

**RHCare Agency Review Tool**

**Month and Year of report:** Type date of report

**Agency: Reviewer:** Type reviewer’s name

**RH Coordinator: Dates of review:** Type dates of review

**Type of Review:  Initial on-site verification review  Triennial Review**

| **Requirement** | **Possible Review Methods** | **Examples of What We’ll Look For** | **Interviewee** | **Compliant** | **Comments** |
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| **Section A - Facilities, Operations, and Staffing** |  |  |  |  |  |
| **A.1 Clinic Space** |  |  |  |  |  |
| 1. Clinics must make efforts to create a welcoming and inclusive environment whereby the clinic space and signage are reflective of all clients including but not limited to communities of color, teens, LGBTQ+ individuals, and people with disabilities. | Observation  Discussion | Culturally and linguistically representative signage and images  Gender neutral bathrooms  Non-discrimination messaging  Waiting room is comfortable and allows for privacy  Signage signaling a safe space for LGBTQ folks  Clinics are making progress towards a more welcoming/inclusive environment | RHC | Yes  No  N/A |  |
| 1. The agency’s clinic facility(s) must be compliant with ADA requirements. | Observation  Discussion | ADA accessibility (i.e., widened doorways, push buttons for entry, how to assist client safely from the wheelchair to the exam table) | RHC  Clinical supervisor | Yes  No  N/A |  |
| **A.2 Infection Control** |  |  |  |  |  |
| 1. Clinics must utilize Standard Precautions for infection control, following CDC guidelines. | Documentation | Infection Control policies and procedures |  | Yes  No  N/A |  |
| **A.3 Laboratory** |  |  |  |  |  |
| 1. Clinics must maintain the appropriate level of Clinical Laboratory Improvement Amendments (CLIA) certification and must have written policies that align with CLIA rules and regulations. Staff competency assessment must be included in the policies.   **Components include:**   * Proper storage for test kits * No expired tests * QC log for tests performed on-site * Lab Director meets responsibilities/requirements * If agency has a microscope, must have a certificate of provider performed microscopy procedures (PPMP) * Equipment maintenance log (centrifuge, autoclave, hemocue) * Staff competency assessment for each test performed on-site, including PPM if indicated | Documentation  Observation | Current CLIA certification posted  Laboratory policies and procedures, including process for staff competency assessment |  | Yes  No  N/A |  |
| 1. Clinics must have the ability to collect specimens and samples. Specimens and samples may be sent off-site to a CLIA-certified laboratory. | Observation | Practices for handling specimens and samples  Lab equipment  Lab log  Process for receiving, documenting, and processing results |  | Yes  No  N/A |  |
| **A.4 Pharmacy and Dispensing Medications and Contraceptive Methods** |  |  |  |  |  |
| 1. Medications and contraceptive methods covered by RHCare must be dispensed on-site following Oregon Board of Pharmacy rules and per appropriate licensure (OAR 855-043).   **Components include:**   * Only authorized staff have access to medications * Medications are stored according to manufacturer’s storage requirements * Dispensing log * Can provide dual-language medication labels * Drugs are within their expiration date * Expired drugs are properly quarantined and disposed of | Documentation  Observation | Current Oregon Board of Pharmacy license(s)  Pharmacy policies and procedures  Formulary  Inventory and expiration dates  Dispensing logs  RN dispensing competency evaluation |  | Yes  No  N/A |  |
| 1. Clinics may offer clients the option of receiving their contraceptive methods by mail at no additional cost to the client.    1. Use of this option is at the discretion of the client; it cannot be offered as the only way in which to receive contraceptive methods.    2. Clinics must package and mail supplies in a manner that ensures the integrity and confidentiality of the contraceptive packaging and effectiveness of the method upon delivery. | Discussion | Mailing supplies processes and procedures | RHC | Yes  No  N/A |  |
| **A.5 Medical Emergencies** |  |  |  |  |  |
| 1. Clinics must maintain a written plan for medical emergencies, including:    1. Anaphylaxis/Shock;    2. Vaso-vagal reaction/Syncope;    3. Cardiac Arrest/Respiratory Difficulty (if clinic has an automated external defibrillator (AED) include protocol on how to use); and    4. Hemorrhage | Documentation  Observation  Discussion | Current medical emergencies plan  Emergency kit maintenance and content list  Frequency of content check for expiration dates, staff responsible, and how documented  Staff training | RHC | Yes  No  N/A |  |
