

## **New ICD-10 Codes for Contraceptive Patch, Ring, and Implant – Effective October 1, 2016**

The Centers for Medicare and Medicaid Services (CMS) and the CDC recently published updates for new diagnosis codes (ICD-10) for the contraceptive patch, ring, and implant effective for dates of service October 1, 2016 and after. Ahlers will begin accepting the new codes on CCare claims for dates of service on or after October 1, 2016. Agencies that use WIN CVR software to submit CCare claims will receive an update with the new diagnosis codes at the end of December 2016. In the meantime, these agencies may continue to use the existing diagnosis codes for these contraceptive methods. For your reference, [Exhibit A-1 DMAP Family Planning ICD-10 Codes](#) has been updated to reflect the new diagnosis codes. If you have any questions about this update, please contact Emily Elman at [emily.l.elman@state.or.us](mailto:emily.l.elman@state.or.us) or 971-673-0219.

## **Share Your Highlights**

At this year's Reproductive Health Coordinators' Meeting we want to celebrate your accomplishments from the past year. But, to do this we need to know what they are! So, we created the attached slide for you to insert brief highlights, photos, stories, video clips, links, etc. We encourage you to share anything about your work, your staff, program services, systems, policies, community partnerships, innovative activities/projects/initiatives, quality improvement efforts, administrative achievements and/or whatever else you would like your peers to know about your program. We will combine all of our local agency highlights into a fun and engaging slide show. This is your chance to toot your horn (and we'll help) and to share with your peers. Please send your completed slides to Malika by October 15th at [malika.p.edden@state.or.us](mailto:malika.p.edden@state.or.us) (no pdf documents, please).

## Reproductive Health Program FAQs

### **Can someone enroll in CCare if they have Medicare coverage?**

Yes. If someone has Medicare (and does NOT also have OHP), they can enroll in CCare. Medicare plans do not cover family planning services (Medicare won't reimburse for visits with a Z30 ICD-10 code) so all you need to do is document the client's Medicare coverage on their CCare enrollment form.

### **Can someone enroll in CCare if they have Medicaid coverage from another state?**

No. If someone has Medicaid from another state, they cannot be enrolled in CCare. An individual cannot be enrolled in two Medicaid programs at the same time (and CCare is also a Medicaid program). If you are near a border with another state, you may consider enrolling as a Medicaid provider with that other state.

## Trainings and Education

### **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.

## Portland Clinical STD Update

*(Wednesday, November 2)*

The Portland Clinical STD Update in Portland, Oregon is a 1-day didactic course which provides registered participants with training in the most recent advancements in epidemiology, diagnosis, and management of viral and bacterial STDs. An optional Clinical Practicum is available upon completion. The cost is \$150. Click [here](#) to register.

For more trainings, check our Provider Trainings webpage:  
[www.healthoregon.org/rhtrainings](http://www.healthoregon.org/rhtrainings)

## Resources

### Financial Sustainability Calculator for Safety-Net Family Planning Centers

The Guttmacher Institute recently released a new online tool to aid safety-net family planning providers in assessing the degree to which they are maximizing reimbursement for services provided to Medicaid and private insurance clients. The [Financial Sustainability Calculator for Safety-Net Family Planning Centers](#) allows FP providers to estimate two financial sustainability indicators:

1. The percent of contraceptive visits reimbursed by Medicaid or private insurance; and
2. The percent of the total cost of providing contraceptive visits recovered from Medicaid or private insurance.

The calculator also enables users to develop estimates for different health center types, compare estimates between different health center types, compare their data with those of other health centers, as well as determine the potential impact of key factors on financial sustainability.

9/23/2016

## Ready, Set, Share! Tools for Implementing Shared Decision Making

Shared Decision Making (SDM) is a collaborative process that allows the patient and provider to make important health care decisions together. It takes into account the best clinical evidence available, as well as the patient's preferences for care. Click [here](#) to learn more about this process, training, and other resources.

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

## RH Program Website Update

The Information and Education ( I & E ) Committee has reviewed and approved the use of the CDC STD fact sheets to be used as educational materials in your clinics. The STD fact sheets are all available in six different languages and have a specific sheet for youth. You can find the link to the fact sheets on our [HIV and STD Education Materials page](#).

**Articles from the Journal of Adolescent Health, Volume 59,  
Issue 3**

**Youth and Caregiver Perspectives on Barriers to Gender-Affirming  
Health Care for Transgender Youth**

Few transgender youth eligible for gender-affirming treatments actually receive them. Multidisciplinary gender clinics improve access and care coordination but are rare. Although experts support use of pubertal blockers and cross-sex hormones for youth who meet criteria, these are uncommonly offered. The purpose of this study was to understand barriers that transgender youth and their caregivers face in accessing gender-affirming health care. Themed barriers led to the following recommendations: (1) mandatory training on gender-affirming health care and cultural humility for providers/staff; (2) development of protocols for the care of young transgender patients, as well as roadmaps for families; (3) asking and recording chosen name/pronoun; (4) increased number of multidisciplinary gender clinics; (5) providing cross-sex hormones at an age that permits peer-congruent development; and (6) designating a navigator for transgender patients in clinics. Click [here](#) to read the full article.

**Access Barriers to Long-Acting Reversible Contraceptives for  
Adolescents**

Recently published guidelines by the American Academy of Pediatrics guidelines mark a landmark shift in the professional ethos around contraceptive care for adolescents in the United States. However, a significant number of access barriers to LARC persist for adolescents such as logistical barriers involved in provision; physicians' attitudes, misconceptions, and training; and patients' awareness and acceptance of these methods. Confidentiality can be addressed through policy and education of health providers and systemic changes in health care recordkeeping. The ACA contraceptive mandate has made great strides in breaking down the cost barrier, but some pockets of lack of coverage remain. Meanwhile, systematic, coordinated efforts by health care institutions, professional organizations, and governmental agencies are essential steps to address the remaining barriers. Click [here](#) to read the full article.

## Reproductive Health Program Staff Contact List

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