Section A Table of Contents

The Oregon Reproductive Health Program ................................................................. A1-1
  Purpose ..................................................................................................................... A1-1
  Funding .................................................................................................................... A1-1
  Services .................................................................................................................. A1-1
  Outcomes ............................................................................................................... A1-2
  Program Specifics .................................................................................................. A1-3
  Reproductive Health Coordinator ................................................................. A1-4

Resources & Contacts .......................................................................................... A2-1

Policy, Administration, and Organization ............................................................... A3-1
  Federal Level: National .................................................................................... A3-1
  Federal Level: Regional .................................................................................... A3-1
  State Level ........................................................................................................... A3-1
  Local Level .......................................................................................................... A3-2
  Who Writes the Regulations ........................................................................... A3-2

Oregon Laws Regarding Family Planning ............................................................. A4-1
  Mandate for FP Services ................................................................................ A4-1
  Services to Minors ............................................................................................... A4-2
  Sterilization .......................................................................................................... A4-3
  Informed Consent ................................................................................................. A4-3
  Confidentiality ..................................................................................................... A4-3
  Dispensing ............................................................................................................ A4-4
  EC for Victims of Sexual Assault .............................................................. A4-5
  Mandatory Reporting Requirements ..................................................... A4-5

DMAP/OHP Family Planning ................................................................................. A5-1
  Benefits and Billing ............................................................................................ A5-1
  OHP Eligibility for FP Services ........................................................................ A5-1
  OHP Covered FP Services ................................................................................. A5-1
  Billing for FP Visits ............................................................................................ A5-2
  Billing for Lab Services ...................................................................................... A5-3
  DMAP/OHP Contact Points ........................................................................... A5-4

Purchasing Family Planning Supplies ................................................................. A6-1
  Broad Range of Methods .................................................................................. A6-1
  340B Public Health Pricing .............................................................................. A6-1
  Supply Purchasing Resource ........................................................................ A6-2

Sterilizations: Vasectomies ................................................................................. A7-1
  Contracting with a Local Provider ............................................................... A7-1
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>State-Contracted Vasectomy Provider</td>
<td>A7-2</td>
</tr>
<tr>
<td>Screening and Eligibility</td>
<td>A7-2</td>
</tr>
<tr>
<td>Vasectomy Counseling and Informed Consent</td>
<td>A7-2</td>
</tr>
<tr>
<td>Referral for Procedure</td>
<td>A7-3</td>
</tr>
<tr>
<td>Procedure and Follow-up</td>
<td>A7-4</td>
</tr>
<tr>
<td>Billing</td>
<td>A7-5</td>
</tr>
<tr>
<td>Vasectomy Referral Fee</td>
<td>A7-6</td>
</tr>
<tr>
<td>Training and Outreach Resources</td>
<td>A7-6</td>
</tr>
<tr>
<td>CCare vs. OVP Chart</td>
<td>A7-7</td>
</tr>
</tbody>
</table>

**Resources for Planning and Evaluation**

- Technical Assistance Sources                                          A8-1
- Data Sources                                                           A8-1

**Exhibits**

- Exhibit 1: DMAP Family Planning Codes
- Exhibit 2: Purchasing Family Planning Supplies
- Exhibit 3: [removed]
- Exhibit 4: Consent for Sterilization Form (English and Spanish)
- Exhibit 5: RH Program Abuse Reporting Standard
- Exhibit 6: Flow of OVP Services
- Exhibit 7: Vasectomy Referral Form
- Exhibit 8: Services Rendered Form
- Exhibit 9: Sample Vasectomy CVRs with OVP as Source of Pay
The Oregon Reproductive Health Program

Purpose

The purpose of the Oregon Reproductive Health Program is to:

- Develop programs and recommend policies that prevent unintended pregnancy and associated problems.
- Ensure that education and services addressing voluntary and effective family planning methods are available to all Oregonians.

Funding

The Reproductive Health Program receives funding from two principal sources:

- Title X grant from the U.S. Department of Health and Human Services-Office of Population Affairs (HHS-OPA); and
- Medicaid (Title XIX) reimbursement through the Oregon Contraceptive Care (CCare) Program.

Please note that operational guidelines, funding requirements, services, and definitions often differ between the two funding sources. These distinctions have been highlighted throughout this manual, starting here and with the comparison chart on pages A.1-3 and A.1-4.

Services

Title X

Title X grant funds provide basic support to a system of reproductive health clinics throughout the state. These clinics serve low-income Oregonians with a range of reproductive health services: physical exams for women and men; breast and cervical cancer screenings; testing and counseling for sexually transmitted diseases including HIV; infertility services; birth control methods, reproductive health education and referrals.

Clinics that receive Title X grant funds must follow Title X requirements. See Section B.1 for a complete copy of the Title X requirements.
OregonContraceptiveCare (CCare)
In 1999, Oregon received a waiver to expand Medicaid coverage for contraceptive services. OregonContraceptiveCare (CCare) serves Oregonians not enrolled in the Oregon Health Plan (OHP) with incomes at or below 250% of the federal poverty level (FPL). CCare services include: annual exams; follow-up visits to evaluate or manage problems associated with contraceptive methods; medical procedures, lab tests, and counseling services associated with contraceptive management; and birth control supplies and devices.

Many OHP enrollees can and do receive services at reproductive health clinics. These benefits are managed by the Division of Medical Assistance Programs (DMAP), not the Division of Public Health. However, every effort is made to coordinate OHP and CCare. CCare requirements were originally based on Title X guidelines and are in Section C.

