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Program Overview

C.1

History

Oregon's Family Planning Expansion Project (FPEP) began in 1999 as a joint effort by the Department of Human Services' (DHS) Office of Family Health (OFH) and Department of Medical Assistance Programs (DMAP) to improve the well-being of Oregon children and families. Under FPEP, a Section 1115(a) waiver is used to expand Medicaid coverage for family planning services to women and men with incomes under 185% of the federal poverty level (FPL). FPEP was originally authorized for a five-year period and is renewed by the Centers for Medicare and Medicaid Services (CMS) every three years.

Project Goal and Objectives

The Family Planning Expansion Project is aligned with national and state family planning and maternal and child health objectives, including those contained in Healthy People 2010 and Oregon benchmarks. The project goal is to improve the well being of children and families by reducing unintended pregnancies and providing assistance for access to primary health care services. Short term and long term project objectives are:

1. Increase the number of Oregon women, men, and teens receiving services from publicly funded family planning clinics.
2. Increase the proportion of FP clients who receive help accessing primary health care services.
3. Increase the proportion of FP clients who use more effective contraceptive methods.
4. Increase effective contraceptive use among Oregonians at risk for unintended pregnancy.
5. Reduce the proportion of births classified as unintended among Oregon women in general and among women eligible for Medicaid-paid deliveries.
6. Reduce the teen pregnancy rate.



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Provider Requirements and Information **C.2**

Considerations for Prospective FPEP Providers

Prospective FPEP providers should review this section carefully before applying to join the provider network. Of particular importance are the Standards of Care, beginning on the following page.

KEY POINTS

FPEP is a targeted family planning program in which providers:

- Offer expanded visits for clinical and preventive contraceptive management services
- Make referrals for psycho-social and primary care
- Directly dispense a full range of contraceptive methods
- Participate in a program-specific billing and data collection system

In order to become an active provider within the FPEP network, providers must obtain a project (agency) and site (clinic) number from OFH.

Clinics or individuals interested in becoming FPEP providers may do so in one of two ways:

1. Sub-contract with an existing FPEP provider, or
2. Enroll directly with OFH.

Providers wishing to subcontract should approach the local health department or another FPEP provider in their area. Those who wish to enroll directly with OFH will find a provider application form and instructions online at <http://www.healthoregon.org/fp>. Contact OFH staff for more information on either process.



FPEP Standards of Care

These standards set forth minimum clinical and administrative services that a provider must offer in order to participate in FPEP. Existing providers also should read this section to confirm their understanding of the program.

FPEP Standards of Care

PROGRAM ISSUE	DESCRIPTION
A. Informed Consent	<ol style="list-style-type: none">1. The client's decision to participate in and consent to contraceptive management services must be voluntary and without bias or coercion.2. The informed consent process, provided verbally and supplemented with written materials, must be presented in a language the client understands.3. A signed consent must be obtained from the individual client receiving family planning services.
B. Confidentiality	<ol style="list-style-type: none">1. Services must be provided in a manner that respects the client's privacy and dignity.2. Clients must be assured of the confidentiality of services and of their medical and legal records. Records cannot be released without written client consent, except as required by law, or otherwise permitted by HIPAA.
C. Availability of Contraceptive Services	<ol style="list-style-type: none">1. A broad range of FDA-approved contraceptive methods and their applications, consistent with recognized medical practice standards, as well as fertility awareness methods must be available onsite at the clinic for dispensing to the client at the time of the visit.2. If the provider organization's clinical staff lack the specialized skills to provide vasectomies, intrauterine devices (IUDs) or subdermal contraceptives, or if there is insufficient volume to ensure and maintain high skill level for these procedures, clients must be referred to another qualified provider for these procedures. The provider must have an established referral arrangement, preferably with other FPEP providers, for these procedures. The clinician receiving the referral must not bill the client or OFH for FPEP covered services.3. Clients should be able to get their first choice of contraceptive method during their visits unless there are specific contraindications.



FPEP Standards of Care

PROGRAM ISSUE	DESCRIPTION
<p>D. Linguistic and Cultural Competence</p>	<ol style="list-style-type: none"> 1. All services, support, and other assistance must be provided in a manner that is responsive to beliefs, interpersonal styles, attitudes, language, and behaviors of individuals receiving services, and in a manner that has the greatest likelihood of ensuring maximum program participation. 2. The provider should employ bilingual and or bicultural staff, personnel or volunteers skilled or certified in medical and clinical interpretation during all clinic encounters for clients with limited English proficiency or who otherwise need this level of assistance. All persons providing interpretation services must adhere to confidentiality guidelines. 3. The provider must assure the competency of language assistance provided to limited English proficiency clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, unless requested by the client. 4. The provider must make interpretation services available to all clients needing or requesting such assistance at no cost to the client. The provider must notify clients in need of interpretation services of the availability of such services in accordance with the Civil Rights Act of 1964. 5. The provider should make available easily understandable print materials available to clients and post signage in the languages of groups represented or commonly encountered in the service area. 6. All print, electronic, and audiovisual materials should be appropriate in terms of the client’s language and literacy level. A client’s need for alternate formats must be accommodated.
<p>E. Access to Care</p>	<ol style="list-style-type: none"> 1. FPEP services must be provided without cost to eligible clients. Clients must be informed of the scope of program services. 2. Appointments for established clients should be available within a reasonable time period, generally less than two weeks. New clients who cannot be seen within this time period should be referred to other qualified providers in the area. 3. Contraceptive methods, including emergency contraception, must be available at the clinic site and available to the client at the time of service. Although not covered by FPEP, treatment and supplies for sexually transmitted infections should be available at the site or by referral.



