

# **Reproductive Health (RH) Program Manual**

January 2019

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## **Glossary**

# Section 1: Overview

## Reproductive Health (RH) Program

The Oregon Reproductive Health (RH) Program contracts with agencies across Oregon to provide high-quality, client-centered reproductive health services. Agencies contracted with the Oregon RH Program are required to adhere to the quality standards set by the Oregon RH Program through Oregon Administrative Rules.

### A. Funding

The Oregon RH Program receives funding from three sources:

- Reproductive Health General Funds (**RH GF**), are monies dedicated from the state of Oregon to cover family planning services.
- Oregon ContraceptiveCare (**CCare**), a Medicaid waiver that uses a combination of Medicaid (Title XIX) and state general funds. CCare covers services related to preventing unintended pregnancy for individuals who hold either U.S. Citizenship or Eligible Immigration Status.
- State general funds as part of [House Bill 3391](#), otherwise known as the Reproductive Health Equity Act (**RHEA**). The purpose of the funding the Oregon RH Program receives from RHEA is to expand access to a broad range of preventive reproductive health services to individuals who can become pregnant and who have an immigration status that disqualifies them from Medicaid.

### B. RH Program Clinics vs. CCare-Only Clinics

The Oregon RH Program oversees two types of clinics: RH Program clinics and CCare-only clinics.

#### RH Program Clinics

RH Program clinics receive funding from all three of Oregon's RH Program's funding sources. Services provided under the RH Program include: pregnancy testing and options counseling; counseling and education to assist with achieving or preventing pregnancy; basic infertility; STI screening and treatment; preconception health; breast and cervical cancer screening, and a broad range of FDA-approved contraceptive methods.

# Section 1: Overview

RH Program clinics may enroll clients in RH Program Coverage to receive reimbursement for reproductive health services provided to enrolled clients. Many clients are eligible for RH Program Coverage; however, RH Program clinics are required to provide the same quality care to *all* clients seeking reproductive health services no matter their coverage source or ability to pay.

## CCare-only Clinics

CCare-only clinics only receive CCare funding. CCare-only clinics also enroll clients into RH Program Coverage but are only eligible to receive reimbursement for services related to preventing unintended pregnancies.

The chart below is a high-level summary of the differences between RH Program Coverage and CCare-only Coverage:

**Table 1. RH Program Coverage vs. CCare-only**

	<b>RH Program Coverage</b>	<b>CCare-only</b>
Client Eligibility for Coverage (i.e. reimbursement)	<ul style="list-style-type: none"><li>• Able to get pregnant or get someone else pregnant</li><li>• ≤ 250% FPL</li><li>• Individuals with U.S. Citizenship, Eligible Immigration Status, or Another Immigration Status</li><li>• No residency requirement</li><li>• No SSN requirement</li></ul>	<ul style="list-style-type: none"><li>• Able to get pregnant or get someone else pregnant</li><li>• ≤ 250% FPL</li><li>• Individuals with U.S. Citizenship or Eligible Immigration Status</li><li>• Resident of Oregon</li><li>• Valid SSN required for clients age 20+</li></ul>
Covered Services	Comprehensive reproductive health services	Services related to preventing pregnancy
Enrollment Form	Both use the same Enrollment Form	

# Section 1: Overview

	RH Program Coverage	CCare-only
Clinic Visit Record (CVR)	Both use the same CVR	

## C. Agency Responsibilities

All agencies contracted with the Oregon RH Program, whether to provide the full scope of RH services or just CCare-covered services, are responsible for following applicable program rules and regulations.

### All Agencies

The below requirements apply to both RH Program clinics and CCare-only clinics.

#### *Reproductive Health Coordinator*

All contracted agencies must designate one staff member as the Reproductive Health Coordinator (RHC). This person is the primary point of contact between the Oregon RH Program and their agency, including all clinic sites. The RHC is expected to:

- Respond to state staff inquiries in a timely manner;
- Attend trainings and meetings provided by the Oregon RH Program,
- Ensure staff at all clinics have attended a RH Program or CCare orientation, and other trainings relevant to their positions;
- Update the Oregon RH Program of any changes to clinics or personnel; and
- Convey pertinent information and updates from the Oregon RH Program to personnel at all clinic sites, including subcontracted sites.

A description of the RHC's roles and responsibilities can be found [here](#).

#### *Adding New Clinics*

To add a clinic, both agencies must follow the steps for adding a clinic under the appropriate section on the RH Certification page:

[healthoregon.org/rhcertification](http://healthoregon.org/rhcertification).

#### *Important Dates*

- Annual Recertification and Request for Information – July

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- Clinic Visit Record (CVR) Submission Deadlines and Ahlers Generated Reports - Monthly
- RHC Meeting – Fall
- RH Program Eligibility Database User Clean-up – May/June
- Updated FPL Guidelines – March

## RH Program Clinics

Clinics contracted with the Oregon RH Program to provide the full range of reproductive health services must adhere to several requirements. These are outlined in two important places:

- [Oregon Administrative Rules \(OARs\) 333-004-2000 through 333-004-2190](#) – These OARs relate to the coverage of all services provided under the RH Program, including those detailed in Oregon Laws 2017, chapter 721, and those covered by CCare. The rules pertain to client eligibility and enrollment procedures; covered and excluded services; agency enrollment, responsibilities, and termination; billing and claims; payment; compliance with federal and state statutes, and agency audits and appeals processes.
- [Oregon Reproductive Health Program Certification Requirements for Reproductive Health Services, Version 1.2](#) – These certification requirements provide the foundation for high-quality services based on national standards of care and align with best practices and recommendations for comprehensive client-centered, culturally-responsive preventive care. They outline the minimum requirements agencies must meet to be certified in the RH Program and receive funding for services provided. As part of the certification process, agencies must submit and adhere to a set of [administrative policies and clinical protocols](#).
  - Information about the RH Program certification process can be found on our [Provider Certification page](#). To apply for certification, agencies must:
    - Read through the [Certification Requirements](#)
    - Complete the [Application for Certification](#)
    - Complete the [Agency, Staff, and Clinic Information Form](#)

# Section 1: Overview

- Submit all relevant documents (described on the RH Program Certification page) to: [rh.program@state.or.us](mailto:rh.program@state.or.us).
- All certified agencies must renew its certification annually by completing the RH Program's annual recertification forms.

## CCare-only Clinics

Clinics that are only contracted with the Oregon RH Program to provide CCare must adhere to the requirements and standards of care set forth in [OARs 333-004-0000 through 333-004-0230](#).

