January 2024



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A. Introduction & Overview

The AbortionCare CVR is used to bill the RH Program for abortion services provided to RHAF-enrolled clients who are eligible for RHEA funding. This manual provides instructions for completing each section of the CVR. Please keep in mind that the CVR is not a charting form, and services documented on the CVR must match those documented in the medical chart.

Remember: AbortionCare covers pregnancy loss management!

Because AbortionCare services are funded through RHEA, the only clients for whom AbortionCare clinics may seek reimbursement are those who are eligible for RHEA:

	AbortionCare Clinics
Eligible Clients	• ≤ 250% FPL
	Individuals with Another Status
	Resident of Oregon
	Enrolled in the RH Access Fund
	No SSN requirement
Covered Services	Services related to abortion, including evaluation and management of pregnancy loss

Claims Submission

To be reimbursed, clinics must submit an Abortion CVR using the <u>Ahlers online</u> web-based AbortionCVR system (which is also the RH Access Fund Eligibility Database). To get access to this system, please reach out to the RH Program at <u>RH.Billing@oha.oregon.gov</u>. Claims are processed once a month on the 2nd Friday of each month. The deadline to submit CVRs is the Thursday before the 2nd Friday of each month (see <u>Claims Submission Deadlines</u>). Reports and billing registers are then available for download on the following Monday (see <u>Instructions for Accessing Ahlers Monthly Reports</u>).

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The Oregon RH Program maintains a 12-month timely filing deadline, which means that CVRs are only payable within approximately 12 months from the date of service (we include a bit of leeway because CVRs are processed only once per month).

Note: If a client has different services on the same day, at different locations, more than one CVR may be submitted for the client.

Reimbursement Rates

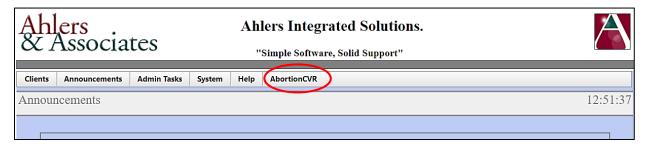
Each visit type (Pregnancy evaluation, Medication abortion and medication management of pregnancy loss, Procedural abortion and procedural management of pregnancy loss, Follow-up, and Re-aspiration) is reimbursed using a bundled encounter rate. Each bundled visit rate includes weighted averages of office visit/facility fee, medications & services (varies based on service), language assistance and RH Program administration fee. Ultrasounds, sedation, supplies and other medical services (e.g., insertion of cervical dilator, GC/CT test, etc.) are reimbursed separately as marked on the CVR.

More information about the services included in the reimbursement rates can be found in our Abortion Services rates document for <u>outpatient clinics</u> and <u>ambulatory surgical centers</u>.

B. Abortion Clinic CVR Sections*

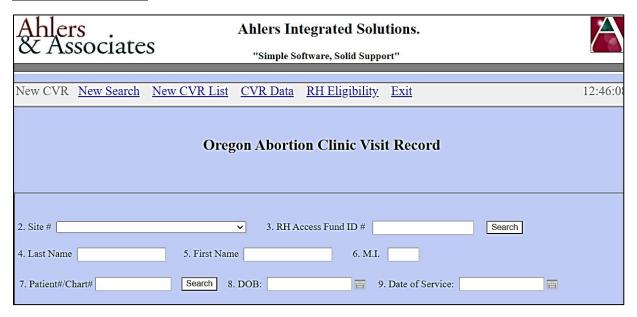
Log into the RH Program eligibility database (https://orhp.ahlerssoftware.com). Staff with access to the AbortionCVR will see the tab in the bar below Ahlers' logo. To request access to AbortionCVR, contact the RH Program at RH.Billing@oha.oregon.gov.

Click on the AbortionCVR tab to get started.



