

# **2017 CCare Enrollment Form & Revamped CCare Eligibility Database Preview**

# Changes?! What? WHY????

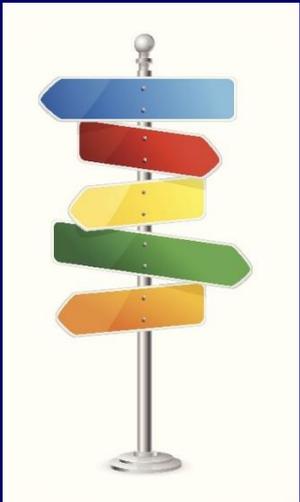


## CCare Waiver Renewed = New Requirements

- Citizenship/Immigration Verification for Everyone
- Household Size Collection

# Agenda

*This session is just a preview of the changes to come. More comprehensive training will be scheduled closer to the roll-out date.*



## 2017 CCare Enrollment Form

- Client Section
- Clinic Section

## CCare Eligibility Database

# 2017 CCare Enrollment Form


**oregon contraceptive care**  
**ENROLLMENT FORM**

Please fill out this form, and if you have any questions ask clinic staff for help.

Oregon ContraceptiveCare (CCare) helps you get the birth control that's right for you. Here are some examples of what CCare does and does not pay for:

YES!	NO
<ul style="list-style-type: none"> <li>• Yearly visit</li> <li>• Your choice of birth control</li> <li>• Emergency contraception</li> </ul>	<ul style="list-style-type: none"> <li>• Vasectomies</li> <li>• Counseling about birth control and preventing pregnancy</li> <li>• Treatment for STDs</li> <li>• Treatment for bladder infections</li> <li>• Female sterilizations</li> <li>• Pregnancy tests not related to birth control</li> </ul>

1 Last Name(s)/Surname(s):	First Name:	MI:
2 Oregon Address:	City:	Zip:
3 Do you have (please only choose one): This information is only used to determine eligibility for CCare <input type="checkbox"/> U.S. Citizenship <b>OR</b> <input type="checkbox"/> Eligible Immigration Status		
4 Date of Birth: ___/___/_____	Social Security No. _____ <small>(If you are a teen and don't know your SSN, ask clinic staff for help)</small>	
5 Have you been sterilized for more than 6 months (includes female sterilization, hysterectomy, vasectomy)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Do you want to register to vote today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (under 17 years old or not a US citizen)		
7 Do you have OHP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(example: Kaiser, Blue Cross/Blue Shield)</small>	
8 If you have private health insurance, are you worried that your partner, spouse, or parent will find out about the services you get today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Household Size based on Tax Filings:**

If you file taxes and claim yourself, please count everyone you include on your taxes, including yourself, spouse, child(ren), and/or any tax dependents. \_\_\_\_\_

**OR**

9 If someone else claims you on their taxes, please count everyone that person includes/claims on their taxes (including you). \_\_\_\_\_

**OR**

If you don't file taxes and no one claims you on their taxes write 1. \_\_\_\_\_

**Your GROSS Income (only include income for yourself):** \_\_\_\_\_ **This Month**

*Income from jobs.* Please list how much money you think you will get from work this month **before any taxes or other money is taken out.** If you are self-employed, list your NET income. \_\_\_\_\_

10 **AND**

*Other income.* Please list any money you think you will get from sources other than a job this month (include unemployment, tips, alimony). **Do not include child support, veteran's payments, or Supplemental Security Income (SSI).** \_\_\_\_\_

TOTAL \_\_\_\_\_

January 2017  
**MORE ON BACK** →


**oregon contraceptive care**  
**ENROLLMENT FORM**

I declare under penalty of perjury that the information I gave is correct and complete to the best of my knowledge.

