

## 2015 Oregon Reproductive Health Coordinators' Meeting PROGRAM UPDATES

### Program Updates

#### **Please use Program Manual Online**

The Program Manual has changed significantly since the 2013 printing. Instead of printing a new Manual, we have decided that the most expedient way to keep the Manual up-to-date is to post any and all updates to the version online. Therefore, we ask everyone to please refer to the online version from now on.

In light of us moving from the printed version to the online version, we have been reformatting the Manual to make it easier to read on a screen. Sections A & B are finished. The reformatted versions Sections C & D will be coming soon.

#### **Remember to Update Us Regarding Clinic/RHC changes**

Please remember to contact us whenever there is a change to RH services in your clinic. This includes: clinic closures, clinics no longer providing RH services, when RH Coordinators or Administrators change, etc.

We are often asked by federal partners to provide information about our provider network. It is important that we give our partners accurate information which inform greater policy decisions both at a state and national level.

#### **National Health Service Corps**

The NHSC program designed to incentivize health care professionals to practice in underserved areas or work with underserved populations in exchange for loan repayment. In order for health centers to hire NHSC clinicians, they must be approved as an NHSC site by HRSA. Many Title X-funded health centers are eligible to become an NHSC site,

<http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/provider-tax-credits/mds-dos-etc.cfm>

#### **Patient Number Changes**

Please notify Rachel Linz or another RH Program staff person if your agency will be having a change in patient numbering systems, for example if you adopt or switch to a new EHR system. Our data reports, including performance measures, Title X funding formulas, and agency data sheets, all rely on your patient numbers/MRNs to track patients over time. If your agency switches to a new patient numbering system, it will appear to us that all of your patients are brand new to your agency and we won't be able to link to patients' previous visits. We are having ongoing conversations with local agencies, Ahlers, and OCHIN to address the challenges with maintaining patient numbering systems and the best ways to link old and new patient numbers.

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### **Assessing the Usability of the RH Program's Data System**

Rachel Linz started an informatics training fellowship this past summer and will be leading a group of RH Program staff to conduct an assessment of the usability of our data system over the next year. Specifically, we are focusing on challenges with collecting and capturing the different data elements on the CVR. We will be asking for your help and input as we learn more of the challenges with your workflows, such as how much of the CVR data you are also entering in other places in your EHR system. Our goal is to identify a few specific priorities to reduce the burden of CVR data collection. This may include restructuring the CVR form and/or identifying ways to pull data directly from your EHR systems. The informatics fellowship is through Project Shine (<http://shinefellows.org>), which is a collaboration between CDC, CSTE and NACCHO, and staff at local and state health departments are eligible to apply. Contact Rachel if you have any questions about the data system assessment or the fellowship program.

### **2015 Legislative Session - Update**

**HB 2758 – Confidentiality & Insurance Communications:** HB 2758 requires health insurance carriers to comply with an enrollee's confidential communications request and to redirect any billing communications to an enrollee's specified address instead of to the policy holder. The Oregon Insurance Division has developed a standardized confidential communications request form for enrollees to use and is working with health insurance carriers to ensure appropriate implementation of the statute. A downloadable version of the standardized form, as well as additional information about the new law, can be found here:

<http://www.oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx>.

**HB 3343 – Contraceptive Supply Reimbursement:** HB 3343 requires health insurance benefit plans that cover prescription contraceptives to reimburse a health care provider or other dispensing entity for a quantity of (1) three-month period for the first dispensing of the contraceptive to an insured member and (2) twelve-month period for subsequent dispensings of the same contraceptive to the insured, regardless of whether the insured what enrolled in the insurance plan at the time of the first dispensing.

**HB 2879 – Pharmacist Prescriptive Authority for Oral Contraceptives and Patch:** HB 2879 allows pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives to a person who is (1) at least 18 years of age, regardless of whether the person had evidence of a previous prescription for the patch or oral contraceptives or (2) under 18 years of age, only if the person has evidence of a previous prescription for the patch or oral contraceptives.

### **Supply Reimbursement Update**

Decrease in prices of Skyla and Mirena through Afaxys will lead to decrease in maximum reimbursement. Quarterly rate chart in packet.

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**January Mailing – Updated**

We are working to update the way in which we ask for information in our January Mailing. Just FYI, the next information request will look different.

**OVP Timely Filing Deadline**

Just a reminder that OVP claims must be submitted within 90 days of the date of service!

**Health Communications and Outreach**

Highlights of RH communications and outreach activities for the past year include:

**CCare Facebook:** Site was established in 2010 as part of a larger CCare social marketing campaign with the following 4 objectives: 1) disseminate key messages with timely/accurate information to target audience (18-29 y/o Oregon women); 2) influence social norms by engaging FB visitors in conversations and information sharing re: contraception and sexual RH issues; 3) support access to information about contraceptives and women's health under ACA; and 4) support partner organization events and use of social media. So, how did we do this past year? Our fan base (no. of followers) grew 65% from 6,304 to 10,432. We reached 187,811 people, of whom 10,231 actively engaged with the site. Most popular topics included IUDs, male contraceptives, healthy relationships, national recognition of state and local programs. (Refer to handout for more.)

**Contraceptive Care and ACA fact sheets for clients:** This summer, we updated our two companion client fact sheets about contraceptive care and the health reform law. They are available on our website in both English and Spanish. One set is included in your meeting folder.