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Client Information



- 2. <u>Site #</u>: From the drop-down menu, select your site's unique identifier assigned by the RH Program and Ahlers.
- 3. <u>RH Access Fund ID #:</u> The client's RH Access Fund ID number assigned by the RH Access Fund Eligibility Database.
 - <u>Search:</u> Enter the RH Access Fund ID #, press Search, and the client's name and DOB will populate.
- 4. Last Name: The client's legal last name
- 5. First Name: The client's legal first name
- 6. M.I: The client's middle initial (optional)
- 7. Patient #/Chart #: The client's internal agency-specific identifier, which may be a medical record number or chart number. This number is used by the RH Program together with the client's date of birth to ensure the correct data are matched to the client.
 - <u>Search</u>: If you have previously entered a CVR for the client, you can search by Patient#/Chart# and the client's name and DOB will populate.
- 8. <u>DOB</u>: The month, day, and year the client was born. Record as much of this information as the client can give. If the birth month and day are unknown, use July 15 as a default date.

- * Indicates the section is required
 - 9. <u>Date of Service</u>: This is the date on which the client received the medical and/or counseling services for which the CVR is being submitted.

Services Provided

Services Provided			
10. Abortion Services (check ONE) 1-Pregnancy evaluation visit 2-Medication abortion and medication management of pregnancy loss 3-Procedural abortion and procedural management of pregnancy loss 4-Follow-up visit 5-Re-aspiration	13. Gestational duration (# of completed weeks): 14. Estimated by: Clear 1-Ultrasound 2-Last menstrual period 3-Both 4-Other 15. Is this visit related to a pregnancy loss? Clear 1-Yes 2-No 9-Unknown 16. # of previous pregnancies: 99-Unknown 17. # of previous live births: 99-Unknown		
6-Stand-alone other medical service 11. Other Medical Services (check all applicable) 01-Insertion of cervical dilator (complete supply billing) 02-Rho(D) immune globulin injection (complete supply billing) 31-Serum pregnancy test 29-GC/CT test 03-Methotrexate injection (complete supply billing) 04-Liver and Kidney test 41-Telehealth visit	18. Pain Management Clear 1-Moderate sedation 2-Deep sedation/IV general 5-Moderate AND Deep sedation 3-Local anesthesia or oral medication only 4-Rx for home pain management (not covered by RH Access Fund) 19. Contraception Services (complete supply billing) 1-Implant insertion		
12. <u>Ultrasound Services (check all applicable)</u> 1-Transvaginal ultrasound 2-Abdominal ultrasound 3-Intraoperative/guidance ultrasound	○ 2-IUD insertion ○ 3-Depo administration		

10. Abortion Services*

Each of the services below are reimbursed using a bundled encounter rate. Other services and supplies may be billed in addition to these, when applicable. One must be marked.

<u>10.1 – Pregnancy evaluation visit</u>: An office visit for pregnancy evaluation that may include a review of medical history, pregnancy test, ultrasound, and/or other labs to determine the client's gestational duration. This visit can include insertion of cervical dilators, when marked.

This visit type would also include instances where a client is seen for evaluation of early pregnancy complications or when a missed abortion (pregnancy loss) is diagnosed by ultrasound but no treatment is provided (i.e., the client opts for expectant management). Bundled encounter rate includes an office visit,

* Indicates the section is required

language assistance services, urine pregnancy test, RH Program administration fee.

