RHCare
Reproductive Health Care

Companion Document for
RHCare Certification Requirements

June 2025

Oregon Health Authority

Companion Document for
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Companion Document for RHCare Certification Requirements

This document is meant to be used together with the RHCare Certification Requirements. It includes strategies and resources to assist your clinic in meeting the requirements. This is not a comprehensive guide, nor does it address each requirement. Further, it is not a prescribed checklist of items or ideas, rather this document is intended to help support your efforts. The strategies in this document are not required.

Section A: Facility, Operations & Staffing

A.1 Clinic Space

- Arrange the waiting room to provide multiple waiting spaces.

- Arrange furniture such as tables, chairs, vending machines, and display racks so that wheelchairs, and people in other assistive devices can maneuver around them easily.

- Ensure signs use high-contrast colors, sans-serif fonts, pictograms, and braille if possible.

- Provide comfortable seating.

- Paint the walls a cheerful color.

- Display images of people who reflect the various identities of your clinic's client population (e.g. race, ethnicity, gender identity, sexual orientation, body sizes, abilities/disabilities).

- Display non-discrimination messaging that equal care will be provided no matter a person's ability/disability, race/ethnicity, sexual orientation, gender identity, religion, or income.

- Label the bathrooms gender neutral, or otherwise specifically state that clients may choose the women's or men's rooms according to their own preference.

- Provide ADA training for all clinic staff; assess clinic facility and services for ADA compliance; ensure physical access to medical care for people with mobility disabilities; and ensure effective communication for people who are deaf or have hearing loss.

Resource(s):

California HealthCare Foundation, Improving the Patient Experience: Best Practices for Safety-Net Clinic Redesign: https://www.chcf.org/wp-content/uploads/2017/12/PDF-SafetyNetDesign.pdf

National LGBTQIA+ Health Education Center, Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People (2021): https://www.lgbtqiahealtheducation.org/publication/ten-strategies-for-creating-inclusive-health-care-environments-for-lgbtqia-people-2021/

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ADA Checklist for Existing Facilities: https://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf

Health Care and the Americans with Disabilities Act: https://adata.org/factsheet/health-care-and-ada

Recommendations for Trauma-Informed Design: https://healingattention.org/wp-content/uploads/Trauma-Informed-Design-Summary.pdf

A.2 Infection Control

♦ Ensure that written policies and procedures for Infection Control include all Standard Precautions elements.

♦ Use the CDC's Infection Prevention and Control Assessment Tool for Outpatient Settings to evaluate the clinic's infection control programs and practices and to guide quality improvement efforts.

♦ Maintain staff proficiency on infection control and prevention topics.

A.3 Laboratory

♦ Ensure that the clinic's laboratory maintains appropriate CLIA certification.

♦ Develop and maintain written procedures for all tests performed in waived or Provider-Performed Microscopy Procedures (PPMP) laboratories, as applicable.

♦ Have a laboratory manual available that demonstrates how the clinic's laboratory meets CLIA regulations.

♦ Ensure staff performing any laboratory tests are provided an orientation when hired, as well as ongoing competency assessments on laboratory policies and procedures, and additional training when laboratory tests are added or changed.

Resource(s):

Center for Disease Control and Prevention. 2015. Ready? Set? Test! Patient Testing is Important booklet: https://stacks.cdc.gov/view/cdc/35720

A.4 Pharmacy and Dispensing Medications and Contraceptive Methods

♦ Ensure licensed staff who dispense medication follow Oregon Board of Pharmacy rules on ordering, maintaining an inventory, controlling access, and storing medication and contraceptive devices.

♦ Have a written process for ordering, maintaining inventory (for separate stocks, if applicable), disposing, and dispensing of supplies.

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- Maintain an inventory log for each individual medication and for each dosage (if more than one dosage is stocked). Conduct a monthly inventory review.

- Take into account logistical and operational considerations before deciding to mail medications.

A.5 Emergencies

- Keep plans for medical emergencies available for staff to review.

- Ensure the plans meets applicable standards established by federal, state, and local governments (e.g., local fire, building, and licensing codes).

