



Family Planning Program Manual
October 2008

Section A

**The Oregon Family Planning
Program**

Office of Family Health
Public Health Division



**Family Planning
Program Manual
for Oregon**

**The Oregon Family
Planning Program**

A publication of the



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An online version of the manual is also available and can be found on our website:

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

Funded in part by the U.S. DHHS Office of Population Affairs



Section A Table of Contents

The Oregon Family Planning Program	A1-1
Purpose.....	A1-1
Funding	A1-1
Services	A1-1
Outcomes	A1-2
Program Specifics	A1-3
Family Planning Coordinator	A1-4
Resources & Contacts	A2-1
Policy, Administration, and Organization	A3-1
Federal Level: National.....	A3-1
Federal Level: Regional.....	A3-1
State Level	A3-1
Local Level	A3-2
Who Writes the Regulations	A3-2
Oregon Laws Regarding Family Planning	A4-1
Mandate for FP Services.....	A4-1
Services to Minors	A4-2
Sterilization.....	A4-3
Informed Consent.....	A4-3
Confidentiality	A4-3
Dispensing.....	A4-4
EC for Victims of Sexual Assault.....	A4-5
Contraceptive Equity	A4-5
DMAP/OHP Family Planning Benefits and Billing	A5-1
OHP Eligibility for FP Services.....	A5-1
OHP Covered FP Services	A5-1
Billing for FP Visits.....	A5-2
Billing for Lab Services	A5-2
DMAP/OHP Contact Points	A5-4
Purchasing Family Planning Supplies	A6-1
Broad Range of Methods	A6-1
Buying (and saving) in Bulk.....	A6-1
Other Supply Sources	A6-2
Sterilizations: Vasectomies	A7-1
Contracting with a Local Provider	A7-1



Authorization and Enrollment.....	A7-1
Vasectomy Counseling and Informed Consent.....	A7-3
Referral for Procedure.....	A7-3
Procedure and Follow-up.....	A7-4
Billing	A7-4
Training and Outreach Resources.....	A7-4
Resources for Planning and Evaluation.....	A8-1
TA Sources.....	A8-1
Data Sources	A8-2
Exhibits	
Exhibit 1: DMAP Family Planning Codes	
Exhibit 2: Purchasing Family Planning Supplies	
Exhibit 3: FPEP Vasectomy Implementation Flow Chart	
Exhibit 4: Title X Oregon Vasectomy Project (OVP) Flow Chart	
Exhibit 4: Title X Oregon Vasectomy Project Authorization Number Request Form	
Exhibit 6: Title X OVP Enrollment and Billing Form (English and Spanish)	
Exhibit 7: Consent for Sterilization Form (English and Spanish)	



The Oregon Family Planning Program **A.1**

Purpose

The purpose of the Oregon Family Planning Program is twofold:

- Develop programs and recommend policies to prevent unintended pregnancy and associated problems
- Assure that education and services addressing voluntary and effective family planning methods are available to all Oregonians

Funding

Funding comes from two principal sources:

- Title X grants from the U.S. Department of Health and Human Services-Office of Population Affairs (DHHS-OPA)
- Medicaid (Title XIX) reimbursement through Oregon's Family Planning Expansion Project (FPEP)

Many clinics participate in both Title X and FPEP; others participate only in one program or the other. Please note that operational guidelines, funding requirements, services, and definitions often differ between the two funding sources. We've pointed out those distinctions throughout this manual, starting here and with the comparison chart on pages A.1-3 and A.1-4.

Services

Title X

Title X grant funds provide basic support to a system of family planning clinics throughout the state. These clinics serve low-income Oregonians with a range of contraceptive services, plus limited physical exams for women and men; screening for breast and cervical cancer; testing and counseling for sexually transmitted diseases including HIV; infertility services; and reproductive health education and referrals.

To qualify for Title X grant funds, clinics must follow Title X requirements, which include submitting reports of the services provided to the state Family Planning Program. See Section B.1 for a complete copy of the Title X requirements. A special form, the Oregon Clinic Visit Record (CVR), is used to collect most of the data needed to meet these requirements. The *CVR Instruction Manual* is included in Section D.



Family Planning Expansion Project (FPEP)

In 1999, Oregon was granted a waiver to expand Medicaid coverage for family planning services. The Family Planning Expansion Project (FPEP) serves Oregonians with incomes below 185% of the federal poverty level (FPL) who are not enrolled in the Oregon Health Plan (OHP). Services covered under FPEP include: annual exams; follow-up visits to evaluate or manage problems associated with contraceptive methods; medical procedures, lab tests, and counseling services associated with contraceptive management; and birth control supplies and devices.

Oregon Health Plan enrollees can and do receive services at family planning clinics. These benefits are managed by the Division of Medical Assistance Programs (DMAP), not the Office of Family Health. Every effort is made to coordinate OHP and FPEP programs.

