Reproductive Health (RH) Program Manual

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Section 1: Reproductive Health Program Overview

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. Commitment and Vision for Racial Equity

The Oregon RH Program commits to working toward racial equity by addressing racism, acknowledging implicit bias, and shifting how we do what we do.

We acknowledge the past and present role of government in creating inequities and doing harm to communities of color and tribal and indigenous communities in Oregon, leading to historical and ongoing trauma. We envision an Oregon where all community members thrive, and racial inequities are eliminated.

We will create policies, programs and procedures to address systemic, structural and institutional racism, and create a culture which holds ourselves and each other accountable to those policies and commitments.

We will work collaboratively with partner organizations and community members who share in our commitment to racial equity and move others towards this vision.

We will provide resources, data and funding to amplify racial equity within our programs throughout the State and prioritize developing meaningful partnerships with diverse community stakeholders.

We accept that our commitment to diversity, equity and inclusion (DEI) means a commitment to constant learning – we will make mistakes, but we are determined to learn from them and to improve.

B. Funding

The Oregon RH Program receives funding from three sources:

- Title X grant funds administered by the Department of Health and Human Services, Office of Population Affairs are intended to ensure access to equitable, affordable, client-centered, quality family planning services, especially for low-income clients.
- 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.

C. RHCare Clinics, CCare Clinics, and AbortionCare Clinics

The Oregon RH Program oversees three types of clinics: RHCare clinics, CCare clinics, and AbortionCare clinics. All three clinic types enroll clients into the RH Access Fund (see D. below), but the services and enrollees for which each clinic type is eligible to receive reimbursement differ as illustrated in Table 1 below.

RHCare Clinics

RHCare clinics receive funding from all three of Oregon's RH Program's funding sources. Services provided under RHCare 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 with pain management, if applicable.

While RHCare clinics receive reimbursement for this comprehensive set of reproductive health services provided to clients enrolled in the RH Access Fund, they are **required** to provide the same services and quality of care to all clients seeking reproductive health services no matter their source of coverage or ability to pay.

These requirements are outlined in the RHCare Certification Requirements, Version 3.0, which all RHCare clinics are required to follow.

The 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 become certified as a RHCare clinic and receive reimbursement for services provided to client enrolled in the RH Access Fund.

Section 1: Overview

To help clinics meet the requirements, we created a RHCare Companion Document for Certification Requirements that includes suggestions, strategies, links to resources, etc. It is not a prescribed checklist, nor is it exhaustive. However, clinics should look to it for guidance.

CCare Clinics

CCare clinics only receive CCare funding which means they are only eligible to receive reimbursement for services related to preventing pregnancies provided to enrolled clients who are eligible for CCare. These services include counseling and education to assist with preventing pregnancy; STI screening and treatment; breast and cervical cancer screening; and a broad range of FDA-approved contraceptive methods with pain management, if applicable.

CCare clinics are required to follow the CCare Certification Requirements, Version 2.0.

These certification requirements provide the foundation for contraceptive services based on national standards of care and align with best practices and recommendations for client-centered, culturally-responsive, high-quality contraceptive care. They outline the minimum requirements agencies must meet to become certified as a CCare clinic and receive reimbursement for CCare services provided to RH Access Fund enrollees who meet CCare eligibility criteria.

To help clinics meet the requirements, we created a CCare Companion Document for Certification Requirements that includes suggestions, strategies, links to resources, etc. It is not a prescribed checklist, nor is it exhaustive. However, clinics should look to it for guidance.

AbortionCare Clinics

Finally, AbortionCare clinics only receive RHEA funding which means they are only eligible to receive reimbursement for abortion services provided to enrolled clients who are eligible for RHEA. These services include pre-abortion visits; ultrasounds, laboratory tests, and pain management; medication or surgical abortions performed in outpatient settings; post-abortion contraceptive methods; and post-abortion follow-up visits.

AbortionCare clinics are required to follow the AbortionCare Certification Requirements, Version 3.0.

These certification requirements provide the foundation for abortion services based on national standards of care and align with best practices and

recommendations for client-centered, culturally-responsive, high-quality care. They outline the minimum requirements agencies must meet to become certified as an AbortionCare clinic and receive reimbursement for AbortionCare services provided to RH Access Fund enrollees who meet AbortionCare eligibility criteria.

To help clinics meet the requirements, we created an AbortionCare Companion Document for Certification Requirements that includes suggestions, strategies, links to resources, etc. It is not a prescribed checklist, nor is it exhaustive. However, clinics should look to it for guidance.

Table 1. RHCare clinics vs. CCare clinics vs. AbortionCare clinics

	RHCare Clinics	CCare Clinics	AbortionCare Clinics*
Covered Services	Comprehensive reproductive health services	Services related to preventing pregnancy	Services related to abortion
Eligible to receive reimbursement for services provided to enrollees who:	• ≤ 250% FPL • No citizenship requirement • No residency requirement • No SSN requirement	• ≤ 250% FPL • Individuals with U.S. Citizenship or Eligible Immigration Status • Resident of Oregon • Valid SSN required for clients age 20+ if they have one	• ≤ 250% FPL • Individuals with Another Status • Resident of Oregon • No SSN requirement

D. RH Access Fund

The RH Access Fund is the source of coverage for reproductive health services provided to clients who complete the RH Access Fund Enrollment Form and are deemed eligible.

It uses the three funding sources to cover the widest range of services the funders allow depending on the enrollee's citizenship status, residency, and where they are receiving services.

E. What Makes us Different (from insurance)

Because RHCare, CCare, and AbortionCare clinics receive fee-for-service reimbursement from the Oregon RH Program, it is easy to think of us like an insurance program. However, we are not just a coverage source. We believe ALL people are entitled to high-quality, culturally-responsive, client-centered reproductive health services. We, therefore, require agencies certified with us to meet requirements that are not in the normal realm of fee-for-service coverage sources. Afterall, we are a public health program!

As you read this manual, you will see requirements about staff training, data submission, and client counseling, among others, that might seem "extra" or unrelated to ensuring that a patient's services are paid for. These requirements, however, help us ensure that all people across Oregon receive the care they deserve.

For example, RHCare clinics are required to provide the same high-quality, culturally-responsive reproductive health services to all clients eligible for RHAF, regardless of their enrollment status or ability to pay. This includes clients who are not enrolled in the RH Access Fund. Another example is that RHCare clinics are required to submit data for every reproductive health visit in their clinic(s), regardless of the source of pay. This data gives us a more holistic picture of reproductive health services provided to all people in our clinics, even those with private insurance, which then helps us inform policy makers about the status of reproductive health in Oregon. A final example is that all RHCare, CCare, and AbortionCare clinics are required to provide their staff an annual equity training related to racism, health equity, cultural-responsiveness, and/or trauma-informed care in the clinical setting.

All of the requirements of RHCare, CCare, and AbortionCare, either come from our funding sources (e.g. client eligibility for the RH Access Fund) or are in service of ensuring all clients receive client-centered, high-quality, culturally-responsive care.

F. Agency Responsibilities

All agencies contracted with the Oregon RH Program are responsible for following applicable program rules and regulations.

