

# Oregon Reproductive Health Program

## *Orientation*



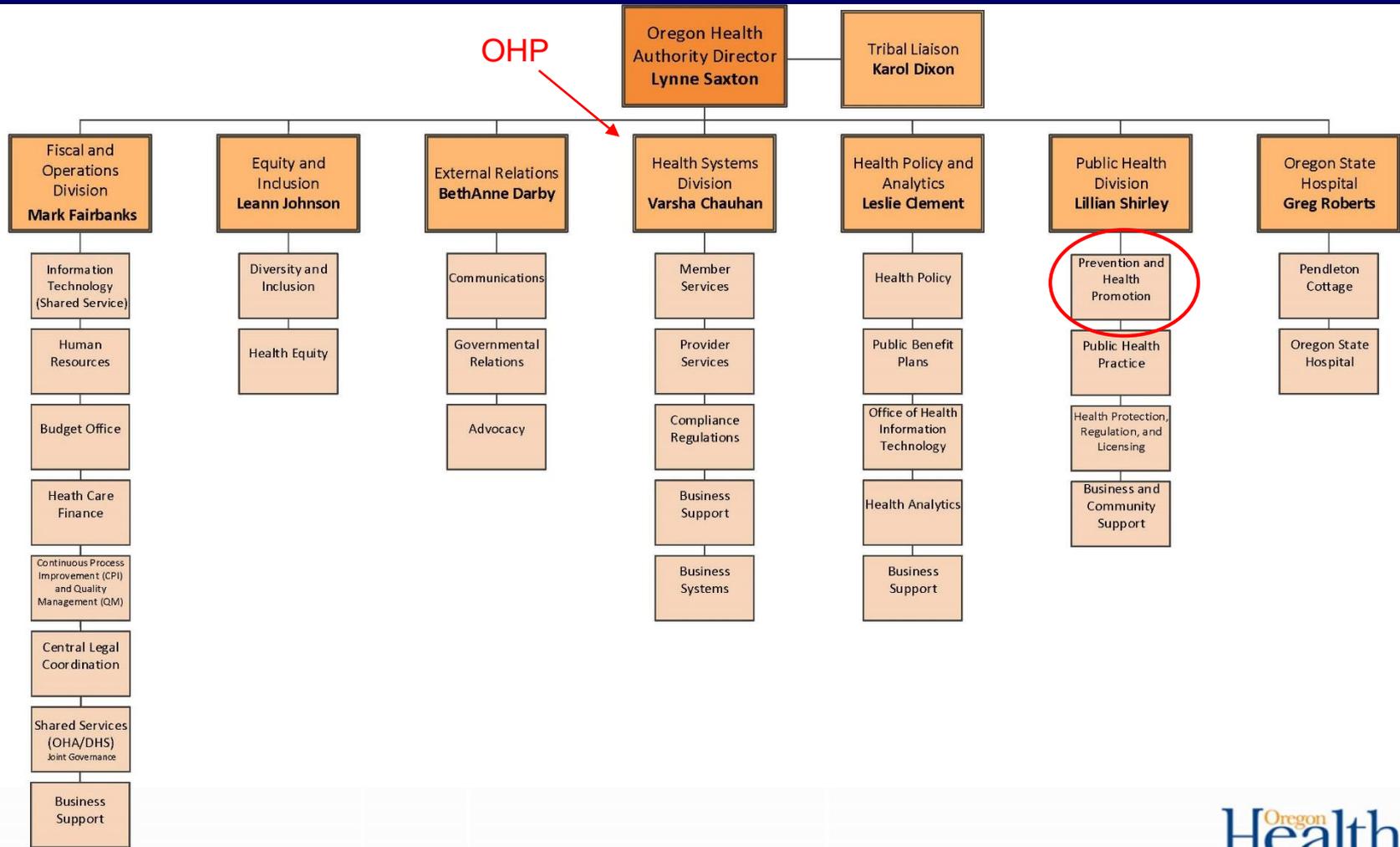
*Family Ties* by Oberazzi  
Flickr.com

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- Broad Overview of Oregon RH Program
- Differences between Title X & CCare
- Requirements for all agencies
- Program Resources
- Clinic Visit Record (CVR)



# Agenda



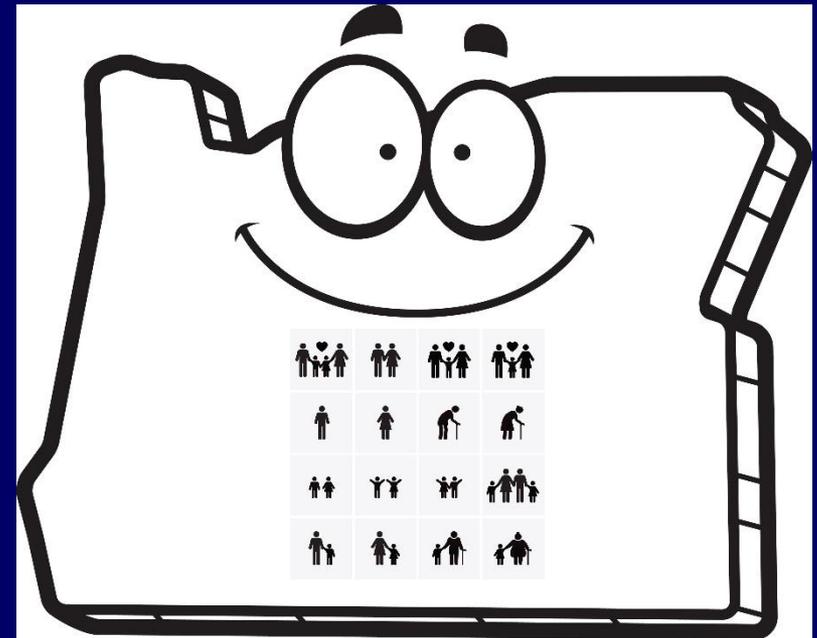
Revised: 1/6/2016



# Where in OHA?



Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.