| 1. Clinics must maintain a written after-hours emergency policy management plan.   **Plan should include one of the following:**   * Answering service that can direct a client to either an on-call staff person or the nearest ED. * Message left on clinic phone with clear instructions to the nearest ED. * Call-forwarding to the on-call staff person. | Documentation | Current after-hours emergencies plan |  | Yes  No  N/A |  |
| 1. Clinics must meet applicable fire, building, and licensing codes and standards and maintain Exit Routes, Emergency Action Plans, and Fire Prevention Plans in accordance with OSHA. | Documentation  Observation | Exit Routes  Emergency Action/Preparedness Plans  Fire Prevention Plans |  | Yes  No  N/A |  |
| **A.8 Quality Assurance and Quality Improvement** |  |  |  |  |  |
| 1. Agencies must follow a documented process to address quality assurance and quality improvement efforts related to reproductive health care services within their clinic(s). | Documentation  Discussion | QA/QI Plan  Staff responsible for QA/QI plan, how it is implemented, and how often it is updated/revised  Outcomes of QA/QI implementation efforts | RHC | Yes  No  N/A |  |
| 1. Agencies must ensure that end-user engagement, feedback, and data is used to inform and improve the provision of client-driven, trauma-informed, culturally-responsive services.    1. Using a client advisory panel or other structured means for clients to provide input.    2. Using client demographic data to inform and improve the provision of trauma-informed, culturally-responsive services. | Documentation  Discussion | Client advisory panel member roster and meeting minutes  Client survey materials and results  Routine review of client and service level data for QA/QI efforts  How client demographic data is used to inform and improve services | RHC | Yes  No  N/A |  |
| **Section B. Equitable Access** |  |  |  |  |  |
| **B.1 Access to Care** |  |  |  |  |  |
| a. Reproductive health services must be provided to any individual of reproductive capacity who is seeking them. | Documentation  Discussion | Policies related to service delivery  Staff training materials or other documentation showing staff were informed of this requirement | RHC  Front desk supervisor | Yes  No  N/A |  |
| b. Clinics must offer the same scope and quality of services regardless of:   1. Race, skin color, national origin, religion, immigration status, sex, sex characteristics, sexual orientation, gender identity, age, number of pregnancies, marital status, or disability, in accordance with applicable laws, including Title VI of the Civil Rights Act of 1964, section 1557 of the ACA, the Americans with Disabilities Act (ADA) of 1990, section 504 of the Rehabilitation Act of 1973, and   Oregon Revised Statutes chapter 659A   1. Ability to pay or insurance coverage. 2. Location of residence. | Documentation | Non-discrimination policies  Staff training materials or other documentation showing staff were informed of this requirement |  | Yes  No  N/A |  |
| 1. All reproductive health services must be provided without a referral requirement. | Documentation  Discussion | Referral policies and procedures  Appointment scheduling and intake process | RHC  Front desk supervisor | Yes  No  N/A |  |
| 1. Clients who cannot be provided services within two weeks must be offered information about other reproductive health providers in the area, including whether or not they are RHCare providers. | Documentation  Discussion | Referral policies and procedures  Appointment/Scheduling policies and procedures  Client-facing referral materials | RHC  Front desk supervisor | Yes  No  N/A |  |
| **B.2 Cultural Responsiveness** |  |  |  |  |  |
| 1. Clinics must ensure that clinical services are provided in a way that makes it easy and comfortable for youth to seek and receive the services they need. | Discussion  Observation | Clinic hours are convenient to young people  Physical space is welcoming to young people  Staff understand developmental needs of young people  Youth are involved in providing end-user feedback  Clinics are making progress on becoming more youth friendly | RHC  Administrator | Yes  No  N/A |  |
| 1. Clients must be treated in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behavior. | Documentation  Observation  Discussion  Client Survey | Clinic environment (ex. minimize noise, harsh lighting, intrusive scents, cramped seating, and chaos)  Clinic processes and workflows (ex. Flexibility in appt cancelation or late arrival policies, choice in communication preferences, options for privacy during check-in/out, limited wait times or communicating realistic wait times)  Clinicians are familiar with how to conduct a trauma-informed exam  Staff (clinical and non-clinical) training plan, materials, and records/logs  Client Experience Survey results | RHC | Yes  No  N/A |  |
| **B.3 Linguistic Responsiveness** |  |  |  |  |  |