Section 1: Overview

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:

- Ensure program compliance at all clinic sites;
- Being the agency's subject matter expert on all aspects of RHCare and/or CCare certification requirements and how they are operationalized within clinic sites;
- Acting as the primary contact with the Oregon RH Program;
- Managing the implementation and operationalization of the applicable certification requirements in all participating clinics

See a description of the RHC's roles and responsibilities for RHCare agencies.

See a description of the RHC's roles and responsibilities for CCare agencies

See a description of the RHC's roles and responsibilities for AbortionCare.

Once assigned the role of RHC, the RHC and a higher-ranking staff member who understands the RHC's regular workload and the job duties of a RHC, must sign the RH Coordinator Competencies (linked to above). The higher-ranking staff member may not always be the RHC's direct supervisor. For example, if the RHC's direct supervisor is not familiar with the RHC's daily work duties and/or the work required to perform the role of a RHC successfully, they should not be the person to sign the RHC Competencies. In this case, a different higher-ranking staff member who works more closely with the RHC should.

If an agency's designated RH Coordinator does not comply with the RHC responsibilities, the Oregon RH Program may require that the agency assign a different staff person the role.

Additionally, if the RH Coordinator is going to take a leave of absence for one month or longer the agency must:

1. Notify RH Program staff within 10 business days of the leave, and
2. Assign an interim RH Coordinator.

Staff Training Requirements

The RH Program places a lot of importance on not only following the requirements of each program, (RHCare, CCare, and AbortionCare) but also on

ensuring clients receive high-quality, client-driven, culturally-responsive, trauma-informed care. Clients won't return for services at a clinic where they don't feel respected or seen. Therefore, staff at all certified clinics are required to receive training on a variety of topics designed to give staff the opportunity to develop their skills.

The table on our Training webpage lists the trainings topics, the frequency by which they must be provided, and the staff who must attend. Also available is a menu of trainings that meet these requirements. The trainings listed on the menu are only suggestions. If staff have already attended a training on a required topic, it does not need to be duplicated.

Meet Deadlines & Respond to Requests

For example:

- Requests for Information
- Clinic Visit Record (CVR) Submission Deadlines and Ahlers Generated Reports - Monthly
- RH Access Fund Eligibility Database User Clean-up
- Update FPL Guidelines – March
- Bi-Annual Recertification – every odd numbered year

Oregon Administrative Rules (OARs)

OARs 333-004-3000 through 333-004-3240 regulate the administration of RHCare, CCare, and AbortionCare. They pertain to agency certification, responsibilities, and termination; covered and excluded services; client eligibility and enrollment procedures; billing and claims; payment; compliance with federal and state statutes; and agency audits and appeals processes.

G. Oregon Laws Related to Reproductive Health

The statutes and regulations referred to in this sub-section are applicable to both RHCare and CCare clinics 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.

Section 1: Overview

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 Understanding Minor Consent and Confidentiality in Health Care in Oregon.

- Minors of any age can access reproductive health care services and information from a licensed provider without parental or guardian consent (ORS 109.640). This includes services such as contraception, prenatal, postnatal and delivery care, miscarriage management, fertility care, and treatments for sexually transmitted infections (STIs). For the purposes of consent, reproductive health services excludes voluntary sterilization and abortion, except in certain circumstances (see below for more information about consent for abortion services). See more information on minor consent to STI testing and treatment.
- A minor 15 years of age or older may give consent to medical and dental services administered by a licensed provider without parental/guardian consent (ORS 109.640). This includes medical, dental, optometric (eye care) and surgical diagnosis and treatment.
- Minors under the age of 15 can consent to an abortion without parental or guardian consent in the following circumstances (ORS 109.640 as amended by Oregon Laws 2023, Chapter 228, Section 8):
    - If the health care provider reasonably believes that involving the minor's parent or guardian may result in the physical or emotional abuse or the neglect of the minor
    - If the health care provider believes that requiring consent of the minor's parent or guardian would not be in the minor's best interest. In this circumstance, the health care provider is required to seek the agreement of another health care provider.

It should be noted that Oregon law protects providers from civil liability when a diagnosis or treatment is provided to an authorized minor without the consent of the parent or legal guardian (ORS 109.685).

Note: RHCare, CCare, and AbortionCare Certification Requirements require that client consent be obtained before disclosure of any medical information or record (see C.1.f in both 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 by RHCare and CCare clinics.

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.

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 Mandatory Reporting Policy for information about policy requirements.

H. Oregon RH Program Contact Information

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

Section 1: Overview

Fax: 971-673-0273

Web: healthoregon.org/rh

General questions:
rh.program@oha.oregon.gov

Enrollment questions:
rh.enrollment@oha.oregon.gov

Billing questions:
rh.billing@oha.oregon.gov

I. This Manual

One last note before we dive into more content. This manual focuses on requirements that span the three programs, RHCare, CCare, and AbortionCare. For information about a specific program's requirements please see its Certification Packet:

RHCare Certification Requirements, Version 3.0

CCare Certification Requirements, Version 2.0

AbortionCare Certification Requirements, Version 3.0

Section 2: Client Eligibility & Enrollment into RHAF

RHCare Clinics: In this section, client eligibility just refers to the RH Access Fund.

RHCare clinics are required to offer all clients (i.e. people eligible for RHAF, regardless of enrollment status) the same scope of services and supplies, no matter who is paying for their services.

A. Client Eligibility Requirements for the RH Access Fund

The RH Access Fund is designed to allow as many people to enroll as possible. The only criteria that can make someone **not** eligible for the RH Access Fund are:

1. Their income is above 250% of the Federal Poverty Level (see Income Limits);
2. They are enrolled in full-benefit OHP;
3. Their periods have stopped for more than a year because of menopause;
4. They have had surgery to remove their uterus, both ovaries, or both fallopian tubes; or
5. They have had surgery to remove both testicles.

CCare Clinics: As explained in the Overview section, CCare clinics are only eligible to receive reimbursement for RH Access Fund enrollees that meet the following criteria:

- Are a resident of Oregon; and
- Are a U.S. citizen, U.S. national, or have Eligible Immigration Status.

AbortionCare: As explained in the Overview section, AbortionCare clinics are only eligible to receive reimbursement for RH Access Fund enrollees that meet the following criteria:

- Are a resident of Oregon; and
- Have Another Status.

B. Enrollment Form

No matter what type of clinic (RHCare, CCare, or AbortionCare) a client visits, the Enrollment Form is used to assess whether the client is eligible for the RH Access Fund. This ensures that clients determined eligible for the RH Access Fund may access services at any RHCare clinic. Depending on their eligibility criteria (see

Overview, Table 1), enrollees may also be able to seek services at CCare or AbortionCare clinics.

For a client to be determined eligible for the RH Access Fund:

- All the fields on the Enrollment Form must be completed (even if the client is enrolling remotely),
- The form must be signed and dated (see remote enrollment below), and
- The information must be entered into the RH Access Fund Eligibility Database.

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

Clinics must keep enrollees' enrollment records for seven years, this includes their Enrollment Form (either the original paper version or a scanned electronic version) and copies of any documentation they provided as part of the enrollment process (e.g., passport, etc.).

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

Clients may not be required to complete an RH Access Fund Enrollment Form.