**OHA's Mission**

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To help people reach their goals by allowing THEM to choose if and when they get pregnant or cause a pregnancy.

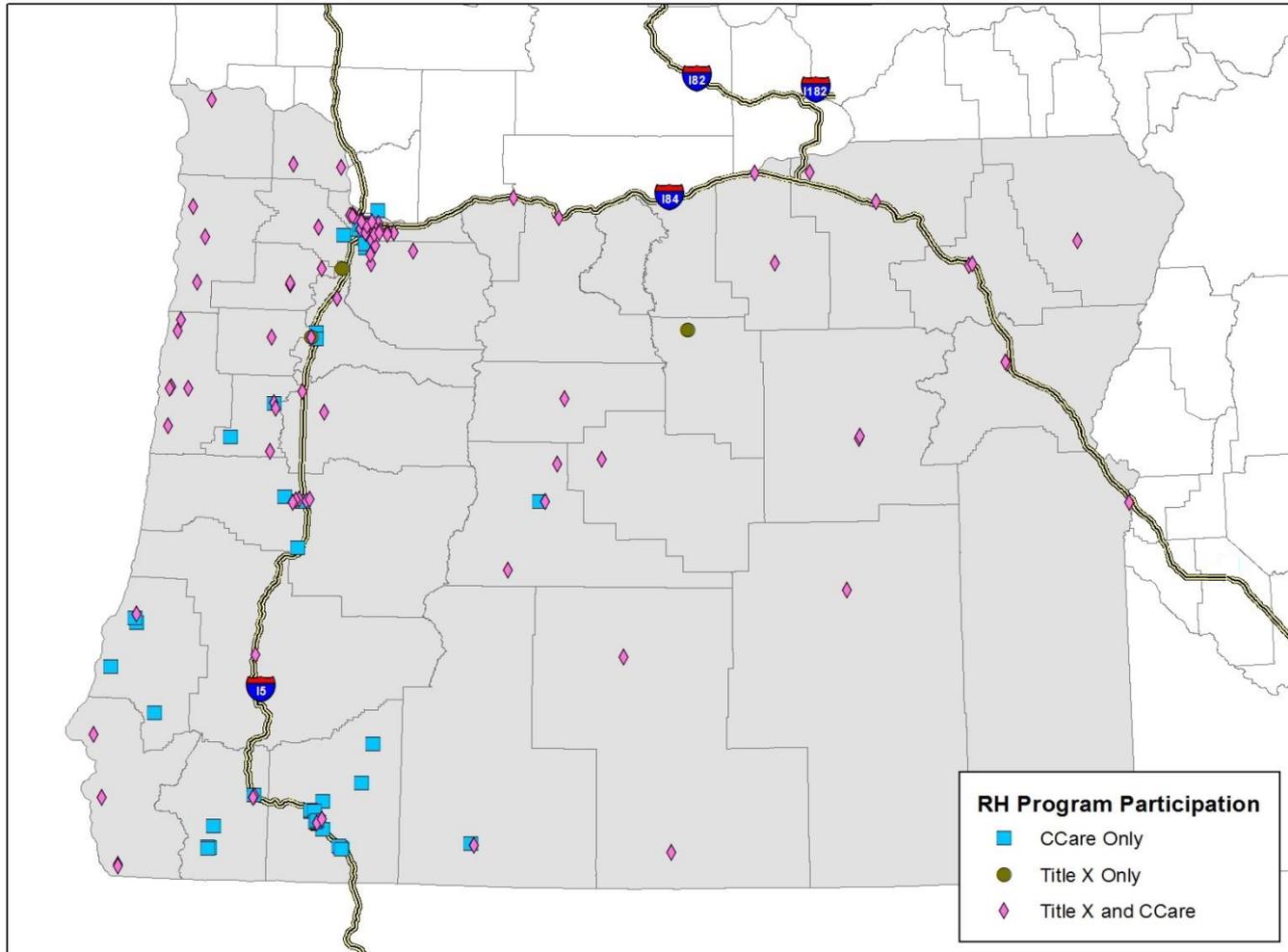


**Purpose**

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## Oregon Reproductive Health Clinics 2015



# Oregon RH Clinics



*Capitol from hotel* by Ryan Wick  
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Title X grant from U.S. Dept of Health & Human Services, Office of Population Affairs (HHS, OPA)

- Payment = grant amount distributed monthly
- Sets standards of care

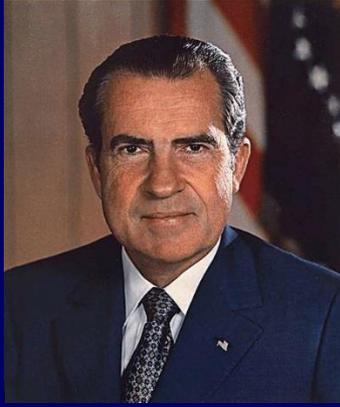
CCare (Oregon ContraceptiveCare) is a Medicaid (Title XIX) waiver program designed to expand access to contraceptive services beyond regular Medicaid.

- Payment = reimbursement for services/supplies

# Programs

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Enacted under President Nixon in 1970 as part of the Public Health Services Act.