- Review the plans with staff covered under the plan on a routine basis (e.g., upon hire, when staff's responsibilities under the plan change, when the plan is changed).

- Conduct emergency drills routinely.

- Ensure that staff have Basic Life Support certification according to their clinic role or license.

- Provide staff training opportunities to use AED in medical emergency drills.

- Train staff to understand their role in an emergency or natural disaster and be able to identify emergency exit routes.

- Encourage outreach and possible co-training with a community fire department.

- Become familiar with OSHA standards for exit routes, emergency action plans and fire prevention plans.

A.6 Reproductive Health Coordinator

- Read the RHC Competencies to gain an understanding of the scope of the role.

- Choose a staff person to fill the Reproductive Health Coordinator (RHC) role who is in a position of oversight and has some level of authority over all of the clinics participating in RHCare.

- Develop relationships with front desk, billing, and clinical mangers to ensure that their staff stay up-to-date on program requirements.

- Incorporate RHCare updates into staff meetings.

- Schedule reminders for important deadlines, and other duties on the calendar.

♦ Reach out to other RHCare clinics to learn and share best practices around fulfilling RHC duties.

A.7 Staff Training Requirements

♦ Establish requirements and systems to ensure staff receive and complete the required trainings.

♦ Incorporate all required, including relevant RHCare, trainings into new staff orientation curriculum.

♦ Offer annual trainings and resources that maintain clinical knowledge and understanding of reproductive health care, including all FDA-approved contraceptive methods.

♦ Develop training logs to track staff participation.

   o Use the RHNTC's Training Tracker System to create customized lists of required trainings for staff and track the completion of the trainings.

♦ Training suggestions and tools to understand the requirements are on the RH Program's Training webpage.

♦ Ensure that all licensed health care professionals complete the required Cultural Competence Continuing Education (CCCE) determined by each health care professional board (HB 2011). OHA-approved training opportunities are updated regularly and meet RHCare training certification requirements.

A.8 Quality Assurance and Quality Improvement

♦ Maintain a written, comprehensive quality improvement plan to strengthen services on an ongoing basis.

♦ Use the Oregon Preventive Reproductive Health Advisory Council's (OPRHAC) Clinic Self-Assessment Tool to score individual clinics on various components of high-quality contraception services. The score can reveal areas for improvement, and its companion guide offers resources to help move identified goals forward. Areas identified for improvement should be documented, tracked, and evaluated.

♦ Use online/virtual platforms to gather client feedback/reviews.

♦ Conduct active evaluation activities such as a client satisfaction survey (paper or online), exit interviews, telephone audit, mobile survey, and focus groups. Resources include:

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- o National Family Planning and Reproductive Health Association's Assessing Patient Experience of Care Resource Guide: https://www.nationalfamilyplanning.org/file/Assessing-Patient-Experience-of-Care-03172022.pdf

- o RHNTC's, The Patient Experience Improvement Toolkit: https://rhntc.org/resources/patient-experience-improvement-toolkit

- o Agency for Healthcare Research and Quality, CAHPS – Surveys and Tools to Advance Patient-Centered Care: https://www.ahrq.gov/cahps/index.html

♦ Use your clinic's Clinic Visit Record (CVR) data to inform quality assurance and quality improvement efforts. This could include:

- o Use the Build-A-Report feature on the Ahlers website to see how many CVRs are being submitted for which clients, and which medical and counseling services are being recorded. Are any client populations or services missing entirely from the data? Do you see a different number of clients or services than you expect?

- o Compare recent CVR data to last year's data. Note any changes you see and whether they are close to what you would expect.

- o Reach out to the RH Program for help understanding or interpreting any data questions you have.

♦ Collect employee feedback through comment boxes and surveys for employee satisfaction, management/leadership effectiveness, and working environment.