## **D. Oregon Laws Related to Family Planning**

The statutes and regulations referred to in this sub-section are applicable to clinics contracted with the Oregon RH Program and are subject to revision by the Oregon Legislature. Local agencies' primary resource for specific legal questions should be their agency's attorney.

For more details on Oregon laws related to birth control and sterilization, refer to Chapters 435 and 436 of the Oregon Revised Statutes, available online at: <http://www.oregonlegislature.gov>.

### Mandate for Family Planning Services

Per Oregon statutory requirements, OHA and every local public health authority (LPHA) must *ensure access* to clinical family planning services. This requirement is operationalized and funded through a master financial contract between OHA and each LPHA. The master financial contract holds LPHAs accountable to a range of public health services and is comprised of Program Elements that describe these services. Program Element 46 (PE 46) of the contract outlines the requirements of LPHAs to assure access to family planning services through community participation and collaboration. More information about PE 46 can be found on the [Oregon RH Program's PE 46 website](#).

### Services to Minors

The below state and federal statutes relate to minor consent for services and confidentiality requirements. A useful resource on these issues is the Adolescent and School Health Program's [Minor Rights: Access and Consent to Health Care](#).

# Section 1: Overview

Any physician or nurse practitioner may provide birth control information and services to any person without regard to the age of the person. ([ORS 109.640](#)).

- A minor 15 years of age or older may give consent to:
  - Hospital care, medical or surgical diagnosis or treatment by a licensed physician; and,
  - Diagnosis and treatment by a licensed nurse practitioner who is acting within the scope of practice for a nurse practitioner without the consent of a parent or guardian, except as may be provided by [ORS 109.640](#).
- In addition, a minor of any age who may have come into contact with a reportable sexually transmitted infection (STI) may consent to hospital, medical, or surgical care related to the diagnosis or treatment of the infection. The consent of parent(s) or legal guardian is not necessary; however, having not given consent, they shall not be liable for payment for care provided ([ORS 109.610](#)). Reportable conditions are defined by OHA and listed in [Chapter 333-018-0015](#) of the Oregon Administrative Rules.
- A hospital or any physician or nurse practitioner may advise the parent(s) or legal guardian(s) of any minor of the care, diagnosis or treatment or the need for any treatment without the consent of the patient. In such cases, the hospital, physician or nurse practitioner is not liable for advising the parent, parents or legal guardian without the legal consent of the patient ([ORS 109.650](#)).
  - Note: RH Program Certification Requirements require that client consent be obtained before disclosure of any medical information or record (see [RH Program Certification Requirements](#)). Although Oregon law permits disclosure of a minor's record, it does not require such disclosure. Requirements relating to patient confidentiality must be maintained for any clinic receiving Oregon RH Program funds (including CCare).

## Informed Consent

Informed consent is a fundamental aspect of medical care. The basic elements of informed consent are described in [ORS 677.097](#) but certain procedures, such as sterilization, carry specific informed consent requirements.

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## Confidentiality

In 2015, the Oregon Legislature passed HB 2758 requiring health insurance plans to honor a member's request for confidential communications. The new law allows individuals of any age to request that protected health information (e.g. explanation of benefits or EOB) be sent directly to them instead of the person who pays for the health insurance policy. The Oregon Insurance Division created a standardized [form](#) for individuals to send to their health insurance company indicating how they would like to be contacted. Clinic staff are encouraged to inform clients about this law and assist them in the process of requesting confidential communications from their health insurance company. More information about this law and an individual's right to privacy can be found on the Oregon Insurance Division's [website](#).

Many other statutes, cases, and rules confirm the right of medical patients to confidentiality and the obligations of providers to honor that right. A broad policy in support of confidentiality of health information is contained in [ORS 192.553](#). State licensure laws also place a duty of confidentiality on providers.

Specific information about issues related to confidentiality should be explored with legal counsel.

## Mandatory Reporting

All reproductive health agency staff are considered mandatory reporters for purposes of Oregon's Mandatory Child Abuse Reporting statutes ([ORS 419B.005 to .050](#)). As such, each agency is required to have policies in place to regulate staff compliance with these reporting statutes. Refer to the RH Program's [Administrative Policy on Mandatory Reporting](#) for information about policy requirements.

## **E. Oregon RH Program Contact Information**

Oregon Reproductive Health Program  
800 NE Oregon, Suite 370  
Portland, OR 97232  
Phone: 971-673-0355  
Fax: 971-673-0273

Email: [rh.program@state.or.us](mailto:rh.program@state.or.us)

Web: [healthoregon.org/rh](http://healthoregon.org/rh)  
[Staff roles and contact information](#)

## Section 2: Client Eligibility & Enrollment for Coverage

### SPECIAL NOTE FOR RH PROGRAM CLINICS

In this section, client eligibility just refers to whether one or more of Oregon's RH Programs' funding sources may be used to reimburse for their services (aka: whether the client qualifies for RH Program Coverage).

While there are a few circumstances that can make a client ineligible for *coverage*, meaning none of the funding sources can reimburse for their services, there is only one that makes a client ineligible the RH Program, and that is reproductive capacity. If a client is unable to get pregnant, or if male-bodied, unable get someone else pregnant they fall outside of the RH Program's (and CCare's) purview. **All other clients seeking reproductive health services at a RH Program clinic must receive the same quality of care and have access to the same services regardless of whether they are eligible for RH Program Coverage.**

### A. Client Eligibility Requirements for Coverage / Reimbursement

No matter what type of clinic (RH Program or CCare-only) a client visits, the Enrollment Form assesses whether the client is eligible for RH Program Coverage. This ensures that all clients determined eligible for RH Program Coverage may receive services at any RH Program clinic or CCare-only clinic. However, if the client is at a CCare-only clinic, the Oregon RH Program can only reimburse the clinic for CCare services (as described in Section 3: Services) provided to CCare-eligible clients.

#### RH Program Coverage

There are three eligibility requirements clients must meet to be eligible for RH Program Coverage:

1. They must be able to get pregnant, or if male-bodied, able to get someone else pregnant;
2. They must be at or below 250% of the Federal Poverty Level (see Income Guidelines); and
3. They must NOT be enrolled in OHP.

If a client is above 250% of the FPL, their services still fall under the RH Program. However, they may be charged per the normal clinic process.

