

# oregon **contraceptive** care

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

**3<sup>rd</sup> Quarter Report  
July 1, 2016 – September 30, 2016  
Demonstration Year 18**



## I. Introduction

The Oregon Health Authority, Public Health Division, 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) 18 for the waiver.

<b>TABLE 1</b> <b>Family Planning Waiver</b> <b>Quarterly Report Timeline Dates for DY 18</b>			
Quarter	Begin Date	End Date	Quarterly Report Due*
1	January 1, 2016	March 31, 2016	May 31, 2016
2	April 1, 2016	June 30, 2016	August 31, 2016
3	July 1, 2016	September 30, 2016	November 30, 2016
4	October 1, 2016	December 31, 2016	February 28, 2016

\*60 days following the end of quarter.

## II. Significant Program Changes

The Oregon Health Authority submitted a fast-track application for the renewal of Oregon ContraceptiveCare in April, 2016. The Centers for Medicare and Medicaid services approved a 5-year extension of the waiver on August 9, 2016 through December 31, 2021.

Under the new extension, 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.

Oregon Health Authority staff continue to engage in discussions with partner advocacy organizations regarding proposed legislation related to family planning services for the 2017 Oregon legislative session.

### 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.

As demonstrated in Table 2, enrollment has remained level compared to the previous quarter.

<b>Table 2</b>				
<b>CY 2016 / DY 18</b>				
	<b>Q1, January 1 - March 31</b>	<b>Q2, April 1 – June 30</b>	<b>Q3, July 1 – September 30</b>	<b>Q4, October 1 – December 31</b>
<b># of Total Enrollees</b>	7,744	7,342	7,311	
<b># of Member Months</b>	78,379	75,781	71,601	

### IV. Service and Providers

There are currently 53 provider agencies enrolled in CCare, representing a total of 145 clinic sites. During the 3<sup>rd</sup> quarter, 1 new school-based health center (SBHC) enrolled as a CCare provider. Ongoing CCare provider training and education activities during the 3<sup>rd</sup> quarter included:

- Delivery of program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Newsletter*.
- Four training webinars, attended by a total of 96 RH providers (across all four webinars).
- Two in-person trainings attended by 33 clinic staff.
- Relevant health system transformation information and resources communicated to providers via the RH Program’s electronic listserv, as needed.
- Technical assistance on a variety of topics including CCare services, eligibility requirements, billing and income verification via email and telephone provided to multiple agencies upon request.
- Clinical information/research articles distributed to all Reproductive Health Coordinators and providers at Oregon Health and Sciences University (OHSU).

## 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 errors to identify 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 charts 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.
7. Agency insurance billing audit to ensure that 3<sup>rd</sup> party liability is appropriately sought prior to billing CCare.

The following audit activities were conducted during the 3<sup>rd</sup> 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 this quarter:

- Review of six 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.
- Revision of the CCare section of the Reproductive Health *Program Integrity and Compliance Policies and Procedures Manual*.

The program has not received any feedback from or grievances made by beneficiaries, providers, or the public.

The Oregon Administrative Rules (OARs) for the Oregon ContraceptiveCare Program were amended to reflect changes in program administration and operations during the 3<sup>rd</sup> quarter. A Rules Advisory Committee (RAC) comprised of CCare providers, key OHA agency stakeholders, and community partner organizations reviewed the proposed rules revisions. The public will be invited to review and comment on the proposed rules during a public comment period lasting a minimum of 30 days during the fourth quarter. The final OARs are expected to be promulgated by January 1, 2017.

## VI. Quarterly Expenditures

Table 3 shows the quarterly expenditures through the 3<sup>rd</sup> quarter of DY 18.

TABLE 3 Quarterly Expenditures for DY 18 January 1, 2016 – December 31, 2016	
Quarter	Total Expenditures as Reported on the CMS-64
1	
2	
3	\$288,113*
4	
<b>Annual Total</b>	

\*Note – the expenditures reported on the CMS-64 for the period July 1, 2016 through September 30, 2016 reflect administrative expenditures at the 50% FFP rate only. The Program is working with the

OHA's Office of Financial Services to correct reporting so that expenditures at the 90% FFP rate for the family planning demonstration project are also captured.

## **VII. Activities for Next Quarter**

Staff from CCare provider agencies will attend the Reproductive Health Program's annual Reproductive Health Coordinators' 2-day meeting, scheduled for late October during the 4<sup>th</sup> quarter of DY 18. The first day of the meeting will be held in conjunction with the state's School-Based Health Center Program Office for a summit focused on youth and reproductive health care. The second day of the meeting will focus on Title X and CCare-specific programmatic updates and trainings.

As part of CMS' FY 17 PERM Cycle 3, Oregon ContraceptiveCare will work with staff across the Oregon Health Authority to prepare to submit data at the end of the 1<sup>st</sup> quarter of 2017, DY 19.