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**DATE:** April 13, 2012

**TO:** Oregon Tribal Health Directors

**FROM:** Oregon Reproductive Health Program

**RE:** Oregon's Family Planning Medicaid Waiver (Oregon**ContraceptiveCare**)

We are writing to inform you of the opportunity to participate as a provider in Oregon**ContraceptiveCare** (CCare), Oregon's family planning Medicaid waiver. CCare provides free reproductive health services and contraception to eligible low-income men, women and teens. The program is separate from the Oregon Health Plan (OHP), and client enrollment occurs at the point-of-service via a centralized, web-accessible database. Nearly 160 clinics participate in CCare, receiving reliable fee-for-service reimbursements for over 70,000 Oregonians they serve each year.

We are currently working with the Centers for Medicare and Medicaid Services (CMS) to renew the CCare program and hope to be able to further simplify client eligibility requirements and streamline the enrollment process. In addition to inviting your participation in the program, we are interested in establishing a process for regular and ongoing consultation with you and other Oregon tribal health directors regarding the renewal and future implementation of CCare. The current CCare waiver expires on October 30, 2012, and we are requesting CMS approval for an additional three years. We will follow-up with you regarding plans for further discussion and participation as we work through the renewal process.

Enclosed with this letter is a *CCare Prospective Provider Packet* that outlines the program and the steps involved in enrolling as a CCare provider. If you have questions or would like additional information about becoming a CCare provider, please contact Pi Winslow at 971-673-0227 or email at [pi.v.winslow@state.or.us](mailto:pi.v.winslow@state.or.us). We look forward to further discussions with you.

## Overview of CCare Program Requirements

CCare requires that providers:

- Offer in-depth visits for clinical and preventive contraceptive management services. Review the enclosed [CCare Standards of Care](#) to ensure that you or your clinic can meet all of the requirements. The Standards can also be found in the Oregon Administrative Rules at [OAR 333-004-0060](#).
- Make referrals for free or low-cost psychosocial services when necessary. Clients must also be referred to local free or low-cost primary care services through the use of a primary care brochure. An [example brochure](#) is provided in the [Program Manual](#).
- Maintain an on-site contraceptive dispensary consisting of a full range of family planning drugs and supplies, and directly dispense to clients at the time of their appointment. See the list provided later in this document under [Stocking Supplies](#). To do so, your clinic may need register as a Family Planning Clinic with the Board of Pharmacy, by completing and returning the [registration form](#). A sample contraceptive product list is also enclosed.
- Participate in a CCare-specific billing and data collection system. A [CVR](#) (Clinic Visit Record) must be completed for each visit. Proprietary software for data entry and submission is available for purchase. Alternative software may be used if the provider can ensure the correct file formats for data submission.
- Screen and document client eligibility using the [CCare Enrollment Form](#).
- Designate a staff member as the Family Planning Coordinator. This person is the primary point of contact between state family planning program staff and the provider agency, including all clinic sites and subcontractors. Please see the [Family Planning Coordinator Description](#) below. When submitting your application to become a family planning clinic provider, please use the [Project/Site Number Request Form](#) to identify a coordinator for your agency.

## **Family Planning Coordinator Description**

The State of Oregon Family Planning Program requires that every Family Planning Provider designate a staff member as the Family Planning Coordinator. This person is the primary point of contact between state family planning program staff and the provider agency, including all clinic sites and subcontractors. The FP Coordinator is identified on the Project/Site Number Request Form when an agency submits an application to become a family planning provider. An agency may change their FP Coordinator at any time by contacting the Provider Liaison at the State Family Planning Program at 971-673-0363.