The only federal grant that exclusively funds family planning and related preventive health services.



# Title X - Grant

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Oregon law requires all local public health departments to provide (or assure the provision of) family planning services. Title X used to fund the implementation of this statute.



**Family Planning Mandate**

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OHA administers Title X via Local Public Health Authority (LPHA) contracts, specifically Program Element (PE 41).

- Agencies that receive Title X funds are called sub-recipients, of which there are 35
  - 33 county public health departments
  - One 3-county health district
  - Planned Parenthood of Southwestern Oregon

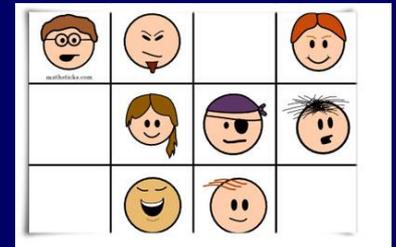


## Title X - Distribution

Funds are disseminated to sub-recipients based on a funding formula approved by the Conference of Local Health Officials (CLHO)

- The funding formula distributes a base amount of \$5,000 to each sub-recipient and then distributes the rest on a per-client basis

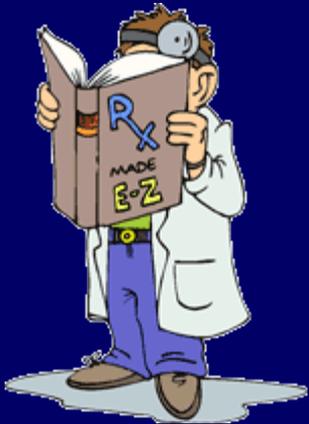
$$s^2 = \frac{\sum X^2 - \frac{(\sum X)^2}{n}}{n - 1}$$



## Title X - Distribution

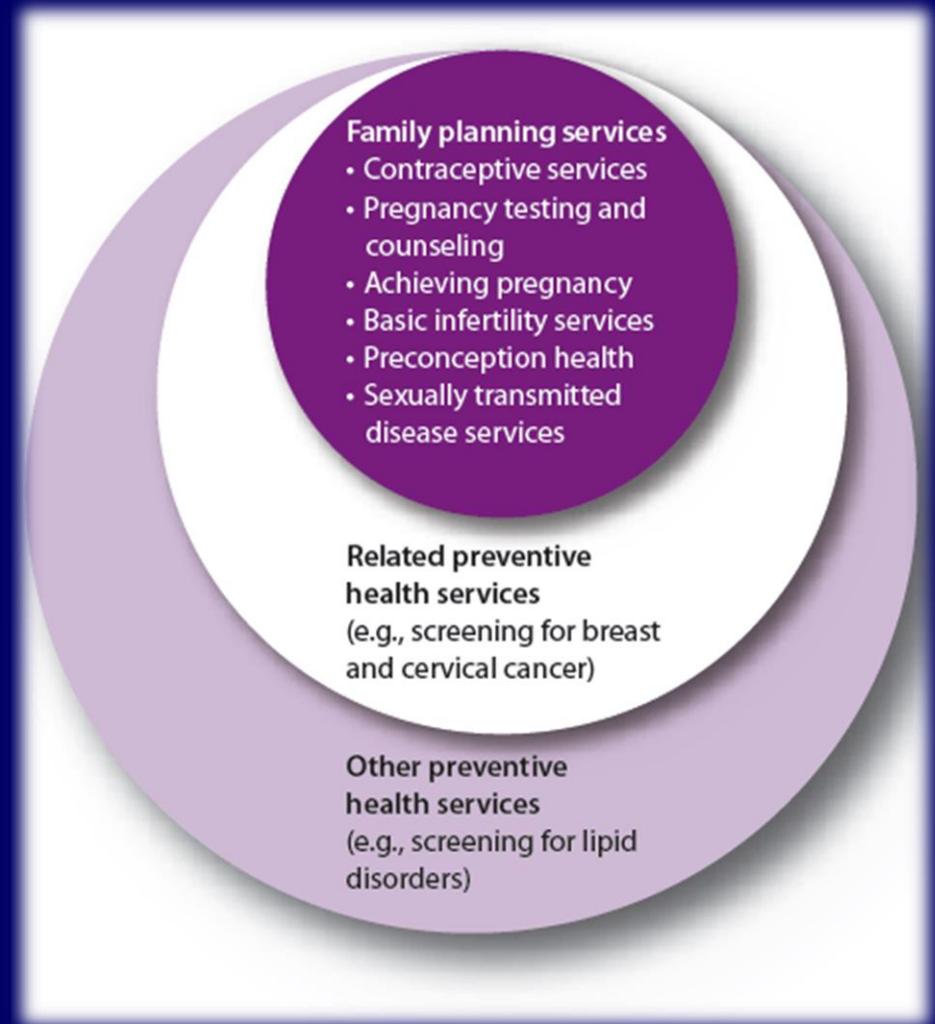
# Title X Guidelines *(released in April 2014)*

1. Title X Program Requirements
  - How to administer program
    - E.g., funds may not be used for abortions; must provide services to **anyone** seeking RH services; must use a sliding fee schedule, etc.
2. Quality Family Planning (QFP) Recommendations
  - **How to perform services**
    - From CDC & Office of Population Affairs
    - Follow national standards of care for clinical services (e.g., USPSTF, U.S. MEC, U.S. SPR, etc.)