FPEP Standards of Care

PROGRAM ISSUE	DESCRIPTION
<p>E. Access to Care (cont'd)</p>	<ol style="list-style-type: none"> 4. Clients in need of additional medical or psychosocial services beyond the scope of the provider organization must be provided with information about available local resources, including domestic violence- and substance abuse-related services. Clients must also be given a brochure listing locations of free or low-cost primary care services in the area. 5. All services must be provided to eligible clients without regard to age, marital status, race, parity, disability, gender identity, or sexual orientation. 6. All counseling and referral-to-care options appropriate to a positive or negative pregnancy test result must be provided in an unbiased manner, allowing the client full freedom of choice between prenatal care, adoption counseling or pregnancy termination services.
<p>F. Clinical and Preventive Services</p>	<ol style="list-style-type: none"> 1. The scope of contraceptive management services offered to women and female-bodied clients at each FPEP clinic site must include: <ol style="list-style-type: none"> a) A comprehensive health history, including health risk behaviors, and a complete obstetrical, gynecological, contraceptive, personal, and family medical history; and a sexual health history, in conjunction with contraceptive counseling b) An initial physical examination including cervical cancer screening, that follows a national standard of care c) Routine laboratory tests related to the decision-making process for contraceptive choices d) Provision of a broad range of FDA-approved contraceptive methods, devices, supplies, and procedures, including emergency contraception e) Follow-up care for maintenance of a client's contraceptive method or for change of method f) Information about providers available for meeting primary care needs and direct referral for needed medical services not covered by FPEP, including management of high-risk conditions and specialty consultation, if needed g) Preventative and control services for communicable diseases, provided within the context of a contraceptive management visit, including: <ol style="list-style-type: none"> i. Testing and diagnosis for sexually transmitted infections (STIs) as indicated ii. Reporting of STIs, as required, to appropriate public health agencies for contact management, prevention, and control.



FPEP Standards of Care

PROGRAM ISSUE	DESCRIPTION
<p>F. Clinical and Preventive Services (cont'd)</p>	<p>2. If male clients are served, the scope of contraceptive management and clinical preventative services offered to men and male-bodied clients at each FPEP clinic site must include:</p> <ul style="list-style-type: none"> a) A comprehensive health history, including health risk behaviors and a complete contraceptive, personal and family medical history; and a sexual health history, in conjunction with contraceptive counseling b) An initial physical examination that includes testicular cancer screening, when indicated c) Provision of contraceptive barrier methods and of emergency contraception d) Vasectomy or referral for vasectomy e) Information about providers available for meeting primary care needs and direct referral for needed medical services not covered by FPEP, including management of high-risk conditions and specialty consultation if needed f) Preventive and control services for communicable diseases, provided within the context of a contraceptive management visit, including testing and diagnosis as appropriate for a physical exam prior to starting a new contraceptive method and reporting of sexually transmitted infections (STI), as required, to appropriate public health agencies for contact management, prevention, and control <p>3. All services must be documented in the client's medical record.</p>
<p>G. Education and Counseling Services</p>	<ul style="list-style-type: none"> 1. Initial and all subsequent education and counseling sessions must be provided in a way that is understandable to the client and conducted in a manner that respects the dignity and privacy of the client and facilitates the client's ability to make informed decisions about reproductive health behaviors and goals. 2. Clinicians and other staff persons providing education and counseling should be knowledgeable about psycho-social and medical aspects of reproductive health and trained in client centered counseling techniques. Staff must make referrals for more intensive counseling, as indicated. 3. The following elements comprise the required education and counseling services that must be provided to all contraceptive management clients:



FPEP Standards of Care

PROGRAM ISSUE	DESCRIPTION
<p>G. Education and Counseling Services (cont'd)</p>	<ul style="list-style-type: none"> a) Initial individual assessment, and reassessment as needed, of the client's contraceptive management educational needs and knowledge about reproductive health, including: <ul style="list-style-type: none"> i. Counseling and education about a broad range of FDA-approved contraceptive methods, devices, supplies, and procedures, including emergency contraception ii. A description of services and clinic procedures, including pelvic exam and instructions for breast or testicular self-exam iii. Relevant reproductive anatomy and physiology, method options, and STI and HIV prevention iv. Preventive health care, nutrition, preconception health maintenance, and pregnancy plans v. Psycho-social issues, such as partner relationship, communication, risk-taking, and decision-making vi. An explanation of how to locate and access primary care services not covered by FPEP. b) An explanation of the physical examination results and the laboratory tests c) Information on where to obtain 24-hour emergency care services d) The option of including a client's partner in the education/ counseling session and other services at the client's discretion e) Effective educational information that takes into account diverse cultural and socioeconomic factors of the client and psychosocial aspects of reproductive health. <p>4. Each client must be provided with adequate information to make an informed choice about contraceptive management methods, including:</p> <ul style="list-style-type: none"> a) A verbal or written review of all FDA-approved contraceptive methods, including sterilizations and emergency contraception, which addresses effectiveness, duration, side effects, complications, medical indications and contraindications, social and physical advantages and disadvantages. Documentation of this review must be maintained in the client record b) A description of the implications and consequences of sterilization procedures, if provided c) Specific instructions for care, use, and possible danger signs for the selected method. Documentation of method-specific informed consent must be maintained in the client record d) The opportunity for questions concerning procedures or methods



FPEP Standards of Care

PROGRAM ISSUE	DESCRIPTION
G. Education and Counseling Services (cont'd)	e) Written information about how to obtain services for family planning-related complications or emergencies.



Elements of Family Planning Services

Family planning visits differ from other medical encounters in several important ways. FPEP service elements and their definitions include:

Family Planning Client – An individual of reproductive capacity who receives contraceptive medical or counseling services and for whom a medical record is established.

Family Planning Visit – An encounter where medical or counseling services are provided to a client in conjunction with contraception, and the services are recorded in the medical record. This must be a face-to-face contact with a family planning service provider.

Family Planning Service Provider – A licensed health care provider operating within a scope of practice at an agency that is authorized by OFH to bill for contraceptive management services for eligible FPEP clients

Family Planning Lab Services – The FPEP encounter rate includes reimbursement for labs determined by the provider to be necessary within the context of a contraceptive management visit. Examples of family planning lab services include Pap smears, chlamydia tests, pregnancy tests, etc.

Family Planning Services – The scope of female and male family planning services is outlined in Program Issue F of the FPEP Standards of Care. All services must be documented in the client's medical record.

This information comes from the administrative rules that govern FPEP. The full set of those rules can be found at <http://www.healthoregon.org/fp>.



Primary Care Referral Requirement

Clients who receive family planning services at FPEP clinics often need to know where they can find free or low-cost primary health care. The U.S. Department of Health and Human Services (DHHS) now requires all family planning Medicaid waiver programs (which include FPEP) to have a primary care referral component that directs clients to Federally Qualified Health Centers and Rural Health Clinics in their state.

Exhibit 2 of this section is a brochure created to meet this requirement (in English and Spanish versions). It briefly details what services FPEP covers and does not cover, and where to obtain information on the Oregon Health Plan. Side two is blank to let clinics add local provider and clinic information.

Using the Primary Care Brochure

FPEP providers who do not offer primary care in their clinics must give a copy of the brochure to each client once a year, preferably at time of program enrollment and re-enrollment. Those who do offer primary care should make sure that all family planning clients are aware of this. In both cases, the fact that this information was provided must be noted on the FPEP Enrollment Form in each client's file.



Client Eligibility and Enrollment

C.3

FPEP Eligibility

Oregon women and men are eligible for FPEP if they meet the following criteria:

- Resident of Oregon
- Reproductive age (10 – 60 for women; 10 and older for men)
- Not sterilized
- Can provide proof of ID
- Can provide Social Security Number
- Can prove U.S. citizenship, or have been lawful permanent residents for five years or more
- Below 185% of the federal poverty level (FPL) based on family income and size. (Teens are determined eligible based on individual income).
- Do not have creditable insurance coverage.

Once determined, eligibility is effective for 12 months regardless of income or FPL changes during that period. However, changes in insurance status will affect FPEP eligibility immediately.

Key Points

- Eligibility and enrollment must be documented on the FPEP Enrollment form, as part of the client's medical record, and in the FPEP Eligibility database.

FPEP Eligibility Procedures Overview

Screening individuals for eligibility and enrolling them into FPEP involves four main steps:

- Check the FPEP Eligibility Database for the potential client's current eligibility and citizenship verification status
- Ask & assist clients who don't have current enrollment to complete the FPEP Enrollment Form
- As necessary, offer clients assistance with documenting their U.S. citizenship
- Enter the Enrollment Form information to the FPEP Eligibility database for final determination by the system



Completing the FPEP Enrollment Form

The FPEP Enrollment Form ensures accurate documentation; eases review processes; and provides the Centers for Medicare and Medicaid Services (CMS) with assurance of appropriate program eligibility screening.

The form must be completed by every client requesting FPEP-covered services, prior to receiving her or his first FPEP service, and updated each year thereafter. During an audit, the clinic must be able to produce this form as documentation of eligibility screening and requests for special confidentiality. All boxes must be completed, even if the answer is “0” or “N/A.” No eligibility card will be issued to the client. The Enrollment Form data will be entered into the FPEP Eligibility Database for instructions on using the database.

