

OREGON DEPARTMENT OF HUMAN SERVICES

FAMILY PLANNING DEMONSTRATION PROJECT

EXTENSION PROPOSAL

May 2003
With August 19, 2003 amendments

Oregon Demonstration Project Extension Request

I. Waiver Extension Environment

In February 1998, the State of Oregon submitted a proposal entitled “Oregon Family Planning Expansion Project” (FPEP), designed to expand the availability and provision of Medicaid-supported birth control services to a wider population base. That proposal was approved in October 1998 by the Centers for Medicare and Medicaid Services (previously the Health Care Financing Administration), and the program began in January of 1999. The five-year Medicaid waiver demonstration project will continue through December of 2003. The State of Oregon requests the extension of that waiver for an additional three years, beginning in January 2004, and running through December 2006.

The Demonstration project that has been in effect since January of 1999 was designed as part of an overall strategy to increase the availability of contraceptive services, build service capacity and reduce the number of unintended pregnancies in the state. The Project has been a primary contributor to a significant expansion of the reach of publicly supported family planning services to low-income Oregonians and to increased utilization of contraceptive services by uninsured Oregonians. In 1998, approximately 72,000 individuals sought family planning services from 97 clinic sites participating as either Title X delegate agencies or Medicaid-identified family planning “clinics” or both. By 2002, those numbers had increased to 123,000 individuals receiving Medicaid-covered or sliding fee services at 150 participating sites around the state.

As the preliminary evaluation contained in this document shows, substantial progress has been made in achieving the original evaluation objectives of the program. The Oregon Department of Human Services seeks to continue to provide a Medicaid family planning benefit under this Demonstration Project for a minimum of three additional years, beginning in January of 2004.

II. Scope of the Demonstration Project: Continuing elements and program modifications

- **Target Population**

This waiver extension request proposes that the target population continue to include individuals with family incomes up to 185% of FPL. Oregon also seeks to continue to include individuals that may have income eligibility for other Medicaid programs so long as they are not currently enrolled in another Medicaid program. Individuals 19 years of age and younger would continue to be eligible based on their own income rather than family income, that is, Oregon will not deem parental income or resources to clients who are 19 years of age and younger who are seeking services through this waiver program.

The State projects that budget neutrality can be maintained so long as Oregon continues to cover pregnant women at 170% FPL or below.

- **Eligibility and Enrollment Processes**

Other program eligibility standards would remain unchanged during the extension period. It will continue to be based on:

- Oregon state residency;
- US citizenship or Lawful Permanent Resident status; and
- A qualifying individual or family income.

Eligibility, once established, will continue to be effective for a period of one year, even if income fluctuates above the qualifying level during that time.

Each local health authority will continue to supervise the eligibility screening process by requiring providers to gather client information at the provider site on income and family size and certifications of residency and citizenship or Lawful Permanent Resident status. Each client must sign a form at the clinic at the time of their first visit, providing appropriate income

information and family size information and stating that they meet the eligibility requirements after having them fully explained to them. **For the extension period, documentation of these steps will be by a new statewide form to be distributed in October of 2003 for January 2004 implementation.**

From there, the process will stay the same: the information is transmitted electronically to the State's claims processor. For this process, the State uses a vendor with a long-term contractual relationship with the DHHS Region X Office of Family Planning for processing family planning client data. Information is screened by the agent for appropriate eligibility criteria according to policy directives from the State of Oregon. If eligibility is not established, either initially or on receipt of subsequent claims, the claims are denied and returned to the provider. Records of date of initial and annual eligibility are kept in the claims database and can be retrieved by State staff upon request. Local health authorities and providers are required to keep original documentation for confirmation and audit purposes.

- **Covered services**

Covered services will continue to include services required for contraceptive management, including office visits, limited laboratory services, contraceptive devices and pharmaceutical supplies. The Standards of Care adopted by the program and attached to this proposal will continue to govern the requirements of service. (See Appendix A).

However, the visit packages described in the State's original proposal are being revised to meet HIPAA coding standards and to further assure that providers are aware of the appropriate limits on services to be billed. A draft of the revised billing structure is attached at Appendix B. Final details of the revised billing structure will be forwarded as soon as completed.

In addition, during the extension period the program will expand activities designed to assist clients in gaining access to primary care services and comprehensive health care coverage as follows:

- **Improving systems of referral to primary care and assistance in attaining comprehensive health care coverage**

The Standards of Care for the Demonstration Project require providers to make available appropriate referrals to health care and/or psychosocial services that may be needed by the client and are not covered by the Project. This includes referral to primary care providers when any medical issue is presented which falls outside the coverage for contraceptive management. In addition, providers are required to give information about health care insurance options for low-income Oregonians, including the specific requirement that all individuals who may meet income requirements for the Oregon Health Plan (OHP), Children's Health Insurance Program (CHIP), or Oregon's Family Health Insurance Assistance Program (FHIAP) be given specific information about how to access those programs.

