OREGON VASECTOMY PROJECT (OVP) SERVICES
WITH STATE-CONTRACTED VASECTOMIST

Note: These instructions are meant for both the RH Clinic and the Vasectomist.

**DEFINITIONS**

**Ahlers and Associates:** Vendor contracted with the Oregon Reproductive Health Program to process claims and data information.

**CCare:** Oregon ContraceptiveCare, a family planning Medicaid waiver program, that serves Oregonians not enrolled in the Oregon Health Plan (OHP) with incomes at or below 250% FPL.

**Client:** Male seeking vasectomy services at an RH Clinic.

**Counsel:** Federally-required consultation to assure the client’s decision to undergo sterilization is completely voluntary and made with the full knowledge of the permanence, risks, and benefits associated with male sterilization procedures.

**Consent for Sterilization Form:** Federally-required consent form for sterilization services. OMB No. 0937-0166.

**CVR:** Clinic Visit Record, an encounter form submitted to the RH Program for reimbursement of services rendered.

**Fee:** Amount, if any, owed by Client.

**OHP:** Oregon Health Plan, Oregon’s Medicaid program.

**OVP:** Oregon Vasectomy Project, a state-funded program to increase capacity and access to free or low-cost vasectomy services to low-income men throughout the state.

**Procedure:** Vasectomy/male sterilization.

**RH Clinic:** A health clinic contracted with the RH Program to provide reproductive health services through CCare and/or Title X.

**RH Program:** Oregon Reproductive Health Program, located within the Public Health Division, that administers Title X, Oregon ContraceptiveCare (CCare), and Oregon Vasectomy Project (OVP).

**Services Rendered Form:** Document Vasectomist is required to complete and return to the Client’s referring RH Clinic to record what services were provided to the Client.

**Third Party Payer:** Private insurance, Medicaid.

**Title X:** Grant funds from the U.S. Department of Health and Human Services-Office of Population Affairs to provide individuals with comprehensive family planning and related health services within a system of reproductive health clinics throughout the state.

**Vasectomist:** Vasectomy provider contracted with the Oregon Reproductive Health Program who accepts client referrals from RH Clinics to provide vasectomy services.
**Vasectomy Referral:** Administrative and/or referral work for clients receiving vasectomy services through a sub-contracted or state-contracted vasectomy provider.

**Vasectomy Referral Form:** Document RH Clinic completes to specify the particular services being ordered for a specified Client.

**SCENARIO 1: RH CLINIC Conducts Vasectomy Counseling:**

*Intake/Referral & Counsel*

1. Client presents at RH Clinic requesting vasectomy.
2. Following clinic-specific workflow processes, RH Clinic screens Client for eligibility and determines appropriate funding source, enrolling Client in CCare, if applicable.
   a) If Client has private insurance, RH Clinic:
      i. Collects insurance information and obtains prior authorization from insurance for vasectomy services, and
      ii. Enrolls Client in CCare, if eligible.
   b) If Client has OHP, RH Clinic:
      i. Verifies Client’s eligibility in MMIS Provider Portal.
   c) If Client is determined to be self-pay (i.e. not eligible for any third party coverage), RH Clinic:
      i. Conducts sliding fee scale assessment based on OVP reimbursement rates, for both Counsel and Procedure.
3. RH Clinic verbally informs Client of Fees owed for both Counsel and Procedure, if any, and notes Fees owed on the Vasectomy Referral Form
4. RH Clinic conducts Counsel.
5. RH Clinic gives written Vasectomist-specific Pre/Post-Operative Instructions to Client.
6. Client completes paperwork:
   a) Clinic-specific Release of Information Form
   b) Consent for Sterilization Form
7. Client pays Fee for Counsel, if any.
8. RH Clinic signs Consent for Sterilization Form and completes Vasectomy Referral Form.
9. RH Clinic gives copy of Vasectomy Referral Form to Client.
10. The Procedure appointment is scheduled at least 31 days after the Client signs the Consent for Sterilization Form and no more than 180 days from the signature date. Appointment is scheduled in any of the following ways:
    a) RH Clinic schedules appointment with Vasectomist on behalf of Client.
    b) Client schedules appointment directly with Vasectomist using information on the Vasectomy Referral Form.
    c) Vasectomist schedules appointment directly with Client using information on the Vasectomy Referral Form.
11. RH Clinic sends copies of the following to the Vasectomist:
    a) Vasectomy Referral Form
    b) Release of Information Form
    c) Consent for Sterilization Form
    d) Client’s medical record
    e) Private insurance information, if applicable
12. RH Clinic bills private insurance or OHP for Counsel, if applicable.

