepro.com
(503)404-4092 ext 4670

OHPCC is managed by

KEPRO
INTELLIGENT VALUE

Oregon Health Plan
Care Coordination

OREGON HEALTH PLAN CARE COORDINATION PROGRAM

MANAGED BY

KEPRO
INTELLIGENT VALUE

IN PARTNERSHIP WITH

Oregon Health Authority

DHS Oregon Department of Human Services

Oregon Health Plan Care Coordination (OHPCC)

This program is managed for Oregon Health Authority by KEPRO.

OHPCC provides essential information, healthcare and support services to people covered by Oregon Health Plan, which is Oregon's Medicaid program.

Specifically, OHPCC is available for all OHP members who are not in a Coordinated Care Organization (CCO).

Our members obtain services through the OHP "Open Card" system in which healthcare providers are paid on the basis of Fee-for-Service (FFS). Some OHP-FFS members are "Dual-Eligible" as they also receive services paid by Medicare.

How OHPCC Helps Providers:

- Extend providers to help members
  - Find medical homes
  - Support discharge planning
  - Assist transportation for appointments
  - Develop medication compliance plans
  - Aid with evidence-based action plans
  - Facilitate self-management
- Provide information and referrals
- Create stronger continuum-of-care
- Decrease admissions/readmissions
- Reduce unnecessary ER use
- Improve HEDIS scores

KEPRO and OHPCC

- KEPRO has effectively worked under contract with OHA since 2009 (formally APS Healthcare)
- Telephonic and management staff members in Tualatin with field-based staff state-wide
- We serve about 120,000 members, which is 10% of people served by OHP
- High-tech supports our high-touch services, with state-of-the-art disease management support by Percolator risk-stratification software and Care-Connection member management systems
- We saved the State over $85 million in the first six years of the Program for ROI over 3:1
- Successful 2013 implementation of Dual-Eligible Program added over 28,000 members
- Effectively managed doubling of FFS members during 2014 Medicaid expansion
- Significantly improved reporting (Daily Ops. Scorecards, Quarterly, Annual and others)
- Ongoing strong relationship with OHA and other organizations state-wide
- Excellent customer satisfaction scores (over 90% would recommend us)
- Our members' success stories are exciting and inspiring!
- KEPRO was selected in 2016 by OHA for a new contract to continue managing OHPCC

Case Management (CM) and Intensive Case Management (ICM)

We target medium- and high-risk members using CM or ICM to improve care and reduce risk for high-cost medical claims. Our RNs and LPNs help members in many ways:

- Ensure appropriate, timely, cost-effective services
- Transition to lower care levels
- Enhance safety, quality-of-life, and productivity
- Improve health
- Eliminate gaps in care
- Use evidence-based treatment plans
- Manage services based on member readiness, response to treatment, and care plan goals

CM or ICM is needed when members have complex needs, such as:

- Acute health care needs
- Diagnoses
- Medical issues and comorbidities
- Hospital discharge requirements
- Social issues

We advocate for each member to ensure access to appropriate and cost-effective care. Our community based RNs and LPNs help members understand and appropriately use prescribed medications and keep appointments with providers. Better self-management reduces medical costs and improves overall quality-of-life.

Onsite Assessments are done when appropriate, such as when a member has a very complex condition or the living situation also needs to be assessed.