♦ Use survey findings and resulting actions to:

- o Congratulate staff on their efforts

- o Communicate with clients that clinic staff care about their needs and preferences by posting information in waiting areas about current improvement projects

- o Share with board members/county commissioners, Coordinated Care Organizations (CCOs), and/or accreditation organizations

- o Establish procedures for ongoing quality improvement based on the information collected. After conducting the evaluation (active or passive), involve clinic staff in reflection on the results. Encourage a culture of problem solving to improve care by actively involving clinic staff in the process.

Resource(s):

Providing Quality Family Planning Services (QFP), Recommendations of CDC and U.S. Office of Population Affairs, 2014: http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf (page 21, Conducting Quality Improvement)

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Institute for Health Care Improvement. How to improve. Cambridge, MA: Institute for Health Care Improvement; 2014: https://www.ihi.org/resources/how-improve-model-improvement

Section B: Equitable Access

B.1 Access to Care

♦ Research and adopt best practices related to improving health care access, including clinic reorganization (e.g., processes/workflows for appointment-making, hours of operation, etc.) and client support (e.g., transportation assistance, online access to patient portals, etc.).

♦ Bookmark the RH Program's Find a Clinic webpage: healthoregon.org/rhclinics.

♦ Hire dedicated outreach and enrollment assistance staff to engage uninsured individuals and assist them with enrolling in health care coverage.

Resource(s):

Toscos, Tammy et al. "Identifying Successful Practices to Overcome Access to Care Challenges in Community Health Centers: A "Positive Deviance" Approach." Health Services Research and Managerial Epidemiology, Vol. 5: 8 Mar. 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5846905/

IOM (Institute of Medicine). 2015. Transforming health care scheduling and access: Getting to now. Washington, DC: The National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK316132/

B.2 Cultural Responsiveness

♦ Conduct an assessment of the cultural responsiveness of the clinic space, staff, client services, etc. Use the results to develop an action plan to improve weaknesses. Work with an outside contractor with expertise in this area to assist with the assessment. Assessment examples and resources include:

    ○ RHNTC's Cultural Competency in Family Planning Care eLearning (links to multiple assessment tools)

    ○ Cultural and Linguistic Competence Policy Assessment

    ○ Tool for Organizational Self-Assessment Related to Racial Equity

♦ Ensure all clinic staff are aware of the agency's written, ongoing, comprehensive strategy to provide equitable, trauma-informed, culturally-responsive services and follow the plan.

♦ Ensure clinicians are aware of how to perform a trauma-informed pelvic exam.

♦ Prioritize the recruitment and hiring of staff who reflect the clinic's client populations and possess skills to effectively interact with the diversity of the clients you serve.

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- ♦ Incorporate cultural responsiveness into staff evaluations.

- ♦ Engage all staff, including managers, in staff dialogue sessions about topics, including, but not limited to:

  - o LGBTQAI+ cultural responsiveness,
  - o Trauma-informed care,
  - o Working with youth
  - o Racism,
  - o Implicit bias,
  - o Cultural humility, and
  - o Historical and systemic oppression.

- ♦ Encourage staff to volunteer in the community and to learn about community members and other cultures during work time.

Resource(s):

Advancing Health Equity through Local Health Departments, HealthEquityGuide.org: Strategic Practices

Racial Equity Tools: https://www.racialequitytools.org/

Project Implicit: https://www.projectimplicit.net/

Sexual and Reproductive Health Care and Best Practices for Adolescents and Adults: https://www1.nyc.gov/assets/doh/downloads/pdf/ms/srh-clinical-guide.pdf

Gay Lesbian Bisexual and Transgender Health Access Project, Community Standards for the Provision of Quality Health Care Services to Lesbian, Gay, Bisexual, and Transgender Clients: http://www.glbthealth.org/CommunityStandardsofPractice.htm

Trauma Informed Oregon, Standards of Practice for Trauma Informed Care: https://traumainformedoregon.org/standards-practice-trauma-informed-care/

Adolescent Health Initiative: https://www.michiganmedicine.org/community/community-health-services/adolescent-health/resources-topic/youth-friendly-care

Reproductive Health National Training Center: Support LGBTQ+ Clients with Affirming Language Job Aid: https://rhntc.org/resources/support-lgbtq-clients-affirming-language-job-aid

