RH Access Fund Enrollment and Eligibility Training

AbortionCare Clinics

Oregon Health Authority

Agenda

- RH Program Quick Review
- Eligibility Database
- Enrollment
- Documentation
- Eligibility Database, cont.
- Resources

Oregon Health Authority

Recommendation: Open or print the following documents to reference during the training.
Enrollment Form (English)↗
Citizenship & Immigration Status Chart (English) ↗
Documents that Prove U.S. Citizenship, Eligible Immigration Status, and Identity↗
Documentation Requirements for RH Program Eligibility↗
RH Program Enrollment Form Quick Guide↗

healthoregon.org/rhclientenrollment↗

Clinic Types

	CCare	RHCare	AbortionCare
Services Covered	Contraception	Reproductive Health	Abortion
Reproductive Capacity	Able to get pregnant or get someone else pregnant	Able to get pregnant or get someone else pregnant	Able to get pregnant
Income	≤ 250% FPL	≤ 250% FPL	≤ 250% FPL
Oregon Resident	Required	Not Required	Required
Citizenship / Immigration Status	U.S. Citizenship or Eligible Immigration Status	U.S. Citizenship, Eligible Immigration Status, OR Another Status	Another Status

Resource: Oregon Reproductive Health Program: Program Terms ↗ (from our Partner Resources webpage)

What is the RH Access Fund?

Clients complete an Enrollment Form which is used to determine their eligibility for coverage.

Only 3 circumstances that make a client **ineligible**:

1. Can not get pregnant, or get someone else pregnant;
2. Over 250% FPL; or
3. Enrolled in OHP

***Additional eligibility considerations for AbortionCare Clinics.**

Additional Eligibility Criteria for AbortionCare Clinics

- Live in Oregon, and

- Have Another Status for Immigration Status
  - DACA
  - Lawful Permanent Resident status < 5 years
  - Student visas
  - Undocumented

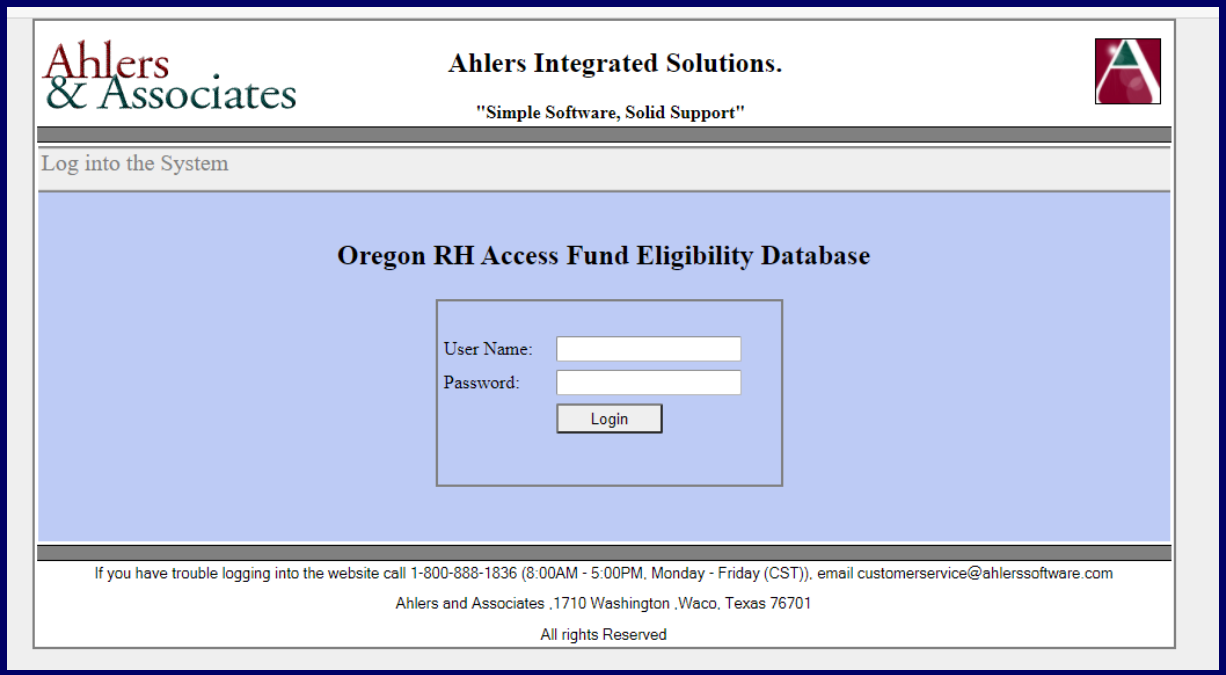
Meet your new client, Alex!

Things to Consider:

- Is Alex enrolled in the RH Access Fund?
  - Check the Eligibility Database
- What does Alex need to do to enroll and receive services at your AbortionCare Clinic?
  - Enrollment Form
  - Citizenship/Immigration Documentation (if they have it)
- After completing the enrollment form, what do staff need to do?
  - Enter information in the Eligibility Database

First, let's see if Alex is already enrolled.

Go to https://orhp.ahlerssoftware.com/

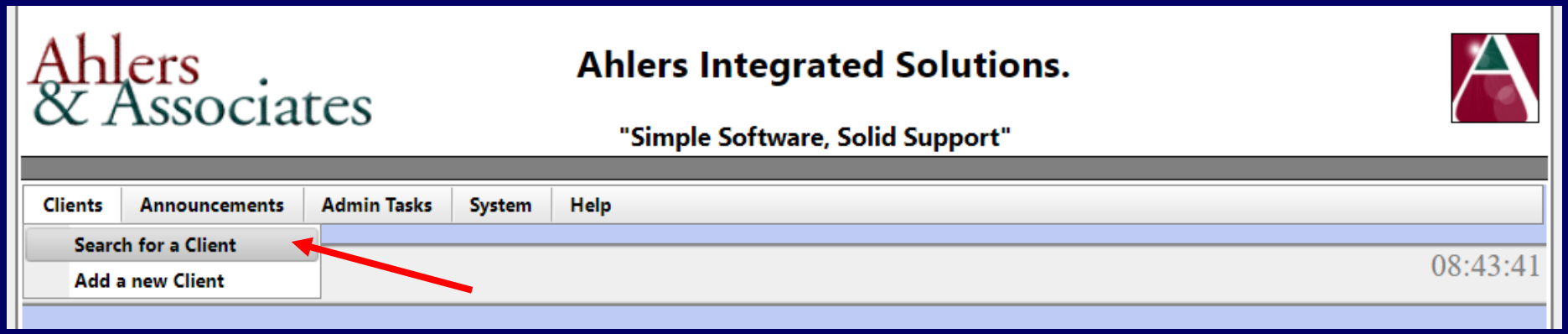


If you do not have access to Ahlers, complete and submit this form:
Ahlers User ID/Password for agencies with 1-9 clinics

Oregon Health Authority

After logging into the Eligibility Database, hover the cursor over “Clients” in the top left corner.

When the drop-down menu appears, click “Search for a Client”.



Find a Client – How?

Enter client's information in one or more search fields and click Find a Client. The database will show the first 100 matches.

Ahlers & Associates

Ahlers Integrated Solutions.

