



**Oregon**  
John W. Kitzhaber, M.D., Governor

June 2, 1998

Alisa Adamo, Project Officer  
HCFA  
7500 Security Blvd.  
Baltimore, MD 21244

Dear Alisa:

Enclosed is the hard copy of our response to your questions about the Oregon proposal. I hope this helps to clarify some of the outstanding issues and concerns.

I'll talk to you soon.

Thanks!

Sincerely,

Julie L. Andersen Abrams  
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# OREGON FAMILY PLANNING EXPANSION PROJECT

## Answers to Key Questions

- ◆ How will the demonstration project fit in with other sources of financial coverage for family planning services?

The expansion of Medicaid coverage for family planning, represented by this Waiver proposal, is a major part of a larger campaign to reduce unintended pregnancy in Oregon. The waiver proposal's specific role in that campaign is to allow the state to reduce financial barriers to family planning services. We have drawn the eligibility plan for the waiver specifically to fill gaps in coverage for particular populations, many of whom are currently receiving services from local family planning agencies on an uncompensated care basis.

Attachment #1 explains the current grant-funded and reimbursement programs available or planned for various populations in need of family planning services and the "gap" populations sought to be served by the Medicaid demonstration project.

- ◆ Why is the planned provider network the most appropriate one to serve this population?

Preparation for this project included a thorough evaluation of available data regarding women and men in need of contraceptive services in our state. We used national data on Women in Need to estimate the number of low-income Oregonians who, based on the limitation of their incomes, are more likely to be using no birth control at all or using over-the-counter family planning methods without full reproductive care. Those numbers were matched wherever possible to data regarding current family planning services offered. We also measured the availability of insurance coverage for family planning services as a factor influencing the availability of contraception to non-Medicaid populations. Out of that analysis, a target population of 66,500 was identified as needing additional financial help in getting these services.

As shown in Attachment #2, more than half of that target population is currently receiving some level of financial support for family planning services through Title X clinics operated by agencies in the planned provider network. An additional 13% are clients of these agencies but are not currently receiving financial help from public sources to meet their family planning needs.

This agency network has historically worked with Oregon's Medicaid agency to provide family planning services to low-income women and their families. They make up the total provider network currently participating in a Medicaid program that reimburses them for providing enhanced family planning services to Oregon Health Plan patients or other

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Medicaid eligibles. Expanding this more comprehensive benefit to current patients, as well as expansion to additional patients, are key goals of the demonstration project.

Because they are the primary source of low-cost health care services in their communities, these providers also have a “reach” beyond the population they are already serving. Many families that do not currently receive family planning services are likely to be receiving other social or health services co-located with public family planning providers – including women leaving Medicaid maternity coverage but now participating in the WIC program; those seeking immunizations for children; those who are part of health department prenatal case management services; and those who present for services at STD clinics.

We note that currently an average of 15% of patients seen by our provider network are enrolled in the Oregon Health Plan and could be accessing a managed care plan for services. This indicates that the provider network is closely linked with the population targeted in this plan and that they are sometimes already the preferred provider of choice. Clients moving on and off the Oregon Health Plan are seen regularly by these providers; strong referral relationships exist with those private providers who may provide non-family planning services to the target population in each community.

Thus we see utilizing the provider network that is already serving the bulk of the targeted population as consistent with current patient choice. It also immediately assures geographic coverage of the whole state. **Attachment # 3** summarizes many of the administrative and program management advantages to using this provider network, most of which work to the benefit of clients as well as program managers and providers.

◆ **How will the demonstration project work to get the “benefit” of covered family planning services to those who need it?**

A summary of the outreach and education process, with a tentative time line, is presented in **Attachment 4**. The first steps of the outreach program can be accomplished almost instantaneously because two-thirds of beneficiaries are already clients of the agencies involved in the program. It should be noted that the Oregon Health Division and OMAP have been discussing the development of this program with local family planning agencies for almost two years; thus, providers have been integrally involved with the development of the program. As noted before, the program is designed to use currently existing systems for evaluating eligibility and, with some modification, reporting and billing processes. Thus most of the eligible population will be instantaneously provided with the benefit they need.

The other two first phase activities are a public Kick-off announcement and a program to educate staff in other programs serving the target population about the expanded benefit availability. We also expect word-of-mouth to be a very powerful tool in the early months of the project.

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These staged outreach/education plans will allow time for research before the implementation of the more comprehensive social marketing campaign. The campaign is designed to enhance both the growth and the effectiveness of the project. We regard the research element as critical, not only to decide what additional outreach strategies are needed, but also to help in evaluating program components and operational issues such as:

- ▶ where and how to expand the provider network
- ▶ what efforts should be made to improve services and their effectiveness by using suggested design/service elements
- ▶ on-going project monitoring

◆ How does the demonstration project fit into Oregon's teen pregnancy prevention strategies?

At the request of Governor John Kitzhaber, Oregon's Action Agenda for Teen Pregnancy Prevention was developed by a broad-based coalition and adopted by the Governor in **1997**. The agenda solidifies teen pregnancy prevention efforts by local and state partners into a cohesive, integrated course of action for **1997** and beyond. Together local and statewide efforts concentrate on six strategies to confront the primary issues surrounding teen pregnancy: (1) supporting positive community values and norms, (2) skills for life instruction, (3) responsible sex education, (4) **STARS**: postponing sexual involvement, (5) *contraceptive access* and (6) legal issues and protections, Exhibit C for a copy of the Action Agenda.

Legislative budget support for this agenda was part of the reason additional state funds for contraceptive accesses were included in the **1997-99** state budget. A specific goal sought to be reached by the demonstration project is a reduction in barriers to contraceptive access for teens who are already sexually active but are not using birth control. Our eligibility and provider criteria were established specifically to assure that teens, who already contact public services in large proportion, have the best chance to receive services based on their own access to resources and protecting their confidentiality where necessary.

◆ What is the plan for specific evaluation of FPEP impact versus overall outcome evaluation of the campaign to reduce unintended pregnancy?

Attachment 5 provides a narrative clarification of the hypotheses and analyses in the original waiver proposal. It specifically responds to the questions raised about how the evaluation would address both the impacts on the specific target population and the general population.