Outcomes

In 1998, the Oregon Reproductive Health Program served over 50,000 people in more than 90 clinics. By 2011, more than 150 clinics in all 36 counties were providing services to 115,000 Oregonians, at just $218 per client per year. The 2011 investment averted an estimated 17,000 unintended pregnancies, resulting in $29.5 million in savings.

Estimates show that every $1.00 invested in reproductive health, in Oregon, produces more than $4.50 in savings from averting unintended births.
# Oregon Reproductive Health Program Specifics

<table>
<thead>
<tr>
<th>Program Requirement</th>
<th>Title X Federal Family Planning Grant</th>
<th>OregonContraceptiveCare (Medicaid Waiver Title XIX)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Definition/Gender/Age</strong></td>
<td>A person of reproductive age (female 10-60; male 10 and older) who receives reproductive health services related to contraception, sterilization, infertility treatment.</td>
<td>A person of reproductive age (female 10-60; male 10 and older) who receives reproductive health. People who have been sterilized for more than six months do not qualify.</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Client may not be denied service or be subjected to any variation of services based on inability to pay.</td>
<td>Client must qualify based on U.S. citizenship, Oregon residency, financial need, reproductive age, and insurance status.</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td>Not considered</td>
<td>U.S. citizen, refugee/asylee, or lawful permanent resident for 5+ years.</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td>Not considered</td>
<td>Oregon resident</td>
</tr>
<tr>
<td><strong>Income and Fee Assessment</strong></td>
<td>• Based on number in household and household income. Proof of income is not required, but is assessed. • Information is collected at least annually. • Minors (under 18): If receiving confidential services, use minor’s income only. • No charge at or below 100% of federal poverty level (FPL). • Use sliding fee scale for clients between 101% and 250% FPL. • Priority for services given to persons from low-income families. • Agency may establish policies to waive fees for specific circumstances.</td>
<td>• Based on number in household and household income. Proof of income is not required, but is verified by the Reproductive Health program. • Information is assessed annually. • Teens (under 20): May qualify on own income regardless of whether confidential services are requested. • Collect info annually. • No charge at or below 250% FPL.</td>
</tr>
<tr>
<td><strong>Services Offered</strong></td>
<td>Broad range of reproductive health services.</td>
<td>Narrow definition of services: contraceptive management only.</td>
</tr>
<tr>
<td><strong>Infertility/STDs</strong></td>
<td>• STD/HIV testing required when clinically indicated. • Follow-up required for positive STD/HIV results. • Infertility Level 1 services (interview, exam, education, counseling, referral) required.</td>
<td>• STD testing may be allowable if part of a routine reproductive health visit or related to contraceptive management. • No infertility/STD treatment reimbursement.</td>
</tr>
</tbody>
</table>
**Oregon Reproductive Health Program Specifics (cont.)**

<table>
<thead>
<tr>
<th>Program Requirement</th>
<th>Title X Federal Family Planning Grant</th>
<th>OregonContraceptiveCare (Medicaid Waiver Title XIX)</th>
</tr>
</thead>
</table>
| Third-Party Resources | - Collect insurance information at each visit.  
- Must bill all third-party payers for total charge unless minor receives confidential services. | - Collect insurance information at each visit.  
- Must bill all third-party payers for total charge unless minor receives confidential services.  
- Visits and supplies not covered by third-party payers can be billed to CCare as payer-of-last-resort. |
| Funding source | 100% federal funds | 10% state general funds  
90% federal fund match |
| Fund Distribution | Funds distributed based on formula (approximately $2.3 million/year) | Funds reimbursed as fee-for-service (approximately $25 million/year) |
| Funding process | Competitive 5-year grant | 3-year waiver renewal |

**Reproductive Health Coordinator**

Every agency in Oregon’s Reproductive Health Program network must appoint a Reproductive Health (RH) Coordinator, who will serve as the primary point of contact between the agency and state Reproductive Health Program staff. The RH Coordinator attends trainings and meetings provided by the RH Program and must assume responsibility for conveying pertinent information and updates from the RH Program to personnel at all clinic sites, including subcontracted sites.
Resources and Contacts A.2

The Reproductive Health Program website features useful resources. They include:

- Reproductive Health Program Manual
- Administrative rules for CCare
- Training announcements
- Posters, fact sheets, brochures
- CCare provider resources including enrollment packets, provider standards, and tools to assist clients with eligibility requirements
- Title X provider resources including guidelines and site review tools
- A list of reproductive health clinics in Oregon
- Social marketing resources including, promotional tools, newsletters, quality improvement information, and other resources
- Internet links to reproductive health websites
- Bi-monthly RH Update newsletters with the latest information, training announcements, and resources

OHA Reproductive Health Program

800 NE Oregon Street
Suite #370
Portland, OR  97232-2162
Phone:  (971) 673-0355
Fax:      (971) 673-0371

Contact information for specific aspects of the Oregon Reproductive Health Program can be found in Appendix B.
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Policy, Administration, and Organization

The information in this section and the organization charts that follow provide an overview of functions and the chain of responsibilities that govern Oregon’s Reproductive Health Program.

Federal Level: National

U.S. Congress. Creates/amends the law (Title X) that authorizes the National Family Planning Program and appropriates grant funds for family planning projects. Creates and amends laws affecting Medicaid benefits for family planning.

U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Population Affairs (OPA). Provides national Title X program administration, including issuance of regulations and guidelines within the authorizing legislation.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Administers Medicaid programs, including demonstration or waiver programs for family planning benefits, such as CCare.

Federal Level: Regional

Region X DHHS Office, Seattle, WA. Reviews state application for Title X grants and for Medicaid state plans and waivers; distributes funding; and provides technical assistance to Alaska, Idaho, Oregon, and Washington.