"Simple Software, Solid Support"

Clients | Announcements | Admin Tasks | System | Help | WebCVR | AbortionCVR

Search for a Client New Search Add Client Exit System 09:03:59

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
   - First 3 letters of First and Last names,
   - First name & DOB,
   - Just last name
   - Just SSN

RH Access Fund ID:

Last name: First name:

Date of birth: SSN: - -

Find a Client

Find a Client – Tips

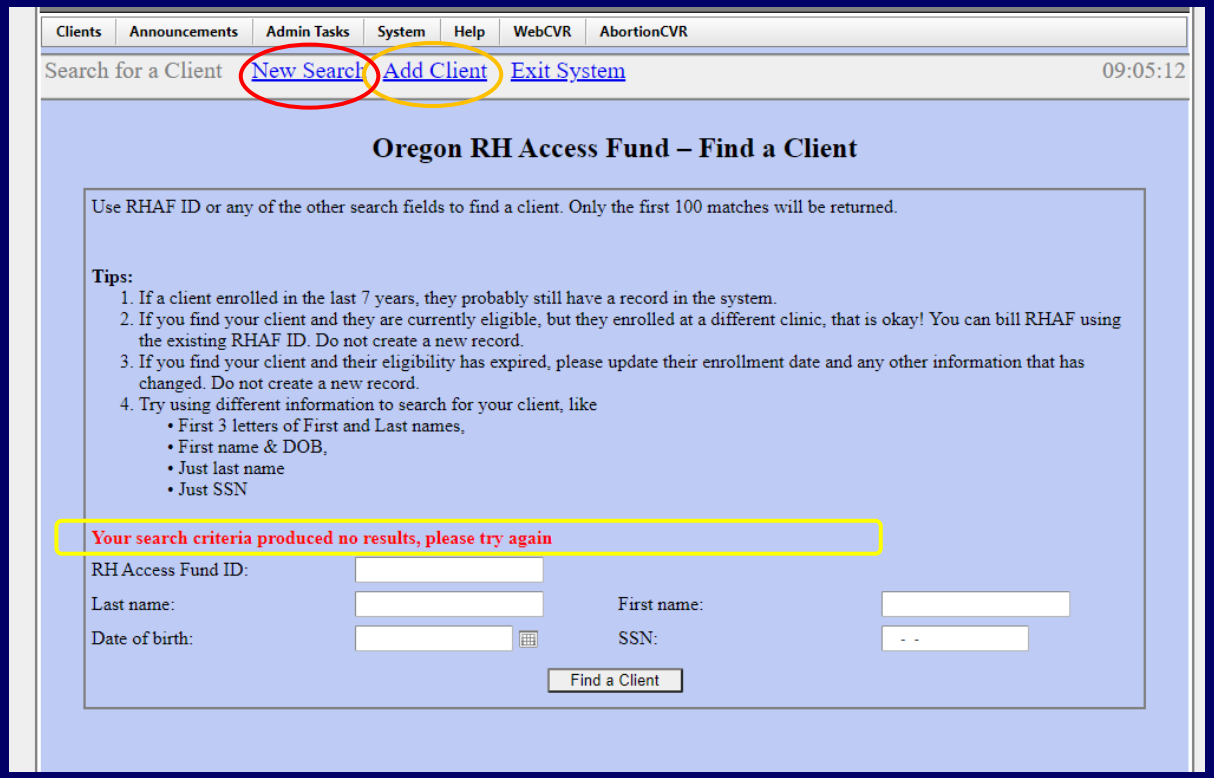
1. Search using different combinations of information. For example:
   - First name + Date of birth
   - SSN
   - Last name + First name
   - Just Last name

2. The name fields allow partial information. For example, you can search by entering just the first 3 letters of the last name and/or first name.

Oregon Health Authority

Find a Client – No Results

If no results are found, this message will appear:



Search again by clicking on New Search, or

Add the client, but only if you've tried a few different combinations of information

Find a Client – Multiple Results

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
   - First 3 letters of First and Last names,
   - First name & DOB,
   - Just last name
   - Just SSN

RH Access Fund ID:

Last name: Smith

First name:

Date of birth:

SSN: - -

	RHAF ID.	Elig. from	Elig. to	Patient No.	Last name	First name	M.I	DOB	SSN	City	Citiz verif
Client info											
Client info											
Client info											
Client info											
Client info											

Oregon Health Authority

Find a Client – Success!

Search for a Client | Client Info | New Search | Add Client | Exit System 09:14:53

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
   - First 3 letters of First and Last names,
   - First name & DOB,
   - Just last name
   - Just SSN

RH Access Fund ID:	4411443		
Last name:	WOMAN	First name:	MAGNIFICENT
Date of birth:	12/23/2000	SSN:	- -
Eligibility from:	01/04/2019	Eligibility to:	01/04/2020

Citizenship/Immigration has been verified

If the search is successful, all the fields on the Find a Client screen will be filled and you will see a message about client's eligibility status.

If the client's record needs to be updated or reviewed in detail, click on the Client Info link near the top of the screen.

When searching for Alex…

Clients | Announcements | Admin Tasks | System | Help | WebCVR | AbortionCVR

Search for a Client New Search Add Client Exit System 09:05:12

Oregon RH Access Fund – Find a Client

Use RHAF ID or any of the other search fields to find a client. Only the first 100 matches will be returned.

Tips:

1. If a client enrolled in the last 7 years, they probably still have a record in the system.
2. If you find your client and they are currently eligible, but they enrolled at a different clinic, that is okay! You can bill RHAF using the existing RHAF ID. Do not create a new record.
3. If you find your client and their eligibility has expired, please update their enrollment date and any other information that has changed. Do not create a new record.
4. Try using different information to search for your client, like
   - First 3 letters of First and Last names,
   - First name & DOB,
   - Just last name
   - Just SSN

Your search criteria produced no results, please try again

RH Access Fund ID:

Last name: First name:

Date of birth: SSN: - -

Find a Client

So, let's get Alex enrolled!

Oregon Health Authority

Enrollment Form Languages

English

Spanish

Korean

Marshallese

Russian

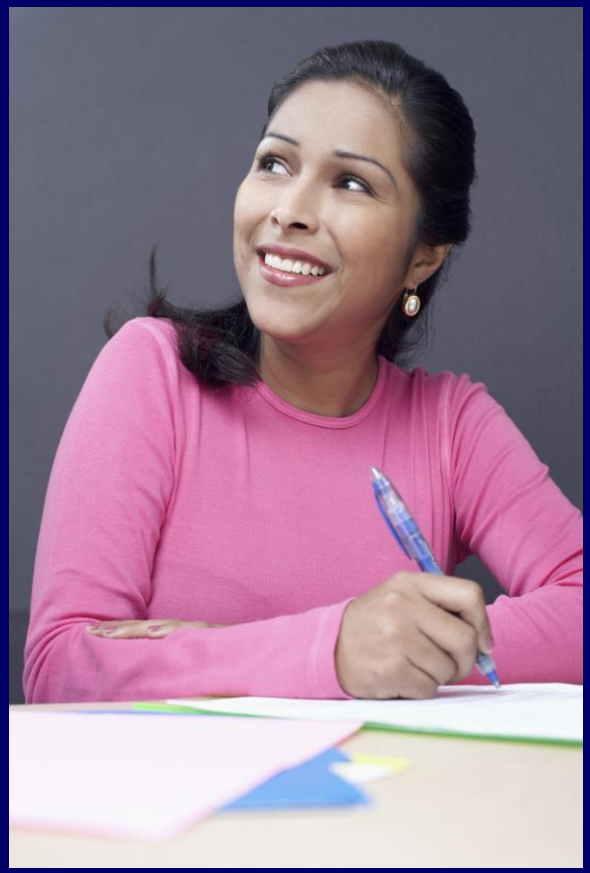
Simplified Chinese

Vietnamese

Oregon Health Authority

Enrollment Form Sections

1. Eligibility (for coverage)
2. For Clinic Staff box
3. Demographics



Now a Word fillable form!!

Oregon Health Authority

Alex decides to complete the form…

Oregon Health Authority

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

You can get this form in other languages, larger print, braille, or a format you prefer.
Contact the RH Program at rh.program@dhsoha.state.or.us or 971-673-0355.
We accept all relay calls or you can dial 711. You can also request free interpreter services.

Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s):	Legal first name:	MI:
2	Date of birth:	Sex assigned at birth: ☐ Female ☐ Male	Optional: What is your gender identity?
3	Please write your City and ZIP:		

4	Can you get pregnant OR get someone else pregnant? **If you answer no, please stop and talk to clinic staff.** ☐ Yes, or I think so ☐ Yes, but I'm using birth control ☐ No, I've been through menopause ☐ No, I've had surgery (for example, tubes tied, vasectomy) ☐ No, other	If you answer no, please stop and talk to clinic staff

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

5	If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have: ☐ U.S. Citizenship or U.S. National Status ☐ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) ☐ Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

1 of 6 OHA 8166 (11/2021)

Oregon Health Authority

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

6	If you checked **U.S. Citizen/National Status or Eligible Immigration Status** above, please: Write your Social Security Number. ☐ My Social Security Number is: ☐ I don't know it, or I don't have one Write your Oregon mailing address: ☐ My Oregon mailing street address is: ☐ I do not live in Oregon
7	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☐ No (SKIP TO QUESTION 9)
8	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit
9	Do you have your own income? ☐ Yes ☐ No (SKIP TO QUESTION 11)
10	If you have your own income, please list how much you think you will get this month from: Jobs **before taxes or other money is taken out** **AND** Other sources like tips or unemployment **(do *not* include child support, veteran's payments, or Supplemental Security Income (SSI))** ***Total***
11	Do you file taxes? ☐ Yes. How many people do you put on your taxes? (must be at least 1) ☐ No, someone else includes me on their taxes. How many people do they put on their taxes? (must be at least 2) ☐ No, and no one puts me on their taxes.
12	If you are a U.S. citizen, do you want to register to vote today? ☐ Yes ☐ No ☐ Not Applicable

2 of 6 OHA 8166 (11/2021)

Oregon Health Authority

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: _____ **Today's date** (MM/DD/YY): _____

FOR CLINIC STAFF: Requirements Tracking

Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

3 of 6 OHA 8166 (11/2021)

Start with Eligibility

Oregon Health Authority

1	Legal last name(s):	Legal first name:

Legal name

- Name on other government documents (e.g. birth certificate, driver's license)
- Not nicknames

2	Date of birth:

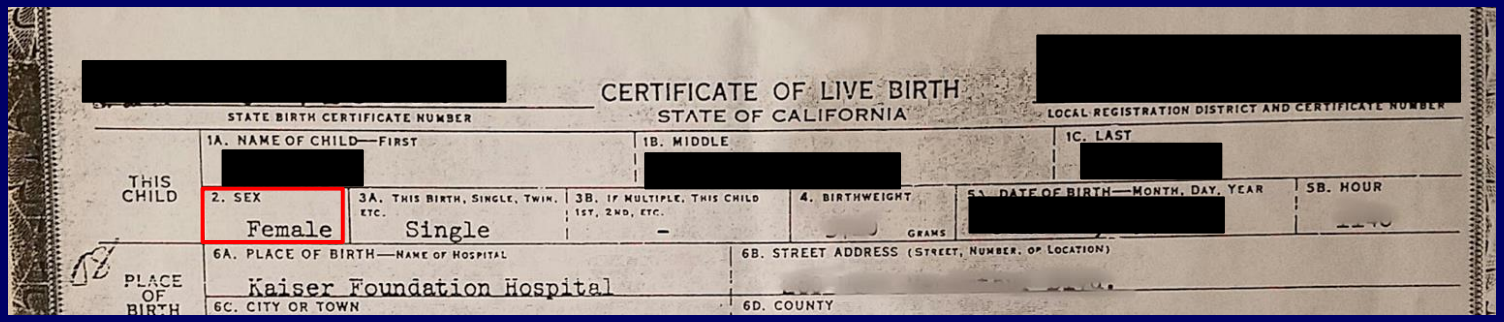
Date of Birth

- Ask client to use U.S. convention of month, day, year.

Sex assigned at birth:
☐ Female ☐ Male

Sex Assigned at Birth

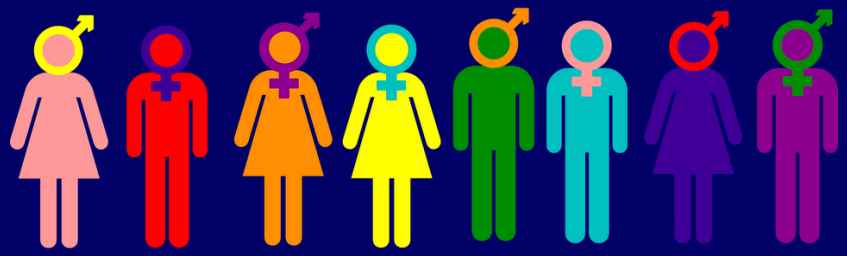
- As was originally marked on client's birth certificate.
- Determines funding stream eligibility.


CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
STATE BIRTH CERTIFICATE NUMBER
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
THIS CHILD
1A. NAME OF CHILD—FIRST
1B. MIDDLE
1C. LAST
2. SEX Female
3A. THIS BIRTH, SINGLE, TWIN, ETC. Single
3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.
4. BIRTHWEIGHT GRAMS
5A. DATE OF BIRTH—MONTH, DAY, YEAR
5B. HOUR
PLACE OF BIRTH
6A. PLACE OF BIRTH—NAME OF HOSPITAL Kaiser Foundation Hospital
6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)
6C. CITY OR TOWN
6D. COUNTY

Optional: What is your gender identity?

Gender Identity

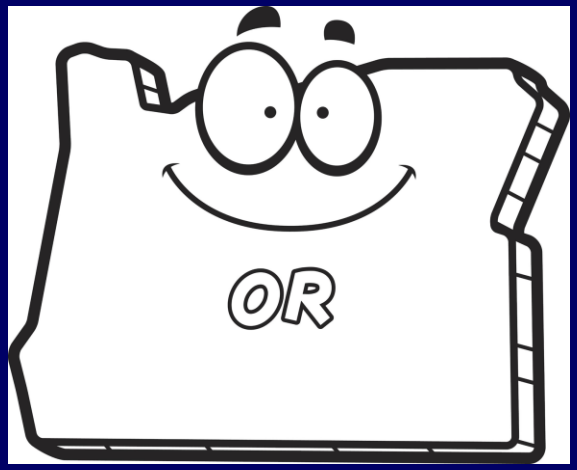
- Optional for clients who want to identify their gender.



3	Please write your City and ZIP:

City and Zip

- AbortionCare Clinics will only pay for clients who live in Oregon.
- If the client does not have an address or is uncomfortable providing their city and zip code, they may write the city and zip of the clinic.



4	Can you get pregnant **OR** get someone else pregnant? **If you answer no, please stop and talk to clinic staff.** ☐ Yes, or I think so ☐ Yes, but I'm using birth control	
	☐ No, I've been through menopause ☐ No, I've had surgery (for example, tubes tied, vasectomy) ☐ No, other	If you answer no, please stop and talk to clinic staff

Client must be able to get pregnant or be able to get someone else pregnant.

If client answers 'no', they should stop completing the form and talk to clinic staff.

Enrollment Form, page 1

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

At RHCare clinics

5

If you need help with this question, please ask to see the Citizenship and Immigration Chart.

Do you have:

- ☐ U.S. Citizenship or U.S. National Status
- ☐ Eligible Immigration Status
  (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older)
- ☐ Another Status (SKIP TO QUESTION 7)
  (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

Funding streams have different eligibility requirements		
CCare	**AbortionCare**	RHCare
Must have U.S. Citizenship or Eligible Immigration Status	Must have Another Status	No requirements

U.S. Citizen:

Born in
U.S.,
Puerto Rico,
Guam, or
the U.S. Virgin Islands

U.S. Citizen:

Naturalized as a U.S. citizen

Gained citizenship through the Child Citizenship Act of 2000

Born outside the U.S. to a U.S. citizen (who met the citizen requirements before age 18)

U.S. National:

Born in

American Samoa, or

Commonwealth of Northern Mariana Islands

Eligible Immigration Status:

An immigration status eligible for Medicaid.

