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Overview

D.1

This manual is designed to help inform and assist those who use the Client Visit Record (CVR) to collect data for the state of Oregon and/or bill Oregon's reproductive health Medicaid waiver, Oregon ContraceptiveCare (CCare).

The Purpose of the CVR: Data Collection & Billing

The Oregon Clinic Visit Record (CVR) serves to both collect data required by federal funders and to bill CCare.

The data collected by the CVR serves to prove the importance of both Title X and CCare to federal and state officials. Oregon's CVR is an important source of data for:

- Describing reproductive health clients who receive services in Oregon;
- Constructing financial and internal reports;
- Planning the allocation of resources;
- Measuring outcomes;
- Analyzing clinic effectiveness and efficiency; and
- Providing data to the Region X Office of Family Planning, the Centers for Medicare and Medicaid Services (CMS), the Oregon Health Authority Public Health Division, and delegate agencies.

The current CVR is located in [Exhibit D-5](#).

CVR Revisions

Occasionally, changes need to be made to the Oregon CVR. Updates relating to Title X are based on changing data requirements by OPA. All changes are vetted by members of the Reproductive Health Program Advisory Committee. Oregon Reproductive Health Program staff make final decisions about the CVR in consultation with the contractor for CVR data processing and billing, Ahlers and Associates (Ahlers).

When changes are made, a software patch is provided to agencies using the Ahlers billing software system. Revised paper CVRs are also provided by Ahlers to those agencies that use them.

Terminology

Ahlers uses the terminology *project* and *service site*, or *site*, to mean *agency* and *clinic* respectively. To use a CVR, each agency must be assigned a project number and each clinic a service site number. Please note that these terms are used interchangeably throughout this manual. To request a service site number see [Exhibit D-1](#).

CVR FAQs

D.2

Q. What exactly is the CVR? And how is CVR data collected?

The Oregon CVR (Clinic Visit Record) is a specialized data collection tool for reporting required reproductive health visit information and for billing CCare.

A variety of methods and software can be used to collect CVR data. In most clinics, the CVR is incorporated as a section of a computerized billing/client information system. Agencies may use the software developed by the data processor, Ahlers and Associates (Ahlers), or any number of other billing and/or client information software packages. A few clinics continue to use a paper CVR.

No matter what format is used, all data fields are identical, and the same definitions and guidelines apply. Sub-Section D.3 describes how to complete a CVR.

Q. When and for whom do I submit a CVR?

Clinics that receive Title X funding are expected to submit a CVR for every reproductive health client visit (except a **non-CCare** supply-only pick-up encounter), regardless of the source of pay. CCare providers must submit a CVR to receive reimbursement.

A CVR is required for the following types of visits and services:

- All initial, annual, and other medical visits for clients who are receiving reproductive health medical and/or counseling services and for whom a client record is established and updated for each visit.
 - This applies to both female and male clients, and to clients who are using abstinence or sterilization as their contraceptive method.
- Pregnancy test visits where testing and professional counseling services related to pregnancy test results are provided and recorded on the client record (applicable to Title X only).
- Vasectomy visits that include professional counseling services and the establishment of a client record.
- Vasectomy medical services provided by a provider or a contracted referral provider.
- Counseling-only visits where the information is placed in the client record.

- Emergency contraceptive visits that include the establishment or update of a client record.
- Supply-only pick-up encounters in which an established client receives refills of their contraceptive method without needing other services (applicable to CCare only).

Q. What happens to the CVR data?

CVR data are collected at each registered clinic site in the agency and then transmitted via mail (paper CVRs) or electronically through a HIPAA-compliant website to Ahlers. The information is scanned for errors, tallied, and parsed into usable form in tabular reports. CVR data are reported by project/agency (all clinic sites at the agency included) and by each individual clinic site.

Q. How does information from the CVR help me?

Ahlers provides a wealth of statistical data broken down by date of service: quarterly, calendar year (January – December), fiscal year (July – June), FPAR (December 1 – November 30 of the following year), and special request. These reports are provided at no additional charge.

Q. How can I obtain reports from Ahlers?

We strongly encourage using the on-line reports section of the Ahlers website at www.ahlerssoftware.com. A user ID and password are required. Staff at agencies with fewer than 10 clinics should use [Exhibit D-2a](#) for a login and password application for the Ahlers system, while staff at agencies with more than 10 clinics should use [Exhibit D-2b](#).

Once in the secure portion of the website, clinics/agencies may access and print data for the last three years as standard reports (under the View Reports option) or as custom tables (using the Build a Report function). Sample reports are also included as [Exhibit D-3](#). Raw, visit-level data can be downloaded and manipulated. [Exhibit D-4](#) describes the steps to access data.

Agencies and clinics that need access to paper versions of reports should contact Ahlers.

Q. We use Ahlers' WINCVR software. Is it the same as the paper CVR?

Yes. Ahlers built their WINCVR system around a modular client information system geared specifically toward public health,

particularly reproductive health. The Title X and CCare CVR components are integrated into this system.

Q. We use third-party billing software. How will it capture CVR information?

Most CVR components are common to client registration systems (super bills) and most standard billing software. Oregon may collect a few items that are not included in the third-party system, such as data on referrals or counseling. To capture the required CVR data correctly, add these elements to the software. To transmit the data, use the standard file format included as [Exhibit D-6](#).

Q. What are the deadlines for transmitting data to Ahlers?

Because the CVR is used for both billing and data collection, there are two data submission deadlines:

1. **Claims Payment:** CCare reimbursements are generated monthly. In order to receive a timely payment, CVR data must be submitted no later than the **Thursday before the 15th of the month** (see [Exhibit D-7](#) for current deadlines). These data typically consist of CVRs from the previous month, but may include CVRs with dates of service up to the deadline date or as old as one year.
2. **Report Generation:** CVR data should be submitted by the processing deadline for each month to ensure that Ahlers reports are accurate and comprehensive.

Month	Report
February:	Annual Report
April:	Quarter 1 Report
July:	Quarter 2 Report
August:	Fiscal Year Report
October:	Quarter 3 Report
December:	FPAR Report
January:	Quarter 4 Report

Q. How do we know our data are really reaching Ahlers? Can we run a test batch?

Yes. In fact, any time the CVR is upgraded or revised, or an agency changes their EHR or data system, it's advisable to transmit a

monitored test batch of data. This should be done prior to the cutoff for monthly data to resolve any problems. Ahlers should also be provided with an email address for a contact in the agency. Upon request, Ahlers will send tallies of the number of records received after an electronic transmission. An Ahlers employee can help with the process and help look for data anomalies and incomplete files. See the contact information for Ahlers on the last page of the CCare Eligibility Database Instructions ([Exhibit C-1](#)).

Q. How do we resubmit a CVR that has been rejected?

Data errors and billing errors can cause CVRs to be rejected. Along with the monthly billing register, agencies receive a CVR Error Report (See [Exhibit D-9](#) for a sample report) that shows CVR rejections and an explanation for each rejection.