- I understand that CCare pays for services related to birth control and if I get services that are not covered by CCare I may have to pay for those services.
- I understand and agree that the information on this form, and the information I gave to prove my identity and citizenship/immigrant status must be shared with the Oregon Health Authority to decide if I can get CCare.
- I understand that I may be able to get primary care insurance, including the Oregon Health Plan, and where I can go get help to enroll.
- I understand where I can go to get primary care services.
- I understand I have the right to a copy the Oregon Health Authority's Notice of Privacy Practices.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CLINIC STAFF ONLY**

11	Agency #:	Clinic #:
12	Provided OHA Notice of Privacy Practices.	<input type="checkbox"/> Yes
13	If requested, provided a voter registration card and assistance completing and submitting the form.	<input type="checkbox"/> Yes
14	Explained what services are covered by CCare and discussed payment options for services not covered by CCare.	<input type="checkbox"/> Yes
15	Provided health insurance enrollment information.	<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
16	Provided information on where to access primary care services.	<input type="checkbox"/> Yes <input type="checkbox"/> Not needed

**CCare Citizenship/Immigration Status and Identity Verification**

17 **U.S. Citizenship**

Client provided proof of U.S. citizenship. Photocopy/scan of the original is placed in client's chart.

**OR**

Electronic verification by the state is required. The reasonable opportunity period (ROP) is marked in the CCare Eligibility Database.

18 **Eligible Immigration Status**

Client provided proof of eligible immigration status. Photocopy/scan of the original is placed in client's chart.

**OR**

Electronic verification by the state is required. The reasonable opportunity period (ROP) is marked in the CCare Eligibility Database. The client provided the following information and it is entered into the Eligibility Database:

Immigration document type: \_\_\_\_\_

Document ID #: \_\_\_\_\_

Status: \_\_\_\_\_

Date status gained: \_\_\_\_\_

19 **Identity**

Client provided proof of identity. Photocopy/scan of the original is placed in client's chart.

20 Client's income is \_\_\_\_\_ % of the Federal Poverty Level (FPL).

21 Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Client's CCare #:

January 2017

# Good News: Enrollment Form Edition

- “Where did you hear about us?” = **Gone**

~~Where did you hear about us? (check all that apply)~~

<del><input type="checkbox"/> Ad on the bus, light rail or bus shelter</del>	<del><input checked="" type="checkbox"/> CCare website</del>	<del><input checked="" type="checkbox"/> Friend or family</del>
<del><input type="checkbox"/> Poster, flier or bookmark</del>	<del><input type="checkbox"/> Have been here before</del>	<del><input type="checkbox"/> facebook®</del>
	<del><input type="checkbox"/> Other: _____</del>	

- Most of client section = basically the same (minor changes)

- Reordered
- Wording changes



# What's the same?

## What CCare does & does not cover



<p>Oregon ContraceptiveCare (CCare) helps you get the birth control that's right for you. Here are some examples of what CCare does and does not pay for:</p>	
<b>YES!</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• Yearly visit</li> <li>• Your choice of birth control</li> <li>• Emergency contraception</li> </ul>	<ul style="list-style-type: none"> <li>• Vasectomies</li> <li>• Counseling about birth control and preventing pregnancy</li> <li>• Treatment for STDs</li> <li>• Treatment for bladder infections</li> <li>• Female sterilizations</li> <li>• Pregnancy tests not related to birth control</li> </ul>

## Name & Address



1	Last Name(s)/Surname(s):	First Name:	MI:
2	Oregon Address:	City:	Zip:

## Voter Registration & Insurance Information



6	Do you want to register to vote today?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (under 17 years old or not a US citizen)
7	Do you have OHP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (example: Kaiser, Blue Cross/Blue Shield)

# What are the minor changes?

Top of form is reordered so similar questions are together, making it a little more organic

