

# **CVR Instruction Manual**

## **Region X, Title X Family Planning Information System**

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# 1.0 Introduction and Definitions

## *What are Title X and Region X?*

In 1970 Congress created the Family Planning Services and Population Research Act, which added the Title X, Population Research and Voluntary Family Programs to the Public Health Service Act. Title X is a federal grant program administered by the Office of Population Affairs (OPA) under the Department of Health and Human Services. This law provides funding for comprehensive family planning services and information to allow all individuals to exercise choice in determining the number and spacing of their children.

Recipients of Title X grant dollars agree to abide by Title X requirements. Title X is probably one of several funding sources your clinic/project site uses.

In addition to contraceptive services, Title X clinics provide limited physical exams for women and men, screening for breast and cervical cancer, testing and counseling for sexually transmitted diseases including HIV, infertility services, and reproductive health education and referrals. (Source: OPA website: [www.hhs.gov/opa/](http://www.hhs.gov/opa/))

Title X is not to be confused with Region X. Most federal agencies divide the United States into 10 regions designated by Roman numerals I through X. The Northwest United States (Washington, Oregon, Idaho and Alaska) is designated as Region X. Our region and Title X share a roman numeral, but they are not related.

## *What is the Region X, Family Planning Information System?*

For over 20 years our region has collected data on Title X clients in order to:

- A. Describe Family Planning Clients who receive Title X services in Region X
- B. Construct funding and internal reports
- C. Plan resources
- D. Measure Outcomes
- E. Analyze clinic effectiveness and efficiency
- F. Provide accurate and timely reports of client data to the Regional Office, grantees, and clinic staff

In addition, aggregate data based on client clinic visits are submitted annually to OPA. A data contractor compiles the national Family Planning Annual Report (FPAR) for OPA describing Title X clients and services.

## *Who Oversees and Monitors the Information System?*

A contractor manages the information system. A Regional Advisory committee consisting of the Family Planning Regional Program Coordinator and several Title X Grantees monitors the program and makes recommendations for any needed changes. Updates to the program are made based on required changes directed by OPA and on feedback from grantees and clinic staff. Internal and external expertise from Information System professionals are consulted before final changes are made.

## ***What is a CVR?***

A **CVR or Clinic Visit Record** is a data collection tool designed to record the required information about a **Family Planning client** who is making a **Family Planning Visit**.

## ***When and whom do I record a CVR?***

A CVR is generated for a family planning client on a family planning visit in a clinic that receives Title X funding and follows Title X Guidelines.

The definitions for these follow:

**Family Planning Client:** A family planning client is an individual of reproductive age (10 through 55) who receives medical and /or counseling services related to contraception, sterilization, infertility treatment, or related care and for whom a medical record is established. There are no residential/citizenship requirements; no one may be refused services based on an inability to pay.

**Family Planning Visit:** A family planning visit is a visit where medical and/or counseling services are provided in conjunction with contraception, sterilization, infertility treatment or related care and the services are recorded in the medical record. This must be a face-to-face contact.

In some clinics the CVR is a paper form to be filled out when the two previous definitions have been met. In other clinics the CVR may simply be a guideline for a computer system that records the required information.

## ***When should a CVR be completed?***

- For all initial, annual, and other medical or STD visits as long as the client is receiving family planning medical and/or counseling services and a client record is established and updated for each visit. These visits are valid for both female and male clients.
- For outreach (off-site) services that meet the criteria of a family planning visit.
- For pregnancy test visits where testing and professional counseling services related to pregnancy test results are provided and recorded on the client record.
- For vasectomy visits that include professional counseling services and establishment of a client record.
- For counseling-only visits where the information is placed in the client record.
- For emergency contraceptive visits if they include counseling and establishment or update of a client record.
- Clients using abstinence or sterilization as their contraceptive method may also receive family planning services.

## **The tool: The CVR – Clinic Visit Record**

The CVR is a regional or in some cases, state specific tool for collecting raw data. For some projects and clinics this may be a paper document. In most, it is the basis for a section of a computerized billing/client Information System.

Whether you use the paper CVR, or it is built into your computer system, the tool is the same and the definitions and the guidelines for Title X Client Data are the same. In Region X, clinics and projects use a variety of methods and software to collect this information. Some use the clinic software distributed by the regional data processor, Ahlers and Associates; some use the paper CVRs; and others use a variety of clinic-based, billing and or client information systems (3<sup>rd</sup> party). For those who use the paper CVR, the sections in Section 2 are easy to follow. For those of you using computerized systems, the terms in Section 2 are included in your computer systems, although they may appear in a different order.

### ***Where does the CVR data go?***

In the Region X system monthly, quarterly, yearly annual and yearly fiscal (July – June) data are submitted either via mail (for paper CVRs) or electronically through the use of an FTP (File Transfer Protocol) website. The data are submitted to Ahlers and Associates in Waco, Texas, where they are scanned for errors, tallied, and parsed into usable information in the region-wide tables also know as data reports.

### **Ahlers software Users:**

***We use Ahlers software “WINCVR”. Is it the same as the paper CVR?*** Yes, Ahlers and Associates have built their “WINCVR” system around a modular client Information System that is oriented toward public health and family planning. The region-wide CVR components are included in this system. For programmers, a copy of the file transfer layout (the layout for transmitting your data over the internet) for “WINCVR” users is provided in this manual.

### **Third party software users:**

***We use another client billing software. How will this capture the CVR client information for Title X?***

Most of the components of the CVR are common among client registration systems (super bills) and most standard billing software. There may be a few items that the region collects that are not included in your system, such as data on referrals, counseling, etc. To facilitate programmers in capturing and transmitting the required data, a file format for “third party users”— those clinics that use software other than Ahler—is provided in this manual. (See exhibits) Your IT person can contact Debby Pustejovsky at Ahlers for further assistance.

## ***How do we know our data is really reaching Ahlers? Can we run a test batch?***

Anytime the CVR is upgraded or changed, or your site changes Information Systems, it is a good idea to send a monitored “test batch” of data to the FTP site through an electronic transmission via the Internet. It is also a good idea to do this far in advance of the 15<sup>th</sup> calendar day of each month, which is the cut off for monthly data. An employee from Ahlers can walk you through the process; they will also help you look for data anomalies and incomplete files. Please contact: Debby Pustejovsky at [Debby@ahlerssoftware.com](mailto:Debby@ahlerssoftware.com) 1-800-888-1836 ext. 132 or Sam Odajima 1-800-888-1836 ext 124 or [Sam@ahlerssoftware.com](mailto:Sam@ahlerssoftware.com).

### ***E-mail Confirmations:***

Sites are also asked to supply Ahlers with a contact e-mail address. They will, upon request, send tallies back of how many records were received after an electronic transmission.

## ***How do we resubmit a CVR that has been rejected?***

Simply correct the mistake on the CVR and resend it to Ahlers. Since the first CVR was rejected by the system, the second one will be accepted like a new CVR.

## **HIPAA**

### ***How is the Region X Information System affected by HIPAA?***

The Health Insurance Portability and Accountability Act of 1996 affects the transfer of medical information in that all information transferred via the internet (email) must be encrypted to protect the client’s privacy. The regional office, the data processor, the Information System manager and all the grantees have been working to meet all HIPAA guidelines and deadlines.

This manual includes a letter from Ahlers and Associates explaining some of the steps we are required to take to become and remain HIPAA compliant (see the letter in the Exhibits section). You may wish to visit [www.ahlerssoftware.com](http://www.ahlerssoftware.com) and click on HIPAA, where you will be able to access the three types of contracts the members of our Information System may be required to have: a Clearing House contract, a Data Accumulator Contract and/or a Software Developer Contract. These three types of relationships are explained in the letter. The HIPAA section in the website also includes a link to WorksmartMD, which has a demonstration package of software that includes sections on compliance, training, assessment, forms and implementation guides.

There are many websites that contain HIPAA information as well. Two very comprehensive sites are <http://aspe.hhs.gov/admsimp>, which includes the option to subscribe to a HIPAA registration list that sends regular updates on the law to your email address. Another site, [www.hipaa.org](http://www.hipaa.org) is comprehensive and covers many aspects of the law and its implementation.

## **Output**

### ***How does the regional Information System help me?***

The Information System provides those in family planning with statistical reports broken down by the portions of time in which they are submitted: quarterly, calendar year, fiscal year (July thru June) FPAR (Dec 1 thru Nov 30 of the following year) and special requests. These reports are provided at no additional charge to the project and clinic sites.

CVR data is reported by each agency (project) and at each registered clinic (site) within the project.

Projects The project is the administrative unity of a family planning program. A project may have one or many sites where family planning services are provided. Forms and reports are usually sent to the projects.

Service Site The service or clinic site is the location where services are actually provided.

Data reports may be obtained as mailed paper reports, on diskette, by using a small DOS shell program called "Report Viewer," which is provided by Ahlers at no additional charge, or on the Ahlers website at [www.ahlerssoftware.com](http://www.ahlerssoftware.com). **To obtain access to the on-line reporting portion of the website, you must request a user ID and password from Ahlers and Associates.** A password application is available in the exhibits section of this manual.