Rejected CVRs can be corrected and resubmitted with the next month's batch of CVRs. In some cases, missing information will need to be provided and in others, billing errors will need to be corrected. See [Exhibit D-8](#) for more information on CVR error messages.

Q. How does HIPAA affect the Family Planning Information System?

HIPAA, the Health Insurance Portability and Accountability Act of 1996, requires that all information transferred via the Internet be encrypted to protect client privacy.

HIPAA information is available on many websites. One of the more comprehensive is:
<http://www.hipaa.com> - covers many aspects of the law and its implementation.

For more information, visit www.ahlerssoftware.com and click on HIPAA.

submit a clinic/site number request form ([Exhibit D-1](#)) to the RH Program.

Section 2: Client Number

2. CLIENT NUMBER									
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The client number is an agency-specific identifier used in conjunction with the date of birth field to ensure that the correct data are matched to the client. It can be found in the client's medical records or other client information files.

Like the Service Site Number, all nine boxes must be filled in. If the client number is fewer than nine digits, use leading zeroes. For example, client number **1122** should be entered as **000001122**. (Ahlers WINCVR automatically fills in leading zeroes.)

Assigning Client Numbers

The client number is an agency-specific identifier used in conjunction with the date of birth field to ensure that the correct data are matched to the client. Each agency may follow its own procedures for assigning numbers, as long as the numbers meet the following requirements:

- There are no duplicate numbers:
 - No two clients within a service site (clinic) may have the same number.
 - No two clients within a project (agency) may have the same number.
- The client number must not contain alphabetic or non-numeric characters.
- The client number cannot be longer than nine digits.
- Projects with multiple clinic sites may want to use prefixes to better identify clients from each site. This will also help to avoid duplicates.

Example:

- Site A assigns numbers with a 1 prefix: 100000789.
- Site B assigns numbers with a 2 prefix: 200000789.

If a client has been inactive in the system for 36 months or more, Ahlers will discontinue that client number. If the client returns to the system, that old number can be reactivated, or a new one assigned. Do not assign a previously used number to a different client.

Section 3: Date of Visit

3. DATE OF VISIT	MO.	DAY	YR.		
			2	0	

Enter the actual **date on which the client received medical and/or counseling services**, not the date the information is entered. Be sure to use the actual visit date, even if the CVR is completed at a later time.

Enter the date in month/day/year format (mm/dd/yyyy). Convert month and day to two-digit numbers:

January	01	July	07
February	02	August	08
March	03	September	09
April	04	October	10
May	05	November	11
June	06	December	12

For example: if the visit happened on July 9, 2012, enter the date as 07/09/2012.

Only one CVR can be submitted for a client per day. If a client makes more than one visit on the same day, code all services provided on that day on a single CVR. Under Purpose of Visit (Section 12), enter the code number for the most inclusive exam.

Section 4: Date of Birth

4. DATE OF BIRTH	MO.	DAY	YR.		

The date of birth is the month, day, and year the client was born. Record as much of this information as the client is able to give. If the birth year is unknown, ask the client, "How old are you?" and calculate the year. If the birth month is unknown, use July 15, a default date used by the processor for unknown data.

Enter the date in month/day/year format (mm/dd/yyyy), using the same two-digit code as in date of visit.

For example: If the client's date of birth is June 3, 1988, enter the date as 06/03/1988.

A **control field** is a piece of information that the computer uses to detect errors. **Date of birth** is a control field on all CVR submissions.

A client can have only one date of birth.

For Ahlers' WINCVR software, always record the same birth date as on the CVR for the client's first visit. Otherwise, the CVR will be rejected.

Clients sometime give different dates at different times, so check the actual records.

Section 5: Sex

5. SEX 1 - Female 2 - Male

This section refers to the client's **biological sex** assigned at birth. If sex is not indicated on the client's medical record, try asking a clarifying question, such as "What sex were you at birth?" **Do not make assumptions or rely on observations.**

Section 6: Ethnicity

6. ETHNICITY 6 - Hispanic or Latino 9 - Not Hispanic or Latino

One box **must** be checked, but only one box: Hispanic or Latino; OR Not-Hispanic or Latino.

If ethnicity is not included on the client's medical record, try asking a clarifying question, such as "Do you consider yourself Hispanic or Non-Hispanic?" **Do not make assumptions or rely on observation to complete this box;** neither are reliable means of ascertaining ethnicity.

Hispanic origin or descent include:

1. Mexican-American = Mexicana(o)-Americana(o)
2. Puerto Rican = Puerto Riqueña(o)
3. Cuban = Cubana(o)
4. Central or South American = Centro o Sudamericana(o)
5. Other Spanish Speaking = Otra Categoria Español

Section 6a: Race

6a. RACE (Mark All That Apply) 5 - Asian 6 - Other
 1 - White 3 - American Indian 7 - Unknown/Not Reported
 2 - Black/Afr. Amer. 4 - Alaska Native 8 - Native Hawaiian/Pac. Isl.

Check all that apply.

Many people assume that Hispanic or Latino is a racial category; however, our funders categorize Hispanic or Latino as ethnicity and consider race to be a separate category. Funders need to know if Hispanic/Latino clients also identify as White, African American, etc. This data is important to collect because it allows us to provide the most effective and appropriate healthcare services and to better understand the health behaviors/practices of our clients. Please work with clients, particularly those of Hispanic ethnicity, to explain why we need information about ethnicity and race and to help clients identify a racial category that best describes them.

If race is not indicated on the client’s medical record, try asking a clarifying question, such as “What race or races do you identify with?” Again, **do not rely on assumptions or observation**; neither are reliable means of ascertaining race. If the client doesn’t know or chooses not to answer, check box **7 – Unknown/Not reported**.

Section 7: Additional Demographic

7. ADDITIONAL DEMOGRAPHIC (Check if Applicable) <input type="checkbox"/> 5 - Limited English Proficiency

Limited English Proficiency describes a client who has a limited ability to read, speak, or understand English and may need assistance to optimize her or his use of reproductive health services. Check this box if the staff must speak in the client’s native language or if a third person or interpreter service is used to communicate with staff/client.

Section 7A: Client’s Previous Test Dates

7a. CLIENT’S PREVIOUS TEST DATES - Females Only				MO.	YR.
1 - Chlamydia (age ≤ 24)	<input type="checkbox"/> 1 Never	<input type="checkbox"/> 2 Unk	3 Date		
2 - Pap (age ≥ 21)	<input type="checkbox"/> 1 Never	<input type="checkbox"/> 2 Unk	3 Date	MO.	YR.

This section is intended to capture female clients’ most recent test dates (month and year) **prior to today’s visit**, as used in clinical decision-making. Test dates may be self-reported by the client or populated from client medical records, when available.

- Check **1 Never** if the client has never had one of these tests
- Check **2 Unknown** if test dates are unknown or unavailable
- For **3 Date**, only enter Chlamydia test dates for female clients age 24 years and younger, and Pap test (cervical cytology) dates for female clients age 21 years and older. If test dates are entered for clients outside these age ranges, Ahlers will clear out the dates upon receipt of the CVR data.