Outcomes

In 1998, the Oregon Family Planning Program served over 50,000 people in more than 90 clinics. By 2007, more than 150 clinics in all 36 counties were providing services to 133,000 Oregonians, at just \$175 per client per year. This 2007 investment averted an estimated 20,000 unintended pregnancies, resulting in \$10.3 million in savings.

Estimates show that every \$1.00 invested in family planning in Oregon produces more than \$5.00 in savings from averting unintended pregnancies.



Oregon Family Planning Program Specifics

Program Requirement	Title X Federal Family Planning Grant	Family Planning Expansion Project (Medicaid Waiver Title XIX)
Client Definition/ Gender/ Age	A person of reproductive age (female 10-60; male 10 and older) who receives medical and/or counseling services related to contraception, sterilization, infertility treatment, or related care and for whom a medical record is established	A person of reproductive age (female 10-60; male 10 and older) and capacity who receives contraceptive medical and/or counseling services and for whom a medical record is established
Eligibility	Client may not be denied service or 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 or lawful permanent resident for 5+ years
Residence	Not considered	Resident of Oregon
Income and Fee Assessment	<ul style="list-style-type: none"> Based on number in household and household income. Proof of income is not required. Minors (under 18): If receiving confidential services, use minor's income only Collect info at least annually 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. Teens (under 20): May qualify on own income regardless of whether confidential services are requested Collect info annually No charge below 185% FPL
Services Offered	Broadest range of family planning / reproductive health services	Narrow definition of services: contraceptive management only
Infertility/ STDs	<ul style="list-style-type: none"> STD/HIV testing required in provision of specific contraceptive methods or as clinically indicated Positive STD result requires follow-up Infertility Level 1 services (interview, exam, education, counseling, referral) required 	<ul style="list-style-type: none"> STD testing may be allowable if always part of a routine family planning visit or related to contraceptive management No infertility/STD treatment reimbursement



Oregon Family Planning Program Specifics (con't.)

Program Require	Title X Federal Family Planning Grant	Family Planning Expansion Project (Medicaid Waiver Title XIX)
Third-Party Resources	<ul style="list-style-type: none"> • Must bill all third-party payers unless minor receives confidential services • Third-party payer must be billed at total charge • Collect insurance information at each visit 	<ul style="list-style-type: none"> • Clients with creditable insurance are not eligible for FPEP
Federal Agency	U.S. DHHS, Office of Public Health and Science, Office of Population Affairs (OPA)	U.S. DHHS, 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; current 5-year grant ends June 30, 2012.	3 year waiver renewal; current renewal ends 10/31/09

Family Planning Coordinator

Every agency in Oregon's family planning program network must appoint a staff member as Family Planning Coordinator, who will serve as the primary point of contact between the agency and state family planning program staff. The FP coordinator attends trainings and meetings provided by OFH and must assume responsibility for conveying pertinent information and updates from OFH to personnel at all clinic sites (including subcontractors) administered by the agency.



Resources and Contacts

A.2

The Family Planning Program website features an abundance of useful resources. They include:

- Family Planning Program manual
- Administrative rules
- Training announcements
- Posters, fact sheets, brochures
- FPEP provider resources including enrollment packets, provider standards, and tools to assist clients with eligibility requirements
- Title X provider resources including guidelines and site review tools
- A list of Oregon family planning clinics
- A social marketing initiative section containing promotional tools, newsletters, quality improvement information, and other resources
- Internet links to reproductive health websites
- Bi-monthly FP Update Newsletters with the latest information, training announcements, and resources

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

General contact information for the DHS Family Planning Program

800 NE Oregon St. #850
Portland, OR 97232-2162
Phone: (971) 673-0355
Fax: (971) 673-0231

Contact information for
specific aspects of the
Oregon Family Planning
Program can be found in
Appendix 2.



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Policy, Administration, and Organization A.3

The information in this section and the organization charts that follow provide an overview of functions and the chain of responsibilities that govern Oregon's Family Planning Program.

Federal Level: National

U.S. Congress. Creates/amends the law (Title X) that authorizes the National Family Planning Program and appropriates funds for grants for family planning projects. Creates and amends laws affecting Medicaid benefits for family planning.

U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Population Affairs (OPA). Provides national Title X program administration including issuance of regulations and guidelines within the authorizing legislation.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Administers Medicaid programs including demonstration or waiver programs for providing family planning benefits, such as FPEP. (Formerly known as Health Care Financing Administration, or HCFA.)

Federal Level: Regional

Region X DHHS Office, Seattle, WA. Reviews state application for Title X grants and for Medicaid state plans and waivers; distributes funding; and provides technical assistance to Alaska, Idaho, Oregon, and Washington. Works with The Center for Health Training for training needs and coordination of the Region X Infertility Prevention Program (formerly the Chlamydia Project). Provides a region-wide data system through a contract with Ahlers and Associates.

State Level

Legislature. Creates/amends laws affecting the Family Planning Program and appropriates funds.



DHS, Public Health Division, Office of Family Health, Family Planning Program. Allocates and distributes federal and state dollars to local projects, provides technical assistance, reviews local projects. Administers Title X and Family Planning Expansion Project (FPEP) providing family planning benefits for low-income Oregonians.