## Section 2: Client Eligibility & Enrollment for Coverage

### CCare

As explained in the Overview section of this manual, CCare has more restrictions on what services it will pay for and who is eligible. To be eligible for CCare, a client must meet the following criteria:

- Resident of Oregon;
- Be able to get pregnant, or if male, able to get someone else pregnant;
- Be a U.S. citizen, U.S. national, or have Eligible Immigration Status; and
- Have an income at or below 250% of the FPL. (see [Income Guidelines](#))
- Not enrolled in OHP

### **B. Enrollment Form**

The Reproductive Health Program Enrollment Form serves to ensure clients meet the eligibility requirements for RH Program Coverage. Clients at both RH Program clinics and CCare-only clinics must complete the Enrollment Form and be determined eligible before the clinic can request reimbursement from the Oregon RH Program.

Clients must re-enroll in RH Program Coverage once a year by completing a new Enrollment Form. Clients' RH Program Eligibility Database records must also be updated upon re-enrollment.

During an audit, the clinic must be able to produce clients' Enrollment Forms (either the original paper version or a scanned electronic version) as documentation of eligibility screening and requests for special confidentiality.

The Enrollment Form is available in English, Spanish, Vietnamese, Simplified Chinese, Korean, and Russian on the Client Enrollment webpage ([healthoregon.org/rhclientenrollment](http://healthoregon.org/rhclientenrollment)). The form may not be altered.

#### What happens if a client declines to complete the Enrollment Form?

If a client is in a clinic that operates the RH Program, they must receive the same quality of care and have access to the same services. They must be assessed for their services on the clinic's Oregon RH Program-approved [sliding fee scale](#) and charged accordingly. (see [RH Program Front Desk Flow Chart](#))

## Section 2: Client Eligibility & Enrollment for Coverage

If the client is in a clinic that only operates CCare, the clinic should follow their normal clinic process.

### C. Expectations of Clinic Staff During the Enrollment Process

Staff enrolling clients are required to perform certain tasks to ensure the client's information is accurate, and each funding sources' requirements are met.

#### Help clients complete the Enrollment Form

The Enrollment Form was developed using simple language, while ensuring compliance with the rules of each funding source. That being said, clients may need help understanding some of the questions. For instructions on how the Enrollment Form should be completed, see the [RH Program Enrollment Form Guide](#). Below are additional tools that staff can use when clients have questions.

#### *Citizenship and Immigration Status (question 6)*

- Citizenship and Immigration Status Chart in:
  - [English](#),
  - [Korean](#),
  - [Russian](#),
  - [Simplified Chinese](#),
  - [Spanish](#), and
  - [Vietnamese](#)
- [If Client is Unsure of Their Immigration Status: Guidance for Clinic Staff](#)

#### *Household Size (question 11)*

- [Determining Household Size](#)

#### *Income (question 12)*

- [Income Guidelines for RH Program \(and CCare\)](#)

#### *Demographic Questions (pages 4-6)*

- [When Clients have Questions about the Demographic Questions: Guidance for Staff](#)

After clients complete the Enrollment Form clinic staff should review the Form to make sure it is complete and accurate. The [Enrollment Form Quick Check Guide](#)

## Section 2: Client Eligibility & Enrollment for Coverage

shows the fields that are critical in determining a client's eligibility in RH Program Coverage.

### Collect needed documents

To meet funding requirements, clients who claim U.S. Citizenship must have their status and identity verified. Clients may provide their own documentation and/or request electronic verification by state staff (see [Verification FAQs](#)). The following are tools to help clinic staff determine when documentation is required, and which documents are accepted.

- [Documentation Requirements for Enrollment into RH Program Coverage](#): a chart that explains when documentation is required and how to record when it was provided.
- [Documents that Prove U.S. Citizenship and Identity](#): lists various documents that are accepted as proof of U.S. Citizenship and identity.
- [Affidavit Statement of Identity](#): to be used with clients under 16 years old do not have documentation to prove their identity.
- [Oregon Birth Information Form](#): to be used when a client, who was born in Oregon, needs to request their birth record to prove U.S. Citizenship.
- [Out-of-State Birth Certificate Requests](#): instructions and authorization form for when a client, who was born outside of Oregon, needs to request their birth certificate to prove U.S. Citizenship.
- [Send Information to the Oregon RH Program Securely](#): instructions on how to send secure information to the Oregon RH Program.

### Offer to help clients to register to vote

RH Program clinics and CCare-only clinics receive Medicaid funds through CCare. As a Medicaid provider, clinics must offer voter-registration services to eligible clients as part of the National Voter Registration Act of 1993 (NVRA). The purpose of the NVRA is to increase the number of U.S. citizens registered to vote. As such, it requires clinics to offer clients the opportunity to register to vote at each enrollment or re-enrollment. To meet this requirement, the Enrollment Form includes a question asking if the client would like to register to vote.

## Section 2: Client Eligibility & Enrollment for Coverage

enrollment or re-enrollment. To meet this requirement, the Enrollment Form includes a question asking if the client would like to register to vote.

For complete instructions see [NVRA Policies and Procedures for the RH Program](#). The Client Enrollment page also has links to voter registration cards in both English and Spanish, and the Secretary of State's NVRA Agency Manual, under the heading [Offer to help clients register to vote](#).

### Offer the OHA Notice of Privacy Practices

As part of HIPAA privacy implementation efforts, the Oregon DHS/OHA Information Security and Privacy Office developed a Notice of Privacy Practices (NOPP) document that must be offered to any client receiving medical or premium assistance through programs administered by OHA.

To meet this requirement:

- Keep a stack of printed NOPP documents at the check-in desk.
- At check-in, ask the clients "Have you seen the Notice of Privacy Practices Document? Please feel free to take one." The client may decline to take the Notice. The document must just be offered.
- Staff may offer the NOPP to family planning clients with other sources of coverage (e.g., private insurance; Oregon Health Plan; and no coverage with fees assessed using a sliding fee schedule) if it makes sense for clinic flow. However, clients enrolling for RH Program Coverage are the only ones who must be offered the Notice.

See the Client Enrollment page for links to the NOPP in multiple languages, under the heading [Offer the OHA Notice of Privacy Practices](#).

### Offer referral to primary care

Clients who receive reproductive health services often need to know where they can find free or low-cost primary health care.

RH Program and CCare clinics that do not offer primary care in their clinics are required to provide clients with written information about how to access primary care services at least once a year, preferably at enrollment and re-enrollment. Those who do offer primary care should inform all clients about the availability of

## Section 2: Client Eligibility & Enrollment for Coverage

such services. In both cases, the fact that this information was provided must be noted on the RH Program Enrollment Form in each client's file.

More tools to help with client enrollment, including special tools for CCare-only clinics, can be found on our [Client Enrollment](#) page.

### D. Eligibility Database

The RH Program Eligibility Database is a centralized web-based data system that contains eligibility information for clients enrolled for RH Program Coverage through-out the state. It was designed to standardize eligibility determinations, and to meet funding regulations. The database coordinates client enrollment information statewide so that once enrolled, clients may access services at any RH Program or CCare-only clinic. However, clients must still re-enroll annually.