## Required Services (Family Planning Services)

- Contraceptive services
- Pregnancy testing & counseling
- Preconception health
- Achieving pregnancy
- Basic infertility services
- STI services



## Title X Sliding Fee Scale

Client's income is  $\leq 100\%$  FPL = no fee

Client's income is 101% - 250% FPL = sliding fee

Client's income is  $\geq 251\%$  FPL = full fee



### **Fees must always be based on the sliding fee scale:**

- No flat/minimum fee for RH services
- Assess income for all clients as if they don't have insurance, even if they do
- The only fee clients are responsible for is their sliding fee, even if their insurance requires a co-pay, co-insurance or deductible.

1. Assess the client's income according to federal poverty guidelines.
2. Determine where the client's income puts her/him on the sliding fee scale.

Note: Even if a client has insurance cost-sharing obligations (co-pay, coinsurance, deductible), **the client is only responsible for the sliding fee.**

3. Bill the insurance company the full fee for the services (unless the client requested confidentiality), BEFORE requesting payment from the client.
4. When insurance pays the bill, the insurance payment must be applied to (and deducted from) the amount the client is responsible for.



Family planning Medicaid waiver through the Centers for Medicare & Medicaid (CMS) to provide free family planning services & supplies to those who qualify.



Allows for a 90/10 match for pregnancy prevention services delivered to CCare-eligible clients

- Every \$1 the state pays, the feds pay \$9

oregon **contraceptive care** Health Authority

## Services = Bundled Rate of **\$150**

- Covers family planning services as indicated in national standards of care, including:
  - Annual visits
  - Follow-up visits to evaluate or manage problems associated with contraceptive methods
  - Counseling services
  - Lab tests/health screenings
    - ONE exception = GC/CT test reimbursed separately at \$13.55



Supplies = Acquisition Cost



# CCare - Reimbursement

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A visit is billable to CCare if:

1) The client meets the CCare eligibility requirements (next slide),

2) They are seeking contraception,

**AND**

3) The primary diagnosis code is within the Z30 Contraceptive Management series.



If a visit meets the above criteria it is billable to CCare REGARDLESS OF THE CLIENT'S STATED PURPOSE FOR SEEKING BIRTH CONTROL.

**CCare – When is a visit billable?** 

## Clients

- Must be:
  - U.S. citizen, or eligible immigration status
    - Note: If a client has LPR status and is 19 or older they must have had LPR status for  $\geq$  5 years
  - Oregon resident
  - $\leq$  250% FPL
    - ★ Individuals qualify based on own income
  - Reproductive capacity, and not seeking pregnancy or currently pregnant
  - Not enrolled in OHP



★ May qualify for CCare even if have private health insurance.

## CCare – Clients

## Title X

*Provides a framework for how RH services are delivered*



## CCare

*Is a payer source, like private insurance or OHP*



**How to think about it**

- Clients can get BOTH CCare and Title X!
- Clients CAN qualify for CCare and Title X even if they have private insurance!
- Clients CAN get CCare even if they're in a same-sex relationship or want birth control for reasons other than preventing pregnancy!
- If you get Title X funding, you MUST serve all people seeking reproductive health services.
- Any others?



	<b>Title X Agency (Title X-Only and Title X &amp; CCare)</b>	<b>CCare-Only Agency</b>
Client Definition	Any person of reproductive age who is seeking reproductive health or related preventive services must be served.	A person of reproductive capacity who is not seeking pregnancy. <ul style="list-style-type: none"> <li>• Not sterilized or medically infertile</li> <li>• Not pregnant or seeking pregnancy</li> </ul>
Client Eligibility	Clients may not be denied services or subject to any variation of services due to: <ul style="list-style-type: none"> <li>• Income / Inability to pay</li> <li>• Citizenship</li> <li>• Residency</li> <li>• Insurance status</li> </ul>	Clients must qualify based on: <ul style="list-style-type: none"> <li>• U.S. citizenship or Eligible immigration status</li> <li>• ≤ 250% FPL</li> <li>• Reproductive capacity</li> <li>• Not enrolled in OHP</li> </ul>
Income/Fee Assessment	FPL <ul style="list-style-type: none"> <li>• Based on # in household</li> <li>• Minors (under 18): may use minor's income only if receiving confidential services</li> </ul> Fees <ul style="list-style-type: none"> <li>• ≤ 100% FPL = no fee</li> <li>• 101% - 250% FPL = sliding fee</li> <li>• ≥ 251% FPL = full fee</li> </ul> Bill insurance <b>BEFORE</b> asking client to pay fee (unless client requested special confidentiality).	FPL <ul style="list-style-type: none"> <li>• Based on # of people included on same tax filings as client</li> <li>• Clients qualify based on own income even if not requesting confidential services</li> </ul> Fees <ul style="list-style-type: none"> <li>• No charge to client</li> </ul>
Services Offered	Broad range of reproductive health services.	Narrow definition of services: only for family planning services/contraception management.
Bottom Line	Must serve <u>all</u> clients seeking reproductive health services. Determine pay source separately from services.	Eligible clients receive <u>free</u> family planning services & supplies that prevent unintended pregnancies.