The Demonstration Project is uniquely positioned to assure that these requirements are fulfilled successfully. The Project works directly with the public health authority of each county, through which at least one clinic is run directly by the county and others are brought in as providers. By statute, public health authorities in Oregon have responsibility for community health planning and assuring that resources are available to county residents. This means that the ties between all public health and other community health services provided in a local community and the FPEP program are very close. Additionally, in most instances, the "safety net" provider for primary care in any given community will already be engaged in the Demonstration Project and have integrated its coverage and requirements into their primary care operations. Where that is not yet the case, specific relationships are being developed, either to bring the safety net clinic into the FPEP system or to have an active relationship with all the FPEP providers in that community or county.

Included in this extension request package is a map of all community and rural health centers in Oregon. Before implementation of the extension period, the relationships between the program and these clinics statewide will be reviewed by a coalition of FPEP participating providers; the Oregon Primary Care Association; Multnomah County's Coalition of Community Clinics, and

the Office of Medical Assistance Programs. This review will assess the current level of participation in the project and referral processes, exploring possible improvements in agency and provider relationships that should be established. (See Appendix C and D for a map of safety net clinics throughout the State of Oregon, and a letter of support for the Demonstration Project from the Oregon Primary Care Association.)

- **Communication With Clients Regarding Primary Care Opportunities**

At the same time, a communication plan for clients regarding primary care and health insurance coverage is being developed. So far, the elements of the communication plan include development of specific materials for use in the referral/education process; and delivery to every client during 2004, including all new clients and at the first visit for any continuing clients.

Specific materials design and content will be completed during the fall of 2003 for January 2004 implementation. The reason for this delay is to assure that complete information about Medicaid assistance is available. Several issues about the structure of the Medicaid program for the 2003 – 2005 state biennium are yet unresolved. The information needed will be available when the legislatively adopted budget is completed in July of 2003.

In order to continuously track what is available to clients, the state and local providers will rely on each county's referral network and on the statewide toll-free hotline 1-800-SAFENET, which is the contracted provider for health care information and referral for both the Office of Family Health (as the Maternal & Child Health Hotline) and for the State's Medicaid program.

Finally, State program staff will closely monitor all State planning efforts to expand health care access, which includes a new Medicaid HIFA waiver that supplements the original waiver of the Oregon Health Plan. Providers will be kept up to date by State staff about each effort and possible avenues for coverage or services available to low-income clients.

- **Provider base**

Oregon's original waiver application proposed a provider base consisting of only those providers who were currently Title X Family Planning Grant recipients either of the State of Oregon or directly from the federal government. In compliance with Terms and Conditions negotiated for the original program, that provider base has continually expanded. 59 new provider/sites have been added to the program, reaching into every geographic corner of the state.

The program will, through the extension, continue to include all Medicaid providers who are prepared to offer family planning services meeting program standards. During the extension, continuing outreach to additional providers through the Department's website will be maintained. Administrative rules are being prepared so that individual providers will have direct access to information about the program at the State level in addition to ongoing access through local health authority partnerships. Clients meeting program eligibility requirements will continue to be able to obtain covered contraceptive services from any provider in the program.

III. Administration and Quality Assurance

- **Program Administration**

The Family Planning Expansion Project will continue to be managed in a partnership between the Office of Family Health and the Office of Medical Assistance Programs, both agencies within the Health Services cluster of the Oregon Department of Human Services. Staff support for the waiver extension will continue to be provided by Women's and Reproductive Health Section of OFH. OMAP responsibilities relating to the project are review and oversight for consistency with Title XIX policies and procedures and the provision of OMAP data for budget neutrality analysis.

- **Quality Assurance Monitoring**

The Office of Family Health will perform Quality Assurance reviews and monitoring activities to include: 1) eligibility/application process, 2) outreach activities and 3) service utilization. The purpose of the QA reviews will be to determine compliance with state and federal Medicaid policies and procedures, and identify barriers that prevent or delay access to eligibility. The reviews will ensure providers' compliance with OFH and DHS requirements. Areas of non-

compliance will be identified and communicated, along with the recommended corrective action. A quality assurance plan was submitted to CMS previously and will be followed. An additional copy can be provided upon request.

