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FILING CAPTION: Reproductive Health Program updates to program requirements and coverage

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RULES:
333-004-3010, 333-004-3040, 333-004-3070, 333-004-3080, 333-004-3100, 333-004-3110, 333-004-3160, 333-004-3240

AMEND: 333-004-3010

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3010 Adds definition of non-emergent medical transportation (NEMT) to Definitions rule.

CHANGES TO RULE:

333-004-3010
Definitions
(1) "AbortionCare ~~C~~clinic" means a clinic operated by an agency certified with the Reproductive Health (RH Program) to receive reimbursement for abortion services provided to enrollees who meet R~~HEA~~eproductive Health Equity Act (RHEA) eligibility criteria.¶
(2) "Abortion services" means any services provided in an outpatient setting to end a pregnancy so that it does not result in a live birth. Services include medication and therapeutic abortion procedures. Contraceptive drugs, devices, and supplies related to follow-up care are also included.¶
(3) "Acquisition cost" means the amount or unit cost of the drugs, devices, or supplies the agency actually pays to the pharmaceutical manufacturer, supplier or distributor after applying any discounts, promotions or other reductions. Shipping and handling may be included in the acquisition cost only if supported by an invoice.¶
(4) "Agency" means an entity certified by the RH Program to operate RHCare clinics, ~~CCare~~Oregon ContraceptiveCare (CCare) clinics, and/or AbortionCare clinics.¶
(5) "Agency number" or "~~P~~project number" means the administrative number assigned by the RH Program to an agency.¶
(6) "Applicant agency" means an entity who is applying to be certified by the RH Program to operate RHCare clinics, CCare clinics, and/or AbortionCare clinics.¶
(7) "Authority" means the Oregon Health Authority.¶
(8) "Authorizing ~~O~~official" means an individual with legal authority to act on behalf of the agency.¶
(9) "CCare" means Oregon ContraceptiveCare which is a 1115 family planning Medicaid demonstration waiver that expands Medicaid coverage for contraceptive services. CCare provides family planning services to

Oregonians not enrolled in the Oregon Health Plan (OHP), with incomes at or below 250 percent of the Federal Poverty Level (FPL). CCare services are limited to those related to preventing unintended pregnancy.¶
(10) "CCare ~~C~~clinic" means a clinic operated by an agency certified with the RH Program to receive reimbursement for CCare services provided to enrollees who meet CCare eligibility criteria.¶
(11) "Center" means the Center for Prevention and Health Promotion, within the Public Health Division of the Authority.¶
(12) "Certification Requirements for CCare Clinics" means Oregon Reproductive Health Program Certification Requirements for CCare Clinics, Version 2.¶
(13) "Certification Requirements for AbortionCare Clinics" means Oregon Reproductive Health Program Certification Requirements for AbortionCare Clinics, Version 3.¶
(14) "Certification Requirements for RHCare Clinics" means Oregon Reproductive Health Program Certification Requirements for RHCare Clinics, Version 3.¶
(15) "Certification" means the agency has attested to meeting the certification requirements, submitted all required documents, been approved by the RH Program, and has an executed Medical Services Agreement (MSA) with the RH Program.¶
(16) "CLIA" means the Clinical Laboratory Improvement Amendments of 1988, which establishes quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results, and allows for certification of clinical laboratories operating in accordance with these federal amendments.¶
(17) "Client" means any person who has reproductive capacity and is seeking reproductive health, family planning, or abortion services at a RHCare, CCare, or AbortionCare clinic.¶
(18) "Client-centered" means care that is respectful of, responsive to, and allows individual client preferences, needs, and values to guide all clinical decisions.¶
(19) "Clinic" means a site within an agency that meets certification requirements and is listed on the agency's MSA.¶
(20) "Clinic number" or "~~S~~site number" means the administrative number assigned by the RH Program to each clinic within an agency.¶
(21) "Clinic ~~V~~visit ~~R~~record" or "CVR" means the form or set of information that is completed for each client visit and serves as the billing mechanism for the RH Access Fund.¶
(22) "CMS" means the Centers for Medicare and Medicaid Services, located within the ~~federal~~U.S. Department of Health and Human Services.¶
(23) "Drugs, devices, or supplies" means U.S. Food and Drug Administration (FDA)-approved product(s) provided to a client pursuant to reproductive health services.¶
(24) "Enrollee" means a client who has completed an RH Access Fund Enrollment Form and been enrolled in the RH Access Fund.¶
(25) "Family planning services" means clinical, counseling, or education services related to achieving or preventing pregnancy.¶
(26) "FPL" means the federal poverty level guidelines established each year by the U.S. Department of Health and Human Services.¶
(27) "GC/CT" means gonorrhea and Chlamydia.¶
(28) "~~Health Systems~~Medicaid Division" means the Division within the Oregon Health Authority that administers the Oregon Health Plan.¶
(29) "Medical Services Agreement" or "MSA" means an agreement that sets forth the relationship between the Center and the enrolling agency regarding payment by the Center for reproductive health services, drugs, devices, or~~,~~ supplies.¶
(30) "Minor" means anyone under the age of 18, per ORS 419B.550.¶
(31) "Nationally-recognized standard of care" means a diagnostic, screening, or treatment process recognized by a national organization, including but not limited to the American Cancer Society (ACS), American College of Obstetrics and Gynecologists (ACOG), U.S. Preventative Services Task Force (USPSTF), or the U.S. Medical Eligibility Criteria (USMEC).¶
(32) "NEMT" means non-emergent medical transportation as defined in OAR 410-136-3000(8)(i).¶
(33) "NVRA" means the National Voter Registration Act.¶
(3~~3~~4) "Provider" means a licensed health care professional operating within the appropriate scope of practice according to their license, who works for an agency.¶
(34~~5~~) "Reasonable opportunity period" or "ROP" means a 90-day period during which individuals who declare U.S. citizenship or Eligible Immigration Status may receive services under CCare while documentation of such status is gathered and verified, under section 1903(x) of the Social Security Act.¶
(3~~5~~6) "RHCare clinic" means a clinic operated by an agency certified with the RH Program to provide reproductive health services to all clients and to receive reimbursement for covered reproductive health services provided to all enrollees.¶