Local Level

Local Agencies. County health departments and other health care agencies provide family planning services as Title X delegates and/or as Medicaid family planning providers.

Who Writes the Regulations

Federal statutes originate in Congress and are signed into law by the president. Examples include the Americans with Disabilities Act of 1990 (ADA), and the Public Health Services Act.

Federal administrative rules or regulations are written by a federal agency, to provide governmental agencies and others with detailed information on how to comply with an act passed by Congress. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), released by the Department of Health and Human Services, is an example.

Federal guidelines are also written by a federal agency. Unlike statutes and regulations, they have not been through a rule-making or legislative process. Their purpose is to interpret federal laws and regulations in operational terms to provide assistance with compliance. *Program Guidelines for Project Grants for Family Planning Services* is an example.

Oregon state statutes originate in the state legislature and are signed into law by the governor. The Oregon Health Plan was created by state statute.

State administrative rules or regulations are written by a state agency to explain how to comply with state statutes. Examples are the FPEP Administrative Rules or the general rules written by the Department of Human Services Division of Medical Assistance Programs.



Oregon Laws Regarding Family Planning **A.4**

The statutes and regulations referred to in this section are subject to revision by the Oregon Legislature. Your primary resource for specific legal questions should be your organization's attorney (for county health departments, consult your county counsel).

Issues covered here are:

- Mandate for family planning services
- Services to minors
- Sterilization
- Informed Consent and confidentiality
- Dispensing rules
- Emergency Contraception for victims of sexual assault
- Contraceptive equity

For more details on Oregon laws related to birth control and sterilization, refer to Chapters 435 and 436 of the Oregon Revised Statutes, available online at: www.leg.state.or.us/ors.

Mandate for Family Planning Services

ORS 435.205, passed in 1967, authorized the establishment of family planning and birth control services by the Department of Human Resources (now Department of Human Services) and county health departments, within the limits of available funds.

Family planning and birth control services are described as including: interviews with trained personnel; distribution of literature; referral to a licensed physician for consultation, examination, medical treatment, and prescription; and the initial supply of a drug or other medical preparation, contraceptive devices, and similar products.

With the consent of the county governing body, any county health department may adopt a fee schedule and collect fees for services provided by the department. The fees shall be reasonably calculated not to exceed costs of services provided and may be adjusted on a sliding scale reflecting ability to pay. Such fees may be used to meet the expenses of providing the services authorized by this section.



Services to Minors

Birth Control Services

Any physician or nurse practitioner may provide birth control information and services to any person without regard to the age of the person (ORS 109.640).

Who is a minor?

In Oregon, an individual is considered a minor until the age of 18 or until marriage (ORS 109.510 and 109.520).

Other Reproductive Health Services

A minor 15 years of age or older may give consent to:

- hospital care, medical or surgical diagnosis or treatment by a licensed physician; and
- diagnosis and treatment by a licensed nurse practitioner who is acting within the scope of practice for a nurse practitioner without the consent of a parent or guardian, except as may be provided by ORS 109.660.

In addition, a minor of any age who may have come into contact with a reportable sexually transmitted infection (STI) may consent to hospital, medical, or surgical care related to the diagnosis or treatment of the infection. The consent of parent, parents, or legal guardian is not necessary; however, having not given consent, the parent, parents, or legal guardian shall not be liable for payment for care provided (ORS 109.610). Reportable conditions are defined by DHS and listed in Chapter 333-018-0015 of the Oregon Administrative Rules.

Parental Notification

A hospital or any physician or nurse practitioner may advise the parent or parents or legal guardian of any minor of the care, diagnosis or treatment or the need for any treatment without the consent of the patient. In such

NOTE: The above parental notification practice is *not* recommended.

Title X family planning grant guidelines (as well as other community practice standards) require that client consent be obtained before disclosure of any medical information or record (See Section B.1, Title X Program Guidelines). Although Oregon law permits disclosure of a minor's record, it does not require such disclosure. Guidelines relating to patient confidentiality must be maintained for all clinics receiving Title X funds or operating under Title X standards.

cases, the hospital, physician or nurse practitioner is not liable for advising the parent, parents or legal guardian without the legal consent of the patient (ORS 109.650).



Sterilization

A person may be sterilized upon his or her request and upon the advice of a physician licensed by the Oregon Medical Board. The person must give his or her informed consent to the procedure and Oregon statute is specific about the way in which informed consent must be obtained (ORS 436.225 and 435.305) No physician or hospital may be held liable for performing a sterilization without obtaining the consent of the spouse of the person sterilized. Free clinics to sterilize males may be conducted as part of the family planning and birth control services offered by public agencies as described in ORS 435.205.

Informed Consent

Informed consent is a fundamental aspect of medical care. The basic elements of informed consent are described in ORS 677.097 but certain procedures, such as sterilization, carry specific informed consent requirements. Title X grant recipients should refer to *Program Guidelines for Project Grants for Family Planning Services* (section B.1) for requirements regarding general and method-specific informed consent.