◆ How does the demonstration project plan to phase in additional providers, services, or

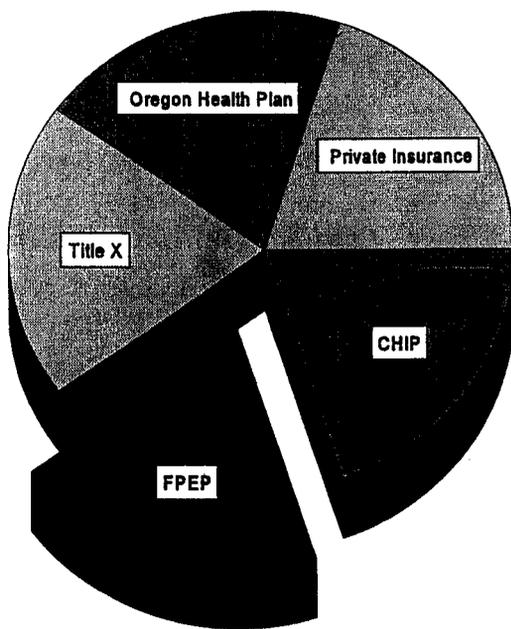
**other components planned for later implementation?**

It is Oregon's intention to evaluate the sufficiency of the provider network on an ongoing basis and to expand the provider pool to meet the needs of the client base as they are identified. We will work to assure that there is ongoing capacity in the system to meet client demand and that identified issues of continuity are addressed as part of the ongoing evaluation and program adjustment process.

Attachment #6 describes the two major phases of the overall project implementation. Each phase two component will be implemented as soon as it is feasible and/or necessary.

## Attachment 1

### MAKING CONTRACEPTIVE SERVICES AVAILABLE TO ALL



#### Private Insurance

Used first, if available, for all populations; only source for adults **250% FPL** and above. Only one-third of private plans cover birth control.

#### Oregon Health Plan

0-100% FPL; 6 months of eligibility at a time  
Pregnant women **0-170% FPL** up to 3 months post-partum

#### Title X

No limits on population served, but subsidy limited to **250% FPL** and below; complete subsidy reserved for 100% poverty and below; can serve populations categorically ineligible for other programs

#### CHIP

**0-18** years; 0-**170% FPL** family income; may be limited to providers used by family; no confidentiality assurance

#### FPEP

**0-185% FPL**; 1 year eligibility; teens on **own** income

### Gaps in current system which FPEP is designed to serve:



#### Teens.

Although some teens are covered by the Oregon Health Plan and others will be covered by CHIP; those programs are based on family income rather than the teen's income status. Teens are also often reluctant to use a benefit which does not expressly assure confidentiality. The FPEP eligibility design will guarantee that fully covered services will be available to teens with incomes under **185%** of poverty; the specific provider network provided in FPEP, because they are governed by Title **X** standards, will also assure that family involvement is encouraged wherever possible in a teen's choices.



#### Adults 100-185% FPL without insurance to cover contraceptive services.

This group is currently receiving uncompensated care at public family planning clinics, negotiating individual payment plans with the few providers willing to take uninsured patients, or foregoing medical care related to family planning in favor of over-the-counter methods or other **risky** choices. Note that included in this population are post-partum women whose incomes are above the 170% FPL that gives them extended Medicaid coverage three months post-partum.

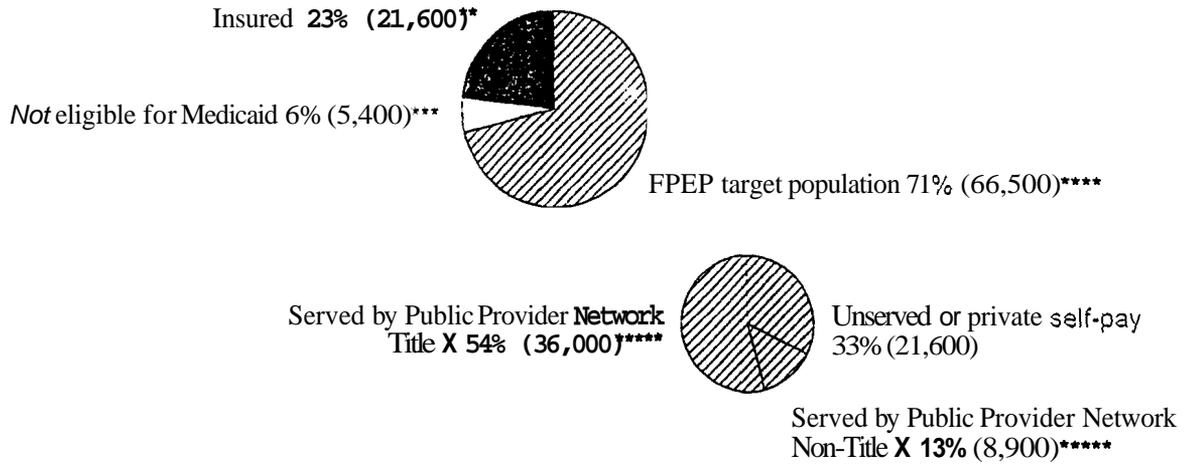


#### Individuals **who** may be eligible for OHP but cannot or do not wish to apply.

All individuals who seek family planning services from local agencies and have income and citizenship eligibility for the Oregon Health Plan will be encouraged and assisted in making that application. However, it is our experience that there are sometimes circumstances which make that application a difficult matter for individual clients. (E.g., when an individual woman is at risk of domestic violence). It is our intention that these individuals will be able to receive what may be urgently needed family planning services utilizing FPEP benefits. Again, this will reduce the amount of uncompensated care currently being provided by our family planning provider network.

# INSURANCE STATUS and CURRENT SERVICE

93,500 Women at Risk of Unintended Pregnancy (Teens <185%, Adults 100-185%) \*



**NOTES:**

- \* The number 93,500 women is from the Alan Guttmacher Institute, 1995. Comparable data on men are not available, but the target population estimate is reasonably based on women OR their partners.
- \*\* Based on data from the Office of Oregon Health Plan Policy and Research, approximately 70% of women aged 20-44 and 100-185% federal poverty level were insured in 1997. However, AGI (1993) estimates that only one third of those insurance plans cover birth control pills, thus only 21,600 are comprehensively covered.
- \*\*\* Estimate based on the fact that 4% of Oregon's population is Hispanic, and that 10% of Oregon births are to foreign born mothers Without private insurance for delivery.
- \*\*\*\* This estimate is based on the total women at risk minus those with insurance and those not eligible for Medicaid.
- \*\*\*\*\* Client data, CY 96. Includes a majority of the women who lose Medicaid eligibility sixty days post-partum.