Trauma Informed Care in Practice: https://healthasahumanright.wordpress.com/2018/06/25/trauma-informed-care-in-practice/

Clinical Education Initiative. Prepared by Kyan Lynch, MD, MA. Transgender Inclusion Environmental Scan

Clinical Guide for Trauma-Informed Care: https://www.ctcsrh.org/wp-content/uploads/TIC_Clinical-Guide_Final_508Compliant.pdf

Trauma-Informed Care – Non-Clinical Staff Encounters: https://healthasahumanright.wordpress.com/2018/09/12/trauma-informed-care-non-clinical-staff-encounters/

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B.3 Linguistic Responsiveness

♦ Employ bilingual staff, personnel, or volunteers skilled or certified in the provision of medical and clinical interpretation that meets the needs of clients with who need language assistance or who otherwise need this level of assistance during all clinic encounters.

♦ Provide ongoing in-service trainings on ways to meet the unique needs of the community, including regular in-service sessions on how and when to access language services for individuals with limited English proficiency. Ensure that staff are fully aware of, and trained in, the use of language assistance services, policies, and procedures.

♦ Use culturally responsive language, including self-designated pronouns, to affirm clients' gender identity and expression. This applies to paper and electronic forms and medical records to the fullest extent possible.

♦ Incorporate the [National Culturally and Linguistically Appropriate Services (CLAS) Standards](#) into clinic operations.

♦ Practice ["universal precautions" for health literacy](#).

♦ Develop process for identifying language(s) a client speaks (e.g. language identification flash cards or ["I speak" cards](#)) and add this information to the client's health record.

♦ Develop a process for [evaluating the quality of translated materials](#).

Resource(s):

The Interagency Working Group on Limited English Proficiency: https://www.lep.gov/

Health Literacy Online: A Guide for Simplifying the User Experience: https://health.gov/healthliteracyonline/

Health Literate Care Model: https://health.gov/our-work/national-health-initiatives/health-literacy/health-literate-care-model/resources-implementation

B.4 Information & Education Committee (I&E Committee)

♦ Health education materials are any brochures, posters, videos, or other materials, printed or electronic, that your agency uses to help inform or educate clients about reproductive health. All health education materials must go through a review by the I&E committee.

♦ Use your agency's or RH Program's I&E Committee to review materials for content to ensure they are medically accurate, appropriate for the audience, and inclusive of the clients you serve.

♦ Track what materials have been reviewed by the I&E Committee. Use RHNTC's I&E Materials Inventory Log or create your own.

♦ For agencies with their own I&E Committee, refer to the RHNTC's I&E Materials Review Toolkit for more information on how to meet I&E requirements, create I&E policies and materials inventory log, conducting the review, and compliance.

B.5 Fiscal Requirements

♦ Ensure front desk and billing staff understand all RHCare fiscal requirements. Develop a policies and procedures manual for front desk staff to refer to easily when determining client eligibility and fee assessment, if appropriate.

♦ Perform a cost analysis on all reproductive health services offered in order to determine appropriate charges. The analysis should include personnel, facility, administrative, supplies, and overhead (e.g., all costs to the clinic related to providing reproductive health services) costs. Review and update the cost analysis on a regular basis.

♦ Contract with local Coordinated Care Organizations (CCOs) to maximize Medicaid billing and reimbursement capabilities.

♦ If located along state borders, enroll in the other state's Medicaid program to increase client access to providers in underserved areas of the state.

♦ Use the RHNTC's "Collecting Copays and Applying Sliding Fee Scales" job aid for front desk staff to better understand how to handle insurance billing within RHCare.

Section C: Clients' Rights & Safety

C.1 Confidentiality

♦ Arrange the clinic space, including the client waiting room, so that clients may seek private areas to complete paperwork or have conversations with clinic staff.
   o Use a white noise machine to mask noises in client areas.
   o Use coverings on doors or windows.
   o Use non-descript doors for exam rooms so clients have less information on what services others are seeking.

