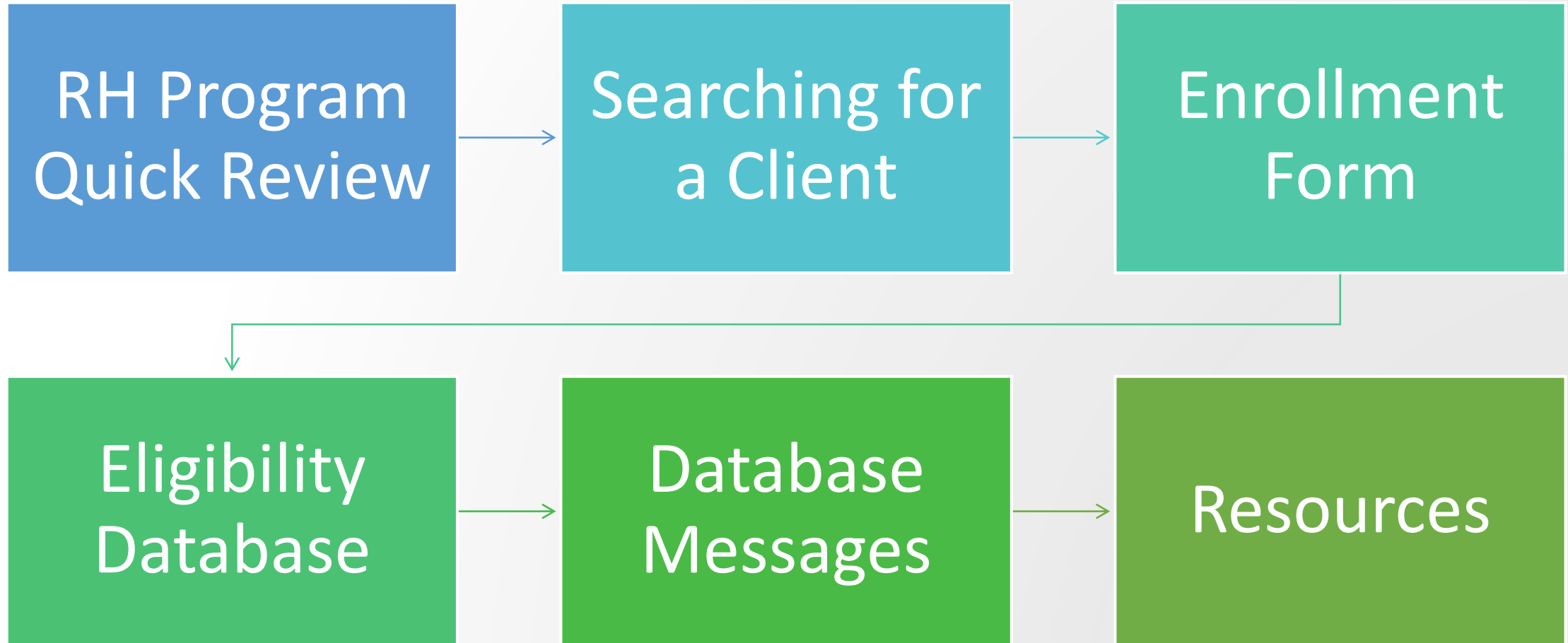


RH Access Fund Eligibility and Enrollment Training

For RHCare, CCare, and AbortionCare Clinics



Agenda



Helpful References

- Log into the [Eligibility Database](#)
- [RH Access Fund Enrollment Form](#)
- [RH Access Fund Citizen and Immigration Status Chart](#)
- [RH Access Fund Enrollment Form Quick Guide](#)



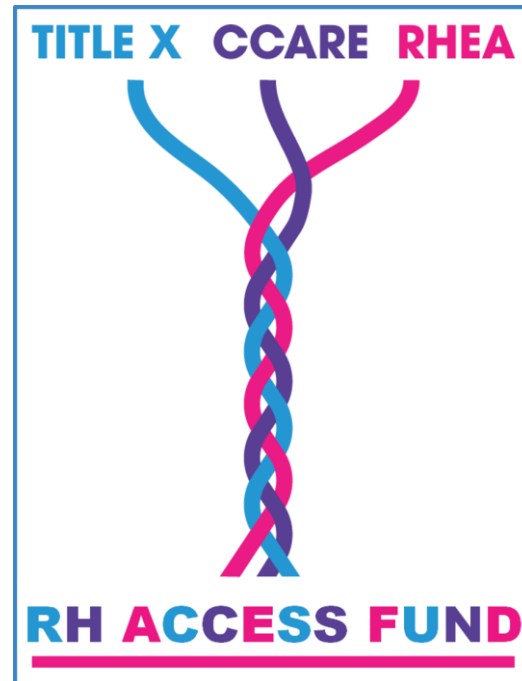
RH Program Quick Review

Clinic Types

	RHCare	CCare	AbortionCare
Services Covered	Family Planning visits and related preventative care	Contraception	Abortion
Reproductive Capacity	Able to get pregnancy or get someone else pregnant	Able to get pregnancy or get someone else pregnant	Able to get pregnant
Income	≤ 250% FPL	≤ 250% FPL	≤ 250% FPL
Oregon Resident	Not Required	Required	Required
Citizenship/ Immigration Status	No requirements	U.S. Citizenship or Eligible Immigration Status	Another Status

What is the RH Access Fund?

RH Access Fund braids the three funding streams to make the most people eligible for coverage of the widest range of services possible.



Who is eligible to enroll in the RH Access Fund?

Anyone who:

- Is at or below 250% of the Federal Poverty Level,
- Can get pregnant themselves, or get someone else pregnant, and
- Is not enrolled in full-benefit OHP.



CCare Clinics – Add'l Criteria

- Live in Oregon, and
- Have U.S. Citizenship or Eligible Immigration Status. This includes people who:
 - Were born in the U.S., Puerto Rico, Guam, or the U.S. Virgin Islands
 - Have become U.S. citizens
 - People with refugee or asylee status

AbortionCare Clinics – Add'l Criteria

- Lives in Oregon
- Has Another Status for immigration
 - DACA
 - Lawful Permanent Resident status < 5 years
 - Student visas
 - Undocumented



Searching for a client

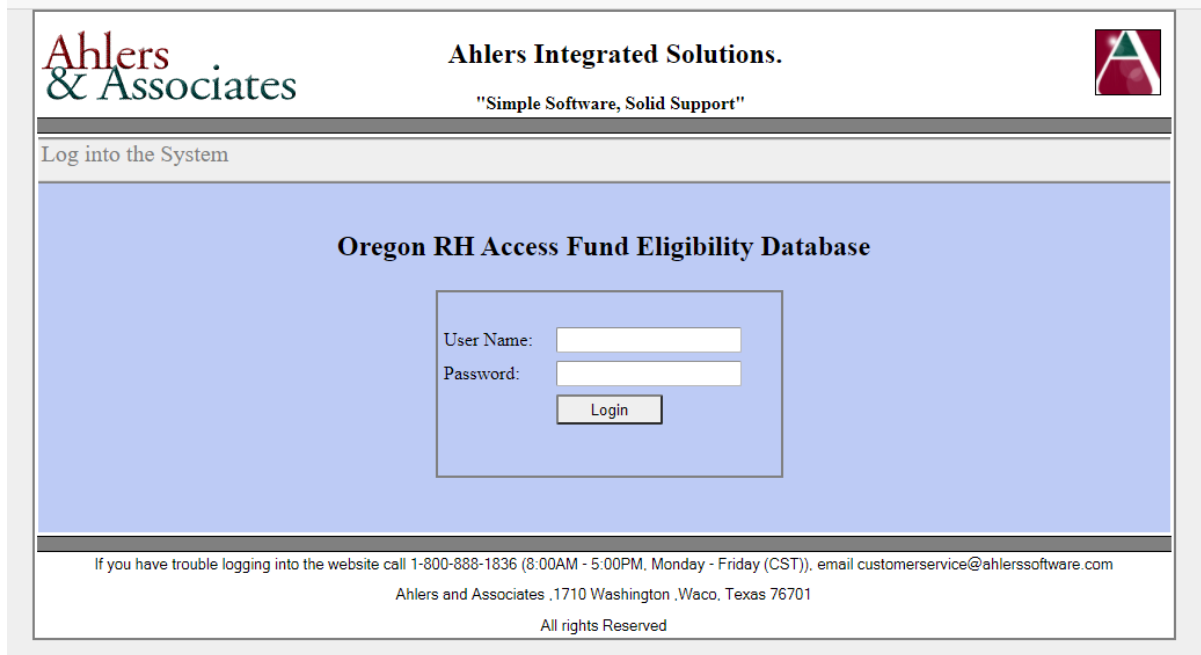
Meet your new client, Alex!