(3~~6~~7) "Reproductive capacity" means able to become pregnant or cause a pregnancy.¶
(3~~7~~8) "Reproductive Health Access Fund" or "RH Access Fund" means a source of coverage for reproductive health services as defined in OAR 333-004-3070 (R~~H~~eproductive Health Access Fund Covered Services by Funding Source) provided to enrollees who complete the RH Access Fund Enrollment Form and are deemed eligible.¶
(3~~8~~9) "Reproductive Health Program" or "RH Program" means the program within the Center for Prevention and Health Promotion of the Oregon Health Authority that certifies RHCare, CCare, and Abortion clinics and administers the RH Access Fund which includes CCare, Title X, and RHEA funds.¶
(~~39~~40) "Reproductive health services" or "RH services" means preventive services, including family planning, and related drugs, devices, and supplies, to support the healthy reproductive processes, functions and system.¶
(4~~0~~1) "RHEA" means Reproductive Health Equity Act (ORS 414.432) funding, which provides access to reproductive health and abortion services to Oregonians who are able to get pregnant and who would be eligible for ~~federally funded~~ medical assistance if not for 8 U.S.C. 1611 or 1612.¶
(4~~1~~2) "RH GF" means Oregon Reproductive Health Program General Funds which provide preventive reproductive health and related services for individuals with reproductive capacity.¶
(4~~2~~3) "RH Program Coordinator" or "RHC" means an agency staff person assigned to ensure compliance at all clinic sites within each agency and to be the primary liaison between state RH Program staff and the agency.¶
(4~~3~~4) "RH Access Fund Eligibility Database" means the centralized, web-based data system operated by the RH Program to house information about enrollees.¶
(4~~4~~5) "RH Access Fund Enrollment Form" means the form whereby individuals apply for RH Access Fund coverage.¶
(4~~5~~6) "Sanction" means an action against agencies taken by the Authority in cases of fraud, misuse, abuse, or non-compliance of RH Program requirements.¶
(4~~6~~7) "School-Based Health Center" means a health center certified by the School-Based Health Center State Program, as defined in OAR 333-028-0210 (School-Based Health Center Program: Definitions).¶
(4~~7~~8) "Special confidentiality" means that an agency is permitted to bill the RH Program in lieu of billing a private insurer because a client fears that they will suffer harm if the policy holder of the private insurance finds out about the services they are receiving.¶
(4~~8~~9) "Telehealth" means the provision of healthcare remotely by means of telecommunications technology.¶
(4~~9~~50) "Title X" means Title X of the Public Health Service Act, Section 1001 (42 U.S.C. § 300), which is a federal grant administered by the U.S. Department of Health and Human Services, Office of Population Affairs intended to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230

AMEND: 333-004-3040

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3040 Permits up to two Reproductive Health Coordinators per agency to facilitate better communication and coordination between the agency and the Reproductive Health Program.