| 1. Clinics must communicate with clients in their preferred language and provide interpretation services in the client’s preferred language, at no cost to the client. 2. Clinics must inform all individuals, in their preferred language, both verbally and in writing, that language services are readily available at no cost to them, in accordance with the Civil Rights Act of 1964 and sections 1557, 1331 and 1001 of the Affordable Care Act (ACA). 3. All persons providing interpretation services must adhere to confidentiality guidelines. 4. Family and friends may not be used to provide interpretation services, unless requested by the client. 5. Individuals under age 18 should never be used as interpreters for clinic encounters for clients with limited English proficiency or who otherwise need this level of assistance. | Documentation  Observation  Discussion | Language assistance policies and procedures  Utilization of language assistance line/service or bilingual staff  Client-facing signage and materials related to interpretation services | RHC | Yes  No  N/A |  |
| 1. Clinics must have materials and signage that are easily understandable and in languages commonly used by the populations in the service area. 2. Medically accurate, culturally and linguistically appropriate, inclusive, and trauma-informed health educational materials must be available for clients needing them. 3. All print, electronic, and audiovisual materials must use plain language and be easy to understand. A client's need for alternate formats must be accommodated. | Observation  Documentation | Clinic signage and client-facing materials  Processes or polices to determine appropriateness of client-facing materials |  | Yes  No  N/A |  |
| **B.4 Information & Education Committee (I & E Committee)** |  |  |  |  |  |
| 1. Health education materials must be reviewed by an Information and Education (I & E) committee. Agencies can develop and maintain their own I & E committee, or they can have materials reviewed and approved by the state I & E committee. In addition to the I & E committee your agency may also choose to have additional groups review materials that are issue or identity specific and require expertise the I & E Committee may not hold. 2. If an agency chooses to maintain their own I & E Advisory Committee, the agency must assure that it broadly represents the population and community for whom the materials are intended. 3. The I & E committee must maintain a minimum of five members. 4. In reviewing materials, the I & E committee must:    1. Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed;    2. Consider the standards of the population or community to be served with respect to such materials;    3. Review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed;    4. Determine whether the material is suitable for the population or community to which is to be made available; and    5. Establish a written record of its determinations. | Documentation  Discussion | State or local I & E Committee used as indicated on Certification application  If local I & E Committee used, committee membership, meeting minutes, and materials reviewed and approved  If state I&E committee used, list of materials approved | RHC | Yes  No  N/A | *For clinics with State I&E committee, mark N/A. State is reinvigorating the I&E committee and working on processes for Agency submissions and reviews.* |
| **B.5 Fiscal Requirements** |  |  |  |  |  |
| 1. Clients may not be denied any reproductive health services or be subjected to any variation in the quality of services based on their inability to pay or insurance coverage. | Documentation  Observation  Discussion | Administrative policies and procedures  Client facing forms/materials | Front desk supervisor  Billing supervisor  RHC | Yes  No  N/A |  |
| 1. Prior to the visit and in a confidential manner, clients receiving services for which they do not have coverage (e.g., OHP, RH Access Fund) must be informed that they may be expected to pay. | Documentation  Observation  Discussion | Administrative policies and procedures  No Surprises Act workflow  Client facing forms/materials | Front desk supervisor  Billing supervisor  RHC | Yes  No  N/A |  |
