

**State of Oregon
Oregon Contraceptive Care**

**Medicaid Section 1115 Waiver
Project # 11-W-00142/0**

**Narrative and Data Report for Quarter 2, 2014
(April through June 2014)**

**The report also includes enrollment data for the first quarter of
Demonstration Year 16 (February 2014 – April 2014)**

Clients Enrolled and Claims Paid

Calendar Year

The number of clients newly enrolled in Oregon **ContraceptiveCare** (CCare) during the second quarter of calendar year 2014 was 3,669. A total of 10,094 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 60,616. Including both service and supply reimbursements, the total amount paid in claims for the second quarter of 2014 was \$3,067,838.61.

Demonstration Year

The number of clients newly enrolled in CCare during the first quarter of Demonstration Year 16 (DY16) was 4,477. A total of 11,979 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 65,184. Including both service and supply reimbursements, the total amount paid in claims for the first quarter of DY16 was \$3,579,346.91.

The CCare provider network currently has 145 registered clinic sites.

Outreach

Ongoing activities in implementation of the CCare social marketing campaign included:

- Continued development and posting of new content to the CCare Facebook and web sites;
- Ongoing tracking and monitoring of site metrics through Google Analytics and Facebook Insights;
- Production and placement of new Facebook advertisements;
- Added nearly 1,000 new "fans" to the CCare Facebook site for a total of 5,299 fans as of June 30, 2014;
- Participated in the 37th Annual Adolescent Sexuality Conference in Seaside, Oregon by staffing an interactive education and outreach

program exhibit and presenting a session on what adolescents need to know about contraception, CCare and the ACA;

- Continued meeting with key partners in the Portland area African-American community to advance our collaboration on a project to reduce reproductive health disparities and promote access to and utilization of contraceptive services among the women and communities served by the Healthy Birth Initiative;
- Participated in an SB 770 Tribal Health Services quarterly meeting to consult tribal health directors regarding the State plan for the converting the CCare 1115 waiver into a State Plan Amendment (SPA) and to solicit participation as CCare service providers;
- Created two client fact sheets about contraception and CCare under the ACA (English and Spanish); and
- Posted resources on the State RH web site to assist local CCare providers with their community education and outreach efforts.

Agency Training and On-site Consultations

- Delivered program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Update* newsletter.
- Facilitated clinical implant insertion/removal training for four providers.
- Provided onsite training focused on CCare to one (1) county health department.
- Provided relevant health system transformation information and resources to providers via the RH Program's electronic listserv, as needed.
- Provided technical assistance on a variety of topics including CCare services, eligibility requirements, auto-enrollment, billing and income verification via email and telephone to multiple agencies upon request.

Program Audit Activities

On-going audit activities included:

- Review of CCare billing and data reports.
- Review of data showing rejected Clinic Visit Records (CVRs) and reasons for rejection.
- Work with individual agencies on specific billing or CVR rejection issues identified from monthly report review.
- Follow-up with agencies on previously identified issues to ensure that billing changes have occurred.
- Monitoring of supply prices charged by provider agencies against invoices from suppliers and Prime Vendor 340 B quarterly price list.
- Notification of supply price changes and other audit-related issues to providers via the biweekly *RH Update* newsletter.
- On-going duplicate claims audit process to identify and correct duplicate claims inadvertently submitted to and paid by CCare.

The following audit-related activities also took place this quarter:

- Review of four provider agencies for eligibility screening practices, enrollment form completeness, and chart documentation of a contraceptive management visit. Citizenship verification information and other paper documents were verified against the CCare Eligibility Database as part of this process.
- Monitored new insurance billing edit/policy causing claims to be rejected when enrollment form indicates client has insurance, but no evidence of billing insurance carrier is provided (with exception for special confidentiality).

Policy Issues

- The RH Program Research Analyst continued to monitor CCare client caseload numbers post January 1 ACA implementation, including CCare clients transitioning to the state's Medicaid program, the Oregon Health Plan.
- The RH Program Policy Analyst participated in monthly Public Health Division Health System Transformation Team meetings in order to better coordinate public health's involvement in state and local health care reform efforts.
- RH Program staff continued to staff the newly convened Oregon Preventive Reproductive Health Advisory Council (OPRHAC) to develop standards and metrics for the provision of contraceptive services.
- The RH Program Manager and Policy Analyst attended the annual National Family Planning and Reproductive Health Association meeting in Alexandria, VA in April. The Policy Analyst participated on a panel discussion on the topic of confidentiality in the provision of health care services.
- The RH Program submitted FFY 14 Q2 CCare claims data to CMS as part of the FY14 Payment and Error Rate Measurement (PERM) cycle.
- The RH Program Policy Analyst and the Adolescent Policy and Assessment Analyst met with a group of insurance carriers to discuss member billing communications and confidentiality issues.
- The RH Program continued to work with the state's Division of Medical Assistance (DMAP) to determine CCare's role in ACA implementation.
- The RH Program convened multiple workgroups to discuss converting CCare from a waiver to a SPA.

Staffing

- The RH Program hired Alison Babich, formerly the Section Fiscal Analyst, as the Provider Liaison in June. Alison will provide CCare-specific training and technical assistance around issues related to

program sustainability, including contracting and billing, EHR implementation, and CCO partnerships.

- The RH Program conducted interviews for a Research Analyst 2 position. This position is expected to be filled mid-Summer.

Evaluation

- Continued collaboration with researchers at the Oregon Health and Sciences University (OHSU) to assess contraceptive method use among adolescents and young women at CCare clinics over time. Abstracts on research findings were submitted to the American Public Health Association for the fall 2014 meeting and the Oregon Public Health Association for the fall 2014 meeting.
- Continued to monitor CCare evaluation objectives and the data sources used to measure progress toward those objectives.