## Oregon's Publicly Funded Family Planning Services

Percent of Poverty Level	Teens (own income)	Adult Women (family income)	Adult Men (family income)	Non-Medicaid Eligible (family income)
186% - 250%	Title X Subsidized Services			
101% - 185%	Family Planning Expansion Project (Title XIX)			
		OHP postpartum 60 days		
0% - 100%	Oregon Health Plan (Title XIX)			

**Attachment 3**

**ADMINISTRATIVE AND COST SAVINGS OF FPEP DESIGN**

**Because it relies on current family planning provider network**

- ◆ FPEP does not require development of wholly-new eligibility screening system. This means reduced burden of staffing and computer pressures at the state level for eligibility processing. Instead, currently operating income screening procedures in place at public clinics will establish eligibility; a check against OHP enrollee lists will sort claims between Oregon Health Plan and FPEP billing systems.
- 4 Staff at public clinics are already trained in income screening, and intake forms are essentially already in use. Only slight modifications are needed to make currently-used intake materials useful for all populations seen by these providers.
- ◆ No new forms are required for billing process; process will use current "Clinic Visit Record" to create records required for billing to any source (including FPEP) and for demographic and service data required for federal and state reports for various funding sources.
- ◆ No new provider registration, certification, or monitoring system needs to be established. Regular provider reviews of fiscal, administrative, and clinical service components will continue as usual.
- ◆ There will be savings in the service delivery as well; these clinics operate on the economy of scale in providing family planning services; providing many labs in-house that would generally have to be purchased from private laboratories; using bulk purchase to reduce the cost of contraceptive and other supplies.
- ◆ There will be a savings in initial cost of outreach to qualified clients, since many are currently seeking services with these same providers. The fiscal burdens of providing this uncompensated care have limited the ability of these providers to take on new patients and to provide the most comprehensive care; adequate reimbursement through FPEP will make it possible for shorter waiting lists and access to more effective contraceptive options.
- ◆ Assures immediate geographic coverage for the entire state of Oregon without extensive administrative investment in outreach to identify and prepare individual providers.
- ◆ This model will also work to maximize the overall public investment in health care generally and family planning specifically by:
  - 4 Providing infrastructure support to critical safety net providers in Oregon; a goal shared by all participants in Oregon's broad-based health care planning processes.
  - 4 Allowing scarce Title X family planning program dollars to be targeted at the most at-risk populations and important education and outreach activities, rather than spreading those resources across a wide spectrum of patients for basic family planning care.
- ◆ Provides the greatest assurance of quality family planning service provision; and thus the potential for the best results in reducing unintended pregnancy statewide. The providers in this network are already tested providers. Systems within the Health Division to provide technical assistance and clinic support are already operational.

## FPEP OUTREACH AND EDUCATION TIME LINE\*

PHASE I - FPEP			PHASE II - FPEP		
Summer 1998	Fall 1998	Winter 1998/99	Spring 1999	Summer 1999	Fall 1999
<p>Prepare for FPEP Kick Off</p> <p>Begin Planning and Research for Social Marketing Campaign:</p> <ul style="list-style-type: none"> <li>* review literature</li> <li>* review campaigns from other states</li> <li>* review existing data</li> <li>* determine re-search needs and goals (e.g., target audiences, behavior determinants, messages, communication channels, etc.)</li> <li>* conduct formative research (e.g., key informant interviews, surveys, focus groups, etc.)</li> </ul>	<p><b>FPEP Kick Off:</b></p> <ul style="list-style-type: none"> <li>* press conference and media releases to radio and TV stations and newspapers statewide</li> <li>* initial notification of expanded access to existing and potential clients and referral sources via:               <ul style="list-style-type: none"> <li>- provider mailings</li> <li>- WIC voucher inserts</li> <li>- AFS mail inserts</li> <li>- flu with OHP "drops", PLM and clinic "no-show" clients</li> <li>- local "tell-a-trend" contests</li> </ul> </li> </ul> <p>Continue Planning and Research for Social Marketing Campaign</p>	<p>Develop Strategy for Social Marketing Campaign</p> <p>Design Campaign Messages</p> <p>Select Campaign Communication Channels</p> <p>Develop Campaign Materials</p> <p>Design Evaluation and Data Collection Elements for Social Marketing Campaign</p> <p>Track and Monitor FPEP Enrollment and Participation</p>	<p>Pretest Messages and Materials for Social Marketing Campaign</p> <p>Develop Final Campaign Materials</p>	<p>Implementation of Social Marketing Campaign:</p> <ul style="list-style-type: none"> <li>* dissemination of targeted campaign messages and materials</li> <li>* initiation of training activities</li> <li>* initiation of outreach and education activities in local communities</li> </ul> <p>Set Up Process for Ongoing Data Collection for Project Monitoring and Evaluation</p>	<p>Campaign Monitoring and Evaluation (may lead to fine tuning components of the campaign and/or service delivery)</p>

\*Assumes an October 1, 1998 FPEP start-up date.

## Attachment 5

Further Explanation of Project Evaluation elements (pages 20-25 in original proposal).

- In order to match the measurement used in the national Healthy People 2000 goal and in Oregon's Title V MCH Block Grant performance measure, the measure used in Hypotheses 1 will be changed from "rate of unintended pregnancies" to "percent of pregnancies that are unintended."
- The following narrative clarifies why and how the hypotheses and analyses in the original proposal address both the specific target population and the general population. We expect the broadened funding base provided through this Medicaid waiver to improve services for all clients in the public system regardless of FPEP eligibility. We also believe that the social marketing campaign will inevitably have an impact on the broader population. Therefore the evaluation will look at outcomes separately for the specific target population (defined as precisely as the data allow) and the general population.

**Hypothesis 1.** There will be a reduction in the percent of pregnancies that are unintended among Oregon women in general and among women who are eligible for Medicaid paid deliveries.

The specific target population for Hypothesis 1 can be broken out of the BRFSS and post-partum survey because questions are included about broad income category and family size.

**Hypothesis 2.** The proportion of inadequately spaced births (less than two years) in general and among women eligible for Medicaid paid deliveries will decline.

Analysis for Hypothesis 2 will rely on payment source of delivery recorded on the birth certificate. Since Medicaid coverage increased from 133% to 170% federal poverty level in March of 1998, it is recognized that pre- and post-FPEP data will overlap considerably but not be completely comparable to 100-185% federal poverty.

**Hypothesis 3a.** More sexually active teens will report using a birth control method.

**Hypothesis 3b.** There will be a reduction in the pregnancy rate for 10 to 17 year-olds.

**Hypothesis 4.** There will be a reduction in the proportion of births to teens 10 to 17 years old which are their second births.

Hypotheses 3 and 4 address the teen population, which is assumed to be largely 0-185% federal poverty based on personal income.

**Hypothesis 5a.** There will be an increase in the annual number of women and teens obtaining family planning services at Title X clinics.