| 1. Clinics must use a sliding fee schedule up to 250% of the Federal Poverty Level for reproductive health services provided to clients without coverage, unless federal regulations say otherwise.   **Policies/procedures must include all of the following:**   * Clients whose self-reported income is at or below 100% of the Federal Poverty Level must not be charged. * The sliding fee schedule must be based on an analysis of the costs of all services offered in the clinic. * When assessing a client’s fees based on the sliding fee schedule, agencies will use the client’s household size and only the client’s own income. * Income is self-reported, and proof of income may not be required. * The agency’s fee schedule must be available upon request. * Agencies may not charge a flat fee (e.g. minimum fee, nominal fee, no-show fee, etc.). * If a client has private insurance, their Federal Poverty Level must be assessed before copays or additional fees are charged. The client should not pay more in copays or additional fees than what they would otherwise pay when the sliding fee scale is applied. | Documentation  Observation  Discussion  Chart Review | Current sliding fee schedule  Processes for assessing client’s fees based on clinic's sliding fee schedule  Charges, billing, and collections policies and procedures (including no proof of income required for any RH services)  Charts include documentation of client’s income and HH size and where they are assessed on sliding fee scale (regardless of payer source) | Front desk supervisor  Billing supervisor  RHC | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clients with insurance must be informed of any potential for disclosure of their confidential health information to the policyholder(s) of their insurance. | Documentation  Discussion  Observation | Confidentiality policies and procedures  Administrative policies and procedures | Front desk supervisor  RHC |  |  |
| 1. Priority may not be given to clients with sources of insurance coverage or with incomes above 250% of the Federal Poverty Level. | Documentation  Observation  Discussion | Appointment scheduling and intake process  Processes related to scheduling  % of clients are under 250% FPL | Front desk supervisor  Billing supervisor  RHC | Yes  No  N/A |  |
| 1. Clinics must make reasonable efforts to collect charges without jeopardizing client confidentiality. Clients may not be sent to collection agencies. | Documentation  Discussion | Fee collection policies | Billing supervisor  RHC | Yes  No  N/A |  |
| 1. A clinic may accept voluntary donations. | Documentation  Discussion | Donation policies | RHC | Yes  No  N/A |  |
| **Section C. Client’s Rights and Safety** |  |  |  |  |  |
| **C.1 Confidentiality** |  |  |  |  |  |
| 1. Safeguards must be in place to ensure confidentiality, and to protect clients’ privacy and dignity throughout the clinic space, during clinic interactions, and in record keeping. | Documentation  Observation  Discussion | Intake and checkout processes  Confidentiality policies  Clinic space (i.e. use of white noise machines, window/door coverings, barriers on computer screens)  Staff practices | Billing Supervisor  Front Desk Supervisor  RHC | Yes  No  N/A |  |
| 1. Information obtained by staff may not be disclosed without written consent, except as required by law or as may be necessary to provide services to the individual. | Documentation | Policies and processes for information sharing, obtaining written consent, and release of medical records |  | Yes  No  N/A |  |
| 1. All aspects of service provision must be compliant with the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and Health Information Technology for Economic and Clinical Health (HITECH) Act. | Documentation  Discussion | Policies regarding compliance with HIPAA, FERPA, and HITECH  Staff training records/logs  HIPAA/Notice of Privacy Practices form | RHC | Yes  No  N/A |  |
| 1. For services provided via telehealth, staff must comply with Health Insurance Portability and Accountability Act (HIPAA) and Oregon Health Authority (Authority/OHA) Confidentiality and Privacy Rules and security protections for the client in connection with telemedicine technology, communication, and related records. | Documentation  Discussion | Policies regarding telehealth confidentiality and privacy/security  Staff training records/logs | RHC | Yes  No  N/A |  |
| 1. A copy of a patient bill of rights must be posted in a public area of the clinic. | Observation | Patient Bill of Rights posted |  | Yes  No  N/A |  |
| 1. Minors (under 18 years)[[1]](#footnote-2) & Confidentiality 2. Clinic staff are prohibited from requiring written consent from parents or guardians for the provision of reproductive health services to minors. 3. Clinic staff may not notify a parent or guardian before or after a minor has requested and/or received reproductive health services. 4. Services must, however, comply with legislative mandates to encourage family participation in the decision of minors to seek reproductive health services, and as such, staff will encourage, but not require, the inclusion of parents/guardians/responsible adults in their decision to access reproductive health services. | Documentation  Chart Review  Discussion | Policies or other documentation related to minors, confidentiality, and consent  Staff training records/log  Chart notes from minors' visit(s) | RHC | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| **C.2 Noncoercion** |  |  |  |  |  |