**Website features:**

Ahlers' website address is [www.ahlerssoftware.com](http://www.ahlerssoftware.com). After entering the website, the user may log in and gain access to a variety of standardized data reports for quarterly, calendar and fiscal time periods. Users may search for specific projects or service sites (see above for definitions). Access to these reports depends on the security clearance of each individual. The website also hosts a data query section for advanced statistical research. This section is designed for technical personnel who create databases and are experienced in data downloads and working with DBF (database file) formats.

Examples and explanations of the standardized data reports are included in section 3.0 of this manual.

## 2.0 How to collect CVR data.

### 2.0 How do I complete each section of the CVR?

The following list is a description of the numbered components of the CVR and directions for coding them into a computer system or filling out the paper version. The top portion of the CVR pertains to client demographics and is intended solely for the use of the clinic site or administrative agency. This information is not gathered in the Regional Information System. If you are using a paper CVR, the top portion of the first page is perforated: the top sheet should be torn off and submitted to Ahlers and Associates for collection into the regional system.

#### 2.1 Service Site Number - No. 1

The service site number is the number assigned to your agency by the data processor and the Information System manager for use in the Region X Family Planning Information System. If you do not have a number, please contact your administrative office and the state grantee, who will then contact the processor and the IS manager to obtain a number for your site. Please use only the service site numbers approved for this system.

When completing this item, always enter the number with leading zeros so that all seven boxes are filled. For example, if a site number is 4321 it is entered as: 0004321.

#### 2.2 Client Number - No. 2

The client number is a number assigned by your agency to the client. Nine digits are available for this number. This number should be taken from the medical records or other client information files. Each agency may have its own procedures for creating new client identification numbers. Always use care to avoid using duplicate numbers.

If a client has been absent from your system for thirty-six months or more, the processor's system will discontinue the client number. However, the old number can be reassigned to the client or a new one can be created. Be careful not to assign the old number to someone else. As always, if the number is fewer than nine digits, always enter the number leading with zeros so that all nine boxes are filled. For examples, a client's number of 1122 is entered as 000001122.

Client numbers must meet the following requirements:

- No two clients within a service site may have the same number
- No two clients within a project may have the same number
- The client number must not contain alphabetic or non-numeric characters
- The client number cannot be longer than nine digits

The client number is used in conjunction with the date of birth field to ensure the correct data are matched to the right client.

*Note: It is suggested that if a project has multiple sites, a prefix may be used to better identify clients from that particular site. This will also help to avoid duplicates.*

#### Example:

1. The first site assigns a client number 100000789



2. The second site assigns client numbers 200000789

### 2.3 Date of Visit No. 3

The date of visit is the date on which the client received medical and/or counseling services at the service site.

The date is recorded in a month/day/year format. The month and day should be converted to two-digit numbers as shown below.

January	01	July	07
February	02	August	08
March	03	September	09
April	04	October	10
May	05	November	11
June	06	December	12

**Example:** for client services on September 3, 2008, the data entered into the box provided would be **3. Date of Visit 09/03/2008**

The processor's computer will search for impossible dates and reject them. If the CVR record is filled out after the visit date occurs, record the date the client was seen in the clinic.

*Note: Only one CVR can be submitted for a client for one day. If a client should make more than one visit on the same day, all services provided to the client on that day should be coded on one CVR and the most inclusive exam is recorded for Purpose of Visit.*

### 2.4 Date of Birth No. 4

The Date of Birth is the month, day, and year the client was born. Record whatever information the client is able to give. If the year of birth is unknown, ask the client, "How old are you?" and calculate the year. If the client does not know the month, use July 15. (This is a default date used by the processor for unknown data.)

Record the client's date of birth in the code box in a month/day/year sequence. Use the same two-digit format used for Date of Visit.

**Example:** If the client's date of birth is May 17, 1963, the date entered into the box provided would be: **4. Date of Birth 05/17/1963.**

*Note: It may be necessary to ask further probing questions of the client if she/he does not know her/his age or birth date. Such questions might be centered on family events, i.e., anniversaries, parents' ages, etc, or world events, i.e., world wars, presidents, etc.*

Date of birth is a **control field** on all CVR submissions and resubmissions, but is not a control field for corrections and deletions. (See Section 1.2.5 Edit and Error Procedures). A **control field** is a subject that the computer uses to detect errors.

A CVR for a revisit must have the same date of birth as the CVRs for the client's previous visits to the service site. If the revisit date of birth does not match the first date of birth, the CVR will be rejected by the system. This is the most common type of rejection in the system. Some clients do change their birth dates. It is recommended that the first date entered be used consistently.

## 2.5 Gender No. 5

Determination of gender is made by observation or from medical records. Check the appropriate box.

## 2.6 Ethnicity No. 6

One of the two boxes must be checked; Hispanic or Latino, or Not-Hispanic or Latino

If the answer to this is not indicated on the client's medical record, you may ask that they fill out the section for ethnicity. You can ask, "Do you consider yourself Hispanic or Non-Hispanic?" If the client has questions about ethnicity, you may tell them that in addition to race identification, information on this category is now needed, too. **It is important not to make assumptions about someone's ethnicity in this category.**

Note: Hispanic Origin or descent includes:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Mexican – American        | Mexicana(o) Americana(o) |
| 2. Puerto Rican              | Puerto Riquena(o)        |
| 3. Cuban                     | Cubana(o)                |
| 4. Central or South American | Centro o Sudamericana(o) |
| 5. Other Spanish Speaking    | Otra Categoria Espanol   |

## Race No. 6A.

Check all that apply. If not indicated on the clients' medical record, you may ask the client to fill out this category. "What race or races do you identify with?" Again, it is important not to draw conclusions about a client's race. The choices are:

- |                            |                              |          |
|----------------------------|------------------------------|----------|
| 1. White                   | 3. American Indian           | 5. Asian |
| 2. Black/ African American | 4. Alaskan Native            | 6. Other |
| 7. Unknown/Not Reported    | 8. Hawaiian/Pacific Islander |          |

## 2.7 Additional Demographic No. 7

**Limited English Proficiency (LEP)** - This is checked when a client has limited ability to read, speak or understand English and may need assistance to optimize his/her use of family planning services. If the staff must speak in the client's native language or if a third person is used to communicate with staff/client, this item should be checked.

## 2.8 Zip Code No. 8

This item is used to determine the location of the client's residence. Enter the zip code provided by the client. Blanks are not accepted.

## 2.9 Assigned Source of Payment No. 9

Assigned source of payment indicates how your service site expects to be paid for the services provided during the visit.

Check the appropriate box if the client qualifies for one of the following:

- 2. Title XIX (Medicaid or welfare)
- 3. Take Charge Project (WA Medicaid Waiver Program)
- 4. Private Insurance

Otherwise, use your service site fee schedule to indicate whether the amount to be charged the client is

- 1. (Nothing) no charge
- 5. Full Fee
- 6. Partial Fee

“Other” may be used when other third party payers are charged, e.g. special federal funds for American Indians or male services, state funds. Donations should not be coded as a source of payment and are never reported on the CVR.

*Note: Remember this is how your site **expects** to be paid, although it may not be the method that eventually covers the invoice. If you expect to be paid by a combination of resources, choose the one that would cover the largest portion of the invoice.*

*Note: Idaho only may report, “Not reported”. All Idaho agencies will be allowed to code this response. All other grantees must still code 01 – 07 for the CVR to be accepted. The Source of Payment output now requires a 2-digit entry, and the position in the transmission file has been moved from 155 to 158-159.*

## 2.9A Client Insurance Status No. 18

This is a required answer for all visits. The choices are:

1. Public Health Insurance
2. Private Health Insurance
3. Uninsured
4. Unknown

To further clarify; the following statements are from the *FPAR Forms & Instructions* October 2007. **A client has public or private insurance when** “Principal insurance is defined as the insurance plan/ program that the agency would bill first if a claim were to be filed. Categories of health insurance covering primary medical care include public and private sources of coverage. **PRINCIPAL HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE** – Refers to public and private health insurance plans that provide a **broad set of primary medical care benefits to enrolled individuals**. Report the most current health insurance coverage information available for the client even though he or she may not have used this health insurance to pay for family planning services received during his or her last encounter. For individuals who have coverage under more than one health plan, principal insurance is defined as the insurance plan that the agency would bill first (i.e., primary) if a claim were to be filed. Categories of health insurance covering primary medical care include public and private sources of coverage.

**UNINSURED** – Refers to clients who **do not have a public or private health insurance plan that covers broad, primary medical care benefits**. Clients whose services are subsidized through state or local indigent care programs, or clients insured through the Indian Health Service who obtain care in a non-participating facility, are considered uninsured.

A **client is insured** if (1) he or she is enrolled in a Medicaid family planning expansion program that covers a **broad set of primary medical care benefits**, in addition to family planning, or (2) he or she is enrolled in a Medicaid expansion program that covers only family planning services and he or she has coverage under another plan that covers a **broad set of primary medical care benefits**. A **client is uninsured** if he or she is enrolled in a Medicaid family planning expansion program that covers only family planning services and he or she has no coverage under another plan that covers a **broad set of primary medical care benefits**.

