oregon**contraceptive**care

Oregon Family Planning Medicaid Waiver
Section 1115 Quarterly Report

2st Quarter Report
April 1, 2017 – June 30, 2017
Demonstration Year 19

Oregon Health Authority

I. Introduction

The Oregon Health Authority, Public Health Division, administers Oregon's 1115 family planning Medicaid demonstration waiver entitled Oregon ContraceptiveCare or "CCare" (Project Number 11-W-00142/0). First approved in October 1998 by the Centers for Medicare and Medicaid Services (CMS) (previously the Health Care Financing Administration), the program began providing services in January of 1999. CCare expands Medicaid coverage for family planning services to all men and women of reproductive age with household incomes at or below 250% of the federal poverty level (FPL). The goal of the program is to improve the well-being of children and families by reducing unintended pregnancies and improving access to primary health care services. Clients are enrolled in CCare at the point of service (clinic site) but final determinations of eligibility are made by state staff. CCare eligibility is effective for one year once established. Eligibility re-determination occurs annually, sooner if a client has lost CCare eligibility for some reason (e.g., acquired and then lost regular Medicaid coverage) and is seeking to reestablish it. CCare covers office visits for contraceptive management services, limited laboratory services, contraceptive devices, and pharmaceutical supplies. There is no cost-sharing for coverage and services are provided through a statewide network of providers. Participating providers abide by the program's Standards of Care. One of these is the requirement to provide all clients with information and resources to help them access primary care services and health coverage on an ongoing basis.

The overall outcomes of CCare can grouped into three categories: (A) immediate outcomes for CCare clients; (B) intermediate outcomes for both CCare clients and the waiver's target population; and, (C) long-term outcomes for Oregon's reproductive-age population as a whole.

(A) Immediate Outcomes

- Outcome 1: The program will result in an increase in the proportion of clients who use a highly effective or moderately effective contraceptive method.
- Outcome 2: The program will result in an increase in the proportion of clients who receive help to access primary care services and comprehensive health coverage.
  Data source: RH Program Data System

(B) Intermediate Outcomes

- Outcome 3: The program will result in an increase in the proportion of reproductive-age Oregonians who use a highly effective or moderately effective contraceptive method.

- Outcome 4: The program will result in an increase in the proportion of sexually experienced high school students who report using a method of contraception at last intercourse.

(C) Long-term Outcomes

- Outcome 5: The program will result in a decrease in the proportion of Oregon births classified as unintended.
- Outcome 6: The program will result in a decrease in the unintended pregnancy rate in Oregon.
- Outcome 7: The program will result in a decrease in teen pregnancy rates in Oregon.

Table 1 shows the quarters for demonstration year (DY) 19 for the waiver.

TABLE 1
Family Planning Waiver
Quarterly Report Timeline Dates for DY 19

Quarter	Begin Date	End Date	Quarterly Report Due*
1	January 1, 2017	March 31, 2017	May 31, 2017
2	April 1, 2017	June 30, 2017	August 31, 2017
3	July 1, 2017	September 30, 2017	November 30, 2017
4	October 1, 2017	December 31, 2017	February 28, 2017

*60 days following the end of quarter.

II. Significant Program Changes

Under the current waiver renewal, CCare continues to provide the same services as in the previous demonstration period. There have been no other noteworthy changes in administration/operations, enrollment, service utilization, or provider participation.

Reproductive Health (RH) Program staff continue to track proposed legislation related to family planning services for the 2017 Oregon legislative session. Most significantly, RH Program staff have been providing bill analysis and fiscal impact statements on **HB 3391** (also known as The Reproductive Health Equity Act). This bill requires Oregon-based health benefit plans, as defined in ORS 743B.005, to cover a suite of preventive reproductive health services, without any cost-sharing requirements, similar to those defined in the Affordable Care Act's preventive services coverage requirements. It also requires that OHA (i.e. Reproductive Health Program)

administer a program to reimburse for reproductive health services provided to individuals of reproductive capacity who are not otherwise eligible for medical assistance (i.e., those not eligible for Medicaid because of their immigration status). Finally, extends full medical coverage for individuals covered by CAWEM Plus (prenatal for undocumented women) for 180-days immediately post-partum.

The following bills passed the legislature during the 2nd quarter:

HB 2103 **Passed June 6, 2017** Permits licensed nurse practitioners to perform vasectomies.

HB 2527 **Passed June 5, 2017** Allows pharmacists to prescribe and dispense self-administered hormonal contraceptives and to prescribe and administer injectable hormonal contraceptives. Amends current statute, ORS 689.005 and 689.683, to define self-administered hormonal contraceptives as including, but not limited to, hormonal contraceptive patches and hormonal contraceptive pills.

III. Enrollment and Renewal

CCare expands Medicaid coverage for family planning services to all men and women of reproductive age with household incomes at or below 250% of the federal poverty level (FPL). CCare eligibility is effective for one year once established. Eligibility re-determination occurs annually, sooner if a client has lost CCare eligibility for some reason (e.g., acquired and then lost regular Medicaid coverage) and is seeking to reestablish it.

It should be noted that CCare enrollment has remained consistent over the past two years.