State Level

Oregon Legislature. Creates and amends laws and appropriates funds for the Reproductive Health Program.

Oregon OHA, Public Health Division, Reproductive Health Program. Allocates and distributes federal and state dollars to local projects,
provides technical assistance, reviews local projects. Administers Title X and Oregon Contraceptive Care (CCare) programs.

**Local Level**

**Local Agencies.** County health departments and other health care agencies provide reproductive health services as Title X delegates and/or as Medicaid reproductive health providers.

**Who Writes Regulations**

**Federal Statutes** originate in Congress and are signed into law by the president. Examples include the Americans with Disabilities Act of 1990 (ADA) and the Public Health Services Act.

**Federal Administrative Rules or Regulations** are written by a federal agency, to provide governmental agencies and others with detailed information on how to comply with an act passed by Congress. For example, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), released by the Department of Health and Human Services.

**Federal Guidelines** are also written by a federal agency. Unlike statutes and regulations, they are not put through a rule-making or legislative process. They help interpret federal laws and regulations in operational terms and provide assistance with compliance. For example, *Program Guidelines for Project Grants for Family Planning Services.*

**Oregon Revised Statutes (ORS)** are originated in the state legislature and signed into law by the governor. For example, a state statute created the Oregon Health Plan.

**Oregon Administrative Rules (OAR)** are written by a state agency to explain how to comply with state statutes. Examples are the Oregon Administrative Rules specific to CCare or the general rules written by the Division of Medical Assistance Programs.
The statutes and regulations referred to in this section are subject to revision by the Oregon Legislature. Your primary resource for specific legal questions should be your organization’s attorney (county health departments should consult your county counsel).

Issues addressed in this section:

- Mandate for family planning services
- Services to minors
- Sterilization
- Informed Consent and confidentiality
- Dispensing rules
- Emergency Contraception for victims of sexual assault
- Contraceptive equity
- Mandatory Reporting Requirements

For more details on Oregon laws related to birth control and sterilization, refer to Chapters 435 and 436 of the Oregon Revised Statutes, available online at: [http://www.leg.state.or.us/ors/](http://www.leg.state.or.us/ors/).

**Mandate for Family Planning Services**

ORS 435.205, passed in 1967, authorized the establishment of family planning and birth control services by OHA and county health departments.

Family planning and birth control services include: interviews with trained personnel; distribution of literature; referral to licensed physicians for consultation, examination, medical treatment, and prescriptions; and the initial supply of a contraceptive method, and similar products.

With the consent of the county governing body, any county health department may adopt a fee schedule and collect fees for services provided by the department. The fees shall be reasonably calculated not to exceed costs of services provided and may be adjusted on a sliding scale reflecting the client’s ability to pay. Such fees may be used to meet the expenses of providing the services authorized by this section.
Services to Minors

**Birth Control Services**
Any physician or nurse practitioner may provide birth control information and services to any person without regard to the age of the person (ORS 109.640).

**Other Reproductive Health Services**
A minor 15 years of age or older may give consent to:

- Hospital care, medical or surgical diagnosis or treatment by a licensed physician; and
- Diagnosis and treatment by a licensed nurse practitioner who is acting within the scope of practice for a nurse practitioner without the consent of a parent or guardian, except as may be provided by ORS 109.660.

In addition, a minor of any age who may have come into contact with a reportable sexually transmitted infection (STI) may consent to hospital, medical, or surgical care related to the diagnosis or treatment of the infection. The consent of parent(s) or legal guardian is not necessary; however, having not given consent, they shall not be liable for payment for care provided (ORS 109.610). Reportable conditions are defined by OHA and listed in Chapter 333-018-0015 of the Oregon Administrative Rules.

**Parental Notification**
A hospital or any physician or nurse practitioner may advise the parent(s) or legal guardian(s) of any minor of the care, diagnosis or treatment or the need for any treatment without the consent of the patient. In such cases, the hospital, physician or nurse practitioner is not liable for advising the parent, parents or legal guardian without the legal consent of the patient (ORS 109.650).

**NOTE:** The above parental notification practice is not recommended.

Title X family planning grant guidelines (as well as other community practice standards) require that client consent be obtained before disclosure of any medical information or record (See Section B.1, Title X Program Guidelines). Although Oregon law permits disclosure of a minor’s record, it does not require such disclosure. Guidelines relating to patient confidentiality must be maintained for all clinics receiving Title X funds or operating under Title X standards.
Sterilization

A person may be sterilized upon his or her request and upon the advice of a physician licensed by the Oregon Medical Board. The person must give his or her informed consent to the procedure, however, Oregon law is specific about the way in which informed consent must be obtained. (ORS 436.225 and 435.305) No physician or hospital may be held liable for performing a sterilization without obtaining the consent of the spouse of the person sterilized. Free clinics to sterilize males may be conducted as part of the family planning and birth control services offered by public agencies as described in ORS 435.205.

Informed Consent

Informed consent is a fundamental aspect of medical care. The basic elements of informed consent are described in ORS 677.097 but certain procedures, such as sterilization, carry specific informed consent requirements. Title X grant recipients should refer to Program Guidelines for Project Grants for Family Planning Services (section B.1) for requirements regarding general and method-specific informed consent.

Confidentiality

Many statutes, cases, and rules confirm the right of medical patients to confidentiality and the obligations of providers to honor that right. A broad policy in support of confidentiality of health information is contained in ORS 192.553. State licensure laws also place a duty of confidentiality on providers.