Things to Consider:

- Is Alex enrolled in the RH Access Fund?
 - Check the Eligibility Database
- What does Alex need to do to enroll and receive services at your clinic?
 - Enrollment Form
 - Citizenship Documentation (if applicable)
- After completing the enrollment form, what do staff need to do?
 - Enter information in the Eligibility Database

Is Alex already enrolled?

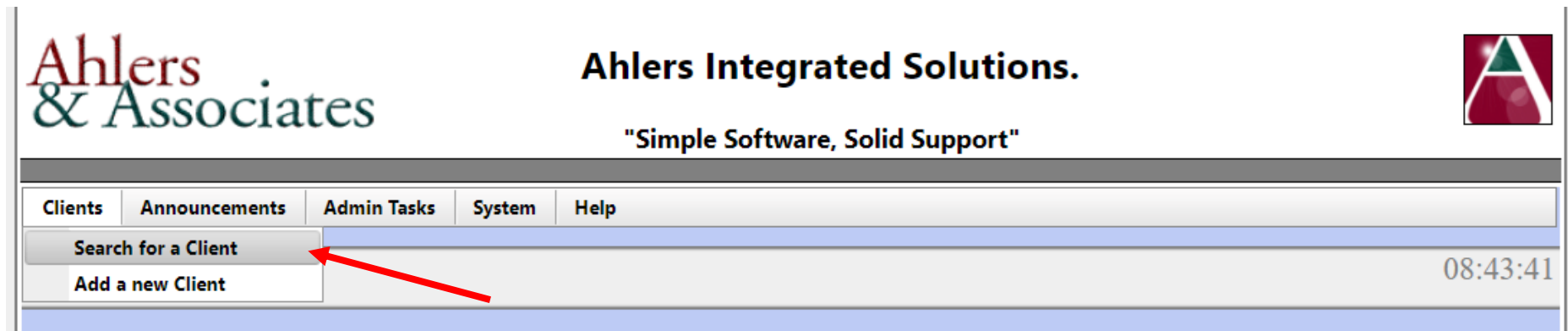
- Go to <https://orhp.ahlerssoftware.com/>
- If you do not have access to Ahlers, complete and submit this form: [Ahlers User ID/Password for agencies with 1-9 clinics](#)



The screenshot shows the login interface for the Oregon RH Access Fund Eligibility Database. At the top, the Ahlers & Associates logo is on the left, and the text "Ahlers Integrated Solutions. 'Simple Software, Solid Support'" is on the right, next to a small red and white logo. Below this is a grey bar with the text "Log into the System". The main content area has a light blue background and features the title "Oregon RH Access Fund Eligibility Database" in bold. In the center is a white login box containing labels for "User Name:" and "Password:", each followed by a text input field, and a "Login" button below them. At the bottom of the page, a footer contains contact information: "If you have trouble logging into the website call 1-800-888-1836 (8:00AM - 5:00PM, Monday - Friday (CST)), email customerservice@ahlerssoftware.com", "Ahlers and Associates, 1710 Washington, Waco, Texas 76701", and "All rights Reserved".

Searching for Alex

- After logging into the Eligibility Database, hover the cursor over “Clients” in the top left corner.
- When the drop-down menu appears, click “Search for a Client”.



Find a Client

- Enter client's information in one or more search fields and click Find a Client. The database will show the first 100 matches.

The screenshot shows a web application interface for Ahlers & Associates. At the top, the logo "Ahlers & Associates" is on the left, and "Ahlers Integrated Solutions." with the tagline "Simple Software, Solid Support" is on the right. Below this is a navigation bar with links: Clients, Announcements, Admin Tasks, System, Help, WebCVR, and AbortionCVR. A search bar contains the text "Search for a Client" and links to "New Search", "Add Client", and "Exit System". The time "09:03:59" is displayed on the right. The main content area is titled "Oregon RH Access Fund – Find a Client". It includes a instruction: "Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned." Below this is a "Tips" section with four numbered points. The search fields are: "RH Access Fund ID:" (text input), "Last name:" (text input), "Date of birth:" (text input with a calendar icon), "First name:" (text input), and "SSN:" (text input with a mask). A red circle highlights the "Find a Client" button at the bottom of the form.

Ahlers & Associates

Ahlers Integrated Solutions.
"Simple Software, Solid Support"

Clients Announcements Admin Tasks System Help WebCVR AbortionCVR

Search for a Client [New Search](#) [Add Client](#) [Exit System](#) 09:03:59

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
 - First 3 letters of First and Last names,
 - First name & DOB,
 - Just last name
 - Just SSN

RH Access Fund ID:

Last name:

Date of birth:

First name:

SSN:

Find a Client

Find a Client - Tips

- Search using different combinations of information. For example:
 - First name + Date of birth
 - SSN
 - Last name + First name
 - Just Last name
- The name fields allow partial information. For example, you can search by entering just the first 3 letters of the last name and/or first name.

Find a Client – No Results

- Search again by clicking on New Search, or
- Add the client, but only if you've tried a few different combinations of information

The screenshot shows a web application interface for the Oregon RH Access Fund. At the top, there is a navigation bar with tabs: Clients, Announcements, Admin Tasks, System, Help, WebCVR, and AbortionCVR. Below this is a search bar with the text 'Search for a Client' and three links: 'New Search' (circled in red), 'Add Client' (circled in yellow), and 'Exit System'. The main heading is 'Oregon RH Access Fund – Find a Client'. Below this, a message states: 'Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.' A 'Tips' section follows, listing four points: 1. If a client enrolled in the last 7 years, they probably still have a record in the system. 2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record. 3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record. 4. Try using different information to search for your client, like: First 3 letters of First and Last names, First name & DOB, Just last name, and Just SSN. A red message box states: 'Your search criteria produced no results, please try again'. Below this, there are input fields for 'RH Access Fund ID:', 'Last name:', 'Date of birth:', 'First name:', and 'SSN:'. A 'Find a Client' button is at the bottom right.

Clients Announcements Admin Tasks System Help WebCVR AbortionCVR

Search for a Client [New Search](#) [Add Client](#) [Exit System](#) 09:05:12

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
 - First 3 letters of First and Last names,
 - First name & DOB,
 - Just last name
 - Just SSN

Your search criteria produced no results, please try again

RH Access Fund ID:

Last name: First name:

Date of birth: SSN:

Find a Client – Multiple Results

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
 - First 3 letters of First and Last names,
 - First name & DOB,
 - Just last name
 - Just SSN

RH Access Fund ID:

Last name:

Smith

First name:

Date of birth:

SSN:

- -

	RHAF ID.	Elig. from	Elig. to	Patient No.	Last name	First name	M.I.	DOB	SSN	City	Citiz verif
Client info										Saint Helens	Yes
Client info										La Grande	Yes
Client info										Tigard	Yes
Client info										MADRAS	Yes
Client info										Aurora	Yes

Find a Client – Success!

- If the search is successful, all the fields on the Find a Client screen will be filled and you will see a message about client's eligibility status.
- If the client's record needs to be updated or reviewed in detail, click on the Client Info link near the top of the screen.

The screenshot shows the 'Oregon RH Access Fund – Find a Client' interface. At the top, there is a navigation bar with links: 'Find a Client', 'Client Info', 'New Search', 'Add Client', and 'Exit System'. The main heading is 'Oregon RH Access Fund – Find a Client'. Below this, a message states: 'Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.' A 'Tips' section follows, providing instructions on how to search for clients. The search fields are filled with the following information: RH Access Fund ID: 4411443, Last name: WOMAN, Date of birth: 12/23/2000, Eligibility from: 01/04/2019, First name: MAGNIFICENT, SSN: --, and Eligibility to: 01/04/2020. A green message at the bottom states: 'Citizenship/Immigration has been verified'.

Find a Client [Client Info](#) [New Search](#) [Add Client](#) [Exit System](#) 09:14

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
 - First 3 letters of First and Last names,
 - First name & DOB,
 - Just last name
 - Just SSN

RH Access Fund ID: 4411443

Last name: WOMAN

Date of birth: 12/23/2000

Eligibility from: 01/04/2019

First name: MAGNIFICENT

SSN: --

Eligibility to: 01/04/2020

Citizenship/Immigration has been verified

When searching for Alex...

- No match so let's enroll, Alex.