A sample of the FPEP Enrollment Form is located in Exhibit 2 of this section. In the following pages are instructions to help you and your clients fill out the Enrollment Form. Note that the standardized form may not be altered by individual agencies. However, you may print the back of the form on a separate sheet of paper as long as it is kept with the front of the form.



Instructions for completing the FPEP Enrollment Form

1: Covered and Not Covered Services

This section lists examples of services that can and cannot be received/paid for through FPEP.

2, 3, 4: Last Name, First Name, Middle Initial

This client information is vital for clinic records and must be complete, accurate, and legible.

5, 6, 7, 8: Address, City, State, Zip

9: Have you been sterilized for more than 6 months?

Clients who have been sterilized (had a tubal ligation, Essure®, hysterectomy, or vasectomy) for more than six months are not eligible for FPEP. The purpose of FPEP is to prevent unintended pregnancies, so applicants must be capable of becoming pregnant.

10: Do you live in Oregon?

The client must be an Oregon resident to qualify for FPEP services.

11, 12: Are you a U.S. Citizen or Lawful Permanent Resident?

The federal Deficit Reduction Act (DRA) of 2005 requires all FPEP applicants who are U.S. citizens to provide proof of citizenship and identity prior to enrolling in FPEP. Please see Exhibit 3 for examples of acceptable documents and page C4-1 for resources to help clients provide the needed documentation.

Clients must choose either U.S. Citizen or Lawful Permanent Resident (LPR) as people cannot be both a U.S. citizen and LPR.

Note: Clients who are eligible for Citizen/Alien-Waived Emergency Medical (CAWEM) coverage through DMAP do **not** qualify for FPEP because they do not meet the Lawful Permanent Resident requirement. Title X clinics should use grant resources for clients who do not meet the citizen eligibility requirement of FPEP.



13: Do you have any health insurance that covers contraceptive management?

Applicants with creditable insurance coverage are not eligible for FPEP. Those with Oregon Health Plan coverage **do not** qualify for FPEP **unless** their OHP benefit package is for Medicare-covered services only. And, with the advent of Medicare Part D in January 2006, some kinds of contraceptive supplies provided to Medicare-covered clients are no longer billable to FPEP. For more details, see the Billing & Data Collection section starting on page C5-1.

14, 15: Monthly Gross Household Income and Household Size

This information is used to assess whether the applicant meets the

Determining Household Size

- Count all persons related by blood, marriage or legal adoption, living under the same roof; also count dependents away at school.
- When a single person lives with a partner, do **not** count the partner when determining household size. However, any income received as a result of the arrangement should be counted.
- Do **not** count Foster children or other unrelated children living in a household as part of the household. (And payments received for caring for foster children is not considered income.)

financial eligibility requirements for FPEP. An accurate answer requires that both you and the applicant understand what is included and what is not included in income, and precisely what constitutes a family for the purposes of FPEP.

Start with Household Size

Using the instructions in the box at left, determine how many people live in the applicant's household.

Determining Household Income

Next, compute the gross monthly income (i.e., before taxes) of each of these people and enter the total amount in whole dollars in the enrollment form. See the chart on page C3-6 for the kinds of income that should and should not be included.

Make every attempt to get an actual or estimated figure. Note, however, that applicants are not required to provide proof of income for FPEP eligibility.



Guidelines for Determining Income

- If the applicant is a full-time salaried employee, base the average gross monthly income on the applicant's most recent month's income.
- If the applicant works part time, on a commission basis, or otherwise has an unsteady income, use the average gross monthly income for the previous 12 months. If the applicant is currently working on a part-time or commission basis, but has been unemployed during the previous year, divide the total dollar amount earned by the number of months worked in the previous 12 months.
- If the applicant is currently unemployed, do not count employment income from previous months, but do count unemployment received.
- If the applicant knows only the amount of net income (take-home pay), calculate gross income by multiplying net income by 1.15.
- If the applicant is living with a partner but has no personal income, base income on financial support received from the partner. (Do not count the partner when determining family size.)
- If the applicant reports income on the "TANF/SSI/Social Security/Disability Income" line of the FPEP Enrollment Form, ask if the amount reported includes a single \$250 payment (a stimulus check) received in summer of 2009. If the answer is yes, subtract \$250 from the total reported and recalculate total monthly income.
- If the applicant reports income on the "Unemployment Benefits" line of the FPEP Enrollment Form, ask if the amount reported reflects benefits received between March 2009 and June 2010. If the answer is yes, subtract \$100 from the total reported and recalculate total monthly income.