IV. Evaluation, Savings and Budget Neutrality for the Extension Period

- **Project Goal and Objectives**

The objectives of the Family Planning Expansion Project waiver extension are the same as for the original project, with the addition of a new objective regarding assistance in gaining access to primary care services and comprehensive health coverage. Since improving systems for referral to primary care and comprehensive health care coverage was not reflected in the original goal of the project, the goal has been rewritten to include it.

- **Revised Goal**

To improve the well-being of children and families by reducing unintended pregnancies and providing assistance in accessing primary health care services and comprehensive health care coverage.

- **Addition to Evaluation Plan**

New Objective:

- Increase the proportion of clients at publicly funded family planning clinics participating in FPEP who report having received help in accessing primary care and comprehensive health care coverage.

- **Project Evaluation During the Extension**

The Evaluation Design Report, originally approved and amended in the 1999 Third Quarterly Report, will be applied to the extension period (See Appendix E.)

Additionally, evaluation of the new objective regarding improvement in systems of referral for primary care and for comprehensive health care coverage will be included in the plan. The hypothesis and measures are as follows:

Hypothesis:

Following the implementation of the Extension, there will be an increase in the annual proportion of clients at publicly funded family planning clinics participating in FPEP who report having received help in accessing primary care and comprehensive health care coverage.

Measure:

Questions will be added to an on-going periodic customer satisfaction survey of publicly funded family planning clinics participating in FPEP in the spring of 2003. The questions will ask whether each client whether she or he has a different doctor or clinic for primary care, whether they have comprehensive health care coverage, and whether the clinic has offered them a brochure or other help in accessing these services. Answers to these questions will be used as a baseline against which to measure progress during the extension period. A pre-post comparison will be used to assess the proportion of clients who receive help accessing primary care and comprehensive health care coverage before and during the Extension.

Questions about primary care and health care coverage will be added to an on-going periodic customer satisfaction survey to measure client perceptions of whether such information has been made available. The following questions will be added to the survey first in the spring of 2003 to create a baseline against which to measure progress during the extension period.

1. Do you have a different doctor or clinic you go to when you are sick or need advice about your health?

Q₁ Yes

Q₂ No → Please tell us your reasons for **not** having a different doctor or clinic to go to. *(Check all that apply)*

Q I have not needed it

Q I did not know where to go

Q Cost

Q Other (please tell us): _____

2. Has this clinic ever offered you a brochure or other **help** to find a different doctor or clinic to go to?

Q₁ Yes

Q₂ No

3. Do you have Medicaid, the Oregon Health Plan, or FHIAP?

Q₁ Yes

Q₃ No → Please tell us your reasons for *not* having Medicaid, the Oregon Health Plan, or FHIAP.

(Check all that apply)

Q I have other medical insurance
(*not* including the Family Planning Project or FPP)

Q I have not needed it

Q I am not eligible

Q I did not know if I was eligible

Q I did not know how to apply

Q It is a hassle to apply

Q It costs too much

Q Other (please tell us): _____

4. Has this clinic ever offered you a brochure or other *help* to get Medicaid, the Oregon Health Plan, or FHIAP?

Q₁ Yes

Q₂ No

- **Savings and Budget Neutrality for the Extension Period**

A full description of the methodology for determining savings and monitoring budget neutrality – both for the original project period and for the extension -- is attached at Appendix F.

V. Preliminary Evaluation of Demonstration Project-January 1999 to Present

- **Enrollment Patterns**

The original FPEP waiver application projected that 66,500 clients would be served annually. This was based on estimates of the “unmet need” for financial access to family planning services for Oregonians 100% to 185% of Federal Poverty Level. It was expected that some clients would seek enrollment that were below 100% of the Federal Poverty Level, but that those clients would only temporarily remain in the program as they were encouraged and assisted in accessing the Oregon Health Plan for full Medicaid coverage. However, as the program was implemented we found that many clients who appeared income-eligible for regular Medicaid did not follow through and enroll in the Oregon Health Plan, but continued to seek their needed contraceptive care through FPEP. The projection also did not anticipate an economic recession. Oregon’s recession has been particularly painful, marked by the worst unemployment rate in the nation. As a result of these two factors, the current FPEP caseload is up to 90,000 annually, and it is estimated to grow to 100,000 by the end of the five-year project.

- **Interim Evaluation of progress toward meeting program goal and objectives**

The evaluation of data available at this point for the original FPEP waiver program supports its continuation. The following is a summary of current progress toward key elements of the evaluation. A more detailed report on progress for each specific objective is available in Appendix G.

- **Increasing the number of Oregon women, men and teens receiving services from publicly funded family planning clinics.**

The State has tracked both the number of FPEP clients enrolled and, where possible, the total number of clients seen for family planning services by groups of participating providers. As noted in the beginning of this application, there were about 72,000 family

planning clients being seen by providers in offices or clinics that primarily served low-income clients in 1998. By 2002, the annual total seen by those providers had grown to 123,000 clients, including both Demonstration Project participants and other clients.