### **Roles & Responsibilities of the Family Planning Coordinator:**

- Serve as the primary point of contact between state family planning program staff and the provider agency, including all clinic sites and subcontractors;
- Maintain regular contact with state family planning program staff;
- Read the [Family Planning Program Manual for Oregon](#) and make sure that all personnel at all clinic sites (including subcontractor sites) have access to, and understand, its contents;
- Read the [Family Planning Update Newsletters](#) sent regularly via email and posted online;
- Stay up-to-date on family planning policies and procedures by reading periodic email, fax, and mail announcements sent to Family Planning Coordinators;
- Communicate pertinent family planning program updates and information from the Office of Family Health to all relevant personnel at all clinic sites (including subcontractor sites) administered by the agency;
- Request technical assistance and training as needed by corresponding with the Provider Liaison or other staff at the State Family Planning Program;
- Attend the annual Statewide Family Planning Coordinators' Meeting;
- Attend other trainings and meetings provided by the Office of Family Health;
- Contact the Provider Liaison with CCare questions and the Title X Nurse Consultant with Title X questions.

## Questions for clinics to consider before enrolling in CCare

1. **The decision:** Does my agency clearly understand CCare and the requirements of the program?
  - Has a Family Planning Coordinator been designated?
  - Do I understand the reimbursable services and rates?
  - Do I understand the required client service expectations?
  - Do I understand the IT requirements needed to coordinate my billing system with the Ahlers system?
  - Board of Pharmacy certification as a family planning clinic
  - Scope of practice issues
  - Who still needs to be brought into the discussion?
  - What questions do I still need to have answered?
  
2. **The contraceptive services:** Do I have a contraceptive program that will meet the criteria for CCare or do I need to build one?
  - Scope of the program
    - Protocols, procedures, and standing orders
    - Staff skill, scope of practice
    - Clinical systems
    - Equipment
    - Lab
    - Stocking and dispensing of required supplies on site
    - Language and literacy level needs; cultural competence
    - Confidential services and privacy needs
  - Medical record documentation
  - Required consent forms for family planning services
  - Patient education and counseling; approved materials
  - Referrals and follow up
  - Staff training and follow up
  
3. **Offering CCare services:** Can we identify eligible clients and services billable to CCare?
  - Integration of CCare into a current clinic setting
  - Identification and screening of clients
  - What happens when we identify the client in the exam room?
  - Staff training and follow up on intake and enrollment criteria

4. **The paper work:** How will we assure accurate documentation for CCare clients and services?
  - Consent forms
  - Third-party billing / billing flow process
  - Enrollment documents — can I collect the required data and check for OHP enrollment?
  - Citizenship verification – can I collect client birth certificates, passports, and other id?
  - Medical records / client ID #s
  - CVR form/billing — can I collect and transmit the required data
  - Paper flow: CVR communication between the front desk → clinical team → billing
  - Staff training and follow up
  
5. **The Statewide CCare Eligibility Database:** Do we have computers with high-speed internet access available to staff who will need to access the online CCare Eligibility Database to enroll CCare clients?
  - Check if clients have been enrolled in CCare in the past or at other clinics
  - Enter new and update client records
  - Request Oregon Birth Record matches and submit Out-of-State Birth Certificate requests?
  
6. **Billing and data collection:** How will our computers or lack of computers interact with the Ahlers system?
  - What is our billing and data system?
  - How will it work with Ahlers?
  - Can we convert patient ID#s to numerical only?
  - Can we meet hardware, file format and data transfer requirements
  - Can we meet electronic fund transfer requirements
  - Staff training and follow up
  
7. **Help:** Who can help during implementation and problem solving period?
  - In-house staff resources
  - Other provider contacts
  - CCare phone: 971-673-0355      CCare fax: 971-673-0278
  - CCare web page: [ccare.oregon.gov](http://ccare.oregon.gov)
  - CCare rules:  
[http://arcweb.sos.state.or.us/pages/rules/oars\\_300/oar\\_333/333\\_004.html](http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_004.html)
  - Ahlers Software phone: 800-888-1836      <http://ahlerssoftware.com/software.htm>