**Hypothesis 6a.** There will be an increase in the annual number of men obtaining family planning services at Title X clinics.

Analyses for Hypotheses 5a and 6a rely on the Ahlers data system, in which client poverty level and payment source data are available. While the original proposal did not directly specify analyses by poverty level, such analyses are feasible and will be done.

**Hypothesis 5b.** Among women who do not use any birth control, fewer will report not being able to pay for birth control as the reason for non-use.

**Hypothesis 6b.** Among men who do not use any birth control, fewer will report not being able to pay for birth control as the reason for non-use.

**Hypothesis 6c.** Men will report an increase in contraceptive use and a decrease in unintended pregnancies for their partners.

The specific target population for Hypotheses 5b, 6b, and 6c can be broken out of the BRFSS and post-partum survey because questions are included about broad income category and family size. While the original proposal did not expressly propose analyses by poverty level for these hypotheses, such analyses are feasible and will be done.

**Hypothesis 6d.** The number of men obtaining Medicaid-funded vasectomies will increase.

For Hypothesis 6d, no data is available for the general population, nor is any significant program impact on the general population expected.

**Hypothesis 7.** Women and teens will receive more effective (e.g., Depo-Provera, Norplant, sterilization) means of contraception.

Analysis for Hypothesis 7 relies on the Ahlers data system, in which client poverty level and payment source data are available. While the original proposal did not directly specify analyses by poverty level, such analysis is feasible and will be done.

## OREGON FAMILY PLANNING EXPANSION PROJECT

### PHASE 1

#### **Provider Network**

- existing Title X/Medicaid family planning provider network
- all interested Indian Tribal Clinics

#### **Benefit Package** ( See attached package detail.)

- providers to bill family planning visit codes

#### **Outreach/Social Marketing Campaign**

- project kick-off media blitz
- provider and agency staff education/training
- social marketing research stage

### PHASE 2

#### **Provider Network Expansion**

- all communities with capacity/location/special population issues

#### **Benefit Package Expansion**

- female sterilization services
- vasectomy services
- male contraceptive counseling services

#### **Outreach/Social Marketing Campaign**

- social marketing campaign implementation

## CURRENT AND PLANNED INTAKE/ELIGIBILITY/PAYMENT SYSTEMS

### CURRENT CLIENT AND CLINIC PROCESS

1. Client calls for appointment or walks in for service.
2. Clinic staff use an intake form which gives them demographic and financial information, including any relevant insurance information.
3. Clinic staff determine whether patients will be charged on a sliding fee scale or whether the services are going to be covered by public or private insurance.
4. The client receives whatever services they need.
5. The information gathered through the intake process, together with details of all services that were provided, are combined into a "Clinic Visit Record" (or CVR).
6. CVRs are forwarded electronically or by mail to Ahlers and Associates for processing as part of the Title X data system.

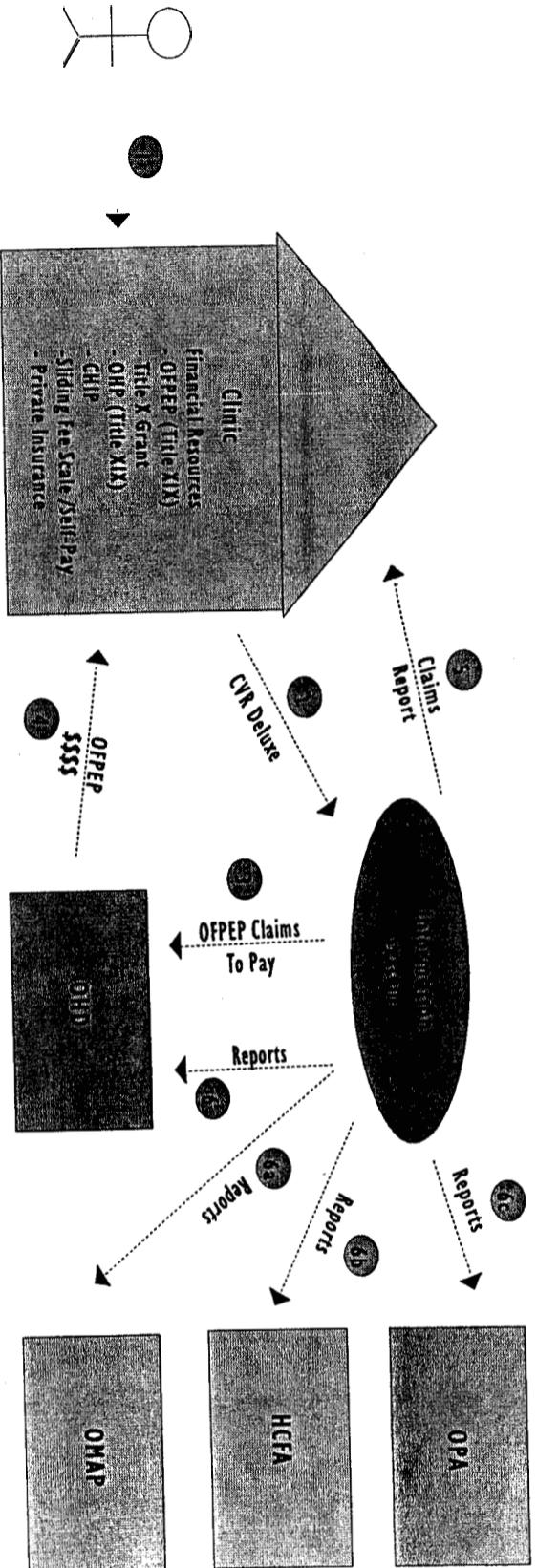
### OFPEP CLIENT AND CLINIC PROCESS

1. Client calls for appointment or walks in for service.
2. Clinic staff use an intake form as above.
3. Clinic staff determine whether patients who are not otherwise covered by insurance are eligible by income and citizenship status for the OFPEP program or whether they will be charged according to the sliding fee system already in place. If they are eligible for OFPEP, or they have other insurance coverage (including OHP) which covers their services, there will be no charge to the patient.
4. The client receives whatever services and supplies they need.
5. The information gathered at intake, together with the information about services provided, is combined into a Client Visit Record. Only slight modifications to the current CVR are required for the new system.
6. CVRs are sent electronically or by mail to the same contractor as above – Ahlers and Associates. Ahlers processes the CVRs for Title X reporting purposes and will forward claims under either the Oregon Health Plan or OFPEP back to Oregon for payment.\*
7. Reports of all the services provided; the demographics of the patient base; the claims processed and paid, will be available from Ahlers for the Oregon Health Division's use and for auditing by HCFA if needed.