Clients Announcements Admin Tasks System Help WebCVR AbortionCVR

Search for a Client [New Search](#) [Add Client](#) [Exit System](#) 09:05:12

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
 - First 3 letters of First and Last names,
 - First name & DOB,
 - Just last name
 - Just SSN

Your search criteria produced no results, please try again

RHAccess Fund ID:

Last name: First name:

Date of birth: SSN:



Enrollment Form

Enrollment Form Languages

- English
- Spanish
- Korean
- Marshallese
- Russian
- Simplified Chinese
- Vietnamese



CCare Clinics - Enrollment Form Cover Page

- Enrollment form determines eligibility at all clinics
- CCare Cover page describes:
 - CCare eligibility requirements
 - What CCare pays for
- Use the blank space at the bottom to add local RHCare clinics for folks who are not eligible at your CCare clinic



Oregon ContraceptiveCare (CCare) helps you get the birth control that's right for you. Here are some examples of what CCare does and does not pay for:			
YES!		NO	
• Birth control	• Counseling about birth control and preventing pregnancy	• Treatment for STIs or bladder infections	• Tubal sterilizations
• Yearly visits	• Vasectomies		• Pregnancy tests not related to birth control
• Emergency contraception			

This clinic participates in CCare. This means we can provide free birth control and related services to people who:

- Live in Oregon
- Have an income up to or below 250% of the Federal Poverty Level (please talk to clinic staff to see if your income qualifies)
- Have U.S. Citizenship or Eligible Immigration Status. This includes people who:
 - Were born in the U.S., Puerto Rico, Guam, or the U.S. Virgin Islands
 - Have become U.S. citizens
 - Have an immigration status that is eligible for Medicaid, like refugee or asylee status

If you think you meet all of the requirements above, fill-out the RH Access Fund Enrollment Form and give it to clinic staff. The information on the Enrollment Form is only used to help us decide if CCare can pay for your services.

If you do not know if you have U.S. Citizenship or Eligible Immigration Status, talk to a clinic staff person.

If you do not have U.S. Citizenship or Eligible Immigration Status, you can still get free services at:

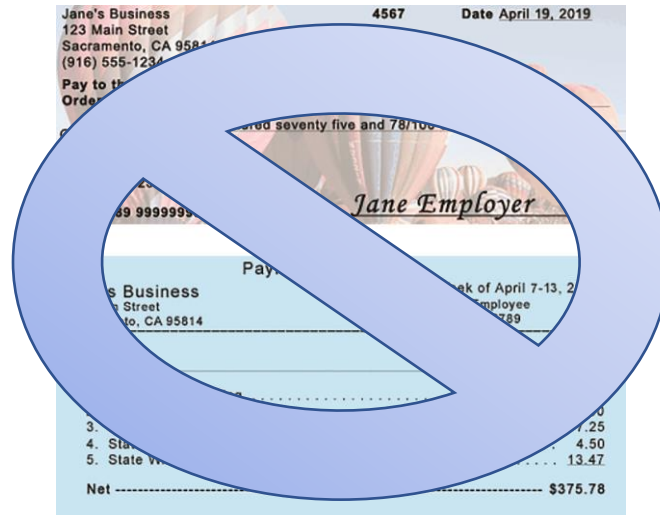
[Enter your local RHCare clinics here]

Enrollment Form

- Three Sections:
 - Eligibility – determines coverage and funding source
 - For Clinic Staff box
 - Demographics – Optional
- Keep the enrollment form on file for 7 years
- [Remote enrollment](#) is allowed. A form must be completed by staff.


What if Alex declines to complete the enrollment form?

- **RHCare** clinics must still provide same services.
- Be transparent about fees! Explain to client that if they provide household size/income, it may reduce their fees.
- Clinics may not require proof of income.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

Alex decides to complete the form...



Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

You can get this form in other languages, larger print, braille, or a format you prefer. Contact the RH Program at rh_program@dhs.oregon.gov or 971-673-0355. We accept all relay calls or you can dial 711. You can also request free interpreter services.

Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s):	Legal first name:	MI:
2	Date of birth:	Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Optional: What is your gender identity?
3	Please write your City and ZIP:		

Can you get pregnant **OR** get someone else pregnant? If you answer no, please stop and talk to clinic staff.

☐ Yes, or I think so
☐ Yes, but I'm using birth control
☐ No, I've been through menopause
☐ No, I've had surgery (for example, tubes tied, vasectomy)
☐ No, other


If you answer no, please stop and talk to clinic staff

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have:

☐ U.S. Citizenship or U.S. National Status
☐ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older)
☐ Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

1 of 6 OHA 8166 (11/2021)



Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

If you checked U.S. Citizen/National Status or Eligible Immigration Status above, please: Write your Social Security Number.

☐ My Social Security Number is:
☐ I don't know it, or I don't have one

Write your Oregon mailing address:

☐ My Oregon mailing street address is:
☐ I do not live in Oregon

Do you have private health insurance (from your work or school, or from a parent or spouse)?

☐ Yes
☐ No (SKIP TO QUESTION 9)

If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance.

Are you ok with us billing your insurance?

☐ Yes, you can bill my insurance
☐ No, I'm worried about the person who pays for my insurance finding out about my visit

Do you have your own income?

☐ Yes
☐ No (SKIP TO QUESTION 11)

If you have your own income, please list how much you think you will get this month from:

Jobs before taxes or other money is taken out
AND
Other sources like tips or unemployment (do not include child support, veteran's payments, or Supplemental Security Income (SSI))
Total


Do you file taxes?

☐ Yes. How many people do you put on your taxes? (must be at least 1)
☐ No, someone else includes me on their taxes. How many people do they put on their taxes? (must be at least 2)
☐ No, and no one puts me on their taxes.

If you are a U.S. citizen, do you want to register to vote today?

☐ Yes ☐ No ☐ Not Applicable

2 of 6 OHA 8166 (11/2021)



Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: Today's date (MM/DD/YYYY):

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:	*Client's RHAF #:	
*Offered OHA Notice of Privacy Practices.		<input type="checkbox"/> Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.		<input type="checkbox"/> Yes
Gave information on where to access primary care services.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
Gave health insurance enrollment information.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed

3 of 6 OHA 8166 (11/2021)

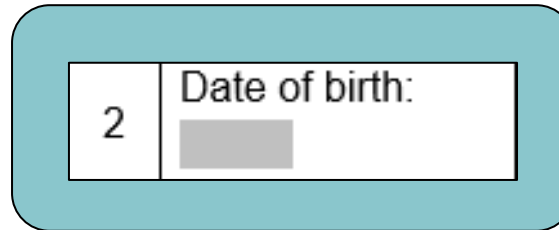
1. Legal Name

1	Legal last name(s): <input type="text"/>	Legal first name: <input type="text"/>
---	---	---

- Name on other government documents (e.g. birth certificate, driver's license)
- Not nicknames
- Used to verify clients' citizenship and income

2. Date of Birth, Sex Assigned at Birth, Gender

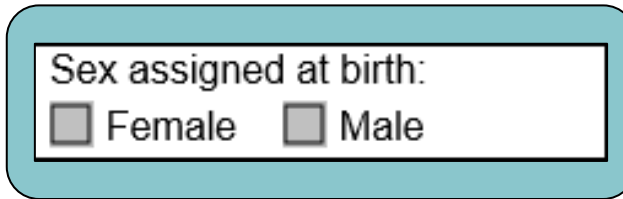
- Ask client to use the U.S. Convention of month, day, year.

A light blue rounded rectangular box containing a white rectangular input field. The input field is divided into two sections: the left section contains the number '2', and the right section contains the text 'Date of birth:' followed by a grey rectangular placeholder box.

2	Date of birth: <div></div>
---	-------------------------------

2. Continued

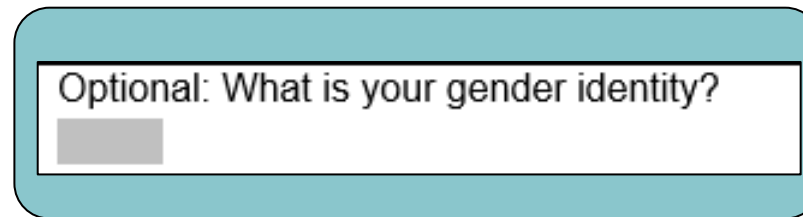
- Sex Assigned at Birth – what was originally marked on birth certificate
 - Use to determine funding stream eligibility



Sex assigned at birth:

☐ Female ☐ Male

- Optional: What is your gender identity



Optional: What is your gender identity?

3. City and Zip

- Two of our funding streams will only pay for clients who live in Oregon.
 - ★ Important for CCare and AbortionCare clinics
- If the client does not have an address or is uncomfortable providing their city and zip code, they may write the city and zip of the clinic.

