

oregon **contraceptive** care

**Oregon Family Planning Medicaid Waiver
Section 1115 Quarterly Report**

**1st Quarter Report
January 1, 2018 – March 31, 2018
Demonstration Year 20**



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 be 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

Under the current waiver renewal, CCare continues to provide the same services as in the previous demonstration period. There were no other noteworthy changes in administration/operations, enrollment, service utilization, or provider participation during the first quarter of 2018.

As part of recently passed legislation ([HB 3391](#)), the Reproductive Health Program is responsible for administering 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 immigration status. Staff spent the period between January and March working to operationalize the program through integration with both its Title X grant and CCare. During this time, the RH Program reached out to key stakeholders, including current RH providers,

community-based organizations, potential providers, and community members for input and guidance. Engagement with providers, communities, and consumers is a key priority as the program determines how to best assure access to high-quality reproductive health services for all Oregonians.

As part of this integration, the RH Program worked to revise the CCare Enrollment Form to the RH Program Enrollment Form. This form will serve as a single enrollment form for all clients and will be used to determine eligibility for the program’s three different funding sources.

The RH Program expects to roll out the new integrated program structure on April 1, 2018.

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 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 | | | |
| # of Member Months | 81,762 | | | |

IV. Service and Providers

There are currently 49 provider agencies enrolled in CCare, representing a total of 152 clinic sites. Ongoing CCare provider training and education activities during the 1st quarter included:

- Delivery of program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Newsletter*.

- Nine training webinars, attended by approximately 1,420 RH providers (across the nine webinars), on the following topics: enrollment form, billing, scope of services, eligibility database.
- One in-person enrollment form training, attended by approximately 25 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 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. 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 client visit charts and enrollment forms when reviewing charts for Title X compliance. This review tool is also given to providers to encourage regular self-audit.

The following audit activities were conducted during the 1st quarter:

- Review of CCare billing and data reports.
- Review of data showing rejected Clinic Visit Records (CVRs) and reasons for rejection.
- 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 Program newsletter.

- On-going duplicate claims audit process to identify and correct duplicate claims inadvertently submitted to and paid by CCare.
- Three agencies were reviewed for correct billing of CCare visits by reviewing chart notes during on-site Title X compliance reviews.

The RH Program is reviewing its program integrity and monitoring processes to reflect and incorporate the program changes described earlier in this report. The existing audit and compliance components related to CCare will be maintained and enhanced as part of the integration with the RH Program’s two other sources of funding (Title X and HB 3391).

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 | |
| 3 | |
| 4 | |
| Annual Total | |

VII. Activities for Next Quarter

RH Program staff will continue its work on rolling out the newly integrated program based on its three sources of funding (Title X, CCare, and new state general funds as a result of HB 3391). This will allow for more streamlined programming at the state, provider, and client level. Roll-out of the newly integrated program is planned for April 1st.

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 will continue to promote the tool across providers and health systems.