CCare Standards of Care

PROGRAM ISSUE	DESCRIPTION
A. Informed Consent	<ol style="list-style-type: none"> <li>1. The client’s decision to participate in and consent to contraceptive management services must be voluntary and without bias or coercion.</li> <li>2. The informed consent process, provided verbally and supplemented with written materials, must be presented in a language the client understands.</li> <li>3. Consent must be obtained from the individual client receiving family planning services, including minor clients.</li> </ol>
B. Confidentiality	<ol style="list-style-type: none"> <li>1. Services must be provided in a manner that respects the client’s privacy and dignity.</li> <li>2. Clients must be assured of the confidentiality of services and of their medical records. Records cannot be released without written client consent, except as required by law, or otherwise permitted by HIPAA.</li> </ol>
C. Availability of Contraceptive Services	<ol style="list-style-type: none"> <li>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.</li> <li>2. If the provider organization’s clinical staff lack the specialized skills to provide 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 CCare providers, for these procedures. The clinician receiving the referral must not bill the client or OFH. Payment will be made to the original CCare-enrolled provider actually providing the health service or procedure, who must pay the referral clinician.</li> <li>3. Clients should be able to get their first choice of contraceptive method at the time of service unless there are specific contraindications.</li> </ol>

CCare Standards of Care

PROGRAM ISSUE	DESCRIPTION
<p>D. Linguistic and Cultural Competence</p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. The provider should employ bilingual-bicultural staff or volunteers skilled or certified in medical and clinical interpretation during all clinic encounters for clients with limited English proficiencies or who otherwise need this level of assistance. All persons providing interpretation services must adhere to confidentiality guidelines.</li> <li>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.</li> <li>4. The provider should make available easily understood client-related materials and post signage in the languages of groups represented or commonly encountered in the service area.</li> <li>5. 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.</li> </ol>
<p>E. Access to Care</p>	<ol style="list-style-type: none"> <li>1. CCare services must be provided without cost to eligible clients. Clients must be informed of the scope of program services.</li> <li>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.</li> <li>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 CCare, treatment and supplies for sexually transmitted infections should be available at the site or by referral.</li> <li>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.</li> <li>5. All services must be provided to eligible clients without regard to age, marital status, race, parity, disability, or sexual orientation.</li> <li>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.</li> </ol>

CCare Standards of Care

PROGRAM ISSUE	DESCRIPTION
<p>F. Clinical and Preventive Services</p>	<ol style="list-style-type: none"> <li>1. The scope of contraceptive management services offered to <b>women</b> at each CCare clinic site must include:                             <ol style="list-style-type: none"> <li>a) A comprehensive health history, including health risk facts and a complete obstetrical, gynecological, contraceptive, personal, and family medical history; and a sexual health history, in conjunction with contraceptive counseling</li> <li>b) An initial physical examination that includes a breast and pelvic exam with Pap smears</li> <li>c) Routine laboratory tests related to the decision-making process for contraceptive choices</li> <li>d) Provision of a broad range of FDA-approved contraceptive methods, devices, supplies, and procedures, including emergency contraceptive care</li> <li>e) Follow-up care for maintenance of a client’s contraceptive method or for change of method</li> <li>f) Information about providers available for meeting primary care needs and direct referral for needed medical services not covered by CCare, including management of high-risk conditions and specialty consultation, if needed</li> <li>g) Preventative and control services for communicable diseases, provided within the context of a contraceptive management visit, including:                                     <ol style="list-style-type: none"> <li>i. Testing and diagnosis as appropriate for a physical exam prior to starting a new contraceptive method</li> <li>ii. Reporting of STIs, as required, to appropriate public health agencies for contact management, prevention, and control</li> </ol> </li> </ol> </li>   <li>2. If male clients are served, the scope of contraceptive management and clinical preventative services offered to men and male-bodied clients at each CCare clinic site must include:                             <ol style="list-style-type: none"> <li>a) Contraceptive counseling and provision of contraceptive barrier methods.</li> <li>b) Vasectomy or referral for vasectomy</li> <li>c) Vasectomy counseling will include a comprehensive health history, including health risk behaviors and a complete contraceptive, personal and family medical history; and a sexual health history.</li> <li>d) Physical examination if indicated within the context of a contraceptive management visit.</li> <li>e) Information about providers available for meeting primary care needs and direct referral for needed medical services not covered by CCare, including management of high-risk conditions and specialty consultation if needed</li> </ol> </li>   <li>3. All services must be documented in the client’s medical record.</li> </ol>