3	Please write your City and ZIP: <input type="text"/>
---	--

4. Reproductive Capacity

- Clients must be able to get pregnant or get someone else pregnant
- If a client chooses a Yes option, they are eligible for RHAF
 - Does not matter what the reason is

4	Can you get pregnant <u>OR</u> get someone else pregnant? If you answer no, please stop and talk to clinic staff.	
	<input checked="" type="checkbox"/>	Yes, or I think so
	<input checked="" type="checkbox"/>	Yes, but I'm using birth control
	<input type="checkbox"/>	No, I've been through menopause
	<input type="checkbox"/>	No, I've had surgery (for example, tubes tied, vasectomy)
	<input type="checkbox"/>	No, other
		If you answer no, please stop and talk to clinic staff

4. Reproductive Capacity, Con't

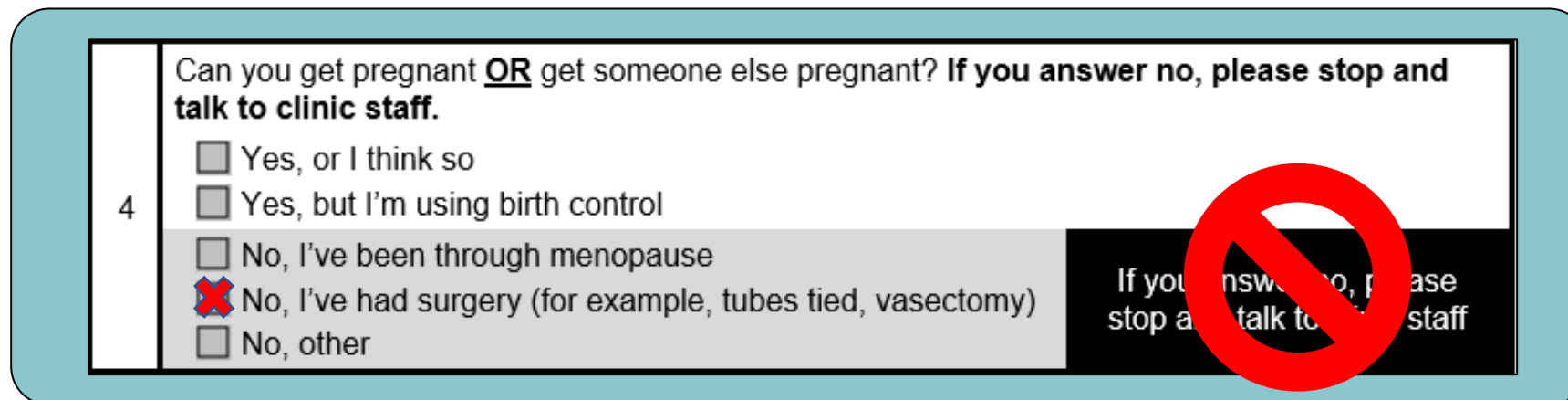
4	Can you get pregnant OR get someone else pregnant? If you answer no, please stop and talk to clinic staff.	
	<input type="checkbox"/>	Yes, or I think so
	<input type="checkbox"/>	Yes, but I'm using birth control
	<input checked="" type="checkbox"/>	No, I've been through menopause
	<input type="checkbox"/>	No, I've had surgery (for example, tubes tied, vasectomy)
	<input checked="" type="checkbox"/>	No, other

If you answer no, please stop and talk to clinic staff

- If the client responds with No, I've been through menopause or No, other, they are NOT eligible for RHAF

“No, I’ve had surgery” Response

- Sterilization (vasectomy, BTL, Essure and related methods) no longer disqualifies a client from enrolling.
- Why?
 - Sterilization methods are not 100% effective
 - People of color, poor folks, and disabled folks have disproportionality experienced forced or coerced sterilization
- Client is eligible for RHAF and should complete the enrollment form.



4 Can you get pregnant OR get someone else pregnant? **If you answer no, please stop and talk to clinic staff.**

<input type="checkbox"/>	Yes, or I think so
<input type="checkbox"/>	Yes, but I'm using birth control
<input type="checkbox"/>	No, I've been through menopause
<input checked="" type="checkbox"/>	No, I've had surgery (for example, tubes tied, vasectomy)
<input type="checkbox"/>	No, other

If you answer no, please stop and talk to clinic staff

5. Citizenship/Immigration Status

- Used to determine funding stream
- None of the answers make a client ineligible for the RH Access Fund, however,
 - ★ At CCare clinics, services will only be covered for enrollees with U.S. Citizenship or National Status or Eligible Immigration Status.
 - ★ At AbortionCare clinics, services will only be covered for enrollees with Another Status.

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.	
5	If you need help with this question, please ask to see the Citizenship and Immigration Chart.
	Do you have:
	<input type="checkbox"/> U.S. Citizenship or U.S. National Status
	<input type="checkbox"/> Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years <u>and</u> 19 or older)
	<input type="checkbox"/> Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years <u>and</u> 19 or older)

U.S. Citizen:

- Born in U.S., Puerto Rico, Guam, or U.S. Virgin Islands
- Naturalized as a U.S. Citizen
- Gained citizenship through the Child Citizenship Act of 2000
- Born outside the U.S. to a U.S. citizen



Eligible Immigration Status

- Includes:
 - Refugees,
 - Asylees,
 - Work or Student Visas (if younger than 19)
 - Lawful Permanent Residents (if younger than 19 or 19+ and have had LPR status for 5 years)

Another Status

- Includes:
 - DACA
 - Undocumented
 - Work or Student Visas (if 19 or older)
 - Lawful Permanent Residents (if 19+ and had LPR status for <5 years)

When a client doesn't know...

RH Access Fund Citizen and Immigration Status Chart



Instructions for Question 5 of the RH Access Fund Enrollment Form:			
1. Find your citizenship or immigration status here ↓		2. Look in columns A, B, and C and find the "Yes" that matches your status.	
Status / Documentation	A. U.S. Citizenship or U.S. National Status	B. Eligible Immigration Status	C. Another Status
U.S. Citizen – A person born in <ul style="list-style-type: none"> • the U.S., • Puerto Rico, • Guam, or • the U.S. Virgin Islands – A person who was naturalized as a U.S. citizen – A person who gained U.S. citizenship through the Child Citizenship Act of 2000 – A person born outside the U.S. to a U.S. citizen who met the citizenship requirements before they turned 18	Yes		
U.S. National – A person born in American Samoa or the Commonwealth of the Northern Mariana Islands	Yes		
Refugee or Asylee (when entered the U.S. or now) – A person who was legally admitted to the U.S. based on fears of persecution in their native country		Yes	
Lawful Permanent Resident – A person who has been given right to permanently live in the U.S. (also called "Green Card Holder")			
Younger than 19		Yes	
Age 19 and older		Yes, if "Resident Since" date is more than 5 years from today's date	Yes, if "Resident Since" date is less than 5 years from today's date

Staff Tool: Client Enrollment

November 2021

1

[RH Access Fund Citizen and Immigration Status Chart](#)

When Client is Unsure of their Immigration Status: Guidance for Clinic Staff



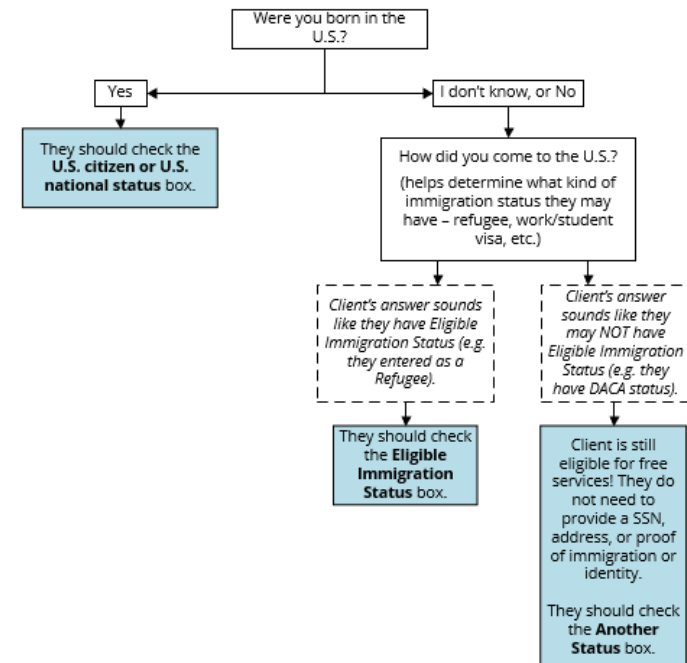
Guidance to help clinic staff help clients answer question 6 of the Enrollment Form.

Best Practices

Respect the client's privacy and try to have your conversation in a private, comfortable room.

Explain that the only reason you are asking these questions is to determine how their services will be paid for and that even if they do not have "Eligible Immigration Status" they can still get their services paid for.

Then ask the questions below following the flowchart, remaining non-judgmental, compassionate, and friendly.