Confidentiality

Many statutes, cases, and rules confirm the right of medical patients to confidentiality and the obligations of providers to honor that right. A broad policy in support of confidentiality of health information is contained in ORS 192.518. State licensure laws also place a duty of confidentiality on providers.

Two suggested references for summaries of laws and rules related to confidentiality are:

1. Confidentiality Reference for Oregon County Health Departments: <http://egov.oregon.gov/DHS/ph/lhd/docs/confidentiality-reference-december-2002.pdf>.
2. *Oregon Health Law Manual, Volume 1: Consent, Confidentiality and Reporting*. Published by the Oregon State Bar.



Specific information about issues related to confidentiality should be explored with legal counsel. If you are a Title X grant recipient, you should also refer to *Program Guidelines for Project Grants for Family Planning Services* for requirements regarding confidentiality and medical records. If you are an FPEP provider, refer to the FPEP administrative rules.

Dispensing

The Oregon Board of Pharmacy issues licenses for both County Health Clinics and Family Planning Clinics, among other entities. The rules about who can dispense what kinds of drugs and devices differ slightly between the two categories, as detailed below.

County Health Clinics

A registered nurse who is an employee of a local health department established under the authority of a county or district board of health and registered with the Oregon Board of Pharmacy under ORS 689.305 may dispense a drug or device to a client for purposes of birth control or prevention or treatment of a communicable disease. The dispensing must be pursuant to an order by a person authorized to prescribe, and is subject to rules jointly adopted by the board and Oregon DHS – Public Health. (OAR 855-043-0110)

Family Planning Clinics

A registered nurse or a nurse practitioner who is an employee of a family planning clinic supported by the Oregon Public Health Division and licensed by the Oregon Board of Pharmacy under ORS 689.305, may dispense drugs or devices from the board's approved formulary to a client for purposes of birth control, treatment of amenorrhea, hormone deficiencies, urinary tract infections, or sexually transmitted diseases. The dispensing must be pursuant to the prescription of a person authorized to prescribe, and is subject to rules jointly adopted by the board and the Oregon Public Health Division. (OAR 855-043-0300)

At clinics that have this type of dispensing license, staff assistants may perform non-judgmental dispensing functions under the following circumstances:



1. The initial dispensing must have been done either by a physician, pharmacist, registered nurse, or nurse practitioner.
2. The patient's medication profile has not changed after the initial dispensing.
3. 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.

This license requires that a consultant pharmacist must conduct and document an annual inspection of the clinic (OAR 855-043-0310).

Emergency Contraception for Victims of Sexual Assault

As of January 2008, hospitals providing care to a female victim of a sexual assault must:

- Promptly provide the victim with unbiased, medically and factually accurate written and oral information about emergency contraception (materials must be approved by the Department of Human Services);
- Promptly orally inform the victim of her option to be provided emergency contraception at the hospital; and
- If requested by the victim and if not medically contraindicated, provide the victim with emergency contraception immediately at the hospital (OAR 333-520-0073)

Contraceptive Equity

Also as of January 2008, Oregon law requires that insurance plans or policies provide coverage for prescription contraceptives if they cover other prescription drugs. Student health insurance policies are included in this mandate, but the law does not apply to self-insured individuals or employers who insure their employees directly (rather than through the group insurance market). The law also includes an exemption for religious employers.



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DMAP/OHP Family Planning Benefits and Billing

A.5

This section provides specific information on Medicaid family planning benefits and billing procedures for clients eligible for the Oregon Health Plan (OHP), which is administered through the Department of Medical Assistance Programs (DMAP). Clients must be screened for private insurance and OHP eligibility, and any covered reimbursement must be collected from these entities before Family Planning Expansion Program (FPEP) or Title X family planning funds may be used for payment.

OHP Eligibility for Family Planning Services

- OHP clients may seek family planning services from any family planning provider enrolled with the Department of Medical Assistance Programs, even if the client is enrolled in a prepaid health plan (PHP).
- Oregon Health Plan (OHP) clients with PHP coverage *do not need a referral* from a primary care provider or primary care manager in order to obtain family planning services.
- Providers should call the OHP Automated Information System to verify a client's OHP eligibility or coverage before submitting family planning bills. The number is 1-800-522-2508.
- Clients who may be eligible for OHP but have not yet been determined eligible should request an application (see DMAP contact information on page A.5-4).

