

**State of Oregon  
Oregon Contraceptive Care**

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

**Narrative and Data Report for Quarter 3, 2014  
(July through September 2014)**

**The report also includes enrollment data for the second quarter of  
Demonstration Year 16 (May 2014 – July 2014)**

## **Clients Enrolled and Claims Paid**

### Calendar Year

The number of clients newly enrolled in Oregon **ContraceptiveCare** (CCare) during the third quarter of calendar year 2014 was 3,699. A total of 8,779 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 53,631. Including both service and supply reimbursements, the total amount paid in claims for the third quarter of 2014 was \$2,772,701.79.

### Demonstration Year

The number of clients newly enrolled in CCare during the second quarter of Demonstration Year 16 (DY16) was 4,002. A total of 10,361 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 59,024. Including both service and supply reimbursements, the total amount paid in claims for the second quarter of DY16 was \$3,016,568.52.

The CCare provider network currently has 138 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;
- Added over 1,200 new "fans" to the CCare Facebook site for a total of 6,643 fans as of Sept. 30, 2014;
- Continued meeting with key partners in the Portland area African-American community to advance our 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;

- Participation in Oregon's Region X Infant Mortality Collaborative Innovation and Improvement Network to contribute to strategies to reduce unintended pregnancy through increased access to contraceptive services and long-acting reversible contraceptives; and
- Participation in the quarterly SB 770 Tribal Health Services quarterly meeting to provide formal consult to tribal health directors regarding the state's plan to convert CCare from an 1115 demonstration waiver into a State Plan Amendment (SPA) and to solicit participation as CCare service providers.

### **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 clinical implant insertion/removal training for two providers.
- Facilitated clinical IUD/IUS insertion/removal training for ten providers.
- Conducted three conference calls to discuss issues related to agency sustainability with ten providers.
- Provided relevant health system transformation information and resources to providers via the RH Program's electronic listserv, 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.
- Provided technical assistance on recently established insurance billing edit/policy and other policies that cause claims to be rejected from the billing system.

## **Policy Issues**

- The RH Program continued to work with the state's Division of Medical Assistance Programs (DMAP) to convert CCare from an 1115 demonstration waiver to a state plan amendment (SPA). The state intends to submit a SPA application for a January 1, 2015 effective date.

- The RH Program Research Analyst continued to monitor CCare client caseload numbers post January 1, 2014 ACA implementation, including CCare clients transitioning to the state's Medicaid program, the Oregon Health Plan (OHP). As a result of ACA implementation, and most significantly, OHP expansion, CCare client numbers dropped in early 2014. However, monthly client enrollment numbers have begun to level-off and ongoing tracking of the data will determine whether this steady state will remain.
- The RH Program Policy 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 staff provided technical assistance and support to OHA's Scoring and Metrics Committee which voted to approve a new Medicaid/CCO incentive measure related to effective contraceptive use among women at risk of unintended pregnancy for 2015. The RH Program will continue to serve as a resource for Medicaid providers working to achieve this incentive measure.
- RH Program staff continued to staff the newly convened Oregon Preventive Reproductive Health Advisory Council (OPRHAC) to develop standards and metrics for the provision of contraceptive services.
- The RH Program submitted FFY 14 Q3 CCare claims data to CMS as part of the FY14 Payment and Error Rate Measurement (PERM) cycle.
- The RH Program Policy Analyst and the Adolescent Policy and Assessment Analyst continued to work with policy staff within the Oregon Health Authority and the Oregon Insurance Division to address issues related to confidentiality in health settings (e.g. health insurance member billing communications, health information exchange, patient access to health data).

## **Staffing**

- The RH Program hired Colin Stevens as a Research Analyst 2 position in August. Colin will focus on CCare eligibility verification processes and analysis related to encounter data.

- Rachel Linz, formerly the RH Program’s Research Analyst 3, was re-classified as an Epidemiologist 2 in August. Rachel will conduct advanced research and analysis on client service utilization and caseload forecasting, specifically related to changes as a result of state and federal health care reform efforts.

## **Evaluation**

- Continued collaboration with researchers at the Oregon Health and Sciences University (OHSU) to assess contraceptive method use among adolescents and young women at CCare clinics over time. An article titled “Examining quality of contraceptive services for adolescents in Oregon’s family planning program” was submitted to the journal *Contraception* in September 2014. Researchers at OHSU were listed as the primary authors and RH Program staff were listed as secondary authors.
- An abstract on research related to contraceptive method use among women of reproductive age, using CCare visit data and BRFSS survey data, was accepted to the Oregon Public Health Association’s annual conference, scheduled for October 2014.
- Continued to monitor CCare evaluation objectives and the data sources used to measure progress toward those objectives.