If a client is seeking services at a CCare or AbortionCare clinic and declines to complete an RH Access Fund Enrollment Form, the clinic should follow their normal clinic processes for service delivery and billing.

At RHCare clinics, however, clients who decline to complete the enrollment form must be assessed on the clinic's RH Program-approved sliding fee scale (see B.5 Fiscal Requirements of the RHCare Certification Requirements and the RH Program Front Desk Flow Chart) and receive the same scope of services, contraceptive supplies, and quality of care as clients who are enrolled in the RH Access Fund.

C. Remote Enrollment

Clinic staff may assist clients in completing the Enrollment Form remotely via telephone or video. Please see our Remote Enrollment instructions for detailed directions on completing the Enrollment Form and entering data into the Eligibility Database.

Please note, if the Enrollment Form is completed remotely clinic staff must write the client's name on the signature line and the day's date with a note that staff

signed on behalf of the client. Then, a physical copy of the Enrollment Form must be saved in the client's file.

D. Expectations of Clinic Staff During the Enrollment Process

Staff enrolling clients are required to ensure clients are treated with respect, the client's information is kept confidential, and the Enrollment Form is completed to the best of the client's knowledge.

Client-Centered Customer Service

Clinic staff must treat clients in a trauma-informed manner that is responsive to their identities, beliefs, communication styles, attitudes, languages, and behaviors.

If clients have questions or want/need to discuss the information they are being asked to provide on the Enrollment Form, safeguards should be in place to ensure their information is kept confidential. This may include a separate room or designated area away from other waiting clients where they can speak with clinic staff. Other ideas include offering to discuss the Enrollment Form with them in the visit room, or running a noise-cancelling machine at the front desk to mask conversations.

Additionally, no punitive action may be taken if the client is found ineligible. If a client is found ineligible, they should be informed of other programs available to pay for their services (e.g. OHP, ScreenWise, payment plans, etc.).

Help Clients Complete the Enrollment Form

The Enrollment Form was developed using simple language, while ensuring compliance with the rules of the Access Fund's funding sources. 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 Access Fund Enrollment Form Guide. Below are additional tools that staff can use when clients have questions.

Income (questions 6-7)

- Income Limits for RH Access Fund

Taxes (question 8)

- Tax Question Flowchart

Citizenship and Immigration Status (question 9)

- Citizenship and Immigration Status Chart in:

- English,
- Marshallese
- Korean,
- Russian,
- Simplified Chinese,
- Somali,
- Spanish, and
- Vietnamese

All required client enrollment data must be collected on the Enrollment Form. After clients complete the Enrollment Form, clinic staff should review the Form to make sure it is complete and accurate to the best of the client's knowledge.

Please note: Enrollment Forms CANNOT be backdated.

Staff may also do a cursory review of the form using the Enrollment Form and Eligibility Crosswalk to ensure the client is eligible for the RH Access Fund and for what types of services. This will also help the client understand what services they may need to pay for, use a different program, or go to a different clinic.

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 reproductive health clients with other sources of coverage (e.g., private insurance; OHP; and no coverage with fees assessed using an RH Program-approved sliding fee scale) if it makes sense for clinic flow.

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

Section 2: Client Eligibility & Enrollment into RHAF

Explain What Services are Covered by the RH Access Fund & Payment Options for Services Not Covered

What is covered by the RH Access Fund and what isn't is not intuitive. Clients may not understand, for example, that screening for Chlamydia, gonorrhea, trich and syphilis are covered, but testing for yeast or BV are not. Explain to the client what they can get for free under the RH Access Fund, and what payment options are available for services that are not covered.

It is also important that clinics understand and comply with No Surprises Act (NSA) requirements which are meant to protect people from unexpected medical bills. For more information about the NSA, see NFPRHA's (National Family Planning and Reproductive Health Association) Implementing the No Surprises Act in Family Planning Settings Resource Guide, and CMS's (Centers for Medicare and Medicaid Services) No Surprises Act website.

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.

RHCare 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, preferably at enrollment and re-enrollment. Those who do offer primary care should inform all clients about the availability of such services.

Offer Health Insurance Enrollment Information

Clients may not know that they are eligible for health insurance that covers a broader range of services than the RH Access Fund. If a client is not enrolled in full-coverage health insurance, RHCare and CCare clinics must offer them information on how to enroll.

Offer to Help Clients to Register to Vote at RHCare and CCare Clinics

RHCare clinics and CCare 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.

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.

More tools to help with client enrollment, including special tools for CCare clinics, can be found on our Client Enrollment page.

E. Eligibility Verification

Most enrollees' eligibility information is self-reported. However, the Oregon RH Program is required to verify citizenship and income for all enrollees who mark U.S. citizen on the Enrollment Form; and ensure that all enrollees are not enrolled in OHP.

We do not verify information provided by enrollees who mark Eligible Immigration Status, Another Status, Don't want to answer, or skip the citizenship/immigration question on the Enrollment Form because the funding sources that pay for services provided to these enrollees does not require verification.

OHP enrollment is verified for all enrollees because enrollees may not be simultaneously enrolled in both full-benefit OHP and the RH Access Fund.

While most enrollees' citizenship status and income are successfully verified, some are not. Once a month, state staff create a spreadsheet of those enrollees whose information was not able to be verified and send it to clinic staff. Clinic staff should review the information on the enrollee'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 enrollee and either confirm that the information they provided is correct, get corrected information, and/or ask that the enrollee bring in appropriate documentation. Information about this spreadsheet and instructions for clinic staff can be found in the Eligibility Status Update Guide.

Collecting Documents

The following are tools to help clinic staff determine when documentation is required, and which documents are accepted.

- Documentation Guidance for Enrollment into RH Access Fund: 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.

- Once the Eligibility Database determines that a client is eligible for the RH Access Fund the client is enrolled for two years. Enrollees may re-enroll one year, 11 months and one day after their enrollment date. For example, if an enrollee's enrollment date is 1-15-2026, they may re-enroll any time after 12-16-2027. To re-enroll, enrollees must complete a new RH Access Fund Enrollment Form and staff must enter their updated information, as well as the re-enrollment date, into the Eligibility Database.

F. Questions about Eligibility & Enrollment into RHAF

For questions about eligibility and enrollment into the RH Access Fund, email rh.enrollment@oha.oregon.gov.

G. Data Privacy

The RH Program is required to share some of the enrollment information of clients who mark U.S. citizen with other government agencies to ensure compliance with funders of the RH Access Fund.

For more information on what data is shared contact RH Program staff.

If a client marks Eligible Immigration Status, Another Status, Don't want to answer, or skips the question none of their enrollment information is shared outside of OHA.

RHCare Clinics: Even if clients decline to complete the Enrollment Form or are determined to have an income higher than 250% FPL, they must still receive the same quality and scope of services and supplies.

Section 3: Services & Supplies

Part of the mission of the RH Program is to support access to high-quality, client-driven, culturally-responsive reproductive health services for all people in Oregon. The primary way we support access is through our clinic network.

A. Requirements at all Clinics

All clinics contracted to provide clinical services are required to meet minimum standards of care. This ensures the clients have access to client-driven care and that all clients are treated respectfully.