OHP Covered Family Planning Services

Family planning services are covered for clients of childbearing age (including minors who are considered to be sexually active). Those services covered by OHP may include:

- Annual exams
- Contraceptive education and counseling to address reproductive health issues
- Laboratory tests
- Radiology services



- Medical and surgical procedures, including tubal ligations and vasectomies
- Pharmaceutical supplies and devices
- Family planning methods include natural family planning, abstinence, intrauterine device, cervical cap, prescriptions, subdermal implants, condoms, and diaphragms

Billing for Family Planning Visits

Reimbursement for family planning services is made either by the client's prepaid health plan or by DMAP, as per the following:

- If the provider is a participating provider with the client's PHP, bill the PHP.
- If the provider is an enrolled DMAP provider, but is *not* a participating provider with the client's PHP, bill DMAP. In this case, mark the family planning box (24H) on the CMS-1500 claim form. *Be sure to add the FP modifier after all CPT and HCPCS codes. See Exhibit 1 for family planning ICD-9 and HCPCS codes accepted by DMAP.*

Medicaid Resources and Information

- DHS DMAP Provider Services 1-800-336-6016
- DHS DMAP General Rulebook (ORS 410-120):
<http://www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html>
- DHS DMAP Medical-Surgical Services Rulebook (ORS 410-130):
<http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html>
- Guidance on use of ICD-9, CPT, HCPCS, and FP modifier codes:
 - OARS 410-130-0585 for general family planning service providers;
 - OARS 410-130-0680 for laboratory and radiology services;
 - OARS 410-130-0587 for enrolled family planning clinics only.

Rules and websites accessed July 2008.

Billing for Lab Services

- Only the provider who performs the test(s) may bill DMAP.
- DMAP will not reimburse separately for collection and/or handling of specimens such as PAP or other smears, voided urine samples, or stool specimens. Reimbursement is bundled in the reimbursement for the exam and/or lab procedures and is not payable in addition to the laboratory test.



- Pass-along charges from the performing laboratory to another laboratory, medical practitioner, or specialized clinic are not covered for payment and are not to be billed to DMAP.
- Clinical Laboratory Improvement Amendments (CLIA) Certification: Laboratory services are reimbursable only to providers who are CLIA certified by the Centers for Medicare and Medicaid Services (CMS). CLIA requires all entities that perform even one test, including waived tests on “materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of, human beings” to meet certain federal requirements. If an entity performs tests for these purposes, it is considered under CLIA to be a laboratory.
- Providers must notify DMAP of the assigned ten-digit CLIA number; payment is limited to the level of testing authorized by the CLIA certificate at the time the test is performed.
- Please refer to Appendix F for *Monthly Income Guidelines for Medicaid Coverage*



DMAP / OHP Contact Points

DMAP / OHP Program	Phone	Website/Address
DMAP / OHP (Main number/home page)	1-800-527-5772	http://www.oregon.gov/DHS/healthplan/index.shtml
Provider Resources		
OHP AIS (Automated Information System) Check patient eligibility, TPR, benefit packages, managed care, reimbursement for specific procedures	1-800-522-2508	http://www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml
OHP AIS User Guide		http://www.oregon.gov/dhs/healthplan/tools_prov/ais05guide.pdf
DMAP Benefit RN Hotline Info on OHP diagnosis/treatment pairs	1-800-393-9855	
OHP Provider Relations Unit Medical assistance details, billing questions, claims payment, claim status Billing tips and instruction books	1-800-336-6016, 503-378-3697 (Salem)	http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml http://www.oregon.gov/DHS/healthplan/tools_prov/tips/main.shtml
OHP Provider Enrollment	1-800-422-5047 provider.enrollment@state.or.us	http://www.oregon.gov/DHS/healthplan/tools_prov/newprov.shtml
DMAP/OHP Provider Contact Handbook		http://www.oregon.gov/dhs/healthplan/data_pubs/add_ph_conts.pdf
DMAP Provider Rulebooks		http://www.oregon.gov/DHS/healthplan/tools_prov/newproviders.shtml
Client Resources		
OHP Application Center New client application and other information	1-800-359-9517	http://www.oregon.gov/DHS/healthplan/app_benefits/main.shtml
OHP Client Services Existing/pending client information, assistance	1-800-699-9075	http://www.oregon.gov/DHS/healthplan/clients/main.shtml
OHP Client Advisory Services Unit (CASU) Special needs, complaints	1-800-273-0557	http://www.oregon.gov/DHS/healthplan/clients/casu.shtml
OHP Client Handbook		http://www.oregon.gov/DHS/healthplan/clients/main.shtml
Family Health Insurance Assistance Program (FHIAP)	1-888-564-9669	http://egov.oregon.gov/IPGB/FHIAP/index.shtml
Other patient insurance resources		http://www.oregon.gov/DHS/healthplan/app_benefits/other_res.shtml



Purchasing Family Planning Supplies

A.6

Broad Range of Methods

FPEP and Title X providers must offer a broad range of acceptable and effective FDA approved family planning methods on-site. This includes:

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

* It is understood that not all agencies have the staff or skills needed for some methods, such as IUD and Implanon insertion. In this case, a client wanting a method that isn't available should be provided with a specific referral, preferably to another FPEP provider.

Buying (and Saving) in Bulk

Title X delegates and other provider clinics eligible for 340 B public health pricing (such as Federally Qualified Health Centers) can benefit from bulk purchasing through Multnomah County Central Stores. Contraceptive drugs and supplies available under this process are included in a formulary that is reviewed and updated periodically. Supplies not listed on the formulary must be purchased from another source, either the manufacturer or a distributor.