Looking just at the subset of providers who, as of 1998, were also participating in the State's Title X grant program, we see that the client population has increased 42% (from 52,000 clients in 1998 to 74,000 clients in 2001). These increases reflect an influx in Demonstration Project enrollees but also, after Calendar Year 2000, an increased number of individuals who are not enrolled in FPEP but are dependent on other public health support or who pay for their services in full.

- **Increasing the use of more effective methods of contraception among adults and teens.**

According to Oregon's Behavior Risk Factor Survey, a public health population survey, the percent of adult female birth control users who use more effective contraceptives, i.e. hormonal methods or intrauterine devices, increased from 63.4% in 1998 to 68.1% in 2001. Confidence intervals for this measure are wider than the increase, so it is not yet possible to know whether this is a statistically significant increase that will persist over time.

For the teen population, current public health survey data shows that the proportion of sexually active teens using any contraceptive at last intercourse has increased from 83.8% in 1997 to 90.5% in 2001 (an 8.0% increase). This increase is statistically significant. The proportion using the condom and the proportion using the pill or an injectable birth control method at last intercourse have also increased.

Looking directly at the subset population of family planning clinic clients seen in traditionally grant-funded clinics, the average percent of clients using effective methods increased from 82.1% in the five-year period prior to the Demonstration Project (1994-1998) to 83.1% in the first three years of the Project 1999-2001 (a 1.2% increase).

CY 2001 showed that Demonstration project clients served by these agencies are using a more effective method in higher proportion (83.5%) than non-expansion project clients served there (82.7%). This is an indication that the availability of contraceptive coverage under the waiver has an effect on an individual's use of a more effective method.

The proportion of female clients using the most effective methods increased slightly in these clinics, but the greatest increase occurred among clients 19 and under, bringing their use of effective contraceptives closer to the level of other age groups. The average percent of these clients using effective methods in DHS Title X agency clinics increased from 79.8% in 1994-1998 to 82.1% in 1999-2001 (a 2.9% increase).

- **Reducing the rate of unintended pregnancies and births among Oregon women and reducing the teen pregnancy rate.**

Public health survey data show a decrease in Oregon's unintended birth rate from 39.7% in 1998 to 39.3% in 2001. At this time, the decrease is not at a statistically significant level. However, vital statistics data for Oregon show that the total pregnancy rate, birth rate, and abortion rate have all decreased by statistically significant amounts since the demonstration project began. The pregnancy rate for 15-44 year olds has decreased from an average of 83.2 per 1,000 population in 1994-1999 to 81.7 in 2000-2001 (a 1.8% decrease); the overall birth rate has decreased from an average of 63.0 to 62.3 in 2000-2001 (a 1.1% decrease), and the abortion rate has decreased from an average of 20.2 to 19.4 (a 4.0% decrease).

Teen pregnancy rates in Oregon were falling even before the Demonstration project began. However, the decline in teen pregnancy rates among 15-19 year-olds was greater after the project started. There was a decline of 8.7% from 1999 to 2000, compared to an earlier decline of only 3.6% from 1998 to 1999.

- **Achieving Savings and Budget Neutrality**

Budget neutrality has been monitored since the beginning of the project, using methodologies approved by CMS and comparing ongoing Demonstration Project Expenditures with costs estimated for pregnancies averted.

Oregon calculates that 7,130 pregnancies were averted through the demonstration project in the first year of its operation, and 9,199 in the second year. At an estimated \$5,604 cost per birth, the total savings attributed to FPEP for 1999 are \$ 27.5 million, and net savings (total savings offset by the costs of the program) are estimated at \$17.9 million. For 2000, total savings were \$35.5 million and net savings \$20 million. 2001 and 2002 birth information data is still being collected and savings calculated.

There is other evidence that the program is impacting Medicaid expenditures. The year before FPEP began Oregon also increased the income at which pregnant women would be eligible for Medicaid. Eligibility rose from 133% of FPL to 170% of FPL. Although our analysis is not yet complete, it appears that FPEP implementation may have acted to depress the level of increase in Medicaid births that would have been expected from this expansion. Despite the increase in the pool of eligible clients, Medicaid births among the 15-44 population increased only slightly-- from 16,642 or 37% of all 15-44 births in 1998 to 18,202 or 40% of all births for that age cohort in 2001.

For a full description of the Budget Neutrality calculation and monitoring methodology used for evaluation of the current project period and with projections for the extension period, please see Appendix F.