1	Last Name(s)/Surname(s):	First Name:	MI:
2	Oregon Address:	City:	Zip:
3	Do you have (please only choose one): This information is only used to determine eligibility for CCare		
	<input type="checkbox"/> U.S. Citizenship <b>OR</b> <input type="checkbox"/> Eligible Immigration Status		
4	Date of Birth: __ __ / __ __ / ____ - ____ - ____	Social Security No. ____ - ____ - ____ (If you are a teen and don't know your SSN, ask clinic staff for help)	
5	Have you been sterilized for more than 6 months (includes female sterilization, hysterectomy, vasectomy)?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Do you want to register to vote today?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (under 17 years old or not a US citizen)		
7	Do you have OHP?	Do you have private health insurance?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No (example: Kaiser, Blue Cross/Blue Shield)	
8	If you have private health insurance, are you worried that your partner, spouse, or parent will find out about the services you get today?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

# What are the minor changes?

## Rewording

Citizenship/Immigration: type of immigration status no longer specified as long as it counts as Medicaid-eligible

3	Do you have (please only choose one): This information is only used to determine eligibility for CCare	<input type="checkbox"/> U.S. Citizenship	<b>OR</b>	<input type="checkbox"/> Eligible Immigration Status
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Request for Confidentiality: now self-declared

8	If you have private health insurance, are you worried that your partner, spouse, or parent will find out about the services you get today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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# What are the minor changes?

## Rewording

Income: income from jobs vs “other” income (e.g. unemployment) broken out to align with new requirements

	Your <b>GROSS</b> Income (only include income for <i>yourself</i> ):	This Month
	<i>Income from jobs.</i> Please list how much money you think you will get from work this month <b>before any taxes or other money is taken out.</b> If you are self-employed, list your NET income.	_____
10	<b>AND</b> <i>Other income.</i> Please list any money you think you will get from sources other than a job this month (include unemployment, tips, alimony). <b>Do not include child support, veteran's payments, or Supplemental Security Income (SSI).</b>	_____
	<i>TOTAL</i>	_____



# What are the minor changes?

## Rewording

### Client signature: lowered literacy & added language about receiving OHA's Notice of Privacy Practices

I declare under penalty of perjury that the information I gave is correct and complete to the best of my knowledge.

- *I understand that CCare pays for services related to birth control and if I get services that are not covered by CCare I may have to pay for those services.*
- I understand and agree that the information on this form, and the information I gave to prove my identity and citizenship/immigrant status must be shared with the Oregon Health Authority to decide if I can get CCare.
- I understand that I may be able to get primary care insurance, including the Oregon Health Plan, and where I can go get help to enroll.
- I understand where I can go to get primary care services.
- I understand I have the right to a copy the Oregon Health Authority's Notice of Privacy Practices.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# What's the big change?

## Household Size

Now based on tax filings to meet new requirements.

### Household Size based on Tax Filings:

If you file taxes and claim yourself, please count everyone you include on your taxes, including yourself, spouse, child(ren), and/or any tax dependents. \_\_\_\_\_

**OR**

9

If someone else claims you on their taxes, please count everyone that person includes/claims on their taxes (including you). \_\_\_\_\_

**OR**

If you don't file taxes and no one claims you on their taxes write 1. \_\_\_\_\_



# What's the big change?

Household Size = tax filings

We tried to:

- take into account typical clients and what they would know and understand,
- use the simplest language possible, and
- account for different scenarios without bogging down the form.

Remember, more training will be provided!

# Clinic Section: What changed?

## Top: Additions, Removals & Rewording

- Added a few check-boxes to help staff keep track of the information they're required to provide the client when they enroll, especially information on primary care insurance and services
- Removed confidentiality since it is now self-declared on the front

FOR CLINIC STAFF ONLY		
11	Agency #:	Clinic #:
12	Provided OHA Notice of Privacy Practices.	<input type="checkbox"/> Yes
13	If requested, provided a voter registration card and assistance completing and submitting the form.	<input type="checkbox"/> Yes
14	Explained what services are covered by CCare and discussed payment options for services not covered by CCare.	<input type="checkbox"/> Yes
15	Provided health insurance enrollment information.	<input type="checkbox"/> Yes <input type="checkbox"/> Not needed
16	Provided information on where to access primary care services.	<input type="checkbox"/> Yes <input type="checkbox"/> Not needed

# Clinic Section: What changed?

## Citizenship/Immigration & Identity Verification

- No longer required to record what type of document was used to prove citizenship, immigration or identity.
- Do need to collect information for electronic verification of immigration status, if applicable - more training coming!

CCare Citizenship/Immigration Status and Identity Verification	
17	<u>U.S. Citizenship</u> <input type="checkbox"/> Client provided proof of U.S. citizenship. Photocopy/scan of the original is placed in client's chart. <b>OR</b> <input type="checkbox"/> Electronic verification by the state is required. The reasonable opportunity period (ROP) is marked in the CCare Eligibility Database.
18	<u>Eligible Immigration Status</u> <input type="checkbox"/> Client provided proof of eligible immigration status. Photocopy/scan of the original is placed in client's chart. <b>OR</b> <input type="checkbox"/> Electronic verification by the state is required. The reasonable opportunity period (ROP) is marked in the CCare Eligibility Database. The client provided the following information and it is entered into the Eligibility Database:  Immigration document type: _____ Document ID #: _____ Status: _____ Date status gained: _____
19	<u>Identity</u> <input type="checkbox"/> Client provided proof of identity. Photocopy/scan of the original is placed in client's chart.

# Clinic Section: What changed?

## Bottom: Changes

- Moved FPL to bottom, and changed to accommodate various types of sliding fee schedules
- Moved and changed staff information from initials to name

20	Client's income is _____% of the Federal Poverty Level (FPL).		
21	Staff Name:	Date:	Client's CCare #:

# Good News: Eligibility Database Edition

Reordered to match Enrollment Form



Reworded to be more self-explanatory



Simplified (no more recording of documentation type!!!)



# Top of Client Information Screen

## Information from Enrollment Form

Last Name(s)/Surname(s)  First Name  M.I.

Oregon Address  City  Zip

Citizenship/Immigration Status:  U.S. Citizen OR  Eligible Immigrant

Date of Birth  SSN   Teen client ( $\leq 19$ ) cannot provide SSN

Sterilized for more than 6 months  Yes  No Register to vote  Yes  No  N/A

Has OHP  Yes  No Has Private Insurance  Yes  No Special Confidentiality  Yes  No  N/A

Household Size  Monthly Income  Date Client Signed Enrollment Form

Provided health insurance enrollment information  Yes  Not Needed

Provided information on where to access primary care services  Yes  Not Needed

## Visit Information

Reasonable Opportunity Period  Yes

Supply-Only Encounter (Established family planning client within your agency OR Established CCare client at another agency)  Yes

Date of Last Annual Exam

Data entry fields in same order as enrollment form

# Top of Client Information Screen

## Information from Enrollment Form

Last Name(s)/Surname(s)  First Name  M.I.

Oregon Address  City  Zip

Citizenship/Immigration Status:  U.S. Citizen OR  Eligible Immigrant

Date of Birth  SSN   Teen client ( $\leq 19$ ) cannot provide SSN

Sterilized for more than 6 months  Yes  No Register to vote  Yes  No  N/A

Has OHP  Yes  No Has Private Insurance  Yes  No Special Confidentiality  Yes  No  N/A

**Date Client Signed Enrollment Form**

Provided health insurance enrollment information  Yes  Not Needed

Provided information on where to access primary care services  Yes  Not Needed

## Visit Information

Reasonable Opportunity Period  Yes Supply-Only Encounter (Established family planning client within your agency OR Established CCare client at another agency)  Yes

Date of Last Annual Exam

Date field no longer auto-fills with today's date. Also renamed to be more explicit.

# Top of Client Information Screen

## Information from Enrollment Form

Last Name(s)/Surname(s)  First Name  M.I.

Oregon Address  City  Zip

Citizenship/Immigration Status:  U.S. Citizen OR  Eligible Immigrant

Date of Birth  SSN   Teen client ( $\leq 19$ ) cannot provide SSN

Sterilized for more than 6 months  Yes  No Register to vote  Yes  No  N/A

Has OHP  Yes  No Has Private Insurance  Yes  No Special Confidentiality  Yes  No  N/A

**Provided health insurance enrollment information**  Yes  Not Needed

**Provided information on where to access primary care services**  Yes  Not Needed

## Visit Information

Reasonable Opportunity Period  Yes

Supply-Only Encounter (Established family planning client within your agency OR Established CCare client at another agency)  Yes

Date of Last Annual Exam

Added fields about insurance enrollment & access to primary care services

# Citizenship/Immigration & Identity Tabs

## Citizenship/Immigration Status & Identity Documentation

### U.S. Citizenship Status (tab)

- Client provided proof of U.S. Citizenship status

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number)

OR

- Client needs verification by state. Must mark Reasonable Opportunity Period (ROP) above.

- State verified through SSA Match  
 State verified through OR Vital Records

### Eligible Immigration Status (tab)

- Client provided proof of Eligible Immigration status

Date Status Gained:

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number)

OR

- Client needs verification by state. Must mark Reasonable Opportunity Period (ROP) above.  
Must provide document information below within 45 days to maintain CCare eligibility.

Document Type:

Document ID #:

Status:

- State verified through SAVE

### Proof of Identity (tab)

- Client provided proof of identity

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number)

No more tiers!  
Only 1 tab for citizenship,  
1 tab for immigration,  
and  
1 tab for identity!

# Citizenship Tab

## U.S. Citizenship Status (tab)

- Client provided proof of U.S. Citizenship status

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number)

**OR**

- Client needs verification by state. Must mark Reasonable Opportunity Period (ROP) above.
- State verified through SSA Match
  - State verified through OR Vital Records

## Two options

- 1) Record that the client provided proof and where the proof is held, or
- 2) Record that the state needs to verify citizenship and that the client is using the reasonable opportunity period. Once citizenship is verified we will check one of the boxes below.

# Immigration Tab

## Eligible Immigration Status (tab)

- Client provided proof of Eligible Immigration status

Date Status Gained:

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number)

OR

- Client needs verification by state. Must mark Reasonable Opportunity Period (ROP) above.  
Must provide document information below within 45 days to maintain CCare eligibility.

Document Type:

Document ID #:

Status:

- State verified through SAVE

## Two options

- 1) Record that the client provided proof, where the proof is held, and when the status was gained (for LPRs), or
- 2) Record that verification is needed, and provide information needed to verify status. Once immigration status is verified we will check the box below.

REMEMBER, MORE TRAINING IS COMING!

# Identity Tab

## Proof of Identity (tab)

- Client provided proof of identity

Clinic where the photocopy/scan of the original document is kept (please enter your Ahlers clinic number)

Only one option since no one can access CCare services without providing proof of identity.

Note: if a client brings in a document that proves both citizenship and identity (e.g. passport) you will check the box “Client provided proof” in both the citizenship and identity tabs.

# Oregon Birth Record Request Tab

## Oregon Birth Record Request (tab)

RH Program staff will match the information below with Oregon Vital Records on the first and third Tuesday of each month to confirm citizenship. Remember to copy the client's photo ID, put it in their medical record, and record it under the Proof of Identity tab.

Do not use this tab to submit a birth record request on behalf of potential CCare clients born in other states or countries. To request birth certificates for people born in other states, please visit the RH Program website. [Click here](#) for instructions and materials.

Client's Sex at birth

Female  Male

Client's Birthplace (must be in Oregon)

County

City

Client's Name at Birth

Last/Surname

First Name

M.I.

Mother/Father/Parent's Name (before marriage/domestic partnership)

Mother/Father/Parent's Name (before marriage/domestic partnership)

Wording changes (in red) to match Oregon Birth Information Form

**Thank you!**

**Please contact us with any questions.**

**[alison.a.babich@state.or.us](mailto:alison.a.babich@state.or.us)**

**971-673-0227**

**Oregon  
Health  
Authority**