# Agencies with Title X and CCare

1. Assess client's eligibility for CCare.

	Services = CCare	Some or all services ≠ CCare
<b>Client = CCare</b>	<ul style="list-style-type: none"> <li>2. Enroll Client</li> <li>3. Provide Services</li> <li>4. Bill insurance</li> <li>5. Receive denial (or partial payment)</li> <li>6. Bill CCare</li> </ul>	<ul style="list-style-type: none"> <li>2. Enroll client just in case they will need CCare services in the future</li> <li>3. Explain that today's services will be based on sliding fee scale</li> <li>4. Assess client's fees based on FPL</li> <li>5. Provide services</li> <li>6. Bill insurance</li> <li>7. Assess fee after deducting insurance payment</li> </ul>
<b>Client ≠ CCare</b>	<ul style="list-style-type: none"> <li>2. Explain that services will be based on sliding fee scale</li> <li>3. Assess client's fees based on FPL</li> </ul>	<ul style="list-style-type: none"> <li>5. Provide services</li> <li>6. Bill insurance</li> <li>7. Assess client's fee after deducting insurance payment</li> </ul>

## Clients with Private Insurance

## Agencies with just CCare

1. Assess client's eligibility for CCare.

	<b>Services = CCare</b>	<b>Some or all services ≠ CCare</b>
<b>Client = CCare</b>	<ol style="list-style-type: none"><li>2. Enroll Client</li><li>3. Provide Services</li><li>4. Bill insurance</li><li>5. Receive denial (or partial payment)</li><li>6. Bill CCare</li></ol>	<ol style="list-style-type: none"><li>2. Enroll client just in case they will need CCare services in the future</li><li>3. Follow clinic practice for non-CCare clients/services</li></ol>
<b>Client ≠ CCare</b>	<ol style="list-style-type: none"><li>2. Follow clinic practice for non-CCare clients</li></ol>	<ol style="list-style-type: none"><li>2. Follow clinic practice for non-CCare clients/services</li></ol>

## Clients with Private Insurance

All agencies regardless of the client's funding source -  
Title X or CCare:

- Collect insurance information



- Screen the client for OHP enrollment

- Assess the client's income according to federal poverty guidelines



- Discuss payment options for services that are not covered by CCare or Title X

**At Every Visit**

All agencies regardless of the client's funding source - Title X or CCare:

- Bill third party payers BEFORE using federal funds, unless the client's requested special confidentiality\*



- \*Special confidentiality applies when a client perceives a threat of physical or emotional harm if insurance policy holder(s) find out about the visit

**At Every Visit**



As a condition of receiving federal funding, we are required to collect and report client service data.



Data helps prove the importance of these programs to both federal and state officials.

For example, by delivering RH services in FY15, we helped over 72,000 people, averted over 10,000 unintended pregnancies, and saved over \$79 MILLION in public money.

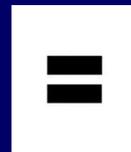
**Data Collection – Why?**

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Perhaps the most compelling reason to report this data is for funding.

CCare reimbursement based on submission of CVR/claim

Title X funding based on non-Medicaid clients served



**Data Collection – Why?**

# Clinic Visit Record - CVR

**OREGON CLINIC VISIT RECORD**

A. LAST NAME \_\_\_\_\_ B. FIRST NAME \_\_\_\_\_ C. M.I. \_\_\_\_\_  
 D. SOC. SEC. NO. \_\_\_\_\_ E. CCare NO. \_\_\_\_\_

Items A-E only required for CCare Clients

1. SERVICE SITE NUMBER \_\_\_\_\_  
 2. CLIENT NUMBER \_\_\_\_\_  
 3. DATE OF VISIT \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_  
 4. DATE OF BIRTH \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_  
 5. SEX  1 - Female  2 - Male

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

7. ADDITIONAL DEMOGRAPHIC (Check if Applicable)  
 5 - Limited English Proficiency

8. ZIP CODE \_\_\_\_\_

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

9A. DIAGNOSIS CODE (Complete if billing CCare) Z30 \_\_\_\_\_

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

9C. SPECIAL CONFIDENTIALITY NEEDS  1 - Yes

10. INCOME AND HOUSEHOLD SIZE

a. Monthly Income? \_\_\_\_\_ AMOUNT  
 b. Household Size? \_\_\_\_\_ NUMBER

11. HEALTH INS. ENROLLMENT ASSISTANCE  
 1 - Onsite  2 - Referral

12. PURPOSE OF VISIT (Check One)  
 1 - First Annual Visit  5 - Pregnancy Test Visit  
 2 - Return Annual Visit  6 - Supply Only-Mailed (CCare Only)  
 3 - Other Medical  7 - Supply Only Visit (CCare Only)  
 4 - Counseling Only  8 - Vagotomy Referral (w/POP SOP)

13A. MEDICAL SERVICES (Check all Applicable)

Exam & Lab Services  
 02 - Blood Pressure  24 - Urine Dip Strip/Urinalysis  
 03 - Height/Weight  25 - Pap Test Conventional  
 04 - Thyroid Exam  26 - Pap Test Liquid-Based  
 05 - Heart/Lung Auscultation  27 - Colposcopy  
 06 - Breast Exam  28 - Immunization  
 07 - Abdominal Exam  29 - Male Genitalia Exam  
 08 - Extremities  49 - Colo-Rectal Cancer Screening  
 09 - Bimanual/Speculum Pelvic Exam  36 - Other Lab or Exam  
 23 - High / Hct  37 - No Lab or Exam

Contraceptive Related Services  
 17 - Diaphragm / Cap Fit  40 - Hormonal Injection  
 19 - IUD/IUS Insert  46 - EC-Immediate Need  
 20 - Sterilization Procedure  46 - EC-Future Need  
 38 - Hormone Implant In  22 - IUD/IUS Removal  
 39 - Hormone Implant Out  18 - Vasectomy Referral Fee

Pregnancy Related Services  
 21 - Post Pregnancy Exam  33 - Positive Pregnancy Test  
 31 - Serum Pregnancy Test  35 - Infertility Screening  
 32 - Negative Pregnancy Test

13B. CONT. MEDICAL SERVICES (Check all Applicable)

STD Related Services  
 11 - Vaginitis/Urethritis/Eval/Dx  16 - Herpes Test  
 12 - Vaginitis/Urethritis/Eval/Rx  29 - Gonorrhea Test  
 29 - Chlamydia Test  30 - Wet Mount  
 13 - Chlamydia Treatment  43 - HIV Test  
 14 - Chlamydia Presumptive Rx  47 - Syphilis Test  
 15 - Wart Treatment  50 - HPV Test

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

19. PREGNANCY INTENTION SCREENING  
 1 - Yes, Near Future  3 - Unsure  
 2 - No, Maybe Later  4 - Never

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 - Nurse  
 14 - Other service providers, health educators, social workers, clinic aides and lab technicians.