CHANGES TO RULE:

333-004-3040
Agency Responsibilities
(1) Agencies must designate a ~~singl~~et least one and no more than two agency staff person(s) to serve as ~~the~~ RH Program Coordinator (RHC).¶
(2) Agencies must notify the Reproductive Health Program (RH Program) within 30 calendar days of a change in address, business affiliation, clinic location or closure, licensure, ownership, certification, billing agents or Federal Tax Identification Number (TIN). Failure to notify the RH Program of a change of Federal Tax Identification Number may result in a sanction. Changes in business affiliation, ownership, and Federal Tax Identification Number may require the submission of a new application. In the event of bankruptcy proceedings, the agency must immediately notify the RH Program in writing. The RH Program may recover payments made to agencies who have not notified the RH Program of changes as required by this section.¶
(3) Agencies must notify the RH Program within 30 calendar days of any changes that will result in noncompliance with certification requirements, such as but not limited to, inability to provide full scope of clinical services, inability to purchase drugs, devices, or supplies, unless the agency has an exception that has been approved by the RH Program. Agencies must work with the RH Program to develop a corrective action plan to resolve any areas of noncompliance.¶
(4) Agencies must notify the RH Program of intent to cease operating RHCare, CCare, or AbortionCare at any clinic certified with the RH Program 30 calendar days before ceasing operations, unless immediate closure is necessary for reasons beyond the agency's control. If immediate closure is necessary, the agency must notify the RH Program within 10 business days of closure.¶
(5) Agencies are independent contractors and not officers, employees, or agents of the RH Program.¶
(6) Agencies are responsible for training staff on RHCare, CCare, or AbortionCare operations and requirements based on applicable certification within three months of signing the MSA.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, O~~L 2022, ch. 45, sec. 1~~RS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, O~~L 2022, ch. 45, sec. 1~~RS 435.205, ORS 435.230

AMEND: 333-004-3070

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3070 Adds non-emergent medical transportation (NEMT) to list of covered services for Title X, Oregon ContraceptiveCare (CCare), and Reproductive Health Equity Act (RHEA) funding sources. Aligns formatting of RHEA services with Title X and CCare for consistency.

CHANGES TO RULE:

333-004-3070
R~~H~~eproductive Health Access Fund Covered Services by Funding Source
(1) Each of the funding sources that make up the Reproductive Health Access Fund (RH Access Fund) may only be used to cover the services defined in this rule and only for enrollees who meet the funding source's eligibility requirements as defined in OAR 333-004-3090 (Client Eligibility for the RH Access Fund).¶
(2) Title X covers preventive reproductive health and related services.¶
(a) Covered services include:¶
(A) Annual visits that include education, counseling, or clinical services related to preventing or achieving pregnancy;¶
(B) Contraceptive drugs, devices, and supplies;¶
(C) Clinically indicated follow-up visits to evaluate effectiveness of a contraceptive method, including but not limited to, management of side effects related to a contraceptive method; and, changing a contraceptive method if medically necessary or requested by the enrollee, including the removal of contraceptive devices;¶
(D) Counseling and education related to pregnancy intention, including effective contraceptive use or preconception care;¶
(E) Health screenings, laboratory tests, medical procedures, and pharmaceutical supplies and devices directly related to preventing or achieving pregnancy;¶
(F) Treatment and rescreening for gonorrhea and Chlamydia (GC/CT) pursuant to a family planning visit;¶
(G) Repeat Pap tests pursuant to a family planning visit; ~~and~~¶
(H) Non-emergent medical transportation to and from clinic appointments provided through a brokerage, as that term is defined in OAR 410-136-3000; and ¶
(~~H~~I) Vasectomy services.¶
(b) Each enrollee may receive up to a one-year supply of contraceptives per date of service.¶
(3) CCare covers a specific set of family planning services to prevent unintended pregnancies.¶
(a) Covered services include:¶
(A) Annual visits that support contraceptive use;¶
(B) Contraceptive drugs, devices, and supplies;¶
(C) Clinically indicated follow-up visits to evaluate effectiveness of a contraceptive method, including but not limited to, management of side effects related to a contraceptive method; and, changing a contraceptive method if medically necessary or requested by the enrollee, including the removal of contraceptive devices;¶
(D) Counseling and education to support contraceptive use;¶
(E) Health screenings, laboratory tests, medical procedures, and drugs, devices, and supplies directly related to contraceptive use; ~~and~~¶
(F) Non-emergent medical transportation to and from clinic appointments provided through a brokerage, as that term is defined in OAR 410-136-3000; and ¶
(~~F~~G) Vasectomy services.¶
(b) Each enrollee may receive up to a one-year supply of contraceptives per date of service.¶
(4) R~~HEA~~eproductive Health Equity Act (RHEA) covers services, drugs, devices, products, and procedures related to reproductive health. ¶
(a) Covered services include:¶
~~(a) Reproductive health services, drugs, devices, products or medical procedures per ORS 743A.067.~~A) Annual visits that include education, counseling, or clinical services;¶
(B) Contraceptive drugs, devices, and supplies;¶
(C) Clinically indicated follow-up visits to evaluate effectiveness of a contraceptive method, including but not limited to, management of side effects related to a contraceptive method; and, changing a contraceptive method if medically necessary or requested by the enrollee, including the removal of contraceptive devices;¶
(D) Counseling and education related to pregnancy intention, including effective contraceptive use or preconception care;¶
(E) Health screenings, laboratory tests, medical procedures, and pharmaceutical supplies and devices directly related to preventing or achieving pregnancy;¶