*"Ahlers will have the capability of checking the billing for consistency with requirements of Oregon's MMIS system; they will also have the capability of matching claims with eligible client lists for the Oregon Health Plan. All OHP claims will be processed by OMAP here in Oregon; all OFPEP claims will be paid through the Oregon Health Division, with repayment from OMAP assured.*

Family Planning System Model

*Draft*



**KEY:**

- CHIP - Child Health Insurance Program
- CVR - Client Visit Record
- HCFA - Health Care Financing Administration
- OFPEP - Oregon Family Planning Expansion Project
- OHD - Oregon Health Division
- OHP - Oregon Health Plan
- OMAP - Office of Medical Assistance Programs
- OPA - Office of Population Affairs

- A client enters the clinic to receive family planning services. The client completes an intake form. Included on the intake form is income level, citizenship, current method of birth control, etc. (See an example of a clinic's intake form attached.) *Regardless* of income level and citizenship status, the client receives service. Behind the scenes, income level and citizenship status determine which financial resource will be expended on each client. The various financial resources include:
  - ▶ Oregon Family Planning Expansion Project (Title XIX)
  - ▶ Title X Grant
  - ▶ Oregon Health Plan (Title XIX)
  - ▶ Child Health Insurance Program
  - ▶ Private Insurance
  - ▶ Sliding Fee Scale/Self-Pay

Clinic staff will enter information from the intake form into the Ahlers CVR Plus System\*. A Client Visit Record (CVR) Deluxe will be created for each client. The CVR Deluxe includes all required intake, visit and billing information. (The CVR Deluxe is currently being designed. See the current CVR attached.)

- Once complete the CVR Deluxe is sent to the information system for claims payment and reporting requirements. In the information system OHP and OFPEP claims are handled separately. Clinics have the option of having OHP claims billed to OMAP. OHP claims will be sent electronically to OMAP's claims processing system, MMIS.
- Ahlers will process OFPEP claims exactly as MMIS processes OHP claims. The enhancement to the information system enables it to mimic the MMIS claims processing for family planning claims. Ahlers will send a report of all payable claims to the Health Division.
- OHD will send monthly payments to all clinics for payable OFPEP claims. OHD will then submit claims payment information to OMAP. OMAP will then retrieve the Medicaid 9:1 match.
- Simultaneously, the information system contractor will send a monthly claims remittance advice to all clinics regarding claims to be paid and denied claims. The claims remittance advice will be identical to that generated by MMIS for OHP claims. The contractor will continue to send each clinic the various quarterly reports concerning client and visit data.
- Ahlers will continue to send the quarterly Title X required reports to the regional OPA office. Ahlers will also send all predetermined reports to OHD, OMAP and HCFA. (The reports are in the process of being designed.)

\*Ahler's & Associates have been contracted by Title X Region X for over 15 years to manage the regional Family Planning Data System. The Health Division has contracted with Ahlers to enhance the Oregon component of the system to process claims for OFPEP.

PLEASE PRINT

NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last First MI  
Maiden/Other \_\_\_\_\_ Private Doctor \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & No. Apt. No. City Zip  
Phone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

May mail be sent to the above address? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, where may you be reached?  
(i.e., school, friend, work) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been a client at any Marion County Health Department Family Planning Clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when were you last seen? Month \_\_\_\_\_ Year \_\_\_\_\_ Place: Salem \_\_\_\_\_ YWCA \_\_\_\_\_ Woodburn \_\_\_\_\_

**RACE:**

1. White     2. Black     3. American Indian     4. Alaskan Native     5. Asian/Pacific Islander     6. Hispanic     7. Other

**EDUCATION:**

Highest grade completed: \_\_\_\_\_ If still in school, name of school \_\_\_\_\_ Grade \_\_\_\_\_

**MARITAL STATUS:**  Single     Married     Other (Specify) \_\_\_\_\_

<b>INCOME:</b>		<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
Self:	\$ _____	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
Partner/Spouse:	\$ _____	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
GROSS MONTHLY INCOME: (Before Taxes)				
Self:	\$ _____	Employer:	_____	
Partner/Spouse:	\$ _____	Employer:	_____	
<b>Other Income:</b>				
Unemployment Benefits	\$ _____			
Disability Insurance	\$ _____			
Other	\$ _____			
<b>TOTAL</b>	<b>\$ _____</b>			
<b>NUMBER OF PERSONS SUPPORTED BY THIS INCOME:</b> _____				
Are you covered by the Oregon Health Plan or Welfare Medical Card? Yes _____ No _____				
If yes, please show at the desk. Welfare # _____				
Do you have other insurance that will cover this visit? Yes _____ No _____				
If yes, please show the receptionist your card and fill out an insurance form.				
I understand I will be assessed a fee for services received. The fee is based on income and family size, using a sliding fee scale. You will not be denied any services because you cannot pay.				
_____			_____	
Signature			Date	

**PREGNANCY HISTORY:** How many times have you been pregnant? \_\_\_\_\_

How many births have you had? \_\_\_\_\_ Number of children living \_\_\_\_\_

IF THIS IS THE FIRST TIME YOU HAVE COMPLETED THIS FORM, PLEASE COMPLETE THE FOLLOWING:

Members of Family

Spouse/Partner: Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Children.	Name	Birthdate	Name	Birthdate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THE ABOVE DATA IS NECESSARY TO MEET FEDERAL REQUIREMENTS AND TO OBTAIN STATISTICS FOR THEM  
OUR CLINIC IS BASED ON THESE STATISTICS. ALL INFORMATION IS CONFIDENTIAL AND NO NAMES ARE USED  
IN ORDER TO MAINTAIN CONFIDENTIALITY. THANK YOU FOR YOUR COOPERATION.

REGION X CLINIC VISIT RECORD

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Client # \_\_\_\_\_ Date of Visit \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

(DETACH THIS PORTION AND RETAIN AT SERVICE SITE)

1. SERVICE SITE NUMBER

2. CLIENT NUMBER

3. DATE OF VISIT MO. M Y YR

4. DATE OF BIRTH MO. M Y YR

5. SEX  1 - Female  2 - Male

6. RACE / ETHNICITY  1 - White  2 - Black  3 - American Indian  4 - Alaskan Native  5 - Asian / Pacific Islander  6 - Hispanic / Latino  7 - Other

7. ADDITIONAL DEMOGRAPHIC (Check all Applicable)  4 - Person with Disabilities  5 - Interpreter  6 - Homeless

8. ZIP CODE

9. ASSIGNED SOURCE OF PAYMENT (Check One)  1 - No Charge  2 - Title XIX (Medicaid)  3 - Washington State Fund Eligible  4 - Private Insurance  5 - Full Fee  6 - Partial Fee  7 - Other

10. INCOME AND FAMILY SIZE  
 a. What is your monthly family income? AMOUNT  
 b. How many people are in your family, that is the number supported by this income? NUMBER

11. PREGNANCY HISTORY (Females Only)  
 a. How many times have you been pregnant? NUMBER  
 b. How many births have you had? NUMBER  
 c. Number of living children? NUMBER

12. PURPOSE OF VISIT  1 - Initial Medical Exam  2 - Annual Medical Exam  3 - Other Medical  4 - Counseling Only  5 - Pregnancy Test Visit

AGENCY USE

	Clinic	Project	State	Region	1	2
a.						
b.						
c.						
d.						
e.						
f.						