Section 8: Zip Code

8. ZIP CODE						
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Enter the zip code provided by the client. This item is important for documenting the location of the client’s residence. If the client is homeless, use the zip code of the clinic providing service, or that of the address where the client receives mail.

Section 9: Assigned Source of Payment

9. ASSIGNED SOURCE OF PAYMENT (Check one)		
<input type="checkbox"/> 01 - No Charge	<input type="checkbox"/> 04 - Private Insurance	<input type="checkbox"/> 07 - Other
<input type="checkbox"/> 02 - Title XIX (OHP)	<input type="checkbox"/> 05 - Full Fee	<input type="checkbox"/> 10 - Non-CCare Visit/ CCare Supply*
<input type="checkbox"/> 08 - CCare*	<input type="checkbox"/> 06 - Partial Fee	<input type="checkbox"/> 11 - OVP
<input type="checkbox"/> 03 - WA Take Charge	*Complete top section and 17 for CCare	

Document how the agency expects to be paid for the services provided during the visit. This number-by-number guide will help determine which **single box** to check.

01 - No Charge: Client does not qualify for third-party billing (Medicaid or insurance) and is below 100% of the Federal Poverty Level (FPL) based on income/family size assessment.

02 - Title XIX (OHP): Client is currently enrolled in the Oregon Health Plan and the visit is billable to OHP.

03 – WA Take Charge: Client has Take Charge coverage (Washington State’s family planning Medicaid waiver program) and the clinic is a Take Charge provider. Take Charge will be billed for the visit.

04 - Private Insurance: Client has private insurance and today’s visit will be billed to that company. Check this box even when the billing outcome is unknown.

05 - Full Fee: Client does not have insurance or Medicaid coverage that will pay for the visit, is over 250% of the poverty level based on income/family size assessment, and will be charged the full fee for the visit. The client may not pay for all/any of the fee on the date of visit.

06 - Partial Fee: Client does not have Medicaid or private insurance for the visit and is between 100% and 250% of poverty level based on income/family size assessment. The client will be charged a partial fee and may not pay all or any of the fee on the date of visit.

07 - Other: Check this box when other, non-specified third-party payers are charged. These may include special federal or state funds for American Indians or male services.

08 - CCare: Client is eligible for CCare, visit is to prevent unintended

Section 9 records how the agency **expects** to be paid. It may not be the method that eventually covers the invoice. If **any** payment from CCare is expected, be sure to check either 08 or 10. If payment is expected from a combination of resources (e.g., partial fee and private insurance), check the resource that is expected to cover the largest portion of the invoice.

Donations are not a source of payment.

They are not to be reported on the CVR.

pregnancies and CCare is being billed.

10 - Non-CCare Billable Visit/CCare Supply: Client is CCare eligible, has a visit that is not for contraceptive management, but also receives contraceptive supplies. Although, the visit is not billable to CCare, the contraceptive supplies may be.

For example, a CCare eligible client comes in for an STI check and requests a refill of her oral contraceptives at the same visit. This is not considered a contraceptive management visit and therefore does not qualify for CCare reimbursement. However, this box **can** be checked to bill CCare only for the contraceptive supplies dispensed at the visit.

11 - OVP: Client is being seen for a vasectomy counseling or procedure visit under the Oregon Vasectomy Project (OVP). To receive payment for these visits, the appropriate medical services (box 20 - Sterilization Procedure in Section 13A) and/or counseling service (box 03 - Sterilization in Section 14A) must be checked. This box should also be marked with box 8 - Vasectomy Referral in Section 12 AND box 18 - Vasectomy Referral Fee in Section 13A when billing OVP for administrative and/or referral work for a client receiving vasectomy services from a sub- or state-contracted vasectomy provider. See Exhibits [D-10](#) and [D-11](#) for instructions on billing OVP and sample CVRs.

Section 9A: Diagnosis Code

9A. DIAGNOSIS CODE (Complete if billing CCare)	Z30.
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This section should be completed only for visits and supplies billed to CCare. Complete it if box 08 – CCare, or 10-Non CCare Visit/CCare Supply in Section 9 is checked. Otherwise, leave it blank.

Enter the ICD-10 diagnosis code that represents the **contraceptive** service provided during the client’s visit. To be reimbursed by CCare, list a Z30 (ICD-10) code. CCare-reimbursable codes are listed in [Exhibit A-1](#).

Use the highest level of specificity within the Z30 series. That means always using five-digit codes where they are available. Assign four-digit codes if there are no five-digit codes; assign three-digit codes if there are no four-digit codes.

Section 9B: Will Insurance Be Billed for This Visit?

9B. WILL INSURANCE BE BILLED FOR THIS VISIT?
(Complete if Question 9 is 8 or 10). 1- No 2- Yes (Complete 17A.)

This section is only for visits billable to CCare. Clients with insurance coverage for contraceptive management services are also eligible for CCare. Per federal Medicaid regulations, insurance should always be billed first, so that Medicaid (CCare) is the payer of last resort.

- Check **1-No**, if:
 - The client has insurance but it will not be billed due to a need for special confidentiality.
 - Remember to enter the TPR code NC in Section 17A, item 1 (also see instructions for Section 9C.)
 - The client does not have insurance.
- Check **2-Yes**, if the client's insurance will be billed for any portion of the visit, and enter the insurance amount in Section 17A, item 2. If the insurance company denies payment, remember to enter the appropriate TPR code in Section 17A, item 1.

Section 9C: Special Confidentiality Needs

9C. SPECIAL CONFIDENTIALITY NEEDS 1-Yes

The special confidentiality option is available to any CCare client who believes she or he would be at risk of physical or emotional harm if a parent/partner or other household member learned the client was seeking reproductive health services. This section is not limited to teens, nor should it be used for every teen client.

Check **1 - Yes** if the client has CCare as a source of pay and indicates that special confidentiality is needed; otherwise, leave blank. If the client requires special confidentiality, be sure to:

- Enter the TPR code NC in Section 17A. This is required and provides documentation of why insurance was not billed, which is necessary for audit purposes.
- Notify outside labs of the client's special confidentiality request (if applicable).
- Ensure the client has also indicated her or his request for special confidentiality on the CCare Enrollment Form (if applicable).

Section 18: Client Insurance Status (Principal Health Insurance Covering Primary Care)

18. CLIENT INSURANCE STATUS (check one) (Principal Health Insurance covering primary care)	
<input type="checkbox"/> 1 - Public Health Insurance	<input type="checkbox"/> 3 - Uninsured
<input type="checkbox"/> 2 - Private Health Insurance	<input type="checkbox"/> 4 - Unknown

Assess whether reproductive health clients have health insurance for “a broad set of primary medical care benefits” (not just reproductive health services). Clients may have more than one kind of coverage so ask them directly about their primary car insurance. Note that the information in Section 9: Assigned Source of Payment is not a reliable indicator of what should go in Section 18.

Complete this section for all clients.