Includes:

Refugee,

Asylee,

Work or Student Visas . . . IF they are younger than 19.

Lawful Permanent Residents . . .

IF they are younger than 19

OR

they are 19+ and have had LPR status for 5 years.

Another Status:

An immigration status NOT eligible for Medicaid.

Includes:

DACA,

Undocumented,

Work or Student Visas . . . IF they are 19 or older.

Lawful Permanent Residents . . .

IF they are 19+ and have had LPR status for **less** than 5 years.

Use to help client answer correctly

ORHP

RH Access Fund Citizen and Immigration Status Chart

Instructions for Question 5 of the RH Access Fund Enrollment Form:
1. Find your citizenship or immigration status here ↓ 2. Look in columns A, B, and C and find the "Yes" that matches your status.

Status / Documentation	A. U.S. Citizenship or U.S. National Status	B. Eligible Immigration Status	C. Another Status
U.S. Citizen – A person born in • the U.S., • Puerto Rico, • Guam, or • the U.S. Virgin Islands – A person who was naturalized as a U.S. citizen – A person who gained U.S. citizenship through the Child Citizenship Act of 2000 – A person born outside the U.S. to a U.S. citizen who met the citizenship requirements before they turned 18	**Yes**		
U.S. National – A person born in American Samoa or the Commonwealth of the Northern Mariana Islands	**Yes**		
Refugee or Asylee (when entered the U.S. or now) – A person who was legally admitted to the U.S. based on fears of persecution in their native country		**Yes**	
Lawful Permanent Resident – A person who has been given right to permanently live in the U.S. (also called "Green Card Holder")			
Younger than 19		**Yes**	
Age 19 and older		**Yes**, if "Resident Since" date is **more** than 5 years from today's date	**Yes**, if "Resident Since" date is **less** than 5 years from today's date

Available in English, Spanish, Marshallese Korean, Vietnamese, Simplified Chinese, Russian under Client Enrollment Tools ↗ at healthoregon.org/rhclientenrollment ↗

Use to help client answer correctly

ORHP

RH Access Fund Citizen and Immigration Status Chart

Instructions for Question 5 of the RH Access Fund Enrollment Form:
1. Find your citizenship or immigration status here ↓ 2. Look in columns A, B, and C and find the "Yes" that matches your status.

Status / Documentation	A. U.S. Citizenship or U.S. National Status	B. Eligible Immigration Status	C. Another Status
DACA			**Yes**
Undocumented / No papers			**Yes**
Non-Immigrant – A person in the U.S. for a temporary period of time and a specific purpose • Student Visa • Work Visa • Fiancées of U.S. citizens		**Yes**, if younger than 19	**Yes**, if 19 or older
Citizen of COFA State – Federated States of Micronesia – Republic of the Marshall Islands – Republic of Palau		**Yes**	
Victims of Trafficking – A person who has been a victim of human trafficking and has been allowed to stay in the U.S. to assist in the investigation or prosecution of human trafficking		**Yes**	
Veterans and Spouses / Children of Veterans – A non-citizen who is a veteran of the U.S. Armed Forces and who was honorably discharged for reasons other than non-citizen/immigration status and who fulfilled the minimum active-duty service requirements – A member of the U.S. Armed Forces who is on active duty (other than active duty for training) – The spouse or child of a person described above		**Yes**	

Available in English, Spanish, Marshallese Korean, Vietnamese, Simplified Chinese, Russian under Client Enrollment Tools ↗ at healthoregon.org/rhclientenrollment ↗

When a client *still* doesn't know

ORHP

When Client is Unsure of their Immigration Status: Guidance for Clinic Staff

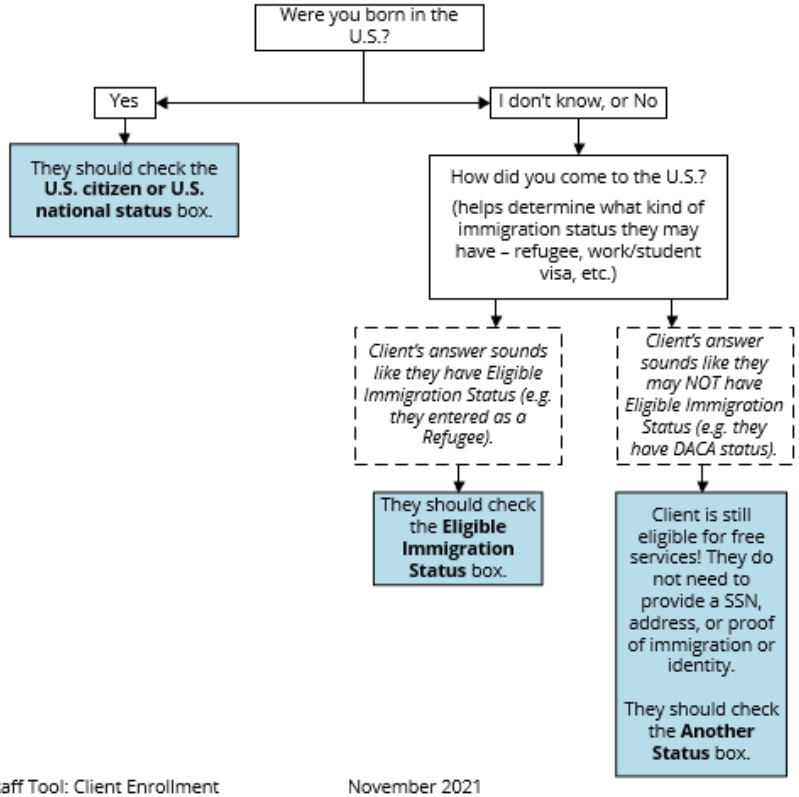
Guidance to help clinic staff help clients answer question 6 of the Enrollment Form.

Best Practices

Respect the client's privacy and try to have your conversation in a private, comfortable room.

Explain that the only reason you are asking these questions is to determine how their services will be paid for and that even if they do not have "Eligible Immigration Status" they can still get their services paid for.

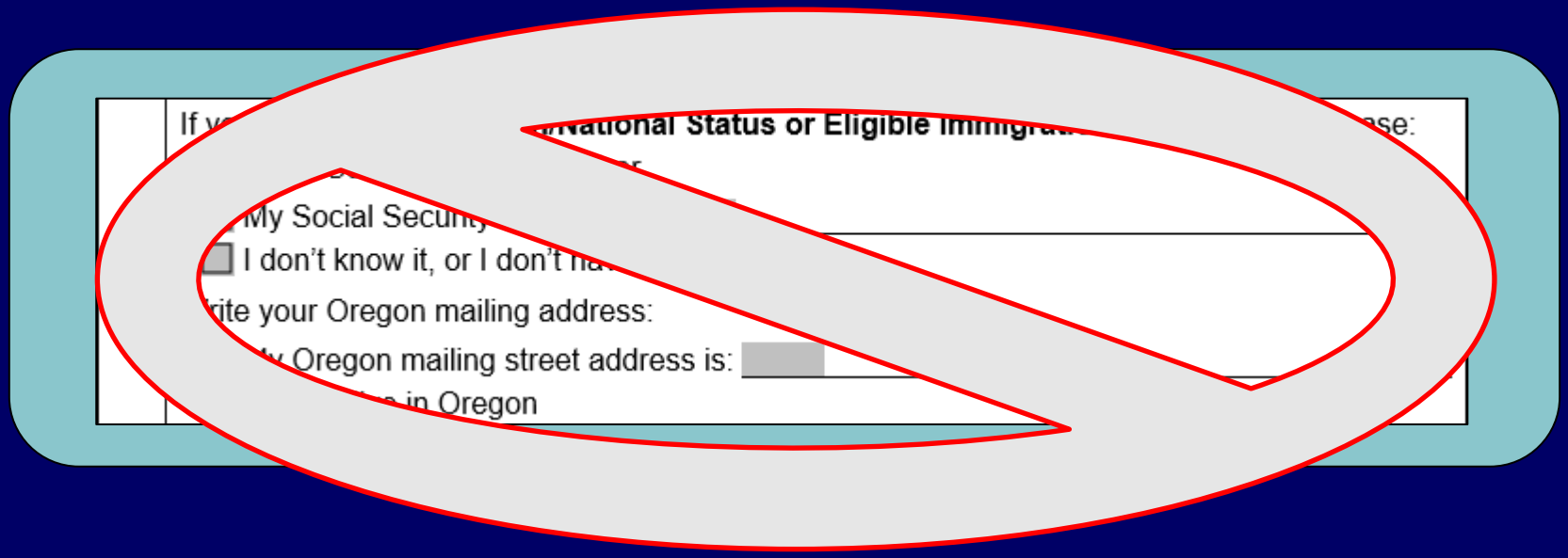
Then ask the questions below following the flowchart, remaining non-judgmental, compassionate, and friendly.