| 1. All services must be voluntary 2. Clients may not be coerced to accept services or to use a particular method of birth control.    1. Clinic staff must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure. 3. Receipt of reproductive health services may not be a prerequisite for eligibility for, or receipt of services, assistance, or participation in any other program. | Documentation  Chart review | Policies and other documentation regarding non-coercive services  Informed consent form  Staff training materials or other documentation showing staff were informed of this requirement |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| **C.3 Informed Consent** |  |  |  |  |  |
| 1. Upon establishing care, clients must sign an informed consent form for reproductive health services. 2. Informed consent for reproductive health services may be incorporated into the clinic’s general consent for services. | Documentation  Chart Review | Informed consent form  Informed consent policies and procedures  Each chart contains informed consent form |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. The informed consent process, provided verbally and supplemented with written materials by the agency, must be presented in plain language. | Documentation | Informed consent policies and procedures |  | Yes  No  N/A |  |
| 1. Telehealth 2. Clinics must obtain informed consent from the client for the use of telehealth as an acceptable mode of delivering reproductive health services. The consent must be documented in the client’s health record or in each telehealth visit note. | Documentation  Chart Review | Policies and other documentation regarding service delivery via telehealth, including informed consent form for telehealth  Clinic telehealth informed consent form  Telehealth visit chart(s) include telehealth informed consent form. |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| **C.4 Mandatory Reporting** |  |  |  |  |  |
| 1. Agencies must maintain a written policy that requires clinic staff to follow state and federal laws regarding mandatory reporting and assists staff to recognize and acknowledge their responsibility to report suspected abuse or neglect of a protected person pursuant to Federal and State law. The policy must:    1. Address mandatory reporting obligations regarding sexual abuse, and    2. Be updated when applicable laws change. | Documentation | Current mandatory reporting policy |  | Yes  No  N/A |  |
| **Section D. Services** |  |  |  |  |  |
| **D.1. Service Delivery** |  |  |  |  |  |
| 1. Services must be provided using a trauma-informed, inclusive, culturally-responsive, and client-driven approach that helps the client clarify their needs and wants, promotes personal choice and risk reduction, and takes into account the cultural and socioeconomic factors of the client and psychosocial aspects of reproductive health. | Discussion Client Survey | Client Survey results | RHC  Clinician | Yes  No  N/A |  |
| **D.2 Clinical Practice Standards** |  |  |  |  |  |
| 1. Clinics must adopt and follow the [RHCare Clinical Practice Standards](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Pages/RH-Program-Policies-and-Protocols.aspx) (CPS’s) that are based on national standards of care and best practices to ensure all clients receive the same quality and scope of reproductive health services. 2. The RH Program must approve any modification to CPS’s made by clinics. | Documentation  Discussion  Chart Review | CPS Attestation Form matches CPS's reviewed onsite  Process for staff training and adherence to CPS's  Chart notes align with current CPS's | RHC | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. The agency’s Health Officer, Medical Director, or medical designee[[2]](#footnote-3) must review and sign all RHCare CPS’s attesting that certified RHCare clinics will follow them in all RHCare visits. The agency must then submit the RHCare Clinical Practice Standards Attestation Form (see Appendix B).    1. A RHCare Clinical Practice Standards Re-Attestation Form must be submitted:    2. When the agency’s Health Officer, Medical Director, or medical designee who originally signed the RHCare CPSs changes. The agency’s new Health Officer, Medical Director, or medical designee must review and sign all RHCare CPS’s attesting that certified RHCare clinics will follow them in all RHCare visits within three months.    3. When the RH Program updates a CPS. Agencies’ CPS’s must align with the CPS’s posted on the RH Program’s website, therefore, agencies must update their corresponding CPS within three months of the change. | Documentation | CPS's signed by current HO, MD, or medical designee  CPS Attestation Form on file with RH Program |  | Yes  No  N/A |  |
| **D.3 Clinical Services** |  |  |  |  |  |