(F) Sexually transmitted infections (STI) screening;¶
(G) Non-emergent medical transportation to and from clinic appointments provided through a brokerage, as that term is defined in OAR 410-136-3000; and¶
(H) Repeat Pap tests. ¶
(b) Abortion services includ~~inge~~:¶
(A) Pre-abortion visits;¶
(B) Abortion procedures, including medication abortion (MAB) and therapeutic abortion (TAB) procedures performed in an outpatient setting;¶
(C) Abortion-related medical services, including but not limited to laboratory tests, ultrasounds, and pain management;¶
(D) Contraceptive drugs, devices, and supplies provided immediately following abortion procedures; and¶
(E) Post-abortion follow-up visits.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230

AMEND: 333-004-3080

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3080 Removes transportation as a non-covered service for Title X, CCare, and Reproductive Health Equity Act (RHEA) funding sources because non-emergent medical transportation (NEMT) has been added as a covered service under OAR 333-004-3070.

CHANGES TO RULE:

333-004-3080
R~~H~~eproductive Health Access Fund Excluded Services by Funding Source
(1) Title X does not cover:¶
(a) Sterilizations for enrollees assigned female at birth;¶
(b) Treatment for sexually transmitted infections (STIs) not pursuant to a family planning visit;¶
(c) Stand-alone visits for repeat Pap tests not pursuant to a family planning visit;¶
(d) Hysterectomies or abortions;¶
(e) ~~Transportation to or from a clinic appointment;¶~~
~~(f)~~ Procedures performed for medical reasons, whether or not the procedure results in preventing or delaying pregnancy or restoring fertility;¶
(~~g~~f) Human papillomavirus (HPV) vaccinations; or¶
(~~h~~g) Any other medical service or laboratory test that is not described in OAR 333-004-3070(2) (R~~H~~eproductive Health Access Fund Covered Services by Funding Source) and whose primary purpose is other than preventing or achieving pregnancy.¶
(2) CCare does not cover:¶
(a) Sterilizations for enrollees assigned female at birth;¶
(b) Treatment for STIs;¶
(c) Preconception or prenatal care, including pregnancy confirmations;¶
(d) Stand-alone visits for repeat Pap tests;¶
(e) Hysterectomies or abortions;¶
(f) ~~Transportation to or from a clinic appointment;¶~~
~~(g)~~ Procedures performed for medical reasons, whether or not the procedure results in preventing or delaying pregnancy or restoring fertility;¶
(~~h~~g) Human papillomavirus (HPV) vaccinations; or¶
(~~i~~h) Any other medical service or laboratory test that is not described in OAR 333-004-3070(3) (RH Access Fund Covered Services by Funding Source), and whose primary purpose is other than preventing unintended pregnancy.¶
(3) Reproductive Health Equity Act (RHEA) does not cover:¶
(a) Treatment for STIs;¶
(b) Stand-alone visits for repeat Pap tests;¶
(c) Hysterectomies;¶
(d) ~~Transportation to or from a clinic appointment;¶~~
~~(e)~~ Human papillomavirus (HPV) vaccinations;¶
(~~f~~e) Any other medical service or laboratory test that is not described in ORS 743A.067;¶
(~~g~~f) Mammography services. These services are available through the ScreenWise program (OAR 333-010-0120(2)(a) (Covered Services)~~, and under the benefit package in OAR 410-134-0004 (Healthier Oregon Funding)~~;¶
(~~h~~g) Abortion services not occurring in clinics certified by the R~~H Program. These services~~eproductive Health Program (RH Program). These services, for individuals with a household income and size at or below 185 percent of the federal poverty level (FPL), are available under the benefit package for this population in OAR 410-134-0004~~3~~(2)(c) (Healthier Oregon ~~Funding~~and Healthier Oregon Cover All Kids Coverage); or¶
(~~i~~h) Sterilization procedures. These services, for individuals with a household income and size at or below 138 percent of the FPL, are available under the benefit package for this population in OAR 410-134-0004~~3~~(2)(c) (Healthier Oregon ~~Funding~~and Healthier Oregon Cover All Kids Coverage).
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230

AMEND: 333-004-3100

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3100 Extends Reproductive Health Access Fund (RHAF) continuous eligibility period from 1 to 2 years per recent approval from the Centers for Medicare and Medicaid Services (CMS).