PROGRAM ISSUE	DESCRIPTION
<p>G. Education and Counseling Services</p>	<ol style="list-style-type: none"> <li>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 facilitates the client’s integration of information for the promotion of positive reproductive health behaviors.</li> <li>2. Clinicians and other staff persons providing education and counseling should be knowledgeable about psychosocial and medical aspects of reproductive health and trained inpatient counseling techniques. Staff must make referrals for more intensive counseling, as indicated.</li> <li>3. The following elements comprise the required education and counseling services that must be provided to all contraceptive management clients to clarify personal contraceptive management goals while promoting optimal reproductive health:               <ol style="list-style-type: none"> <li>a) Initial individual assessment, and reassessment as needed, of the client’s contraceptive management educational needs and knowledge about reproductive health, including:                   <ol style="list-style-type: none"> <li>i. A description of services and clinic procedures, including pelvic exam and instructions for breast or testicular self-exam</li> <li>ii. Relevant reproductive anatomy and physiology, method options, and STI and HIV prevention</li> <li>iii. Preventive health care, nutrition, preconception health maintenance, and pregnancy plans</li> <li>iv. Psychosocial issues, such as partner relationship, communication, risk-taking, and decision-making</li> <li>v. An explanation of where primary care services not covered by CCare are available and how they can be accessed.</li> </ol> </li> <li>b) An explanation of the physical examination results and the laboratory tests</li> <li>c) Information on where to obtain 24-hour emergency care services</li> <li>d) The option of including a client’s partner in the education/ counseling session and other services at the client’s discretion                   <ol style="list-style-type: none"> <li>i. Effective educational information that takes into account diverse cultural and socioeconomic factors of the client and psychosocial aspects of reproductive health.</li> </ol> </li> </ol> </li> </ol>
<p>G. Education and Counseling Services (cont’d)</p>	<ol style="list-style-type: none"> <li>4. Each client must be provided with adequate information to make an informed choice about contraceptive management methods, including:           <ol style="list-style-type: none"> <li>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</li> <li>b) A description of the implications and consequences of sterilization procedures, if provided</li> <li>c) Specific instructions for care, use, and possible danger signs for the selected method. Documentation of informed consent must be maintained in the client record</li> <li>d) The opportunity for questions concerning procedures or methods</li> <li>e) Written information about how to obtain services for family planning-related complications or emergencies.</li> </ol> </li> </ol>

**OHA Office of Family Health, Family Planning Program  
PURCHASING, STOCKING AND DISPENSING  
FAMILY PLANNING SUPPLIES**

### **Stocking**

CCare providers must offer a broad range of acceptable and effective FDA approved family planning methods **on-site, and immediately available to clients**. Use the list below to develop your formulary of CCare-required supplies:

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

\* It is understood that not all agencies have the staff/skills needed for some methods, such as IUD insertion and cap fitting. In this case, clients wanting a method that isn't available should be provided with a specific referral, preferably to another CCare provider, and the referral should be documented in the client's chart. Agencies should bill CCare for the visit and directly reimburse the referred provider.

### **Billing CCare for Visits and Supplies**

#### **Regular CCare providers and clinics**

CCare providers and family planning clinics are reimbursed \$140 for a full family planning visit, which includes exam, pap smear, complete counseling and lab costs. Supplies are billed separately at the clinic's acquisition cost (up to a maximum amount), either in addition to the full initial/annual visit, or as a "supply-only visit," where the main reason for the visit is to pick-up supplies and there is no medical decision-making involved.

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### **Dispensing**

The Board of Pharmacy sets rules regarding required policies and procedures; who may dispense; prescription labeling and storing requirements, and yearly inspection. Download and read the Board of Pharmacy's rules page and make sure you can fulfill the requirements.

