# **State of Oregon**Oregon**Contraceptive**Care

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

Narrative and Data Report for Quarter 1, 2013 (January through March 2013)

The report also includes enrollment data for the fourth quarter of Demonstration Year 14 (November 2012 – January 2013)

#### **Clients Enrolled and Claims Paid**

## Calendar Year

The number of clients newly enrolled in OregonContraceptiveCare (CCare) during the first quarter of calendar year 2013 was 7,052. A total of 17,588 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 73,900. Including both service and supply reimbursements, the total amount paid in claims for the first quarter of 2013 was \$4,626,391.94.

#### **Demonstration Year**

The number of clients newly enrolled in CCare during the fourth quarter of Demonstration Year 14 (DY14) was 7,569. A total of 19,054 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 75,124. Including both service and supply reimbursements, the total amount paid in claims for the fourth quarter of DY14 was \$4,916,445.04.

The CCare provider network currently has 160 registered clinic sites.

#### **Outreach**

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

- Placement of new content and posts to the CCare Facebook and web sites (including new contraceptive quizzes, "Ask the Expert" Q/A, updating the clinic locator, etc.).
- Ongoing tracking and monitoring of site metrics through Google Analytics and Facebook Insights.
- Creation and placement of Facebook advertising. The changing images and time slots continue to extend our reach to new audiences. Increased the number of "fans" on the CCare Facebook site to 1,429, a 23% increase since last quarter.
- Creation and disseminated a set of promotional CCare Valentine's Day cards for local CCare providers and state and community partners to share with their clients. Images from the cards were featured in Facebook

- ads, generating 1,297,104 impressions (the number of times the ad was displayed) and 508 clicks to the CCare Facebook site.
- Joined partnership with OHA MCH Equity Workgroup and Multnomah County to share information, resources and strategies for reducing MCH and RH disparities within the Portland-area African-American community.

## **Agency Training and On-site Consultations**

- Provided three 60-minute webinars on recent CCare Eligibility and Enrollment changes to a total of 126 participants.
- Provided three detailed 2-hour CCare Orientation webinars focused on eligibility requirements and the enrollment process to a total of 53 participants.
- Provided three detailed 90-minute CCare Orientation webinars focused on visit standards of care, billing and insurance, and program integrity to a total of 49 participants.
- Provided two 60-minute CCare Reproductive Health Coordinator Orientation webinars to a total of 14 participants.
- Delivered program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Update* newsletter.
- Provided technical assistance on a variety of CCare topics 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 five 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.
- Quarterly audit process specific to monitoring insurance billing. Several provider agencies were identified for further review and follow-up.
- Continued monthly CCare client eligibility verification checks.

# **Policy Issues**

- Requested and received approval from CMS to temporarily extend the current waiver period through April 31st, 2013 pending further discussions regarding the waiver renewal.
- Implemented auto-enrollment of women rolling off the Oregon Health Plan (the state's Medicaid program) 60-days postpartum into CCare. Approximately 650 women are auto-enrolled into CCare each month.

CCare program staff will evaluate how many women who are autoenrolled actually received services through CCare.

- Responded to legislative requests for data and information regarding CCare as part of the 2013 legislative session.
- Tracked a number of state senate and house bills relating to reproductive health.
- Established a reproductive health provider listsery for providers to share resources and information regarding relevant health care reform issues.
- Posted updated 2012 state and county reproductive health fact sheets to the Oregon Reproductive Health Program website.

#### **Staffing**

• There were no staffing updates during the 1<sup>st</sup> quarter of 2013.

#### **Evaluation**

- Continued planning for the 2013 bi-annual Customer Satisfaction Survey (CSS), including question development, survey methodology, and schedule. The CSS is expected to be administered to family planning clients in a random selection of clinics statewide in spring 2013.
- Continued to monitor CCare evaluation objectives and the data sources used to measure progress toward those objectives.