Staff Tool: Client Enrollment November 2021 1

When Client is Unsure of their Immigration Status: Guidance for Clinic Staff ↗
available under Client Enrollment Tools ↗
at healthoregon.org/rhclientenrollment ↗

Enrollment Form, page 2



Following the skip pattern, your clients should skip this question because they answered Another Status on the Immigration question.

7	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☐ No (SKIP TO QUESTION 9)
8	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit

Private Health Insurance

- Clients with private health insurance can still be eligible.
- RH Access Fund remains payer of last resort, unless the client requests special confidentiality (Q8).

9	Do you have your own income? ☐ Yes ☐ No (SKIP TO QUESTION 11)
10	If you have your own income, please list how much you think you will get this month from: Jobs **before taxes or other money is taken out** _____ **AND** Other sources like tips or unemployment **(do *not* include child support, veteran's payments, or Supplemental Security Income (SSI))** _____ ***Total*** _____

All clients should **<u>just include their own income</u>**, and it must fall below 250% FPL.

Income from jobs include:	Income does NOT include:
• Salaries, wages, tips • Net earnings from self-employment	• Grants, loans • SNAP benefits • Tax refunds • Veteran's benefits • Child support • SSI • Worker's compensation • Payments for foster parenting
Other income includes:	
• Unemployment • Tips	

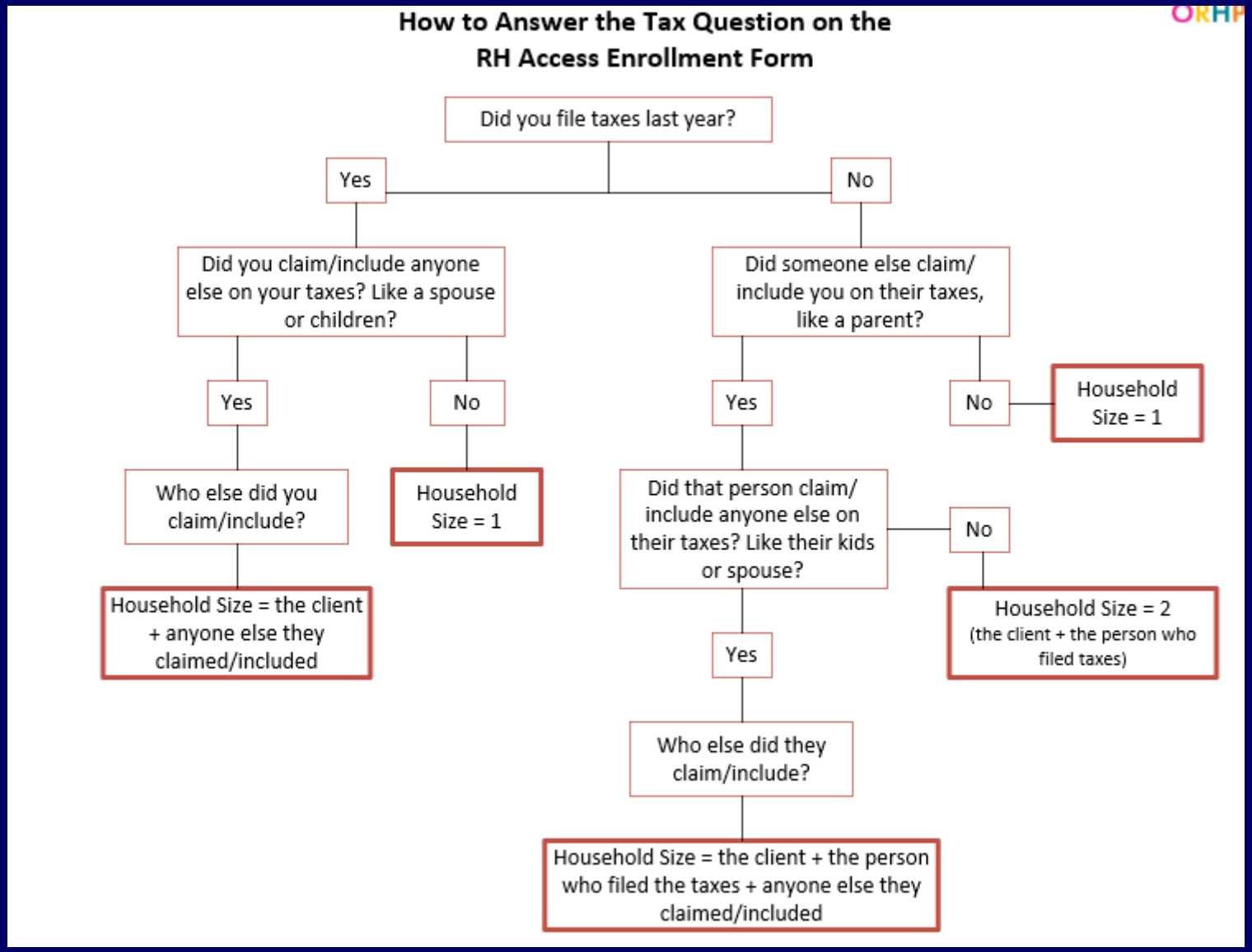
Available in Enrollment Form Guide ↗ at healthoregon.org/rhclientenrollment ↗

11	Do you file taxes? ☐ Yes. How many people do you put on your taxes? _____ (must be at least 1) ☐ No, someone else includes me on their taxes. How many people do they put on their taxes? _____ (must be at least 2) ☐ No, and no one puts me on their taxes.

Taxes

- This information is self-declared.

Use to help clients



Available under Client Enrollment Tools ↗ at healthoregon.org/rhclientenrollment ↗

Enrollment Form, page 2

12	If you are a U.S. citizen, do you want to register to vote today? ☐ Yes ☐ No ☐ Not Applicable

Clients eligible for abortion coverage under the RH Program will not be eligible to vote.

Enrollment Form, page 3

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status or Eligible Immigration Status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

Describes why we ask for SSN.

Not enrolled without signature and date!

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status or Eligible Immigration Status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: _____ **Today's date** (MM/DD/YY): _____

Demographics

Oregon Health Authority

RH Access Fund Demographic Questions

These questions are optional. The answers to these questions do not impact whether you are eligible for the RH Access Fund. We ask these questions to make sure that everyone receives the highest quality care and the best service. We also use this information to address differences in care. If you do not want to answer these questions, please check, "Don't want to answer."

If you have any questions when filling out this form, please ask clinic staff for help.