Clinic staff should use the database to check or confirm clients' eligibility status, enroll or re-enroll a client, and update citizenship/immigration documentation and other eligibility information. When RH Program Coverage and CCare claims are processed, the database confirms client eligibility for the date of service.

To access the Eligibility Database, clinic staff need to complete and submit an Ahlers Use ID/Password Request Form. There are two versions of the form:

1. one for clinic staff at agencies with [9 or fewer clinics](#); and
2. one for clinic staff at agencies with [more than 10 clinics](#)

See [Eligibility Database Instructions](#) for information on how to use the Eligibility Database.

### E. Eligibility Verification

Most clients' eligibility information is self-declared. However, the Oregon RH Program is required to verify citizenship and income for all clients who claim U.S. Citizenship; and ensure that all clients are not enrolled in OHP.

Income is not verified for clients who claim Another Immigration Status because the funding sources that pay for services provided to these clients do not require verification.

OHP enrollment is checked for all clients because clients may not be enrolled in both OHP and RH Program Coverage.

## Section 2: Client Eligibility & Enrollment for Coverage

While most clients' citizenship / immigration status and income are successfully verified, some are not. Once a month, state staff create a spreadsheet of those clients whose information was not able to be verified and send it to clinic staff. Clinic staff should review the information on the client's Enrollment Form and confirm that it was entered into the Eligibility Database accurately. Then, if the information was entered accurately, clinic staff should contact the client and either confirm that the information they provided is correct, get corrected information, or ask that the client bring in their documentation. Information about this spreadsheet and how clinic staff should respond can be found in the [Eligibility Status Update Guide](#).

For more detailed information about the verification process see [Verification FAQs](#).

### F. Re-Enrollment

Once the Eligibility Database determines that a client is eligible for the RH Program the client is enrolled for one year. Clients may re-enroll 11 months and one day after their enrollment date. For example, if a client's enrollment date is 1-15-2018, they may re-enroll any time after 12-16-2019. To re-enroll, clients must complete a new RH Program Enrollment Form and staff must enter their updated information into the Eligibility Database.

#### NOTE FOR RH PROGRAM CLINICS

**Remember**, even if clients decline to complete the Enrollment Form or are determined to have an income higher than 250% FPL they are still considered a RH Program client at RH Program clinics. They must, therefore, receive the same quality of care and have access to the same services.

## Section 3: Services & Supplies

The Oregon RH Program receives funding from three sources that each have different client eligibility and coverage requirements.

**Table 1. Client Eligibility for Coverage by Funding Source**

	<b>RH GF</b>	<b>CCare</b>	<b>RHEA</b>
Reproductive Capacity	Able to get pregnant or get someone else pregnant	Able to get pregnant or get someone else pregnant	Able to get pregnant
Income	≤ 250% FPL	≤ 250% FPL	≤ 250% FPL
Oregon Resident	No requirement	Required	Required
Citizenship/Immigration Status	No requirements	Must have U.S. citizenship or Eligible Immigration Status <sup>1</sup>	Must have Another Immigration Status <sup>1</sup>

<sup>1</sup> See the [Enrollment Form Guide](#) for an explanation of Eligible Immigration Status and Another Immigration Status

**Table 2. Covered Services by Funding Source**

<b>RH GF</b>	Services related to achieving or preventing pregnancy (i.e. family planning) and related preventive health services
<b>CCare</b>	Contraceptive services related to preventing pregnancy
<b>RHEA</b>	Broad scope of preventive reproductive health services

### A. Scope of Services at RH Program Clinics

RH Program clinics receive reimbursement from all three funding sources. However, instead of being required to operate each funding source separately, the funding sources are “braided” to ensure the most clients are covered for most services. As such, all clients of reproductive capacity, regardless of their sex,

## Section 3: Services & Supplies

citizenship/immigration status, residency, or ability to pay must have access to a core set of preventive reproductive health services, including:

- Well-woman/annual visits
- Contraception
- STI screening and Chlamydia/gonorrhea treatment
- Preconception care visits
- Pregnancy test visits

### RH Program Coverage

The Oregon RH Program will reimburse for the above services provided to all clients enrolled in RH Program Coverage.

In addition, the Oregon RH Program will reimburse for the below services provided to enrolled clients who are eligible for RHEA (i.e., individuals who can become pregnant and who don't qualify for Medicaid because of their immigration status):

- STI screening visits without a family planning component
- Well-woman/annual visits without a family planning component

Clinic staff should refer to the list of [Allowable ICD-10 Codes for RH Program Clinics](#) for more information about covered services. The Oregon RH Program will determine which funding source to use to pay for services based on the ICD-10 code(s) included on the CVR. More information about billing and coding can be found in Section 4 of this manual.

Specific information about STI services and when they are or are not covered can be found in the [STI Coverage Summary and FAQs](#).

### **B. Scope of Services CCare-only at Clinics**

Clinics that only operate CCare, are only required to provide (and will only receive reimbursement for) services related to preventing pregnancy to clients who meet the CCare eligibility requirements and are enrolled in RH Program Coverage. See [Allowable ICD-10 Codes for CCare-only Clinics](#) for more information on CCare-covered services.

## Section 3: Services & Supplies

### C. Supplies

All clinics are required to dispense a broad range of contraceptives at the time of a client's visit. A broad range of contraceptives includes:

- IUD and IUS\*
- Sub-dermal implant\*
- Hormonal injection
- A choice of combination oral contraceptives (phasic and monophasic)
- A progestin-only pill
- At least one non-oral combination contraceptive (ring or patch)
- Diaphragm or cervical cap\* (plus appropriate spermicide)
- Latex and non-latex external condoms
- Insertive condoms
- A second type of spermicide
- Fertility Awareness Method (FAM)
- Information about abstinence and withdrawal
- Information and referral for sterilization\*
- Emergency contraception pills (ECP)

\* We understand that not all clinics have the staff or skills needed methods such as IUD and implant insertion. In this case, a client wanting a method that can't be provided should be provided with a specific referral.

#### Purchasing Supplies

These vendors and distributors carry many of the required contraceptive methods: [Where to Purchase Contraceptive Methods](#).

#### *Purchasing under the 340B Program*

Agencies that are certified to purchase contraceptive methods and supplies at public health (discounted) prices through the 340B Drug Purchasing Program are referred to as "covered entities." The [Office of Pharmacy Affairs 340 B Program's website](#) has a list of agency types that qualify.