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> > o Use barriers to ensure paperwork or computer screens with PHI are out of public view.

♦ Provide ongoing staff training on [Health Insurance Portability and Accountability Act](#) (HIPAA) policies and regulations to ensure compliance with all aspects of service provision.

♦ Become familiar with the [Oregon Confidential Communications Request](#) law in order to assist clients who do not want billing communications to be sent to the policy holder.

♦ When serving minors, ensure all clinic staff are familiar with [minors' rights to access and consent to healthcare](#).

♦ Use the [RH Program's Sample Patient Bill of Rights](#).

C.2 Noncoercion

♦ Develop a Non-Coercive Services policy. A sample can be found in [RHNTC's Title X Policy Templates resource](#).

C.3 Informed Consent

♦ Adopt or adapt the RH Program's Consent for RH Services form (found on the [Sample Policies and Forms page)](#)to assure compliance with RHCare informed consent requirements.

♦ Incorporate informed consent requirements into new staff orientation.

♦ Become familiar with best practices related to obtaining informed consent for telehealth.

> o Agency for Healthcare Research and Quality, Easy-to-Understand Telehealth Informed Consent Form: https://www.ahrq.gov/health-literacy/improve/informed-consent/index.html

> o National Family Planning and Reproductive Health Association, Telehealth Services and Obtaining Consent: https://www.nationalfamilyplanning.org/file/Telehealth-services-and-consent-11132020.pdf?erid=2422660&trid=dfdce06c-d1e1-4f89-b46e-f8859a980b4f

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C.4 Mandatory Reporting

- ♦ Ensure staff are routinely trained on state and federal laws regarding mandatory reporting and ensure the training includes reporting obligations regarding sexual abuse.

- ♦ Require new employees to read the agency's mandatory reporting policy upon hire and encourage them to ask their supervisors for assistance with any questions that may arise.

- ♦ An agency may adopt the RH Program's sample [Mandatory Reporting policy](#).

Section D: Service Provision

D.1 Service Delivery

- ♦ Provide clinicians resources and/or opportunities for professional development in evidence-based, trauma-informed, inclusive, culturally-responsive, and client-driven care.
  - o Reproductive Health National Training Center, Telehealth Services: Taking an Inclusive, Equity-Driven, and Trauma-Informed Approach Job Aid: https://rhntc.org/resources/telehealth-services-taking-inclusive-equity-driven-and-trauma-informed-approach-job-aid
  - o Principles for providing quality counseling as outlined in the Office of Population Affairs in [Providing Quality Family Planning Services](#) (2024).
  - o Reproductive Health National Training Center, Introduction to the Quality Family Planning Recommendations eLearning: https://rhntc.org/resources/introduction-quality-family-planning-recommendations-elearning
  - o [Teach-Back Method](#): a practice based on the health literacy principles of plain language that confirms patient understanding and improves patient outcome. This method is also effective in ensuring the clinician can explain back to the patient what the clinician heard regarding the patient's preferences.
  - o [Shared decision-making model](#): a framework to improve the quality and outcomes of contraceptive counseling with a patient-centered approach.

- ♦ Ensure that clinicians and educators are knowledgeable and competent to provide [contraceptive counseling](#) for gender nonconforming, gender-diverse, and transgender clients.

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Resource(s):

Reproductive Health National Training Center: Gender Appropriate Language: Practical Skill Development Webinar: https://rhntc.org/resources/gender-appropriate-language-practical-skill-development-webinar

D.2 Clinical Practice Standards

♦ Incorporate into the onboarding process for new clinical staff an orientation of the RHCare's Clinical Practice Standards.

♦ Provide regular/ongoing training to clinical staff on the standards, procedures, and plans described in the Clinical Practice Standards. Develop a tracking mechanism to ensure all clinical staff have been trained in and are aware of changes to CPSs.