Two suggested references for summaries of laws and rules related to confidentiality are:

Specific information about issues related to confidentiality should be explored with legal counsel. If you are a Title X grant recipient, you should also refer to Program Guidelines for Project Grants for Family Planning Services for requirements regarding confidentiality and medical records. If you are a CCare provider, refer to the OARs specific to CCare.

**Dispensing**

The Oregon Board of Pharmacy issues licenses for both county health clinics and reproductive health clinics, among other entities. The rules about who can dispense what kinds of drugs and devices differ slightly between the two categories, as detailed below.

**County Health Clinics**
A registered nurse who is an employee of a local health department established under the authority of a county or district board of health and registered with the Oregon Board of Pharmacy under ORS 689.305 may dispense a drug or device to a client for purposes of birth control or prevention or treatment of a communicable disease. The dispensing must be pursuant to an order by a person authorized to prescribe, and is subject to rules jointly adopted by the board and Oregon OHA – Public Health. (OAR 855-043-0110)

**Reproductive Health Clinics**
A registered nurse or a nurse practitioner who is an employee of a reproductive health clinic supported by the Oregon Public Health Division and licensed by the Oregon Board of Pharmacy under ORS 689.305 may dispense drugs or devices from the board’s approved formulary to a client for purposes of birth control, treatment of amenorrhea, hormone deficiencies, urinary tract infections, or sexually transmitted diseases. The dispensing must be pursuant to the prescription of a person authorized to prescribe, and is subject to rules jointly adopted by the board and the Oregon Public Health Division. (OAR 855-043-0300)

In clinics with this type of dispensing license, staff assistants may perform non-judgmental dispensing functions under the following circumstances:

1. The initial dispensing must have been done either by a physician, pharmacist, registered nurse, or nurse practitioner.
2. The patient’s medication profile must not have changed after the initial dispensing.

3. The accuracy and completeness of the prescription must be verified by a physician, nurse, or nurse practitioner prior to being delivered or transferred to the patient.

This license requires that a consultant pharmacist must conduct and document an annual inspection of the clinic (OAR 855-043-0310).

Emergency Contraception for Victims of Sexual Assault

Hospitals providing care to a female victim of a sexual assault must:

- Promptly provide the victim with unbiased, medically and factually accurate written and oral information about emergency contraception (materials must be approved by OHA);
- Promptly orally inform the victim of her option to be provided emergency contraception at the hospital; and
- If requested by the victim and if not medically contraindicated, provide the victim with emergency contraception immediately at the hospital. (OAR 333-505-0120)

Mandatory Reporting Requirements

All Reproductive Health Clinic staff are considered mandatory reporters for purposes of Oregon’s Mandatory Child Abuse Reporting statutes (ORS 419B.005 to .050). As such, each agency is required to have policies in place to regulate staff compliance with these reporting statutes. Refer to Exhibit 5 of this section for information about policy requirements.
Benefits and Billing

This section provides specific information on Medicaid family planning benefits and billing procedures for clients eligible for the Oregon Health Plan (OHP), which is administered through the Department of Medical Assistance Programs (DMAP). Clients must be screened for private insurance and OHP eligibility, and any covered reimbursement must be collected from these entities before Oregon Contraceptive Care (CCare) or Title X family planning funds may be used for payment.

OHP Eligibility for Family Planning Services

- OHP clients may seek family planning services from any family planning provider enrolled with the Department of Medical Assistance Programs, even if the client is enrolled in a Coordinated Care Organization (CCO).
- Oregon Health Plan (OHP) clients with CCO coverage do not need a referral from a primary care provider or primary care manager in order to obtain family planning services.
- Providers should call the OHP Automated Voice Response (AVR) to verify a client’s OHP eligibility or coverage before submitting family planning bills. The number is 1-866-692-3864.
- Clients who may be eligible for OHP but have not yet been determined eligible should request an application (see DMAP contact information on page A.5-4).

OHP Covered Family Planning Services

A broad range of reproductive health services are covered for clients of childbearing age (including minors who are considered to be sexually active). Services covered by OHP may include:
- Annual exams
- Contraceptive education and counseling
• Laboratory tests
• Radiology services
• Medical and surgical procedures, including tubal ligations and vasectomies
• All family planning methods and supplies
• Emergency Contraception (EC)

Billing for Family Planning Visits

Reimbursement for family planning services is made either by the client’s Coordinated Care Organization (CCO) or by DMAP, as per the following:

• If the provider is contracted with the client’s CCO for family planning services, the provider must bill the CCO.

• If the provider is an enrolled DMAP provider, but is not contracted with the client’s CCO for family planning services, the provider may bill DMAP directly. When submitting the claim to DMAP, be sure to:
  o Enter “Y” in the family planning box (24H) on the CMS-1500 claim form.
  o Add the FP modifier after all CPT and HCPCS codes. See A. Exhibit 1 for family planning ICD-9 and HCPCS codes accepted by DMAP.
  o Enter “N/C, Confidential” in box 9 on the CMS-1500 claim form if the client has requested special confidentiality.

Hard-copy claims should be submitted directly to: Attn: Judy Brazier, Division of Medical Assistance Programs, 500 Summer Street, NE E-44, Salem, OR 97301.

Billing for Lab Services

• Only the provider who performs the test(s) may bill DMAP.
• DMAP will not reimburse separately for collection and/or handling of specimens such as Pap or other cervical cancer screening tests, voided urine samples, or stool specimens. Reimbursement is bundled in the reimbursement for the exam
and/or lab procedures and is not payable in addition to the laboratory test.

- Pass-along charges from the performing laboratory to another laboratory, medical practitioner, or specialized clinic are not covered for payment and are not to be billed to DMAP.