- 10.2 Medication abortion and medication management of pregnancy loss: A visit where medications pills are provided to the client that need to be taken at home for abortion or pregnancy loss treatment. Bundled encounter rate includes facility fee, counseling, procedure, language assistance services, urine pregnancy test, venipuncture, HGB/HCT, Rh typing, metronidazole 500 mg, ondansetron 4 mg, lorazepam or diazepam, ibuprofen, RH Program administration fee.
- 10.3 Procedural abortion and procedural management of pregnancy loss: A visit where an in-clinic procedure (such as vacuum aspiration or dilation and evacuation) is performed for abortion or pregnancy loss treatment. Bundled encounter rate includes facility fee, procedure, language assistance services, urine pregnancy test, venipuncture, HGB/HCT, Rh typing, paracervical block, ketorolac injection, metronidazole 500 mg, ondansetron 4 mg, lorazepam or diazepam, ibuprofen, RH Program administration fee.
- <u>10.4 Follow-up visit</u>: A follow-up visit to ensure the medication/procedural abortion/pregnancy loss treatment was successful or to evaluate for complications. Bundled encounter rate includes an office visit, ketorolac injection, language assistance services.
- <u>10.5 Re-aspiration</u>: A follow up procedure in case the procedure was not successful or to treat complications. Bundled encounter rate includes procedure, language assistance services, venipuncture, HGB/HCT, paracervical block, ketorolac injection, metronidazole 500 mg, ondansetron 4 mg, lorazepam or diazepam, ibuprofen, RH Program administration fee.
- <u>10.6 Stand-alone other medical service</u>: When you select this option, you must select either:
 - 11.01 insertion of cervical dilator, or
 - 11.31 serum pregnancy test.

11. Other Medical Services

Mark any service that was performed as part of the client's visit:

- * Indicates the section is required
 - 11.01 Insertion of cervical dilator: Dilating sticks which are inserted to soften and dilate the cervix. This medical service may be added to a 10.1 Pregnancy evaluation visit, or be a stand-alone medical service (must check box 10.6) in case the client needs to come in for a separate visit before the procedure.
 - <u>11.02 Rho(D) immune globulin injection</u>: An injection given to manage and treat Rh-negative pregnancies and thrombocytopenic purpura.
 - <u>11.31 Serum pregnancy test</u>: A blood test to detect pregnancy soon after implantation and before a missed period; useful for assessing suspected an ectopic or molar pregnancy when performed in a series. Also called a quantitative pregnancy test. This medical service is also reimbursed as a standalone medical service (must check box 10.6) in case the client needs to come in for a separate visit before the procedure.
 - <u>11.29 GC/CT test</u>: A GC laboratory test is performed to detect the bacterium Neisseria gonorrhoeae. Test specimens may be collected from the urethra, vagina, cervix, rectum, and throat. A CT laboratory test is performed to diagnose Chlamydia trachomatis. Endocervical and urethral samples are taken during a pelvic exam. Clients may self-collect samples using vaginal swabs. Both tests are commonly performed on urine samples.
 - <u>11.03 Methotrexate injection</u>: An Injection for the treatment of ectopic pregnancies.
 - <u>11.04 Liver and Kidney test</u>: Blood test for patients receiving methotrexate.
 - <u>11.41 Telehealth visit</u>: Any visit conducted in real-time by telephone and/or video.

12. Ultrasound Services

Mark any service that was performed as part of the client's visit:

- <u>12.1 Transvaginal ultrasound</u>: A type of pelvic (internal) ultrasound used to scan reproductive organs.
- <u>12.2 Abdominal ultrasound</u>: A type of imaging (external) ultrasound used to scan reproductive organs.
- <u>12.3 Intraoperative/guidance ultrasound</u>: A type of active imaging ultrasound that provides real-time scan of the reproductive organs during a procedure.

- * Indicates the section is required
 - Transvaginal or abdominal ultrasound for the purposes of determining gestational duration may be performed at a separate Pregnancy evaluation visit <u>and/or</u> at the time of the procedure itself. Ultrasounds are reimbursed separately on top of procedure reimbursement rates.
 - Transvaginal or abdominal ultrasound to confirm completion of procedure may be performed at a follow-up visit and will be reimbursed in addition to an office visit reimbursement rate.
 - Standalone ultrasound services for the purposes of gestational dating without accompanying abortion counseling is not covered.

Questions 13-17*

Complete these fields with client information.

These do not impact reimbursement. However, each question must be completed for the CVR to be submitted for reimbursement. Questions 13, 16 and 17 should match the information reported on the Oregon Induced Termination of Pregnancy Form.