You'll find a detailed guide for purchasing supplies through Multnomah County Central Stores in Exhibit 2 of this section. Included in this guide



are a sample price list/formulary, order forms, and contact information.

Note: To order from Central Stores, you must provide Multnomah County with a copy of your current registration with the Oregon State Board of Pharmacy for each clinic site that dispenses medications. If you don't have a registration because you don't have a pharmacy, you must provide, on your letterhead, the name of the dispensing physician, the clinic address from which she or he dispenses, and your DEA number. This information is required for compliance with state regulations for wholesale licensees and will be retained in Central Stores' files.

The documents should be sent to:

Multnomah County Materiel Management
700 NE 55th Ave. Building A
Portland, OR 97213
Or fax to: (503) 988-6265

Other Supply Sources

Non-340B-eligible providers may choose to purchase supplies from individual manufacturers or through a distributor or cooperative. Some of these are:

The Family Planning Cooperative Purchasing Program
<http://www.fpcpp.org/cpn.asp>

AmerisourceBergen Corporation
<http://www.amerisourcebergen.com/cp/1/index.jsp>

Cardinal Health
<http://www.cardinal.com/index.asp>

McKesson
http://www.mckesson.com/prim_care.html

R&S Northeast (formerly Dixon-Shane)
<http://www.rsnortheast.com/>



Sterilizations: Vasectomies

A.7

Male sterilization (vasectomy) services are covered under both Title X and FPEP. All sterilization services provided by agencies through the Oregon Family Planning Program must comply with federal regulations, including those provided to Oregon Health Plan (OHP) clients. The following sections contain additional references and requirements for sterilization services:

- Section B.1, Attachment C, *Regulations Relating to Sterilization of Persons in Federally Assisted Family Planning Projects*
- Section B.4, *Sterilization Regulations*, Federal Title X requirements
- Section C, *Oregon FPEP Program*.

Exhibit 3, FPEP Vasectomy Implementation Flow Chart and Exhibit 4, Title X Oregon Vasectomy Project (OVP) Flow Chart, outline the steps required for providing vasectomy services under each program from start to finish.

Contracting with a Local Vasectomy Provider

While some family planning agencies have the capacity to provide vasectomies on site, most do not. For those that do not, the agency may contract with a local vasectomy provider to perform vasectomy procedures for a set fee. The fee covers the surgical procedure and the post-vasectomy sperm analysis.

Authorization and Enrollment

Men who call the clinic for a vasectomy should be screened on the phone for insurance coverage, FPEP eligibility and Title X Oregon Vasectomy Project (OVP) eligibility. The eligibility criteria and enrollment process differ between Title X and FPEP and are described on the following page.



Process	Title X OVP	FPEP
Eligibility Criteria	<ul style="list-style-type: none"> • Male \geq 21 years • Income < 250% FPL • Not on OHP 	<ul style="list-style-type: none"> • Male \geq21 years • Income <185% FPL • Not on OHP • Social Security Number • Proof of U.S. citizenship, or have been lawful permanent residents for \geq5 years • Oregon resident • No creditable insurance • Proof of ID
Requires Prior Authorization	Yes	No
Charges to Client	Sliding-Fee Scale	No Charges
Requires CVR	Yes	Yes
Reimbursement Rate	<ul style="list-style-type: none"> • See Section C, Exhibit 13 for current rate • OVP counseling reimbursement is 10% above FPEP rate • Less private insurance and/or client charges (if any) 	<ul style="list-style-type: none"> • See Section C, Exhibit 13 for current rate

Title X

Title X funding for vasectomies is limited to a supplemental grant from the Title X OVP. To facilitate monitoring of expenditures and equitable distribution of available funds, Title X providers must obtain an authorization number from the State Family Planning Office prior to enrolling a client in the OVP. (See Exhibit 5, Title X Oregon Vasectomy Project Authorization Number Request Form.) This number must be written on the Title X OVP Enrollment and Billing Form (Exhibit 6) which is required for reimbursement. Providers should inform clients of any out-of-pocket service costs, if appropriate, prior to the delivery of services.

FPEP

If initial screening shows that the client is FPEP eligible but that he does not possess proof of citizenship, the FPEP provider has two options: 1) offer the client assistance in obtaining a birth certificate via an Oregon Birth Record Request or an Out of State Birth Certificate Request, and schedule the appointment once the birth certificate arrives, or 2) obtain a Title X OVP authorization number if the FPEP provider is also a Title X delegate agency and schedule a Title X sterilization counseling visit. **Note that FPEP**



vasectomy clients are not eligible for a one-time exception visit. Once citizenship documentation is provided, the FPEP provider may enroll the client in FPEP and provide a vasectomy counseling visit.

Vasectomy Counseling and Informed Consent

Once enrolled in either Title X OVP or FPEP, clients receive a contraceptive counseling visit with a focus on vasectomy. Clients wishing to pursue the vasectomy at the conclusion of the visit will be asked to review and sign a consent form (Exhibit 7, Consent for Sterilization). The counseling and consent process must assure that the client's decision to undergo sterilization is completely voluntary and made with full knowledge of the permanence, risks, and benefits associated with male sterilization procedures. Federal regulations require that the procedure be provided at least 30 days *after* the day the client signs the consent form and no more than 180 days from the signature date.