## 2.10 Income and Family Size No. 10

This question requires that the client be asked directly for the information. In order to help the client answer correctly, the following definitions should either be read to the client or discussed with her/him.

**Income: The gross average monthly income is all money coming in which contributes to the support of the family.** Exhibit A (page 13) lists the various sources of income to be included.

When requesting income information, make every attempt to get an actual or estimated figure from the client. When clients do not know their income, assist them in estimating it.

**Family: A social unit composed of one person, or two or more persons living together, as a household. A household includes all the persons who occupy a housing unit. Household members do not need to be married to be counted in household income; dependents away at school also are included.** The income of all these persons should be counted to calculate the total income of the family. Examples of what constitutes a family include a married couple, with or without children; one parent with one or more children; a married couple sharing the home of a husband’s or wife’s parents; two related married couples sharing a single household; and minors living on their own.

Single persons who are living together are not considered a family and should be considered as a family of one. However, any income the client may receive as a result of the arrangement, (e.g. rent) is considered income contributed to her/him and should be counted. Foster children or other

unrelated children living in a household are not considered part of the family and payments received for caring for foster children is not considered as income.

Help the client add all the incomes of her/his family and enter the actual amount on the CVR. It may be helpful to skip to the next question and find out how many people are supported by this income and then determine the income of each of these people. Enter the actual numeric amount in whole dollars. For example, if the income is \$431.41 enter \$431.

If the client is a full-time salaried employee, base the average gross monthly income on the client's most recent month's income. If the client works part time, works on a commission basis, or otherwise has an "unsteady" income, base the average gross monthly income on the client's average gross monthly income for the previous twelve months.

Some clients may know only the amount of their take-home pay or net income. To calculate gross income, multiply the net income (take-home pay) by 1.15. This process will need to be done for all contributing members of the family.

The determination of income (CVR 10a) and family size (CVR10b) for teens and college students 19 years of age and under is difficult, yet important. There are two options for teenagers that live at home or college students 19 years of age and under who are dependent on family income.

Option 1: The teens consider themselves supported by their parents. This will require estimation of parents' income and the total number of people supported by the parents.

Option 2: The teen considers him or herself as a family of one only when confidential services are necessary. Show the teen or student 19 years of age and under as a family size of one in CVR10b and enter any personal income derived from allowances or employment. Fees may be waived for individuals with family incomes above this amount who, as determined by the service site director are unable, for good cause, to pay for family planning services.

**10b.** How many people are supported by this income?

This category must have at least one as an answer.

## EXHIBIT A      Types of Income

The following sources of income should be included when computing gross income:

- Salaries
- Wages
- Tips
- Help from relatives and non-relatives
- Public Assistance
- Unemployment compensation
- Worker's compensation
- Veterans' benefits
- Sick pay
- Social Security cash benefits (such as widow's benefits and children's allowances)
- Alimony
- Net investment income (rent, interest, dividends)
- Net earnings from self-employment
- Pensions
- Annuities
- Royalties and commissions
- Business profits

Also included in gross income should be deductions commonly taken out of income before client receives it. These deductions include:

- Federal, state and local taxes
- Social Security payments
- Deductions for savings bonds, other savings plans, or union dues

The following are not income and should not be included in gross income.

- Grants
- Receipt from sale of possessions
- Withdrawal from savings
- Loans
- Inheritance
- Maturity payments on insurance policies
- Lump sum compensation for injury or legal damages
- Tax Refunds
- Payment for foster parenting

### 2.11 Pregnancy History No. 11

This item collects information on the number of live births, fetal deaths, and living children of female clients. **This item is left blank for male clients.**

**11a. How many times have you been pregnant?**

Ask the female directly or have them fill in the answer themselves if it has not been specified on the medical record. Include all pregnancies regardless of outcome (live birth, stillbirth, abortion or miscarriage).

Coding: \*if the number is 9 or less, put a zero in the first square, such as 02 for two pregnancies.

If the client is pregnant for the first time during this visit, write or code zero in the box.

## 2.12 Purpose of Visit No. 12

The Purpose of Visit is a code describing the **primary** reason for a visit. Check only one box for the primary purpose

Note: ANY purpose of visit may be checked for the client's first visit to your clinic.

1. **Initial Medical Exam:** First comprehensive examination in which medical services 2 through 9 and appropriate lab services are provided (see item 13A Medical Services Provided) and contraceptive counseling and education are given.

This examination does not necessarily occur during the client's first visit to the agency. Therefore, the "Initial Medical Exam" visit is not necessarily the same as first visit to the service site.

2. **Annual Medical Exam:** Subsequent visit (often provided annually) at which time the client receives a comprehensive medical examination. This exam was previously required by the Title X Program, but it has been changed to a time that is based on client need, clinician judgment, and standards of practice. Medical services 2 through 9 and appropriate lab service should be provided during this visit. Other services may also be provided.
3. **Other Medical:** One or more medical services are provided for routine contraceptive, sterilization, or infertility or related care. Counseling services may also be provided. This includes:

- Contraceptive follow-up, such as hormonal method supply, IUD, contraceptive injection and diaphragm check.
- Method prescription without complete physical exam and lab services, e.g. pill prescription, diaphragm fit, IUD insertion.
- Follow-up to the initial or annual medical exam visit because all services were not provided at that time.
- Vasectomy or tubal ligation, if performed on site.
- Infertility consultation if medical or lab services are provided. If not, the visit should be coded as "Counseling Only (See CVR #4).
- Male physical examination.
- Contraceptive method change related to method complaints, e.g. IUD removal, poor diaphragm fit because of complaints.
- Contraceptive method complaints, e.g., pelvic exam because of abdominal pain, excessive bleeding, fatigue, etc.

- Positive or borderline lab test follow-up, e.g., repeat Pap smear, monitoring of blood pressure, repeat gonorrhea culture.
  - Post-pregnancy check.
  - Sick cell, blood sugar or other screening because of high-risk status.
  - Gestation check (However, prenatal exams are not included because they are not considered in the definition of family planning services).
  - Emergency Contraception provided, including history and counseling.
4. **Counseling Only:** The client receives specific, family planning related consultation, but no medical services are provided. This consultation is recorded in the medical record. See item 14A, “Counseling Services Provided,” for examples of counseling services.
  5. **Pregnancy Test Visit:** The client’s primary purpose for the visit is to receive a pregnancy test and counseling. This visit may consist of just a urine pregnancy test or the urine pregnancy test and a pelvic examination. The counseling service may be provided at another visit. Code any additional medical services or counseling provided in this visit.

*Note: Any Purpose of Visit may be checked for a client’s first visit, since it is not linked to whether the client is a new or continuing client. If it is the client’s first visit, all items on the CVR must be completed. If not, only items 1-4, 9, and 12-16 must be completed.*

### **2.13 Medical Services Provided No. 13A. (Check all that apply)**

Medical Services Provided includes the examination, laboratory, diagnostic and treatment procedures listed in 13A provided to a client during the visit. These services have been divided into four categories: Exam and Lab Services, Contraceptive Related Services, Pregnancy Related Services, and STD Services.

The medical provider should fill in this information at the time the services are given or it can be transcribed from the client’s medical record at the end of the visit. Check the corresponding boxes for all medical services provided. For convenience, checking number 1 includes all items 2-9, so make sure all applicable lab services are also checked. Males may have breast exams checked on the CVR. Chlamydia presumptive treatment CVR #14 in is based upon symptoms.

For 13A, check #36, “Other,” only if the medical services provided were in conjunction with other reproductive services such as related services and not listed on the CVR. Check #37 – “None” if it is a “Counseling Only” visit and no medical services were provided.

**Medical Services Defined – The following is a list of descriptions of the medical services in CVR # 13A. They are listed by the four categories on the CVR: Exam & Lab Services, Contraceptive Related Services, Pregnancy Related Services, and STD Related Services.**

#### **Medical Services**

- 1. Procedures 2-9 and check appropriate lab services** – Allows staff to check one box that includes key components of the Title X physical exam.
- 2. Blood Pressure** – Use of a stethoscope and blood pressure cuff to measure the force exerted on the walls of arteries as blood is pumped through them.