1	In what language do you want us to: **You can request free interpreter services.** **Communicate with** you in person, on the phone, or virtually: ____ **Write** to you: ____ ☐ Don't want to answer (*English will be listed*) (*if both answers are English, skip to question 3*)
2a	Do you need or want an interpreter for us to communicate with you? ☐ No (*skip to question 3*) ☐ Yes ☐ Don't know ☐ Don't want to answer
2b	If you need or want an interpreter, what type of interpreter do you prefer? ☐ Spoken language interpreter ☐ American Sign Language (ASL) interpreter ☐ Deaf Interpreter for DeafBlind and with additional barriers ☐ Contact sign language (PSE) interpreter ☐ Other (please list): ____
3	How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Don't know or unknown ☐ Don't want to answer
4	How do you identify your race or ethnicity, tribal affiliation, country of origin, or ancestry? (for example, your parents' ancestry, tribal membership) ____ ☐ Don't want to answer

4 of 6 OHA 8166 (10/2021)

Oregon Health Authority

RH Access Fund Demographic Questions

5	Which of the following describes your **racial or ethnic identity**? Check **ALL** that apply. **Hispanic or Latino/a/x** ☐ Central American ☐ Mexican ☐ South American ☐ Other Hispanic or Latino/a/x **Native Hawaiian or Pacific Islander** ☐ Chamoru (Chamorro) ☐ Marshallese ☐ Communities of the Micronesian Region ☐ Native Hawaiian ☐ Samoan ☐ Other Pacific Islander **White** ☐ Eastern European ☐ Slavic ☐ Western European ☐ Other White **American Indian or Alaska Native** ☐ American Indian ☐ Alaska Native ☐ Canadian Inuit, Metis, or First Nations ☐ Indigenous Mexican, Central American, or South American **Black or African American** ☐ African American ☐ Afro-Caribbean ☐ Ethiopian ☐ Somali ☐ Other African (Black) ☐ Other Black **Middle Eastern or Northern African** ☐ Middle Eastern ☐ Northern African **Asian** ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Communities of Myanmar ☐ Filipino/a ☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ South Asian ☐ Vietnamese ☐ Other Asian **Other categories** ☐ Other, please list: ____ ☐ Don't know ☐ Don't want to answer
6	If you checked **more than one** category above, is there one you think of as your primary racial or ethnic identity? ☐ Yes. Please circle your primary racial or ethnic identity above. ☐ No. I do not have just one primary racial or ethnic identity. ☐ No. I identify as Biracial or Multiracial. ☐ N/A. I only checked one category above. ☐ Don't know ☐ Don't want to answer
7a	Are you a member of a federally recognized tribe? ☐ No ☐ Yes, please specify which tribe(s): ____ ☐ Don't know ☐ Don't want to answer
7b	Are you eligible, as an American Indian or Alaska Native, to receive services from the Indian Health Service, a Tribal Health Clinic, or an Urban Health Program? ☐ No ☐ Yes ☐ Don't know ☐ Don't want to answer

5 of 6 OHA 8166 (10/2021)

Oregon Health Authority

RH Access Fund Demographic Questions

8	Because of a physical, mental, or emotional condition, do you have serious difficulty: **A)** Concentrating, remembering, or making decisions? ☐ No ☐ Yes. At what age did this condition begin? ____ If yes, do you have difficulty making medical decisions? ☐ No ☐ Yes, if you have difficulty making medical decisions, please talk to your health care provider. ☐ Don't know ☐ Decline/don't want to answer ☐ Don't know ☐ Decline or don't want to answer **B)** Doing errands alone such as visiting a doctor's office or shopping? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Decline or don't want to answer
9	Are you deaf, or do you have serious difficulty hearing? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer
10	Using your usual (customary) language, do you have serious difficulty communicating (for example, understanding or being understood by others)? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer
11	Are you blind or do you have serious difficulty seeing, even when wearing glasses? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer
12	Do you have serious difficulty walking or climbing stairs? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer
13	Do you have difficulty dressing or bathing? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer
14	Do you have serious difficulty learning how to do things most people your age can learn? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer
15	Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations? ☐ No ☐ Yes. At what age did this condition begin? ____ ☐ Don't know ☐ Don't want to answer

6 of 6 OHA 8166 (10/2021)

- Every question has a "decline or don't want to answer" option (with exception to 2b).
- Clients should answer however they feel most comfortable.

Resource: When Clients have Questions about the Demographic Questions: Guidance for Staff↗

Alex submits a completed form…

What's next?

- Review form
- Collect necessary documentation
- Complete the For Clinic Staff section on pg. 3
- Enter data in Eligibility database

Please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last name(s): Last Name	Legal first name: Alex	MI: I
2	Date of birth: 08/08/08	Sex assigned at birth: ☒ Female ☐ Male	Optional: What is your gender identity?
3	Please write your City and ZIP: Portland, OR 97203		

4	Can you get pregnant OR get someone else pregnant? **If you answer no, please stop and talk to clinic staff.** ☒ Yes, or I think so ☐ Yes, but I'm using birth control ☐ No, I've been through menopause ☐ No, I've had surgery (for example, tubes tied, vasectomy) ☐ No, other	If you answer no, please stop and talk to clinic staff

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

5	If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have: ☐ U.S. Citizenship or U.S. National Status ☒ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) ☐ Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

Oregon Health Authority

Review the Enrollment Form

- **VERY IMPORTANT**: Review client's Enrollment Form when they hand it in to make sure all portions are complete and they are eligible.

- Quick Check Guide: available under Client Enrollment Tools ↗ at healthoregon.org/rhclientenrollment ↗

Quick Check Guide

ORHP

When a client completes a RH Access Fund Enrollment Form it is important to check the following to ensure that the client is eligible.

If the client answered **No** to the following question the RH Access Fund can **NOT** pay for their services.

4	Can you get pregnant **OR** get someone else pregnant? **If you answer no, please stop and talk to clinic staff.**	
	☐ Yes, or I think so ☐ Yes, but I'm using birth control ⊘ No, I've been through menopause ⊘ No, I've had surgery (for example, tubes tied, vasectomy) ⊘ No, other	If you answer no, please stop and talk to clinic staff

The following sections require additional confirmation.

Line #	Question / Topic	Notes
5	Citizenship / Immigration status	Use the **Citizenship and Immigration Status Chart*** to confirm that the client checked the correct box. A client's status determines what types of services the RH Access Fund can cover.
9-11	Tax Filings & Income	The RH Access Fund cannot cover services provided to clients with income >250% FPL. Clients should **not** include parents' or spouses' income.
Client Signature & Date		The RH Access Fund cannot pay for services provided before the date the client (or staff) signed and dated the form.

**available on the Client Enrollment page: healthoregon.org/rhclientenrollment*

Documentation Requirements

Citizenship / Immigration Status	Citizenship/Immigration Status Documentation Required?	Proof of Identity Required?
Another Status	No	N/A
Eligible Immigration Status	Yes	Yes
U.S. Citizen	Yes, if they have it.	Yes

Back to the enrollment form!

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

Clinic Staff need to complete the starred fields in this box.

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

- Agency # & Clinic # = Ahlers Agency & Clinic/Site numbers
- Date reviewing form with client.

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

- Staff name: staff person reviewing form with client. Used if there are questions about the form during an audit.
- Client's RHAF#: RH Access Fund # is assigned by Eligibility Database when information is saved.