Federal regulations require that all boxes be checked and all blank lines be filled in on the consent form in order for the form to be considered complete and compliant. Note that if a specific doctor is named in client's portion of the form (rather than the more general "a physician at such-and-such a clinic), then that name must match the "Physician's Signature" on the bottom of the form. If the original vasectomy provider listed on the consent form is unable to perform the vasectomy, then the performing provider and the client should complete a new consent form, and attach it to the original.

Referral for Procedure

If the client wishes to pursue a vasectomy at the conclusion of his counseling visit, the family planning agency forwards a copy of the consent form and the OVP Enrollment & Billing Form, if applicable, to the contracted vasectomy provider, unless the vasectomy provider is on staff with the agency. Depending on the terms of agreement between the family planning agency and the contract vasectomy provider, either the client or the agency schedules the vasectomy appointment with the vasectomy provider.



Procedure and Follow-Up

The contracted vasectomy provider must agree to the reimbursement amount set forth in the contract or agreement with the family planning agency and must not charge the client any additional fees, including lab fees for the follow-up semen analysis. During the medical visit, the client should be instructed to return to the vasectomy provider between 8 weeks and 10 weeks for a post-vasectomy sperm count.

The contracted provider should then send a copy of the medical report and invoice to the family planning agency for reimbursement. The agency may either pay the vasectomy provider upon receipt of the invoice or wait until they receive reimbursement from the OVP or FPEP, depending on the terms of the contract or agreement.

Billing

Both FPEP and Title X providers must complete and submit a CVR for the vasectomy counseling visit. In addition, Title X providers should bill private insurance (if applicable) or, if no other resource, use the Title X sliding-fee scale to bill clients (if applicable) and the Oregon Vasectomy Project for the counseling visit, using the Title X OVP Enrollment and Billing Form. Both the CVR and the Title X OVP Enrollment and Billing Form must be submitted in order to receive Title X reimbursement.

Similarly, Title X delegate agencies must complete and submit both the Title X OVP Enrollment and Billing Form *and* the CVR in order to receive reimbursement for the vasectomy procedure itself. FPEP agencies need only complete and submit the CVR to receive reimbursement for the procedure.

Training and Outreach Resources

Resources are available from the State Family Planning Program and the Region X Center for Health Training (CHT) for provider training, client education and outreach for vasectomies. The State Family Planning Office web site contains provider resources, including client education and outreach materials:



www.healthoregon.org/fp/providers.shtml#Vasectomy_Materials.

The FP Update newsletter includes training announcements. State program staff are also available to assist with policy, operations and billing questions related to vasectomy.



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Resources for Planning and Evaluation

A.8

Planning and evaluation are critical aspects of our work. These steps allow us to learn how well our communities are being served and where we need to go next. Equally important, this information is critical for helping demonstrate to partners and stakeholders the great value of family planning services.

We understand that the day-to-day demands of serving clients may leave little time and resources for in-depth evaluation or planning. Fortunately, many sources of data and technical assistance (TA) are available to help agencies regularly assess and improve the quality and scope of their family planning programs.

TA Sources

For questions or help on assessing client and community needs, monitoring the services you provide, or measuring your program's impact, contact the Oregon Family Planning Program.

Among other things, Family Planning Program staff can:

1. Offer training for your staff on topics ranging from clinical practice to billing operations.
2. Provide assistance with access to data and/or data analysis.
3. Offer help implementing the Culturally and Linguistically Appropriate Services (CLAS) standards.
4. Arrange, in some cases, for specific TA from the Center for Health Training (CHT) using limited funds from Region X. This option applies to Title X delegates only; however there is a comprehensive list of materials and resources available to all on the CHT website:

www.centerforhealthtraining.org/materials.html.

Even when program staff cannot assist you directly, they often know who to contact for further information and resources, so it's almost always worth a call.



Data Sources

OREGON FAMILY PLANNING CLINIC AND CLIENT DATA

Region X Family Planning Information System (Ahlers data). An enormous amount of CVR data on the clients you see and the services you provide to them are available from Ahlers & Associates. Data are accessible in three main formats: standardized reports; customized tables; and “raw,” visit-level records. See the *Oregon CVR Instruction Manual* in Section D for more information and instructions on each of these formats.

Oregon Family Planning Client Satisfaction Survey (CSS). Every two years, state family planning staff work with local agencies to conduct a multi-clinic customer satisfaction survey. Even if your clinic/agency did not participate in the last round of the CSS, you may find the statewide results useful. The most recent report is available online at www.oregon.gov/DHS/ph/fp/about_us.shtml. You may also contact the Oregon Family Planning Program staff for more information or a copy of the latest CSS report.

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 (see Section B.10, Agency Reviews). The final report from your review contains a wealth of information to inform your program assessment efforts.