13A. MEDICAL SERVICES PROVIDED (Check all Applicable)  
 Exam, Lab, Diagnostic & Treatment Procedures  
 01 - Procedures 2 through 10 and check appropriate lab services  
 02 - Blood Pressure  
 03 - Hgt/Wgt  
 04 - Thyroid Palp.  
 05 - Heart/Lung Aus.  
 06 - Breast Exam  
 07 - Abdominal Palp.  
 08 - Extremities  
 09 - Bimanual Pelvic  
 10 - Speculum Exam  
 11 - Vaginitis / STD Diagnosis  
 12 - Vaginitis / STD Rx  
 13 - Chlamydia Treatment  
 14 - Chlamydia Presumptive Treatment  
 15 - Wart Treatment  
 16 - Herpes  
 17 - Diaphragm Fit  
 18 - Cervical Cap Fit  
 19 - IUD Insert  
 20 - Sterilization  
 21 - Post abortion check  
 22 - Postpartum check  
 23 - Hgb / Hct  
 24 - Urine dipstick / Urinalysis  
 25 - Pap Smear  
 26 - Repeat Pap Smear  
 27 - Colposcopy  
 28 - Gonorrhea Culture  
 29 - Chlamydia test  
 30 - Wet Mount / Gram stain  
 31 - Serum Pregnancy test  
 32 - Negative Pregnancy test  
 33 - Positive Pregnancy test  
 34 - Rubella Titer/Immunization  
 35 - Infertility Screening  
 36 - Other Lab or Exam  
 37 - No Lab or Exam  
 38 - Hormone Implant In  
 39 - Hormone Implant Out  
 40 - Contraceptive Injection  
 41 - Venipuncture  
 42 - Male Genitalia  
 43 - HIV Test  
 44 - Breast Disease  
 45 - Elevated Blood Pressure  
 46 - Emergency Contraception  
 47 - VDRL/RPR  
 48 - Other Lab or Exam

13B. PROVIDER OF MEDICAL SERVICES  
 01 - Physician  02 - Mid-level  03 - Nurse  04 - Other

14A. COUNSELING EDUCATION PROVIDED (Check all Applicable)  
 01 - Contraceptive  02 - NFP  03 - Sterilization  04 - Infertility  05 - Tobacco  06 - Substance Abuse  07 - Pregnancy  08 - Preconceptional  09 - STD/HIV Prevention  10 - HIV Pre & Post  11 - Other  12 - Nutrition  13 - Abstinence  14 - Delayed Pelvic  15 - Crisis  16 - Abnormal Pap

14B. PROVIDER OF COUNSELING EDUCATION SERVICES  
 1 - Physician  2 - Mid-level  3 - Nurse  4 - Other

15A. CONTRACEPTIVE METHOD (Complete before and after blocks)  
 01 - Sterilization  02 - Oral (Pill)  03 - IUD  04 - Diaphragm/Cap  11 - Hormone Implant  12 - Injection  13 - Abstinence  05 - Foam & Condom  06 - Condom  07 - Spermicide  08 - Natural/Rhythm  09 - Other  10 - None  
 BEFORE VISIT   AFTER VISIT

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.  
 Pregnant  1 - Planned  2 - Infertility  3 - Seeking Pregnancy  4 - Other medical reason  5 - Relying on partner's method  6 - Not sexually active  7 - Other  8 - Unplanned

16. REFERRAL INFORMATION (Check all Applicable)  
 01 - Prenatal  02 - High Risk  03 - Abortion  04 - STD  05 - Sterilization  06 - Infertility  07 - NFP  08 - Other Medical  09 - Nutrition  10 - Social Services  11 - None  12 - Mammography  13 - Substance Abuse  14 - Abuse/Violence  15 - Adoption

## Family Planning Benefit Package

### OMAP Unique Codes

The following are not statutory or regulatory requirements, but billing guidelines and protocols to be followed by public family planning providers. (ie., Providers receiving Federal Title X family planning funding and/or certified as FPEP participating providers).

#### Annual Family Planning Visit

FPS13

Payable once per calendar year.

#### ELIGIBILITY DETERMINATION

- Citizenship
- Financial
- Data collection
- Enrollment
- Medical record

#### MEDICAL/SYSTEMS HISTORY

- Cardiovascular
- Respiratory
- Neurological
- Gastrointestinal
- Genitourinary (including STDs, HIV and HBV)
- Psychologic
- Integumentary
- HEENT
- Endocrine
- Hematologic/lymphatic
- Musculoskeletal
- Gynecologic
- Other
  - Allergies
  - DES exposure
  - Hospitalization, surgery, major illness
  - Current medication- prescription and over the counter
  - Immunizations, Rubella status
  - Blood transfusions, exposure to blood products
  - General (i.e., sleep, fatigue, nutrition, exercise)

FAMILY MEDICAL HISTORY

- Cardiovascular
- Cancer
- Genetic
- Diabetes

PSYCHOSOCIAL/PERSONAL HISTORY

- Abuse/safety
- Support system (including parental involvement)
- Substance use/abuse-tobacco, alcohol, drug use
- Nutrition
- Exercise

REPRODUCTIVE HISTORY

- Number of pregnancies- live births, miscarriages, abortions
- Pregnancy plans
- Contraceptive use- past, present, problems, current desired method
- LMP

SEXUAL HISTORY

- Number of partners now and ~~last~~ 12 months
- Partner risk for HIV (IV drug use, multi-partners, bisexuality, STD history)
- Abuse- history, current
- Age initiated intercourse
- Condom use

COMPREHENSIVE PHYSICAL EXAMINATION

- Height, weight, blood pressure
- Thyroid
- Heart
- Lungs
- Abdomen
- Extremities
- Pelvic exam
- Genital exam
- Breastexam
- Rectal exam, when indicated

LABORATORY SERVICES

Sample collection (includes venipuncture), laboratory analysis and transportation included for *all* the following tests (this includes both in-house and outside laboratory services):

- Pap smear
- Chlamydia
- Urinalysis
- Urine sediment microscopy

- HCT/HGB
- Wet mount
- Finger stick glucose

Other lab tests, when indicated

- Pregnancy test
- Chem panel
- Endometrial biopsy
- FSH
- Gonorrhea culture
- Gram stain
- Herpes culture
- HIV test
- Prolactin
- TSH
- RPR/VDRL

#### EDUCATION AND COUNSELING

Education and counseling appropriate to client's needs, age, language, cultural background, risk behaviors, sexual orientation, psychosocial history and designed to strengthen decision-making skills, promote healthy behaviors and help clients make informed choices about their pregnancy.

