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The Oregon Reproductive Health Program

A.1

Purpose

The purpose of the Oregon Reproductive Health (RH) Program is to:

- Develop and support programs, policies and research to promote and normalize sexual and reproductive health across the lifespan;
- Help individuals attain their reproductive life goals to maximize their educational, economic, emotional and physical health outcomes/potential;
- Promote healthy, well-timed pregnancies;
- Foster healthy relationships and strong families; and
- Advance the evidence and knowledge base for reproductive policies and services.

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 ContraceptiveCare (CCare) Program.

Please note that operational guidelines, eligibility and 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 A1-3 and A1-4.

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: contraceptive methods; screening, testing, treatment and counseling for STIs; cervical cancer screenings; pregnancy testing and counseling; infertility services; reproductive health education and referrals.

Clinics that receive Title X grant funds must follow Title X requirements. See [Section B](#) for a complete copy of the Title X requirements.

Oregon ContraceptiveCare (CCare)

In 1999, Oregon received a waiver to expand Medicaid coverage for contraceptive services. The result of the waiver is the Oregon ContraceptiveCare (CCare) Program which serves Oregonians not enrolled in the Oregon Health Plan (OHP) with incomes at or below 250% of the federal poverty level (FPL). CCare services are limited to those related to preventing unintended pregnancy and may 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 contraceptive supplies and devices.

Many OHP enrollees can and do receive services at Title X and CCare clinics. Benefits are managed by the Health Systems Division, not the Public Health Division. However, every effort is made to coordinate OHP and CCare. CCare requirements are based on Title X requirements and can be found in [Section C](#).

Outcomes

In 1998, the Oregon Reproductive Health Program served over 50,000 people in more than 90 clinics. By 2014, more than 150 clinics in 34 counties were providing services to 75,000 Oregonians, at just \$218 per client per year. The 2014 investment averted an estimated 13,000 unintended pregnancies, resulting in over \$100 million in federal and state savings.

Estimates show that nationally, every \$1.00 invested in reproductive health results in more than \$7.09 in savings from averting unintended pregnancies as well as from early cancer detection and prevention, and treatment of sexually transmitted infections.

Oregon Reproductive Health Program Specifics

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Title XIX Medicaid Waiver)
Client Definition	Any person of reproductive age who is seeking reproductive health or related preventive health services.	A person of reproductive capacity who is not seeking pregnancy.
Client Eligibility	<p>There are no eligibility requirements.</p> <p>Clients may not be denied services or subject to any variation of services due to:</p> <ul style="list-style-type: none"> • Income / Inability to pay • Citizenship • Residency • Insurance status 	<p>Clients qualify based on:</p> <ul style="list-style-type: none"> • U.S. citizenship or eligible immigration status • Oregon residency • ≤ 250% FPL • Reproductive capacity • Not enrolled in OHP
Income and Fee Assessment	<p>FPL</p> <ul style="list-style-type: none"> • Based on # in household. • Minors (under 18): may use minor’s income only if receiving confidential services. <p>Fees</p> <ul style="list-style-type: none"> • 100% of FPL or below = no fee • 101%-250% FPL = sliding fee • 251% FPL or above = full fee • <i>Agencies may establish policies to waive fees for specific circumstances.</i> 	<p>FPL</p> <ul style="list-style-type: none"> • Based on tax filing (see Exhibit C-9) • Clients qualify on own income even if not requesting confidential services. <p>Fees</p> <ul style="list-style-type: none"> • No charge to client.
Services Offered	Broad range of reproductive health services.	Narrow definition of services: only for the prevention of pregnancy.
Key Points	<p>Must serve all clients seeking reproductive health services.</p> <p>Determine pay source separately from services</p>	Eligible clients receive free family planning services & supplies that prevent unintended pregnancies.

Oregon Reproductive Health Program Specifics (cont.)