OREGON POPULATION DATA

The Center for Health Statistics in the Department of Human Services (DHS) maintains records for every vital event (birth, abortion, marriage, divorce, death) that occurs in Oregon. A wide array of statistics about these events are published in annual statewide and county reports, available online at <http://oregon.gov/DHS/ph/chs/data/index.shtml>. Or contact the Center for Health Statistics by phone at (971) 673-1190.



Data Sources (con't)

The Population Research Center at Portland State University publishes an annual report containing detailed estimates of Oregon's population by age, sex, and geographic location.

<http://www.pdx.edu/prc/annualorpopulation.html>.

The center also conducts demographic and economic analyses and publishes reports on a variety of other topics including housing, school enrollment, and population change. For more information, contact the Population Research Center at (503) 725-3922.

OREGON SURVEY DATA

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey to capture behavioral risk factor data for the adult population (18 years and over) living in households. It typically includes a number of questions related to family planning and sexual behavior. Year-by-year tabulations of data by topic are available at www.oregon.gov/DHS/ph/chs/brfs/index.shtml.

Reach the Center for Health Statistics by phone at (971) 673-1190.

Note: Single-year BRFSS data is too small to generate county-specific estimates; however, every couple of years, the Center for Health Statistics combines 4 years of BRFSS data to examine selected topics areas by county. The most recent county-specific data tabulations are available at

<http://www.dhs.state.or.us/dhs/ph/chs/brfs/county/index.shtml>.

Oregon Healthy Teens (OHT) is an annual, voluntary, school-based survey of risk and protective factors for healthy youth development. About one-third of the state's eighth and eleventh graders are surveyed each year; a smaller sample of ninth through twelfth graders is surveyed every other year. Topics covered on the questionnaire include: sexual activity and HIV/AIDS knowledge; tobacco, alcohol and other drug use; personal safety behaviors and perceptions; violence-related behaviors; diet and exercise; extracurricular activities; health conditions and access to care; and individual, peer, community, and family influences on risk behaviors and health. Year-by-year tabulations of data by topic (and by county, in most cases) are at



<http://oregon.gov/DHS/ph/chs/youthsurvey/index.shtml>. Or call the Center for Health Statistics at (971) 673-1190.

The Oregon Population Survey, conducted by telephone every other year on behalf of the Oregon Progress Board, covers such issues such as health insurance coverage, educational attainment, childcare arrangements, and Oregonians' perceptions on the quality of public services and sense of community. Results are available for the state as a whole and for eight separate regions. Access the information at <http://www.das.state.or.us/DAS/OEA/popsurvey.shtml>.

Oregon's **Pregnancy Risk Assessment Monitoring System**

(PRAMS) is an ongoing mail- and telephone-based survey of recent mothers in Oregon. PRAMS collects data on maternal attitudes and experiences prior to, during, and immediately after pregnancy, including pregnancy intent and contraceptive behavior. Year-by-year data and copies of the questionnaire are at:

<http://www.oregon.gov/dhs/ph/pnh/prams/prams.stml>

Or call for more information: (971) 673-0237

Note: The PRAMS sample is designed to be representative of the state target population, so the number of respondents is generally not large enough to generate county-specific estimates.

NATIONAL FAMILY PLANNING-RELATED DATA

The Guttmacher Institute (GI), formerly the Alan Guttmacher Institute, is a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education. The GI website features hundreds of data tables, reports, and research articles, as well as a custom table maker.

<http://www.alanguttmacher.org/>

GI also produces periodic estimates of the number of Women In Need of contraceptive services and supplies at national, state, and county levels. Estimates can be broken down further by age, poverty status, and race/ethnicity. The Oregon Family Planning Program uses these estimates regularly – when requesting annual plans from counties, for example.

See the website at:

<http://www.alanguttmacher.org/pubs/win/index.html>.



Data Sources (con't)

The **CDC Division of Reproductive Health** provides a wealth of family planning-related data at:

http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm

The **National Center for Health Statistics** administers an in-person nationwide survey every 5 to 7 years called the National Survey of Family Growth (NSFG). The NSFG asks women and men aged 15–44 many in-depth questions about sexual activity, marriage, divorce, and cohabitation, fertility and infertility, pregnancy and childbearing, contraceptive use, and use of family planning services. Data are not broken out for Oregon specifically, but the national-level reports may still be useful. See <http://www.cdc.gov/nchs/>.



Section A: Exhibits

Exhibit 1: DMAP Family Planning Codes

Exhibit 2: Purchasing Family Planning Supplies: Multnomah County Family Planning
Supplies Catalog

Exhibit 3: FPEP Vasectomy Implementation Flow Chart

Exhibit 4: Title X Oregon Vasectomy Project (OVP) Flow Chart

Exhibit 5: Title X Oregon Vasectomy Project Authorization Number Request Form

Exhibit 6: Title X OVP Enrollment and Billing Form (English and Spanish)

Exhibit 7: Consent for Sterilization Form (English and Spanish)