♦ Refer to the following resources to support clinical proficiency in the provision of reproductive health services:

   o U.S. Medical Eligibility Criteria for Contraceptive Use, Centers for Disease Control and Prevention, 2024

   o U.S. Selected Practice Recommendations for Contraceptive Use, Centers for Disease Control and Prevention, 2024

   o 2021 Sexually Transmitted Infection Treatment Guidelines, Centers for Disease Control and Prevention

   o Providing Quality Family Planning Services: Recommendations from the U.S. Office of Population Affairs, 2024

   o U.S. Preventive Services Task Force

   o American Society for Colposcopy and Cervical Pathology

   o American Cancer Society

D.3 Clinical Services

♦ Provide opportunities for clinical staff to gain and maintain expertise in the provision of reproductive health services. Encourage staff to engage in online learning, in-person trainings, and other platforms like podcasts. Useful resources include:

   o Innovating Education in Reproductive Health

   o Clinical Training Center for Sexual & Reproductive Health

♦ Identify client-support funds, resources, or other internal mechanisms to assist in the purchase and provision of high-cost contraceptive methods. Examples include:

   o The Bayer US Patient Assistance Fund

♦ Take advantage of technology to assist with appropriate decision making such as the ASCCP Management Guidelines app, and the CDC's Contraceptive app.

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♦ Allow new clinical staff to shadow staff with expertise in reproductive health services.

♦ Have staff shadow clients during visits to better understand the client's experience and perspective.

♦ Connect with staff from other RHCare clinics to share and learn best practices.

♦ Adopt innovative approaches to providing reproductive health services and contraceptive supplies to support client access, such as self-administered depo, mailing contraception, and/or and curbside contraception pick-up. Become familiar with state statutes and rules allowing for expanded access to contraception, including 12-month coverage and pharmacist prescribing.

D.4 Counseling and Education Services

♦ Support clinician proficiency with evidence-based, client-centered education and counseling services, including the methods and resources listed in D.1 above.

♦ Use open-ended questions so that clients can express preferences, needs, or concerns regarding their reproductive well-being.

♦ Counsel on the need for STI prevention in addition to decisions related to birth control choices.

♦ Screen clients regarding current and past relationship safety. Develop referral lists and partnerships with local and regional services. Staff should be aware of how to access local domestic and sexual violence providers as well as understand what services are provided. Resources include:

　　o CUES: An Evidence Based Intervention
　　o RHNTC's Moving Beyond Screening IPV: Understanding the CUES Intervention Webinar

♦ Support open communication with parent(s)/guardian(s) for all minors. Staff are encouraged to check in with youth about if and how they might like to include trusted adults in conversations about their reproductive plans. Staff will respect the decisions of a teen whether or not to do so.

Resource(s):

The Society for Adolescent Health and Medicine, 2014. Sexual and Reproductive Health Care: A Position Paper of the Society for Adolescent Health and Medicine: http://www.jahonline.org/article/S1054-139X%2814%2900052-4/fulltext#sec2.6

Advocates for Youth. Parent-Child Communication: Promoting Sexually Healthy Youth: https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/parent%20child%20communication%202010.pdf

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D.5 Referrals and Information Sharing

♦ Establish relationships with other providers in the community. Maintain collaborative agreements or memorandums of understanding (MOUs) with frequently used referral partners.

♦ Maintain an up-to-date list of key mental health, domestic violence, and substance use treatment providers in the community.

♦ Utilize 211 to identify resources related to housing, transportation, childcare, etc. for clients expressing need.

Resource(s):

Reproductive Health National Training Center, Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers: https://rhntc.org/resources/establishing-and-providing-effective-referrals-clients-toolkit-family-planning-providers

OregonHealthCare.gov, Find Local Help: https://healthcare.oregon.gov/Pages/find-help.aspx

D.6 Telehealth Services

♦ Become familiar with key principles related to the delivery of telehealth.

♦ Take advantage of the Northwest Regional Telehealth Resources Center.