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Medicaid Waiver Title XIX)
Infertility/STDs	<ul style="list-style-type: none"> STI/HIV screening required when clinically indicated. Follow-up services must occur within the Title X program for positive STI/HIV results. Infertility Level 1 services (interview, exam, education, counseling, and referral) required. 	<ul style="list-style-type: none"> GC/CT tests if indicated, according to national standards. No separate reimbursement for other STI screenings which may be offered either separately or as part of a routine reproductive health visit or related to the prevention of pregnancy. No infertility/STI treatment reimbursement.
Third-Party Resources	<ul style="list-style-type: none"> Collect insurance information at each visit. Must bill all third-party payers for total charge unless client requests confidential services. 	<ul style="list-style-type: none"> Collect insurance information at each visit. Must bill all third-party payers for total charge unless client requests confidential services. Contraceptive visits and supplies not covered by third-party payers can be billed to CCare as payer-of-last-resort.
Federal Agency	U.S. Department of Health and Human Services (HHS), Office of Population Affairs (OPA)	U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS)
Funding source	100% federal funds	10% state general funds 90% federal fund match
Fund Distribution	Funds distributed based on formula	Funds reimbursed as fee-for-service
Funding process	Competitive 3-year grant	5-year waiver renewal

Reproductive Health Coordinator

Every agency in Oregon’s Reproductive Health Program network must appoint a Reproductive Health (RH) Coordinator who serves as the primary point of contact between the agency and state Reproductive Health Program staff.

The RH Coordinator is expected to attend trainings and meetings provided by the RH Program and is responsible for updating the RH Program of any changes to clinics or personnel, and conveying pertinent information and updates from the RH Program to personnel at all clinic sites, including subcontracted sites. See [Exhibit A-7](#).

Training and Resources

The [Reproductive Health Provider Resources](#) section of the Oregon RH Program website offers provider resources, including required Title X administration, fiscal and clinical policy and procedures, as well as associated documents.

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

For additional resources contact the [Oregon RH Program](#).

Terminology

Throughout this manual the phrases *family planning* and *reproductive health*, and *birth control* and *contraceptive* are used interchangeably. A few years ago, Oregon RH Program staff decided that *reproductive health* more accurately reflects both the range of services available through the program and the mission of the program to prevent unintended pregnancies. However, some statutes or policies referenced in this manual use the phrase *family planning*, so when referencing these specific statutes and policies, the language *family planning* is used.

Additionally, the term *contraceptive* is used in lieu of *birth control* wherever possible, except when referencing a statute or policy that uses the phrase *birth control*.

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 requirements 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 Newsletters with the latest information, training announcements, and resources

<http://www.healthoregon.org/rhmaterials>

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](#).

Policy, Administration, and Organization

A.3

The information in this sub-section provides an overview of functions and the chain of responsibilities that govern Oregon's Reproductive Health Program.

Federal Level: National

U.S. Congress: Created/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 (HHS), Office of Assistant Secretary for Health, Office of Population Affairs (OPA): Provides national Title X program administration, including issuance of regulations and requirements within the authorizing legislation.

U.S. Department of Health and Human Services (HHS), 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 HHS Office, Seattle, WA: Reviews state applications 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 health care agencies. Administers Title X and Oregon ContraceptiveCare (CCare) programs, and conducts site visits and program reviews for quality assurance and program integrity. Develops, reviews and approves program protocols and practice standards.

Local Level:

Local Agencies: County health departments and other healthcare agencies provide reproductive health services as Title X sub-recipients and/or as CCare 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 (1944).

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 subjected to a rule-making or legislative process. Federal guidelines help interpret federal laws and regulations in operational terms and provide assistance with compliance.

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 (OARs) 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.

Oregon Laws Regarding Family Planning

A.4

The statutes and regulations referred to in this sub-section are subject to revision by the Oregon Legislature. Local reproductive health agencies' primary resource for specific legal questions should be their respective agency's attorney (county health departments should consult their county counsel).

Issues addressed include:

- Mandate for family planning services
- Services to minors
- Sterilization
- Informed consent
- Confidentiality
- Dispensing
- Emergency Contraception for Victims of Sexual Assault
- 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.oregonlegislature.gov>.

Mandate for Family Planning Services

ORS 435.205, passed in 1967, authorized the establishment of family planning and contraceptive services by the then Oregon Health Division (now OHA) and county health departments.

Family planning health services include: client centered counseling by trained personnel on the spacing and timing of pregnancies; provision of a broad range of birth control methods and supplies; and physical exam and lab testing related to contraception and/or reproductive health as indicated by national standards of care.