- Clinical Laboratory Improvement Amendments (CLIA) Certification:
  - Laboratory services are reimbursable only to providers who are CLIA certified by the Centers for Medicare and Medicaid Services (CMS). CLIA requires all entities that perform even one test, including waived tests on “materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of, human beings” to meet certain federal requirements. If an entity performs tests for these purposes, it is considered under CLIA to be a laboratory.
  - Providers must notify DMAP of the assigned ten-digit CLIA number; payment is limited to the level of testing authorized by the CLIA certificate at the time the test is performed.

- Please refer to Appendix F for Monthly Income Guidelines for Medicaid Coverage.

**Medicaid Resources and Information**

- OHA DMAP Provider Services 1-800-336-6016

- [OHA DMAP General Rulebook](http://www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html) (ORS 410-120):

- [OHA DMAP Medical-Surgical Services Rulebook](http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html) (ORS 410-130):

- Guidance on use of ICD-9, CPT, HCPCS, and FP modifier codes:
  - OARS 410-130-0585 for general family planning service providers;
  - OARS 410-130-0680 for laboratory and radiology services;
  - OARS 410-130-0587 for enrolled family planning clinics only.

### DMAP / OHP Contact Points

<table>
<thead>
<tr>
<th>Program</th>
<th>Phone/E-mail</th>
<th>Web site</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DMAP Reception</strong></td>
<td>1-800-527-5772</td>
<td><a href="http://www.oregon.gov/OHA/healthplan/index.shtml">http://www.oregon.gov/OHA/healthplan/index.shtml</a></td>
</tr>
<tr>
<td><strong>Provider Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHP AVR User Guide</td>
<td></td>
<td><a href="https://apps.state.or.us/Forms/Served/oe3162.pdf">https://apps.state.or.us/Forms/Served/oe3162.pdf</a></td>
</tr>
<tr>
<td>DMAP Benefit RN Hotline</td>
<td>1-800-393-9855</td>
<td></td>
</tr>
<tr>
<td>DMAP Provider Enrollment</td>
<td>1-800-422-5047</td>
<td><a href="http://www.oregon.gov/OHA/healthplan/toolsProv/providerenroll.shtml">http://www.oregon.gov/OHA/healthplan/toolsProv/providerenroll.shtml</a></td>
</tr>
<tr>
<td>DMAP/OHP Provider Contact Handbook</td>
<td></td>
<td><a href="https://apps.state.or.us/Forms/Served/oe3046.pdf">https://apps.state.or.us/Forms/Served/oe3046.pdf</a></td>
</tr>
<tr>
<td><strong>Client Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OHP Statewide Processing</td>
<td>1-800-699-9075</td>
<td></td>
</tr>
<tr>
<td>Other patient insurance resources</td>
<td></td>
<td><a href="http://www.oregonhealthconnect.org/index.cfm?fuseaction=mainprov_list">http://www.oregonhealthconnect.org/index.cfm?fuseaction=mainprov_list</a></td>
</tr>
</tbody>
</table>
Purchasing Family Planning Supplies

A.6

Broad Range of Methods

Care and Title X providers must offer a broad range of acceptable and effective FDA approved family planning methods on-site. This includes:

- A choice of combination oral contraceptives (phasic and monophasic)
- At least one non-oral combination contraceptive (ring or patch)
- A progestin-only pill and injectable
- IUD and IUS*
- Sub-dermal implant*
- Latex and non-latex male condoms
- Female condoms
- Two types of spermicide
- Diaphragm or cervical cap*
- Fertility Awareness Method (FAM)
- Information about abstinence and withdrawal
- Information and referral for sterilization*
- Emergency contraception pills (ECP) for immediate and future use (discussed and offered to all clients)

* It is understood that not all agencies have the staff or skills needed for some methods, such as IUD and implant insertion. In this case, a client wanting a method that isn’t available should be provided with a specific referral, preferably to another Care provider.

340B Public Health Pricing

The Federal Office of Pharmacy Affairs (OPA) manages the 340B supply purchasing program which limits the cost of outpatient drugs for certain covered entities. Title X delegate agencies and Federally Qualified Health Centers (FQHCs) are covered entities eligible for 340B public health pricing.
When setting up contracts with supply manufacturers, distributors or vendors, you are required to provide your agency’s 340B ID number in order to access the discount pricing. You can locate your ID# at the OPA 340B covered entities database: [http://opanet.hrsa.gov/opa/Default.aspx](http://opanet.hrsa.gov/opa/Default.aspx).

A complete list of distributors can be found through the 340B Prime Vendor Program:

- Apexus 340B Prime Vendor Program  
  Contact: John Barnes (972) 910-6643  
  [jbarnes@340Bpvp.com](mailto:jbarnes@340Bpvp.com)

**Supply Purchasing Resource**

Whether you qualify for 340B or Non-340B supply purchasing, see Exhibit 2 for a list of companies that manufacture or distribute family planning products and supplies.
Sterilizations: Vasectomies

Male sterilization (vasectomy) services are covered under both CCare and the Oregon Vasectomy Project (OVP), formerly known as the Title X Oregon Vasectomy Project. Both Title X sub-recipient and CCare-only agencies are eligible to provide vasectomy services and receive reimbursement through OVP. All sterilization services provided by agencies through the Oregon Reproductive Health (RH) Program must comply with federal regulations, including those that are required for Oregon Health Plan (OHP) clients. The following are additional references and resources for sterilization services:

- Section A, Exhibit 4: Consent for Sterilization
- Section A, Exhibit 6: Flow of OVP Services
- Section A, Exhibit 7 Vasectomy Referral Form
- Section A, Exhibit 8: Services Rendered Form
- Section A, Exhibit 9: Sample Vasectomy CVRs with OVP as SOP
- Section B, Exhibit 3: Title X Service and Supply Discount Schedule
- Section B, Exhibit 4: Reproductive Health Program Sliding Fee Scale
- Section B.1, Attachment C: Regulations Relating to Sterilization of Persons in Federally Assisted Family Planning Projects
- Section B.4: Sterilization Regulations, Federal Title X requirements
- Section C: Oregon CCare Program
- Section C, Exhibit 8: Reimbursement Rates for CCare Visits and Supplies

Contracting with a Local Vasectomy Provider

While some agencies have the capacity to provide vasectomies on site, most do not. Agencies may also contract with a local vasectomy provider to perform vasectomy procedures for a set fee. The fee covers the surgical procedure and the post-vasectomy semen analysis.

Any locally-contracted vasectomy provider must agree to the reimbursement amount set forth in the contract or agreement with the
agency and must not charge the client any additional fees, including no-show fees, lab fees for the follow-up semen analysis, or fees for a post-procedure follow-up visit. The contracted reimbursement amount is considered a global payment for the provision of the vasectomy and all routine follow-up.

**State-Contracted Vasectomy Provider**

In addition to contracting with a local provider, agencies may utilize the services of a state-contracted vasectomy provider (vasectomist). State-contracted vasectomists travel throughout Oregon to perform vasectomies in areas where access to vasectomies is limited.

To access the services of a state-contracted vasectomist, visit the Oregon Reproductive Health Program website. Exhibit 6 of this section describes a walk-through of how services are provided by a state-contracted vasectomist, called Flow of OVP Services.

**Screening and Eligibility**

Men seeking vasectomy services must be at least 21 years of age by the date of the procedure. Agencies should screen clients for CCare eligibility using the established criteria and processes. Clients requiring assistance with citizenship documents may be enrolled and receive services, including the vasectomy procedure, under the one-time reasonable opportunity period (ROP) until citizenship can be verified. Clients not eligible for CCare should be provided services through OVP. Prior authorization from the RH Program is not required. Clients with OHP coverage may also receive vasectomy services through OVP if they meet the age requirement. CCare and OVP vasectomy eligibility and service requirements are summarized in the table on page A7-7.

**Vasectomy Counseling and Informed Consent**

Once enrolled in CCare or assessed for OVP, clients must receive a sterilization counseling visit. Clients wishing to pursue the
A vasectomy procedure at the conclusion of the visit will be asked to review and sign a consent form (Section A, Exhibit 4 - Consent for Sterilization).

The counseling and consent process must assure that the client’s decision to undergo sterilization is completely voluntary and made with full knowledge of the permanence, risks, and benefits associated with male sterilization procedures. Federal regulations require that the procedure be provided at least 30 days after the day the client signs the consent form and no more than 180 days from the signature date.

Federal regulations also require that all boxes be checked and all blank lines be filled-in on the consent form in order for the form to be considered complete and compliant. Note that a specific doctor must be named in the client’s portion of the form and that name must match the “Physician’s Signature” on the bottom of the form. If the original vasectomy provider listed on the consent form is unable to perform the vasectomy, then the performing provider and the client should complete a new consent form and attach it to the original. (In this event, it is not required to wait an additional 30 days before the procedure is provided).

Referral for Procedure

If the client wishes to pursue a vasectomy at the conclusion of his counseling visit, the agency should:

State-Contracted Vasectomist: Forward a copy of the consent form, along with the Vasectomy Referral Form (Section A, Exhibit 7), Release of Information Form, any relevant medical information about the client, and insurance information, if applicable, to the vasectomist. Depending on the preference of the contracted vasectomist, either the client or the agency should schedule the vasectomy appointment with the vasectomy provider.

Locally-Contracted Vasectomy Provider: Forward a copy of the consent form to the contracted vasectomy provider. Depending on the preference of the contracted vasectomy provider, either the client or the agency should schedule the vasectomy appointment with the vasectomy provider.
In-House Vasectomy Provider: Follow normal clinic flow to schedule a vasectomy appointment for the client.

Procedure and Follow-Up

During the medical visit, the client should be instructed on the collection and submission of a semen sample for the post-procedure semen analysis.

In the rare event a post-vasectomy visit is required to follow-up with a potential medical complication; the agency may bill CCare or OVP for a contraceptive management office visit. However, treatment of medical complications is not covered under CCare or OVP.

Billing

Separate CVRs must be submitted for the counseling visit and the medical procedure for payment to be rendered.

In-House or Locally-Contracted Vasectomy Provider: If the agency or a locally-contracted provider performs the services, the agency should follow their normal procedure for submitting CVRs for the counseling visit and the sterilization procedure.

State-Contracted Vasectomist: If a state-contracted provider performs the services, he or she should send a copy of the Services Rendered Form (Section A, Exhibit 8), including any amount paid by a third party payer or the client, the client’s medical records, a copy of the final signed Consent for Sterilization Form (Section A, Exhibit 4), and any other relevant information to the client’s home agency. If the client has private insurance or OHP, the contracted provider must bill insurance first and then bill OVP or CCare the difference, if any, up to the maximum rate. The client’s home agency will then use the information on the Services Rendered Form to complete a paper CVR using the state-contracted vasectomist’s Project/Site number. The CVR will then need to be sent via mail to Ahlers.
Both CCare and OVP are payers of last resort. Agencies and contracted providers should bill private insurance or OHP first, if applicable. For those eligible, CCare may be billed for any balance remaining after private insurance has been billed. For those ineligible for CCare, OVP may be billed for any balance remaining after private insurance or OHP has been billed.