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

- Offer every client the OHA Notice of Privacy Practices
- Explain what services are covered by the RH Program, and payment options for services not covered

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:

*Offered OHA Notice of Privacy Practices.	☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.	☐ Yes
Gave information on where to access primary care services.	☐ Yes ☐ Not needed
Gave health insurance enrollment information.	☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.	☐ Yes ☐ Not needed

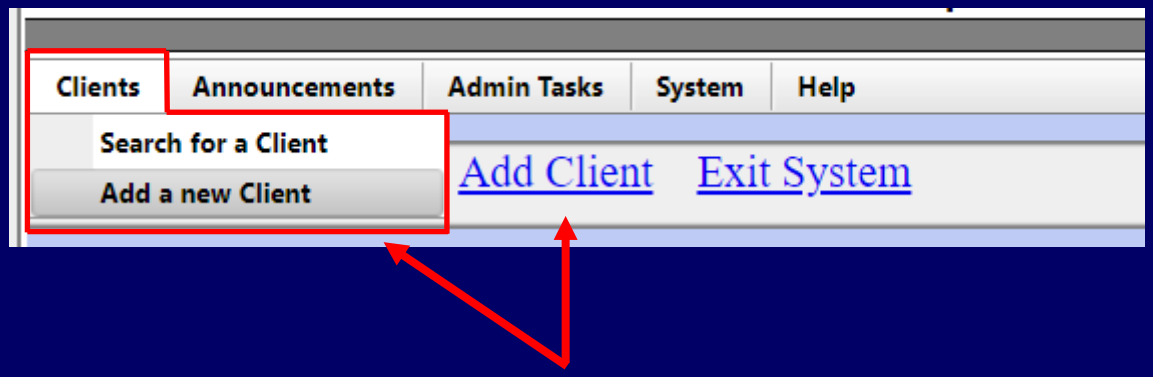
- Give the client information on where they can access primary care if they need it
- Give the client information on how they can enroll for health insurance if they need it
- Voter Registration Care – check Not Needed

Eligibility Database

Oregon Health Authority

Now, let's add Alex to the eligibility database!

To do so, either click the link Add Client at the top of the page, or hover the cursor over "Clients" in the top left corner and when the drop-down menu appears, click "Add a new Client."



**Remember - only Add Client if you cannot find them in the database.

Oregon Health Authority

Client Information Screen

Enrollment Information | Citizenship/Immigration Information | Demographics Information

Legal Last Name(s) **First Name** **M.I.**

Date of Birth **Sex Assigned at Birth** ○ Female ○ Male **Gender Identity**

City **Zip**

Can they get pregnant OR get someone else pregnant?

- ○ Yes, or I think so
- ○ Yes, but I'm using birth control
- ○ No, I've been through menopause
- ○ No, I've had surgery (e.g. tubes tied, vasectomy)
- ○ No, other

Citizenship/Immigration Status:

- ○ U.S. Citizenship/National Status
- ○ Eligible Immigration Status
- ○ Another Status

Pregnancy Question Notes:

Citizenship/Immigration Status Notes:

SSN - - ☐ Doesn't know it or doesn't have one ☐ Client has Another Status

Oregon Mailing Address ☐ Does not live in Oregon

Has Private Insurance? ○ Yes ○ No **Ok to bill private insurance?** ○ Yes ○ No ○ N/A

Have their own income? ○ Yes ○ No **Monthly Income**

Do they file taxes?

- ○ Yes. How many people on their taxes?
- ○ No, someone else puts the client on their taxes. How many people on their taxes?
- ○ No, and no one else puts the client on their taxes.

Date Client Signed Enrollment Form ☐ Check if staff signed on behalf of client

Client Signature Date Notes:

Provided information on where to access primary care services ○ Yes ○ Not Needed

Provided health insurance enrollment information ○ Yes ○ Not Needed

Provided voter registration card. Offered assistance completing and submitting the form. ○ Yes ○ Not Needed

Enrollment Form tab

Oregon RH Access Fund Eligibility – Client Information

RH Access Fund ID: To be assigned upon completion.

Enrollment Information | Citizenship/Immigration Information | Demographics Information

Legal Last Name(s) **First Name** **M.I.**

Date of Birth **Sex Assigned at Birth** ○ Female ○ Male **Gender Identity**

City **Zip**

Can they get pregnant OR get someone else pregnant?

- ○ Yes, or I think so
- ○ Yes, but I'm using birth control
- ○ No, I've been through menopause
- ○ No, I've had surgery (e.g. tubes tied, vasectomy)
- ○ No, other

Citizenship/Immigration Status:

- ○ U.S. Citizenship/National Status
- ○ Eligible Immigration Status
- ○ Another Status

Pregnancy Question Notes:

Citizenship/Immigration Status Notes:

SSN - - ☐ Doesn't know it or doesn't have one ☐ Client has Another Status

Oregon Mailing Address ☐ Does not live in Oregon

Has Private Insurance? ○ Yes ○ No **Ok to bill private insurance?** ○ Yes ○ No ○ N/A

Have their own income? ○ Yes ○ No **Monthly Income**

Do they file taxes?

- ○ Yes. How many people on their taxes?
- ○ No, someone else puts the client on their taxes. How many people on their taxes?
- ○ No, and no one else puts the client on their taxes.

Date Client Signed Enrollment Form ☐ Check if staff signed on behalf of client

Complete this portion using the information from the client's Enrollment Form.

Notes Field

Can they get pregnant OR get someone else pregnant?

- Yes, or I think so
- Yes, but I'm using birth control
- No, I've been through menopause
- No, I've had surgery (e.g. tubes tied, vasectomy)
- No, other

Citizenship/Immigration Status:

- U.S. Citizenship/National Status
- Eligible Immigration Status
- Another Status

Pregnancy Question Notes:

Citizenship/Immigration Status Notes:

If the answer in the Eligibility Database is different from what is on the client's Enrollment Form.

Use the Notes field to provide:

- a brief explanation of why,
- staff initials, and
- date correction was made.

Oregon Health Authority

Client answered that that they have Eligible Immigration Status on the Enrollment Form.

5	If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have: ☐ U.S. Citizenship or U.S. National Status ☒ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) ☐ Another Status (SKIP TO QUESTION 7) (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)

In reviewing the Enrollment Form with the client, you discover they actually have an immigration status that puts them in the Another Status category. Staff then change answer in Eligibility Database, and type brief explanation with their initials and the date.

Citizenship/Immigration Status:

- ○ U.S. Citizenship/National Status
- ○ Eligible Immigration Status
- ◉ Another Status

Citizenship/Immigration Status Notes:

```
Client misunderstood question. Clarified with client that
they have another immigration status. BG 10/8/21
```

SSN & Another Status

Can they get pregnant OR get someone else pregnant?

- Yes, or I think so
- Yes, but I'm using birth control
- No, I've been through menopause
- No, I've had surgery (e.g. tubes tied, vasectomy)
- No, other

Citizenship/Immigration Status:

- U.S. Citizenship/National Status
- Eligible Immigration Status
- Another Status

Pregnancy Question Notes:

Citizenship/Immigration Status Notes:

SSN - -

☐ Doesn't know it or doesn't have one ☑ Client has Another Status

If a SSN is entered, system will delete it and change the answer to 'Client has Another Status'

Remote Enrollment

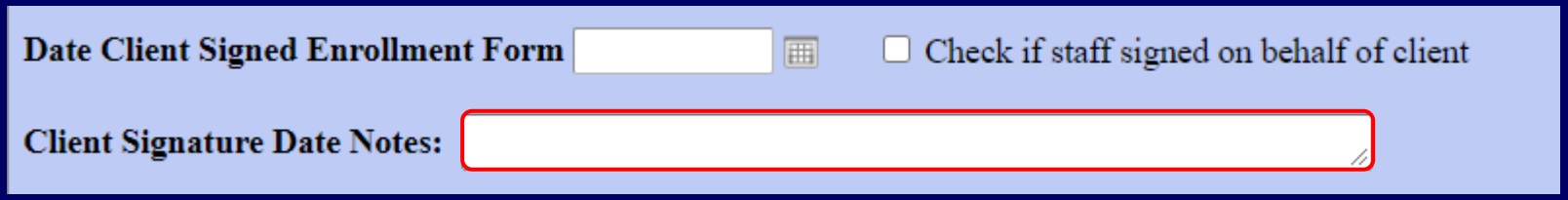
If clinic staff enrolled a client remotely (e.g., over the phone or during a video appointment) check the box “Check if staff signed on behalf of client”.

An Enrollment Form still needs to be completed on behalf of the clients enrolling remotely!

