

oregon **contraceptive** care

Oregon Family Planning Medicaid Waiver

Section 1115 Quarterly Report

1st Quarter Report

January 1, 2023 – March 31, 2023

Demonstration Year 25



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 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) 24 for the waiver.

TABLE 1 Family Planning Waiver Quarterly Report Timeline Dates for DY 25			
Quarter	Begin Date	End Date	Quarterly Report Due*
1	January 1, 2023	March 31, 2023	May 31, 2023
2	April 1, 2023	June 30, 2023	August 31, 2023
3	July 1, 2023	September 30, 2023	November 30, 2023
4	October 1, 2023	December 31, 2023	March 31, 2024**

*60 days following the end of quarter. **4th quarter report also serves as the annual report and is due 90 days following the end of the demonstration year.

II. Significant Program Changes

CCare continues to provide the same services as in the previous demonstration period. There have been no significant program changes since the prior quarter.

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.

The number of enrollees and member months have both been impacted by Covid. The RH Program continues to grant eligibility extensions as a result of the Public Health Emergency (PHE) which has both increased the number of member months, and also reduced the number of clients that needed to complete an enrollment form. Furthermore, the number of enrollees has likely been reduced by clients gaining full benefit Medicaid coverage as individuals' jobs have been lost during the pandemic.

As the PHE winds down, clients whose eligibility was extended at least once during the PHE will have their eligibility ended on April 30, 2023. Clients may re-enroll during their next visit at the clinic site and their eligibility will be renewed.

Table 2				
CY 2023 / DY 25				
	Q1, January 1 – March 31	Q2, April 1 – June 30	Q3, July 1 – September 30	Q4, October 1 – December 31
# of Total Enrollees	1,978			
# of Member Months	140,438			

IV. Services and Providers

As of the 1st quarter, 33 agencies, with 115 clinic sites, were certified with and enrolled into the full RH Program (i.e., eligible for reimbursement from the RH Program’s three available funding sources: CCare, Title X (as of May 2022), and Reproductive Health Equity Act/HB 3391.

Additionally, 9 agencies and 32 clinics were certified with and 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 1st quarter included:

- Delivery of program news, policy updates, training opportunities, and other information to providers via the *RH Newsletter*.
- Emailing quarterly mailing to RH Program providers. Mailing includes recent research findings, informational articles, and relevant news.
- One CCare orientation training for La Clinica de Buena Salud.
- Two enrollment trainings for clinics across the network.

V. Program Monitoring

The RH Program uses established program integrity and monitoring processes to assure adherence to program requirements and ensure the provision of high-quality care across all of

its three funding sources. Audit and compliance components related to CCare continue to be an integral part of the program audit processes.

Typically, RH Program staff conduct several CCare audit activities each month 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. Monthly duplicate claims audit process to identify and correct any duplicate claims inadvertently submitted to and paid by CCare.

A total of 8 agencies were reviewed in the 1st quarter using the audit processes noted above. The audit results showed common issues related to enrollment form completion and storage as well as billing at the wrong visit level. Issues are addressed through Corrective Action Plans (CAPs) and/or by correcting claims.

The RH Program Data and Operations teams meet on a bi-weekly basis to review processes, troubleshoot problems, and share information related to clinical operations and program monitoring.

VI. Quarterly Expenditures

Table 3 shows the quarterly expenditures through the 1st quarter of DY 25.

TABLE 3	
Quarterly Expenditures for DY 25	
January 1, 2023 – December 31, 2023	
Quarter	Total Expenditures as Reported on the CMS-64
1	\$1,004,483
2	
3	
4	
Annual Total	

VII. Activities for Next Quarter

RH Program staff will continue to monitor client enrollment and service utilization in CCare.

CCare’s demonstration waiver expired on December 31, 2021. As such, the RH Program, in collaboration with the Oregon Health Authority’s Medicaid office, submitted its CCare waiver renewal application (using the fast-track application process) at the end of the 2nd quarter of 2021 with the intent of renewing the program by the end of the year. The RH Program requested a 5-year waiver renewal period with no major changes to waiver or expenditure authorities. As required by state and federal law, the RH Program engaged in all necessary public notice and comment activities as well as tribal consultation prior to submitting the application. CMS issued a 6-month temporary extension to the waiver through June 30, 2022 and then again extended the waiver renewal period an additional 12-months through June 30, 2023. The RH Program continues to meet with CMS staff regularly to discuss questions and concerns, with the goal of finalizing the waiver’s Special Terms and Conditions by June 30, 2023.

The Oregon legislative assembly convened on January 17th and will end no later than June 25th. The RH Program has been providing information about and analysis on House Bill 2002, a reproductive health omnibus bill. This bill seeks to expand access to reproductive health and gender affirming care and establish protections for providers and facilities providing this care, as well as for patients seeking care. It is assumed that the legislature will fund CCare at appropriate funding levels.