oregon**contraceptive**care

Oregon Family Planning Medicaid Waiver

Section 1115 Quarterly Report

3rd Quarter Report

July 1, 2019 – September 30, 2019

Demonstration Year 21

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) 21 for the waiver.

TABLE 1
Family Planning Waiver
Quarterly Report Timeline Dates for DY 21

Quarter	Begin Date	End Date	Quarterly Report Due*
1	January 1, 2019	March 31, 2019	May 31, 2019
2	April 1, 2019	June 30, 2019	August 31, 2019
3	July 1, 2019	September 30, 2019	November 30, 2019
4	October 1, 2019	December 31, 2019	February 28, 2019

*60 days following the end of quarter.

II. Significant Program Changes

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 third quarter of 2019.

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.

	Table 2 CY 2019 / DY 21			
	Q1, January 1 – March 31	**Q2, April 1 – June 30**	**Q3, July 1 – September 30**	**Q4, October 1 – December 31**
# of Total Enrollees	6,748	7,436	6,837	
# of Member Months	83,996	89,132	81,810	

IV. Services and Providers

As of the end of Q3, 36 agencies, with 112 clinic sites, were enrolled in the full RH Program (CCare, Title X, and HB 3391). An additional 13 agencies are enrolled as CCare-only providers (i.e., not eligible to receive reimbursement under HB 3391 or Title X). 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*.
- One CCare orientation training, two Clinic Visit Record/CVR (data and claims collection form) trainings, and one Enrollment Form training were provided to approximately 50 attendees. In addition, one onsite RH Program orientation training was provided.
- Provision of one onsite RH Program Orientation training with approximately 50-60 clinic staff participants.
- Recording and posting online of two on-demand trainings – Enrollment Form for RH Clinics and Enrollment Form for CCare-only Clinics.

V. Program Monitoring

The RH Program continues to follow its established program integrity and monitoring processes. Audit and compliance components related to CCare are an integral part of the program audit processes.

In Q3, RH Program staff conducted several CCare audit activities to assure compliance with program, state, and federal requirements, including:

1. Monthly desk-audits, including reviews of data and claims to identify potential improper billing practices.
2. Random-sample chart audits to verify documentation supporting contraceptive management services, billed at the appropriate visit level.
3. Enrollment form audits to assess for completeness and accuracy. The Enrollment Forms are checked against information entered into the eligibility database.
4. Chart reviews during onsite clinic reviews where reviewers follow a checklist of components to review charts with visits billed to CCare.
5. Visit frequency audits to help identify clients with a high number of visits within the year, which may indicate the need for a chart audit.

6. Monthly duplicate claims audit process to identify and correct any duplicate claims inadvertently submitted to and paid by CCare.

A total of eight agencies were reviewed in Q3 2019 using the audit processes noted above.

In addition to the above, the RH Program Monitoring and Quality Assurance Workgroup met monthly throughout the quarter to review and improve processes, troubleshoot problems, and share information related to program monitoring.

VI. Quarterly Expenditures

Table 3 shows the quarterly expenditures during the 3rd quarter of DY 21.

TABLE 3 Quarterly Expenditures for DY 21 January 1, 2019 – December 31, 2019	
Quarter	**Total Expenditures as Reported on the CMS-64**
1	$2,575,855
2	$2,189,397
3	$2,129,874
4	
Annual Total	

VII. Activities for Next Quarter

During the 3rd quarter, the RH Program terminated its participation in the Title X grant because of newly effective federal rule changes. The RH Program is using general fund dollars allocated by the state for the provision of reproductive health services to maintain all programmatic

expenses and ensure there are no gaps in services. The RH Program will continue to work with the state legislature to ensure that clients have access to comprehensive reproductive health services as they did under Title X.

As part of the Reporting Year (RY) 2021 PERM cycle, the RH Program will submit its first set of quarterly data in October 2019 to Lewin, the PERM data contractor for CMS. The RH Program will continue to respond to additional requests for information and submit quarterly data, as appropriate.

The RH Program has been working with staff in OHA's Medicaid office to begin submitting monthly beneficiary and claims data to TMSIS.