CHANGES TO RULE:

333-004-3100
Client Enrollment into the R~~H~~eproductive Health Access Fund
(1) To enroll in the R~~H Access Fund~~eproductive Health Access Fund (RH Access Fund) a client must submit the following items to the clinic:¶
(a) A signed, completed, and dated RH Access Fund Enrollment Form that includes all information necessary to determine the client's eligibility and benefit level:¶
(A) Sex designated at birth;¶
(B) Social Security number (SSN), as applicable;¶
(C) A mailing address, as applicable;¶
(D) U.S. citizenship or immigration status; and¶
(E) Income information. Clients can be enrolled based solely on their own income, whether living with others or on their own; and¶
(b) Acceptable proof of U.S. citizenship and identity, as applicable.¶
(2) RH Access Fund Enrollment Forms may not be backdated. A client or agency that backdates a form shall be considered by the Reproductive Health Program (RH Program) to have committed fraud.¶
(3) All client eligibility information must be:¶
(a) Reviewed by clinic staff to ensure accuracy to the best of the client's knowledge, and completeness; and¶
(b) Recorded in the RH Access Fund Eligibility Database.¶
(4) Final determination of eligibility and enrollment into the RH Access Fund is made by the RH Program based on the information recorded in the RH Access Fund Eligibility Database.¶
(a) An enrollee's enrollment in the RH Access Fund shall be suspended by the RH Program if it determines that the enrollee's income is above the eligibility threshold.¶
(b) An enrollee shall have 45 calendar days from the date of suspension to confirm their income information or the enrollee's enrollment in the RH Access Fund shall be terminated by the RH Program.¶
(5) The enrolling agency must retain a copy of the completed, signed Enrollment Form. Electronic copies are acceptable.¶
(6) The enrolling agency must retain proof of citizenship and identity provided by the enrollee, as applicable. Electronic copies are acceptable. An agency is prohibited under ORS 432.380, from making a copy of a birth certificate. For clients providing a birth certificate as proof of citizenship, only the birth certificate number and the state of issuance must be retained by the enrolling agency.¶
(7) Upon application, an enrollee is conferred eligibility. If, after the RH Program performs an eligibility verification process, an enrollee is deemed ineligible for coverage, they will be provided notice of their ineligibility.¶
(a) An enrollee may appeal this decision and request a hearing in accordance with sections (9) or (10) of this rule, depending on the basis for the ineligibility.¶
(b) Clients who are issued a determination of ineligibility will remain ineligible for coverage through the duration of the appeals process.¶
(c) The request form must be received by the RH Program within 30 calendar days after the date of termination.¶
(8) Enrollment in the RH Access Fund is effective for ~~one~~two years from the date of enrollment. The date of enrollment is the date the enrollee signed the Enrollment Form and must be on or before the first date of service for which the RH Program will be billed.¶
(9) If an enrollee is denied eligibility for CCare, the following procedures apply:¶
(a) An enrollee has the right to a contested case hearing.¶
(b) To be timely, a request for a hearing must be received by the ~~Authority~~Oregon Health Authority (Authority) no later than the 60th calendar day following the date of the decision notice.¶
(c) In the event a request for hearing is not timely, the Authority shall determine whether the enrollee showed there was good cause, as defined in OAR 137-003-0501(7), for their failure to timely file the hearing request. In determining whether to accept a late hearing request, the Authority requires the request to be supported by a written statement that explains why the request for hearing is late. The Authority may conduct such further inquiry as the Authority deems appropriate. If the Authority finds that the enrollee has good cause for late filing, the Authority shall refer the case to the Office of Administrative Hearings (OAH) for a contested case hearing. The following factual disputes shall be referred to the OAH for a hearing:¶