Here are guidelines on which category to check:

1. Check **Public Health Insurance** if the client is currently enrolled in the Oregon Health Plan (OHP) or has Medicare coverage for primary care. CCare should not be counted as public health insurance for this box because it does not cover primary care.
2. Check **Private Health Insurance** if the client has personal or employer-sponsored primary health care insurance, whether or not the insurance pays for reproductive health, contraceptive services, or supplies.
3. Check **Uninsured** if the client has no coverage for primary health care services. This includes clients who may receive primary care services from the Indian Health Service, as that is not considered “insurance.”
4. Check **Unknown** only if no other option is applicable.

Section 10: Income and Household Size

10. INCOME AND HOUSEHOLD SIZE	AMOUNT
a. Monthly Income?	
	NUMBER
b. Household Size?	

Note: Instructions for calculating household size and income for CCare eligibility differ from the instructions below. **If your agency does NOT receive Title X funding, enter the household size and income given by the client on their CCare enrollment form.** (Instructions for calculating household size and income for CCare eligibility purposes can be found in [Section C.](#))

If your agency DOES receive Title X funding, follow the instructions

below for calculating and reporting household size and income.

Ask the client for this information. See below for an explanation of what constitutes a household and how to determine income for the purposes of the CVR.

Start with box 10b - Household Size. Using the definition for *household* (see sidebar), determine how many people are supported by this income. The answer must be at least one. Then compute the monthly income of each person and enter the total amount in whole dollars in **box 10a**. For example, if the income is \$431.41 enter \$431. See page D3-12 for the kinds of income that should be included.

Make every attempt to get an actual or estimated figure from the client. Please note that **clients are not required to provide proof of income for Title X or CCare eligibility.**

What Is Household?

Household is a social unit of one or more persons living together and sharing a source of income. Household members do not need to be married to be counted in income; dependents away at school also are included. The income of all these persons should be counted to calculate the total income of the household. Examples include:

- a married couple, with or without children
- domestic partners, with or without children
- one parent with one or more children
- a married couple sharing the home of a husband's or wife's parents
- two related married couples sharing a single household

Foster children or other unrelated children living in a household are not considered part of the household; payments received for caring for foster children are not considered income.

Roommates are each considered a family of one.

Helpful Guidelines for Determining Income

If the client works:

- Full-time - base the average gross monthly income on the client's most recent month's income.
- Part-time, on a commission basis, or otherwise has an unsteady income - use the average gross monthly income for the previous 12 months.

Some clients may only know their take-home pay, or net income. To calculate gross income, multiply the net income (take-home pay) by 1.15. Do this for all contributing members of the family.

Teens living at home and college students aged 19 and under who are dependent on family income pose special challenges. CCare defines a teen as someone aged 10–19. Title X defines a teen as a minor, which in Oregon is someone aged 10–18.

- Reporting for teen clients at Title X agencies
 - **Teens are considered as a household-of-one only when confidential services are necessary.** In **box 10b**, enter the number 1; in **box 10a**, enter any personal income derived from allowances or employment.
 - Include the parents' income and the total number of people supported by the parents for teens who consider themselves to be supported by their parents (and do not require confidential services).

What Is *Income*?

The gross average monthly income is all money coming in that contributes to the support of the family. Sources of income that should be included are listed on the following page.

Types of Income

These sources of income should be included	These sources of income should NOT be included
<ul style="list-style-type: none"> • Salaries • Wages • Tips • Help from relatives and non-relatives • Public assistance • Unemployment compensation • Worker’s compensation • Veterans benefits • Sick pay • Social Security cash benefits (such as widow’s benefits and children’s allowances) • Alimony/child support • Net investment income (rent, interest, dividends) • Net earnings from self-employment • Pensions • Annuities • Royalties and commissions • Business profits <p>Include deductions commonly taken out of income before the client receives it. These include:</p> <ul style="list-style-type: none"> • Federal, state and local taxes • Social Security payments • Deductions for savings bonds, other savings plans, or union dues 	<ul style="list-style-type: none"> • Grants • Loans • Withdrawal from savings • Tax refunds • Receipts from sale of possessions • Inheritances • Lump sum compensation for injury or legal damages • Maturity payments on insurance policies • Payments for foster parenting • Dollar amount of Food Stamps

Section 11: Health Insurance Enrollment Assistance

11. HEALTH INS. ENROLLMENT ASSISTANCE <input type="checkbox"/> 1 - Onsite <input type="checkbox"/> 2 - Referral
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Record if health insurance enrollment assistance (not including CCare) was provided to the client.

- Check **1-Onsite** if enrollment assistance was provided by a trained enrollment assister at the agency, regardless of when the assistance is provided (e.g., sent to another program of same agency later that day or soon after the original visit).
- Check **2-Referral** if the client was referred for assistance outside of the agency (even if they are located within the same building as the agency).

Section 12: Purpose of Visit

12. PURPOSE OF VISIT (Check One)	
<input type="checkbox"/> 1 - First Annual Exam	<input type="checkbox"/> 5 - Pregnancy Test Visit
<input type="checkbox"/> 2 - Return Annual Exam	<input type="checkbox"/> 6 - Supply Only-Mailed (CCare Only)
<input type="checkbox"/> 3 - Other Medical	<input type="checkbox"/> 9 - Supply Only Visit (CCare Only)
<input type="checkbox"/> 4 - Counseling Only	<input type="checkbox"/> 8 - Vasectomy Referral (w/OVP SOP)

Record the **primary** reason for the client visit. Check one box only.

1 - First Annual Exam: First comprehensive examination at the agency during which physical exam and lab services are provided as clinically indicated (see Section 13A: Medical Services Provided) and contraceptive counseling and education are given. This examination does not necessarily take place during the client's first visit to the agency.

2 - Return Annual Exam: Subsequent visit (often provided annually) during which the client receives a comprehensive medical examination. Physical exam and lab services should only be provided as clinically indicated during this visit. Other services may also be provided. Return annual exams must occur no sooner than 11 months plus one day after the previous annual exam date. For example, if the first annual exam is 05-10-14, then the return annual exam must be on 04-11-15 or later.

3 - Other Medical: A visit during which one or more medical services are provided for routine contraceptive, sterilization, infertility, or related care. Counseling may be provided along with the services. These services include:

- Contraceptive follow-up, such as hormonal method supply, IUD, contraceptive injection, and diaphragm check.
- Method prescription without complete physical exam and lab services: pill prescription, diaphragm fit, IUD insertion, etc.
- Follow-up to initial or annual medical exam visit because all services were not provided at that time.
- Vasectomy or tubal ligation.
- Infertility consultation only if medical or lab services are provided. If not, check box **4 - Counseling Only**.
- Male physical examination.
- Contraceptive method change related to method complaints: IUD removal, poor diaphragm fit, pill change, etc.
- Exam or service related to contraceptive method complaints: pelvic exam because of abdominal pain, excessive bleeding, fatigue, etc.