Resource: Remote Enrollment Guidance↗

Oregon Health Authority

Client Signature Notes field



If the answer in the Eligibility Database is different from what is on the client's Enrollment Form.

Use the Notes field to provide:

- a brief explanation of why,
- Staff's initials, and
- Date correction was made.

Oregon Health Authority

Example

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature:	Alex Last Name	**Today's date** (MM/DD/YY):	8/8/08

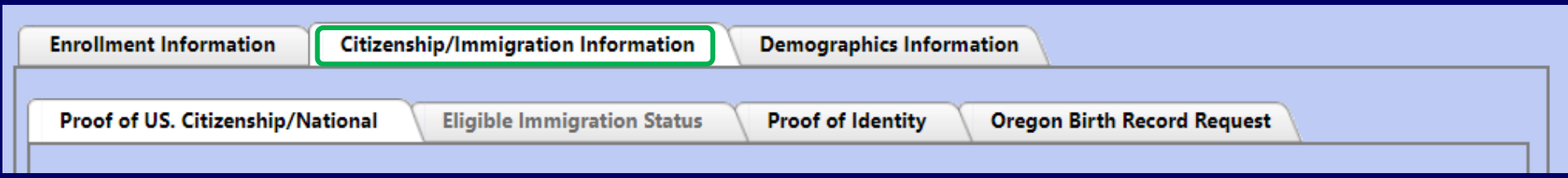
In reviewing the Enrollment Form with the client, staff discover the client wrote their birth date.

Staff enter the correct date and type brief explanation with their initials and the date.

Date Client Signed Enrollment Form 10/08/2021 ☐ Check if staff signed on behalf of client

Client Signature Date Notes: Client wrote their birth date. BG 10.8.21

Citizenship/Immigration Information tab



Do not collect documentation from clients who indicate they have Another Status.

Demographics Information

Enrollment Information | Citizenship/Immigration Information | Demographics Information

1. In what language do they want you to:
Communicate with them: _____ **Write** to you: _____

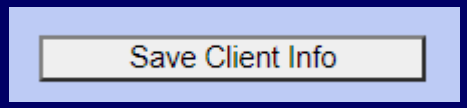
2a. Do they need or want an interpreter for you to communicate with them? _____

2b. If they need or want an interpreter, what type of interpreter do they prefer?
_____ If other, what type: _____

- Complete using the information from the client's Enrollment Form.
- Only rule: must answer every question (except 2b).
- If client left any (or all) answer(s) blank, enter "Decline/ don't want to answer"

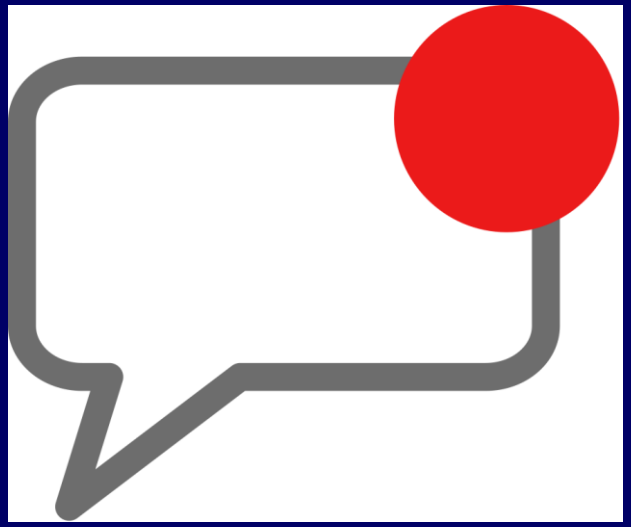
Save Client Info

When all information is entered and/or updated, click the Save Client Info button at the bottom of the screen.



The database will the check the data and if everything passes (i.e., no blank fields), the record will be saved and client will get a RH Access Fund number.

Eligibility, Enrollment, or Missing Information Messages



Oregon Health Authority

Current Clients – Status Box

Oregon RH Access Fund Eligibility – Client Information

RH Access Fund ID: **04411443**
Eligibility dates: **01/04/2019** to **01/04/2020**
Record last updated on: 01/04/2019 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinc 8888
Client previously enrolled at Project 8888 and Clinc 8888
Click here for client's eligibility history

This client is currently NOT currently eligible for RH Access Fund coverage.

Client Information screen shows the client's current eligibility status and their eligibility history.

Oregon Health Authority

Current Clients – Service Message

RH Access Fund ID: [redacted]

Eligibility dates: [redacted]

[redacted]

The RH Access Fund will cover services related to preventing or achieving pregnancy (i.e. FAMILY PLANNING) for this client.

Section 3 of the Program Manual ↗

Indicates what services the RH Access Fund will cover.

RH Access Fund ID: [redacted]

Eligibility dates: [redacted]

[redacted]

The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related for family planning for this client.

SSN and Oregon Mailing Address are not required for clients with Another Immigration Status.

Current Clients – Service Message

The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related to family planning for this client.

****AbortionCare clinics can only bill for clients with this message.****

Eligibility Suspension

Only reason a client's eligibility will be suspended is due to income!

If a client's income is found to be over 250% FPL RH Program state staff will suspend their eligibility.

This client is currently SUSPENDED from RH Access Fund coverage.

Wage records indicate client may be over RH Access Fund income limits. Coverage is suspended until client is contacted to resolve income discrepancy. Once explained, contact RH Program staff to reinstate client's coverage.

Clinic staff then have 45 days to try to verify the client's income.

See Verification FAQs ↗.

Oregon Health Authority

Eligibility Termination

There are only two reasons a client's enrollment might be terminated:

1. Clinic staff were unable to verify client's income, or

This client is NOT currently eligible for RH Access Fund coverage.

Coverage was ended because client could not verify income. Client MUST fill out a new enrollment form before the clinic can bill the RH Access Fund.

2. Client is found to have OHP

This client is NOT currently eligible for RH Program benefits.

Eligibility dates were ended because client has OHP.

Note: any claims submitted for dates of service after suspension or termination will be rejected.

Eligibility Database: Troubleshooting and Technical Support

When to contact state RH Program staff:

- Find duplicate records for the same client
- Find more than one client claiming the same SSN
- Find a client who now has OHP
- Have questions about citizenship documentation or other eligibility requirements
- The client's eligibility was suspended or terminated because of income

RH Program Staff:

Sara Botelho, Sara.n.botelho@dhsoha.state.or.us, 503-349-7583

or

Rachel Linz, RACHEL.S.LINZ@dhsoha.state.or.us, 971-803-2845

When to contact Ahlers & Associates:

- Unable to logon to the Database
- The Database is running slowly

Ahlers & Associates Contact Info:

Phone: (800) 888-1836 x 140

E-mail: customerservice@ahlerssoftware.com

Workflow Considerations

Where will keep enrollment forms?

When will enter them into Eligibility Database? At enrollment? Batch enter every Friday?

Add extra time to check in process to review Enrollment Form with client to ensure accuracy.

Resources

For client enrollment form and tools, see:

Healthoregon.org/rhclientenrollment ↗

Client Enrollment

- Reproductive and Sexual Health
- Provider Certification
- RH Program Policies and Protocols
- Reproductive Health Provider Resources
- Reproductive Health Program Newsletters
- Client-Centered Resources
- Program Element 46
- Partner Resources

This page has resources and tools to help clinic staff with the client enrollment process. Click the jump links below to get to specific sections of the page:

- Enrollment Form
- Trainings
- CCare Corner
- Eligibility Database
- Client Eligibility Verification
- Notice of Privacy Practices, Voter Registration, & Out of State Birth Certificate Requests
- Enrollment Tools Table

Thank you!

Please contact us with any questions.

Email: rh.program@state.or.us
Phone: 971-673-0355
Website: healthoregon.org/rh
Find us on: Facebook and Instagram

Oregon Health Authority