| 1. Clinics must offer the full scope of services as defined by RHCare to all clients regardless of their ability to pay or insurance coverage. See Appendix A for the detailed list of services. The full scope of services includes: 2. A broad range of contraceptive methods, including device insertion and removals; 3. Core reproductive health services; 4. Contraceptive services; 5. Counseling and education services; 6. Pregnancy testing and counseling on all pregnancy options, including parenting, abortion, and adoption; 7. Preconception health services; 8. Basic infertility services; 9. Sexually transmitted infection (STI) screening and treatment, within the context of a family planning visit; and 10. Breast and cervical cancer screening, within the context of a family planning visit. | Documentation  Chart Review | RH Program Agency Data Sheet  Chart notes indicate full scope of services  RHCare Exception form submitted and approved, if applicable |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clients must be able to get their first choice of contraceptive method unless there are specific contraindications. | Client Survey  Chart Review  Discussion | Client Survey results  Process for ensuring access to services and supplies not provided onsite  Same-day LARC availability |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| **D.4 Counseling and Education Services** |  |  |  |  |  |
| 1. Clinics must offer the list of counseling and education topics as detailed in Appendix A. | Chart Review | Chart notes reflect counseling and education topics  Agency data sheets indicate provision of counseling and education |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. Pregnant people must be offered information and counseling regarding each of the options in a neutral, factual, and non-directive manner: parenting, abortion, and adoption. | Discussion  Chart Review  Documentation | Chart notes from positive pregnancy test visit  Process for counseling clients who have a positive pregnancy test  Staff training logs | Clinician | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clinics must offer/provide written information about all pregnancy options. It must be written in a factual and non-directive manner and include contact information for agencies that give medically-accurate, unbiased information about the option(s) for which they are being listed. | Documentation | Client-facing materials on pregnancy options |  | Yes  No  N/A |  |
| **D.5 Referrals and Information Sharing** |  |  |  |  |  |
| 1. Clients must be offered information about:    1. Where to access free or low-cost primary care services,    2. How to obtain full-benefit health insurance enrollment assistance, public or private, as needed, and    3. Resources available in the community to address barriers that might exist for clients, including but not limited to transportation, childcare, housing, and food insecurity, as appropriate. | Documentation  Observation  Chart Review | Client referral materials  Eligibility assistance available onsite  Resources are up-to-date and culturally and linguistically appropriate  Chart notes indicate referrals/resources provided |  | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| 1. Clinics must provide closed-loop referrals for clinical services within the scope of the RHCare that require follow-up to ensure continuity of care. | Documentation  Discussion  Chart Review | Referral process, including tracking and follow-up procedures  Referral agreements/MOUs  Chart notes indicate that referrals are appropriately documented and medical records are shared between referral and referring clinic | RHC | Yes  No  N/A | *Remember to include relevant notes from chart review.* |
| **D.6 Telehealth Services** |  |  |  |  |  |
| 1. Clients must be given the option to have an in-person visit and informed of the scheduling options, services available, and restrictions of both types of visits. | Discussion  Documentation | Appointment scheduling process  Telehealth policy | RHC  Front Desk Supervisor | Yes  No  N/A |  |
| **Section E. Data Collection and Reporting** |  |  |  |  |  |
| **E.1 Collection and Submission of Encounter Data** |  |  |  |  |  |
| 1. Clinics must collect all required visit/encounter data variables as indicated on the RH Program Clinic Visit Record (CVR) for: 2. Visits in which the primary purpose is to prevent or achieve pregnancy, 3. Annual visits that include services related to preventing or achieving pregnancy, 4. Repeat cervical cancer screening visits, 5. Follow-up visits for treatment and rescreening of GC/CT, pursuant to a visit as described in 1. or 2. above, and 6. Visits in which the primary purpose is STI screening and the clients meets the RHEA eligibility requirements. | Discussion |  | RHC  Staff involved in CVR | Yes  No  N/A | *Complete remotely prior to the onsite review with RH Program Data Team.* |