- Positive or borderline lab test follow-up: repeat Pap smear, monitoring of blood pressure, repeat gonorrhea culture, etc.
- Post-pregnancy check.
- Sickle cell, blood sugar, or other screening because of high-risk status.
- Gestation check. (Note: Prenatal exams are not included because they are not included in the Title X definition of family planning services).
- Emergency contraception provided, including history and counseling.

4 - Counseling Only: A visit during which the client receives consultation specific to reproductive health, but no medical services are provided. This consultation is recorded in the medical record. For examples of counseling services, see Section 14A: Counseling Education Provided.

5 - Pregnancy Test Visit: The primary purpose for the visit is a pregnancy test and counseling. The visit may consist solely of a urine pregnancy test or the urine test plus a pelvic examination. Counseling may be provided at another visit if preferred.

6 - Supply Only-Mailed (CCare Only): This box should be used only for returning CCare clients who choose to have their refill of their contraceptive method mailed to their address. Use of this option is at the discretion of the client; it cannot be offered as the only way in which to receive supplies. Contraceptive methods that require a written prescription may only be mailed to established clients who have been using the method(s) for at least three months, with no problems or contraindications.

8 - Vasectomy Referral (w/OVP SOP): This box should be used to indicate administrative and/or referral work for clients receiving vasectomy services through a sub-contracted vasectomy provider. See example CVR in [Exhibit D-11](#).

CCare and Pregnancy Tests

A pregnancy test visit is not billable to CCare. If a pregnancy test was performed as a routine part of providing contraceptive management services, check box 1, 2, or 3 instead of box 5 in Section 12.

To receive reimbursement (for detailed instructions see [Exhibit D-10](#)):

- A new CVR, separate from the CVRs completed for the vasectomy counseling visit or vasectomy procedure, must be completed with a unique date,
- Box 11 – OVP in Section 9: Assigned Source of Payment, must be marked, even if the vasectomy counseling visit or vasectomy procedure are being covered under a different source of payment, and
- Box 18 – Vasectomy Referral Fee in Section 13A: Medical Services must be checked.

9 - Supply Only Visit (CCare Only): This box should be used only for established CCare clients who present for a refill of their contraceptive method (more packs of pills, additional Rings and packs of EC, etc.) and receive no or very brief medical (e.g., vital stats check) or counseling services.

If this is the first visit being billed to CCare, the client must:

- Be an established client at the clinic, having had a face-to-face reproductive health visit with a clinician within the last two years, OR
- Have been enrolled in CCare and established on a birth control method at another CCare agency within the last year. Make sure that this has been indicated in the CCare eligibility database at the time of the visit.

Note that provision of Depo-Provera can be classified under box **3 - Other Medical**, since the Depo injection requires medically trained staff.

Section 13A: Medical Services

13A. **MEDICAL SERVICES** (Check all Applicable)

Exam & Lab Services

<input type="checkbox"/> 02 - Blood Pressure	<input type="checkbox"/> 24 - Urine Dip Strip/Urinalysis
<input type="checkbox"/> 03 - Height/Weight	<input type="checkbox"/> 25 - Pap Test Conventional
<input type="checkbox"/> 04 - Thyroid Exam	<input type="checkbox"/> 26 - Pap Test Liquid-Based
<input type="checkbox"/> 05 - Heart/Lung Auscultation	<input type="checkbox"/> 27 - Colposcopy
<input type="checkbox"/> 06 - Breast Exam	<input type="checkbox"/> 34 - Immunization
<input type="checkbox"/> 07 - Abdominal Exam	<input type="checkbox"/> 42 - Male Genitalia Exam
<input type="checkbox"/> 08 - Extremities	<input type="checkbox"/> 49 - Colo-Rectal Cancer Screening
<input type="checkbox"/> 09 - Bimanual/Speculum Pelvic Exam	<input type="checkbox"/> 36 - Other Lab or Exam
<input type="checkbox"/> 23 - Hgb / Hct	<input type="checkbox"/> 37 - No Lab or Exam

Contraceptive Related Services

<input type="checkbox"/> 17 - Diaphragm / Cap Fit	<input type="checkbox"/> 40 - Hormonal Injection
<input type="checkbox"/> 19 - IUD/IUS Insert	<input type="checkbox"/> 48 - EC-Immediate Need
<input type="checkbox"/> 20 - Sterilization Procedure	<input type="checkbox"/> 46 - EC-Future Need
<input type="checkbox"/> 38 - Hormone Implant In	<input type="checkbox"/> 22 - IUD/IUS Removal
<input type="checkbox"/> 39 - Hormone Implant Out	<input type="checkbox"/> 18 - Vasectomy Referral Fee

Pregnancy Related Services

<input type="checkbox"/> 21 - Post Pregnancy Exam	<input type="checkbox"/> 33 - Positive Pregnancy Test
<input type="checkbox"/> 31 - Serum Pregnancy Test	<input type="checkbox"/> 35 - Infertility Screening
<input type="checkbox"/> 32 - Negative Pregnancy Test	

13A. **CONT. MEDICAL SERVICES** (Check all Applicable)

STD Related Services

<input type="checkbox"/> 11 - Vaginitis/Urethritis/Eval/Dx	<input type="checkbox"/> 16 - Herpes Test
<input type="checkbox"/> 12 - Vaginitis/Urethritis/Eval/Rx	<input type="checkbox"/> 28 - Gonorrhea Test
<input type="checkbox"/> 29 - Chlamydia Test	<input type="checkbox"/> 30 - Wet Mount
<input type="checkbox"/> 13 - Chlamydia Treatment	<input type="checkbox"/> 43 - HIV Test
<input type="checkbox"/> 14 - Chlamydia Presumptive Rx	<input type="checkbox"/> 47 - Syphilis Test
<input type="checkbox"/> 15 - Wart Treatment	<input type="checkbox"/> 50 - HPV Test

Record the examination, laboratory, diagnostic, and treatment procedures provided to a client during the visit. The medical provider should complete this section at the time of service. Alternatively, the information can be transcribed from the client's medical record at the end of the visit.

Medical services should only be performed as clinically indicated by national standards of care.

Check all the boxes that apply.

The list below describes medical services in numerical order. On the CVR, the services are divided into four categories and not listed in numerical order. The categories are: Exam & Lab Services, Contraceptive Related Services, Pregnancy Related Services, and STD Services.

02 -Blood Pressure: Use of a stethoscope and blood pressure cuff to measure the force exerted on the walls of arteries as blood is pumped through them.

03 -Height/Weight: Measurement of client's height and/or weight are recorded.

04 -Thyroid Palpation: Manual and physical examination of the thyroid to evaluate size, shape, symmetry, or tenderness.

05 -Heart Lung Auscultation: Evaluation of heart and lung sounds using a stethoscope.

06 -Breast Exam: Visual inspection and palpation of the female/male breasts to evaluate the symmetry of shape, color, size, surface characteristics, and for masses.