15A. PRIMARY CONTRACEPTIVE METHOD  
 (Complete before and after blocks)

HIGHLY EFFECTIVE  
 14 - Male Sterilization  17 - Hormonal Pilon  06 - NFP/FAM  
 01 - Female Sterilization  18 - Vaginal Ring  07 - Spermicide  
 11 - Hormone Implant  04 - Diaphragm  09 - Other Method  
 15 - IUS  LESS EFFECTIVE  15 - Abstinence  
 03 - IUD  06 - Male Condom  10 - None  
 22 - LAM  19 - Female Sperm  19 - Female Sperm  
 16 - Hormonal Injection  20 - Withdrawal  20 - Withdrawal

BEFORE VISIT  AFTER VISIT

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.  
 Pregnant:  1 - Planned  8 - Unplanned  
 3 - Seeking Pregnancy  7 - Other

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

17. MEDICAID BILLING (Complete top section for CCare)

Supplies Billed Qty. Unit Price Supplies Billed Qty. Unit Price

01-Orals \_\_\_\_\_ 07-Condoms, Male \_\_\_\_\_  
 02-EC \_\_\_\_\_ 08-Condoms, Fem. \_\_\_\_\_  
 14-Patch \_\_\_\_\_ 17-Ring \_\_\_\_\_  
 15-Mirena IUS \_\_\_\_\_ 18-Sponge \_\_\_\_\_  
 03-Copper IUD \_\_\_\_\_ 19-Subdermal Implants \_\_\_\_\_  
 04-Depo Provera \_\_\_\_\_ 20-Cyte Beads \_\_\_\_\_  
 05-Diaphragm \_\_\_\_\_ 21-Style IUS \_\_\_\_\_  
 06-Spermicide \_\_\_\_\_ 22-Liletta IUS \_\_\_\_\_

17A. THIRD PARTY RESOURCE CODES  
 (Complete if client has other insurance coverage.)  
 1 - Explanation Code \_\_\_\_\_  
 2 - Other Insurance Paid \_\_\_\_\_

ALBERS & ASSOCIATES, WACO, TEXAS FORM 17 REV. (5/10/17)

## When to complete a CVR:

- EVERY RH client visit if Title X agency
- Within ONE year of the date of service (CCare claims denied one year after date of visit)
- For CCare payment, submit by the Thursday before the 15<sup>th</sup> of each month

# Data Collection - How?



The company that processes CVR and runs the CCare Eligibility Database is Ahlers & Associates. They are a contracted vendor located in Texas.



## Data Collection – How?

## ALL AGENCIES MUST:

Billing / Insurance	<ul style="list-style-type: none"><li>• Collect insurance information at each visit</li><li>• Determine client's income on the Federal Poverty Level chart</li><li>• Bill all third-party payers for total charge unless client requests confidentiality before using Federal \$ (including Title X &amp; CCare)</li><li>• Screen clients for OHP enrollment</li></ul>
Services / Supplies	<ul style="list-style-type: none"><li>• Provide broad range of birth control &amp; dispense onsite at time of appointment</li><li>• Perform services according to national standards of care<ul style="list-style-type: none"><li>• Moving away from "touches" (e.g., yearly Paps/pelvics) and toward counseling services</li></ul></li><li>• Ensure client confidentiality</li></ul>
Data	<ul style="list-style-type: none"><li>• Report data via the Clinic Visit Record (CVR)</li></ul>
Designate Reproductive Health Coordinator	<ul style="list-style-type: none"><li>• Primary point of contact between Oregon RH Program and agency</li><li>• Update Oregon RH Program with any changes to clinics or personnel (e.g., address changes, closures, staff leave agency or change roles)</li><li>• Stay up-to-date on policies/procedures by reading the RH Newsletter, emails from the RH Program, attend the RHC meeting, etc.</li><li>• Ensure that staff at all clinic sites have access to and understand program requirements</li></ul>





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

Used to determine where client falls on FPL → eligibility in CCare & Title X sliding fee scale

	Title X	CCare
<b>Income</b>	Total of everyone's income within household (except teens, who only use their own)	Individual's income
<b>Household Size</b>	Based on # of people how live together and share a source of income with the client. Must be at least one.	Based on # of people included on same tax filing as client. Must be at least one. See <a href="#">Exhibit C-9</a> .