3. **Height/Weight** – Measurements of client’s height and/or weight are recorded.
4. **Thyroid Exam** – Manual and visual examination of the thyroid to evaluate size, shape, symmetry, or tenderness.
5. **Heart & Lung Auscultation** – Evaluation of heart and lung sounds using a stethoscope.
6. **Breast Exam** – Visual inspection and palpation of the female/male breasts to evaluate the symmetry of shape, color, size, surface characteristics, and for masses.
7. **Abdominal Palpation** – Visual inspection and palpation of the abdomen to evaluate for abnormalities.
8. **Extremities** - Inspection and/or palpation of the arms and legs to evaluate for abnormalities.
9. **Bimanual/ Speculum Pelvic Exam** – Visual and/or manual examination of the vulva, vagina, cervix, and pelvic organs to detect any abnormalities and collect specimens/samples for laboratory analysis when indicated.
11. **Vaginitis/Urethritis/Eval/DX** – Evaluation of the vagina, urethra, and male/female genital area via palpation, visual inspection, and/or laboratory tests to detect infection.
12. **Vaginitis/Urethritis/Eval/ Rx** – Treatment of any vaginal/genital or STD infection not specifically identified elsewhere under 13A - Medical Services Provided, i.e., Chlamydia or Warts.
13. **Chlamydia Treatment** – Providing treatment for a laboratory diagnosed case of Chlamydia Trachomatis (CT).
14. **Chlamydia Presumptive Rx** – Prescribing medication to treat CT based on history, e.g., contact with a confirmed case, and/or clinical findings. This may be done without performing a CT test or prior to receiving the results of a test.
15. **Wart Treatment** – Treatment of external genital HPV infection with medication or cryotherapy. This may include giving the client a prescription for self-administered medication.
16. **Herpes Test** – Blood tests or cultures of lesions taken to diagnose Herpes Simplex Virus (HSV).
17. **Diaphragm/ Cap Fit** – Assessment for proper fit and client instruction on use of diaphragm or cervical cap.
19. **IUD/IUS Insert** – Insertion of an intrauterine contraceptive device or system into the uterus.
20. **Sterilization Procedure** – Any procedure on a man or woman intended to provide permanent contraception, e.g., tubal ligation or vasectomy.
21. **Post Pregnancy Exam** – Physical assessment of a woman’s health status with emphasis on uterine involution, presence or absence of infection, and family planning status, following a pregnancy of any gestational age.

- 22. IUD/IUS Removal** – The intrauterine contraceptive device is removed from the uterus.
- 23. Hgb/Hct** – A measurement of the hemoglobin (Hgb) content or the solids/serum ratio (Hct) of capillary blood as an indirect assessment for anemia.
- 24. Urine Dip Strip/Urinalysis** – A narrow plastic strip containing chemical reagents that is dipped in a small amount of urine to provide a quick, point-of-service check for sugar (diabetes), protein (kidney problems and dehydration), and white cells (infection). A urinalysis is a sample of urine submitted to a laboratory for a thorough evaluation with special equipment.
- 25. Pap Test Conventional** – A sample of cervical cells taken during a speculum exam of the vagina and cervix to detect cervical dysplasia or cancer. The sample is submitted to a clinical laboratory on a dry glass slide..
- 26. Pap Test Liquid-Based** – A sample of cervical cells taken during a speculum exam of the vagina and cervix to detect cervical dysplasia or cancer. The sample is submitted to a clinical laboratory in a small vial or liquid preservative.
- 27. Colposcopy** – An examination of the cervix, vagina, or vulva with a special microscope, called a colposcope, to detect abnormal cell changes.
- 28. Gonorrhea Test** – A laboratory test performed to detect the bacterium *Neisseria gonorrhoeae* (also called GC). Testing specimens may be collected from the urethra, vagina, cervix, rectum and throat. Tests are also commonly performed on urine samples.
- 29. Chlamydia Test** – A laboratory test performed to diagnose *Chlamydia Trachomatis* (also called CT). Endocervical and urethral samples are taken during a pelvic exam. Clients may self-collect samples using vaginal swabs. Tests are commonly performed on urine samples.
- 30. Wet Mount** – A microscopy procedure to detect vaginitis by visually scanning a sample of vaginal discharge on a slide prepared with saline and/or KOH.
- 31. Serum Pregnancy Test** – A blood test to detect pregnancy soon after conception and before a missed period; useful for assessing suspected ectopic or molar pregnancy when performed in a series. Also called a quantitative pregnancy test.
- 32. Negative Pregnancy Test** – A negative test either by serum or urine HCG as part of the pregnancy diagnosis.
- 33. Positive Pregnancy Test** – A positive test either by serum or urine HCG testing as part of a pregnancy diagnosis.
- 34. Immunization** – Providing vaccinations for a variety of diseases including, but not limited to, Hepatitis B, HPV, and Rubella.
- 35. Infertility Screening** – A basic Level 1 screening that includes an initial infertility interview, education, physical exam, counseling, and appropriate referral.
- 36. Other Lab or Exam** – Medical services provided in conjunction with other reproductive services, and other related services.

- 37. No Lab or Exam** – No medical or laboratory services were provided. This is a “counseling only” visit.
- 38. Hormone Implant In** – A surgical procedure to insert a flexible, matchstick-sized rod containing small amounts of a contraceptive hormone.
- 39. Hormone Implant Out** – A surgical incision made to remove an implanted contraceptive hormone rod.
- 40. Hormonal Injection** – An intramuscular or subcutaneous injection of the contraceptive hormones progestin.
- 42. Male Genitalia Exam** – Examination of the external male genitalia via visual inspection and palpation to detect any abnormalities.
- 43. HIV Test – Standard** – A laboratory test performed by a reference laboratory (“outside” lab) by any means (blood, saliva) to detect the presence of human immunodeficiency virus (HIV) antibodies. Results are typically received by the clinic in 5-15 days.
- 44. HIV Test – Rapid** – A laboratory test performed at the point of client service by any means (blood, saliva) to detect the presence of human immunodeficiency virus (HIV) antibodies. Results are typically available in 20 min.
- 46. EC – Future Need** – Prescription or product given for future use, with instructions to use in the event of unprotected intercourse or birth control failure, e.g. broken condom.
- 47. VDRL/RPR** – Venereal Disease Research Laboratory Test/Rapid Plasma Reagin blood test for syphilis, a sexually transmitted infection.
- 48. EC – Immediate Need** – Oral contraceptive pills prescribed or provided with a specific regimen to be used as soon as possible after unprotected intercourse to prevent pregnancy.
- 49. Colo-Rectal Cancer Screening** – A fecal sample placed on a card with chemical reagent to screen for blood in the stool.
- 50. HPV Test** – A laboratory test using genetic viral typing to detect human papilloma virus (HPV) infection.

## 2.14 Counseling Education Provided No. 14A.

Refers to the non-medical services listed in 14A which: (1) inform a client about family planning and related services and supplies that are available and/or (2) assist the client to clarify her/his needs and examine alternatives available for meeting them. Have the provider fill in this information at the time the service is given or have the data transcribed from the client's medical record at the end of the visit.

### **Counseling Education Services Defined: Below is a list describing the counseling and education services found in 14A.**

- 1. Contraceptive Counseling/Education:** Consultation/information provided to a client regarding risks, benefits, and correct use of any birth control method being considered by the client. This could also indicate general methods of education where birth control choices are briefly discussed and information provided in pamphlets, etc.
- 2. Fertility Awareness Method Counseling/Education:** Consultation/education provided to a client concerning the non-medical or "natural" family planning techniques including mucous ovulation, basal body temperature, rhythm and related methods of natural fertility awareness.
- 3. Sterilization Counseling/Education:** Consultation/education provided to a client by trained personnel regarding a permanent birth control method, i.e., tubal ligation or vasectomy.
- 4. Infertility Counseling/Education:** Consultation/education provided to a client or couple by trained personnel concerning the inability of a client or couple to conceive.
- 5. Tobacco Counseling/Education:** Consultation/education provided to a client by trained personnel regarding the assessment of tobacco habit/use, its relationship to birth control and general health, and assistance with resources to promote cessation.
- 6. Substance Abuse Counseling/Education:** Consultation/education and information provided to a client by trained personnel concerning substance use habits and the relationship between use, abuse and health. This may include education on self-assessment, risk reduction, goal setting and behavior change.
- 7. Pregnancy Options Counseling/Education:** Consultation/education provided to a client by trained personnel regarding pregnancy testing, its limitations, and **all pregnancy options.**
- 8. Preconception Counseling/Education:** Information and counseling regarding conception, including rubella, genetics and all other factors that can affect a pregnancy. Identification of possible pre-pregnancy risks and provision of health education are given to help women/couples make informed choices about future childbearing.
- 9. STD/HIV Prevention Counseling/Education:** Consultation/education provided to a client by trained personnel concerning sexually transmitted disease (including HIV) prevention and education.

**10. HIV Pre & Post Counseling/Education:** Consultation and information provided to a client by trained personnel concerning HIV during the pre test or post test visit.

**12. Nutrition Counseling/Education:** Consultation/information provided to a client regarding nutrition that promotes health and prevents disease.

**13. Abstinence Counseling/Education:** Consultation/information regarding abstinence from sex (not having intercourse) and discussion of positive outcomes of this decision such as protection from pregnancy and sexually transmitted disease.

**15. Crisis Counseling/Education:** Consultation/education provided to a client by trained personnel regarding a crisis identified by the client.

**16. Abnormal Pap Counseling/Education:** Consultation/education between a client and trained personnel regarding an abnormal pap result.

**17. Encourage Parental/Family Involvement Counseling/Education:** Consultation/education provided to a client by trained personnel regarding the encouragement of family participation in the decision of minors to seek family planning services.