- 07 - Abdominal Palpation:** Visual inspection and palpation of the abdomen to evaluate for abnormalities.
- 08 -Extremities:** Inspection and/or palpation of the arms and legs to evaluate for abnormalities.
- 09 -Bimanual/Speculum Pelvic Exam:** Visual and/or manual examination of the vulva, vagina, cervix, and pelvic organs to detect any abnormalities and collect specimens/samples for laboratory analysis when indicated.
- 11 -Vaginitis/Urethritis/Eval/DX:** Evaluation of the vagina, urethra, and male/female or genital area via palpation, visual inspection, and/or laboratory tests to detect infection.
- 12 -Vaginitis/Urethritis/Eval/Rx:** Treatment of any vaginal/genital or STD infection not specifically identified elsewhere under 13A - Medical Services Provided.
- 13 -Chlamydia Treatment:** Providing treatment for a laboratory diagnosed case of *Chlamydia trachomatis* (CT).
- 14 -Chlamydia Presumptive Treatment:** Prescribing medication to treat CT based on history, e.g., contact with a confirmed case, and/or clinical findings. This may be done without performing a CT test or prior to receiving the results of the test.
- 15 -Wart Treatment:** Treatment of external genital HPV infection with medication or cryotherapy. This may also include giving the client a prescription for self-administered medication.
- 16 -Herpes Test:** Blood tests or cultures of lesions taken to diagnose Herpes Simplex Virus (HSV).
- 17 -Diaphragm/Cervical Cap Fit:** Assessment for proper fit and client instruction on use of diaphragm or cervical cap.
- 18 - Vasectomy Referral Fee:** Administrative and/or referral work for clients receiving vasectomy services through a sub-contracted or state-contracted vasectomy provider. Box 11 – OVP in Section 9: Assigned Source of Payment AND box 8 – Vasectomy Referral (w/OVP SOP) in Section 12: Purpose of Visit must also be checked. The vasectomy referral fee must be indicated on a unique CVR with its own date of service, separate from those of the vasectomy counseling visit and vasectomy procedure, in order to receive reimbursement. See example CVR in [Exhibit D-11](#).
- 19 -IUD/IUS Insert:** Insertion of an intrauterine contraceptive device, or system into the uterus.

- 20 -Sterilization Procedure:** Any procedure on a man or woman intended to provide permanent contraception; e.g., tubal ligation or vasectomy.
- 21 -Post Pregnancy Exam:** Physical assessment of a woman's health status with emphasis on uterine involution, presence or absence of infection, and reproductive health status, following a pregnancy of any gestational age.
- 22 -IUD/IUS Removal:** The intrauterine contraceptive device or system is removed from the uterus.
- 23 -Hgb/Hct:** A measurement of the hemoglobin (Hgb) content or the solids/serum ratio (Hct) of capillary blood as an indirect assessment for anemia.
- 24 -Urine Dip Strip/Urinalysis:** A narrow plastic strip containing chemical reagents that is dipped in a small amount of urine as to provide a quick, point-of-service check for sugar (diabetes), protein (kidney problems and dehydration), and white cells (infection). A urinalysis is a sample of urine submitted to a laboratory for a thorough evaluation with special equipment.
- 25 -Pap Test Conventional:** A sample of cervical cells taken during a speculum exam of the vagina and cervix to detect cervical dysplasia or cancer. The sample is submitted to a clinical laboratory on a dry glass slide.
- 26 -Pap Test Liquid-Based:** A sample of cervical cells taken during a speculum exam of the vagina and cervix to detect cervical dysplasia or cancer. The sample is submitted to a clinical laboratory in a small vial of liquid preservative.
- 27 -Colposcopy:** An examination of the cervix, vagina, or vulva with a special microscope called a colposcope, to detect for abnormal cell changes.
- 28 -Gonorrhea Test:** A laboratory test performed to detect the bacterium *Neisseria gonorrhoeae* (also called GC). Test specimens may be collected from the urethra, vagina, cervix, rectum, and throat. Tests are also commonly performed on urine samples.
- 29 -Chlamydia Test:** A laboratory test performed to diagnose *Chlamydia trachomatis* (also called CT). Endocervical and urethral samples are taken during a pelvic exam. Clients may self-collect samples using vaginal swabs. Tests are commonly performed on urine samples. If checked, and the source of pay is CCare, Ahlers will generate an additional reimbursement rate for a combined GC/CT test.

- 30 -Wet Mount:** A microscopy procedure to detect vaginitis by visually scanning a sample of vaginal discharge on a slide prepared with saline and/or KOH.
- 31 -Serum Pregnancy Test:** A blood test to detect pregnancy soon after conception and before a missed period; useful for assessing suspected ectopic or molar pregnancy when performed in a series. Also called a quantitative pregnancy test.
- 32 -Negative Pregnancy Test:** A negative test either by serum or urine HCG as part of the pregnancy diagnosis.
- 33 -Positive Pregnancy Test:** A positive test either by serum or urine HCG testing as part of a pregnancy diagnosis.
- 34 -Immunization:** Providing vaccinations for a variety of diseases including, but not limited to, hepatitis B, HPV, and rubella.
- 35 -Infertility Screening:** A basic Level 1 screening that includes an initial infertility interview, education, physical exam, counseling, and appropriate referral.
- 36 -Other Lab or Exam:** Medical services provided in conjunction with other reproductive services, and other related services.
- 37 -No Lab or Exam:** No medical or laboratory services were provided. This is a “counseling only” visit.
- 38 -Hormone Implant In:** A surgical procedure to insert a flexible, matchstick-sized rod containing small amounts of a contraceptive hormone.
- 39 -Hormone Implant Out:** A surgical procedure to remove implanted contraceptive hormone rod.
- 40 -Hormonal Injection:** An intramuscular or subcutaneous injection of the contraceptive hormone progestin.
- 42 -Male Genitalia Exam:** Examination of the male external genitalia via visual inspection and palpation to detect any abnormalities.
- 43 -HIV Test:** This may include a point-of-care or “rapid test” or a laboratory test performed by a reference laboratory (“outside” lab) by any means (blood, saliva) to detect the presence of human immunodeficiency virus (HIV) antibodies.
- 46 -EC-Future Need:** Prescription or product given for future use, with instructions to use in the event of unprotected intercourse or birth control failure, e.g., broken condom.
- 47 - Syphilis Test:** Includes any type of point-of-care (“rapid test”) or laboratory test for syphilis, a sexually transmitted infection.

48 -EC-Immediate Need: Emergency contraception (EC) prescribed or provided to be used as soon as possible after unprotected intercourse to prevent pregnancy.

49 -Colo-Rectal Cancer: A fecal sample placed on a card with chemical reagent to screen for blood in the stool.

50 -HPV Test: A laboratory test using genetic viral typing to detect human papilloma virus (HPV) infection.