| 1. Clinics must submit CVR data to the RH Program or its data collection vendor, as directed. | Discussion |  | RHC  Staff involved in CVR | Yes  No  N/A | *Complete remotely prior to the onsite review with RH Program Data Team.* |
| **Section F. Reproductive Health Access Fund** |  |  |  |  |  |
| **F.1 Client Enrollment** |  |  |  |  |  |
| 1. Clients must not be required to enroll in the RH Access Fund to receive services. 2. Clinics must provide reproductive health services to clients with reproductive capacity who decline to enroll in the RH Access Fund. | Documentation  Observation  Discussion | Enrollment policies and process | Front desk supervisor | Yes  No  N/A |  |
| 1. Clinics must emphasize that alternative programs may be available for clients ineligible for the Reproductive Health (RH) Access Fund. | Discussion  Documentation | Client facing materials about alternate programs | Front desk supervisor | Yes  No  N/A |  |
| 1. Clinics staff must support clients in completing the RH Access Fund Enrollment Form accurately and to the best of the client's knowledge. | Observation  Discussion | Enrollment process | Front Desk Supervisor | Yes  No  N/A |  |
| 1. As part of the client enrollment process, clinics must comply with all relevant National Voter Registration Act (NVRA) rules. (OARs 165-005-0060 through 165-005-0070). | Documentation  Observation  Discussion | Enrollment process  Voter registration forms available | Front Desk Supervisor | Yes  No  N/A |  |
| **F.2 Billing and Payment** |  |  |  |  |  |
| 1. RH Access Fund enrollees may not be charged for services covered by the RH Access Fund. See OARs 333-004-3070 and 333-004-3090 for RH Access Fund-covered services and client eligibility, respectively. | Documentation  Discussion | Processes, policies or other documentation regarding client enrollment, eligibility, and fee collection | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Enrollees may not be billed for services that would normally be covered by the RH Access Fund if not for an error on the part of clinic staff. | Documentation  Discussion | Billing policies and procedures | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Enrollees can be billed for services that are outside of the RHCare scope of services as defined in OAR 333-004-3070. | Documentation  Discussion | Billing policies and procedures | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Prior to the visit and in a confidential manner, enrollees receiving services not covered by the RH Access Fund must be informed that they may be expected to pay. | Documentation  Discussion | Billing policies and procedures regarding client notification | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Clinics may not request a deposit from the enrollee in advance of services covered by the RH Access Fund. | Documentation  Discussion | Billing policies and procedures regarding client payment | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Clinics must submit claims to RH Program or its claims processing vendor, as directed. | Documentation  Discussion | RH Program Agency Data Sheet | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Clinics have a legal obligation to seek third party reimbursement, if applicable, prior to billing the RH Access Fund. The agency: 2. Must be enrolled with and bill the Oregon Health Plan (OHP); 3. Must be credentialed with and bill private insurance companies; and 4. Must assure confidentiality, when indicated. 5. Including not seeking third party reimbursement if the client requested confidentiality. | Documentation  Discussion | Billing policies and procedures | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. For services billed to the RH Access Fund, the clinic must accept RH Access Fund reimbursement as payment in full and may not charge the enrollee additional fees for those services. | Documentation  Discussion | Billing policies and procedures | Front desk supervisor  Billing supervisor | Yes  No  N/A |  |
| 1. Clinics must register and maintain 340B and Apexus Prime Vendor certification, if eligible. Reimbursement for supplies will be based on 340B drug program pricing or actual acquisition cost. | Documentation  Discussion  Observation | 340B ID/entity registration  Inventory check - 340B and non-340B drugs kept separately  340B Policies | Fiscal | Yes  No  N/A |  |

1. Under Oregon law, anyone under the age of 18 is considered a minor (ORS 419B.550

   [definition of minor] and ORS 109.510 [age of majority]). [↑](#footnote-ref-2)
2. Medical designee means a clinician who is trained and permitted by state-specific regulations to perform all aspects of the physical assessments recommended for contraceptive, related preventive health, basic infertility care. They must work at the agency on a regular basis, have prescribing and medical decision-making authority, and be familiar with RHCare requirements and the agency’s staffing and clinical practices. [↑](#footnote-ref-3)