oregon**contraceptive**care

Oregon Family Planning Medicaid Waiver

Section 1115 Quarterly Report

2nd Quarter Report

April 1, 2018 – June 30, 2018

Demonstration Year 20

Oregon Health Authority

I. Introduction

The Oregon Health Authority, Public Health Division, Reproductive Health (RH) Program 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) 20 for the waiver.

TABLE 1
Family Planning Waiver
Quarterly Report Timeline Dates for DY 20

Quarter	Begin Date	End Date	Quarterly Report Due*
1	January 1, 2018	March 31, 2018	May 31, 2018
2	April 1, 2018	June 30, 2018	August 31, 2018
3	July 1, 2018	September 30, 2018	November 30, 2018
4	October 1, 2018	December 31, 2018	February 28, 2018

*60 days following the end of quarter.

II. Significant Program Changes

As part of recently passed legislation (HB 3391), the Reproductive Health Program became responsible for administering new coverage for a broad range of reproductive health services for individuals who can become pregnant and would otherwise be eligible for Medicaid if not for their immigrations status (e.g., lawful permanent residents <5 years, individuals with DACA status, undocumented individuals, etc.). Staff spent the period between January and March working to operationalize the program through integration with both its Title X grant and CCare. This integration facilitates a streamlined model whereby there is "no wrong door" for clients seeking services and agencies have access to fee-for-service (FFS) reimbursement for a broad scope of reproductive health services. This model contributes to a sustainable network of clinics and access to essential reproductive health services for more individuals.

During the planning phase, the RH Program reached out to key stakeholders, including current RH providers, community-based organizations, potential providers, and community members for input and guidance. Also during this time, the RH Program provided training to providers on the newly integrated client enrollment form, the client eligibility database, and billing and coding changes.

The RH Program implemented the newly integrated structure on April 1, 2018. Leveraging its existing model of FFS claims-based reimbursement through CCare, the RH Program developed three bundled reimbursement rates based on a weighted average of the different office visits and laboratory services conducted within typical reproductive health visits. These rates are based on Medicaid FFS reimbursement rates and are intended to accommodate the range of typical visits provided for both new and established clients. Clinics select the appropriate visit type for each encounter which triggers the corresponding reimbursement rate. Using a set of system rules based on each funding source's client eligibility and service coverage requirements, the RH Program determines the appropriate fund source to draw from. This ensures that funding is maximized based each fund source's unique eligibility and coverage

requirements. CCare funds continue to be used solely for CCare-eligible individuals for CCare-covered services (i.e., services to prevent unintended pregnancy).

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.

As part of the newly integrated RH Program structure, all active CCare clients had their eligibility ended as of March 31, 2018 and were reenrolled the next time they sought services at a CCare clinic. As a result of these reenrollments, the number of CCare enrollees has increased since Q1 and the number of member months has decreased.

	Table 2 CY 2018 / DY 20			
	Q1, January 1 - March 31	**Q2, April 1 – June 30**	**Q3, July 1 – September 30**	**Q4, October 1 – December 31**
# of Total Enrollees	7,251	11,210		
# of Member Months	81,762	23,088		

IV. Service and Providers

On April 1, 20 agencies were certified to provide and receive reimbursement for services under the RH Program's newly integrated structure (i.e., eligible to receive reimbursement under CCare, Title X, and HB 3391). An additional 12 agencies chose to remain enrolled as CCare-only providers (i.e., not eligible to receive reimbursement under HB 3391 or Title X). As of June 30,

there were 48 provider agencies enrolled in either the full RH Program (CCare, HB 3391, and Title X) or CCare-only, representing a total of 156 clinic sites. 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 approximately 105 RH providers (across the three webinars), on the following topics: enrollment form, eligibility database, and CCare-specific process changes.

V. Program Monitoring

During the 2nd quarter, RH Program staff updated program integrity and monitoring processes and revised review tools to incorporate RH Program changes effective April 1. The existing audit and compliance components related to CCare were maintained and enhanced as part of the integration with the RH Program's two other funding sources (Title X and HB 3391). Starting April 1, the RH Program's Data Systems and Integrity Workgroup will conduct ongoing reviews of submitted claims monthly. The following auditing activities of individual agencies receiving CCare reimbursement will begin in the 3rd quarter:

1. Monthly desk-audit, including review of data and claims to identify potential 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. Chart reviews during onsite clinic reviews. Reviewers follow a checklist of components to review charts with visits billed to CCare. The review tool is given to providers to encourage regular self-auditing.

VI. Quarterly Expenditures

Table 3 shows the quarterly expenditures during the 1st and 2nd quarters of DY 20.

TABLE 3 Quarterly Expenditures for DY 20 January 1, 2018 – December 31, 2018	
Quarter	**Total Expenditures as Reported on the CMS-64**
1	$2,805,561
2	$2,225,398
3	
4	
Annual Total	

VII. Activities for Next Quarter

RH Program staff will continue to monitor the newly integrated program for quality assurance and improvement opportunities.

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 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, developed a website that allows users to track their assessment results and subsequent improvement work plans: https://oregoncontraceptiontool.org/. The website was completed in September 2017. RH Program staff involved in this effort continue to promote the tool across providers and health systems.