These sources of income should be included	These sources of income should NOT be included
<ul style="list-style-type: none">• Salaries, wages, tips• Help from relatives and non-relatives• Public assistance*• Unemployment compensation• Worker’s compensation• Veterans benefits• Sick pay• Social Security cash benefits (including widow’s and children’s benefits)• Alimony• Net investment income (rent, interest, dividends)• Net earnings from self employment• Pensions, annuities• Royalties and commissions• Business profits• Deductions commonly taken out of income before the client receives it. These include:<ul style="list-style-type: none">• Federal, state and local taxes• Social Security payments• Deductions for savings bonds, other savings plans, or union dues	<ul style="list-style-type: none">• Grants• Loans• Withdrawal from savings• Tax refunds• Receipts from sale of possessions• Inheritances• Lump sum compensation for injury or legal damages• Maturity payments on insurance policies• Payments for foster parenting• Child support• A single \$250 stimulus check received in summer of 2009• Subtract \$100 from the total reported monthly income if they received unemployment benefits between March 2009 and June 2010

**Note: A client who is receiving cash assistance through TANF is likely to have OHP coverage and would not qualify for FPEP. Call AIS to verify OHP coverage.*

Income Eligibility

- Individuals 20 years of age and older (adults) with household incomes from 0-185% of FPL are eligible for FPEP. Refer to the **Monthly Income Guidelines** in Appendix F to assess whether clients qualify, based on household size and income. If an applicant is in need of special confidentiality and household income cannot be estimated without violating confidentiality, then the applicant’s own income can be used for FPL calculation.
- Individuals under 20 years of age (teens) whose household incomes exceed 185% of the federal poverty level but whose **individual incomes**



are less than 185% of FPL are eligible for FPEP. Teens may be screened for eligibility based on their own incomes.

Providers must provide information about, and are encouraged to provide applications for OHP or FHIAP where family income is appropriate.

See Section B, Exhibit 3 or Appendix 6 for the Federal Poverty Level Guidelines to determine FPEP income eligibility.

16: Date of Birth

FPEP applicants must be of reproductive age (girls must be menstruating), generally ages 10 and older.

17: Social Security Number (SSN)

Valid social security numbers are required for all FPEP applicants. If an adult claims not to have a SSN, ask the client to apply for one. Ask applicants who can't remember their SSN to get a replacement card or try to obtain it from school or employment records.

Be sure to give every applicant (new and renewing) a copy of the SSN statement. English and Spanish versions of this statement can be found in Exhibit 4 of this section.

18, 19: Client Signature and Signature Date

The signature and date are required for program enrollment. The signature date must match or be prior to the eligibility effective date and the first date of service.

20: Special Confidentiality

A client must initial this box to request that parents or partner not be made aware of the client's use of family planning services. This section should be used only when the client indicates that sharing the information may result in physical or emotional harm. Clients can request special confidentiality regardless of insurance status. Note that the option does not apply just to teens, nor is it to be used for *all* teens.

Note: When a client requests special confidentiality, be sure to enter the third party resource (TPR) code **NC** in CVR box 17A for every visit.

NOTE: If the applicant initials the box for special confidentiality, make sure that a staff member writes a reason for the request at the bottom of the back page of the Enrollment Form. Some clients may inadvertently initial the box without realizing its purpose; in this case, cross out the initials and write your initials next to the correction. Client initials without an explanation is a red flag for an audit.



CLINIC STAFF USE ONLY

21, 22: Agency # and Clinic/Site #

Enter the agency number (also known as the project number) of the participating FPEP agency and the specific clinic (or site) number serving the client.

23: Primary Care Information

Clinic staff must indicate whether primary care information was given to the client. Remember, providing this information is a program requirement. Your clinic may customize the primary care information brochure in Exhibit 12 of this section in order to meet this requirement.

24: OHP Information

Clinic staff must indicate whether Oregon Health Plan information was given to the client. Remember, providing this information is a program requirement. The primary care information brochure in Exhibit 12 includes contact numbers for inquires about OHP and FHIAP coverage.

25: Title X Clinics

Title X clinic staff should document the sliding fee scale amount/percentage regardless of whether or not the client qualifies for FPEP. The client may need services that are not covered by FPEP, in which case Title X sliding fee scale guidelines would be applied.

26: Staff Initials

The clinic staff member who completes the “Staff Use Only” section of the form should initial this box.

FPEP CITIZENSHIP AND IDENTITY VERIFICATION

Document verification of U.S. citizenship and identity is in this section. There are different tiers of acceptable citizenship documentation. Please refer to Exhibit 3 of this section for the document checklist.



CITIZENSHIP DOCUMENTATION

PENDING:

27: Oregon Birth Information Form (FPEP103)

Check this box if the applicant was born in Oregon and completed the Oregon Birth Information Form (Exhibit 5). This form allows state staff to search the Oregon Vital Records database for the client's electronic birth record.

Below the checkbox, complete the date that the Oregon birth record request information was entered into the FPEP Eligibility Database. The staff member should initial here.

28: Out-of-State Birth Record Request

Check this box if the applicant was born in the United States in a state other than Oregon and completed the necessary request documents. State-specific birth record request forms can be downloaded from the family planning web site. Resources for requests can also be found in Section C, Exhibit 6.