Section 14A: Assessment/Education/Counseling

14A. ASSESSMENT/EDUCATION/COUNSELING (Check all Applicable)		
<input type="checkbox"/> 01 - Contraceptive	<input type="checkbox"/> 09 - STD/HIV Prevention	<input type="checkbox"/> 18 - Relationship Safety
<input type="checkbox"/> 02 - Fertility Aware Mthd	<input type="checkbox"/> 16 - Abnormal Pap	<input type="checkbox"/> 12 - Phys. Act./ Nutrition
<input type="checkbox"/> 03 - Sterilization	<input type="checkbox"/> 19 - BSE	<input type="checkbox"/> 05 - Tobacco
<input type="checkbox"/> 04 - Infertility	<input type="checkbox"/> 15 - Behavioral Health	<input type="checkbox"/> 06 - Substance Abuse
<input type="checkbox"/> 08 - Preconception	<input type="checkbox"/> 17 - Encourage Parental/ Family Involvement	
<input type="checkbox"/> 13 - Abstinence		
<input type="checkbox"/> 07 - Pregnancy Options		

Record any client-centered counseling that occurred. Check all boxes that apply. Client-centered counseling is a dialogue in which the client and provider make health care decisions **together**, taking into account:

Record All Counseling Sessions

Make sure that all counseling segments provided to a client are recorded on a CVR. All counseling logged on a CVR must also be recorded in the client's medical record.

- (1) The client's preferences, experiences, and values;
- (2) The client's current health related behaviors; and
- (3) The best scientific evidence available.

Client-centered counseling assists the client in clarifying her or his needs and wants, and examines options available. It also reinforces positive behavior. Questions should be open-ended and non-judgmental.

01 - Contraceptive Counseling: Conversation with the client to determine the best contraceptive method for her or his life style. Obstacles (*e.g., varying daily schedule, does not want partner to know, religious beliefs, etc.*), life goals (*e.g., education, work/career, family, etc.*), and preferences/behaviors (*e.g., freedom to be spontaneous, ability to remember a daily pill, visibility of method, etc.*) are identified and taken into account. This could also indicate a brief discussion of all available contraceptive options, or the client's current method.

- 02 -Natural Family Planning/Fertility Awareness Method:** In-depth conversation with the client concerning non-medical or “natural” family planning techniques including using a calendar, mucous ovulation, basal body temperature, CycleBeads, and other related methods of fertility awareness.
- 03 -Sterilization Counseling:** In-depth conversation with the client regarding a permanent birth control method, i.e., tubal ligation or vasectomy.
- 04 -Infertility Counseling:** Conversation with the client or couple concerning their inability to conceive and how to promote fertility.
- 05 -Tobacco Counseling:** Conversation with the client regarding tobacco use, its relationship to birth control and general health, and providing smoking cessation resources.
- 06 -Substance Abuse Counseling:** Conversation with the client concerning substance use, its relationship to birth control and general health, and providing resources to promote cessation.
- 07 -Pregnancy Options Counseling:** Conversation with the client discussing all pregnancy options. Client may decline to discuss any option she does not want to explore.
- 08 -Preconception Counseling:** Conversation with a client who is seeking pregnancy regarding planning a healthy pregnancy and optimizing health.
- 09 -STD/HIV Prevention Counseling:** Conversation with the client concerning sexually transmitted diseases (including HIV) and individualized risk reduction techniques.
- 12 -Phys. Act/Nutr. Counseling:** Conversation with the client regarding habits/behaviors that promote a healthy weight/BMI and may also include a discussion about physical activity and diet.
- 13 -Abstinence Counseling:** Conversation with an adolescent client at their initial visit, and at least annually thereafter, acknowledging that abstinence is the most effective way to prevent pregnancy and reduce risks of STIs. More detailed information may be provided based on client need.
- Abstinence may also be discussed with clients of any age, as indicated.
- 15 -Behavioral Health:** Conversation with the client regarding behavioral/mental health issues..
- 16 -Abnormal Pap:** Conversation with the client regarding an abnormal pap result. Test results, symptoms, possible

implications, need for follow-up and referrals for further testing are discussed.

17 -Encourage Parental/Family Involvement: Conversation with an adolescent client at their initial visit, and at least annually thereafter, assessing the current level of parental/family involvement in the client’s reproductive health decisions, identifying obstacles, providing information on how to communicate with their parents/guardians, and encouraging the client to maintain or improve parental/family involvement.

Conversation with a client of any age assessing the current level of partner/family involvement in the client’s reproductive health decisions and encouraging the client to maintain or improve partner/family involvement.

18 -Relationship Safety: Conversation with an adolescent client at their initial visit, and at least annually thereafter, assessing for intimate partner violence (IPV), sexual coercion, and contraceptive coercion; and, when indicated, providing support and tools on how to resist coercion and promote healthy relationships.

Conversation with a client of any age assessing for IPV, sexual coercion, and contraceptive coercion, and promoting/encouraging healthy relationships.

19 -BSE: Conversation with the client regarding Breast Self- Exam, when clinically indicated.

Section 19A: Pregnancy Intention Screening

19. PREGNANCY INTENTION SCREENING

- 1 - Yes, Near Future 3 - Unsure
 2 - No, Maybe Later 4 - Never

Indicate the client's intentions regarding pregnancy in the near future (e.g. next 6-12 months), regardless of which pregnancy intention screening tool was used.

If pregnancy intention screening was not conducted, this section should be left blank.

Client pregnancy intentions are expected to align with medical and counseling services provided at that visit, for example, if 1-Yes, Near Future is checked, preconception counseling should occur at the visit and be checked in Section 14A. For clients whose stated intentions change during the visit, the final stated intention should be indicated.

Section 13B.14B: Provider of Medical Services/Counseling/Education Services

13B.14B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply)

- 1 - Physicians
 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives
 3 - RNs, LPNs
 4 - Other service providers, health educators, social workers, clinic aides and lab technicians.

Identify who provided the services recorded in Section 13A and Section 14A.

Check all that apply, based on the following provider categories:

1. Physician: a licensed doctor of medicine (M.D.) or osteopathy (D.O.).
2. Physician Assistants (PA), Nurse Practitioner (NP), or Certified Nurse Midwife (CNM).
3. Registered Nurse (RN) or licensed practical nurse (LPN).
4. Other service providers, health educators, social workers, clinic aides, and lab technicians.

A provider is a trained individual whose primary responsibility is to assess the client's health status and exercise independent judgment regarding which services the client needs.

Section 15A: Primary Contraceptive Method & Section 15B: If None at the End of This Visit, Give Reason

15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks)		
HIGHLY EFFECTIVE	02 - Oral Contraceptives	08 - NFP/FAM
14 - Male Sterilization	17 - Hormonal Patch	07 - Spermicide
01 - Female Sterilization	18 - Vaginal Ring	OTHER
11 - Hormone Implant	04 - Diaphragm	09 - Other Method
15 - IUS	LESS EFFECTIVE	13 - Abstinence
03 - IUD	06 - Male Condom	10 - None
22 - LAM	19 - Female Condom	
MODERATELY EFFECTIVE	21 - Contraceptive Sponge	
16 - Hormonal Injection	20 - Withdrawal	
BEFORE VISIT <input type="text"/>		AFTER VISIT <input type="text"/>
15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.		
Pregnant:	<input type="checkbox"/> 1 - Planned	<input type="checkbox"/> 8 - Unplanned
	<input type="checkbox"/> 3 - Seeking Pregnancy	<input type="checkbox"/> 7 - Other

Use Section 15A to record the contraceptive method the client used before the visit and the method the client will use as a result of the visit. It should be noted that agencies' electronic data collection systems may not reflect the order of methods by effectiveness as shown on the paper CVR.