All sub-recipients of the Oregon Reproductive Health Program's Title X grant are subject to the requirements outlined in [Program Element 41](#) (PE 41), part of OHA's financial assistance contract with each local public health authority for the purposes of delivering Title X services. PE 41 requires that all reproductive health services supported in whole or in part with funds provided under the contract must be delivered to the satisfaction of OHA and in compliance with the requirements of the federal Title X Program as detailed in statutes and regulations.

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](#)).

Who is a minor?

In Oregon, an individual is considered a minor until the age of 18 or until marriage ([ORS 109.510](#) and [109.520](#)).

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 109.640](#).

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 requirements (as well as other community practice standards) require that client consent be obtained before disclosure of any medical information or record (See Sub-Section B.1, Title X Program Requirements). Although Oregon law permits disclosure of a minor's record, it does not require such disclosure. Requirements 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.

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 sub-recipients should refer to *Program Requirements for Title X Funded Family Planning Projects* ([Section B](#)) for requirements regarding general informed consent.

Confidentiality

In 2015, the Oregon Legislature passed HB 2758 requiring health insurance plans to honor a member's request for confidential communications. The new law allows individuals of any age to request that protected health information (e.g. explanation of benefits or EOB) be sent directly to them instead of the person who pays for the health insurance policy. The Oregon Insurance Division created a standardized [form](#) for individuals to send to their health insurance company indicating how they would like to be contacted. Clinic staff are encouraged to inform clients about this law and assist them in the process of requesting confidential communications from their health insurance company. More information about this law and an individual's right to privacy can be found on the Oregon Insurance Division's [website](#).

Many other 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:

1. Confidentiality Reference for Oregon County Health Departments: <http://public.health.oregon.gov/ProviderPartnerResources/LocalH>

[ealthDepartmentResources/Documents/RESOURCES/Confidentiality_RefDec2002.pdf](#); and

2. *Oregon Health Law Manual, Volume 1: Consent, Confidentiality and Reporting*. Published by the Oregon State Bar.

Specific information about issues related to confidentiality should be explored with legal counsel. Title X sub-recipients should also refer to *Program Requirements for Title X Funded Family Planning Projects* ([Section B](#)) for requirements regarding confidentiality and medical records and the Office of Population Affairs Program Policy Notice ([Exhibit B-8](#)) for clarification regarding confidential services to adolescents under Title X. CCare providers should refer to the OARs specific to [CCare](#).

Dispensing

The Board of Pharmacy sets rules regarding required policies and procedures; who may dispense; prescription labeling and storing requirements, and yearly inspection. Download and read the Board of Pharmacy's rules page and make sure you can fulfill any applicable requirements.

In particular, please note that any Oregon public healthcare facility that utilizes a Registered Nurse to dispense medications requires registration with the Oregon Board of Pharmacy as a Community Health Clinic (CHC). Oregon Administrative Rule 855-043-0700 states that a CHC Drug Outlet must:

- Employ a medical director who is an Oregon practitioner with prescriptive and dispensing authority;
- Designate a representative employee who will be the contact person for the Oregon Board of Pharmacy and must be onsite the majority of the CHC's normal operating hours;
- Conduct and document an annual review of the outlet. The completed report form must be filed in the clinic and be available to the Board for inspection for three years.

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 verbal information about emergency contraception (materials must be approved by OHA);

- Promptly verbally 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 agency 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 A-4](#) for information about policy requirements.

OHP Family Planning

A.5

This sub-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 Division of Medical Assistance Programs (OHP). Clients must be screened for private insurance and OHP eligibility, and any covered reimbursement must be collected from these entities before 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 OHP, even if the client is enrolled in a coordinated care organization (CCO). See [Birth control methods and reimbursements covered under the Oregon Health Plan](#) (pdf) for more details.
- 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 verify a client's OHP eligibility or coverage before submitting family planning bills. Go to <https://www.or-medicaid.gov> or call 1-866-692-3864.
- Clients who may be eligible for OHP but have not yet been determined eligible should be offered an OHP enrollment application (see OHP/OHP contact information on page A5-4).