29: Client will supply citizenship document...

Check this box if the applicant uses the reasonable opportunity period (see page C4-1) and states that they will bring in their document(s) within the 100 day period.

VERIFIED:

30: Citizenship Listed as Verified in FPEP Eligibility Database

Check this box if the applicant's citizenship already was listed as verified in the FPEP Eligibility Database prior to the date of completing this enrollment form.

31: Citizenship Document Witnessed and Copied

Check this box if a staff member witnessed and copied an original copy of the applicant's citizenship documentation. Check the appropriate Tier (1-4) to indicate the type of documentation copied.

Tier 1 documents, such as a U.S. passport, satisfy both the citizenship and identity verification. Tiers 2-4 require photo identification in addition to proof of citizenship.

32: Information Entered in FPEP Eligibility Database



Enter the date that the citizenship documentation was entered in the FPEP Eligibility Database. The staff member should initial here.

IDENTITY DOCUMENTATION

PENDING:

33: Client will Supply Identity Document

Check this box if the applicant use the reasonable opportunity period (see page C4-1) and states that they will bring in their identity document within 100 days. Note – all applications without citizenship documentation should complete an Oregon Birth Record Information Form or out-of-state birth certificate request.

VERIFIED:

34: Identity Listed as Verified in FPEP Eligibility Database

Check this box if the applicant's identity was listed as verified in the FPEP Eligibility Database prior to the date of completing this Enrollment Form.

35: Identity Document Witnessed and Copied

Check this box if a staff member witnessed and copied an original copy of the applicant's identity documentation.

36: Information Entered in FPEP Eligibility Database

Enter the date that identity documentation was entered in the FPEP Eligibility Database. The staff member should initial here.

37: Qualifies for FPEP

Clinic staff should indicate whether the client qualified for FPEP **only after the client has fully verified his or her citizenship and identity**. For example, when a client has used the reasonable opportunity period, she has not yet qualified for FPEP. In this case, clinic staff should leave box #37 blank. Once citizenship has been fully verified, then clinic staff may complete box #37 to indicate that the client qualifies for FPEP.

38: FPEP ID#

The FPEP ID# is required for reimbursement. This number is automatically generated by the FPEP Eligibility Database.



39, 40: Eligible FROM and TO Dates

Clinic staff must list the dates that FPEP eligibility begins and ends. The length of eligibility is one year (12 months) from the date of initial enrollment. A fluctuation or increase in income over guideline requirements during the 12-month period will not cancel eligibility.

Clients who use the reasonable opportunity period have only 100 days of eligibility. **Do not complete boxes #39 or #40 until citizenship and identity have been verified and the client is eligible for a full year of regular FPEP coverage.**

- Please note: If a client returns to the clinic for a visit during the 100 day reasonable opportunity period and citizenship has been verified, enter the eligibility date as the same date the Enrollment Form was signed and dated. However, if a client is unable to verify citizenship during the 100 day period but returns later for FPEP services and has citizenship documentation, ask the client to complete a **new** enrollment form.
- Please note: If a client was made eligible for FPEP, but comes in for a subsequent visit and has OHP or private insurance coverage, the client's FPEP eligibility is terminated. If the client's OHP eligibility or other coverage ends, a new FPEP Enrollment Form must be completed with a new effective date.
- The date of the client's first FPEP visit must not be prior to the effective date of FPEP eligibility. New FPEP clients may not enroll at a supply-only visit. However, existing FPEP clients may re-enroll at a supply-only visit.

41: Record Client Request for Special Confidentiality

If the client requests special confidentiality and initials the front of the enrollment form, then clinic staff must indicate the reason for the request in this space. The notation must meet the legal standard for the client being “at risk of emotional or physical harm”. For example, the client may state that his/her parents would be very upset if they knew that the client was there.

42: Clinic Use (optional)

This field is for clinic-specific use only and is not required.



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FPEP Eligibility Assistance

C.4

Reasonable Opportunity Period

The reasonable opportunity period may be used in certain circumstances to provide services to individuals who cannot provide full documentation of their U.S. citizenship. It may only be used once per client, and grants one hundred days of eligibility. All other FPEP eligibility criteria must still be met.

Before using the reasonable opportunity period, consider the following:

- There is no need to use the reasonable opportunity period for LPR clients, since they are not U.S. citizens and therefore are not required to document their U.S. citizenship.
- The reasonable opportunity period should never be used for a client with current eligibility because clients should not re-enroll before their eligibility has expired.
- Vasectomy clients **are not** eligible for the reasonable opportunity period.

The reasonable opportunity period only exempts clients from the citizenship documentation requirement. It cannot be used to enroll clients who have creditable insurance coverage, for example, or who do not want to provide an SSN.

Clients who use the reasonable opportunity period will not be granted regular, full-year FPEP eligibility until their U.S. citizenship is fully documented.