Access to Care: Appointment Scheduling, Prior Referrals, & No Discrimination

Reproductive health services are often time-sensitive. Whether a client needs to refill their birth control, talk to someone about relationship safety, or receive a STI screen, they usually need to see a clinician quickly.

To ensure clients receive services when they need them, clients must be able to schedule an appointment within two weeks. If there are no appointments available in that time period, they must be offered information about other reproductive health providers in the area; preferably other CCare, RHCare, AbortionCare clinics (depending on the care they are seeking). If it's possible, we encourage clinics to take walk-in appointments and offer weekend hours as many clients cannot afford to miss work and/or rely on others (who cannot afford to miss work) for transportation.

Clients must also be served without a referral requirement, meaning clinics may not require that clients be referred to receive services. Clinics must also provide services to clients regardless of their race, national origin, religion, immigration status, residency, sex, sexual orientation, gender identity, age, or disability, in accordance with applicable laws, including Title VI of the Civil Rights Act of 1964, section 1557 of the ACA, the Americans with Disabilities Act (ADA) of 1990, section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes chapter 659A.

Additionally, clinics may not give preference to clients with private insurance or who are 250% or over the FPL.

Section 3: Services & Supplies

Confidentiality, Informed Consent, & Telehealth

Reproductive health services can be an especially sensitive topic for many clients. Sex is often stigmatized and clients may be embarrassed about getting reproductive health services.

To ensure that clients' services and information are kept confidential, clinics must meet the certification requirements under C.1 for RHCare, CCare, and AbortionCare. We also recommend that providers remind clients that their conversations and medical records are confidential. This is especially important for clients who were not born in the U.S. and may not know about doctor/client confidentiality rules.

Additionally, clients must sign an informed consent form for reproductive health services upon establishing care at a clinic. The informed consent process must be provided verbally and accompanied by written materials, and it must be presented in plain language. To help clinics meet this requirement we created a consent form that is available in the same languages as the Enrollment Form. It is available on our Sample Policies & Forms webpage.

Telehealth

We encourage clinics to allow clients to receive services via telehealth. However, clients must also be given the choice to have an in-person visit and be informed of scheduling options, services available, and the restrictions of both types of visits.

For services provided via telehealth, clinic staff must:

- Obtain informed consent, either verbal or written, from the client that telehealth is an acceptable mode of receiving reproductive health services, and keep the consent in their client's health record or in each telehealth visit note, and
- Comply with the Health Insurance Portability and Accountability Act (HIPAA) and Oregon Health Authority Confidentiality and Privacy Rules and security protections for the client in connection with telehealth technology, communication, and related records.

Client-Driven Care: Communication, Trauma-Informed Care, & Cultural Responsiveness

A hallmark of all three clinic types is that the services are client-driven. Client-driven care puts the clients' needs and wants first. This includes making sure the

clinic is a welcoming and inclusive environment for all client populations, using clients' self-designated pronouns, prominently displaying clients' rights to free language services, using open-ended questions during their visit so they can express their preferences, needs, or concerns, etc.

Communicating in ways that clients can fully understand and find relatable is key to client-driven care. This is applicable in all client communications – from front desk conversations, to written signs, forms, and education materials, to the medical/counseling visit, to billing. Clinics must have signage and materials that are easily understandable and in the languages commonly used by the populations in their service areas (see B.3 for RHCare, CCare, and AbortionCare). To ensure written materials are appropriate for clients, RHCare clinics must use an Information & Education Committee to review their health education materials (see B.4 of RHCare Certification Requirements).

Additionally, all clinics are required to communicate with clients in their preferred language and provide interpretation services at no cost to the client (see B.3 for RHCare, CCare, and AbortionCare).

All clinics are also required to implement a written, ongoing comprehensive strategy to provide equitable, culturally and linguistically appropriate care and treat clients in a trauma-informed manner that is responsible to their identifies, beliefs, communication styles, attitudes, languages, and behavior (see B.2 for RHCare, CCare, and AbortionCare). Strategies for meeting these requirements could include providing regularly scheduled required staff trainings, doing a clinic assessment of the cultural-responsiveness of the clinic and staff, prioritizing hiring staff who reflect the clinic's client populations, etc.

Laboratory, Pharmacy, Dispensing Medications and Contraceptive Methods, & Medical Emergencies

All clinics must maintain the appropriate level of CLIA certification, and abide by the CLIA certificate's rules. (see A.2 for RHCare, CCare, and AbortionCare)

Additionally, all clinics must dispense contraceptive methods, and medications according to their Board of Pharmacy license.

Clinics must also maintain a written plan for medical emergencies including: Anaphylaxis/Shock; Vaso-vagal reaction/Syncope; Cardiac Arrest/Respiratory Difficulty (if clinic has an automated external defibrillator (AED) include protocol on how to use); and Hemorrhage.

Referrals & Local Resources

Providing referrals and informing clients of local resources is key to helping clients receive all the services they need, not just those that one clinic can provide. Therefore, all clinics are required to provide closed-loop referrals for clinical services within the scope of RHCare or CCare that require follow-up to ensure continuity of care. For example, if a client requests a vasectomy, the clinic should send the referring clinic/provider information about the client seeking the vasectomy.

Additionally, clinics are required to provide information to clients about resources available in the community to address barriers such as transportation, housing, childcare, food insecurity, etc.

Pregnancy Options

In RHCare and CCare clinics, all pregnant people must be offered information and counseling regarding parenting, abortion, and adoption in a neutral, factual, and non-directive manner. This includes offering and providing written information about all pregnancy options. It must be written in a factual and non-directive manner and include contact information for agencies that give medically-accurate, unbiased information about the option(s) for which they are being listed.

To help clinics meet this requirement, we created a brochure that is partially-editable to allow clinics to add their local resources. It is available in English and Spanish. Additionally, Open Adoption and Family Services provides all options counseling for free on their 24/7 toll-free phone line: 1-800-772-1115.

B. Scope of Services at RHCare Clinics

RHCare clinics are contracted to provide a wide scope of reproductive health services to all RHCare clients. In RHCare clinics, all clients, regardless of their citizenship / immigration status, residency, or ability to pay must be offered the same core set of client-centered preventive reproductive health services, including:

- A broad range of contraceptives, including device insertion and removals;
- Pain management for device insertions or removals;
- Pregnancy testing and counseling on all pregnancy options, including parenting, abortion, and adoption;
- Counseling and education to assist with achieving or preventing pregnancy;
- Basic infertility;

- STI screening and follow-up treatment/rescreening;
- Well visits that include contraceptive management (i.e., a conversation about achieving or preventing pregnancy)
- Preconception health; and
- Breast and cervical cancer screening, performed during visit that includes contraceptive management (i.e., a conversation about preventing or achieving pregnancy); and
- Counseling and education on:
  - Contraception;
  - Sterilization, including vasectomy and tubal ligation;
  - Infertility;
  - Preconception;
  - STI risk reduction;
  - Adult engagement;
  - Relationship safety; and
  - Pregnancy options, including parenting, abortion, and adoption.

For the full list of services that must be provided at RHCare clinics see Appendix A. RHCare Scope of Services, of the RHCare Certification Requirements.

