Collaborative Relationships with Family Planning Clinics

QHOC CCO Learning Collaborative: Effective Contraceptive Use
February 9, 2015
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Oregon Reproductive Health Program
Reproductive Health Program Purpose

• The RH Program supports a diverse network of providers who help women and families achieve lifelong health and live productive lives.

• RH Program services contribute to fulfillment of the Triple Aim of better health, better care and lower costs in a dynamic health systems transformation environment.

• The RH Program ensures all Oregonians have access to high-quality, low-cost, client-centered, confidential RH services where and when they are needed.
The Reproductive Health Program receives funding from two principal sources:

- Title X grant from the U.S. Department of Health and Human Services-Office of Population Affairs (HHS-OPA); and

- Medicaid (Title XIX) reimbursement through the Oregon Contraceptive Care (CCare), a section 1115 demonstration waiver.
<table>
<thead>
<tr>
<th>Client Eligibility</th>
<th>Title X</th>
<th>Oregon ContraceptiveCare</th>
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<tbody>
<tr>
<td></td>
<td>Client may not be denied service or be subjected to any variation of services based on inability to pay.</td>
<td>Client must qualify based on U.S. citizenship, Oregon residency, financial need, reproductive age, and insurance status.</td>
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<tr>
<td>Citizenship</td>
<td>Not considered</td>
<td>U.S. citizen, lawful permanent resident for 5+ years, or refugee/asylee.</td>
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<tr>
<td>Residence</td>
<td>Not considered</td>
<td>Oregon resident</td>
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| Income and Fee Assessment | • Based on number in household and household income.  
• Minors (under 18): If receiving confidential services, use minor’s income only.  
• **No charge at or below 100%** of federal poverty level (FPL).  
• **Use sliding fee scale for clients between 101% and 250% FPL.**  
• Priority for services given to persons from low-income families.  
• Agency may establish policies to waive fees for specific circumstances. | • Based on number in household and household income.  
• Teens (under 20): May qualify on own income regardless of whether confidential services are requested.  
• **No charge at or below 250% FPL.** |
| Services Offered   | Broad range of reproductive health services. | Narrow definition of services: contraceptive management only. |
Family Planning Clinic Services

- Birth control education and counseling
- Reproductive life planning and preconception counseling
- Breast and pelvic examinations, cervical cancer screening
- STI and HIV prevention education, counseling, testing and referral
- Pregnancy diagnosis and counseling
- Onsite provision of broad range of contraceptive methods & devices
- Up to a year of supplies dispensed
- Confidentiality
Clients Who Receive Services at Family Planning Clinics (CY2014)

- **75,000** Total number of clients serviced in CY 2014 (all payer sources)
- **25%** Proportion of family planning clients enrolled in OHP
- **86%** Proportion of family planning clients that use an effective contraceptive method (ECU)
- **15,500** Total number of adolescents (≥ 19 years) served
Oregon Scores an ‘A’ for Access!

Just four states (California, New Mexico, Oregon and Washington) received an “A”. Oregon received the highest composite score!
Reproductive Health Program Priorities

• Oregon Preventive Reproductive Health Advisory Council
  – Standards and metrics related to the provision of contraceptive services across multiple health care settings

• Implementation of CDC/OPA Providing Quality Family Planning Services
Family Planning Framework

- Family planning services
  - Contraceptive services
  - Pregnancy testing and counseling
  - Achieving pregnancy
  - Basic infertility services
  - Preconception health
  - Sexually transmitted disease services

- Related preventive health services
  (e.g., screening for breast and cervical cancer)

- Other preventive health services
  (e.g., screening for lipid disorders)
How Clients Benefit from Collaborations Between CCOs and Family Planning Clinics

• Strong relationships with other community-based health and social service providers;
• Experience and the ability to provide confidential services;
• Same day and/or walk-in access to contraceptive starts, emergency contraception, and STI services;
• Dispensing of a one-year supply of the client’s preferred contraceptive method – on site;
• Experience reaching and serving individuals from diverse communities, including adolescents, post-partum and breastfeeding women, non- or limited-English speaking clients; and
• Over 40 years of specialized experience providing high quality services when, where and how clients need them.
How CCOs Benefit from Collaborations with Family Planning Clinics

• Family planning clinics serve as a bridge to health care coverage for many women and adolescents.
• Family planning clinics represent a significant resource for CCOs that either don’t have the expertise and/or the capacity to offer family planning services.
• Family planning clinics contribute to CCOs’ ability to meet and exceed the new ECU incentive metric:
  – In this first year of tracking the metric, family planning services billed to MAP as FFS by family planning clinics will be attributed to the member’s CCO regardless of contract status.
  – Beginning in 2016, contraceptive services billed directly to MAP as FFS may not count toward the incentive.
• Assurance that clients receive high quality family planning services based on national standards of care.
Features of a CCO-Family Planning Collaboration

• Coordination of care through contracts or reciprocal referral agreements,
• Maintenance of patient confidentiality,
• Appropriate reimbursement, and
• Reimbursement for full scope of family planning services, including counseling, STI testing & treatment, immunizations, adolescent well visits, etc.
Questions? Contact us!

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