**18. Relationship Safety Counseling/Education:** Consultation/education provided to a client by trained personnel on how to resist attempts from others to engage in unwanted sexual activities. This includes teaching refusal skills to prevent coercion. Relationship safety may also include discussions regarding intimate partner violence or abuse and assault and steps the client can take to avoid violent situations.

**19. BSE Counseling/Education:** Consultation/education provided to a client by trained personnel regarding Breast Self Exam including encouragement of regular self-breast exams.

**20. TSE Counseling/Education:** Consultation/education provided to a client by trained personnel regarding Testicular Self Exam, including the encouragement of regular testicular self-exams.

*Note: Make sure all counseling segments provided are recorded. Counseling on the CVR must be recorded in the medical record.*

### **Definitions of Providers:**

#### **13B/14B - Provider of Medical Services/Counseling Education Services**

A provider is a trained individual whose primary responsibility is to assess the client's health status and exercise independent judgment regarding which services the client needs.

**Physician:** Licensed doctors of medicine (M.D.) or osteopathy (D.O.)

**Mid-level:** Physician's Assistants (PA), Nurse Practitioners (ANP, ARNP), Certified Nurse Midwives (CNM)

**Nurse:** Registered Nurses (RN) and Licensed Practical Nurses (LPN)

**Other:** Other service providers, health educators, social workers, clinic aides and lab technicians

## **2.15 Primary Contraceptive Method No. 15A.**

Primary Contraceptive Method collects data on the contraceptive method the client used before the visit and the method the client will use as a result of the visit. In the “before” block, insert the code of the primary or most effective method even if more than one method is used. In the “after” box, insert the corresponding number of the primary or most effective method at the end of the visit even if more than one method will be used. Skip 15B if a method was filled out in both the “before” and “after” boxes.

If the client receives both an interim and primary method, code the primary method only. If the client does not receive her/his primary method, code the interim method to be used.

**15B.** If no contraceptive method is continued or initiated at the end of this visit, enter code 10 for “none” in 15A and the most important reason for this decision in 15B. (This reply directly affects table AL-7 Pregnancies Averted).

For infertility clients, code the contraceptive method as “None” in 15A. Even if a method is being used as treatment, the purpose of this method is not to prevent pregnancy, but to create the condition for fertility.

The current list of contraceptive methods follows:

- 01 - Female Sterilization**
- 02 - Oral Contraceptives**
- 03 - IUD**
- 04 - Diaphragm/Cap**
- 11 - Hormone Implant**
- 15 - IUS**
- 16 - Hormonal Injection - 3 month**
- 17 - Hormonal Patch**
- 18 - Vaginal Ring**
- 09 – Other Method**
- 19 - Female Condom**
- 06 - Male Condom**
- 07 - Spermicide**
- 08 - NFP/FAM**
- 13 - Abstinence**
- 14 - Male Sterilization**
- 20 - Withdrawal**
- 21 - Contraceptive Sponge**
- 10 - None**

## **2.16 Referral Information No. 16**

Referral Information is used to indicate whether the client was referred to another agency, clinician, or another program in a multi-service project. Check all that apply to the client for the current visit. All referral information must be documented in the client medical record.

# 3.0 National Title X Data Reporting: Family Planning Annual Report

## FPAR TABLES

The FPAR (Family Planning Annual Report) tables are produced to meet the Title X reporting requirements. All tables are produced annually. The FPAR table descriptions below are numbered to correspond with the table numbers in the FPAR.

**FPAR TABLE 1- USERS BY AGE AND SEX** – This table reports users by age group and sex. It includes individuals receiving at least one face-to-face family planning encounter during the reporting period.

**FPAR TABLE 2 & 3 – USERS BY RACE AND ETHNICITY** – Table 2 reports females and Table 3 reports males. In both tables the Race is reported in the left axis and Ethnicity is reported on the top axis.

**FPAR TABLE 4 - NUMBER OF USERS BY INCOME LEVEL** – This table shows unduplicated count of users by poverty level.

**FPAR TABLE 5 – USERS BY INSURANCE COVERAGE STATUS** – This table reports the principal insurance status of all users. Public health insurance is reported on the top line and Private health insurance is reported in total as well as by family planning coverage. Uninsured and Unknown status is also reported.

**FPAR TABLE 6 – USERS WITH LIMITED ENGLISH PROFICIENCY** – This table reports the total number of users who require an interpreter while being seen in the clinic.

**FPAR TABLE 7 – PRIMARY CONTRACEPTIVE METHOD AND AGE FOR FEMALE USERS** – This table provides information on the contraceptive method adopted or continued by female users at the end of their last visit. The method does not have to have been provided by the agency and it may have been dispensed/performed during an earlier visit. In addition to the Method the client age groups are shown.

**FPAR TABLE 8 – PRIMARY CONTRACEPTIVE METHOD AND AGE FOR MALE USERS** – Records the same information for male contraceptive clients.



**FPAR TABLE 9 – CERVICAL CANCER SCREENING ACTIVITIES** – Only the first two lines of this report will be produced by Ahlers. These lines describe (1) unduplicated users who received a Pap test and (2) total Pap tests performed.

The specific Pap results are to be kept by the clinic. Ahlers' Lab Results software will prove useful in this collection.

**FPAR TABLE 10 – BREAST HEALTH SCREENING AND REFERRALS** – All clients who received a breast exam are reported on line one. Those who are referred for further evaluation are reported on line two.

**FPAR TABLE 11 – USERS TESTED FOR CHLAMYDIA BY AGE AND SEX**  
– All clients who received a Chlamydia test during the year and reported by sex and by several age categories.

**FPAR TABLE 12 – STD TESTING INFORMATION BY SEX** – This table provides information on the number of Gonorrhea, Syphilis and HIV Tests during the period. These are important indicators for family planning providers and include all individuals who have received at least one of the named tests during the period.

**FPAR TABLE 13 - NUMBER OF FAMILY PLANNING ENCOUNTERS BY TYPE OF PROVIDER** – This table reports the number and type of encounters for Clinical Services Providers and for Other Services Providers. The number of FTE's (full time equivalent) must be reported by the agency.

#### **TERMS AND DEFINITIONS:**

**FAMILY PLANNING PROVIDER** – A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other services providers.

**CLINICAL SERVICES PROVIDER** – Includes physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform *all* aspects of the user (male and female) physical assessment, as described in *Program Guidelines*. Clinical services providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's

proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.

**OTHER SERVICES PROVIDER** – Includes other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client’s proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*. Other services providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some *aspects* of the user physical assessment (e.g., blood pressure evaluation), in accordance with the *Program Guidelines*.

**FAMILY PLANNING ENCOUNTER** – A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or non-clinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the service(s) provided during the family planning encounter must be documented in the client record.

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a clinical services provider and (2) family planning encounters with an other services provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client’s clinical or non-clinical assessment and care during the visit is credited with the encounter.

**FAMILY PLANNING ENCOUNTER WITH A CLINICAL SERVICES**

**PROVIDER** – A face-to-face, documented encounter between a family planning client and a clinical services provider that takes place in a Title X service site.

**FAMILY PLANNING ENCOUNTER WITH AN OTHER SERVICES**

**PROVIDER** – A face-to-face, documented encounter between a family planning client and an other services provider that takes place in a Title X service site.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client’s record, and the test(s) is/are accompanied by family planning counseling or education.

**FULL-TIME EQUIVALENT (FTE)** – For each type of **clinical services provider**, report the time in FTEs that these providers are involved in the

direct provision of Title X services (i.e., engaged in a family planning encounter).

## 4.0 Exhibits

# Exhibit 1

## 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. _____	DAY _____	YR. <b>2 0</b>
4. DATE OF BIRTH	MO. _____	DAY _____	YR. <b>1 9</b>
5. GENDER <input type="checkbox"/> 1 - Female <input type="checkbox"/> 2 - Male			
6. ETHNICITY <input type="checkbox"/> 6 - Hispanic or Latino <input type="checkbox"/> 9 - Not Hispanic or Latino			
6a. RACE (Mark All That Apply) <input type="checkbox"/> 1 - White <input type="checkbox"/> 4 - Alaska Native <input type="checkbox"/> 8 - Native Hawaiian <input type="checkbox"/> 2 - Black/Afr. Amer. <input type="checkbox"/> 5 - Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> 3 - American Indian <input type="checkbox"/> 7 - Unknown/Not Reported <input type="checkbox"/> 6 - Other			
7. ADDITIONAL DEMOGRAPHIC (Check if Applicable) <input type="checkbox"/> 5 - Limited English Proficiency			
8. ZIP CODE			
9. ASSIGNED SOURCE OF PAYMENT (Check One) <input type="checkbox"/> 1 - No Charge <input type="checkbox"/> 5 - Full Fee <input type="checkbox"/> 2 - Title XIX (Medicaid) <input type="checkbox"/> 6 - Partial Fee <input type="checkbox"/> 3 - Take Charge Project <input type="checkbox"/> 7 - Other <input type="checkbox"/> 4 - Private Insurance <input type="checkbox"/> 9 - Not Reported (Idaho)			
18. CLIENT INSURANCE STATUS (Check One) <input type="checkbox"/> 1 - Public Health Insurance <input type="checkbox"/> 2 - Private Health Insurance <input type="checkbox"/> 3 - Uninsured <input type="checkbox"/> 4 - Unknown			
10. INCOME AND FAMILY SIZE		AMOUNT	
a. What is your monthly family income?			
b. How many people are in your family, that is, the number supported by this income?		NUMBER	
11. PREGNANCY HISTORY (Females Only)		NUMBER	
a. How many times have you been pregnant?			
12. PURPOSE OF VISIT <input type="checkbox"/> 1 - Initial Medical Exam <input type="checkbox"/> 4 - Counseling Only <input type="checkbox"/> 2 - Annual Medical Exam <input type="checkbox"/> 5 - Pregnancy Test Visit <input type="checkbox"/> 3 - Other Medical			