Clinical Practice Standards

Services provided at RHCare clinics must follow national standards of care as outlined in the RHCare Clinical Practice Standards (CPS's). The CPS's ensure that all clients receive the same quality and scope of services, no matter which provider they see in the clinic.

The way we ensure that RHCare clinics are following the CPS's is by requiring RHCare clinics' Health Officer, Medical Director, or their medical designee (see Glossary for definition) to review the CPS's and attest that the RHCare clinics will follow them in all RHCare visits on the RHCare CPS Attestation Form.

Clinics may choose to follow a different national standard than what is used in the version hosted on the RHCare CPS webpage. If this happens, they must modify the CPS and submit it to the RH Program for approval through the RHCare CPS Attestation Form.

When the person who originally attested to following the CPS's changes, the new Health Officer, Medical Director, or medical designee must submit a new RHCare CPS Attestation Form within three months or by the clinic's next scheduled site visit, whichever comes first.

Finally, when the RHCare CPS's are updated to align with changing national standards of care, RHCare clinics must update their corresponding CPS and submit a new RHCare CPS Attestation Form within three months or by the clinic's next scheduled site visit, whichever comes first.

C. Scope of Services at CCare Clinics

CCare clinics are only required to provide (and will only receive reimbursement for) services related to preventing pregnancy to enrollees who meet the CCare eligibility requirements. These services include:

- A broad range of contraceptives, including device insertion and removals;
- Pain management for device insertions or removals;
- Counseling and education to assist with preventing pregnancy;
- Well visits that include contraceptive management (i.e., a conversation about preventing pregnancy)
- STI screening, within the context of a well visit or contraceptive management visit;
- STI treatment and rescreening when STI screen occurred during a contraceptive management visit, or well visit that included contraceptive management; and
- Breast and cervical cancer screening, performed during visit with a family planning component (i.e., a conversation about preventing pregnancy)

For the full list of services that must be provided at CCare clinics see Appendix A. CCare Scope of Services, of the CCare Certification Requirements.

D. Scope of Services at AbortionCare Clinics

AbortionCare clinics are only required to provide (and will only receive reimbursement for) services related to abortion to enrollees who meet the RHEA eligibility requirements. These services include:

- Pregnancy evaluation visits;
- Medication abortions and medication management of pregnancy loss;

- Surgical abortion and procedural management of pregnancy loss;
- A broad range of contraceptives, including device insertion and removals;
- Counseling and education on contraceptives, STI risk reduction, and consent and health relationships.

For the full list of services that must be provided at AbortionCare clinics see Section D.2 of the AbortionCare Certification Requirements.

E. Supplies

One of the hallmarks of RHCare, CCare, AbortionCare is that clients are able to get their first choice of contraceptive method at the time of their appointment unless there are specific contraindications. Therefore, all clinics are required to dispense a broad range of contraceptives, unless they have an approved Clinic Exception Form. In RHCare clinics, this includes clients who are not enrolled in the RH Access Fund.

A broad range of contraceptives includes:

Available onsite	Offer* (must be available at clinic within 7 business days)	Refer for:
IUD and IUS	Internal condoms	Sterilization, both tubal and vasectomy
Subdermal implant	Either diaphragm or cervical cap	-
Hormonal injection	Ring, if not available onsite	-
Combination oral contraceptives	Patch, if not available onsite	-
Progestin-only pill	-	-
At least one non-oral combination contraception (ring or patch)	-	-
Vaginal pH modulators	-	-
Fertility Awareness Method (FAM)	-	-

Section 3: Services & Supplies

Available onsite	Offer* (must be available at clinic within 7 business days)	Refer for:
Information about abstinence and withdrawal	-	-
Emergency contraception (Ella and Plan B)	-	-
Latex and non-latex external condoms	-	-
Spermicide	-	-
Emergency contraception (Ella and Plan B)	-	-

* Some methods may not be requested often enough for a clinic to remain stocked all the time. For these methods, the clinic must be able to have them on site within 7 business days.

Purchasing Supplies

These vendors and distributors carry many of the required contraceptive methods: Where to Purchase Contraceptive Methods.

Purchasing under the 340B Program

Clinics that are eligible must register and maintain 340B and Apexus Prime Vendor verification. 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.

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

Neither CCare nor AbortionCare clinics qualify for 340B pricing unless they qualify under the Federally Qualified Health Center (FQHC) and/or Section 318 STD Program 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 or staff may call 1-888-340-2787 for help.

Mailing Supplies

Clinics may offer clients the option of receiving their contraceptive method by mail. This option must be up to the discretion of the client and it may not be their only option for getting their method. Additionally, the client may not be charged for using this option.

If a client chooses this option, their method must be packaged and mailed in a way that ensures its integrity and confidentiality.

F. Exceptions

We understand that sometimes some access is better than no access. Therefore, RHCare, CCare, and AbortionCare clinics may seek exceptions to the requirements that they provide the full scope of services and/or the full range of contraceptive methods. However, clinics seeking these exceptions must still meet a few minimum criteria. For example, clients must also be offered a referral for the services or contraceptive method(s) they are unable to get at that clinic. For more information on the Exceptions, see the Appendix C. of the RHCare Certification Requirements, Appendix B. of the CCare Certification Requirements, and Appendix B. of the AbortionCare Certification Requirements.

G. Vasectomy Services

The RH Access Fund also covers vasectomy services! Because the RH Access Fund uses federal funds, vasectomy services paid for by the RH Access Fund (or OHP) must comply with federal regulations, including the rule that enrollees/clients must be at least 21 years of age by the date of the procedure.

Vasectomy Counseling and Informed Consent

Enrollees seeking vasectomies must first receive a sterilization counseling visit. The purpose of the counseling visit is to ensure that the enrollee's decision to

undergo sterilization is completely voluntary and made with full knowledge of the permanence, risks, and benefits associated with vasectomies.

If, at the end of the visit, the enrollee wishes to pursue the vasectomy, they must review and sign the HHS Consent for Sterilization Form (English and Spanish). Federal regulations require that the procedure be provided at least 30 days after the day the client signs the consent form and no more than 180 days after the signature date.

Federal regulations also require that all boxes on the consent form be checked and all blank lines be filled-in for the form to be considered complete and compliant. A doctor or clinic must be named in the client's portion of the form and the name of the provider who performed the vasectomy must be entered into the "Physician's Signature" on the bottom of the form.

Note: If the original vasectomy provider listed on the consent form is unable to perform the vasectomy, the performing provider and the client should complete a new consent form on the day of the vasectomy and attach it to the original. (In this event, it is not required to wait an additional 30 days before the procedure is provided).

Procedure and Follow-Up

During the medical visit, the client should be instructed on the process for collection and submission of a semen sample for the post-procedure semen analysis.

In the rare event a post-vasectomy visit is required to follow-up on a potential medical complication; the agency may bill the RH Access Fund for a contraceptive management office visit. However, treatments for medical complications are not covered by the RH Access Fund.

CCare Clinics: CCare clinics may be reimbursed for vasectomy services provided to clients with ANY citizenship or immigration status, including those with Another Status by following the billing instructions in Section 4.