	Table 2 CY 2017 / DY 19			
	Q1, January 1 - March 31	**Q2, April 1 – June 30**	**Q3, July 1 – September 30**	**Q4, October 1 – December 31**
# of Total Enrollees	8,312	7,503		
# of Member Months	72,236	72,056		

IV. Service and Providers

There are currently 52 provider agencies enrolled in CCare, representing a total of 146 clinic sites. During the 2nd quarter, 1 health clinic closed. Ongoing CCare provider training and education activities during the 2nd quarter included:

- Delivery of program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Newsletter*.
- Three training webinars, attended by a total of 34 RH providers (across the three webinars), on the following topics: changes to the CCare Enrollment Form, changes to the CCare Eligibility Database, and a Reproductive Health Program provider orientation.
- One in-person training on the counseling and education approach - Motivational Interviewing, attended by 17 RH providers.

V. Program Monitoring

The Oregon Health Authority has an obligation to state and federal funders, as well as to Oregon taxpayers, to assure compliance with program regulations. In order to do this, the following audit activities are conducted:

1. Monthly desk-audit, including review of data and claims to identify improper billing practices.
2. Visit frequency audit to help identify clients with a high number of visits within the year, which may indicate the need for a chart audit. A large number of clients with more visits than the statewide average of two per year (or one for males) can be an indicator of incorrect billing practice.
3. Random-sample chart audit, using statistically valid random sampling, with sufficient sample size allowing a confidence interval of 95%. Charts are reviewed and a matrix of findings is developed identifying the results of each chart reviewed. Upon receipt of the matrix, the agency has a period of ten days to review and/or challenge the findings. The primary reason for a chart audit is to substantiate whether or not the visit was appropriately billed to CCare; however, other findings may also be identified.
4. Eligibility and enrollment form audit to assess for completeness and accuracy.
5. CCare audits during regular Title X reviews in which agencies receiving Title X funds are reviewed for compliance with all family planning program regulations on a triennial basis. Chart reviews are performed as part of the process. Reviewers also follow a checklist of components to review CCare charts when reviewing charts for Title X compliance. This review tool is also given to providers to encourage regular self-audit.
6. Vasectomy/sterilization consent form audit to ensure completeness and accuracy.

The following audit activities were conducted during the 2nd quarter:

- 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 during the 2nd quarter:

- On February 1, 2017 the CCare program began using a revised enrollment form that included collection of applicable MAGI income sources, as well as immigration status and related documentation. Beginning in the 2nd quarter, a specific audit process was implemented to review clinic use of the new enrollment form. In order to review each of the 50+ CCare agencies, program integrity staff collected enrollment forms from 15-17 agencies per month for three months (two of which fell in Q2) totaling approximately 30 agencies in this reporting period.
- Agency specific client numbers were pulled for clients enrolled after Feb.1 to review for accurate use of the new form, as well as citizenship and immigration status documentation and process. Enrollment form Information was also verified against the eligibility database for accuracy.
- If problems were identified, agency RH coordinators were contacted for resolution.

VI. Quarterly Expenditures

Table 3 shows the quarterly expenditures during the 1st and 2nd quarters of DY 19.

TABLE 3
Quarterly Expenditures for DY 19
January 1, 2017 – December 31, 2017

Quarter	Total Expenditures as Reported on the CMS-64
1	$11,232,978*
2	$2,262,928

3	
4	
Annual Total	

***Note – the expenditures reported on the CMS-64 for the period January 1, 2017 through March 31, 2017 reflect $2,284,316 in CCare payments and $8,948,662 in prior period adjustments, for a total of $11,232,978.

VII. Activities for Next Quarter

As part of CMS' FY 17 PERM Cycle 3, RH Program staff have, and will continue to, work with staff across the Oregon Health Authority to prepare to submit data at the end of each quarter through September 30, 2017, DY 19.

RH Program staff will continue to provide data and information to Oregon state legislative staff regarding bills related to reproductive health, as requested. The 2017 legislative session is set to adjourn July 10, 2017.

RH Program staff continue to participate in a cross-agency workgroup focused on reducing rates of unintended pregnancy. Following the creation of a data report describing the scope of the issue in Oregon, the workgroup will identify priority areas and populations where interventions may be focused. The workgroup has been asked by Oregon Health Authority Director to set an aggressive 2-year workplan to make significant progress in reducing unintended pregnancy rates. The workgroup will continue to meet on a monthly basis.

RH Program staff participate in the Oregon Preventive Reproductive Health Advisory Council (OPRHAC), a collaborative effort of state, local, private and public health sectors. Over the course of three years, OPRHAC members developed and finalized the *Oregon Guidance for the Provision of High-Quality Contraception Services: A Clinic Self-Assessment Tool* and *Strategies and Resource Guide*. The Self-Assessment Tool was introduced during an Innovation Café hosted by the Oregon Health Authority's Transformation Center in May that was focused on three Coordinated Care Organization (CCO) incentive metrics, including the effective contraceptive use (ECU) metric. The purpose of the tool is to use to define and encourage the adoption of standards for the provision of high-quality contraception services in both primary care and family planning clinical settings throughout Oregon. The RH Program, in support of the OPRHAC tool, is in the process of developing a website that will allow users to track their assessment results and subsequent improvement work plans. The website will be completed late summer/early fall. RH Program staff involved in this effort will continue to promote the tool during the 3rd and 4th quarters of DY 19.

RH Program staff, in partnership with staff across OHA and key external stakeholders, received notice that its application for CMCS' Medicaid Innovation Accelerator Program, Maternal and Infant Health Initiative Value-Based Payment Technical Support was accepted. Oregon is focused on two priority areas: value-based payment for patient-centered contraception counseling and enhanced payment for contraception care when delivered in high-quality clinics. Oregon will begin to participate in bi-weekly technical assistance and training calls/webinars during the 3rd quarter.