Staff Tool: Client Enrollment

November 2021

1

[When Client is Unsure of their Immigration Status: Guidance for Clinic Staff](#)

6. SSN and Mailing Address

- Only for folks who marked U.S. Citizenship/National Status or Eligible Immigration Status
- If they do not know their SSN, the RH Access Fund will still reimburse for their covered services (if they meet other criteria)
- May enter clinic address if houseless or need confidentiality

6	If you checked U.S. Citizen/National Status or Eligible Immigration Status above, please:	
	Write your Social Security Number.	
	<input type="checkbox"/>	My Social Security Number is: <input type="text"/>
	<input checked="" type="checkbox"/>	I don't know it, or I don't have one
	Write your Oregon mailing address:	
	<input type="checkbox"/>	My Oregon mailing street address is: <input type="text"/>
	<input type="checkbox"/>	I do not live in Oregon

Oregon Birth Information Form

- For clients born in Oregon and who do not know their SSN, they can complete this form.
- Another way the state can verify citizenship
- <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/client-enrollment/OR-Birth-Info-Form.PDF>



OREGON BIRTH INFORMATION FORM

Instructions:

Please fill out as much of the information you can. Print or use block letters. This information can help us find your citizenship status.

Full Name: _____

Date of birth: ____ / ____ / ____ Sex at birth: F or M

Name at Birth: _____
(Last Name/Surname) (First Name) (Middle Name)

Place of Birth: _____
(County) (City)

Mother/Father/Parent Name: _____
(before marriage/domestic partnership) (Last Name/Surname) (First Name) (Middle Initial)

Mother/Father/Parent Name: _____
(before marriage/domestic partnership) (Last Name/Surname) (First Name) (Middle Initial)

CLINIC STAFF: This form can be used to collect additional information from the client to be used in the Oregon Vital Records search. It is for clinic use only.
Enter any information provided on this form into the RH Program Eligibility Database.

7. & 8. Private Insurance and Confidentiality

- Clients with private insurance can enroll
- If a client is concerned about someone else receiving a bill or notice, they should answer No to #8

7	Do you have private health insurance (from your work or school, or from a parent or spouse)? <input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO QUESTION 9)
8	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? <input type="checkbox"/> Yes, you can bill my insurance <input type="checkbox"/> No, I'm worried about the person who pays for my insurance finding out about my visit

9. & 10. Income

- Clients should include only their income (not the family)
- You cannot require clients to provide proof of income
- Income includes salary, wages, tips, self-employment earnings, and unemployment

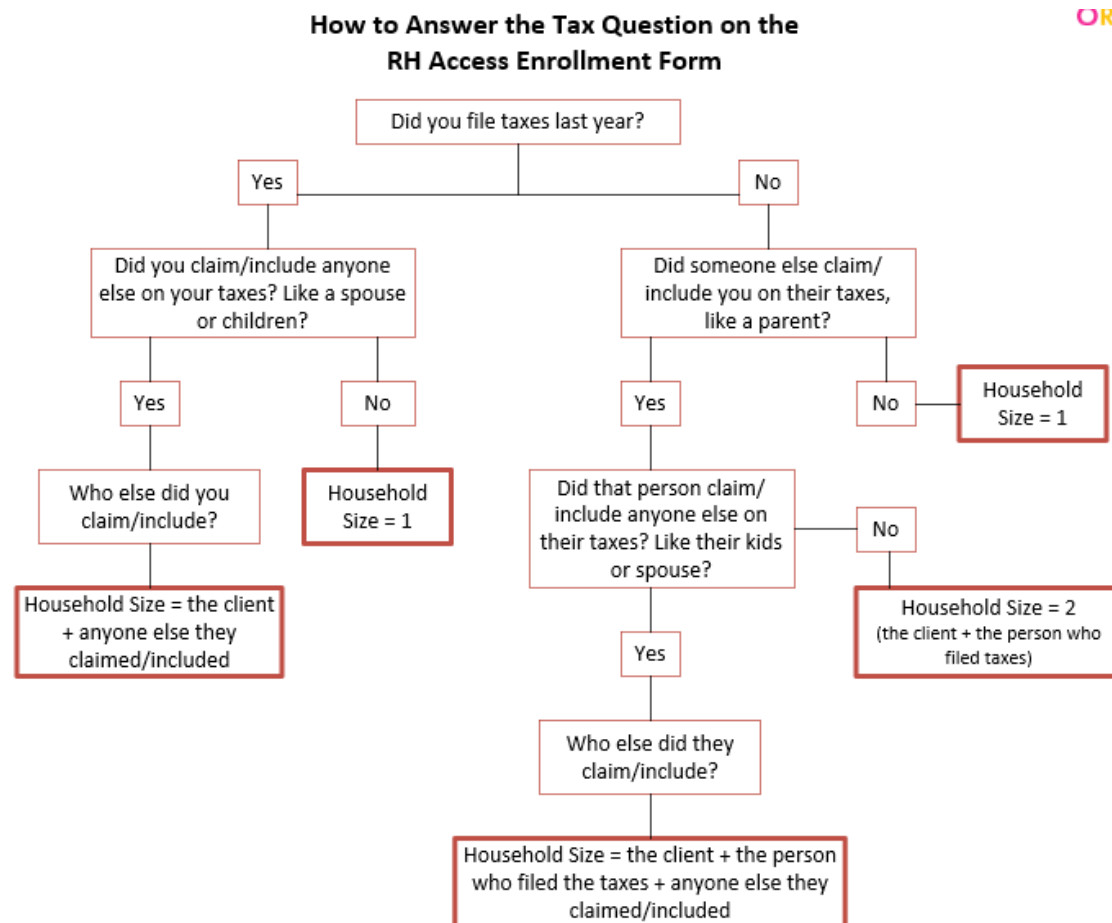
9	Do you have your own income? <input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO QUESTION 11)
10	If you have your own income, please list how much you think you will get this month from: Jobs before taxes or other money is taken out <input type="text"/> AND Other sources like tips or unemployment (do not include child support, veteran's payments, or Supplemental Security Income (SSI)) <input type="text"/> Total <input type="text"/>

11. Taxes

- Information is self-declared

11	<p>Do you file taxes?</p> <p><input type="checkbox"/> Yes. How many people do you put on your taxes? <input type="text"/> (must be at least 1)</p> <p><input type="checkbox"/> No, someone else includes me on their taxes. How many people do they put on their taxes? <input type="text"/> (must be at least 2)</p> <p><input type="checkbox"/> No, and no one puts me on their taxes.</p>
----	--

Tool to Assist with Tax Question



ORHP

12. Voter Registration

- YES – Give client voters registration card.
 - Client can take home, or
 - Request help to fill out and mail
- NO – The Enrollment Form serves an official declination.
- Not Applicable – The Enrollment Form serves an official declination.
 - Client is already registered, or
 - Client is not eligible to register (e.g., younger than 17, not a citizen, etc.)
- Required by funding streams

12	If you are a U.S. citizen, do you want to register to vote today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
----	---

Signature Page

- Described why we ask for SSN
- Not considered enrolled without a signature and date
- Remote enrollment – write the client's name and the date with a note that consent was obtained via phone or video

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: _____ Today's date (MM/DD/YY): _____

Demographics (pages 4-6)

- Every question has a “decline or don’t want to answer” option (with exception to 2b).
- Clients should answer however they feel most comfortable.
- Resource: [When Clients have Questions about the Demographic Questions: Guidance for Staff](#)

Oregon Health
Husky

RH Access Fund Demographic Questions

These questions are optional. The answers to these questions do not impact whether you are eligible for the RH Access Fund. We ask these questions to make sure that everyone receives the highest quality care and the best service. We also use this information to address differences in care. If you do not want to answer these questions, please check "Don't want to answer."

If you have any questions when filling out this form, please ask clinic staff for help.

In what language do you want us to communicate with you in person, on the phone, or virtually?

Write to you: **You can request free interpreter services.**

☐ Don't want to answer (English will be listed) (If both answers are English, skip to question 3)

1 Do you need or want an interpreter for us to communicate with you?

☐ No (skip to question 3)
☐ Yes
☐ Don't know
☐ Don't want to answer

2a If you need or want an interpreter, what type of interpreter do you prefer?

☐ Spoken language interpreter
☐ American Sign Language (ASL) interpreter
☐ Deaf Interpreter for Deaf/Blind and with additional barriers
☐ Contact sign language (PSE) interpreter
☐ Other (please list)

2b How well do you speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all
☐ Don't know or unknown
☐ Don't want to answer

3 How do you identify your race or ethnicity, tribal affiliation, country of origin, or ancestry? (for example, your parents' ancestry, tribal membership)

4 ☐ Don't want to answer

4 of 6 OHA 8166 (10/2021)

Oregon Health
Husky

RH Access Fund Demographic Questions

Which of the following describes your racial or ethnic identity? Check ALL that apply.