13A. CONT. MEDICAL SERVICES (Check all Applicable)		
<b>Contraceptive Related Services</b> <input type="checkbox"/> 17 - Diaphragm / Cap Fit <input type="checkbox"/> 19 - IUD/IUS Insert <input type="checkbox"/> 20 - Sterilization Procedure <input type="checkbox"/> 38 - Hormone Implant In <input type="checkbox"/> 39 - Hormone Implant Out <input type="checkbox"/> 40 - Hormonal Injection <input type="checkbox"/> 48 - EC-Immediate Need <input type="checkbox"/> 46 - EC-Future Need <input type="checkbox"/> 22 - IUD/IUS Removal	<b>Pregnancy Related Services</b> <input type="checkbox"/> 21 - Post Pregnancy Exam <input type="checkbox"/> 31 - Serum Pregnancy Test <input type="checkbox"/> 32 - Negative Pregnancy Test <input type="checkbox"/> 33 - Positive Pregnancy Test <input type="checkbox"/> 35 - Infertility Screening	
<b>STD Related Services</b>		
<input type="checkbox"/> 11 - Vaginitis/Urethritis/Eval/Dx <input type="checkbox"/> 12 - Vaginitis/Urethritis/Eval/Rx <input type="checkbox"/> 29 - Chlamydia Test <input type="checkbox"/> 13 - Chlamydia Treatment <input type="checkbox"/> 14 - Chlamydia Presumptive Rx <input type="checkbox"/> 15 - Wart Treatment <input type="checkbox"/> 16 - Herpes Test	<input type="checkbox"/> 28 - Gonorrhea Test <input type="checkbox"/> 30 - Wet Mount <input type="checkbox"/> 43 - HIV Test Standard <input type="checkbox"/> 44 - HIV Test Rapid <input type="checkbox"/> 47 - VDRL/RPR <input type="checkbox"/> 50 - HPV Test	
14A. COUNSELING EDUCATION PROVIDED (Check all Applicable)		
<input type="checkbox"/> 01 - Contraceptive Method <input type="checkbox"/> 02 - Fertility Awareness Method <input type="checkbox"/> 03 - Sterilization <input type="checkbox"/> 04 - Infertility <input type="checkbox"/> 08 - Preconception <input type="checkbox"/> 07 - Pregnancy Options	<input type="checkbox"/> 09 - STD/HIV Prevention <input type="checkbox"/> 10 - HIV Pre & Post <input type="checkbox"/> 16 - Abnormal Pap <input type="checkbox"/> 19 - BSE <input type="checkbox"/> 20 - TSE <input type="checkbox"/> 15 - Crisis <input type="checkbox"/> 17 - Encourage Parental/Family Involvement	<input type="checkbox"/> 18 - Relationship Safety <input type="checkbox"/> 12 - Nutrition <input type="checkbox"/> 05 - Tobacco Abuse <input type="checkbox"/> 06 - Substance Abuse
13B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply)		
<input type="checkbox"/> 1 - Physicians <input type="checkbox"/> 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives <input type="checkbox"/> 3 - RNs, LPNs <input type="checkbox"/> 4 - Other service providers, health educators, social workers, clinic aides and lab technicians.		
15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks)		
<input type="checkbox"/> 01 - Female Sterilization <input type="checkbox"/> 02 - Oral Contraceptives <input type="checkbox"/> 03 - IUD <input type="checkbox"/> 04 - Diaphragm/Cap <input type="checkbox"/> 11 - Hormone Implant <input type="checkbox"/> 15 - IUS <input type="checkbox"/> 16 - Hormonal Injection - 3 month <input type="checkbox"/> 17 - Hormonal Patch <input type="checkbox"/> 18 - Vaginal Ring	<input type="checkbox"/> 09 - Other Method <input type="checkbox"/> 19 - Female Condom <input type="checkbox"/> 06 - Male Condom <input type="checkbox"/> 07 - Spermicide <input type="checkbox"/> 08 - NFP/FAM <input type="checkbox"/> 13 - Abstinence <input type="checkbox"/> 14 - Male Sterilization <input type="checkbox"/> 20 - Withdrawal <input type="checkbox"/> 21 - Contraceptive Sponge <input type="checkbox"/> 10 - None	
BEFORE VISIT <input type="checkbox"/>		AFTER VISIT <input type="checkbox"/>
13A. MEDICAL SERVICES (Check all Applicable)		
<input type="checkbox"/> 01 - Procedures 2 through 9 and check appropriate lab services <b>Exam &amp; Lab Services</b> <input type="checkbox"/> 02 - Blood Pressure <input type="checkbox"/> 03 - Height/Weight <input type="checkbox"/> 04 - Thyroid Exam <input type="checkbox"/> 05 - Heart/Lung Auscultation <input type="checkbox"/> 06 - Breast Exam <input type="checkbox"/> 07 - Abdominal Exam <input type="checkbox"/> 08 - Extremities <input type="checkbox"/> 09 - Bimanual/Speculum Pelvic Exam	<input type="checkbox"/> 23 - Hgb / Hct <input type="checkbox"/> 24 - Urine Dip Strip/Urinalysis <input type="checkbox"/> 25 - Pap Test Conventional <input type="checkbox"/> 26 - Pap Test Liquid-Based <input type="checkbox"/> 27 - Colposcopy <input type="checkbox"/> 34 - Immunization <input type="checkbox"/> 42 - Male Genitalia Exam <input type="checkbox"/> 49 - Colo-Rectal Cancer Screening <input type="checkbox"/> 36 - Other Lab or Exam <input type="checkbox"/> 37 - No Lab or Exam	
15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.		
Pregnant <input type="checkbox"/> 1 - Planned <input type="checkbox"/> 8 - Unplanned <input type="checkbox"/> 3 - Seeking Pregnancy <input type="checkbox"/> 6 - Not Sexually Active <input type="checkbox"/> 7 - Other		
16. REFERRAL INFORMATION (Check all Applicable)		
<input type="checkbox"/> 02 - High Risk Pregnancy <input type="checkbox"/> 15 - Adoption <input type="checkbox"/> 03 - Abortion <input type="checkbox"/> 01 - Prenatal <input type="checkbox"/> 16 - Breast Evaluation <input type="checkbox"/> 12 - Mammography or U.S.	<input type="checkbox"/> 05 - Sterilization <input type="checkbox"/> 06 - Infertility <input type="checkbox"/> 07 - NFP/FAM <input type="checkbox"/> 04 - STD <input type="checkbox"/> 17 - Colposcopy <input type="checkbox"/> 08 - Other Medical	<input type="checkbox"/> 10 - Social Services <input type="checkbox"/> 09 - Nutrition <input type="checkbox"/> 13 - Substance Abuse <input type="checkbox"/> 14 - Abuse/Violence <input type="checkbox"/> 11 - None

## Exhibit 2

### Region X File Specifications for 3rd Party Vendors

**Effective January 1, 2009**

Field Description	Format	Justify	Length	Record Position
Site/Clinic Number	Numeric	Right	7	001-007
Client Number	Numeric	Right	9	008-016
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024
Purpose of Visit, Values 1-5	Alphameric	Left	1	025-025
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033
<b>Medical Services</b>	<b>Alphameric</b>	<b>Left</b>	<b>72</b>	<b>034-105</b>
<b>Provider of Medical/Counseling Services</b>	<b>Alphameric</b>	<b>Left</b>	<b>4</b>	<b>106-109</b>
<b>Counseling Services</b>	<b>Alphameric</b>	<b>Left</b>	<b>26</b>	<b>110-135</b>
<b>Revision Number,0901</b>	<b>Alphameric</b>	<b>Left</b>	<b>4</b>	<b>136-139</b>
<b>Beginning Contraceptive Method</b>	<b>Alphameric</b>	<b>Left</b>	<b>2</b>	<b>140-141</b>
<b>Ending Contraceptive Method</b>	<b>Alphameric</b>	<b>Left</b>	<b>2</b>	<b>142-143</b>
If None, Give Reason	Alphameric	Left	1	144-144
<b>Referral Information</b>	<b>Alphameric</b>	<b>Left</b>	<b>10</b>	<b>145-154</b>
Ahlers Internal Use	Alphameric	Left	1	155-155
Number of Pregnancies	Alphameric	Right, Zero Fill	2	156-157
Source of Payment	Alphameric	Left	2	158-159
Ahlers Internal Use	Alphameric	Left	2	160-161
Monthly Income	Alphameric	Right, Zero Fill	6	162-167
Number Supported b/Income	Numeric	Right, Zero Fill	2	168-169
Insurance Status	Alphameric	Left	1	170-170
Zip Code	Numeric	Right	5	171-175
Hispanic, 6-Yes or 9-No	Alphameric	Left	1	176-176
Gender	Alphameric	Left	1	177-177
Ahlers Internal Use	Numeric	Right	84	178-261
<b>Additional Demographics</b>	<b>Alphameric</b>	<b>Left</b>	<b>3</b>	<b>262-264</b>
Races	Alphameric	Left	7	265-271
Ahlers Internal Use	Numeric	Right	8	272-279

