

oregon **contraceptive** care

**Oregon Family Planning Medicaid Waiver
Section 1115 Quarterly Report**

1st Quarter Report

January 1, 2020 – March 31, 2020

Demonstration Year 22



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) 22 for the waiver.

TABLE 1 Family Planning Waiver Quarterly Report Timeline Dates for DY 22			
Quarter	Begin Date	End Date	Quarterly Report Due*
1	January 1, 2020	March 31, 2020	May 31, 2020
2	April 1, 2020	June 30, 2020	August 31, 2020
3	July 1, 2020	September 30, 2020	November 30, 2020
4	October 1, 2020	December 31, 2020	March 31, 2021**

*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. For the most part, there were no other noteworthy changes in administration/operations, enrollment, service utilization, or provider participation during the first quarter of 2020. However, many clinics began to increase their use of telemedicine/telehealth as the COVID-19 pandemic progressed in March. Furthermore, clinics identified changes to clinic workflow and service provision to ensure the health and safety of both clients and clinic staff (e.g., delaying routine well woman visits, providing Depo injections in the parking lot, etc.). In response to these changes, the RH Program developed guidance for the provision of telehealth services and remote enrollment (i.e., completion of RH Program Enrollment Form via telephone or video conference).

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.

Table 2			
CY 2020 / DY 22			
Q1, January 1 – March 31	Q2, April 1 – June 30	Q3, July 1 – September 30	Q4, October 1 – December 31

# of Total Enrollees	5,842			
# of Member Months	78,922			

IV. Services and Providers

As of the end of Q1, 36 agencies, with 107 clinic sites, were enrolled in the full RH Program (i.e., eligible for reimbursement from the program’s three funding sources: CCare, Reproductive Health General Fund (RH GF), and HB 3391). An additional 13 agencies are enrolled as CCare-only providers (i.e., not eligible to receive reimbursement under HB 3391 or RH GF). 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*.
- Delivery of one CCare orientation training was provided to one clinic staff person.
- Recording and posting online of updated RH Program Enrollment Form and RH Program Eligibility Database trainings.
- 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.

In Q1, RH Program staff conducted several CCare audit activities 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 five agencies were reviewed in Q1 2020 using the audit processes noted above.

In addition to the above, the RH Program Clinical Program Administration and Monitoring workgroup meets monthly to review processes, troubleshoot problems, and share information related to clinical operations and program monitoring. In Q1, this group discussed 340B supply billing and reimbursement issues, a potential reimbursement methodology for interpretation services, and future revisions to clinical practice standards.

VI. Quarterly Expenditures

Table 3 shows the quarterly expenditures during the 1st quarter of DY 22.

<p>TABLE 3</p> <p>Quarterly Expenditures for DY 22</p> <p>January 1, 2020 – December 31, 2020</p>
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Quarter	Total Expenditures as Reported on the CMS-64
1	\$2,490,059
2	
3	
4	
Annual Total	

VII. Activities for Next Quarter

RH Program staff will monitor client enrollment and service utilization in CCare during the COVID-19 pandemic. Many CCare providers are local public health authorities (LPHAs) and as such, are directly responsible for the COVID response in their communities. All CCare providers have remained open to some degree thus far and are offering, if not the full scope of services, more limited services based on priority (e.g., delaying annual well-woman visits, providing method starts and refills).

The RH Program will continue to offer guidance and technical assistance to CCare providers during the pandemic, supporting their efforts to maintain access to clinical services while also ensuring the health and safety of their staff and clients.