13. Within 90 days of the date of the Counsel, RH Clinic completes CVRs.
   a) CVR for Counsel
      i. Indicate source of pay and amount paid by Third Party Payer or Client, if applicable, and
      ii. Submit to RH Program for reimbursement.
   b) CVR for Vasectomy Referral
      i. List a different date of service from the date of service listed for the Counsel (e.g. one
day after the date of Counsel).
      ii. Check box 11-OVP for Source of Pay in Section 9, regardless of the source of pay
indicated on the CVR for the Counsel.
      iii. Mark box 8 - Vasectomy Referral in Section 12 AND box 18 - Vasectomy Referral Fee in
Section 13A.

14. RH Program sends payment for CVRs submitted, less payment already collected, to RH Clinic.

Procedure

15. Client presents to Vasectomist for Procedure.

16. Vasectomist:
   a) Reviews Client’s understanding of the services, benefits, side effects, complications, and
danger signs.
   b) Reviews the required Consent for Sterilization Form with the Client. All boxes must be
checked and blank lines completed for the form to be considered compliant.
   c) Ensures that Client understands he can change his mind about the Procedure at any time
prior to the performance of Procedure.
   d) Advises the Client that any costs incurred due to complications or additional services will be
the Client’s responsibility, with the exception of one approved, medically appropriate, in-
person visit due to complications resulting from the Procedure.

17. Vasectomist conducts Procedure.

18. Vasectomist provides post-operative instructions to Client including information on who to call
during non-office hours (evenings and weekends) if Client has questions or concerns, and where to
go for semen analysis and/or post-procedure follow-up visit.

19. Client pays Fee for Procedure, if any.
   a) If Client is unable to pay Fee, Vasectomist must make two documented attempts to collect
before billing RH Program.


21. Vasectomist bills private insurance or OHP for Procedure, if applicable.

22. Within 90 days of the date of the Procedure, Vasectomist sends copies of the following to RH Clinic:
    a) Completed Services Rendered Form, including amount paid by Third Party Payer or Client.
    b) Client medical records, including signed Consent for Sterilization Form.

23. Within 90 days of the date of the Procedure, RH Clinic completes paper CVR using information from
Services Rendered Form,
    a) Using Vasectomist-specific Project and Site Number,
    b) Indicates amount received from the Client or Third Party Payer, if applicable, and
    c) Mails hard-copy to Ahlers on behalf of Vasectomist.

24. RH Program sends payment for Procedure, less amount already collected, to Vasectomist.
Semen-Analysis

25. Client presents at RH Clinic or RH Clinic-approved lab with semen sample.
26. RH Clinic sends sample to lab for analysis if sample received at RH Clinic.
27. RH Clinic completes CVR for semen-analysis fee.
28. RH Program sends payment for semen-analysis to RH Clinic.

SCENARIO 2: VASECTOMIST Conducts Vasectomy Counseling:

