

**State of Oregon
Oregon ContraceptiveCare**

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

**Narrative and Data Report for Quarter 2, 2015
(April through June 2015)**

**The report also includes enrollment data for the first quarter of
Demonstration Year 17 (February 2015 – April 2015)**

Clients Enrolled and Claims Paid

Calendar Year

The number of clients newly enrolled in Oregon ContraceptiveCare (CCare) during the second quarter of calendar year 2015 was 3,309. A total of 7,910 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 38,306. Including both service and supply reimbursements, the total amount paid in claims for the first quarter of 2015 was \$2,475,860.28.

Demonstration Year

The number of clients newly enrolled in CCare during the first quarter of Demonstration Year 17 (DY17) was 3,771. A total of 9,116 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 40,700. Including both service and supply reimbursements, the total amount paid in claims for the fourth quarter of DY16 was \$2,371,225.22.

The CCare provider network currently has 140 registered clinic sites.

Outreach

Ongoing CCare outreach activities included:

- Continued development and posting of new content to the CCare Facebook and web sites.
- Produced and placed new Facebook advertisements.
- Continued tracking and monitoring of Facebook Insights metrics.
- Added 952 new "fans" to the CCare Facebook site for a total of 9,163 fans as of June 30, 2015.
- 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.

- Continued to participate 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.
- Continued participation in the African American AIDS Awareness Action Alliance to address the reproductive and sexual health needs of Portland Area African-American community.
- Tabled at the Portland Community College Women’s Resource Center Wellness Fair to raise awareness of CCare services among young women of color attending Community College.
- Tabled at the Oregon Queer Youth Summit to raise awareness of the unmet need for pregnancy prevention for young women who are in the bisexual, questioning, or who were born female but are in the process of physically and/or socially transitioning to male.

Agency Training and On-site Consultations

- Delivered program news, policy updates, training opportunities, and other information to providers via the biweekly *RH Update* newsletter.
- Conducted Reproductive Health Program orientation for 21 providers.
- Conducted Reproductive Health Coordinator orientation for one agency.
- Conducted RH Program training for approximately 75 clinicians at one large urban county health department.
- Conducted IUC training for three providers.
- Presented at OHA Public Health Week on how the RH Program addresses HPV.
- Provided technical assistance to on providing high-quality RH services to one agency.

- Conducted webinar on domestic and sexual violence for 30 participants.
- Facilitated provider network call for 18 participants on CMS' Meaningful Use EHR Incentive Program.
- 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, 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 five 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.

Policy Issues

- Following discussions with OHA leadership, the RH Program put the SPA conversion work on hold and instead, decided to pursue a waiver renewal.
- After receiving a six-month temporary waiver extension from CMS through December 31st, 2015, RH Program staff began work on drafting a waiver renewal application. The RH Program expects to submit the waiver renewal application to CMS by early October, 2015.
- 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 continued to staff the Oregon Preventive Reproductive Health Advisory Council (OPRHAC) to develop standards and metrics for the provision of quality contraceptive services.
- The RH Program continued to participate in and assist with 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).

- The RH Program Policy Analyst provided analysis on RH-related legislative bills as part of the 2015 Oregon legislative session. The legislature declared sine die on July 6, 2015. During the 2015 legislative session, the following RH-related bills were passed:
 - HB 2758: Prohibits carrier or third party administrator from disclosing to persons, other than enrolled who receives health services, protected health information relating to services provided to enrollee.
 - HB 3343: Requires insurers that cover prescription contraceptives to cover refills at 3-months for the first dispensing of the contraceptive and 12-months for subsequent dispensings of the same contraceptive.
 - HB 2879: Permits pharmacists to prescribe hormonal contraceptive patches and self-administered oral hormonal contraceptives.

Staffing

- One of the RH Program's two Nurse Consultants announced her resignation in June with an end-date of August 14. The RH Program has submitted a request to OHA leadership to begin the process of filling the vacant position. The RH Program hopes to begin recruiting for the position in late-summer.

Evaluation

- OHSU research partner received an Ob/Gyn Mission Support grant to extend the collaborative relationship between the RH Program and OHSU. The OHSU research partner and RH Program staff are planning a stakeholders meeting for September 2015 to assist in the development of a short list of priority research questions for family planning services in the state.

- Continued to monitor CCare evaluation objectives and the data sources used to measure progress toward those objectives.