Hispanic or Latino/a/x
☐ Central American
☐ Mexican
☐ South American
☐ Other Hispanic or Latino/a/x

Native Hawaiian or Pacific Islander
☐ Chamorro (Chamorro)
☐ Marshallese
☐ Communities of the Micronesian Region
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander

White
☐ Eastern European
☐ Slavic
☐ Western European
☐ Other White

American Indian or Alaska Native
☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis, or First Nations
☐ Indigenous Mexican, Central American, or South American

Black or African American
☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
☐ Other Black

Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Communities of Myanmar
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian

Other categories
☐ Don't know
☐ Don't want to answer

5 If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

☐ Yes. Please circle your primary racial or ethnic identity above.
☐ No. I do not have just one primary racial or ethnic identity.
☐ No. I identify as Biracial or Multiracial.

6 Are you a member of a federally recognized tribe?

☐ No
☐ Yes, please specify which tribe(s)

7a ☐ Don't know
☐ Don't want to answer

7b Are you eligible, as an American Indian or Alaska Native, to receive services from the Indian Health Service, a Tribal Health Clinic, or an Urban Health Program?

☐ No
☐ Yes
☐ Don't know
☐ Don't want to answer

5 of 6 OHA 8166 (10/2021)

Oregon Health
Husky

RH Access Fund Demographic Questions

Because of a physical, mental, or emotional condition, do you have serious difficulty?

A) Concentrating, remembering, or making decisions?

☐ No
☐ Yes. At what age did this condition begin?

If yes, do you have difficulty making medical decisions?

☐ No
☐ Yes. At what age did this condition begin?

B) Doing errands alone such as visiting a doctor's office or shopping?

☐ No
☐ Yes. At what age did this condition begin?

8 If yes, do you have difficulty making medical decisions, please talk to your health care provider.

☐ Decline/don't want to answer
☐ Don't know
☐ Decline or don't want to answer

9 Are you deaf, or do you have serious difficulty hearing?

☐ No
☐ Yes. At what age did this condition begin?

10 Using your usual (customary) language, do you have serious difficulty communicating (for example, understanding or being understood by others)?

☐ No
☐ Yes. At what age did this condition begin?

11 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

☐ No
☐ Yes. At what age did this condition begin?

12 Do you have serious difficulty walking or climbing stairs?

☐ No
☐ Yes. At what age did this condition begin?

13 Do you have difficulty dressing or bathing?

☐ No
☐ Yes. At what age did this condition begin?

14 Do you have serious difficulty learning how to do things most people your age can learn?

☐ No
☐ Yes. At what age did this condition begin?

15 Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

☐ No
☐ Yes. At what age did this condition begin?

6 of 6 OHA 8166 (10/2021)

Alex submits a completed form...

What's Next?

- Review form for completeness
- Collect necessary documentation
- Complete the “For Clinic Staff” box
- Enter data in the Eligibility Database

Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s): Last Name	Legal first name: Alex	MI: I
2	Date of birth: 08/08/08	Sex assigned at birth: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Optional: What is your gender identity? []
3	Please write your City and ZIP: Portland, OR 97203		

4	<p>Can you get pregnant <u>OR</u> get someone else pregnant? If you answer no, please stop and talk to clinic staff.</p> <p><input checked="" type="checkbox"/> Yes, or I think so <input type="checkbox"/> Yes, but I'm using birth control <input type="checkbox"/> No, I've been through menopause <input type="checkbox"/> No, I've had surgery (for example, tubes tied, vasectomy) <input type="checkbox"/> No, other</p>		<p>If you answer no, please stop and talk to clinic staff</p>

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

5	<p>If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have:</p> <p><input type="checkbox"/> U.S. Citizenship or U.S. National Status <input checked="" type="checkbox"/> Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) <input type="checkbox"/> Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)</p>
---	---

Review the Enrollment Form

- **VERY IMPORTANT:** Review client's Enrollment Form when they hand it in to make sure it has been fully completed and that the client meets eligibility requirements.
- Quick Check Guide: available under Client Enrollment Tools at healthoregon.org/rhclientenrollment

RH Access Fund Enrollment Form UPDATED Quick Check Guide



When a client completes a RH Access Fund Enrollment Form it is important to check the following to ensure that the client is eligible.

If the client answered **No, I've been through menopause**, or **No, other** to the following question the RH Access Fund can **NOT** pay for their services.

4	Can you get pregnant OR get someone else pregnant? If you answer no, please stop and talk to clinic staff.	
	<input type="checkbox"/> Yes, or I think so	
	<input type="checkbox"/> Yes, but I'm using birth control	
	<input checked="" type="checkbox"/> No, I've been through menopause	If you answer no, please stop and talk to clinic staff
	<input type="checkbox"/> No, I've had surgery (for example, tubes tied, vasectomy)	
<input checked="" type="checkbox"/> No, other		

Policy Change: If a client underwent a surgery, they may still be eligible for the RH Access Fund.

The following sections require additional confirmation.

Line #	Question / Topic	Notes
5	Citizenship / Immigration status	Use the Citizenship and Immigration Status Chart* to confirm that the client checked the correct box. A client's status determines what types of services the RH Access Fund can cover.
9-11	Tax Filings & Income	The RH Access Fund cannot cover services provided to clients with income >250% FPL. Clients should not include parents' or spouses' income.
Client Signature & Date		The RH Access Fund cannot pay for services provided before the date the client (or staff) signed and dated the form.

*available on the Client Enrollment page: healthoregon.org/rhclientenrollment

Documentation Requirements

Citizenship / Immigration Status	Citizenship/Immigration Status Documentation Required?	Proof of Identity Required?
Another Status	No	No
Eligible Immigration Status	No	No
U.S. Citizen	Yes, if they have it.	Yes, if they have it.

Complete the “For Clinic Staff” Box

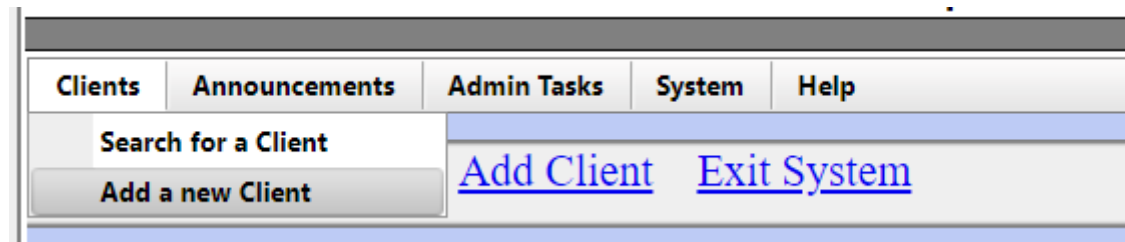
FOR CLINIC STAFF: Requirements Tracking		
Agency #: <input type="text"/>	Clinic #: <input type="text"/>	Date: <input type="text"/>
*Staff name: <input type="text"/>		*Client's RHAF #: <input type="text"/>
*Offered OHA Notice of Privacy Practices.		<input type="checkbox"/> Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.		<input type="checkbox"/> Yes
Gave information on where to access primary care services.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
Gave health insurance enrollment information.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.		<input type="checkbox"/> Yes <input type="checkbox"/> Not needed



Eligibility Database

Now, let's add Alex to the Eligibility Database.

- Log-on to the Ahler's Eligibility Database
- Two ways to add a client:
 - Click the link Add Client at the top of the page, or
 - Hover the cursor over "Clients" in the top left corner and when the drop-down menu appears, click "Add a new Client."
- Remember - only Add Client if you cannot find them in the database.




Client Information Screen

Enrollment Information	Citizenship/Immigration Information	Demographics Information
Legal Last Name(s) <input type="text"/> First Name <input type="text"/> M.I. <input type="text"/>		
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> Sex Assigned at Birth <input type="radio"/> Female <input type="radio"/> Male Gender Identity <input type="text"/>		
City <input type="text"/> Zip <input type="text"/>		
Can they get pregnant OR get someone else pregnant? <input type="radio"/> Yes, or I think so <input type="radio"/> Yes, but I'm using birth control <input type="radio"/> No, I've been through menopause <input type="radio"/> No, I've had surgery (e.g. tubes tied, vasectomy) <input type="radio"/> No, other		
Citizenship/Immigration Status: <input type="radio"/> U.S. Citizenship/National Status <input type="radio"/> Eligible Immigration Status <input type="radio"/> Another Status		
SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Doesn't know it or doesn't have one <input type="checkbox"/> Client has Eligible Immigration or Another Status		
Oregon Mailing Address <input type="text"/> <input type="checkbox"/> Does not live in Oregon		
Has Private Insurance? <input type="radio"/> Yes <input type="radio"/> No Ok to bill private insurance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Have their own income? <input type="radio"/> Yes <input type="radio"/> No Monthly Income <input type="text"/>		
Do they file taxes? <input type="radio"/> Yes. How many people on their taxes? <input type="text"/> <input type="radio"/> No, someone else puts the client on their taxes. How many people on their taxes? <input type="text"/> <input type="radio"/> No, and no one else puts the client on their taxes.		
Date Client Signed Enrollment Form <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Check if staff signed on behalf of client		
Provided information on where to access primary care services <input type="radio"/> Yes <input type="radio"/> Not Needed		
Provided health insurance enrollment information <input type="radio"/> Yes <input type="radio"/> Not Needed		
Provided voter registration card. Offered assistance completing and submitting the form. <input type="radio"/> Yes <input type="radio"/> Not Needed		
If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials: Notes: <input type="text"/>		

Enrollment Form Tab

Enrollment Information Citizenship/Immigration Information Demographics Information

Legal Last Name(s) First Name M.I.