# CVR – Income & Household Size

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	

01 – Client does not qualify for third-party coverage (OHP, private insurance, CCare, etc.) and is <100% FPL

02 – Client is enrolled in OHP & visit is charged to OHP

03 – Washington state’s family planning Medicaid waiver

04 – Client has private insurance, and visit will be billed to private insurance

05 – Client does not have private insurance, OHP, or CCare and is >250% FPL. Will be charged full fee

## **CVR – Source of Pay for Visit**

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	

06 – Client is not enrolled in PI, OHP, or CCare and is between 100%-250% FPL so will be charged on the sliding fee scale

07 – Client is eligible for other, non-specified third party payment (e.g., special gov't funds for American Indians)

08 – Client is eligible for CCare AND visit is contraceptive management

10 - Client is eligible for CCare, VISIT is NOT CCare-billable but client received supplies billable to CCare

*Example: client comes in for STI check, and picks up birth control*

11 – Client is not eligible for CCare or OHP and visit is for vasectomy services under OVP

## CVR – Source of Pay

9B. WILL INSURANCE BE BILLED FOR THIS VISIT?

(Complete if Question 9 is 8 or 10).  1- No  2- Yes (Complete 17A.)

Only for visits billed to CCare

Private insurance must be billed first, unless client requests confidentiality.

9C. SPECIAL CONFIDENTIALITY NEEDS

1-Yes

Special confidentiality is available to any client who believes she/he would be at risk of harm if insurance policy holder(s) learned that she/he was receiving RH services

If check Yes, must also:

- Enter TPR code NC in section 17A, and
- Check the box for special confidentiality in CCare Eligibility Database



18. CLIENT INSURANCE STATUS (check one)

(Principal Health Insurance covering primary care)

1 - Public Health Insurance

3 - Uninsured

2 - Private Health Insurance

4 - Unknown

Used to indicate whether client has insurance for “a broad set of primary medical care benefits”

1 – Client enrolled in OHP, or has Medicare for primary care (CCare does NOT count)

2 – Client has personal or employer-sponsored insurance

3 – Client has no coverage

4 – Client doesn’t know

11. HEALTH INS. ENROLLMENT ASSISTANCE

1 - Onsite

2 - Referral

Used to record if health insurance enrollment/re-enrollment was provided to the client.

1 – When provided by a trained enrollment assister at your agency (regardless of when)

2 – If client was referred for assistance outside of agency

Leave blank if none provided.

## **CVR – Health Insurance Enrollment Assistance**

7a. CLIENT'S TEST DATES - Females Only				MO.	YR.
1 - Last Chlamydia ( $\leq 24$ )	<input type="checkbox"/> 1 Never	<input type="checkbox"/> 2 Unk.	3 Date		
2 - Last Pap ( $\geq 21$ )	<input type="checkbox"/> 1 Never	<input type="checkbox"/> 2 Unk.	3 Date	MO.	YR.

Intended to capture female clients' most recent test dates PRIOR to the current visit.

Dates are self-reported or populated from medical records

Ages (based on National Standards)

- Chlamydia = clients 24 and under
- Pap = clients 21 and over
- If client within above age ranges, a box must be marked (if left blank, CVR will reject)
- If client does not know, check box 2-Unknown
- If report outside of age ranges, Ahlers will clear fields

## CVR - Client Testing Dates

9A. DIAGNOSIS CODE (Complete if Question 9 is 8)

Z30. | | | |

For CCare visits only (must check box 08 in Source of Pay)

Must use ICD code that represents contraceptive services. List of accepted ICD codes in [Exhibit A-1](#)

Use highest level of specificity.

12. PURPOSE OF VISIT (Check One)	
<input type="checkbox"/> 1 - First Annual Visit	<input type="checkbox"/> 5 - Pregnancy Test Visit
<input type="checkbox"/> 2 - Return Annual Visit	<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)

ACTUAL primary reason for today's visit (may not know until end)

- 1 – First comprehensive visit at your agency. Includes any clinically indicated health screenings and lab services. Can only be used once/client.
- 2 – Subsequent comprehensive visit >11 months after first. Includes any clinically indicated health screenings and lab services.  
Can only be done 1x/year.
- 3 – Visit with one or more medical services provided for routine contraceptive, sterilization, infertility or related care. Counseling is included. Includes visit for Depo injection.
- 4 – Visit where client receives specific family planning-related consultation, but no medical services.

12. PURPOSE OF VISIT (Check One)	
<input type="checkbox"/> 1 - First Annual Visit	<input type="checkbox"/> 5 - Pregnancy Test Visit
<input type="checkbox"/> 2 - Return Annual Visit	<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)

ACTUAL primary reason for today's visit (may not know until end)

5 – Pregnancy test & counseling (not used with CCare)

6 – Returning CCare client who chooses to have method refilled by mail. Client must have been using the method without problems/contraindications for 3 months.

8 – Administrative/referral work for clients receiving vasectomy through a sub-contracted provider.

9 – Established CCare client who presents for a refill of method & gets no or very brief medical/counseling 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 - PapTest Conventional         |
| <input type="checkbox"/> 04 - Thyroid Exam                  | <input type="checkbox"/> 26 - PapTest 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       |

Examinations, labs,  
diagnostic &  
treatment procedures.

Should be completed  
at time of service or  
transcribed from  
client's medical  
record.

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		

Non-medical services that:

- Inform client about available services/supplies; and/or
- Assist client to clarify her/his needs and provide him/her with the tools to meet those needs.

Should be completed at time of visit or transcribed from client's medical record

## **CVR – Assessment/Education/ Counseling**

19. PREGNANCY INTENTION SCREENING

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

Indicate client's intentions regarding pregnancy in the near future.

Left broad to accommodate various screening tools.

If left blank, assume screening was not done.

If the client's intentions change over the course of the visit, the final intention should be recorded.

## **CVR – Pregnancy Intention Screening**

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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 in sections 13A &14A.

1 – M.D. or D.O.