- Basic female/male reproductive anatomy and physiology
- Partner's role in contraception/family planning
- Procedures conducted in clinic
- Clinic scheduling and emergency services
- Preconception
- Safer sex
- Breast self exam
- Risk behavior reduction (i.e., smoking, nutrition and exercise)
- Results of physical exam and lab tests
- Other health/social problems
- **All** contraceptive methods/procedures including:
  - Abstinence
  - Natural family planning
  - Withdrawal
  - IUD
  - Cervical cap
  - Diaphragms
  - Contraceptive supplies: foam, condoms (male and female), cream, jelly, spermicide, vaginal contraceptive film (VCF)
  - Oral contraceptives
  - Subdermal hormone implants
  - Contraceptive injections
  - Emergency contraception
  - Sterilization procedures (i.e. vasectomy, tubal ligation)
  - Other

REFERRAL SERVICES

Referral services to assure that health or social problems identified during the client's visit are referred elsewhere for medical, social and behavioral services not offered at the clinic.

FOLLOW-UP SERVICES

Systematic follow-up mechanisms to monitor the patient and the continuity of her care.

CLIENT CONFIDENTIALITY ASSURANCE

Assurance of client confidentiality and sensitivity to the client's concerns regarding privacy and confidentiality.

OTHER ANCILLARY SERVICES

Other ancillary services include those activities that assure services are accessible and available to all clients. Accessibility encompasses geographic access, assistance with application for Medicaid coverage, convenient hours of service, community awareness, cultural relevance and sensitivity to- sexual orientation, age and gender. Accessibility also involves attention to the special needs of adolescents and persons with disabilities; and effective outreach and education to communities and target populations.

CONTRACEPTIVE DISPENSING SERVICES

These are services related the administration, storage, handling, packaging and dispensing of contraceptive supplies.

Pregnancy Test Visit

FPS14

*Not payable in addition to another family planning visit code, No limit per year.*

*Payable in addition to all other maternity services.*

ELIGIBILITY DETERMINATION

- Citizenship
- Financial
- Data collection
- Enrollment
- Medical record

BRIEF CONTRACEPTIVE/MENSTRUAL HISTORY

PREGNANCY TEST

- One step or slide

PELVIC EXAMINATION, AS INDICATED

OTHER LABORATORY SERVICES, AS INDICATED

(See list of acceptable lab tests under FPS 13)

RISK SCREENING, AS INDICATED

EDUCATION AND COUNSELING

Education appropriate to client's needs, age, language, cultural background, risk behaviors, sexual orientation and psychosocial history. Counseling appropriate to client's needs, age, language, cultural

background, risk behaviors, sexual orientation, psychosocial history and designed to strengthen decision-making skills, promote healthy behaviors and help clients make informed choices about their pregnancies.

- Contraceptive methods/procedures
- Safer sexual practices
- Preconception
- Prenatal care
- Explanation of the full range of pregnancy options
  - Parenting
  - Abortion
  - Adoption
- Support systems
- Options and choices

#### REFERRAL SERVICES

Referral services to assure that health or social problems identified during the client's visit are referred elsewhere for medical, social and behavioral services not offered at the clinic.

- Pregnancy option referral
- Family planning services
- Other social, medical, behavioral services

#### FOLLOW-UP SERVICES

Systematic follow-up mechanisms to monitor the patient and the continuity of her care.

#### CLIENT CONFIDENTIALITY ASSURANCE

Assurance of client confidentiality and sensitivity to the client's concerns regarding privacy and confidentiality.

#### OTHER ANCILLARY SERVICES

Other ancillary services include those activities that assure services are accessible and available to all clients. Accessibility encompasses geographic access, assistance with application for Medicaid coverage convenient hours of service, community awareness, cultural relevance and sensitivity to- sexual orientation, age and gender. Accessibility also involves attention to the special needs of adolescents and persons with disabilities; and effective outreach and education to communities and target populations.

#### CONTRACEPTIVE DISPENSING SERVICES

These are services related the administration, storage, handling, packaging and dispensing of contraceptive supplies.

#### PAP Smear Visit

FPSI 5

*Not payable in addition to another visit code. No limit per year.*

#### ELIGIBILITY DETERMINATION

- Citizenship
- Financial
- Data collection
- Enrollment
- Medical record

REVIEW AND UPDATE OF MEDICAL HISTORY

- focus on reproductive health and sexual history

FOLLOW-UP ON PREVIOUS ABNORMAL PAP SMEAR

PAP SMEAR

OTHER LABORATORY SERVICES, AS INDICATED

(See list of acceptable lab tests under FPSI 3)

EDUCATION AND COUNSELING

Education and counseling appropriate to client's needs, age, language, cultural background, risk behaviors, sexual orientation, psychosocial history and designed to strengthen decision-making skills, promote healthy behaviors and help clients make informed choices about family planning.

- Infection
- Cancer
- Prevention of sexually transmitted diseases
- Smoking cessation, if indicated

MEDICATION AND TREATMENT, IF APPROPRIATE

- treatment options
- complete instructions for taking medication(s)

REFERRAL FOR GYNECOLOGICAL OR ONCOLOGICAL FOLLOW-UP, IF INDICATED

REFERRAL SERVICES

Referral services to assure that health or social problems identified during the client's visit are referred elsewhere for medical, social and behavioral services not offered at the clinic.

FOLLOW-UP SERVICES

Systematic follow-up are mechanisms to monitor the patient and the continuity of her care.

CLIENT CONFIDENTIALITY ASSURANCE

Assurance of client confidentiality and sensitivity to the client's concerns regarding privacy and confidentiality.

OTHER ANCILLARY SERVICES

Other ancillary services include those activities that assure services are accessible and available to all clients. Accessibility encompasses geographic access, assurance with application for Medicaid assistance convenient hours of service, community awareness, cultural relevance and sensitivity to- sexual orientation, age and gender. Accessibility also involves attention to the special needs of adolescents and persons with disabilities; and effective outreach and education to communities and target populations.