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 FDA approved contraceptive 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 OHP, 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 OHP provider, but is *not* contracted with the client's CCO for family planning services, the provider may bill OHP directly. When submitting the claim to OHP, be sure to:
 - Enter "Y" in the family planning box (24H) on the CMS-1500 claim form.
 - Add the FP modifier after all CPT and HCPCS codes. See [Exhibit A-1](#) for family planning diagnosis and HCPCS codes accepted by OHP.
- If there is a possibility that the client has private insurance, in addition to OHP, and she or he has requested special confidentiality, enter "N/C, Confidential" in box 9 on the CMS-1500 claim form. Then, submit a hard-copy claim directly to: Attn: Judy Brazier, PSU Lead Worker, Division of Medical Assistance Programs, 500 Summer Street, NE E-44, Salem, OR 97301. This will prevent OHP from pursuing third party payment from the client's private insurance plan which could result in an explanation of benefits (EOB) being sent to the policy holder.

Billing for Lab Services

- Only the provider who performs the test(s) may bill OHP.
- OHP 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 OHP.
- 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 OHP 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 OHP Provider Services 1-800-336-6016
- [OHA OHP General Rulebook](#) (OAR 410-120):
<http://www.oregon.gov/oha/healthplan/Pages/general-rules.aspx>
- [OHA OHP Medical-Surgical Services Rulebook](#) (OAR 410-130):
<http://www.oregon.gov/oha/healthplan/Pages/medical-surgical.aspx>
- Guidance on use of ICD, 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.

OHP Contact Points

Program	Phone/E-mail	Web site
OHP Reception	1-800-527-5772	http://www.oregon.gov/OHA/healthplan
Provider Resources		
OHP Eligibility Verification Check patient eligibility, TPR, benefit packages, managed care, reimbursement for specific procedures	1-866-692-3864	http://www.oregon.gov/oha/hhealthplan/Pages/verify.aspx
OHP AVR User Guide		https://apps.state.or.us/Forms/Served/oe3162.pdf
OHP Benefit RN Hotline OHP diagnosis/treatment	1-800-393-9855	
OHP Provider Services Unit Medical assistance details, billing questions, claims payment, claim status Billing tips and instruction books	1-800-336-6016 OHP.providerservices@state.or.us	http://www.oregon.gov/oha/hhealthplan/pages/providers.aspx http://www.oregon.gov/oha/hhealthplan/pages/billing.aspx
OHP Provider Enrollment	1-800-422-5047 provider.enrollment@state.or.us	http://www.oregon.gov/oha/hhealthplan/Pages/providerenroll.aspx
OHP Provider Contact List		https://apps.state.or.us/Forms/Served/oe3046.pdf
OHP Policies, Rules & Guidelines		http://www.oregon.gov/oha/hhealthplan/pages/policies.aspx
Client Resources		
OHP Application Center New client application and other information	1-800-359-9517	http://www.oregon.gov/oha/hhealthplan/pages/apply.aspx
OHP Customer Service Existing/pending client information, assistance	1-800-699-9075 (TTY 711)	
OHP Client Services Special needs, complaints	1-800-273-0557 (TTY 711)	http://www.oregon.gov/oha/hhealthplan/pages/csu.aspx
OHP Client Handbook		https://apps.state.or.us/Forms/Served/he9035.pdf

Purchasing Family Planning Supplies

A.6

Broad Range of Methods

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

- IUD and IUS*
- Sub-dermal implant*
- Hormonal injection
- A choice of combination oral contraceptives (phasic and monophasic)
- A progestin-only pill
- At least one non-oral combination contraceptive (ring or patch)
- Diaphragm* or cervical cap* (plus appropriate spermicide)
- Latex and non-latex male condoms
- Female condoms
- A second type of spermicide
- Fertility Awareness Method (FAM)
- Information about abstinence and withdrawal
- Information and referral for sterilization*
- Emergency contraception pills (ECP)

** It is understood that not all agencies have the capacity to provide some methods. If this is the case, approval from the RH Program is required, and specific referrals must be given to clients who want a method not available at the clinic.*

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 sub-recipients 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, the agency's 340B ID number is required to access the discount pricing. The ID# can be located in the OPA 340B covered entities database: <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: www.340Bpvp.com
Phone: 888-340-2787

Supply Purchasing Resource

See [Exhibit A-2](#) for a list of companies that manufacture or distribute contraceptive products and supplies for both 340B and non-340B.