## Section 3: Services & Supplies

Drug manufacturers and distributors also utilize the database list of covered entities to verify which agencies qualify for 340 B discounted pricing.

CCare-only clinics do not qualify for 340-B supply prices unless they are also a Federally Qualified Health Center (FQHC) and qualify under that designation.

Qualifying agencies must recertify annually and must keep the “authorizing official” and “primary contact” information current in the covered entity database. Recertification information is sent via e-mail to the authorizing official responsible for the online recertification approximately one month prior to the recertification deadline.

Prime Vendor Program: for the lowest 340B prices qualifying agencies are also encouraged to join the Apexes [340B Prime Vendor Program](#).

All questions or problems with certification/recertification or accessing the 340B Prime Vendor Program can be sent electronically to: Apexus Answers at [ApexusAnswers@340Bpvp.com](mailto:ApexusAnswers@340Bpvp.com) or staff may call 1-888-340-2787 for help.

### D. Vasectomy Services

The Oregon RH Program will reimburse for male sterilization (vasectomy) services using two different sources of funding. The Oregon RH Program determines which source of funding to use to reimburse for services based on the client’s eligibility. All sterilization services provided by RH Program clinics and CCare clinics must comply with federal regulations. Individuals seeking vasectomy services must be at least 21 years of age by the date of the procedure. See [Vasectomy Services under the Reproductive Health Program](#) for information like contracting with a local provider, counseling and informed consent, referrals for the procedure, and billing.

Forms Related to Vasectomy Services:

[Vasectomy Referral Form](#)

[Vasectomy Services Rendered Form](#)

[Federal Sterilization Consent Form \(English\)](#)

[Federal Sterilization Consent Form \(Spanish\)](#)

[Sample Vasectomy Counsel CVR](#)

[Sample Vasectomy Procedure CVR](#)

[Sample Vasectomy Referral CVR](#)

# Section 4: Billing & Data

## A. Billing & Data Collection

The Oregon RH Program reimburses contracted clinics for reproductive health services provided to clients enrolled in RH Program Coverage. All visits billed to the Oregon RH Program are expected to follow national standards of care as outlined in the [RH Program Clinical Protocols](#) (for RH Program clinics) and OARs (for CCare-only clinics). In addition, all visits billed to the Oregon RH Program must include an approved primary diagnosis code. RH Program clinics must use a code on the [Allowable ICD-10 codes for RH Program Clinics](#). CCare-only clinics must use a code on the [Allowable ICD-10 codes for CCare-only Clinics](#).

### Billing Guidelines

The Oregon RH Program reimburses using three bundled rates to reflect the variety of clinic visits offered under the Program. These bundled reimbursement rates (Low \$60, Moderate \$160, and High \$220) include weighted averages of the office visits, procedures and laboratory tests typically seen in RH Program or CCare-only clinics, as well as an administration fee. The bundled rates include reimbursement for all laboratory tests except Chlamydia/Gonorrhea tests, which are reimbursed separately whenever Medical Service '29-Chlamydia Test' is marked on the CVR. Other items reimbursed separately include all supplies (contraceptives, folic acid supplements and Chlamydia and gonorrhea treatment drugs) and a \$10 dispensing fee. Further information on supply purchasing and the dispensing fee can be found below.

For clients needing refills of their birth control method without needing other services (beyond perhaps a brief check of vital signs and reminder of how to use the method correctly), clinics can bill for supply-only visits. The dispensing fee will also be included in the reimbursement for supply-only visits if one or more of the eligible supplies is dispensed. See [CVR Minimum Requirements for Supply-only Visit](#).

Please see the [Reimbursement Rates](#) for descriptions and examples of visits that should typically be billed under each of the three bundled rates. The [Reimbursement Rate Components](#) outlines in more detail the specific office visits, procedures and laboratory tests that make up the reimbursement rates.

## Section 4: Billing & Data

**\*CCare-only clinics:** CCare-only clinics may bill the Oregon RH Program for a limited set of services including contraceptive management visits and annual or well-woman visits that have a contraceptive component. Folic acid supplements and Chlamydia/gonorrhea treatment drugs are not reimbursable by CCare. See [Clinical Requirements for CCare-Billable Visits](#) for more details.

### Billing Insurance

Unless a client with private insurance also indicates the need for special confidentiality, federal law requires that all reasonable efforts be taken to ensure that the Oregon RH Program is the payer of last resort. If a client indicates having private insurance on the RH Program Enrollment Form, clinic staff should either document pertinent plan information at the time of enrollment or make a photocopy of the client's insurance card. Private insurance should then be billed for the visit and supplies, if any.

If the client does not have their health insurance information at the time of the visit, clinic staff are expected to try contacting the insurance company and/or the client to obtain the insurance information and document the attempt(s).

There are two exceptions to the requirement that the Oregon RH Program be the payer of last resort.

1. Kaiser: If a client reports having Kaiser Permanente (Kaiser) health insurance, clinics are not required to bill Kaiser prior to billing the Oregon RH Program since there is no mechanism to bill Kaiser. Be sure to note that the client has Kaiser in the client's health record and use TPR code "NC" in box 17A of the CVR. However, be aware that Kaiser also has an employer-sponsored health insurance plan called Added Choice which allows their patients to seek care from providers outside of the Kaiser network. This plan can be billed for services covered by RH Program Coverage. Front desk staff should inquire if a client has the Added Choice Plan if they report having Kaiser coverage. The plan has a purple insurance card to differentiate it from the traditional Kaiser blue and white card. Clinics should bill services and supplies to Kaiser Added Choice first, using the Oregon RH Program as a secondary insurance payment source as is currently done when a client has any other type of insurance coverage.

## Section 4: Billing & Data

2. Medicare: If a client has Medicare coverage. Since most family planning providers are not enrolled as Medicare providers, clinics have no way to bill Medicare. Furthermore, Medicare will not reimburse visits with a Z30 family planning diagnosis code. Therefore, if a client has Medicare, make sure to write this somewhere on the RH Program Enrollment Form and you may bill the Oregon RH Program for the visit (use TPR code “NC” in box 17A of the CVR).

For clients who do request special confidentiality on the RH Enrollment Form, clinics can bill the Oregon RH Program directly. Be sure to enter the third-party resource (TPR) code NC in box 17A of the CVR for every visit.

### **B. Supply Billing & Reimbursement**

The Oregon RH Program reimburses for contraceptive supplies at acquisition cost. Acquisition cost is defined as the unit price, and does not include sorting, labeling or other charges incurred within clinic processes. A dispensing fee of \$10.00 is automatically paid separately for contraceptive supplies meeting the below criteria and is meant to offset those costs.