The Title X sliding-fee scale should be applied to assess any fees for OVP clients, when indicated. This applies to all agencies offering OVP services, even those agencies that are not Title X sub-recipients.

If a client fails to appear for an appointment, neither the client, CCare, OHP or OVP may be billed a “no show” fee. The agency may be billed for a client’s “no show” fee only if it is written into the locally-contracted vasectomy provider’s contract.

Clients with OHP Coverage: When billing DMAP for vasectomy services provided to OHP clients, mail a copy of the completed Consent for Sterilization form to DMAP at, 500 Summer Street NE, E44, Salem, OR 97301. DMAP will withhold payment if the client does not sign and date the form 30 days prior to performing the sterilization. See OAR 410-130-0580 for more information about sterilization consent procedures and exceptions under DMAP.

Clients with No Source of Coverage: Agencies must not deny or delay delivery of services due to a client’s inability to pay. Agency staff are expected to make a minimum of two contact attempts to collect payment due from the client, if any, before billing OVP for services rendered. Contact attempts may be made via phone or mail and must be documented in the client’s record. If the client does not provide payment, OVP will reimburse for the cost of services up to the full reimbursement rate.

For additional information, refer to Section B, Exhibit 3: Title X Service and Supply Discount Schedule and Exhibit 4: Reproductive Health Program Sliding Fee Scale.
Vasectomy Referral Fee

In recognition of the administrative work related to facilitating vasectomy referrals, the Oregon RH Program allows agencies that refer clients to vasectomy providers to recoup a $50 Vasectomy Referral Fee. To be eligible for the referral fee, the reimbursement rates for both the counseling visit and the vasectomy procedure must be passed on in full to the contracted provider who performed the services.

To be reimbursed the $50 Vasectomy Referral Fee, complete a CVR:

- Complete sections A-E, 1-7, 8
  - In section 3 Date of Visit enter the day AFTER the counsel, as multiple CVRs with the same Date of Visit will be rejected
- Check box 11-OVP in section 9 Source of Pay
- Complete sections 9B, 18, 11 (if applicable)
- Check box 8-Vasectomy Referral (w/OVP SOP) in section 12 Purpose of Visit
- Check box 18-Vasectomy Referral Fee in section 13A Medical Services
- Complete section 15A Primary Contraceptive Method

See Section A, Exhibit 9 for an example Vasectomy Referral Fee CVR.

Training and Outreach Resources

The Reproductive Health Provider Resources section of the Oregon RH Program website offers provider resources, including sample fee assessment and collection policy and procedures.

The RH Update newsletter includes training announcements and policy updates. State program staff are also available to assist with policy, operations and billing questions related to vasectomy.

For additional resources contact the Oregon RH Program.
<table>
<thead>
<tr>
<th>Process</th>
<th>CCare</th>
<th>OVP</th>
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| Eligibility Criteria | • Male >21 years  
• Income ≤ 250% FPL  
• Not enrolled in OHP, may have private insurance  
• Social Security Number  
• Proof of U.S. citizenship, or have been lawful permanent residents for ≥5 years  
• Oregon resident  
• Proof of ID                                                                 | • Male >21 years  
• Income ≤ 250% FPL  
• Not eligible for CCare  
• May be enrolled in OHP or have private insurance                                                                 |
| Charges to Client    | No Charges                                                                                                                                                                                             | Title X Sliding Fee Scale – See Section B, Exhibit 3                                                                                                                                               |
| CVR                  | **Normal CVR instructions should be followed (see Section D). In addition, the following items must be completed in order to receive payment:**  
Counseling Visit CVR  
• Check box 08-CCare in section 9 (Source of Pay)  
• Check box 4-Counseling Only in section 12 (Purpose of Visit)  
• Check box 03-Sterilization in section 14A (Counseling Education Provided)  
Sterilization Procedure CVR  
• Check box 08-CCare in section 9 (Source of Pay)  
• Check box 3-Other Medical in section 12 (Purpose of Visit)  
• Check box 20-Sterilization Procedure in section 13A (Medical Services)                                                                 | Counseling Visit CVR  
• Check box 11-OVP in section 9 (Source of Pay)  
• Check box 4-Counseling Only in section 12 (Purpose of Visit)  
• Check box 03-Sterilization in section 14A (Counseling Education Provided)  
Sterilization Procedure CVR  
• Check box 11-OVP in section 9 (Source of Pay)  
• Check box 3-Other Medical in section 12 (Purpose of Visit)  
• Check box 20-Sterilization Procedure in section 13A (Medical Services)                                                                 |
| CVR Submission       | 12 months from date of service                                                                                                                                                                        | 90 days from date of service                                                                                                                                                                       |
| Deadlines            |                                                                                                                                                                                                         |                                                                                                                                                                                                     |
| Reimbursement Rate   | • See Section C, Exhibit 8 for current vasectomy reimbursement rates  
• Less payment received from private insurance (if any)                                                                                                                                             | • See Section C, Exhibit 8 for current vasectomy reimbursement rates  
• Less payment received from insurance and/or client charges (if any)                                                                                                                                  |
Planning and evaluation are critical aspects of our work. They allow us to learn how well our communities are being served and where improvements can be made. Equally important, this information is critical for helping to demonstrate to partners and stakeholders the great value of family planning services.

We understand that the day-to-day demands of serving clients may leave little time and resources for in-depth evaluation or planning. Fortunately, many sources of data and technical assistance (TA) are available to help agencies regularly assess and improve the quality and scope of their family planning programs.

