

**State of Oregon
Oregon ContraceptiveCare**

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

**Narrative and Data Report for Quarter 3, 2015
(July through September 2015)**

**The report also includes enrollment data for the second quarter of
Demonstration Year 17 (May 2015 – July 2015)**

Clients Enrolled and Claims Paid

Calendar Year

The number of clients newly enrolled in Oregon ContraceptiveCare (CCare) during the third quarter of calendar year 2015 was 3,116. A total of 7,000 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 35,972. Including both service and supply reimbursements, the total amount paid in claims for the third quarter of 2015 was \$2,256,319.74.

Demonstration Year

The number of clients newly enrolled in CCare during the second quarter of Demonstration Year 17 (DY17) was 3,534. A total of 8,538 clients received services during the quarter. The number of clients with active enrollment status during any part of the quarter was 38,149. Including both service and supply reimbursements, the total amount paid in claims for the second quarter of DY17 was \$2,405,839.89.

The CCare provider network currently has 139 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.
- Updated the English and Spanish fact sheets about contraceptive care and health reform to include Oregon's new marketplace and enrollment website. The fact sheets were posted to the CCare website and distributed to SBHCs, community colleges and trade schools throughout Oregon.
- Added 1,229 new "fans" to the CCare Facebook site for a total of 10,392 fans as of September 30, 2015.

- Conducted 34 key informant interviews regarding trans men’s experiences seeking reproductive healthcare and created a new resource entitled, “Improving Reproductive Health for Transgender Oregonians” for our CCare clinic network.
- Continued meeting with key partners in the Portland-area African-American community to advance 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.

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 two webinars on using and understanding encounter data reports for approximately 14 providers.
- Provided technical assistance to one agency on the provision of vasectomy services.
- Conducted a Reproductive Health Coordinator orientation for one agency.
- Conducted RH Program orientation to 7 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, 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

- RH Program staff, in conjunction with CMS staff, decided to submit an 1115a waiver renewal application using the new “fast-track” review process. The Program expects to submit the final waiver renewal application to CMS by early November 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.
- RH Program staff participated on Rules Advisory Committees (RACs) to establish rules and develop policies and procedures for implementation of the following legislatively-approved bills:
 - 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 2879: Permits pharmacists to prescribe hormonal contraceptive patches and self-administered oral hormonal contraceptives.

Staffing

- The RH Program filled the vacant Nurse Consultant position. The new Nurse will begin work with the RH Program in early October 2015.

Evaluation

- RH Program staff collaborated with their OHSU research partner to conduct a stakeholders meeting in September 2015, composed of researchers and clinicians across the west coast, 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.