Resource(s):

Reproductive Health National Training Center, Telehealth Etiquette for Family Planning Visits: https://rhntc.org/resources/telehealth-etiquette-family-planning-visits

Medicaid Principles on Telehealth, National Health Law Program: https://healthlaw.org/resource/medicaid-principles-on-telehealth/

Section E: Data Collection and Reporting

E.1 Collection and Submission of Clinic Visit Record (CVR) Data

♦ Familiarize yourself with the fields included in the CVR and what they mean:
   o Clinic Visit Record (CVR) form
   o CVR Manual

♦ Review the tools and resources related to data collection on the RH Program website: http://www.healthoregon.org/rhbilling, including:
   o CVR submission deadlines
   o CVR error messages
   o Instructions for accessing Ahlers monthly reports

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- Decide how you are going to collect CVR data. This could include:
  - Building or adapting a CVR form in your Electronic Health Record (EHR) system,
    - See the CVR file specifications for requirements
    - Talk to other RHCare Clinics using the same EHR system to check on their process
  - Using WINCVR software, or
  - Entering CVRs online through WebCVR.
- Create workflows for clinic staff. This could include:
  - Which staff will complete each portion of the CVR (client information and demographics, clinic services, and billing when applicable)?
  - Who will decide when a CVR is complete and can be submitted?
  - If submitting electronic CVR files, who will submit those files?
  - Who will review and correct CVR errors?
  - Who will review monthly data and billing reports to ensure all data is being submitted appropriately?

E.2 Other Data and Reporting Requirements

- Distribute requests for information to the appropriate staff upon receipt of the request, flagging the due date.
- Set up calendar reminders to check in with staff regarding requested information.
- Store most recently submitted Agency, Staff, and Clinic Information Form in an easy to find location.
- Create to-do list specific to RHCare, including emailing the RH Program when contact information from the Agency, Staff, and Clinic Information Form changes.

Section F: Reproductive Health Access Fund

F.1 Client Enrollment

- Review the tools and resources related to client enrollment on the RH Program website: healthoregon.org/rhclientenrollment, including:
  - RH Access Fund Enrollment Form Guide
  - RH Access Fund Enrollment Form, translated into several languages
  - Tools to assist clients in completing the RH Access Fund Enrollment Form
  - Instructions for clinic staff using the RH Access Eligibility Database

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♦ Allow plenty of time for clients to complete the Enrollment Form before their visit and for clinic staff to review it for completeness. Ask clients to arrive at least 20 minutes before their scheduled visit.

♦ Keep hard copies of the various enrollment tools on hand to assist clients in completing the Enrollment Form.

♦ Become familiar with National Voter Registration Act (NVRA) requirements.
  o National Voter Registration Act NVRA Agency Manual, Oregon Secretary of State, Elections Division: https://sos.oregon.gov/elections/Documents/nvra-manual.pdf
  o Oregon Reproductive Health Program NVRA Policies and Procedures

♦ Print and store a stack of Voter Registration Cards at the front desk to offer clients interested in registering to vote. Download and print the voter registration card in multiple languages or order online.

♦ Establish monthly calendar appointments to report agency voter registration numbers.

F.2 Billing and Payment

♦ Review the tools and resources related to billing the RH Access Fund on the RH Program website: healthoregon.org/rhbilling, including:
  o Clinic Visit Record (CVR) form
  o CVR submission deadlines
  o Allowable ICD-10 codes for RHCare clinics
  o Reimbursement rates, including supply reimbursement rates

♦ Draft easy-to-read policies and processes for both front desk staff and billing staff to ensure that enrollees are not charged for services covered by the RH Access Fund.

♦ Develop clear and consistent language for staff to use with enrollees about what they may be charged for services not covered by the RH Access Fund.

♦ Identify the insurance plans most used by your clients and ensure that your contracts with these plans include coverage for reproductive health services.

♦ Become familiar with Oregon Health Plan (OHP) covered services and billing requirements.

♦ Contract with Coordinated Care Organizations (CCOs) in order to bill them for reproductive health services.

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♦ If applicable, work with your agency's EHR vendor to ensure that all CVR data and billing fields are incorporated.

♦ If eligible, maintain 340B status to purchase contraceptive methods and supplies at public health (discounted) prices through the [340B Drug Purchasing Program](#).

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