Dispensing Fee Criteria:

- Oral contraceptives, minimum qty. 3 packs; and/or
- Contraceptive patch, min. qty. 9 patches; and/or
- Contraceptive ring, min. qty. 3 rings; and/or
- Emergency contraception, any quantity; and/or

The [Supply Reimbursement Rate Chart](#) is updated quarterly and indicates the maximum dollar amount the program will reimburse for each method, as well as the maximum quantity reimbursable per date of visit. Since supply prices can fluctuate frequently, clinics should monitor claims against supplier invoices at least quarterly. Agencies that qualify for 340B drug pricing should bill significantly lower amounts than the maximum rates listed on the chart.

### **C. Clinic Visit Record (CVR)**

The [Oregon Clinic Visit Record \(CVR\)](#) serves both to collect data required by federal funders and to bill the Oregon RH Program. CVR data are used in several ways, including:

## Section 4: Billing & Data

- Describing reproductive health clients who receive services in Oregon;
- Determining payments for services rendered;
- Constructing financial and internal reports;
- Planning the allocation of resources;
- Measuring outcomes;
- Analyzing clinic effectiveness and efficiency; and

See the [CVR Manual](#) for instructions on how to complete each field.

### Submitting CVR Data

RH Program clinics are required to submit CVR data for every reproductive health visit in their clinic(s), regardless of the source of pay. CCare-only clinics are only required to submit CVR data when billing CCare.

Clinics can submit CVR data in three ways:

1. Using software developed by our data system vendor, Ahlers & Associates,
2. Using the clinic's own Electronic Health Record (EHR) system to collect the data and generate a CVR file, which can be uploaded to the Ahlers secure website, or
3. Using the online WebCVR system. For those using their own EHR system to generate a CVR file, see the [CVR file specifications](#).

Any time the CVR is revised, or a clinic changes their EHR or data system, we recommend transmitting a monitored test batch of data. Ahlers & Associates staff can help with the process and look for data anomalies and incomplete files. See the contact information for Ahlers on the last page of the [RH Program Eligibility Database Instructions](#).

Ahlers processes CVRs once per month. One or multiple CVR data files may be submitted throughout the month and they will all be processed at the same time. See [CVR Submission Deadlines](#).

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 in the timely filing deadlines because claims are processed only once per month).

## Section 4: Billing & Data

### CVR and Claims Processing

CVRs submitted for clients enrolled in RH Program Coverage are treated as claims. CVRs submitted for clients not enrolled in RH Program Coverage are treated as data only. During the monthly CVR and claims processing cycle, Ahlers checks all CVR data for errors or missing information, and CVRs with errors are rejected.

In addition to checking for errors, claims for Oregon RH Program payment are reviewed against Oregon Medicaid eligibility records to ensure that clients are not already enrolled for reproductive health services under regular Medicaid (OHP). If a match is found, the Oregon RH Program claim is rejected, and the service should be billed to the client's CCO or OHA fee-for-service.

Oregon RH Program claims may be rejected for reasons other than a client's active OHP status, although that is one of the most common causes for rejection. Other common errors that result in rejected CVRs include: the client was not eligible on the claim date of service; the client's date of birth didn't match the date of birth from a previous CVR; or the primary diagnosis code was not on the list of RH Program (or CCare) allowable diagnosis codes.

A full list of [CVR Rejection / Error Messages](#) can be found on our website. Rejected CVRs can be corrected and resubmitted with the next month's batch of CVRs as long as they are within the 12-month timely filing deadline.

### **D. Billing & Data Reports**

CVR data are used to generate billing and transaction reports as well as summary data reports. Ahlers & Associates create several reports on a monthly, quarterly, and annual basis. See [instructions for accessing Ahlers reports](#).

#### Billing & Transaction Reports

Ahlers & Associates generate these reports after each monthly CVR and claims processing cycle. These reports show summaries and details behind the CVRs that were submitted, CVRs that were rejected and why, and CVRs that were paid by the Oregon RH Program, including which fund source was used.

## Section 4: Billing & Data

### Data Reports

Ahlers & Associates generate several standardized reports on different timeframes: monthly, quarterly, and annual. In addition, clinics may also create customized tabulations using the Build a Report feature on the Ahlers website.

### **E. Billing OHP for Family Planning Services**

This sub-section provides specific information on Medicaid family planning benefits and billing procedures for clients eligible for the Oregon Health Plan (OHP), which is administered through the Health Systems Division (HSD) within OHA. Clients must be screened for both private insurance and OHP eligibility, and payment must be collected from these entities before billing the Oregon RH Program.

Please note: In this manual, OHP means full-benefit Medicaid, not CAWEM or CAWEM Plus.

### OHP Eligibility for Family Planning Services

- OHP clients may seek family planning services from any family planning provider enrolled with OHP, even if the client is enrolled in a coordinated care organization (CCO).
- OHP clients with CCO coverage *do not need a referral* from a primary care provider or primary care manager to obtain family planning services.
- Providers should verify a client's OHP enrollment and coverage before submitting family planning bills. Go to <https://www.or-medicaid.gov> or call 1-866-692-3864.
- Clients who may be eligible for OHP but have not yet been determined eligible should be offered an OHP Application.

### OHP Covered Family Planning Services

A broad range of reproductive health services are covered. Services covered by OHP include:

- Annual exams
- Contraceptive education and counseling
- Laboratory tests

## Section 4: Billing & Data

- Radiology services
- Medical and surgical procedures, including tubal ligations and vasectomies
- All FDA-approved contraceptive methods and supplies
- Emergency contraception (EC)
- Non-emergent medical transportation

### Billing for Family Planning Visits

Reimbursement for family planning services is paid either by the client's CCO or by OHP fee-for-service (FFS), per the following:

- If the provider is contracted with the client's CCO for family planning services, the provider *must* bill the CCO.
- If the provider is an enrolled OHP provider but is *not* contracted with the client's CCO for family planning services, the provider may bill OHP FFS directly. When submitting the claim to OHP, be sure to:
  - Enter "Y" in the family planning box (24H) on the CMS-1500 claim form.
  - Add the FP modifier after all CPT and HCPCS codes.

- *Billing OHP for Special Confidentiality*

- If the client has requested special confidentiality and there is a possibility that the client has private insurance in addition to OHP: Mark "N/C, Confidential" in box 9 on the CMS- 1500 claim form.

Then, submit a hard-copy claim directly to:

Attn: Judy Brazier  
PSU Lead Worker, OHA/Claims  
500 Summer Street, NE E-44  
Salem, OR 97301

This will prevent OHP from pursuing third-party payment from the client's private insurance plan which could result in an explanation of benefits (EOB) being sent to the policy holder.