Sterilizations: Vasectomies

A.7

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-recipients 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:

- Exhibit A-3: Consent for Sterilization ([English](#) and [Spanish](#))
- [Exhibit A-5: Vasectomy Referral Form](#)
- [Exhibit A-6: Services Rendered Form](#)
- [Exhibit D-11: Sample Vasectomy CVRs with OVP as SOP](#)
- [Exhibit D-10: Instructions for Billing OVP](#)
- [Exhibit B-4: Title X Service and Supply Discount Schedule](#)
- [Exhibit B-5: Reproductive Health Program Sliding Fee Scale](#)
- [Section C: Oregon CCare Program](#)
- [Exhibit C-15: 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 contract with a local vasectomy provider to perform vasectomy procedures for a set fee.

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 should be considered a global payment for the provision of the vasectomy and all routine follow-up.

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 established CCare 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. CCare and

OVP vasectomy eligibility and service requirements are summarized in the table on page A7-6.

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 vasectomy procedure at the conclusion of the visit will be asked to review and sign a consent form (Exhibit A-3: Consent for Sterilization – [English](#) and [Spanish](#)).

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.

Note: If the original vasectomy provider listed on the consent form is unable to perform the vasectomy, 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:

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 process for 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. For detailed instructions on how to bill OVP see [Exhibit D-10](#). Instructions include how to balance bill OVP, and how to bill for the Vasectomy Referral Fee.

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, regardless of the client's source of pay. 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. For instructions on how to bill for the Referral Fee see [Exhibit D-10](#).

See [Exhibit D-11](#) for an example Vasectomy Referral Fee CVR.

Vasectomy Eligibility and Billing Processes by Payer

Process	CCare	OVP
Eligibility Criteria	<ul style="list-style-type: none"> • Male ≥ 21 years • Income $\leq 250\%$ FPL • Not enrolled in OHP, may have private insurance • Social Security Number • Proof of U.S. citizenship or eligible immigration status <ul style="list-style-type: none"> * Clients ≥ 19 must have had LPR status for 5+ years. • Oregon resident • Proof of ID 	<ul style="list-style-type: none"> • Male ≥ 21 years • Income $\leq 250\%$ FPL • Not eligible for CCare • May be enrolled in OHP or have private insurance
Charges to Client	No Charges	Use Title X Sliding Fee Scale – See Exhibit B-4
CVR	<i>Normal CVR instructions should be followed (see Section D). In addition, the following items must be completed in order to receive payment:</i>	
	<p><u>Counseling Visit CVR</u></p> <ul style="list-style-type: none"> • 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 (Assessment / Education / Counseling) <p><u>Sterilization Procedure CVR</u></p> <ul style="list-style-type: none"> • 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) 	<p><u>Counseling Visit CVR</u></p> <ul style="list-style-type: none"> • 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 (Assessment / Education / Counseling) <p><u>Sterilization Procedure CVR</u></p> <ul style="list-style-type: none"> • 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 Deadlines	12 months from date of service	12 months from date of service
Reimbursement Rates	<ul style="list-style-type: none"> • See Exhibit C-15 for current vasectomy reimbursement rates • Less payment received from private insurance (if any) 	

Resources for Planning and Evaluation

A.8

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. 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 services provided, or measuring the program's impact, contact the Oregon Reproductive Health Program.

Among other things, Reproductive Health Program staff can:

1. Offer training 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.

Even when program staff cannot directly assist, 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 clients and services provided 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 client satisfaction survey. Statewide results

are useful, even for clinics/agencies that do not participate in the CSS. The most recent report is available online at <http://www.healthoregon.org/rhmaterials>. Contact Oregon Reproductive Health Program staff for more information or a copy of the latest CSS report.

Title X Local Agency Review: State reproductive health nurse consultants conduct triennial reviews of agencies that receive Title X funding. The reviews cover both clinical and administrative practices (for more details see page B6-2, Agency Reviews), and offer an opportunity for agencies to improve program services and processes.

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/VITALS/TATISTICS/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/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.

Oregon's **Pregnancy Risk Assessment Monitoring System (PRAMS)** is an ongoing mail- and telephone-based survey of post-partum women 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/>

The **CDC Division of Reproductive Health** provides a wealth of reproductive health-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/>.