oregon **contraceptive** care

Oregon Family Planning Medicaid Waiver

Section 1115 Quarterly Report

3rd Quarter Report

July 1, 2022 – September 30, 2022

Demonstration Year 24

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 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 24			
Quarter	**Begin Date**	**End Date**	**Quarterly Report Due***
1	January 1, 2022	March 31, 2022	May 31, 2022
2	April 1, 2022	June 30, 2022	August 31, 2022
3	July 1, 2022	September 30, 2022	November 30, 2022
4	October 1, 2022	December 31, 2022	March 31, 2023**

*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.

Clinics have continued to increase their capacity in their use of telemedicine/telehealth as a result of the Covid pandemic. The RH Program has maintained its policies related to the provision of telehealth services and remote enrollment (i.e., completion of RH Program Enrollment Form via telephone or video conference and obtaining verbal consent).

During the 4th quarter of 2021, the RH Program submitted an application to HHS' Office of Population Affairs to receive Title X funding. The RH Program was awarded the Title X grant in April 2022. In addition to funding special projects, the RH Program resumed using Title X funds in May 2022 to reimburse for clinical services, as part of its braided funding model, in place of RH General Funds (RH GF) it had been using during the absence of the Title X grant between July 2019 and April 2022.

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 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.

	Table 2 CY 2022 / DY 24			
	Q1, January 1 – March 31	**Q2, April 1 – June 30**	**Q3, July 1 – September 30**	**Q4, October 1 – December 31**
# of Total Enrollees	1,859	1,772	1,694	
# of Member Months	106,508	113,191	132,415	

IV. Services and Providers

As of the 3rd quarter, 33 agencies, with 113 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, 10 agencies and 31 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 2nd 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.

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. Visit frequency audits to help identify clients with a high number of visits within the year, which may indicate the need for a chart audit.
6. Monthly duplicate claims audit process to identify and correct any duplicate claims inadvertently submitted to and paid by CCare.

A total of 12 agencies were reviewed in the 3rd 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 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 3rd quarter of DY 24.

TABLE 3 Quarterly Expenditures for DY 24 January 1, 2022 – December 31, 2022	
Quarter	**Total Expenditures as Reported on the CMS-64**
1	$1,036,973
2	$798,292
3	$1,335,201
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 will continue to be responsive to CMS regarding questions about the waiver renewal application.

In June 2022, the US Supreme Court issued a decision in Dobbs v Jackson Women's Health, overturning Roe v Wade. In response, both the Oregon state legislature and the Governor's Office convened special workgroups over the 3rd quarter focused on fortifying access to reproductive health services in Oregon. The RH Program has, and will continue to, share information about its network of clinics, including their infrastructure needs and capacity.