Contracting with a Local Vasectomy Provider

Agencies that do not provide vasectomies on-site may contract with an external vasectomy provider.

Externally contracted vasectomy provider must agree, in their contract, not to charge the client any additional fees, including no-show fees, lab fees for the follow-up semen analysis, or fees for a post-procedure follow-up visit. Vasectomy

reimbursement rates agreed to in the contract should be considered global payments for the provision of the vasectomy and all routine follow-up.

For more information, please see Contracting with an External Vasectomy Provider.

Section 4: Billing & Data

A. Billing & Clients

Providing trauma-informed, client-centered care includes being transparent with clients about what they may be expected to pay before they receive services. Therefore, clinic staff are required to explain to clients, prior to their visit, what they can get for free under the RH Access Fund, and what payment options are available for services that are not covered.

If a client is enrolled in the RH Access Fund, they may not be charged for services or supplies that are covered by the RH Access Fund and clinics must accept the RH Access Fund payment as payment in full. Additionally, clinics may not request a deposit from the client prior to providing services.

If the claim is not paid by the RH Access Fund due to clinic error (e.g., if the client left the clinic without signing the Enrollment Form), the clinic may not bill the client for services rendered that day.

RHCare Clinics: Clients may not be sent to collections agencies.

B. Clinic Visit Record (CVR) – for RHCare and CCare clinics

RHCare Clinics

Regardless of the client's payer source RHCare clinics are required to submit CVRs for:

- All visits that have a primary diagnosis code of Z30, Z31, Z32, or T81-T86 contraceptive complications codes listed in the allowable list, and
- Well visits if the second diagnosis code is a Z30, Z31, or Z32 code.

The processes described in this section for submitting claims also apply for submitting data.

The way clinics bill the RH Access Fund, and submit data, is by completing and submitting an Oregon Clinic Visit Record (CVR) to our data system vendor, Ahlers & Associates. See the CVR Manual for instructions on how to complete the CVR.

Clinics can submit CVRs in three ways:

1. Using software (WinCVR) 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 agencies 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 Access Fund Eligibility Database Instructions.

Ahlers processes CVRs once per month. 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 CVRs are processed only once per month). If CVR corrections or updates are needed, any CVRs that have already been processed may be corrected and resubmitted within 18 months of the date of service.

CVR Processing & Revisions

CVRs submitted for clients enrolled in the RH Access Fund (i.e., enrollees) are treated as claims; whereas CVRs submitted for clients not enrolled in RH Access Fund are treated as data. During the monthly CVR processing cycle, Ahlers checks all CVRs for errors or missing information, and CVRs with errors are rejected.

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

Other common errors that result in rejected CVRs include: the client was not eligible on the claim's 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 allowable diagnosis codes.

A full list of CVR Rejection / Error Messages can be found on our website. Rejected CVRs can be corrected and resubmitted as long as they are within the 12-month timely filing deadline.

In addition to correcting errors, there are other reasons to revise and resubmit CVRs. For example, when a clinic receives reimbursement from an enrollee's private insurance after the visit was billed to the RH Access Fund, the CVR should be updated with that information and resubmitted. The amount paid by the enrollee's insurance should be entered into Box 17A-Other Insurance Paid. Then, when the CVR is Oregon Clinic Visit Record (CVR) to our data system vendor, Ahlers & Associates. See the CVR Manual for instructions on how to complete the CVR.

Alternatively, if the private insurance paid more than the RH Access Fund reimbursement rates, the Source of Pay can be changed to 4-Private Insurance. Then, when the CVR is resubmitted, the previous reimbursement from the RH Access Fund will be deducted from the next month's payment.

Similarly, if a service or supply was inadvertently not included on the CVR, that item can be added to the CVR and resubmitted and the additional reimbursement will be included in the next month's payment.

RHCare Clinics: Data Submission

As stated above, regardless of the client's payer source RHCare clinics are required to submit CVRs for:

- All visits that have a primary diagnosis code of Z30, Z31, Z32, or T81-T86 contraceptive complications codes listed in the allowable list and
- Well visits if the second diagnosis code is a Z30, Z31, or Z32 code.

This means completing all the same fields on the CVR as you would for a claim, except the Billing Information section.

See our Why Submit Data resource.

Section 4: Billing & Data

The CVR data submitted by RHCare clinics are used in several ways, including:

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

C. Billing the RH Access Fund

The RH Access Fund is made up of three different funding sources, each of which has different requirements for client eligibility and for which services can be covered.

Table 1. Client Eligibility for Coverage by Funding Source

Category	Title X	CCare	RHEA
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	Must have Another Status

Table 2. Covered Services by Funding Source

Title X	Services related to achieving or preventing pregnancy (i.e. family planning) and related preventive health services, including STI screening, treatment and rescreening and repeat
CCare	Contraceptive services related to preventing pregnancy
RHEA	Broad scope of preventive reproductive health services

Because of the complexity of the different coverage requirements, the CVR processing system uses algorithms to determine the appropriate funding source.

These algorithms use information from the Eligibility Database (e.g., citizenship/immigration status, Oregon residence) as well as information on the CVR (e.g., diagnosis codes).

Claims are determined to be payable based on:

- The enrollee's record in the Eligibility Database, including coverage dates and the information outlined in Table 1 above;
- The clinic's status (RHCare, CCare, or AbortionCare); and
- The primary diagnosis code listed on the CVR:
  - RHCare clinics must use a primary diagnosis code on the Allowable ICD-10 codes for RHCare Clinics
  - CCare clinics must use a primary diagnosis code on the Allowable ICD-10 codes for CCare Clinics.
  - AbortionCare clinics do not use ICD-10 codes. Instead, claims are payable based on type of visit and services selected on the CVR.

Visit Reimbursement Rates – for RHCare and CCare clinics

The RH Access Fund reimburses using three bundled visit rates (low, moderate, and high) to reflect the variety of services enrollees may access. The bundled rates are the same for in-person, audio/telephone-only, and video visits. Each bundled visit rate includes:

- Weighted averages of the office visits, procedures, and laboratory tests available under RHCare and CCare,
- Reimbursement for all laboratory tests (except Chlamydia/Gonorrhea tests), and
- An administration fee.

Items that are reimbursed outside of the bundled rates include:

- Chlamydia/Gonorrhea tests are reimbursed whenever Medical Service 29-Chlamydia Test is marked on the CVR,
- Language Assistance services are reimbursed whenever Medical Service 45-Language Assistance is marked on the CVR,
- Pain management services are reimbursed whenever Medical Services 05-Nitrous Oxide, 07-Moderate Sedation, or 08-Deep Sedation are marked on the CVR,

- All drugs and supplies (contraceptives, folic acid supplements, and STI treatment medications) as marked on the CVR, and
- A dispensing fee (described further below).

More information about the services, labs, etc. that are included in the reimbursement rates can be found in our Reimbursement Rate Components.

Additionally, our Reimbursement Rates Chart has descriptions and examples of visits that should typically be billed under each of the three bundled rates.

Visit Reimbursement Rates – for AbortionCare clinics

Each abortion visit (e.g. Pre-abortion, Medication, Surgical abortion, post-abortion, 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
- An administration fee.