Clinic staff should assist all clients using the reasonable opportunity period in completing an Oregon Birth Record Information Form, or if born out-of-state, an out-of-state birth certificate request form. More information about requesting birth certificates on behalf of clients can be found below.



Birth Certificate Requests

There are two ways in which the state family planning program can offer assistance to clients to obtain citizenship documentation:

1. Oregon Birth Record Request – For potential FPEP clients born in Oregon, the state family planning program is able to access the Oregon Vital Records Electronic Birth Record Database. There are two methods for submitting a birth record request for Oregon-born applicants, depending on your needs. For detailed instructions, please refer to the FPEP Eligibility Database Instructions in Exhibit 1 and see the FPEP Oregon Birth Information Form in Exhibit 5.
2. Out-of-State Birth Certificate Request – The State Family Planning Program began ordering birth certificates on behalf of potential FPEP clients born in states other than Oregon on March 1, 2008. All forms necessary can also be found on our website: www.oregon.gov/DHS/ph/fp/birthcertificates.shtml. **To order an out-of-state birth certificate follow the steps below:**
 - If the client is not yet in the Eligibility Database and will not be using the reasonable opportunity period for a visit that day, screen him/her for eligibility informally, to ensure that they are FPEP eligible.
 - Determine which state the client was born in and download the appropriate birth certificate request form (available on the Family Planning program website).
 - Ask the client to complete the Authorization to Release Birth Certificate form. If notarization is required, use the space provided below the client's signature to notarize the document.
 - Make a copy of the client's identification, as most states/counties require a photocopy of the requestor's photo ID.
 - Gather the state/county-specific birth certificate request form, authorization form, and photocopy of photo ID. Mail bundled requests to the State Family Planning Program as needed.



- The State Family Planning Program will mail all of the request documents and application fees to state/county vital records offices. When the birth certificate is received, State Family Planning Program staff will mail the original birth certificate back to the requesting clinic. The State Family Planning Program will also email status updates regarding birth certificate requests to clinics on the 1st and 3rd Tuesday of each month.
- Once the clinic receives the original birth certificate from the state office, update the individual's citizenship documentation in the FPEP Eligibility Database under the Tier 2 tab on the Client Info screen.
- Each clinic should keep the client's birth certificate in the chart or medical record. Release the birth certificate to the client *only* if he or she requests a copy of medical records. Ask the client to complete your clinic-specific release of medical information form and be sure to photocopy the birth certificate to keep in the client's medical records before releasing the original birth certificate to the client.
- Note: Even if a client states they will bring their birth certificate to the clinic at their next visit, ask them to complete an out of state birth certificate request anyway. This will ensure that clinics have a back-up if the client does not return with their documents in a timely manner.

For more detailed instructions and additional forms needed for ordering out-of-state birth certificates on behalf of clients, see Exhibit 6 of this section.

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Billing and Data Collection

C.5

This section contains information on FPEP service reimbursement; and using the CVR to bill for FPEP services.

Data & Billing System History

The federal Region X Family Planning Program has long used the Clinic Visit Record (CVR) to collect client and visit information from Region X states (Oregon, Washington, Idaho, and Alaska). CVR data are used to satisfy federal reporting requirements (like the Family Planning Annual Report, or FPAR) and for program monitoring and evaluation. Region X contracts with Ahlers & Associates to store and process CVR data and every clinic has access to its aggregate data via the Ahlers website. See Section D for more information on the various online reports and data manipulation functions available through Ahlers.

Key Points

FPEP is a Medicaid fee-for-service program, in which a standard encounter rate is paid per visit. Supplies are reimbursed separately.

A CVR (Clinic Visit Record) must be completed and submitted for every FPEP visit. CVR data are used both for billing and for program monitoring and evaluation.

When FPEP began in 1999, Oregon's CVR was modified to include a billing component for services provided to FPEP clients. These additions make the Oregon CVR different from the CVR used in other Region X states.

FPEP Reimbursement

Please see Exhibit 13 for current FPEP encounter rates.

Contraceptive supplies dispensed are reimbursed at the clinic's acquisition cost and a supply-dispensing fee is included in the encounter rate.

*Effective April 2007

The Ahlers Connection

You may sometimes come across such terms as "Ahlers system" and "Ahlers data." These refer to Ahlers and Associates, the company that has held the contract for the Region X data system since 1981, and are simply unofficial references to the Region X Family Planning Information System.



Billing Guidelines

The only visits that may be billed to FPEP are medically necessary visits made by eligible clients for purposes of contraceptive management. See Exhibit 7 of this section for what's billable. The primary diagnosis code for the visit should be in the V25 series for contraceptive initiation or

What about STI testing?

STI testing may be included as part of an FPEP visit if it is clinically indicated for initiation of a birth control method or because of symptoms or an identified risk discovered during an exam.

Reimbursement is included in the encounter rate.

STI testing is not covered if the primary reason for the visit is STI symptoms or concerns.

