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Reproductive Health Coordinators' Meeting Registration Reminder

Thank you to the 20 agencies who have completed the electronic registration for the RHC meeting on October 27th and 28th. If you have not yet completed your registration, click [here](#) before the deadline of September 23rd!

Updated Oregon Birth Information Form

As we review all things CCare now that the program has been renewed by CMS, we noticed that the Oregon Birth Information form could use a remodel. So we've updated the form, found in [Exhibit C-5](#), and bolded those pieces of information that are most critical to finding client's birth records. We hope you find it more user friendly!

Reproductive Health Program FAQs

Over the years, all organizations experience staff turnover, and it can be difficult to train new staff to the level of the staff who left. The days are busy and training is often placed on top of our regular duties. Additionally, policies and procedures change over time! With that in mind, we are starting a section of the newsletter dedicated to questions that seem to be a source of confusion across our network.

If a CCare client has an IUD or implant and wants it removed because they want to get pregnant, will CCare pay for the IUD/implant removal?

YES. To bill CCare for a client requesting an IUD or implant removal because they are seeking pregnancy, you need to change the reason for no method use at the end of the visit (Box 15B on the CVR) to 7-Other. If you indicate 3-Seeking Pregnancy, CCare will reject the claim. This workaround is described in Section D of our Program Manual, [pages 32-33](#).

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If a client has applied for OHP but doesn't yet have OHP coverage, can they enroll in CCare?

YES. If the client does not *currently* have OHP, they can enroll in CCare. We recommend looking up patients in MMIS at every visit to be sure they don't currently have OHP. Sometimes clients who are applying for OHP get retroactive eligibility that goes back to their original application date so it's possible that even if the client doesn't have OHP now, if you look in MMIS next month it will show their eligibility starting earlier. Whenever you find out that a CCare client has OHP, please let Laura or Rachel know and we will end their CCare eligibility.

On a related note, if you bill CCare for a visit and it turns out the client had OHP on that date, then CCare will end the client's eligibility and reject the claim (you will see error 906: REJECT: SOP '8/10' CODED/ELIG. FOR MEDICAID, SOP 2). In these cases, you should bill the client's CCO or OHP fee-for-service. Also, if you are a Title X agency you should resubmit the CVR with Source of Pay 2-Title XIX (OHP).

Trainings and Education

September Webinar: Ahlers Reports & CVR Data

(Wednesday, September 21, 9:00-10:00)

September's RH Program webinar will cover Ahlers reports and CVR data, and will include demonstrations of how to use the reports to track Annual Plan goals and other data questions. Click [here](#) to register.

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October Webinar: STD Screening and Data Collection **(Wednesday, October 12, 8:30-9:30)**

Sexually transmitted diseases are a major public health problem. Over the past few years, the rates for STD screening in family planning clinics have decreased both nationally and in Oregon, while the rates of Syphilis, Chlamydia and Gonorrhea infections continue to rise. Click [here](#) to register for our webinar where we will discuss your challenges and possible solutions to increase your screening rates.

For more trainings, check our Provider Trainings webpage:

www.healthoregon.org/rhtrainings

Resources

Clinical Pathway: Determining Need for Services Among Clients of Reproductive Age

Not sure what family planning services your client needs? This [chart](#), based on the QFP recommendations, provides evidence-based guidance to help you determine what services are needed for women, men and young people of reproductive age. The chart can also be found on our [Medical Services Resources](#) webpage.

LEARNING COLLABORATIVE

This section shares news and highlights resources for our new RH Learning Collaborative: Serving Youth. If there are specific resources you are either looking for, or want to share, please email Alison Babich at alison.a.babich@state.or.us

RH Learning Collaborative Youth Engagement Grant Update

We are pleased to share that we have received 14 applications and are still sending out award notices. These funds will be used to engage youth in a variety of projects, from creating youth advisory councils and youth events, to clinic make-overs, producing videos and marketing materials. Some of the grantees will coordinate their projects with their SBHCs, who recently received mini-grants for youth engagement as well. Stay tuned to learn more at the annual RHC meeting in October and beyond!

CDC Report: “Adolescence – Preparing for Lifelong Health and Wellness”

The CDC recently released a Morbidity and Mortality Weekly Report (MMWR) emphasizing the importance of supporting adolescent health in families, schools, and health care systems. Adolescence is a time of rapid change, when many start to assert independence and therefore start to learn how to use and interact with health care systems. Learning how to use any major institutional system can be challenging and frustrating (hello, DMV). This is what makes it so important that we consider adolescents’ needs in how we set up our clinics and use client-centered care approaches in helping them make decisions about their health. To read the report click [here](#).

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