Date of Birth  Sex Assigned at Birth ☐ Female ☐ Male Gender Identity

City Zip

Can they get pregnant OR get someone else pregnant?

☐ Yes, or I think so
☐ Yes, but I'm using birth control
☐ No, I've been through menopause
☐ No, I've had surgery (e.g. tubes tied, vasectomy)
☐ No, other

Citizenship/Immigration Status:
☐ U.S. Citizenship/National Status
☐ Eligible Immigration Status
☐ Another Status



SSN ☐ Doesn't know it or doesn't have one ☐ Client has Eligible Immigration or Another Status


Oregon Mailing Address ☐ Does not live in Oregon

Has Private Insurance? ☐ Yes ☐ No Ok to bill private insurance? ☐ Yes ☐ No ☐ N/A

Have their own income? ☐ Yes ☐ No Monthly Income

Do they file taxes?

☐ Yes. How many people on their taxes? 
☐ No, someone else puts the client on their taxes. How many people on their taxes? 
☐ No, and no one else puts the client on their taxes.

Date Client Signed Enrollment Form  ☐ Check if staff signed on behalf of client

Provided information on where to access primary care services ☐ Yes ☐ Not Needed

Provided health insurance enrollment information ☐ Yes ☐ Not Needed

Provided voter registration card. Offered assistance completing and submitting the form. ☐ Yes ☐ Not Needed

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes:

- Complete this tab using the information from the client's Enrollment Form

SSN Requirements

Citizenship/Immigration Status	SSN Required?	Database Fields
Another Status	No	Check “Client has Eligible Immigration Status or Another Status”
Eligible Immigration Status	No	Enter SSN, check “Doesn’t know or doesn’t have one,” or “Client has Eligible Immigration Status or Another Status”
U.S. Citizen/National Status	Yes	Enter SSN or “Doesn’t know or doesn’t have one”

SSN ☐ Doesn't know it or doesn't have one ☐ Client has Eligible Immigration or Another Status

Notes Field

- Use if the answer in the Eligibility Database is different from what is on the client's Enrollment Form
- Provide a brief explanation of why, staff initials, and the date

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes:

Notes Examples

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes: Client misunderstood immigration question. Clarified with client that they have Another Immigration status.
BG 10/04/23

Notes: Client left tax question blank on the enrollment form. After talking with client, determined it should be Yes with 2 people on their taxes. BG 10/04/23

Notes: Client wrote their birth date on enrollment form. Entered correct date in database. BG 10/4/23

Remote Enrollment

- If clinic staff enrolled a client remotely (e.g., over the phone or during a video appointment) check the box “Check if staff signed on behalf of client”.
- An Enrollment Form still needs to be completed on behalf of the clients enrolling remotely!
- Resource: [Remote Enrollment Guidance](#)

Date Client Signed Enrollment Form



☐ Check if staff signed on behalf of client

Enrollment Information **Citizenship/Immigration Information** Demographics Information

Proof of US. Citizenship/National Eligible Immigration Status Proof of Identity Oregon Birth Record Request

Citizenship/Immigration Information Tab

- Record how citizenship and identity will be or is being verified. This is only for clients who marked U.S. citizenship/U.S. National.
- Do not collect documentation from clients who indicate they have Eligible Immigration Status or Another Status.

Proof of U.S. Citizenship/National sub-tab

The screenshot shows a web form with three main tabs: 'Enrollment Information', 'Citizenship/Immigration Information', and 'Demographics Information'. The 'Citizenship/Immigration Information' tab is active and contains four sub-tabs: 'Proof of US. Citizenship/National', 'Eligible Immigration Status', 'Proof of Identity', and 'Oregon Birth Record Request'. The 'Proof of US. Citizenship/National' sub-tab is selected. Below the sub-tabs, a text label states: 'One of the three options below must be checked if US Citizenship is indicated.' There are three main options, each preceded by an unchecked checkbox. The first option is 'Client needs verification by state.', which is highlighted with a yellow box. It contains two sub-options, also with unchecked checkboxes: 'State verified through SSA Match' and 'State verified through OR Vital Records'. Below this is the word 'OR'. The second option is 'Client provided a birth certificate.', which is also highlighted with a yellow box. Below it is the instruction 'Please list the state and the State File Number (do not photocopy or scan the birth certificate):'. This is followed by a 'State:' label, a dropdown menu, a 'State File Number:' label, and a text input field. Below this is another 'OR'. The third option is 'Client provided another proof of U.S. citizenship status.', which is highlighted with a yellow box. Below it is the instruction 'Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number):' followed by a text input field.

Enrollment Information Citizenship/Immigration Information Demographics Information

Proof of US. Citizenship/National Eligible Immigration Status Proof of Identity Oregon Birth Record Request

One of the three options below must be checked if US Citizenship is indicated.

☐ Client needs verification by state.

☐ State verified through SSA Match

☐ State verified through OR Vital Records

OR

☐ Client provided a birth certificate.

Please list the state and the State File Number (do not photocopy or scan the birth certificate):

State: State File Number:

OR

☐ Client provided another proof of U.S. citizenship status.

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number):

Needs Verification By State

- If the client did not bring proof of U.S. Citizenship. Mark “Client needs verification by state.”
- Only state staff can use the boxes “State verified through SSA Match” and “State verified through OR Vital Records.”
- State staff can verify U.S. citizenship/national status using a client’s SSN, name, and DOB with a 92% success rate. (See [Verification FAQs](#) on Client Enrollment page)

- ☒ Client needs verification by state.
- ☐ State verified through SSA Match
- ☐ State verified through OR Vital Records

Electronic Citizenship Verification

- If a match isn't found, the boxes will remain unchecked and client will be listed on Oregon RH Eligibility Status Update.
- The client should then prove citizenship another way
- Refer to [Documents that Prove U.S. Citizenship and Identity](#) for eligible documentation

- ☐ State verified through SSA Match
- ☐ State verified through OR Vital Records

Birth Certificate

- Enter state & state file number.
- Do NOT copy/scan for client's chart – this is illegal

☐ Client provided a birth certificate.

Please list the state and the State File Number (do not photocopy or scan the birth certificate):

State: State File Number:

Another Proof

- Includes U.S. passports, Certificates of U.S. Citizenship, Reports of Birth Abroad, etc.
- See [Documents that Prove U.S. Citizenship and Identity](#)
- Make copy/scan, and enter Ahlers clinic number where kept

☒ Client provided another proof of U.S. citizenship status.

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number):

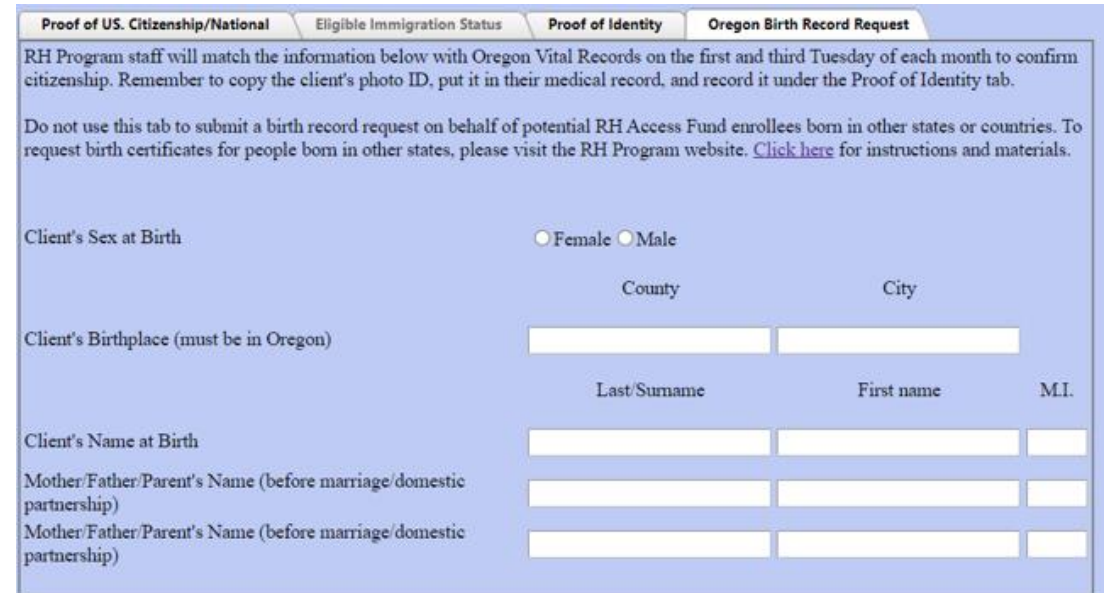
Proof of Identity

- Complete for clients who claim U.S. Citizenship/National
- If client brings proof, make copy/scan and enter Ahlers clinic number where kept.
- State Verified through SSA Match – only for RH Program Staff
- See [Documents that Prove U.S. Citizenship and Identify](#)