Ultrasounds, sedation, supplies, and other medical services (e.g. insertion of cervical dilator, GC/CT test, etc.) are reimbursed separately as indicated on the CVR.

For more information about the services included in the reimbursement rates email rh.program@oha.oregon.gov.

Laboratory Services

As described above, the bundled reimbursement rates include reimbursement for laboratory tests. Unlike insurance companies, the RH Program does not contract with or reimburse labs directly. Instead, the RH Access Fund reimburses RHCare and CCare clinics, and the clinics reimburse the labs they work with.

Supply Reimbursement Rates

The RH Access Fund will reimburse for up to one year of contraceptive supplies per visit. All supplies are reimbursed at acquisition cost. Acquisition cost is defined as the unit price, and does not include sorting, packaging, labeling, or other charges incurred within clinic processes.

To offset those costs, a dispensing fee of $10.00 is automatically added to the reimbursement rate when a CVR includes supplies that require packaging and

labeling. Specifically, a dispensing fee will be automatically included in the reimbursement when at least one of the following supplies is included on the CVR in any quantity:

- Oral contraceptives
- Contraceptive patch
- Contraceptive ring
- Emergency contraception
- Diaphragm
- Cervical cap
- Folic acid
- Any STI treatment medication

Clinics can also bill for supply-only visits when enrollees need 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). The dispensing fee will be included in the reimbursement for supply-only visits if the supply meets the dispensing fee criteria. See CVR Minimum Requirements for Supply-only Visit.

Additionally, the RH Access Fund may be billed when an enrollee is prescribed a second method to manage the side effects of their primary method.

Our Supply Reimbursement Rate Chart is updated as needed and indicates the maximum dollar amount the RH Access Fund 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 at or below the 340B Ceiling Price.

D. Billing Insurance & Exceptions

Federal law requires that all reasonable efforts be taken to ensure that the RH Access Fund is the payer of last resort.

There are three exceptions to this requirement:

1. Enrollee requests confidentiality: If an enrollee indicates on their Enrollment Form that they do not want their insurance to be billed for confidentiality purposes, clinic staff do not need to collect the enrollee's insurance

information and they should use Explanation Code "NC" (Not Covered) in box 17A of the CVR.

2. Kaiser: There is no mechanism for RHCare or CCare clinics to bill Kaiser, therefore if an enrollee reports having Kaiser Permanente health insurance, note that the enrollee has Kaiser in the enrollee's health record and use Explanation Code "NC" (Not Covered) in box 17A of the CVR.

   However, there is a health insurance plan that Kaiser sponsors for its employees called Added Choice. Added Choice allows their patients to seek care from providers outside of the Kaiser network. This plan can be billed for services covered by the RH Access Fund. Front desk staff should inquire if an enrollee 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 and use the RH Access Fund as a secondary insurance payment source just like when an enrollee has any other type of insurance coverage.

3. Medicare: Medicare will not reimburse visits with a Z30 family planning diagnosis code. Therefore, if an enrollee has Medicare, make sure to write this somewhere in the enrollee's health record and use Explanation Code "NC" (Not Covered) in box 17A of the CVR.

If none of the above exceptions apply, and an enrollee indicates on the Enrollment Form that they have private insurance, clinic staff should:

1. Bill the enrollee's insurance for their visit and supplies, if any; and
2. Complete Box 17A on the CVR with either:
   - the amount insurance paid (i.e. Other Insurance Paid), which will be deducted from the RH Access Fund reimbursement, or
   - an Explanation Code to indicate why insurance didn't pay or wasn't billed. The list of valid Explanation Codes can be found in the CVR Manual.

If an enrollee's health insurance plan consistently denies claims and clinic staff have documented the denials in the client's chart, staff may bill the RH Access Fund directly without billing the insurance. CVRs should include the Explanation Code "NC" in these instances.

If the enrollee 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 enrollee to obtain the insurance information and document the attempt(s).

When an enrollee's health insurance plan denies a previously paid claim that is beyond the RHAF timely filing deadline (12 months for new claims, 18 months for corrections), RHAF can perform an offline adjustment to ensure that you receive reimbursement. Contact RH.Billing@oha.oregon.gov for more information.

E. Billing for Vasectomy Services

Up to three separate CVRs may be submitted for vasectomy services provided to a single client:

1. Counsel visit
2. Procedure visit
3. Referral fee (if applicable)

The Assigned Source of Payment (Section 9. On the CVR) is determined by the client's citizenship or immigration status:

Table 1. CVR Assigned Source of Pay by Enrollee's Citizenship or Immigration Status

Service type	U.S. Citizenship or U.S. National Status or Eligible Immigration Status	Another Status or Unknown
Counsel	12-RH Access Fund	11-OVP
Procedure	12-RH Access Fund	11-OVP
Referral fee*	11-OVP	11-OVP

*Please note that box 11-OVP in Section 9. Assigned Source of Payment should be used when billing the referral fee regardless of what citizenship or immigration status the client indicated.

Referral Fee

Agencies that are contracted with an external provider to provide vasectomy services to their clients may receive a $50 Vasectomy Referral Fee for the administrative work related to facilitating the relationship. To be eligible for the fee, the full reimbursement rates for both the counseling visit (if applicable) and the vasectomy procedure must be passed on to the contracted provider who performed the service(s).

Balance Billing for Clients with OHP

While clients with OHP may not enroll in the RH Access Fund, RHCare and CCare clinics may balance bill the RH Access Fund (or, more specifically, OVP) for vasectomy services provided to OHP clients. After billing and receiving payment from OHP, clinics would do the following on a CVR to balance bill:

- Check box 11-OVP in Section 9. Assigned Source of Payment for the counsel, procedure, and/or referral fee.
- Enter the amount received from OHP in Section 17A. Third Party Resource Codes
- Complete the rest of the CVR as a normal counsel or procedure.

F. 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 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 RH Access Fund, including which fund source was used for RHCare and CCare clinics. At AbortionCare clinics, the fund source will always be RHEA.

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.

G. Questions about Billing the RH Access Fund

For questions about billing the RH Access Fund, email rh.billing@oha.oregon.gov.

H. Billing OHP for Reproductive Health Services

This sub-section provides specific information on full-benefit OHP reproductive health benefits and billing procedures for clients eligible for the Oregon Health Plan (OHP), which is administered through the Health Systems Division (HSD) within OHA.

Section 4: Billing & Data

OHP Eligibility for Reproductive Health Services

- OHP clients may seek reproductive health services from any reproductive health 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 reproductive health services.
- Providers should verify a client's OHP enrollment and coverage before submitting reproductive health claims. Go to https://www.or-medicaid.gov (MMIS Provider Portal) 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 Reproductive Health Services

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

- Annual exams
- Contraceptive education and counseling
- Laboratory tests
- 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 Reproductive Health Visits

Reimbursement for reproductive health services is paid either by the client's CCO or by OHP Open Card, per the following:

- If the provider is contracted with the client's CCO for reproductive health services, the provider must bill the CCO unless the client requested confidentiality (see below).
- If the provider is an enrolled OHP provider but is not contracted with the client's CCO for reproductive health services, the provider may bill OHP Open Card directly. When submitting the claim to OHP, be sure to:

- Enter "Y" in the reproductive health box (24H) on the CMS-1500 claim form.
- Add the -FP modifier after all CPT and HCPCS codes.