### Billing for Lab Services

- Only the provider who performs the test(s) may bill OHP.

## Section 4: Billing & Data

- OHP will not reimburse separately for collection and/or handling of specimens such as Pap or other cervical cancer screening tests, voided urine samples, or stool specimens. Reimbursement is bundled in the reimbursement for the exam and/or lab procedures and is not payable in addition to the laboratory test.
- Pass-along charges from the performing laboratory to another laboratory, medical practitioner, or specialized clinic are not covered and are not to be billed to OHP.
- Clinical Laboratory Improvement Amendments (CLIA) Certification:
  - Laboratory services are reimbursable only to providers who are CLIA certified by the Centers for Medicare and Medicaid Services (CMS). CLIA requires all entities that perform even one test, including waived tests on “materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of, human beings” to meet certain federal requirements. If an entity performs tests for these purposes, it is considered under CLIA to be a laboratory.
  - Providers must notify OHP of the assigned ten-digit CLIA number.
  - Payment is limited to the level of testing authorized by the CLIA certificate at the time the test is performed.

### OHP Resources and Information

- OHA OHP Provider Services 1-800-336-6016
- [OHA OHP General Rulebook](#) (OAR 410-120)
- [OHA OHP Medical-Surgical Services Rulebook](#) (OAR 410-130)
- Guidance on use of ICD, CPT, HCPCS, and FP modifier codes:
  - OARS 410-130-0585 for general family planning service providers;
  - OARS 410-130-0680 for laboratory and radiology services;
  - OARS 410-130-0587 for enrolled family planning clinics only.

## Section 4: Billing & Data

OHP Contacts		
Program	Phone/E-mail	Web site
OHP Website	1-800-527-5772	<a href="http://www.oregon.gov/OHA/healthplan">http://www.oregon.gov/OHA/healthplan</a>
<b>Provider Resources</b>		
OHP Eligibility Verification: check patient eligibility, TPR, benefit packages, managed care	1-866-692-3864	<a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Eligibility-Verification.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Eligibility-Verification.aspx</a>
OHP Automated Voice Response (AVR) User Guide	1-866-692-3864	<a href="https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3162.pdf">https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3162.pdf</a>
OHP Benefit RN Hotline OHP diagnosis/treatment	1-800-393-9855	
OHP Provider Services Unit Medical assistance details, billing questions, claims payment, claim status Billing tips and instruction books	1-800-336-6016 <a href="mailto:OHP.providerservices@state.or.us">OHP.providerservices@state.or.us</a>	<a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Providers.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Providers.aspx</a>
OHP Provider Enrollment	1-800-422-5047 <a href="mailto:provider.enrollment@state.or.us">provider.enrollment@state.or.us</a>	<a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx</a>
OHP Provider Contact List Common phone numbers, email addresses, and websites for providers and OHP members		<a href="https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3046.pdf">https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3046.pdf</a>
OHP Policies, Rules & Guidelines		<a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Policies.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Policies.aspx</a>

## Section 4: Billing & Data

OHP Contacts		
Program	Phone/E-mail	Web site
<b>Client Resources</b>		
OHP Application Center New client application and other information	1-800-359-9517	<a href="http://www.oregon.gov/oha/h&lt;br/&gt;ealthplan/pages/apply.aspx">http://www.oregon.gov/oha/h ealthplan/pages/apply.aspx</a>
OHP Customer Service Existing/pending client information, assistance	1-800-699-9075 (TTY 711)	
OHP Client Services Special needs, complaints	1-800-273-0557 (TTY 711)	<a href="https://www.oregon.gov/oha/&lt;br/&gt;HSD/OHP/Pages/OHP-&lt;br/&gt;Contacts.aspx">https://www.oregon.gov/oha/ HSD/OHP/Pages/OHP- Contacts.aspx</a>
OHP Client Handbook		<a href="https://apps.state.or.us/Forms&lt;br/&gt;/Served/he9035.pdf">https://apps.state.or.us/Forms /Served/he9035.pdf</a>
OHP Non-Emergent Medical Transportation	Each CCO contracts regionally for this benefit. Contact the client's CCO to determine how the client can access this service.	

## Section 5: Program Monitoring & Compliance

The Oregon Health Authority Reproductive Health Program has an obligation to state and federal funders, as well as to Oregon taxpayers, to oversee funding for reproductive health services and assure compliance with program regulations. The Oregon Administrative Rules (OARs) pertaining to this program are [333-004-0000 through 333-004-2190](#).

Outlined below are the various screening and audit procedures used to assure program integrity and reduce risk of overpayment. It is not the intention of the audit process to impose additional fees or penalties, but rather to recover payments that were made in error or to correct practices that are not in keeping with program regulations.

For a high-level explanation of the different types of reviews see our [Types of Agency Reviews](#) table.

For a schedule of all the different types of reviews see our [Review Schedule](#).

### **A. Screenings and Audits of RH Program clinics**

#### RH Certification Verification / Annual Recertification

Initial certification and annual recertification information is submitted to the Oregon RH Program office and verified against attestation. Information required from sub-recipients includes:

- Current contact and clinic information
- Annually signed acknowledgement by staff that services are provided voluntarily; that coercion can be prosecuted; and receipt of family planning services may not be used as a prerequisite to receipt of other programs
- Evidence of required annual staff trainings
- Evidence that Quality Assurance / Quality Improvement and Community Participation/Project Promotion Plans are in place

Re-certification into the RH Program is required annually. The information required, the process to follow and the mechanism for re-certification will be provided by Oregon RH Program staff prior to the deadline.

## Section 5: Program Monitoring & Compliance

### On-site Reviews

On-site reviews are conducted to ensure the quality of reproductive health services provided. These reviews are scheduled on a routine basis, aligning with LPHA Triennial reviews (when applicable). On-site reviews include observing clinical practices and conducting medical records review.

RH Program On-Site Review Tools include:

- [RH Program Review Tool](#)
- [RH Program Review Tool Companion Guidance](#),
- [Chart Review Tool](#)
- [Agency On-Site Review Schedule](#)

### Billing and Claims Data Review

Claims data and billing information are reviewed monthly to insure proper billing practices and to monitor data collection integrity. The following are examples of what is reviewed through this process:

- Type of visit (low, moderate, high) by agency
- Total claims and total payments by agency (for each fund source)
- Type of medical service by agency
- CVR errors / rejects
- Supply billing at acquisition cost (also monitored against invoices)

### Chart Reviews and Audits

Client visit chart notes are requested for review on a routine basis or may be initiated at the time of a billing and claims data review. Chart notes are reviewed to determine:

- Quality of services
- Support for the visit level (low, moderate or high) that was billed, and
- Visits billed to CCare are contraceptive management in nature.