**\*\*\* Please See Following Pages for Codes and Values in Fields**

**\*\*\* Any field highlighted in Red has some type of change. Please see the attached Field Values and Attachment Listings.**

**\*\* All Alphameric Fields are Blank Filled Unless Otherwise Specified**

**\*\* All Numeric Fields are Zero-filled Unless Otherwise Specified**

**\*\*\*End of Record must be Carriage Return Line Feed**

## Exhibit 3

### Region X 3rd Party Vendor File Specifications

**Effective January 1, 2009**

**Attachments A - G**

#### RED NOTES DESCRIPTION CHANGES OR ADDITIONS

Races: Attachment A	Ethnicity: Attachment B
1 - White	6 - Hispanic or Latino
2 - Black/African American	9 - Not-Hispanic or Latino
3 - American Indian	
4 - Alaska Native	
5 - Asian	
6 - Other	
7 - Unknown or Not Reported	
8 - Native Hawaiian/Pacific Islander	
<b>*** Code as many races in Attachment A as applicable ***</b>	

#### RED NOTES DESCRIPTION CHANGES OR ADDITIONS

Medical Services: Attachment C:	
02 - Blood Pressure	28 - Gonorrhea Culture
03 - Hgt/Wgt	29 - Chlamydia Test
04 - Thyroid Exam	<b>30 - Wet Mount</b>
05 - Hear/LunQ Aus.	31 - Serum Pregnancy Test
06 - Breast Exam	32 - Negative Pregnancy Test.
07 - Abdominal Exam	33 - Positive Pregnancy Test
08 - Extremities	34 - Immunization
09 - Bimanual/Speculum Exam	35 - Infertility Screening
<b>11 - Vaginitis/Urethritis/Eval/Dx</b>	36 - Other Lab or Exam
<b>12 - Vaginitis/Urethritis/Eval/RX</b>	37 - No Lab or Exam
13 - Chlamydia Treatment	38 - Hormone Implant In
<b>14 - Chlamydia Presumptive Rx</b>	39 - Hormone Implant Out
15 - Wart Treatment	40 - Hormonal Injection
16 - Herpes	42 - Male Genitalia Exam
17 - Diaphragm/Cervical Cap Fit	<b>43 - HIV Test Standard</b>
19 - IUD/IUS Insert	<b>44 - HIV Test Rapid</b>
20 - Sterilization	46 - EC - Future Need
21 - Post Pregnancy Exam	47 - VDRL-RPR
22 - IUD/IUS Removal	48 - EC - Immediate Need
23 - HGB/HCT	49 - Colo-Rectal Cancer Screen
<b>24 - Urine Dip Strip/Urinalysis</b>	50 - HPV Test
<b>25 - Pap Conventional</b>	
<b>26 - Pap Liquid-Based</b>	
27 - Colposcopy	

**RED NOTES DESCRIPTION CHANGES OR ADDITIONS**

01 – Contraceptive	12 - Nutrition
02 - F.A.M.	13 - Abstinence
03 – Sterilization	15 - Crisis
04 - Infertility	16 - Abnormal Pap
05 - Tobacco	17 - Encourage Family Involvement
06 - Substance Abuse	18 - Relationship Safety
<b>07 - Pregnancy Options</b>	19 - BSE
08 - Preconception	20 - TSE
09 - STD/HIV Prevention	
10 - HIV Pre & Post	

**RED NOTES DESCRIPTION CHANGES OR ADDITIONS**

<b>Contraceptive Methods: Attachment E</b>	
01 - Female Sterilization	13 - Abstinence
02 - Oral (Pills)	14 - Male Sterilization
03 -IUD	15 - IUS
04 - Diaphragm/Cervical Cap	16 - Hormone Injection, 3 Months
06 - Male Condoms	17 - Hormone Patch
07 - Spermicide	18 - Vaginal Ring
<b>08 - NFP/FAM</b>	19 - Female Condoms
09 - Other Female Method	20 - Withdrawal
10 - None	21 - Contraceptive Sponge
11 - Hormone Implant	

<b>Reason for No Method: Attachment F</b>	
1 - Planned Pregnancy	8 - Unplanned Pregnancy
3 - Seeking Pregnancy	
6 - Not Sexually Active	
7 - Other	

<b>Female Only medical Services: Attachment G</b>	
09 - Bimanual/Speculum Exam	31 - Serum Pregnancy Test
<b>11 - No Longer Female Only Services</b>	32 - Negative Pregnancy Test
<b>12 - No Longer Female Only Services</b>	33 - Positive Pregnancy Test
17 - Diaphragm/Cervical Cap Fit	38 - Hormone Implant In
19 – IUD/IUS Insertion	39 - Hormone Implant Out
21 - Post Pregnancy Exam	40 - Hormone Injection
25 - Pap Test Conventional	46 - EC, Future Need
26 - Pap Test Liquid-Based	48 - EC, Immediate Need
27 - Colposcopy	22 -IUD/IUS Removal



## Exhibit 4

### Region X 3rd Party Vendors / CVR Field Values

**Effective January 1, 2009**

**RED NOTES CHANGES**

Field Description	Valid Codes for each Field
Clinic/Site Number	Clinic Number assigned by Region X
Client Number	Self-Explanatory
Date of Visit	CCYYMMDD
Purpose of Visit	1, 2, 3, 4, 5 Only
Date of Birth	CCYYMMDD
<b>Medical Services</b>	02 03 04 05 06 07 08 09 <b>11 12</b> 13 <b>14</b> 15 16 17 19 20 21 22
<b>DESCRIPTION CHANGES</b>	23 <b>24 25 26</b> 27 28 29 <b>30</b> 31 32 33 34 35 36 37 38 39 40 42
	<b>43</b> , 44, 46 47 48 49 50
<b>Providers of Medical/Counseling</b>	1, 2, 3, <b>4</b>
<b>DESCRIPTION CHANGES</b>	
<b>Counseling Services</b>	01,02,03,04,05,06, <b>07</b> ,08,09,10,12,13,15,16,17,18,19,20
<b>DESCRIPTION CHANGES</b>	
<b>Revision Number</b>	<b>0901</b>
<b>Contraceptive Method Before</b>	01,02,03,04,06,07, <b>08</b> ,09,10,11,13,14,15,16,17,18,19
<b>DESCRIPTION CHANGE</b>	20,21
<b>Contraceptive Method After</b>	01,02,03,04,06,07, <b>08</b> ,09,10,11,13,14,15,16,17,18,19
<b>DESCRIPTION CHANGE</b>	20,21
Reason for No Method	1, 3, 6, 7, or 8
<b>Referral Information</b>	01,02,03,04,05,06, <b>07</b> ,08,09,10,11,12,13,14,15,16,17
<b>DESCRIPTION CHANGE</b>	
Ahlers Internal Use	Blank
Number of Pregnancies	Zero-Zero to 99
Source of Payment	01,02,03,04,05,06,07 or ( 09 = Idaho Only )
Ahlers Internal Use	Blank
Monthly Income	Self-Explanatory
Family Size	01-99
Insurance Status	1,2,3 or 4
Zip Code	Self Explanatory, 02000 and Greater
Ethnicity	6 (Yes-Hispanic/Latino) or 9 (Not-Hispanic/Latino)
Gender	1 = Female    2 = Male
Ahlers Internal Use	Zero-Fill
<b>Additional Demographics</b>	5 or Blank <b>ELIMINATED 4 AND 6</b>
Race	1, 2, 3, 4, 5,6, 7or 8
Ahlers Internal Use	Zero-Fill

## Exhibit 5

### PROCESSING CALENDAR

Dates are approximate and depend on each calendar year.