(A) Whether the hearing request received was timely.¶
(B) Whether the enrollee received the notice of denial.¶
(C) The information included in the enrollee's statement of good cause.¶
(d) An enrollee who requests a hearing shall be referred to as a claimant. The parties to a contested case hearing are the claimant and the Authority.¶
(e) A claimant may be represented by any of the individuals identified in ORS 183.458.¶
(f) The Authority shall take final administrative action on a contested hearing request within the time limits set forth in 42 CFR Part 431 and Part 435 except in unusual circumstances when:¶
(A) The Authority cannot reach a decision because the enrollee requests a delay or fails to take a required action; or¶
(B) There is an administrative or other emergency beyond the Authority's control.¶
(g) Informal conference.¶
(A) The Authority and the enrollee, and their legal representative if any, may have an informal conference without the presence of an Administrative Law Judge (ALJ) to discuss any of the matters listed in OAR 137-003-0575. The informal conference may also be used to:¶
(i) Provide an opportunity for the Authority and the claimant to settle the matter;¶
(ii) Provide an opportunity to make sure the claimant understands the reason for the action that is the subject of the hearing request;¶
(iii) Give the claimant and the Authority an opportunity to review the information that is the basis for that action;¶
(iv) Inform the claimant of the rules that serve as the basis for the contested action;¶
(v) Give the claimant and the Authority the chance to correct any misunderstanding of the facts;¶
(vi) Determine if the claimant wishes to have any witness subpoenas issued for the hearing; and¶
(vii) Give the Authority an opportunity to review its action.¶
(B) The claimant may at any time prior to the hearing date request an additional informal conference with the Authority representative, which may be granted if the Authority representative finds in their sole discretion that the additional informal discussion will facilitate the hearing process or resolution of disputed issues.¶
(C) The Authority may provide to the claimant the relief sought at any time before the Final Order is served.¶
(D) Any agreement reached in an informal conference shall be submitted to the ALJ in writing or presented orally on the record at the hearing.¶
(h) A claimant may withdraw a hearing request at any time. The withdrawal is effective on the date it is received by the Authority or the ALJ, whichever is first. The claimant may cancel the withdrawal up to the 10th day following the date such an order is effective.¶
(i) Contested case hearings are closed to non-participants in the hearing; however, an enrollee may choose to have another individual present.¶
(j) The Authority retains final order authority.¶
(k) A hearing request will be dismissed by order when neither the claimant nor the claimant's legal representative, if any, appears at the time and place specified for the hearing. The order is effective on the date scheduled for the hearing. The Authority shall cancel the dismissal order on request of the enrollee upon the claimant being able to show good cause, as defined in OAR 137-003-0501(7), as to why they were unable to attend the hearing and unable to request a postponement.¶
(10) If an enrollee is denied eligibility for a program other than CCare, they have 60 calendar days to request a hearing and the hearing will be conducted in accordance with ORS chapter 183 and in accordance with the Attorney General's Model Rules, OAR 137-003-0501 through 137-003-0700.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3110

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3110 Aligns Title X and CCare billing and coding guidance with Reproductive Health Equity Act (RHEA) for consistency. Specifies circumstances in which agencies must assume responsibility for cost of services provided.

CHANGES TO RULE:

333-004-3110
R~~H~~eproductive Health Access Fund Billing and Claims
(1) Only agencies providing services pursuant to an approved Medical Services Agreement (MSA), and who have been assigned a project number and site number may submit claims for reproductive health or abortion services.¶
(2) An agency may bill for reproductive health or abortion services by submitting appropriate clinic visit record (CVR) data to the Reproductive Health Program (RH Program) via the RH Program's contracted data and claims processor. A claim is considered valid only if all required data are submitted.¶
(3) An agency may bill the RH Program for supplies at acquisition cost through the CVR.¶
(a) Reimbursement for supplies billed by RHCare and CCare Clinics will be based on 340B program pricing if the agency is eligible to purchase supplies under 340B pricing. Otherwise, reimbursement for supplies will be based on acquisition cost.¶
(b) Reimbursement for supplies billed by AbortionCare Clinics will be based on acquisition cost.¶
(4) All billings for reproductive health services must be coded with International Classification of Diseases, 10th Revision (ICD-10). Up to six diagnosis codes (one primary and five secondary) may be included. Billings for abortion services do not require any codes from the International Classification of Diseases.¶
(a) Title X: All claims must be coded with a diagnosis code ~~in either the Z30 Contraceptive Management series, the Z31 Procreative Management~~that corresponds to one or more of the covered ser~~ies, or Z32.0 Pregnancy Testing series, with the exception of STI treatment and rescreening and stand-alone repeat Pap test~~vices listed under OAR 333-004-3070(2) (Reproductive Health Access Fund Covered Services by Funding Source), and as listed in~~g th~~at is pursuant to a previous family planning vi~~e Allowable Diagnosis Codes section of the RH Program's website.¶
(b) CCare: All claims must be coded with a diagnosis code ~~in the Z30 Contraceptive Management~~that corresponds to one or more of the covered ser~~ies. The Z30 code must be the primary diagnosis code for all claims with the exception of a comprehensive annual visit in which the Z30 code may be a secondary d~~vices listed under OAR 333-004-3070(3) (Reproductive Health Access Fund Covered Services by Funding Source), and as listed in the Allowable Diagnosis ~~c~~Code~~. Comprehensive annual visits may not be billed more frequently than once every eleven months and one day.¶~~
~~(c)~~ s section of the RH Program's website.¶
(c) Reproductive Health Equity Act (RHEA): All claims must be coded with a diagnosis code that corresponds to one or more of the covered services listed under OAR 333-004-3070(4) (R~~H~~eproductive Health Access Fund Covered Services by Funding Source), and as listed in the Allowable Diagnosis Codes section of the RH Program's website.¶
(5) Laboratory services are included in the Reproductive Health Access Fund (RH Access Fund) reimbursement rates. The exception to this is the combined gonorrhea and Chlamydia (GC/CT) test. The combined GC/CT test shall be reimbursed separately from the fixed rate only if the appropriate medical service is indicated on the CVR.¶
(6) Language assistance provided shall be reimbursed separately from the fixed rate only if appropriately indicated on the CVR.¶
(7) Ultrasound services, sedation and anesthesia services, and certain other services associated with abortion are reimbursed separately from the bundled abortion procedure rates.¶
(8) An agency must ensure that all laboratory tests done at the clinic site or by an outside clinic are conducted by a CLIA certified laboratory.¶
(9) Covered services provided by telehealth technology may be billed to the RH Program, as appropriate. The CVR must indicate that the visit was conducted via telehealth. All telehealth visits must adhere to applicable state and federal telehealth regulations.¶
(10) An agency certified with the RH Program must not seek payment from an enrollee, or from a financially responsible relative or representative of that enrollee, for any services covered by the RH Access Fund. The agency shall accept RH Access Fund reimbursement for any covered services as defined in OAR 333-004-3070 (R~~H~~eproductive Health Access Fund Covered Services by Funding Source), drugs, devices, or supplies as payment in full.¶

