

Abortion Access Plan

Basic Information, FAQs, and Scenarios



Client Eligibility

The Abortion Access Plan covers abortion services for people who have:

- A fully insured* Providence Health Plan that does not cover abortion services;
OR
- A plan purchased by a nonprofit religious organization that does not cover abortion services (e.g., churches or institutions operated by churches);
AND
- The plan must be issued in Oregon and does not include coverage for abortion services at any level (even with a high deductible).

*Fully insured means individual, small group, and large group plans.

People with the following health plans are *not* eligible for the Abortion Access Plan include:

- Self-funded employer/ERISA plans, including PEBB
- Medicaid (OHP)
- Medicare
- Military coverage, including Tricare or VA coverage
- Federal Employee Benefit Plans
- Accident-only coverage
- Out of state plans
- High deductible plans

Provider Eligibility

Providers are able to receive reimbursement for providing abortion services to people enrolled in a health insurance plan described above if the provider meets *at least one* of the below criteria:

- Enrolled with the Oregon Health Authority as an OHP provider.
- Certified with the Oregon Reproductive Health Program as an AbortionCare agency.
- Have an active vendor account with the state of Oregon.

If you don't meet one of these criteria but you want to become eligible to receive reimbursement, please contact us at rh.billing@oha.oregon.gov prior to submitting a claim so that we can determine your eligibility and create a vendor account for you.

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Covered Services

The Abortion Access Plan covers the following services:

- Abortion – aspiration
- Abortion – D&E (up to 14 weeks gestation)
- Abortion – D&E (14+ to 18 weeks gestation)
- Abortion – D&E (18+ to 22 weeks gestation)
- Abortion – D&E (>22 weeks gestation)
- Abortion – medication
- Induction of labor <14 weeks
- Induction of labor >14 weeks
- Abortion visit that did not result in abortion due to client decision, no pregnancy, non-viable pregnancy, or other

The following ancillary services are included in the bundled visit rates:

- Ultrasound(s)
- Pregnancy testing
- Rh typing
- Paracervical block
- Cervical dilator insertion
- Fetal digoxin injection (18+ weeks gestational duration)

Additional covered services include:

- Anesthesia
- LARC insertions
- Additional nights of hospital stay for induction of labor, if needed

Billing for Services

In order to bill for services, you must:

- Ensure you are eligible to bill for Abortion Access Plan services by either being enrolled in OHP, certified with AbortionCare, and/or have an active vendor account with the state of Oregon.
- Complete the Abortion Access Plan [claims form](#).
- Submit the claims form by secure email to rh.billing@oha.oregon.gov.

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Frequently Asked Questions

Q How do providers screen for client eligibility?

A If the client has a Providence Health Plan, check Providence's ProvLink Provider Portal. If the client has one of the following Providence Health Plan types, they are *not* eligible for coverage under the Abortion Access Plan: PEBB/self-funded, OHP, Medicare, or Washington.

OR

If the client or policy holder works for a non-profit religious organization, confirm with the client that the employer is a non-profit church or an association of a church that does not cover abortion services that are contrary to their religious tenets.

AND

Ensure that the health plan is issued in Oregon and the client has active enrollment on the date of service.

Q What if the provider is unsure if the client is eligible for Abortion Access Plan coverage?

A Providers must make a *reasonable effort* to determine the client's eligibility. The Reproductive Health Program will not recoup payment even if it is later determined that the client was not eligible as long as the provider has made a reasonable effort to determine eligibility.

Q Does the Abortion Access Plan cover services/visits such as ectopic pregnancy, early pregnancy loss, if multiple service appointments are needed, or if the client changes their mind and doesn't receive an abortion service?

A Yes, the Abortion Access Plan will reimburse for services related to medication management of ectopic pregnancy (i.e., methotrexate), management of early pregnancy loss, if multiple appointments are needed, or the client ultimately does not receive abortion services (e.g., client decision, no pregnancy, non-viable pregnancy). If there is some likelihood that the client's insurance will cover the services provided (e.g., ultrasound only visit), then the provider should try and bill the insurance first and balance bill the Abortion Access Plan, if needed. Treatment for ectopic pregnancies beyond medication management is covered by

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Providence and insurance plans purchased by nonprofit religious organizations and thus, should be billed directly to those plans.

Q What are the Abortion Access Plan's reimbursement rates?

A The Abortion Access Plan's reimbursement rates can be found on the Abortion Access Plan's [claims form](#) using the drop-down menus under the 'Service Provided' column.

Q How do we complete and submit claims for Abortion Access Plan services?

A Refer to the 'Instructions for Completing the Abortion Access Plan Claims Form' located [here](#) for step-by-step instructions. Once the claims form has been completed, submit it via secure email to rh.billing@oha.oregon.gov.

Q What service type should be marked on the claims form for a client who was seen for management of early pregnancy loss?

A Choose the service type that corresponds with the care provided. For example, choose 'Abortion-medication' for medical management, 'Abortion-Aspiration for procedural management, etc.

Q What service type should be marked on the claims form for a client who was seen for medication management of an ectopic pregnancy (i.e., methotrexate)?

A Choose the service type 'Abortion-medication'. Treatment for ectopic pregnancy beyond medication management is covered by Providence Health Plans and plans purchased by non-profit religious employers and should thus be billed to them.

Q How long does it take for Abortion Access Plan claims to be processed and paid?

A Claims are processed on a monthly basis and payments typically issued with 45-days of receiving the claims form.

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Scenarios

The client lives and works in Idaho for a religious organization and travels to Oregon for abortion services.

- A** The Abortion Access Plan only provides coverage for people with insurance plans issued/based in Oregon.

The client's insurance covers abortion services but only after they've met the high deductible.

- A** Clients enrolled in high deductible health plans are not eligible for the Abortion Access Plan. The Abortion Access Plan only provides coverage for people enrolled in a fully funded Providence Health Plan or a health plan purchased by a non-profit religious organization (e.g., churches or institutions operated by churches) that does not cover abortion services.

The client has a fully funded Providence Health Plan as well as OHP. Do we bill OHP or the Abortion Access Plan?

- A** Bill OHP. However, if client has a Providence Health Plan as primary and Medicare as secondary, bill the Abortion Access Plan.

For questions about the Abortion Access Plan, email rh.billing@oha.oregon.gov and include Abortion Access Plan in the subject line of the email.