Intake/Referral

1. Client presents at RH Clinic requesting vasectomy.
2. Following clinic-specific workflow processes, RH Clinic screens Client for eligibility and determines appropriate funding source, enrolling Client in CCare, if applicable.
   a) If Client has private insurance, RH Clinic:
      i. Collects insurance information and obtains prior authorization from insurance for vasectomy services, and
      ii. Enrolls Client in CCare, if eligible.
   b) If Client has OHP, RH Clinic:
      i. Verifies Client’s eligibility in MMIS Provider Portal.
   c) If Client is determined to be self-pay (i.e. not eligible for any third party coverage), RH Clinic:
      i. Conducts sliding fee scale assessment based on OVP reimbursement rates for both Counsel and Procedure.
3. RH Clinic verbally informs Client of Fees owed for both Counsel and Procedure, if any, and notes Fees owed on the Vasectomy Referral Form
4. If Client is new to the RH Clinic, RH Clinic initiates medical record.
6. RH Clinic completes Vasectomy Referral Form and gives copy to Client.
7. Counsel appointment is scheduled in either of the following ways:
   a) RH Clinic schedules appointment with Vasectomist on behalf of the Client.
   b) Client schedules appointment directly with Vasectomist using information on the Vasectomy Referral Form.
   c) Vasectomist schedules appointment directly with Client using information on the Vasectomy Referral Form.
8. RH Clinic sends copies of the following to the Vasectomist:
   a) Vasectomy Referral Form
   b) Release of Information Form
   c) Private Insurance information, if applicable
   d) Additional medical information, if clinically relevant
9. RH Clinic completes CVR for reimbursement for Vasectomy Referral.
   a) Check box 11-OVP for Source of Pay in Section 9, regardless of the client’s source of pay for the Counsel and Procedure.
   b) Mark box 8 - Vasectomy Referral in Section 12 AND box 18 - Vasectomy Referral Fee in Section 13A.
10. RH Program sends payment for Vasectomy Referral to RH Clinic.
Counsel

11. Client presents to Vasectomist for Counsel.
12. Vasectomist conducts Counsel.
13. Vasectomist gives written Pre/Post-Operative Instructions to Client.
14. Client completes Consent for Sterilization Form
15. The Procedure appointment is scheduled at least 31 days after the Client signs the Consent for Sterilization Form and no more than 180 days from the signature date.
16. Client pays Fee for Counsel, if any.
   a) If Client is unable to pay Fee, Vasectomist must make two documented attempts to collect before billing RH Program.
17. Vasectomist bills Third Party Payer such as private insurance or OHP.
18. Within 90 days of the date of the Counsel, Vasectomist sends copies of the following to the RH Clinic:
   a) Completed Services Rendered Form, including amount paid by Third Party Payer or Client,
   b) Client medical records, including signed Consent for Sterilization Form.
19. Within 90 days of the date of the Counsel, RH Clinic completes paper CVR using information from Services Rendered Form,
   a) Using Vasectomist-specific Project and Site Number,
   b) Indicates payment amount received from the Client or Third Party Payer, if applicable, and
   c) Mails hard-copy to Ahlers on behalf of Vasectomist.
20. RH Program sends payment for Counsel, less amount already collected, to Vasectomist.

Procedure

22. Vasectomist:
   a) Reviews Client’s understanding of the services, benefits, side effects, complications, and danger signs.
   b) Reviews the required Consent for Sterilization Form with the Client. All boxes must be checked and blank lines completed for the form to be considered compliant.
   c) Ensures that Client understands he can change his mind about the Procedure at any time prior to the performance of Procedure.
   d) Advises the Client that any costs incurred due to complications or additional services will be the Client’s responsibility, with the exception of one approved medically appropriate, in-person visit due to complications resulting from the Procedure.
23. Vasectomist conducts Procedure.
24. Vasectomist provides post-operative instructions to Client including information on who to call during non-office hours (evenings and weekends) if Client has questions or concerns, and where to go for semen analysis and/or post-procedure follow-up visit.
25. Client pays Fee for Procedure, if any.
   a) If Client is unable to pay Fee, Vasectomist must make two documented attempts to collect before billing RH Program.
27. Vasectomist bills private insurance or OHP, if applicable.
28. Within 90 days of the date of the Procedure, Vasectomist sends paperwork to RH Clinic:
   a) Completed Services Rendered Form, including amount paid by Third Party Payer or Client.
   b) Client medical records, including signed Consent for Sterilization Form.

29. Within 90 days of the date of the Procedure, RH Clinic completes paper CVR using information from Services Rendered Form,
   a) Using Vasectomist-specific Project and Site Number,
   b) Indicates amount paid by the Client or Third Party Payer, if applicable, and
   c) Mails hard-copy to Ahlers on behalf of Vasectomist.

30. RH Program sends payment for Procedure, less amount collected, to Vasectomist.

**Semen-Analysis**

1. Client presents at RH Clinic or RH Clinic-approved lab with semen sample.
2. RH Clinic sends sample to lab for analysis if sample received at RH Clinic.
3. RH Clinic completes CVR for semen-analysis fee.
4. RH Program sends payment for semen-analysis to RH Clinic.