

# oregon **contraceptive** care

**Oregon Family Planning Medicaid Waiver**

**Section 1115 Quarterly Report**

**3<sup>rd</sup> Quarter Report**

**July 1, 2023 – September 30, 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), 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 Certification Requirements. 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) 25 for the waiver.

<b>TABLE 1</b>			
<b>Family Planning Waiver</b>			
<b>Quarterly Report Timeline Dates for DY 25</b>			
<b>Quarter</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Quarterly Report Due*</b>
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. \*\*4<sup>th</sup> 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-19. The RH Program granted eligibility extensions as a result of the Public Health Emergency (PHE) which 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 been reduced by clients gaining full benefit Medicaid coverage.

When the PHE expired, many clients' CCare coverage ended as of April 30, 2023. New enrollments and re-enrollments increased in Q2 compared to Q1, but remain well below pre-COVID levels. Q3 enrollments suggest that enrollment is stabilizing after the end of the PHE. As expected, Q3 member months are substantially lower than Q2 as thousands of enrollees' coverage ended on April 30, 2023.

<b>Table 2</b>				
<b>CY 2023 / DY 25</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>	1,978	2,847	2,604	
<b># of Member Months</b>	140,438	64,574	28,505	

### IV. Services and Providers

As of the 3<sup>rd</sup> quarter, 33 agencies, with 115 clinic sites, were certified with and enrolled as full RHCare certified sites. Additionally, 9 agencies and 32 clinics were certified with and enrolled as CCare-only sites. 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 *RH Newsletter*.
- Two billing refresher webinars held for the provider network in September.

## **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 6 agencies were reviewed in the 3<sup>rd</sup> 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 3rd quarter of DY 25.

<b>TABLE 3</b>	
<b>Quarterly Expenditures for DY 25</b>	
<b>April 1, 2023 – June 30, 2023</b>	
<b>Quarter</b>	<b>Total Expenditures as Reported on the CMS-64</b>
<b>1</b>	\$1,004,483
<b>2</b>	\$1,062,616
<b>3</b>	\$1,110,196
<b>4</b>	
<b>Annual Total</b>	

## 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 2<sup>nd</sup> 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 has issued three temporary extensions to the waiver, the most recent one extending the waiver until December 31, 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 December 31, 2023.

As part of CCare’s upcoming waiver renewal, the RH Program is working with staff in the Oregon Health Authority’s Medicaid office (Health Systems Division) to develop a strategic workplan to come into compliance with several eligibility and enrollment requirements

identified by CMS during waiver renewal negotiations. In order to meet these requirements, the RH Program will migrate its client eligibility and claims processing systems to the ONE integrated eligibility system and MMIS. RH Program and HSD staff are currently identifying systems requirements in order to develop a Level of Effort (LOE) for the state's contractor to determine estimated hours needed to complete the migration. Migration is anticipated to occur within the next 2 to 3 years.

The RH Program is also working with HSD staff to establish processes to facilitate the adoption of coverage of non-emergency medication transportation (NEMT) services for CCare enrollees. This will entail developing a manual workaround process until full migration to ONE and MMIS is completed and after which NEMT coverage will be automated.

Finally, during the 2023 legislative session, the legislature allocated \$3.4 million dollars in general funds to the RH Program. The purpose of this funding is to support infrastructure development among reproductive health clinical service agencies to assure access to equitable, high-quality reproductive health care. The RH Program intends to distribute this funding via grants to eligible clinical service agencies, including CCare agencies, in the first quarter of 2024.