Billing OHP for Confidentiality
(i.e., preventing explanation of benefits (EOBs) from being sent to the policy holder)

- If the client only has OHP, bill OHP Open Card. OHP does not send EOBs for Open Card claims.
- If the client has OHP and private insurance:

  Mark "NC, Confidential" in box 9 on the CMS- 1500 claim form. Then, submit the claim directly to:

  - OHA.FFSOHPClaims@odhsoha.oregon.gov, or
  - 500 summer St NE E44 Salem, OR 97301, Attn: confidential claims.

Billing for Lab Services

- Only the provider who performs the test(s) may bill OHP.
- 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 Medical Assistance Programs OARs (OAR 410-120)
- OHA OHP Medical-Surgical Services OARs (OAR 410-130)
- Guidance on use of ICD, CPT, HCPCS, and FP modifier codes:
  - OARS 410-130-0585 for general reproductive health/family planning service providers;
  - OARS 410-130-0680 for laboratory and radiology services;
  - OARS 410-130-0587 for enrolled reproductive health/family planning clinics only.
  - NEMT
- OHP Program
  - 1-800-527-5772
  - http://www.oregon.gov/OHA/healthplan

Section 4: Billing & Data

Table 2. OHP Provider Resources

Program	Phone/E-mail	Web site
OHP Eligibility Verification: check patient eligibility, TPR, benefit packages, managed care	1-866-692-3864	https://www.oregon.gov/oha/HSD/OHP/Pages/Eligibility-Verification.aspx
OHP Automated Voice Response (AVR) User Guide	1-866-692-3864	https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3162.pdf
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 OHP.providerservices@state.or.us	https://www.oregon.gov/oha/HSD/OHP/Pages/Providers.aspx
OHP Provider Enrollment	1-800-422-5047 provider.enrollment@state.or.us	https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx
OHP Provider Contact List Common phone numbers, email addresses, and websites for providers and OHP members	-	https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he3046.pdf
OHP Policies, Rules & Guidelines	-	https://www.oregon.gov/oha/HSD/OHP/Pages/Policies.aspx

Section 4: Billing & Data

Table 3. OHP Client Resources

Program	Phone/E-mail	Web site
OHP Application Center New client application and other information	1-800-359-9517	http://www.oregon.gov/oha/healthplan/pages/apply.aspx
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)	https://www.oregon.gov/oha/HSD/OHP/Pages/OHP-Contacts.aspx
OHP Client Handbook	-	https://apps.state.or.us/Forms/Served/he9035.pdf

Section 5: 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

Abortion Services: services provided in an outpatient setting to end a pregnancy so that it does not result in a live birth. Services include medication and therapeutic abortion procedures. Contraceptive drugs, devices, and supplies related to follow-up care are also included.

AbortionCare clinic: a clinic operated by an agency certified with the Oregon RH Program to receive reimbursement for abortion services provided to enrollees who meet RHEA eligibility criteria.

ACA: Affordable Care Act ("Obamacare")

Acquisition Cost: the amount or unit cost of the drugs, devices, or supplies the agency actually pays to the pharmaceutical manufacturer, supplier or distributor after applying any discounts, promotions or other reductions. Shipping and handling may be included in the acquisition cost only if supported by an invoice.

Another Status: An immigration status that would have made an individual ineligible for full OHP until Oregon expanded eligibility (e.g. DACA, undocumented).

BOP: Board of Pharmacy

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.

CCare clinic: a clinic operated by an agency certified with the Oregon RH Program to receive reimbursement for CCare services provided to enrollees who meet CCare eligibility criteria.

CCO: Coordinated Care Organization

CLIA: Clinical Laboratory Improvement Amendments

Client: any person who is eligible RHAF, regardless of enrollment status, and is seeking reproductive health, family planning, or abortion services at a RHCare, CCare, or AbortionCare clinic.

CMS: Centers for Medicare and Medicaid Services

CPT: Current Procedural Terminology

Glossary

CT/GC: Chlamydia/gonorrhea Test

Culturally Responsive Care: understanding the importance of culture and adapting care strategies when providing resources, education, and services.

CVR: Clinic Visit Record

ODHS: 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.

Eligibility Database: Web-based database that coordinates client enrollment into the RH Access Fund and contains eligibility information for all enrollees.

Enrollee: a client who has completed the RH Access Fund Enrollment Form and been enrolled in the RH Access Fund.

Enrollment Form: Form clients complete to enroll in the RH Access Fund, which includes CCare.

EC: Emergency Contraception

EHR: Electronic Health Record

EOB: Explanation of Benefits

FAM: Fertility Awareness Method

Family Planning (FP) Services: 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, 10th Edition, Clinical Modification

Glossary

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

LARC: Long Acting Reversible Contraceptive

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer

LPHA: Local Public Health Authority

Medical Designee: a clinician with reproductive health expertise and prescribing and medical decision-making authority. They must also be familiar with the RHCare Certification Requirements and the agency's staffing and clinical practices.

Minor: anyone under the age of 18, per ORS 419.550.

MMIS: Medicaid Management Information System

MSA: Medical Services Agreement

Nationally-Recognized Standards of Care: diagnostic, screening, or treatment process recognized by a national organization, including but not limited to the American Cancer Society (ACS), American College of Obstetrics and Gynecologists (ACOG), U.S. Preventative Services Task Force (USPSTF), or the U.S. Medical Eligibility Criteria (USMEC).

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

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

Glossary

QA: Quality Assurance

QI: Quality Improvement

RA: Remittance Advice

Reasonable Opportunity Period: 90-day period during which individuals who declare U.S. Citizenship may receive services under CCare while documentation of such status is gathered and verified, under section 1903(x) of the Social Security Act.

Reproductive Health Services: preventive services, including family planning, and related drugs, devices, and supplies, to support the healthy reproductive processes, functions and system.

RH: Reproductive Health

RHAF: RH Access Fund

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

RHCare clinic: a clinic operated by an agency certified with the Oregon RH Program to provider reproductive health services to all clients and to receive reimbursement for covered reproductive health services provided to enrollees.

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 GF: Oregon Reproductive Health General Funds, one of the Oregon RH Program's funding sources. It provides coverage for preventive reproductive health and related services for individuals eligible for RHAF, regardless of enrollment status.

RH PAC: Reproductive Health Program Advisory Committee

RHC: Rural Health Center

Reproductive Health Coordinator (RHC): an agency staff person assigned to ensure compliance at all clinic sites within each agency and to be the primary liaison between state RH Program staff and the agency.

SBHC: School-Based Health Center

Glossary

SDoH: Social Determinants of Health

SSA: Social Security Administration

SOP: Source of Pay

STI: Sexually Transmitted Infection

TA: Technical Assistance

Telehealth: the provision of healthcare remotely by means of telecommunications technology.

TIC: Trauma Informed Care

Title X: Title X of the Public Health Service Act, Section 1001 (42 U.S.C. § 300), which is a federal grant administered by the Department of Health and Human Services, Office of Population Affairs intended to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients.

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