

CCare Program Integrity

oregon **contraceptive** care

ccare.oregon.gov

Training Objectives

- Increase ability to effectively:
 - Ensure your clinic is following CCare rules and guidelines
 - Prepare for an audit
 - Identify potential issues with program integrity
 - Reduce your clinic's risk of overpayment
 - Know what information is reviewed regularly by state staff

Purpose/Overview

- The OHA Reproductive Health Program has an obligation to state and federal funders, as well as to Oregon taxpayers, to oversee funding for reproductive health services to assure compliance with program regulations.



CCare Oregon Administrative Rules (OARs)

- Updated December 26, 2012
- Contain Program Rules for all CCare agencies and clinics
- http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/OARs/333-004_FINAL_OARS.pdf

CCare Audits

- Assures compliance with program regulations to maintain program integrity and reduces the risk of overpayment
 - A. Monthly Desk Audit
 - B. Visit Frequency Audit
 - C. Random Sample Chart Audit
 - D. CCare Audits During Regular Title X Review
 - E. Vasectomy Consent Form Audit
 - F. Monitoring Agency Insurance Billing

Requests for other information as needed

Follow-up

- If the same problem occurs in several agencies:
 - A memo is sent to providers describing the problem and the expected course of action to resolve it
 - A recurring problem will be addressed in future trainings
- Issues are monitored in subsequent months to determine if the identified problem has been resolved.
- Additionally, supply billing is monitored against purchasing data or supplier invoices to track changes in supply prices and billing accuracy.

B. Visit Frequency Audit

- Ahlers Report showing client visits by date of service for a specific time period (usually a year)
 - Identifies clients with a high number of repeat visits
 - Can indicate the need for a chart audit
 - A large number of clients with more visits than the statewide average can be an indicator of incorrect billing practices

Average # of CCare Visits Per Year

- **Females**
 - If no problems = 2 the first year
 - 1 visit following years if successful use of method
 - Depo-Provera = 4
 - IUD follow-up (visit clinically indicated)
- **Males = 1**
 - In rare cases, may need a medically necessary follow-up visit due to latex allergies, for example

Additional visits must have documented clinical reasons

C. Random Sample Chart Audit

- Utilize a statistically valid random sampling, with sufficient sample size allowing a confidence interval of 95%.
- Agencies will be asked to produce either random or specific charts by client number.
- Photocopies of chart notes are sent to the state office for review but in some instances the reviewer(s) may go to the agency site to review the charts.

- Purpose is to substantiate whether or not visits are appropriately billed to CCare;
- Contraceptive management *for the purpose of preventing pregnancy* must be the primary purpose of the visit
 - Must be accurately supported/documentated in the chart notes.
- Charts determined to be billed in error are to be corrected in the Ahlers system by the agency using the void/resubmit process with the next claims submission.

Chart Documentation

- Make sure chart documentation addresses the client's contraceptive counseling or service including:
 - Reason for visit
 - Services provided
 - Method dispensed
- Make sure the data on the CVR accurately reflects information on medical chart



Eligibility & Enrollment Form

- CCare enrollment forms and citizenship verification components are also reviewed on a regular basis.
- Reviewers look for:
 - CCare Enrollment Form is complete and accurate
 - Date of client signature matches the beginning eligibility date in the client eligibility database
 - Citizenship and identity are verified
- Proof of identify and citizenship are reviewed and monitored against the CCare database and income and SSNs are verified.

D. CCare Audits During Title X Review

- Title X agencies are reviewed for compliance of program regulations on a triennial basis.
- Reviewers also audit 10 CCare charts when checking charts for Title X compliance.
- This review tool is available to CCare clinics and regular self audits are encouraged.

E. Vasectomy Consent Form Audit

- Vasectomy consent forms are sampled and reviewed for completeness and accuracy from clinics that bill CCare for this service.



F. Monitoring Agency Insurance Billing

- Federal law requires reasonable efforts be taken to ensure that CCare is the payor of last resort.
 - Unless client requests special confidentiality
- Agency insurance billing is monitored for clients who have indicated having insurance on the CCare Enrollment Form.
- Clients who have marked “yes” to private insurance on the CCare Enrollment Form are matched to claims to determine:
 - If a dollar amount was paid by the insurance carrier
 - Or an explanation code was provided

- If there is no indication that the insurance carrier was billed, the agency will be contacted for an explanation.
- Failure to bill a client's private insurance carrier may be grounds for repayment.



- It is not the goal of the audit process to impose additional fees or penalties, but rather to recover payments that were made in error or to correct practices that are not in keeping with program regulations.



- Reach out for assistance!
 - Karol Almroth
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Building Blocks of Success

- Do-it-yourself audits
 - Chart Documentation
 - CVR Reject Reports
 - Enrollment Forms
- Incentives, rewards
- Communication
- On-going training
- Technical assistance



Provider Resources on Website

<http://www.healthoregon.org/rhmaterials>

- ▶ Program Manuals
- ▶ RH Update Newsletter
- ▶ Training Updates
- ▶ Database Instructions
- ▶ Out-of-state birth certificate request forms
- ▶ Oregon Administrative Rules (OARS)



The Reproductive Health Coordinator is the primary contact for staff questions

Thank you!

Please contact us with any questions.

971-673-0227