(a) If an agency has misrepresented client eligibility for enrollment into the RH Access Fund, the agency must assume responsibility for the full cost of services provided.¶
(b) An enrollee may be billed for services that are not covered by the RH Access Fund, unless the clinic misrepresented coverage of the service to the client.¶
(c) Enrollees must be informed prior to the~~ir visit that they may be billed for~~ provision of any billable services not covered by the RH Access Fund, otherwise the agency must assume responsibility for the full cost of services provided.¶
(d) Agencies may not request a deposit from the enrollee in advance of services covered by the RH Access Fund.¶
(11) By submitting a claim to the RH Program for payment, the agency is attesting that it has complied with all rules of the RH Program and is certifying that the information is true, accurate, and complete.¶
(a) All billings must be for services provided within the agency and its provider's licensure or certification, with the following exceptions:¶
(A) Services performed by a CLIA certified laboratory outside of the clinic;¶
(B) Procedures performed by contracted vasectomy providers; or¶
(C) RH-approved procedures performed by contracted facilities.¶
(b) A claim may not be submitted prior to providing services.¶
(12) An agency may not submit to the RH Program:¶
(a) Any false claim for payment;¶
(b) Any claim altered in such a way as to result in a payment for a service that has already been paid; or¶
(c) Any claim upon which payment has already been made by the RH Program or another source unless the amount paid is clearly entered on the claim form.¶
(d) Any claim or written orders contrary to generally accepted standards of medical practice;¶
(e) Any claim for services that exceed what has been requested or agreed to by the client or the responsible relative or guardian or requested by another medical practitioner;¶
(f) Any claim for services provided to persons who were not eligible;¶
(g) Any claim using procedure codes that overstate or misrepresent the level, amount or type of health care provided.¶
(13) An agency is required to correct the billing error or to refund the amount of the overpayment, on any claim where the agency identifies an overpayment made by the RH Program.¶
(14) Third party resources. The following subsections apply only to enrollees with private insurance coverage.¶
(a) All reasonable efforts must be taken to ensure that the RH Program is the payor of last resort, unless an enrollee requests special confidentiality which must be documented on the RH Access Fund Enrollment Form. An enrollee's request for special confidentiality ensures that the agency must not bill third party resources, but instead must bill the RH Program directly. This option does not apply just to minors, nor is it to be used for all teens.¶
(b) An agency must make reasonable efforts to obtain payment from other resources before billing the RH Program. For the purposes of this rule reasonable efforts include:¶
(A) Determining the existence of insurance or other coverage by asking the enrollee.¶
(B) Billing a third party resource when third party coverage is known to the agency, prior to billing the RH Program.¶
(c) If the enrollee has private insurance that has been billed for reproductive health or abortion services and the reimbursement from the insurance is less than the RH Program reimbursement rate, the balance may be billed to the RH Program¶
(d) An agency must report the reimbursement received from insurance, including services, drugs, devices, and supplies. The exact amount received from the insurance company for services, drugs, devices, and supplies must be reported in total.¶
(e) The RH Program payment to the agency, after the agency has received third party payment, may not exceed the total of what the RH Program would pay for both services, drugs, devices, and supplies. The total amount of services, drugs, devices, and supplies, minus the amount paid by the primary insurance is the amount the agency shall be reimbursed.¶
(f) If third party payment is received after the RH Program has been billed, agencies are required to submit a billing correction showing the amount of the third party payment or to refund the amount received from another source within 60 calendar days of the date the payment is received. Failure to submit a billing correction within 60 calendar days of receipt of the third party payment or to refund the appropriate amount within this time frame is considered concealment of material facts and grounds for recovery or sanction.¶
(15) No agency shall submit claims for payment to the RH Program for any services or supplies provided by a person or agency that has been suspended or terminated from participation in a federal or state-administered medical program, such as Medicare or Medicaid, or whose license to practice has been suspended or revoked by a state licensing board, except for those services or supplies provided prior to the date of suspension or

