oregon**contraceptive**care

Oregon Family Planning Medicaid Waiver
Section 1115 Quarterly Report

3rd Quarter Report
July 1, 2017 – September 30, 2017
Demonstration Year 19

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) 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.

The Oregon legislature passed HB 3391, otherwise known as the Reproductive Health Equity Act, days before the legislature adjourned on Friday, July 7th. The bill includes many important provisions, detailed below:

- The bill requires Oregon-based commercial health benefit plans to cover a suite of preventive health services, such as pregnancy-related care, contraceptives, female and male sterilization, and abortion, without any cost-sharing requirements. These services

overlap with, but do not exactly mirror, the services required currently under the Affordable Care Act's preventive services coverage requirements.

- The bill strengthens protections for women to obtain abortion services by establishing an affirmative right to abortions.
- The bill expands CAWEM Plus coverage (medical assistance for pregnant women who would otherwise be eligible for Medicaid if not for their immigration status) for 60-days immediately post-partum.
- The bill requires that OHA administer a program to reimburse for all of the services described in the first bullet for individuals who can become pregnant and who are not otherwise eligible for medical assistance (i.e., those not eligible for Medicaid because of their immigration status).

The Reproductive Health Program will be responsible for administering the program described in the last bullet above. Staff will spend the next few months working to operationalize the program through integration with both its Title X grant and CCare. During this time, the RH Program will be reaching 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. 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 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	7,078	
# of Member Months	72,236	72,056	70,256	

IV. Service and Providers

There are currently 52 provider agencies enrolled in CCare, representing a total of 146 clinic sites. Ongoing CCare provider training and education activities during the 3rd quarter included:

- Delivery of program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Newsletter*.
- Two training webinars, attended by a total of 23 RH providers (across the two webinars), on the following topics: New Clinic-Assessment Tool for Providing High-Quality Contraceptive Services, and RH Learning Collaborative: Celebrating Achievements and Looking to the Future.
- One in-person comprehensive CCare training, attended by 3 RH providers, with an overview, and modules on how to enroll clients, and how to bill.

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.

6. Vasectomy/sterilization consent form audit to ensure completeness and accuracy.

The following audit activities were conducted during the 3rd 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 3rd quarter:

- In Q1 of 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 Q2, a specific audit process was implemented to review clinic use of the new enrollment form and process. 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) with the remaining 16 agencies being reviewed in Q3. If problems were identified, agency RH coordinators were contacted for resolution.
- A total of five agencies, including two university health centers, were reviewed per the regular CCare review process during Q3 as well.

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	$2,583,886
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 worked with staff across the Oregon Health Authority to submit data at the end of each quarter through September 30, 2017, DY 19.

RH Program staff will continue its work on integrating 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. The RH Program expects to draft proposed Oregon Administrative Rules (OARs) detailing the integration of the three funding streams during the 4th quarter of the calendar year and file them with the Secretary of State's office in order for an April 1, 2018 effective date. The existing CCare OARs are expected to remain the same for those providers enrolled in CCare only.

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 identified 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 through calendar year 2017 at which point a report with recommendations will be presented to the Oregon Health Authority Director.

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, 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.

RH Program staff, in partnership with staff across OHA and key external stakeholders, began work as part of CMCS' Medicaid Innovation Accelerator Program, Maternal and Infant Health Initiative Value-Based Payment Technical Support two-year collaborative. 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 began participating in bi-weekly technical assistance and training calls/webinars during the 3rd quarter.