- 13. Gestational duration (# of completed weeks)
- 14. Estimated by
- 15. Is this visit related to a pregnancy loss?
- 16. # of previous pregnancies
- 17. # of previous live births

18. Pain Management

Mark any service that was performed as part of the client's visit:

- <u>18.1 Moderate sedation</u>: A drug-induced depression of consciousness during which a client responds purposefully to verbal commands. Reimbursement includes fentanyl and midazolam.
- 18.2 Deep sedation/IV general: A drug-induced depression of consciousness during which a client cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reimbursement includes fentanyl,

* Indicates the section is required

midazolam and propofol. Reimbursement includes 4 base units plus a weighted average between 2-3 time units.

- <u>18.5 Moderate AND deep sedation</u>: If during a visit, both types of sedation are used, check this box.
- <u>18.3 Local anesthesia or oral medication only</u>: Check this box if the client is given local anesthesia or any oral medication. This is only for data collection purposes; reimbursement for these medications is included in the bundled reimbursement rates.
- <u>18.4 Rx for home pain management (not covered by RH Access Fund)</u>: Check this box if the client is given a prescription for pain management. This is only for data collection purposes and not eligible for reimbursement.

19. Contraception Services

Mark any service that was performed as part of the client's visit:

- <u>19.1 Implant insertion:</u> A surgical procedure to insert a flexible, matchstick-sized rod containing small amounts of a contraceptive hormone.
- <u>19.2 IUD insertion</u>: Insertion of an intrauterine contraceptive device into the uterus.
- <u>19.3 Depo administration</u>: An intramuscular or subcutaneous injection of the contraceptive hormone progestin.
 - Note: For consistency in billing and data reporting, all ABCare clinics that are also certified RHCare clinics should use the separate RH Access Fund CVR to bill a supply-only visit for any contraception services or supplies. Clinics that only participate in ABCare should use the AB CVR.

20. Primary Contraceptive Method*





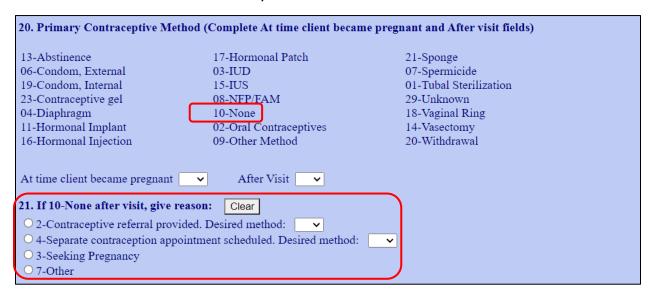
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Required to complete for all Abortion Services: 10.1 10.2, 10.3, 10.4, 10.5, or 10.6 are marked.

Record the contraceptive method the client used at the time they became pregnant and the method the client will use after the visit. If more than one method is used before and/or after, enter the primary or most effective method.

- If the client is relying on their partners' method, use the code for partner's method. For example, if a female client relies on her male partner's vasectomy, use code 14.
- Mark box 13 Abstinence for clients reporting they are not sexually active.
- If no contraceptive method is continued or initiated at the end of this visit, enter code 10 (None) in Section 20 and the most important reason for this decision in Section 21.

21. None at the End of the Visit, Give Reason



If box 10 was entered in Question 20, record the reason that the client will not use a contraceptive method after the visit.

• If the client had a Pregnancy evaluation visit (10.1), mark box 7-Other.

* Indicates the section is required

22. Drugs/Devices/Supplies

22. Drugs/Devices/Supplies (reimbursed at acquisition cost)							
Drug/Device/Supply	Quantity	Unit price (Acquisition cost per unit)	Drug/Device/Supply	Quantity	Unit price (Acquisition cost per unit)		
~			~				
~			~				
~			~				
~			~				

Mark any drug, device, or supply that provided to client.