termination.¶
(16) An agency or any of its providers who have been suspended, terminated, or excluded from participation in a federal or state-administered medical program, such as Medicare or Medicaid, or whose license to practice has been suspended or revoked by a state licensing board, shall not submit claims for payment, either personally or through claims submitted by any billing agency or other agency, for any services or supplies provided under the RH Program, except those services or supplies provided prior to the date of suspension or termination.¶
(17) No agency shall submit claims that result in:¶
(a) Receiving payments for services provided to persons who were not eligible; or¶
(b) Establishing multiple claims using procedure codes that overstate or misrepresent the level, amount, or type of health care provided.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, O~~L 2022, ch. 45, sec 1~~RS 435.205, ORS 435.230

AMEND: 333-004-3160

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: AMEND 333-004-3160 Describes review and audit processes for client eligibility and enrollment requirements.

CHANGES TO RULE:

333-004-3160
R~~eview or Audit of RH Access Fund Claims~~productive Health Access Fund Reviews and Audits
(1) A Reproductive Health Program (RH Program) staff person, contractor, or auditor may review enrollment form documents to determine compliance with client eligibility and enrollment requirements.¶
(2) A RH Program staff person, contractor, or auditor may review a claim for assurance that:¶
(a) Specific medical services, drugs, devices, or supplies were provided to enrollees by an agency in accordance with OAR 333-004-3090 (Client Eligibility for the RH Access Fund); and¶
(b) The services, drugs, devices, or supplies were provided in accordance with RH Program rules.¶
(~~2~~3) To determine the number of inappropriate claims, and subsequently the overpayment amount, the RH Program may review a statistically valid random sample of claims with sufficient sample size for a confidence interval of 95 percent.¶
(~~3~~4) The RH Program may deny payment or seek recovery of payment if a review or audit determines the visit does not include a covered services(s) referred to in OAR 333-004-3200 (Grounds for Agency Sanctions; Sanctions).¶
(~~4~~5) The RH Program may deny payment or seek recovery of payment if a review or audit determines non-compliance with enrollment requirements.¶
(6) The RH Program shall notify the agency, in writing, of the improper billing findings and subsequent actions to be taken by the agency to correct the identified findings and any sanctions that may be imposed by the RH Program.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

REPEAL: 333-004-3240

NOTICE FILED DATE: 10/11/2024

RULE SUMMARY: REPEAL 333-004-3240 Timeframes specified are no longer applicable.

CHANGES TO RULE:

~~333-004-3240~~
~~Effective Date; Applicability~~
~~(1) An agency certified by the RH Program before October 27, 2022 shall continue to operate under the Certification Requirements for RHCare Clinics Version 2, Certification Requirements for CCare Clinics Version 1, and/or Certification Requirements for AbortionCare Clinics Version 2, incorporated by reference, until: ¶~~
~~(a) The agency applies for recertification under the version of OAR 333-004-3010 to OAR 333-004-3240 effective October 27, 2022; or¶~~
~~(b) February 1, 2023, at which time the agency's certification and MSA will be terminated. ¶~~
~~(2) An agency's certification that is terminated under subsection of (1)(b) of this rule may apply for certification under the new rules at any time.¶~~
~~(3) Agencies that submitted claims to the RH Program on or after May 1, 2022, or that submit claims for services provided on or after May 1, 2022, if eligible for Title X reimbursement, will be paid out of Title X funds, in accordance with the RH Program rules that were in effect on May 1, 2022.~~
~~Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, OL 2022, ch. 45, sec. 10~~
~~Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, OL 2022, ch. 45, sec. 10~~