State of OregonOregon**Contraceptive**Care

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

Narrative and Data Report for Quarter 1, 2014 (January through March 2014)

The report also includes enrollment data for the fourth quarter of Demonstration Year 15 (November 2013 – January 2014)

Clients Enrolled and Claims Paid

Calendar Year

The number of clients newly enrolled in OregonContraceptiveCare (CCare) during the first quarter of calendar year 2014 was 4,578. A total of 12,236 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 66,091. Including both service and supply reimbursements, the total amount paid in claims for the first quarter of 2014 was \$3,897,246.63.

Demonstration Year

The number of clients newly enrolled in CCare during the fourth quarter of Demonstration Year 15 (DY15) was 6,063. A total of 16,335 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 69,374. Including both service and supply reimbursements, the total amount paid in claims for the fourth quarter of DY15 was \$4,518,519.49.

The CCare provider network currently has 148 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;
- Increased the number of "fans" on the CCare Facebook site by 35% over the last quarter for a total of 4,318 on March 31, 2014;
- Participated in ongoing meetings 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;

- Took the interactive education and outreach program display board on the road to engage community members and program partners at a Portland-area event for women of color;
- Met with a key partner in the Portland area African-American community to discuss and formalize 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.

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 an IUD/IUS clinical training for providers of three different CCare agencies.
- Provided relevant health system transformation information and resources to providers via the RH Program's electronic listsery, 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.
- Implemented 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

- RH Program Analysts monitored 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 and Research 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 Analysts developed a draft ICD-9 / ICD-10 crosswalk for contraceptive management-specific codes.

- The RH Program Policy and Research Analyst participated in a shortterm, multi-agency workgroup to address challenges with the Medicaid application process for pregnant women.
- RH Program staff continued to staff the newly convened Oregon Preventive Reproductive Health Advisory Council (OPRHAC) to develop standards for the provision of contraceptive services.
- The RH Program submitted FFY 14 Q1 CCare claims data to CMS as part of the FY14 Payment and Error Rate Measurement (PERM) cycle.
- The RH Program Policy and Research Analyst worked with the Adolescent Policy and Assessment Analyst to develop a policy brief around confidentiality and the provision of health services.
- The RH Program continued to work with the state's Division of Medical Assistance (DMAP) to determine CCare's role in ACA implementation and develop waiver renewal components.

Staffing

• The RH Program conducted the first round of interviews to fill the vacant Provider Liaison position. This position is expected to be filled in late spring of 2014.

Evaluation

- Completed and submitted the CCare annual evaluation report, including updated budget neutrality spreadsheets, to CMS.
- Completed final report on family planning and health system
 transformation within Oregon. The report assessed results from two
 surveys administered over a year to Reproductive Health Coordinators
 across the state. The purpose of the surveys were to assess any changes in
 levels of readiness with regards to Coordinated Care Organization (CCO)
 and commercial insurance contracting and billing and efforts around
 outreach and enrollment assistance with the state's health insurance
 marketplace.