Use Section 15B to record the reason that the client will not use a contraceptive method after the visit.

Here are instructions that apply to the coding for both sections:

- In the Section 15A **Before Visit** space, enter the two-digit code of the primary or most effective method even if more than one method is used.
- In the Section 15A **After Visit** space, enter the code of the primary or most effective method to be used after the visit even if more than one method will be used. If the client receives two methods, code the primary method only.
- **Clients relying on their partners' methods should be marked as users of those methods.** For example, if a male client relies on his female partner's Depo-Provera for contraception, use code 16. Similarly, if a female client relies on her male partner's vasectomy, use code 14.
- Mark box 13 - Abstinence for clients reporting they are not sexually active.
- If no contraceptive method is continued or initiated at the end of this visit, enter code 10 (None) in Section 15A and the most important reason for this decision in Section 15B. **Please note**

that code 3-Seeking Pregnancy in Section 15B is will cause CVRs with a CCare source of pay to reject.

- In order to bill CCare for a client requesting an IUD removal for the purposes of seeking pregnancy, mark box 10 - None in Section 15A and box 7 - Other in Section 15B.
- For infertility clients, enter code 10 (None) in Section 15A. (Even if a method is being used as treatment, its purpose is not to prevent pregnancy, but to enhance fertility.)
- If any code except 10 is entered in the **After Visit** space in Section 15A, skip Section 15B.

Section 16: Referral Information

16. REFERRAL INFORMATION (Check all Applicable)		
<input type="checkbox"/> 02 - High Risk Pregnancy	<input type="checkbox"/> 05 - Sterilization	<input type="checkbox"/> 10 - Social Sevicees
<input type="checkbox"/> 15 - Adoption	<input type="checkbox"/> 06 - Infertility	<input type="checkbox"/> 09 - Nutrition
<input type="checkbox"/> 03 - Abortion	<input type="checkbox"/> 04 - STD	<input type="checkbox"/> 13 - Substance Abuse
<input type="checkbox"/> 01 - Prenatal	<input type="checkbox"/> 17 - Colposcopy	<input type="checkbox"/> 14 - Abuse/Violence
<input type="checkbox"/> 16 - Breast Evaluation	<input type="checkbox"/> 08 - Other Medical	<input type="checkbox"/> 11 - None
<input type="checkbox"/> 12 - Mammography or U.S.		

Indicate whether the client was referred to another agency or clinician, or to another program in a multi-service agency. Check all that apply for the current visit. All referral information must be documented in the client medical record.

Section 17: Medicaid Billing

17. MEDICAID BILLING (Complete top section for CCare)					
Supplies Billed	Qty.	Unit Price	Supplies Billed	Qty.	Unit Price
01-Orals			07-Condoms, Male		
16-EC			08-Condoms, Fem.		
14-Patch			17-Ring		
15-Mirena IUS			18-Sponge		
03-Copper IUD			19-Subdermal Implants		
04-Depo Provera			20-Cycle Beads		
05-Diaphragm			21-Skyla IUS		
06-Spermicide			22-Liletta IUS		

Use this section to bill for contraceptive supplies provided to clients enrolled in CCare. If the client is not enrolled in CCare or is receiving services not covered by CCare, this section can be ignored. Note that contraceptives are the only supply/medication that can be billed to CCare.

Please see [Exhibit C-15](#) for the contraceptive supply codes list, with maximum allowable quantities and reimbursement rates per unit that may be billed on each date of service. Enter the appropriate quantity and CVR code for each method dispensed to the client.

Pay particular attention to the following special instructions for the billing of these methods:

- The patch and the ring are both billed per patch or ring (*per each*). Even though the patch comes in a box of three (one cycle), they are billed as 1/3 of the total price times the quantity of three. When billing for one box of patches, use the quantity 3.
- For Depo, the unit price is the total acquisition cost. For OHP use quantity 150 and the total unit cost, for CCare use quantity 1 or 150 and the total unit cost. The Ahlers system will convert quantity 150 to quantity 1 for CCare.

Contraceptives are reimbursed at their **acquisition cost**, not at the CCare maximum allowable amount. Each agency must document the calculations used to determine the acquisition cost of each supply. That information must be available for audit purposes. See [Section C](#) for guidance on how to calculate acquisition costs.

Section 17A: Third Party Resource (TPR) Codes

17A. THIRD PARTY RESOURCE CODES	
(Complete if client has other insurance coverage.)	
1 - Explanation Code	<input type="text"/>
2 - Other Insurance Paid	<input type="text"/>

Complete if the CCare client indicated having any insurance coverage on the CCare Enrollment Form.

- Mark **1 - Explanation Code** to indicate why no payment was made by the private insurance company. (See the next page for the list of seven TPR codes to use.) Do not include an Explanation Code for those claims billed to CCare in which partial payment was made by the private insurance company. If preferred, an alternate list of standard claim reason/remark codes may be used, rather than the list of TPR codes listed below. These standard codes will then be converted into one of the seven TPR codes during claims processing. Contact the RH Program and request the CCare TPR and Reason/Remark Code Crosswalk for the full list. If insurance is not billed due to confidentiality needs, mark NC.

TPR Codes: Single Insurance Coverage	
Code	Description
UD	Service Under Deductible
NC	Service not Covered by Insurance Policy (Use also when special confidentiality is requested)
PP	Insurance Payment Went to Patient/Policyholder
NA	Service Not Authorized or Prior Authorized by Insurance
NP	Service Not Provided by Preferred Facility
MB	Maximum Benefits Used for Diagnosis/Condition
OT	Other (Use also when insurance information is unavailable)

- Use item **2 - Other Insurance Paid** to record the amount paid by the private insurance for the reproductive health service. CCare will reimburse the balance up to the maximum reimbursement rate.

Clients should be asked about current insurance status at each visit. Unless a client with private insurance also indicates the need for special confidentiality, federal law requires that all reasonable efforts be taken to ensure that CCare or Title X is the payer of last resort.

If a client with insurance requests special confidentiality at the time of enrollment, insurance should not be billed and the Explanation/TPR Code NC should be entered in Section 17A of the CVR.

If a client reports having insurance on the CCare Enrollment Form but does not bring the card or policy information to the visit, clinic staff are expected to try to contact the insurance company and/or the client to obtain the information necessary for billing and document the attempt(s). If this follow-up does not yield the necessary information, CCare can be billed using the TPR code OT.

CCare claims will be rejected from the Ahlers system when a client has indicated having private insurance on the CCare Enrollment Form, but no dollar amount paid or explanation code is provided with the claim.

- The error message on the CVR Error Report will read as follows:

REJECT: PVT INS FROM WEB IS YES BUT 17A IS BLANK