2 – PA, NP, CNM

3 – RN or LPN

4 – Others like health educators, social workers, aides or technicians

**CVR – Medical/Counseling Services  
Provider**

<b>15A. PRIMARY CONTRACEPTIVE METHOD</b> (Complete before and after blocks)		
<b>HIGHLY EFFECTIVE</b>	<b>MODERATELY EFFECTIVE</b>	<b>LESS EFFECTIVE</b>
14 - Male Sterilization	16 - Hormonal Injection	06 - Male Condom
01 - Female Sterilization	02 - Oral Contraceptives	19 - Female Condom
11 - Hormone Implant	17 - Hormonal Patch	21 - Contraceptive Sponge
15 - IUS	18 - Vaginal Ring	20 - Withdrawal
03 - IUD	04 - Diaphragm/Cap	08 - NFP/FAM
22 - LAM		07 - Spermicide
		<b>OTHER</b>
		09 - Other Method
		13 - Abstinence
		10 - None
	BEFORE VISIT <input type="text"/>	AFTER VISIT <input type="text"/>
<b>15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.</b>		
Pregnant	<input type="checkbox"/> 1 - Planned	<input type="checkbox"/> 8 - Unplanned
	<input type="checkbox"/> 6 - Not Sexually Active	<input type="checkbox"/> 3 - Seeking Pregnancy
		<input type="checkbox"/> 7 - Other

Record the method the client was using at the start of the visit & the method the client left with.

If client is/was using multiple methods, record the primary or most effective

If client is relying on partner's method, mark them as the user.

<b>16. REFERRAL INFORMATION (Check all Applicable)</b>		
<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.		

Used to indicate if client was referred to another agency/clinician/program.

All referral information must be documented in the medical record.

17. MEDICAID BILLING (Complete top section for CCare)

Supplies Billed	Qty.	Unit Price	Supplies Billed	Qty.	Unit Price
01-Orals	<input type="text"/>	<input type="text"/>	07-Condoms, Male	<input type="text"/>	<input type="text"/>
16-EC	<input type="text"/>	<input type="text"/>	08-Condoms, Fem.	<input type="text"/>	<input type="text"/>
14-Patch	<input type="text"/>	<input type="text"/>	12-Cervical Cap	<input type="text"/>	<input type="text"/>
15-Mirena IUD	<input type="text"/>	<input type="text"/>	17-Ring	<input type="text"/>	<input type="text"/>
03-Copper IUD	<input type="text"/>	<input type="text"/>	18-Sponge	<input type="text"/>	<input type="text"/>
04-Depo Provera	<input type="text"/>	<input type="text"/>	19-Subdermal Implants	<input type="text"/>	<input type="text"/>
05-Diaphragm	<input type="text"/>	<input type="text"/>	20-Cycle Beads	<input type="text"/>	<input type="text"/>
06-Spermicide	<input type="text"/>	<input type="text"/>	21-Skyla IUS	<input type="text"/>	<input type="text"/>

Used to generate payment for contraceptive supplies for CCare clients.

Max allowed reimbursement rates are listed in [Exhibit C-14](#).

17A. THIRD PARTY RESOURCE CODES

(Complete if client has other insurance coverage.)

1 - Explanation Code

2 - Other Insurance Paid

Use if CCare client has insurance coverage.

1 – Why insurance didn't pay

UD = Service under deductible

NC = Special Confidentiality, or service not covered by insurance

PP = Insurance payment went to patient/policyholder

NA = Service not authorized by insurance

NP = Service not provided by preferred facility

MB = Max benefits used for diagnosis/condition

OT = Other (insurance information is not available)

OR

2 – How much insurance paid (will be deducted from CCare payment).

## **CVR – Third Party Resource (TPR) Codes**

OREGON.GOV

Pendleton Round-Up  
Sept. 16-19, 2015

Search Public Health...

Public Health

Reproductive and Sexual Health

Reproductive and sexual health are important to our overall health. The right information can help reduce unintended pregnancy, prevent disease and ensure safe and nurturing sexual relationships.

Oregon public health programs promote healthy sexual relationships, assure access to comprehensive sexual and reproductive health services, and provide accurate and current public health information and resources. We evaluate reproductive and family planning services and individual needs across the state through analysis of clinical services and the health of populations who need those services.

The Oregon Reproductive Health Program works with over 165 clinics throughout the state to offer free or low-cost reproductive health services and birth control for women, men and teens who need them. This program seeks to reduce unintended pregnancy in Oregon by providing access to the information, services and resources necessary to ensure that all pregnancies are healthy, well-timed and intended.

Provider Quick Links

- Update Newsletter
- Provider Trainings
- Program Manual
- Order CCare Materials
- Order Health Education Materials
- Additional Provider Resources

Contact Us

Reproductive Health Program

## Providers

- RH Program Website: [healthoregon.org/rh](http://healthoregon.org/rh)
- RH Program Newsletter
  - Bi-Monthly
- RH Program Manual [healthoregon.org/rhmanual](http://healthoregon.org/rhmanual)
- Provider Resources page [healthoregon.org/rhmaterials](http://healthoregon.org/rhmaterials)
- Email list serve

## Clients

- CCare website [CCare.Oregon.gov](http://CCare.Oregon.gov)
- CCare facebook page [facebook.com/OregonCCare](https://facebook.com/OregonCCare)

Oregon ContraceptiveCare

BOO! THERE'S NOTHING SCARY ABOUT BIRTH CONTROL!

ccare Oregon ContraceptiveCare Government Organization

10k likes +46 this week

# RH Program Resources

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# Questions?

*Alison Babich, Provider Liaison*

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

*971-673-0227*

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