

Why Submit Data for Visits that are not Covered by RHAF?

RHCare clinics are required to submit a Clinic Visit Record (CVR) for every reproductive health visit in their clinic(s), regardless of the source of pay (including RHAF, OHP, Private Insurance and Self-Pay). But, why?

1. As a condition of accepting Title X funds, Title X, requires us to report data about visits from all payment sources. Oregon uses the CVR to meet this requirement. At the federal level, this data is used “to monitor performance, guide strategic and financial planning, and to respond to inquiries from policymakers and Congress about the [Title X] program.”¹
2. It allows us (and you!) to see what services clients are receiving, and where quality improvement processes may improve client care. The data is compiled annually into agency data sheets which include both agency and statewide data.
3. Tracking all visits contributes to the development of a robust long-term research and evaluation strategy, fostering a deeper understanding of overall program trends and outcomes. Recent research publications include:
 - Rodriguez MI, *et al.* Contraceptive services in Oregon's state-funded network during the COVID-19 pandemic. *Contraception*, July 2023.
<https://pubmed.ncbi.nlm.nih.gov/37088123/>
 - Cohen MA, *et al.* Association of State Funding for Comprehensive Reproductive Health Care With Use of Contraception Among Latina Patients and Non-Latina Patients in Oregon. *JAMA Health Forum*, July 2023.
<https://pubmed.ncbi.nlm.nih.gov/37505490/>
4. Submitting data for all visits, regardless of funding sources, provides a complete overview of reproductive health activities.
5. Submitting all visit data demonstrates a commitment to transparency and program impact enhancing the program’s eligibility for future funding opportunities.
6. Including visits with all payment sources in data submissions allows for a holistic analysis of program effectiveness, identifying potential areas for improvement or adjustment.

¹ <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar>

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We understand that filling out CVRs can be a burdensome process, and it isn't always clear what constitutes an RH visit. The following guidance is meant to provide clarity on when you must fill out a CVR.

- CVR for Billing (when RHAF is the payer): the primary diagnosis code must be one of the listed ICD-10 codes For well or adolescent health visits, there must be at least one Z30, Z31 or Z32 code in the *first 6 diagnosis codes*.
- CVR for Data Only (for other payers): you must submit a CVR for all visits that have a primary diagnosis code of Z30, Z31 or Z32. A CVR must also be submitted for well or adolescent health visits if the *second diagnosis code* is a Z30, Z31 or Z32 code.