Enrollment forms are also reviewed for completeness and accuracy as part of this process. See the [RH Program Enrollment Form and Billing Audit Tool](#)

## Section 5: Program Monitoring & Compliance

### CVR Data Review

CVR data elements are reviewed on an annual basis, and prior to on-site reviews, for quality assurance and quality improvement purposes. Information accessible through CVR data includes percentage of services provided to adolescents and low-income families, types of medical and counseling services provided, variety of contraceptive methods dispensed and provision of options counseling to name a few.

### **B. Audits of CCare-only Clinics**

CCare-only clinics are monitored regularly for accurate billing and client enrollment processes. Chart notes must support that visits were for contraceptive management, and that the visit level type billed was appropriate. Enrollment form information is also reviewed and verified against the Eligibility Database. The Oregon Administrative Rules (OARs) pertaining to this program are [333-004-000 through 333-004-0230](#). See the [CCare Program Enrollment Form and Billing Audit Tool](#).

### **C. Audit Findings**

The Oregon RH Program may deny payment or seek recovery of payment if a review or audit determines the service does not meet requirements or the standards of care set forth in the RH Program protocols and OARs.

The Oregon RH Program will notify the agency, in writing, of incorrect billing findings and subsequent actions to be taken by the agency to correct the identified findings.

If the audited agency disagrees with the findings, the contested case hearing procedure as set forth in the OARs.

# Glossary

Below are terms and acronyms commonly used in the RH Program.

**3391:** House Bill 3391, the Reproductive Health Equity Act

**340B:** Discount drug pricing program

**ACA:** Affordable Care Act (“Obamacare”)

**Another Immigration Status:** An immigration status that makes an individual ineligible for Medicaid (e.g. DACA, undocumented).

**BOP:** Board of Pharmacy

**CAWEM:** Citizen/Alien-Waived Emergency Medical. Emergency medical care for individuals who are ineligible for Medicaid due to their immigration status.

**CAWEM Plus:** Additional prenatal care benefits. Prenatal care for individuals who are ineligible for Medicaid due to their immigration status.

**CCare:** Oregon ContraceptiveCare Program, one of the Oregon RH Program’s funding sources. It uses a combination of Medicaid and state general funds to cover services related to preventing unintended pregnancies.

**CCO:** Coordinated Care Organization

**CLIA:** Clinical Laboratory Improvement Amendments

**CMS:** Centers for Medicare and Medicaid Services

**CPT:** Current Procedural Terminology

**CT/GC:** Chlamydia/gonorrhea Test

**CVR:** Clinic Visit Record

**DHS:** Oregon Department of Human Services

**DOB:** Date of Birth

**DOS/DOV:** Date of Service/Date of Visit

**Eligible Immigration Status:** An immigration status that does prohibit an individual from enrolling into Medicaid (e.g. Refugee, Asylee).

**Eligibility Database:** Web-based database that coordinates client enrollment into the RH Program and contains eligibility information for all RH Program clients.

**Enrollment Form:** Form clients complete to enroll in RH Program Coverage, which includes CCare.

**EC:** Emergency Contraception

**EHR:** Electronic Health Record

# Glossary

**EOB:** Explanation of Benefits

**Established Client:** a client seen in your agency within the last three years.

**FAM:** Fertility Awareness Method

**Family Planning (FP):** Services to either prevent or achieve pregnancy.

**FDA:** U.S. Food and Drug Administration

**FFS:** Fee for Service

**FPL:** Federal Poverty Level

**FQHC:** Federally Qualified Health Center

**HCPCS:** Healthcare Common Procedure Coding System

**HSD:** Health Systems Division (formerly DMAP, runs OHP)

**HIPAA:** Health Insurance Portability and Accountability Act

**HPV:** Human Papilloma Virus

**HRSA:** Health Resources and Services Administration

**ICD-10-CM:** International Classification of Diseases, 10<sup>th</sup> Edition, Clinical Modification

**IUD/IUS:** Intra-Uterine Device, Intra-Uterine System

**LARC:** Long Acting Reversible Contraceptive

**LGBTQ:** Lesbian, Gay, Bisexual, Transgender, Queer

**LPHA:** Local Public Health Authority

**MMIS:** Medicaid Management Information System

**MSA:** Medical Services Agreement

**NFPRHA:** National Family Planning and Reproductive Health Association

**NVRA:** National Voter Registration Act

**OAR:** Oregon Administrative Rules

**Oregon RH Program:** State public health program that contracts with medical clinics to provide reproductive health services across Oregon.

**OC:** Oral Contraceptives

**OEI:** Office of Equity and Inclusion

**OHA:** Oregon Health Authority

# Glossary

**OHP:** Oregon Health Plan

**OPHRAC:** Oregon Reproductive Health Advisory Council

**ORS:** Oregon Revised Statutes

**OSPHL:** Oregon State Public Health Laboratories

**OVP:** Oregon Vasectomy Project

**PE 46:** Program Element 46 (RH element of LPHA contract)

**PHD:** Oregon Public Health Division

**POV:** Purpose of Visit

**QA:** Quality Assurance

**QI:** Quality Improvement

**RA:** Remittance Advice

**RH:** Reproductive Health

**RHEA:** Reproductive Health Equity Act (aka House Bill 3391), one of the Oregon RH Program's funding sources. It expands coverage for reproductive health services, protects access to reproductive health services with no cost sharing, and prohibits discrimination in the provision of reproductive health care.

**RHEC:** Regional Health Equity Coalition

**RH PAC:** Reproductive Health Program Advisory Committee

**RH Program:** The program in which clinics certify to receive reimbursement from all three of the Oregon RH Program's funding sources.

**RH Program Coverage:** The coverage source for which clients must be eligible and in which they must enroll for clinics to receive reimbursement for their qualified services.

**RHC:** Rural Health Center

**RHC:** Reproductive Health Coordinator

**SBHC:** School-Based Health Center

**SDoH:** Social Determinants of Health

**SSA:** Social Security Administration

**SOP:** Source of Pay

**STI:** Sexually Transmitted Infection

# Glossary

**TA:** Technical Assistance

**TIC:** Trauma Informed Care

**TPP:** Third Party Payer

**TPR:** Third Party Resource codes

**US MEC:** U.S. Medical Eligibility Criteria

**USPSTF:** United State Preventive Services Task Force

**US SPR:** U.S. Selected Practice Recommendations