All approved CCare providers must be registered to prescribe and dispense family planning supplies. Doctors and PAs are regulated by the Board of Medical Examiners. Nurses are regulated by the Board of Nursing. These practitioners' dispensing privileges are tied to their license renewals. Dispensing county health departments and family planning clinics are regulated by the Board of Pharmacy (BoP), and must renew their certification annually by April 1. A link to the BoP web site is below.

At non-health department family planning clinics, staff assistants are allowed to dispense drugs under the following circumstances:

- The initial dispensing must have been done by a physician, pharmacist, registered nurse, or nurse practitioner.
- Subsequently, if the patient's medication profile has not changed, nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by a physician, nurse, or nurse practitioner prior to being delivered or transferred to the patient (OAR 855-043-0310).

For more Board of Pharmacy information:

- Web page: <http://www.oregon.gov/Pharmacy/Licensing.shtml>
- Form: <http://www.oregon.gov/Pharmacy/Imports/FamilyPlanning.pdf>
- Rules: [http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_855/855\\_043.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_043.html)
- Inspection info: <http://www.pharmacy.state.or.us/Pharmacy/InspectionForms.shtml>

For information on provider scope of practice, see

- Board of Nursing rules and dispensing form  
[http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_851/851\\_001.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_001.html)  
<http://www.oregon.gov/OSBN/pdfs/forms/dispensingapp.pdf>
- Bureau of Medical Examiners rules and dispensing form:  
[http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_847/847\\_001.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_847/847_001.html)  
<http://www.oregon.gov/BME/PDFforms/DispensingFillin.pdf>

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## **Purchasing**

### **340B-eligible Providers**

Provider clinics eligible for 340B public health pricing (such as Federally Qualified Health Centers, School-Based Health Centers, Tribal Health Centers, Migrant Health Centers, FQHC-Look-alikes, Title X Family Planning Clinics) can access public health pricing through Multnomah County Central Stores. Contact Dorothy Johnson at 503-988-5299 ext. 24391.

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

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

### **Non-340B-eligible Providers**

Clinics may choose to purchase from individual manufacturers of family planning supplies, or through a distributor or cooperative. Some of these are:

- The Family Planning Cooperative Purchasing Program: <http://www.fpcpp.org/cpn.asp>
- Talon Pharmacy: fax 800-246-0704, phone 1-800-682-5304.
- Amerisource Bergen Corporation: <http://www.amerisourcebergen.com/cp/1/index.jsp>
- Cardinal Health: <http://www.cardinal.com/index.asp>
- Dispensing Solutions: <http://www.dispensingsolutionsinc.com/>
- McKesson: [http://www.mckesson.com/en\\_us/McKesson.com/](http://www.mckesson.com/en_us/McKesson.com/)

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**How Can I Become a 340B-eligible Provider?**

To apply to be an organization eligible for the 340B discount, contact the HRSA Office of Pharmacy Affairs, U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Health Care Systems Bureau. Most CCare clinics in Oregon who receive the 340B discount are county health departments, non-profit FQHCs, or FQHC Look-alikes.

See these Federal Government sources for information:

<http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201104.pdf>

<http://www.hrsa.gov/opa/introduction.htm>

<http://bphc.hrsa.gov/policiesregulations/policies/pin200906d.html>

**What is a Federally Qualified Health Center (FQHC)?**

FQHC is a federal designation from the [Bureau of Primary Health Care \(BPHC\)](#) and the Center for Medicare and Medicaid Services (CMS) that is assigned to private non-profit or public health care organizations that serve predominantly uninsured or medically underserved populations.

Try these sources for information on becoming an FQHC in Oregon

<http://bphc.hrsa.gov/about/howtoapply/>

<http://www.oregon.gov/OHA/OHPR/PCO/index.shtml/index.shtml>

This page, from the National Association of State Legislatures, has a great overview of and links about 340B:

<http://www.ncsl.org/programs/health/drug340b.htm>