Proof of US. Citizenship/National	Eligible Immigration Status	Proof of Identity	Oregon Birth Record Request
<input type="checkbox"/> Client provided proof of identity. Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number): <input type="text"/> OR <input type="checkbox"/> State verified through SSA Match			

Oregon Birth Record Request

- If a client cannot provide proof of citizenship AND they were born in Oregon, you may request an electronic search for their Oregon birth record. Have the client fill out the [Oregon Birth Information Form](#) and enter the information in this tab.
- Note that completing this request does not constitute proof of citizenship, nor does it guarantee a match.



The screenshot shows a web form with four tabs: "Proof of U.S. Citizenship/National", "Eligible Immigration Status", "Proof of Identity", and "Oregon Birth Record Request". The "Oregon Birth Record Request" tab is active. The form contains the following fields and instructions:

RH Program staff will match the information below with Oregon Vital Records on the first and third Tuesday of each month to confirm citizenship. Remember to copy the client's photo ID, put it in their medical record, and record it under the Proof of Identity tab.

Do not use this tab to submit a birth record request on behalf of potential RH Access Fund enrollees born in other states or countries. To request birth certificates for people born in other states, please visit the RH Program website. [Click here](#) for instructions and materials.

Client's Sex at Birth: ☐ Female ☐ Male

County: [text box] City: [text box]

Client's Birthplace (must be in Oregon): [text box]

Client's Name at Birth: [text box] [text box] [text box]

Mother/Father/Parent's Name (before marriage/domestic partnership): [text box] [text box] [text box]

Mother/Father/Parent's Name (before marriage/domestic partnership): [text box] [text box] [text box]

Labels for the name fields are: Last/Surname, First name, and M.I.

Demographics Information

- Complete using the information from the client's Enrollment Form.
- Only rule: must answer every question (except 2b).
- If client left any (or all) answer(s) blank, enter "Decline/ don't want to answer"

The screenshot shows a web form with three tabs: "Enrollment Information", "Citizenship/Immigration Information", and "Demographics Information". The "Demographics Information" tab is selected. The form contains the following questions and input fields:

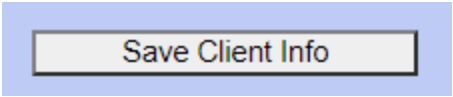
1. In what language do they want you to:
Communicate with them: **Write** to you:

2a. Do they need or want an interpreter for you to communicate with them?

2b. If they need or want an interpreter, what type of interpreter do they prefer?
 If other, what type:

Save Client Info

- When all information is entered and/or updated, click the Save Client Info button at the bottom of the screen.
- The database will check the data and if everything passes (i.e., no blank fields), the record will be saved and client will get a RH Access Fund number.

A rectangular button with a light blue background and a thin black border. The text "Save Client Info" is centered in a black, sans-serif font.

Save Client Info



Eligibility, Enrollment, or Missing Info Messages

Current Clients – Status Box

- Client Information screen shows the client's current eligibility status and their eligibility history.

RH Access Fund ID: **04411195**
Eligibility dates: **01/21/2021** to **01/21/2022**
Record last updated on: 01/21/2021 from Project [8888](#) and Clinic [8888](#)

Client most recently enrolled at Project [8888](#) and Clinic [8888](#)
Client previously enrolled at Project [8888](#) and Clinic [8888](#)
[Click here](#) for client's eligibility history

This client is NOT currently eligible for RHAF Access Fund Coverage.

Current Clients – Service Message

If a client is currently enrolled and eligible for services, you will see one of two messages.

- **The RH Access Fund will cover services related to preventing or achieving pregnancy (i.e. FAMILY PLANNING) for this client.**
 - ★ Client is eligible for services at RHCare and CCare clinics
- **The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related for family planning for this client.**
 - ★ Client is eligible for services at RHCare and AbortionCare clinics

Eligibility Suspension

- Only reason a client's eligibility will be suspended is due to income!
- If a client's income is found to be over 250% FPL, RH Program state staff will suspend their eligibility.
- Clinic staff then have 45 days to try to verify the client's income.
- See [Verification FAQs](#)

This client is currently SUSPENDED from RH Access Fund coverage.

Wage records indicate client may be over RH Access Fund income limits. Coverage is suspended until client is contacted to resolve income discrepancy. Once explained, contact RH Program staff to reinstate client's coverage.

Eligibility Termination

- There are only two reasons a client's enrollment might be terminated:
 - Clinic staff were unable to verify client's income, or
 - Client is found to have OHP
- Note: any claims submitted for dates of service after suspension or termination will be rejected.

This client is NOT currently eligible for RH Access Fund coverage.

Coverage was ended because client could not verify income. Client MUST fill out a new enrollment form before the clinic can bill the RH Access Fund.

This client is NOT currently eligible for RHAF Access Fund Coverage.

Eligibility dates were ended because client has OHP.

Error Messages

- When client marks U.S. citizen and
 - we cannot verify the SSN they provided, or
 - they did not provide SSN and we can't find one:

Please check at every visit whether enrollee can provide SSN. CCare clinics cannot bill RH Access Fund for this enrollee until SSN is verified.

- When citizenship has been verified, but SSN was found invalid:

Enrollee's SSN found to be invalid. Please check for typos and check at every visit whether enrollee can provide corrected SSN. CCare clinics cannot bill the RH Access Fund until the enrollee's SSN has been corrected.

Error Messages

- When client marks U.S. citizen and we cannot verify citizenship/national status:

State could not verify citizenship/national status. Please check at every visit whether enrollee can provide proof of U.S. citizenship/national status. CCare clinics cannot bill RH Access Fund for this enrollee until citizenship/national status has been verified.

- When client's identity could not be verified through the electronic process and proof of ID was not entered:

Please check at every visit whether enrollee can provide proof of I.D. CCare clinics cannot bill RH Access Fund for this enrollee until ID has been entered.

Eligibility Database: Troubleshooting and Technical Support

When to contact state RH Program staff:

RH.Enrollment@oha.oregon.gov

- Find duplicate records for the same client
- Find more than one client claiming the same SSN
- Find a client who now has OHP
- Have questions about citizenship documentation or other eligibility requirements
- The client's eligibility was suspended or terminated because of income

When to contact Ahlers & Associates:

Phone: (800) 888-1836 x 140 CustomerService@ahlerssoftware.com

- Unable to logon to the Database
- Need to reset your password
- The Database is running slowly

Resources

- For client enrollment form and tools, see:
Healthoregon.org/rhclientenrollment

Client Enrollment

Reproductive and Sexual Health

Provider Certification

RH Program Policies and
Protocols

Reproductive Health Provider
Resources

Reproductive Health Program
Newsletters

Client-Centered Resources

Program Element 46

Partner Resources

This page has resources and tools to help clinic staff with the client enrollment process. Click the jump links below to get to specific sections of the page:

- [Enrollment Form](#)
- [Trainings](#)
- [CCare Corner](#)
- [Eligibility Database](#)
- [Client Eligibility Verification](#)
- [Notice of Privacy Practices, Voter Registration, & Out of State Birth Certificate Requests](#)
- [Enrollment Tools Table](#)



Test your knowledge?

- Complete the short Test Your Knowledge quiz by going to <https://forms.office.com/g/Qqqcr1sK2v> or following this QR code.
- Results will appear after you click Submit or they can be emailed to you.

RH Access Fund Eligibility and
Enrollment Training - Test Your
Knowledge



A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

Thank You!

Please contact us with any questions.

Email: rh.program@oha.Oregon.gov

Phone: 971-673-0355

Website: healthoregon.org/rh

Find us on: [Facebook](#) and [Instagram](#)

A yellow dashed line is located in the bottom right corner of the slide, consisting of several short, curved segments.