Please refer to our Abortion Supply Reimbursement Rates for <u>outpatient clinics</u> and <u>ambulatory surgical centers</u> for the maximum allowable quantities and reimbursement rates that may be billed on each date of service. Enter the appropriate quantity and your acquisition cost for the supply.

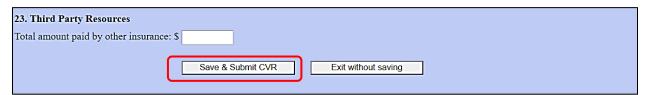
Supplies are reimbursed at their acquisition cost, not at the maximum allowable amount. Each agency must document the calculations used to determine the acquisition cost of each supply. That information must be available for audit purposes. See Section 4 of Program Manual for guidance on how to calculate acquisition costs.

23. Third Party Resources

23. Third Party Resources	
Total amount paid by other insurance: \$	

If a client marked that they have insurance coverage on their RH Access Fund Enrollment Form, and they are okay with their insurance being billed (no special confidentiality needs), insurance must be billed first. List the amount paid by insurance here.

C. Submitting the CVR



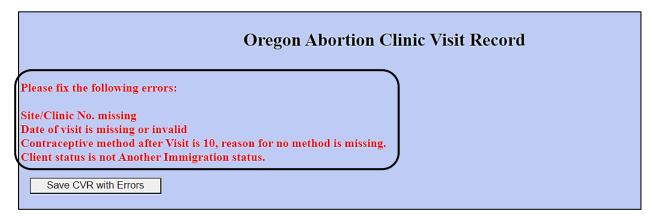
When you're done entering the information in the CVR, press **Save & Submit CVR** at the bottom of the page.

* Indicates the section is required

When you press Save & Submit, WebCVR will check for common errors, such as missing fields. If something is missing, the system will tell you when you try to submit the CVR.

D. Fixing Errors

In this example, the following errors need to be addressed.



If you can't fix the errors with the information you have, you can save the CVR with errors and come back later to fix them.

E. Accessing, Voiding, and Downloading CVRs

Accessing an Incomplete CVR

When you are ready to fix a CVR error, you can search for incomplete CVRs:

Click on New Search and then enter RH Access Fund ID #.



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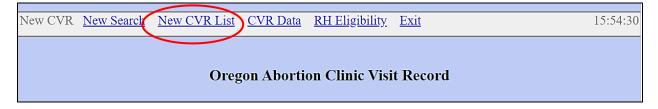


2. Then click on View CVR. This will pull up the CVR and you can make the necessary changes and click Submit.



Accessing Submitted CVRs

To find all submitted CVRs, click on the New CVR List and enter the date range.



* Indicates the section is required



When you press the List CVRs, you will see the list of CVRs entered during the dates you specified.

If you scroll to the right, you'll also see the clients' names and DOBs. This is another way to find any CVRs that have been saved but not submitted if you want to finalize and submit them.

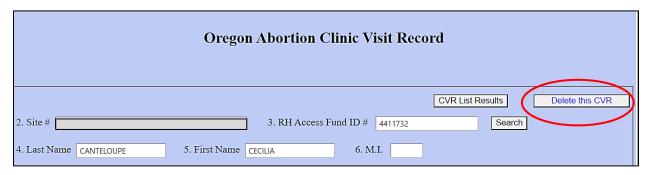


This list includes all transactions in the AbortionCVR system. If you have submitted a CVR, then gone back to edit and resubmit, you will see it listed twice (but the system will only process the final version of the CVR). If you want to view just the final versions of each CVR, use the New Search option instead.

* Indicates the section is required

Voiding a CVR

To void a CVR, press the Delete this CVR button within the view screen.



Downloading a CVR

To download all the CVRs that you have entered, click on CVR data. This will download CVRs in a cvs file onto your computer.



F. Exiting

Be sure to exit the system when you're done!



Or, you may go to the eligibility database using the RH Eligibility link at the top of the page:

