

Reproductive Health Coordinator

Orientation

Training Objectives

- Increase Understanding of
 - Title X and CCare
 - Infertility Prevention Program (IPP)
 - Vasectomy Services (OVP)
 - Role and Responsibilities
 - OARs
 - Medical Service Agreement
 - Supply Purchasing
 - Pharmacy Laws
 - Reporting Requirements
 - Promoting CCare
 - Using Online Resources

Purpose

- The purpose of the Oregon Reproductive Health Program (RH) is two-fold:
 - Develop programs and recommend policies that prevent unintended pregnancy and associated problems
 - Ensure that education and services addressing voluntary and effective family planning methods are available to all Oregonians

Programs

The Title X Family Planning Program
Oregon **Contraceptive Care** (CCare)

Funding

- Title X grant
 - US DHHS Office of Population Affairs
- Oregon **Contraceptive Care** (CCare)
 - Medicaid Waiver since 1999

Administered by the Public Health Division

Oregon Health Plan
Division of Medical
Assistance Programs
(DMAP)

Title X

- Officially known as Public Law 91-572
 - Enacted under President Richard Nixon in 1970 as part of the Public Health Service Act
- The only existing federal grant program that is completely devoted to providing family planning and related preventive health services
- Services provided at reduced or no cost to low-income and uninsured individuals who may not be eligible for Medicaid

Title X Services

- Grant funds provide basic support to a system of reproductive health clinics throughout the state
 - All Oregon County Public Health Clinics
 - Planned Parenthood
- Services include:
 - Physical Exams for men and women
 - Breast and cervical cancer screenings
 - Testing and counseling for STIs (including HIV)
 - Birth control methods and reproductive health education
 - Infertility services

Oregon Contraceptive Care (CCare)

- Medicaid waiver project since 1999
- Fee-for-service (90/10 match)
- Open to a wide range of providers
 - Oregon county clinics
 - Planned Parenthood
 - Federally Qualified Health Centers (FQHC's)
 - Universities
 - School-Based Health Centers
 - Private medical establishments

Purpose of CCare

- Provides free contraceptive care services for Oregonians
 - Must meet eligibility requirements:
 - Not enrolled in OHP (Medicaid)
 - Be of reproductive age and capacity
 - Income at or below 250% of the Federal Poverty Level (FPL)
 - Have a valid Social Security Number
 - Be one of the following:
 - U.S. citizen
 - Documented Asylee/Refugee
 - Lawful Permanent Resident for at least five years

CCare Services

Covered Contraceptive Management

- Annual exams
- Follow-up visits to evaluate methods
- Counseling & education
- Laboratory tests
- Medical procedures
- Supplies and devices
- Up to one-year supply of method

Not Covered

- Female Sterilization
- Treatment for infections
- Pregnancy confirmation for OHP
- Prenatal care
- Repeat Pap smears
- Hysterectomies, abortions
- Transportation to clinics
- Procedures for medical reasons

RH Program Comparison

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Medicaid Waiver Title XIX)
Client Definition/ Gender/ Age	A person of reproductive age (female 10-60; male 10 and older) who receives reproductive health services related to contraception, sterilization, infertility treatment.	A person of reproductive age (female 10-60; male 10 and older) who receives reproductive health. People who have been sterilized for more than six months do not qualify.
Eligibility	Client may not be denied service or be subjected to any variation of services based on inability to pay.	Client must qualify based on U.S. citizenship, Oregon residency, financial need, reproductive age, and insurance status.
Citizenship	Not considered	U.S. citizen, refugee/asylee, or lawful permanent resident for 5+ years.
Residence	Not considered	Oregon resident

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Medicaid Waiver Title XIX)
Income and Fee Assessment	<ul style="list-style-type: none"> • Based on number in household and household income. Proof of income is not required, but is assessed. • Information is collected at least annually. • Minors (under 18): If receiving confidential services, use minor's income only. • No charge at or below 100% of federal poverty level (FPL). • Use sliding fee scale for clients between 101% and 250% FPL. • Priority for services given to persons from low-income families. • Agency may establish policies to waive fees for specific circumstances. 	<ul style="list-style-type: none"> • Based on number in household and household income. Proof of income is not required, but is verified by the Reproductive Health program. • Information is assessed annually. • Teens (under 20): May qualify on own income regardless of whether confidential services are requested. • Collect info annually. • No charge at or below 250% FPL.

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Medicaid Waiver Title XIX)
Services Offered	Broad range of reproductive health services.	Narrow definition of services: contraceptive management only.
Infertility/ STDs	<ul style="list-style-type: none"> • STD/HIV testing required when clinically indicated. • Follow-up required for positive STD/HIV results. • Infertility Level 1 services (interview, exam, education, counseling, referral) required. 	<ul style="list-style-type: none"> • STD testing may be allowable if part of a routine reproductive health visit or related to contraceptive management. • No infertility/STD treatment reimbursement.

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Medicaid Waiver Title XIX)
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 minor receives confidential services. 	<ul style="list-style-type: none"> • Collect insurance information at each visit. • Must bill all third-party payers for total charge unless minor receives confidential services. • Visit and supply services not covered by insurance can be billed to CCare as payer-of-last-resort.

Program Requirement	Title X Federal Family Planning Grant	Oregon Contraceptive Care (Medicaid Waiver Title XIX)
Federal Agency	U.S. HHS, Office of Public Health and Science, Office of Population Affairs (OPA)	U.S. 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 (approximately \$2.3 million/year)	Funds reimbursed as fee-for-service (approximately \$25 million/year)
Funding process	Competitive 5-year grant	3-year waiver renewal

Oregon Vasectomy Project (OVP)

- Vasectomy services are covered under both Title X and CCare as well as OHP
 - Title X
 - OVP
 - CCare – Paid as fee for service for CCare eligible clients
- Agencies may perform procedure in-house or contract with a local vasectomy provider
- Available for men 21 and older
- Agencies must comply with federal regulations
 - Counseling and consent
 - Decision is informed and completely voluntary
 - Consent form is filled correctly and completely
 - 30-day waiting period between counseling and procedure

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 have been lawful permanent residents 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	Title X Sliding Fee Scale – See Section B, Exhibit 3
Reimbursement Rate	<ul style="list-style-type: none"> • \$150 for Counsel • \$800 for Vasectomy Procedure • Less payment received from private insurance (if any) 	<ul style="list-style-type: none"> • \$150 for Counsel • \$800 for Vasectomy Procedure • Less payment received from insurance and/or client charges (if any)

Process	CCare	OVP
CVR	<p><i>Normal CVR instructions should be followed (see Section D of Program Manual). In addition, the following items must be completed in order to receive payment:</i></p>	
	<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 (Counseling Education Provided) <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 (Counseling Education Provided) <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	90 days from date of service

Vasectomy Resources

- RH Program Manual – Section A
- Contact RH Program
 - Alison Babich 971-673-0227



RH Coordinator Description

- The Reproductive Health Program requires that every provider agency designate one staff member as the Reproductive Health Coordinator.
- This person is the primary point of contact between RH program staff and the provider agency, including all clinic sites and subcontractors.

Roles and Responsibility

- Serve as the primary point of contact between state program staff and the provider agency, including all clinic sites and subcontractors;
- Maintain regular contact with state RH program staff;
- Read the Program Manual for Oregon and make sure that all personnel at all clinic sites (including subcontractor sites) have access to, and understand, its contents;

- Read the RH Update Newsletters sent regularly via email and posted online;
- Stay up-to-date on family planning policies and procedures by reading periodic email, fax, and mail announcements sent to Reproductive Health Coordinators;
- Communicate pertinent program updates and information from the RH program to all relevant personnel at all clinic sites (including subcontractor sites) administered by the agency;

- Request technical assistance and training as needed by corresponding with the Provider Liaison or other staff at the State RH Program;
- Attend the annual Statewide Reproductive Health Coordinators' Meeting;
- Attend other trainings and meetings provided by the RH Program;
- Contact the Provider Liaison with CCare questions and the Title X Nurse Consultant with Title X questions.

RHC Knowledge

- The RH Coordinator is the primary contact for agency staff questions
 - Other Resources include
 - RH Program Manual
 - RH Program Website
 - RH Update Newsletter
 - RH Program Staff

CCare Oregon Administrative Rules (OARs)

- Updated December 26, 2012
- Contain Program Rules for all CCare agencies and clinics
- http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/OARs/333-004_FINAL_OARS.pdf

Standards of Care

- Informed consent for *both*
 - General family planning services
 - Specific method
- Confidentiality & privacy
- Broad range of methods on-site
- Client's first choice method at time of service, unless contraindicated



OAR 333-004-0060

Range of Methods Required On-Site

- Choice of combination contraceptives (phasic and monophasic)
- At least 1 non-oral combination contraceptive (ring or patch)
- A progestin-only pill and injectable
- IUD or IUS (or referral)
- Sub-dermal implant (Implanon/Nexplanon)
- Latex and non-latex male condoms
- Female condoms
- Two types of spermicide
- Diaphragm or cervical cap (or referral)
- Fertility Awareness Method
- Information about abstinence and withdrawal
- Information and referral for sterilization
- Emergency contraception pills for immediate and future use (discussed and offered to all clients)

Standards of Care: SBHCs

- Policy for School-Based Health Centers
 - When school boards prohibit dispensing contraceptives on school grounds, school-based health center providers may offer contraceptive methods to clients by referral.
 - If by referral, must have an established agreement in place, preferably with another CCare provider. Notify RH Program.
 - CCare will reimburse CCare providers for supplies; non-CCare providers must make payment arrangements to be reimbursed by the referring provider.

OAR 333-004-0060

Standards of Care

- Linguistic & cultural competence
- Services without cost to eligible clients
- Appointments within 2 weeks or refer to another qualified provider
- Provide STI treatment & supplies or referral
- Refer to primary care & local resources
- Unbiased counseling & options

OAR 333-004-0060

- On-site physical, pelvic, Pap, and lab tests
- Personal, family and sexual health history and assessment
- Comprehensive education on:
 - All methods (advantages & disadvantages)— document in chart, reproductive health, preventive care, psychosocial issues, STI/HIV prevention, ER services, option of including client's partner at client's discretion
- Opportunity for questions

OAR 333-004-0060

Medical Services Agreement (MSA)

- Agreement that sets forth the relationship between RH and an enrolling provider CCare agency regarding payment by RH for contraceptive management services, supplies, or devices.
- Renewed every five years
- All CCare provider agencies must also be approved OHP provider agencies.
- Signing a MSA constitutes agreement by agencies to comply with all applicable rules of RH, the Division of Medical Assistance Programs, and federal and state laws and regulations.

Supply Purchasing

- Distributors and manufacturer contact information located in RH Program Manual, Exhibit A-2
- Public Health discount pricing (340B) is available to Title X delegate agencies and Federally Qualified Health Centers (FQHCs).
 - Must be registered in the OPA 340B database
 - Deeper discounts available through Prime Vendor Program

Pharmacy Laws

- The Oregon Board of Pharmacy sets rules regarding required policies and procedures
 - Who may dispense
 - Prescription labeling and storing requirements
 - Yearly inspection
- Board of Pharmacy's Rules
 - http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_043.html



- All approved CCare providers must be registered to prescribe and dispense family planning supplies.
- Doctors and PAs are regulated by the Board of Medical Examiners.
- Nurses are regulated by the Board of Nursing.
 - These practitioners' dispensing privileges are tied to their license renewals.
- Dispensing county health departments and family planning clinics are regulated by the Board of Pharmacy (BoP), and must renew their certification annually by April 1.

Non-Health Department Clinics

- Staff assistants are allowed to dispense drugs under the following circumstances:
 - The initial dispensing must have been done by a physician, pharmacist, registered nurse, or nurse practitioner.
 - Subsequently, if the patient's medication profile has not changed, nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by a physician, nurse, or nurse practitioner prior to being delivered or transferred to the patient (OAR 855-043-0310).

Reporting Requirements

- Clinic Visit Record (CVR) serves as the data collection tool for the Family Planning Information System and as the billing mechanism for services provided to CCare clients.
 - Required for every family planning visit by a client of Oregon's Reproductive Health Program.
 - For complete information on filling out a CVR, see Section D of the RH Program Manual.

January Mailing

- Annual packet requesting information sent to all agencies in early January
 - Due back to the state in approximately three weeks.
- Provides the opportunity to update contact information and assess training needs
- Required for the State of Oregon's federal Title X grant application
 - Annual Plan Request
 - Budget Projection
 - Local Agency Contracts
 - Expenditure Reports
 - Pap Smear Results

Collaboration and Program Evaluation

Improving the quality and scope of program services

CCare Workgroup

- Twelve-member workgroup consists of state-wide representation by county public health clinics, universities, FQHC's, Planned Parenthood, CLHO, DMAP, and Oregon Tribes.
 - Forum for CCare partners and RH staff to discuss program issues in a collaborative effort to improve client and clinic services
 - Forum for partners and providers to provide feedback to state RH staff on proposed regulations, polices, procedures and communications.
 - Members serve a three-year renewable term.
 - Meet on the third Wednesday of every month

Client Satisfaction Survey

- Every two years, state staff work with local agencies to conduct a multi-clinic customer satisfaction survey.
- The most recent report is available online at <http://www.healthoregon.org/rhmaterials>.
- Contact RH Program staff for more information or a copy of the latest CSS report.

Oregon Reproductive Health Information System (Ahlers Data)

- An enormous amount of CVR data on the clients your agency sees and the services your agency provides are available from Ahlers & Associates.
- Data are accessible in three main formats:
 - Standardized reports
 - Customized tables
 - “Raw” visit-level records
- See Section D of the RH Program Manual for more information and instructions on each of these formats.

Title X Local Agency Review

- If your agency receives Title X funding, the state's family planning nurse consultants conduct a detailed review of your clinical and administrative practices once every three years
- RH Program Manual – Section B10
- The final report from your review contains a wealth of information to inform your program assessment efforts.

CCare Audits

- Assures compliance with program regulations to maintain program integrity and reduce the risk of overpayment
 - Desk Audits
 - Visit Frequency Audits
 - Random Sample Chart Audits
 - Eligibility and Enrollment Form Audits
- CCare Audits also done with Title X Reviews
- Vasectomy Consent Form Audits
- Monitoring Agency Insurance Billing
- Requests for other information as needed

Fall Statewide RH Coordinators Meeting

- Annual two-day meeting for all RH Coordinators in Oregon
 - Program updates
 - Collaboration and discussion of clinical and operational issues
 - Training, guest speakers and technical assistance
 - Opportunity for networking



Promoting CCare

- Increase your revenue
- Promote
 - Access to and full utilization of contraceptive management services
 - Consistent use of effective contraceptives
- Provide a needed and valuable service to under-served populations

- Contact Lesli Uebel
541-757-5155

DHS: PUBLIC HEALTH DIVISION

oregon**contraceptive**care

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Upon request this publication can be furnished in an alternative format for individuals with disabilities by contacting: Reproductive Health at 971-673-0355. Available formats are: large print, Braille, audio tape recording, electronic format and oral presentation.

DHS
Oregon Department of Human Services 016 8337 (6/2010)

TURN MISCONCEPTION INTO CONTRACEPTION

Provider Resources on Website

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

- ▶ Program Manual
- ▶ RH Update Newsletter
- ▶ Training Updates
- ▶ County Data Sheets
- ▶ Vasectomy Materials
- ▶ Oregon Administrative Rules (OARS)



Reproductive Health Program

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Thank you!

Please contact us with any questions.