Technical Assistance Sources

For questions or help on assessing client and community needs, monitoring the services you provide, or measuring your program’s impact, contact the Oregon Reproductive Health Program.

Among other things, Reproductive Health Program staff can:

1. Offer training for your staff on topics ranging from clinical practice to billing operations.
2. Provide assistance with access to data and/or data analysis.
3. Offer help implementing the Culturally and Linguistically Appropriate Services (CLAS) standards.
4. Arrange, in some cases, specific TA using limited funds from Region X. This option applies to Title X delegates only.

Even when program staff cannot assist you directly, they often know who to contact for further information and resources.
Data Sources

OREGON REPRODUCTIVE HEALTH DATA

Oregon Reproductive Health Information System (Ahlers data). An enormous amount of CVR data on the clients you see and the services you provide are available from Ahlers & Associates. Data are accessible in three main formats: standardized reports; customized tables; and “raw” visit-level records. See the CVR Manual in Section D for more information and instructions on each of these formats.

Oregon Reproductive Health Client Satisfaction Survey (CSS). Every two years, state staff work with local agencies to conduct a multi-clinic customer satisfaction survey. Even if your clinic/agency did not participate in the last round of the CSS, you may find the statewide results useful. The most recent report is available online at http://www.healthoregon.org/rhmaterals. You may also contact Oregon Reproductive Health Program staff for more information or a copy of the latest CSS report.

Title X Local Agency Review. If your agency receives Title X funding, the state’s family planning nurse consultants conduct a detailed review of your clinical and administrative practices once every three years (see Section B.10, Agency Reviews). The final report from your review contains a wealth of information to inform your program assessment efforts.

OREGON POPULATION DATA

The Center for Health Statistics in the Oregon Health Authority (OHA) maintains records for every vital event (birth, abortion, marriage, divorce, death) that occurs in Oregon. A wide array of statistics, such as teen pregnancy data, are published in annual statewide and county reports, available online at http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/Pages/index.aspx. Or contact the Center for Health Statistics by phone at (971) 673-1190.

The Population Research Center at Portland State University publishes an annual report containing detailed estimates of Oregon’s
population by age, sex, and geographic location. 
http://www.pdx.edu/prc/annual-population-estimates.
The center also conducts demographic and economic analyses and publishes reports on a variety of other topics including housing, school enrollment, and population change. For more information, contact the Population Research Center at (503) 725-3922.

OREGON SURVEY DATA

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey to capture behavioral risk factor data for the adult population (18 years and over) living in households. It typically includes a number of questions related to family planning and sexual behavior. Year-by-year tabulations of data by topic are available at http://www.healthoregon.org/brfss.

Note: Single-year BRFSS data is too small to generate county-specific estimates; however, every few years, the Center for Health Statistics combines 4 years of BRFSS data to examine selected topic areas by county. The most recent county-specific data tabulations are available at http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/SURVEYS/ADULTBEHAVIORRISK/COUNTY/INDEX/Pages/index.aspx.

Oregon Healthy Teens (OHT) is an annual, voluntary, school-based survey of risk and protective factors for healthy youth development. About one-third of the state’s eighth and eleventh graders are surveyed each year; a smaller sample of ninth through twelfth graders is surveyed every other year. Topics covered on the questionnaire include: sexual activity and HIV/AIDS knowledge; tobacco, alcohol and other drug use; personal safety behaviors and perceptions; violence-related behaviors; diet and exercise; extracurricular activities; health conditions and access to care; and individual, peer, community, and family influences on risk behaviors and health. Year-by-year tabulations of data by topic (and by county, in most cases) are at http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx or by calling the Center for Health Statistics at (971) 673-1190.
The Oregon Population Survey, conducted by telephone every other year on behalf of the Oregon Progress Board, covers issues such as health insurance coverage, educational attainment, childcare arrangements, and Oregonians’ perceptions on the quality of public services and sense of community. Results are available for the state as a whole and for eight separate regions. Access the information at http://www.oregon.gov/DAS/OEA/Pages/popsurvey.aspx.

Oregon’s Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing mail- and telephone-based survey of recent mothers in Oregon. PRAMS collects data on maternal attitudes and experiences prior to, during, and immediately after pregnancy, including pregnancy intent and contraceptive behavior. Year-by-year data and copies of the questionnaire are at: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/prams/Pages/index.aspx

For more information call (971) 673-0237.

Note: The PRAMS sample is designed to be representative of the state target population, so the number of respondents is generally not large enough to generate county-specific estimates.

NATIONAL FAMILY PLANNING-RELATED DATA

The Guttmacher Institute (GI), formerly the Alan Guttmacher Institute, is a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education. The GI website features hundreds of data tables, reports, and research articles, as well as a custom table maker. http://www.guttmacher.org

GI also produces periodic estimates of the number of Women In Need of contraceptive services and supplies at national, state, and county levels. Estimates can be broken down further by age, poverty status, and race/ethnicity. The Oregon Reproductive Health Program uses these estimates regularly, for example, when requesting annual plans from counties. See the website at: http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf
The **CDC Division of Reproductive Health** provides a wealth of family planning-related data at:

http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm

The **National Center for Health Statistics** administers an in-person nationwide survey every five to seven years called the National Survey of Family Growth (NSFG). The NSFG asks women and men aged 15–44 many in-depth questions about sexual activity, marriage, divorce and cohabitation, fertility and infertility, pregnancy and childbearing, contraceptive use, and use of family planning services. Data are not broken out for Oregon specifically, but the national-level reports may still be useful. See http://www.cdc.gov/nchs/.
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