CONTRACEPTIVE DISPENSING SERVICES

These are services related the administration, storage, handling, packaging and dispensing of contraceptive supplies.

Infection/Disease Visit

FPSI 6

Not payable in *addition* to another visit code. No limit per year.

ELIGIBILITY DETERMINATION

- Citizenship
- Financial
- Data collection
- Enrollment
- Medical record

REVIEW AND UPDATE OF MEDICAL HISTORY

- Focus on reproductive health and sexual history

PHYSICAL EXAMINATION

LABORATORY SERVICES , AS INDICATED

(See list of acceptable lab tests under FPSI 3)

MEDICATION AND TREATMENT, IF APPROPRIATE

- Treatment options
- Complete instructions for taking medication(s)

EDUCATION AND COUNSELING

Education and counseling appropriate to client's needs, age, language, cultural background, risk behaviors, sexual orientation, psychosocial history and designed to strengthen decision-making skills, promote healthy behaviors and help clients make informed choices about family planning.

- Prevention of sexually transmitted diseases
- Risk reduction
- Need for partner evaluation

REFERRAL SERVICES

Referral services to assure that health or social problems identified during the client's visit are referred elsewhere for medical, social and behavioral services not offered at the clinic.

FOLLOW-UP SERVICES

Systematic follow-up mechanisms to monitor the patient and the continuity of her care.

CLIENT CONFIDENTIALITY ASSURANCE

Assurance of client confidentiality and sensitivity to the client's concerns regarding privacy and confidentiality.

OTHER ANCILLARY SERVICES

Other ancillary services include those activities that assure services are accessible and available to all clients. Accessibility encompasses geographic access, assistance with application for Medicaid coverage, convenient hours of service, community awareness, cultural relevance and sensitivity to- sexual orientation, age and gender. Accessibility also involves attention to the special needs of adolescents and persons with disabilities; and effective outreach and education to communities and target populations.

**Contraceptive Visit**

FPSI 7

Not payable in addition to another visit code. No limit per year.

This is an evaluation of a new or existing family planning condition.

**ELIGIBILITY DETERMINATION**

- Citizenship
- Financial
- Data collection
- Enrollment
- Medical record

**REVIEW OF MEDICAL HISTORY****PHYSICAL EXAMINATION, AS INDICATED****TYPES OF SERVICES INCLUDED:**

- Initial three month check for new birth control method
- Routine Depo Provera injection
- Contraceptive method side effects or complications
- Delayed pelvic examination
- Emergency contraception
- IUD insertion or removal
- Norplant insertion or removal
- High risk (for contraceptive compliance) client follow-up
- Initial visit for delayed pelvic exam clients
- Comprehensive history (see FPSI 3) for transfer of delayed pelvic exam clients

**LABORATORY SERVICES, AS INDICATED**

(See list of acceptable lab tests under FPSI 3)

**EDUCATION AND COUNSELING**

Education and counseling appropriate to client's needs, age, language, cultural background, risk behaviors, sexual orientation, psychosocial history and designed to strengthen decision-making skills, promote healthy behaviors and help clients make informed choices about family planning.

**REFERRAL SERVICES**

Referral services to assure that health or social problems identified during the client's visit are referred elsewhere for medical, social and behavioral services not offered at the clinic.

**FOLLOW-UP SERVICES**

Systematic follow-up mechanisms to monitor the patient and the continuity of her care.

**CLIENT CONFIDENTIALITY ASSURANCE**

Assurance of client confidentiality and sensitivity to the client's concerns regarding privacy and confidentiality.

**OTHER ANCILLARY SERVICES**

Other ancillary services include those activities that assure services are accessible and available to all clients. Accessibility encompasses geographic access, assistance with application for Medicaid coverage, convenient hours of service, community awareness, cultural relevance and sensitivity to- sexual orientation, age and gender. Accessibility also involves attention to the special needs of adolescents and persons with disabilities: and effective outreach and education to communities and target populations.

**Off-Site Visit****FPSI 8**

*Not payable in addition to another visit code. No limit per year.*

If a visit is not located on-site at the clinic ( eg. Home visit) then FPSI 8 can be billed. This is an evaluation of a new or existing family planning condition.

**ELIGIBILITY DETERMINATION**

- Citizenship
- Financial
- Data collection
- Enrollment
- Medical record

**REVIEW OF MEDICAL HISTORY****PHYSICAL EXAMINATION, AS INDICATED****TYPES OF SERVICES INCLUDED:**

- Initial three month check for new birth control method
- Routine Depo Provera injection
- Contraceptive method side effects or complications
- Delayed pelvic examination
- Emergency contraception
- IUD insertion or removal
- Norplant insertion or removal
- High risk (for contraceptive compliance) client follow-up
- Initial visit for delayed pelvic exam clients
- Comprehensive history (see FPSI 3) for transfer of delayed pelvic exam clients

**LABORATORY SERVICES, AS INDICATED**

(See list of acceptable lab tests under FPSI 3)

**EDUCATION AND COUNSELING**

Education and counseling appropriate to client's needs, age, language, cultural background, risk behaviors, sexual orientation, psychosocial history and designed to strengthen decision-making skills, promote healthy behaviors and help clients make informed choices about family planning.

**REFERRAL SERVICES**

Referral services to assure that health or social problems identified during the client's visit are referred elsewhere for medical, social and behavioral services not offered at the clinic.

FOLLOW-UP SERVICES

Systematic follow-up mechanisms to monitor the patient and the continuity of her care.

CLIENT CONFIDENTIALITY ASSURANCE

Assurance of client confidentiality and sensitivity to the client's concerns regarding privacy and confidentiality.

OTHER ANCILLARY SERVICES

Other ancillary services include those activities that assure services are accessible and available to all clients. Accessibility encompasses geographic access, assistance with application for Medicaid coverage, convenient hours of service, community awareness, cultural relevance and sensitivity to- sexual orientation, age and gender. Accessibility also involves attention to the special needs of adolescents and persons with disabilities; and effective outreach and education to communities and target populations.

Contraceptive Supplies\*

FPS03

SUPPLIES INCLUDE:

- Oral contraceptives\*\*
- Condoms (also for STD protection)
- Foam
- Spermicides
- Jelly
- Cream
- Vaginal contraceptive film (VCF)
- All other supplies, except injectibles and implants

\*See list of supplies and quantities defined on page X.

\*\*A 3 month supply can be billed for established patients.