Treatment for STIs is never covered under FPEP.

management. 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. Examples of services *not* covered by FPEP include treatment of STIs, prenatal care, repeat Pap tests, pregnancy confirmation for the Oregon Health Plan, and birth control services delivered for reasons other than pregnancy prevention (e.g. to regulate menses).

There are no absolute limits on the number FPEP visits in a given time period, but the state average is approximately two per client per year. (Women using Depo-Provera® need to be seen more frequently for injections; men typically are seen less frequently.) Providers who bill for visits substantially in excess of this average are subject to review.

FPEP clients may visit their providers simply to get refills of their birth control method without needing other services (beyond perhaps a brief check of vital signs and reminder of how to use the method). Such visits are known as Supply-Only visits, and only the cost of supplies should be billed to FPEP. Requests for Emergency Contraception (EC) often fall into the Supply-Only category, especially for returning clients who have already received medical evaluation and counseling about EC at previous visits.

Supplies

FPEP providers are reimbursed for contraceptive supplies at acquisition cost, up to a maximum allowable amount. See Exhibit 8 for maximum supply reimbursement rates as well as guidance for providers who qualify for public health (340B) pricing on supplies. Acquisition cost is defined as the cost to get the supply to the clinic: unit price plus shipping and handling. Costs of sorting, labeling, or bagging at the clinic are not included in the acquisition cost. Since prices fluctuate frequently, clinics



should monitor their FPEP claims against supplier invoices at least quarterly.

As of 2006, prescription contraceptive methods provided to clients with Medicare prescription drug benefits (Medicare Part D) must be billed to Medicare rather than FPEP. The visit can still be billed to FPEP but supplies that require a prescription (specifically, oral contraceptives, EC for clients under 18, the Patch, and the Ring) should be billed to Medicare instead. For Medicare beneficiaries who choose a non-prescription supply (e.g. emergency contraception for adults, diaphragms, condoms, spermicide, sponges, and Depo Provera & IUDs because they cannot be dispensed by a pharmacist), bill Medicare for the visit using a routine gynecological exam visit code V723.1 (not a V25 family planning code because Medicare will not pay for those), then bill FPEP for remaining balance of the visit and supplies.

Using the CVR to bill for FPEP services

The CVR is the required claim form for FPEP. Paper forms are rarely submitted; instead, agencies export the CVR data elements from their in-house systems and send an electronic file to Ahlers & Associates. The CVR sections that relate directly to FPEP reimbursement are: A – E, 1 - 4, 9 - 9c, 12, 17, and 17a but all sections should be completed fully. Refer to Section D for item-by-item instructions on how to fill out a CVR and for a sample blank CVR. Refer to Exhibit 7 of Section D for file layout requirements for electronic CVR submissions.

Ahlers & Associates processes CVRs / FPEP claims once a month. To be included in a given month's processing, CVRs must be submitted by the Thursday before the 15th of that month. See Exhibit 9 for list of monthly submission deadlines for 2008 and 2009.

Timely Submission

FPEP claims are payable within 12 months of the date of service only. Providers should keep the monthly processing dates in mind to avoid having claims rejected for being older than 12 months. For example, a visit from May 27, 2007 that was sent to Ahlers on May 24, 2008 technically meets the 12-month requirement. But that claim will not be processed until a day or two after the June submission deadline, at which point it would be rejected for being untimely.



Claims Processing

Before claims for FPEP payment are accepted, they are reviewed against Oregon Medicaid eligibility records to ensure that clients are not already eligible for family planning services under regular Medicaid. If a match is found, the FPEP claim is rejected and the service should be billed to DMAP instead.

FPEP claims may be rejected for reasons other than a client's OHP eligibility, although that is one of the most common causes for rejection. Other common errors that result in rejected claims include: the client was not eligible on the claim date of service; the client's FPEP number was missing or invalid; or the purpose of visit was missing or invalid. A full list of claim rejection scenarios and explanations can be found in Exhibit 10. Rejected claims can be corrected and resubmitted with the next month's batch of CVRs. The State pays a 50 cent fee for each claim processed, so please be mindful and resubmit only those claims that need correction, not the entire batch.

Remittances

Following each month's processing, your agency receives two reports from Ahlers & Associates: a billing register for all successfully processed FPEP claims, and a "Summary of CVR Errors" showing rejected claims and explanations. A sample of each report can be found in Exhibit 11. Electronic remittance advices, in HIPAA-compliant 835 format, are also available. If your agency is interested in electronic remittances, please contact Ahlers directly.

Payment

FPEP reimbursement is issued once a month by the DHS Family Planning Program, based on the amounts listed on each agency's billing register. Payments are made via electronic banking transfer.



Billing Reviews

Family planning staff review the billing register for each agency and site on a monthly basis. The following is a sampling of what is reviewed:

- How much the agency is billing for supplies
- The ratio of supply costs to the total amount billed for that month
- Quantities of method dispensed
- Frequency of visits
- Revenue received from third party resources

Periodic reviews of cost per client and client visit frequency are conducted for each provider as an audit mechanism.