Jan 3	November Processing Report completed by Ahlers
Jan 15	Deadline for arrival of December CVR records to Ahlers
Jan 25	December rejected CVRs returned to projects/sites
Jan 30	December processing reports completed by Ahlers
Feb 5	Deadline for resubmission of rejected CVRs for inclusion in Annual Tables
Feb 15	Region X Calendar Year Tables produced by Ahlers
Feb 15	Deadline for arrival of January CVRs at Ahlers
Feb 25	January rejected CVRs returned to projects/sites
Mar 10	January processing reports completed by Ahlers
Mar 15	Deadline for arrival of February CVRs at Ahlers
Mar 25	February rejected CVRs returned to projects/sites
April 7	February processing reports completed by Ahlers
April 15	Deadline for arrival of March CVRs at Ahlers
April 25	March rejected CVRs returned to projects/sites
April 30	Quarterly reports for Jan-Mar produced by Ahlers
May 15	Deadline for arrival of April CVRs at Ahlers
May 25	April rejected CVRs returned to projects
June 7	April processing reports completed by Ahlers
June 15	Deadline for arrival of May CVRs at Ahlers
June 25	May rejected CVRs returned to program by Ahlers
July 8	May processing reports completed by Ahlers
July 15	Deadline for arrival of June CVRs at Ahlers
July 25	June rejected CVRs returned to projects/sites

July 30	Quarterly reports for April-Jun produced by Ahlers
July 30	FPAR Semi-annual tables produced by Ahlers
July 30	June processing reports completed by Ahlers
Aug 14	Region X, Fiscal Year Annual tables produced by Ahlers
Aug 15	Deadline for arrival of July CVRs at Ahlers
Aug 25	July rejected CVRs returned to projects/sites
Sept 7	July processing reports completed by Ahlers
Sept 15	Deadline for arrival of August CVRs at Ahlers
Sept 25	August rejected CVRs returned to projects/sites
Oct 5	August processing reports completed by Ahlers
Oct 15	Deadline for arrival of September CVRs at Ahlers
Oct 25`	September rejected CVRs returned to projects/sites
Oct 30	September processing reports completed by Ahlers
Oct 30	Quarterly reports for July-September produced by Ahlers
Nov 15	Deadline for arrival of October CVRs at Ahlers
Nov 25	October rejected CVRs returned to projects/sites
Dec 8	October processing reports completed by Ahlers
Dec 15	Deadline for arrival of November CVRs at Ahlers
Dec 25	November rejected CVRs returned to projects/sites
Dec 30	FPAR Annual tables produced by Ahlers (Nov – Nov)
Jan 7	November processing reports completed by Ahlers
Jan 15	Deadline for arrival of December CVRs at Ahlers
Jan 25	December rejected CVRs returned to projects/sites
Jan 30	December processing reports completed by Ahlers
Jan 30	Quarterly reports for Oct – Dec produced by Ahlers
Feb 14	Region X, Calendar Year Annual Tables produced by Ahlers

## Exhibit 6

To: Family Planning Providers  
From: Rich Ahlers  
Subject: HIPAA

2003 promises to be the “year of HIPAA” for those of us in the healthcare industry. Ahlers & Associates has answered questions from some of you individually and has described what we are doing regarding HIPAA in our newsletters and CVR training sessions we have conducted. The purpose of this letter is to summarize what we know and flag any action steps you will need to take. This task is complex because Ahlers serves in up to three “provider categories” according to HIPAA.

If we receive CVR data from you and subsequently prepare billing to Medicaid, Title XX, Private Insurance and/or to your state, we are a Clearinghouse. We serve this role in Texas, Illinois and Oregon for all agencies and for several agencies in New York.

If we receive CVR data from you and accumulate those data into statewide reports (management reports, FPAR, CL-7, etc.) but do not prepare billing on your behalf, we are a Data Accumulator. In addition to the states mentioned above this would include Alaska, Idaho, Washington, Iowa, Indiana, Minnesota and Ohio.

If we have provided you with software into which CVR visits are recorded (and/or Client Billing, Insurance Billing, Pharmacy, Lab, Appointments), we are a Software Developer. In addition to the states mentioned above this would include Maine, Rhode Island, New Hampshire, Virgin Islands, Virginia, North Carolina, Michigan, Missouri, North Dakota and Nebraska.

### Who Needs A Business Associate Agreement?

All of our clients need a Business Associate Agreement with Ahlers regardless of whether we are a Clearinghouse, Data Accumulator and/or Software Developer. In fact you need one with any outside organization that has access to your clients’ protected health information. This might include billing companies, auditing firms, attorneys, etc.

If your organization has developed a Business Associate Agreement please forward it to Joe Ahlers for signature.

If you have not developed the Agreement you may print one from our website ([www.ahlerssoftware.com](http://www.ahlerssoftware.com)), sign it and send it to Joe Ahlers for signature. If you cannot access the website, call for a copy to be mailed. There are three Agreements on the website. If Ahlers serves in two or more capacities for you (Data Accumulator and Software Developer for example), call Martha (800-888-1836, ext 100) and ask for a combined agreement.

Remember that HHS will not check Ahlers for this Agreement but your organization is subject to review.

### By When?

The Business Associate Agreement is part of the Privacy regulations and the deadline is April 14, 2003. We urge you to send us an Agreement (yours or ours) before that date. Are There Other Privacy Issues?

There are a couple of other Privacy issues that you and Ahlers must deal with by the April 14<sup>th</sup> deadline. These relate to those of you who send us CVR data electronically (versus paper) and/or for those of you who use Ahlers software.

In the past we have accepted CVR data electronically via Email, BBS or FTP. In April the electronic transmission of client data must be encrypted and that cannot be done in Email or BBS. FTP qualifies as will our website in the next couple of months. We will furnish our Windows CVR clients with a program update which will automatically send transmission to our FTP server. Third-party (non-Ahlers software transmitters) users will need to acquire an encryption program to protect your client information. You may do this by acquiring an SSL enabled FTP client. We recommend WSFTP by IPSWITCH. You can download an evaluation version at [www.ipswitch.com](http://www.ipswitch.com) or purchase it for \$39.95. Because we have a Verisign Certificate of Authentication your data can only be read by our computer.

Additionally, your Ahlers' software must be updated for these features:

**Unique User ID and Password** which provides security for each module. For example, a staff member may be able to access CVR but not Client Billing.

**Time Out Feature** for each workstation must be provided. Should the staff person leave the workstation unattended for a defined time period, the screen will go to a screen saver. This prevents other staff from accessing information that only the absent staff person is authorized to view.

A **Disclosure Log** is necessary. Some clinics may maintain this log manually or "outside" the software. This is something your clients have the right to request and receive. It shows to whom and by who their health information was given.

### Is Ahlers Compliant With The Privacy Provisions?

Ahlers has been receiving transmissions from a number of clients on the FTP server for several months. We will provide you with this path prior to the April deadline.

The CVR System modifications will be complete and you will receive an update prior to April to satisfy the Unique User ID, Time Out Feature and Disclosure Log requirement.

The Ahlers DOS-software (CVR Plus) cannot be updated for the Privacy features. Contact Gary Garcia (800-888-1836, ext 133) if you wish to upgrade to Windows. The upgrade fee for the CVR is \$700 and the remaining modules vary in cost. Gary can provide you with a quote.

### What About Security?

No deadline has been established at this writing but the proposed regulations are likely to be approved as written.

Ahlers has only one duty in Security. That is to password protect the Ahlers software so that an unauthorized person cannot remove the software and files to a different machine, install a copy of our programming language and then view the data. That enhancement will be added before April along with the Privacy provisions mentioned previously. The larger burden of Security rests with your staff in doing regular backups, using anti-virus software, etc.

### What About Standard Transaction Sets?

HIPAA required that in October, 2002 that health care information relating to reimbursement (claims) be sent in X12N837 format. By filing an extension request with HHS an automatic extension to October, 2003 was granted. Ahlers, hopefully along with each of you, filed for the extension.

As a Clearinghouse, Ahlers is entitled to receive non-standard records until the regulations are changed. And, as mentioned earlier, we are a Clearinghouse in Oregon, Illinois, Texas and New York. You may continue to send us visit data in the current format. If you use Third-Party software we are required to accept X12N837 records if asked to do so. We must be prepared to begin testing in April, 2003. Our hope is that you will continue to use the current format.

Ahlers must file X12N837 records with the health plans (payor) if those records are submitted electronically. Currently only Oregon Medicaid, Illinois Medicaid, New York Medicaid and all Texas claims are filed electronically. We will begin testing with those organizations in April, 2003 with completion by October, 2003.

Those of you who use our Insurance Billing System file your claims on paper (not subject to X12N837) or through PerSe (also a Clearinghouse). PerSe can continue to accept non-standard records and will file them with payors in X12N837 format in October, 2003. The X12N837 claim record contains some fields not currently captured by Ahlers Insurance Billing System. You will receive an enhancement to add those fields prior to October.

### What About Standard CPT and ICD9 Codes?

Standard CPT coding and Title X reporting just don't seem to go together. Blood pressure, bimanual pelvic exams, etc. do not have specific CPT codes but are likely provided in certain Office Visit CPT codes.

Ahlers is awaiting direction from the Medicaid paying organizations in our billing states and that direction has not been forthcoming at this writing. As soon as we receive information from those organizations we will be available to consult with the affected states on how to comply by the deadline.

Those agencies using our Insurance Billing module have the flexibility to use whatever CPT and ICD9 codes they desire.

### Conclusion

This letter represents our best interpretation of HIPAA. We hope it represents where we each are as we seek to comply with the law. If you have questions or concerns please let me know at 800-888-1836, ext 113 or [joe@ahlerssoftware.com](mailto:joe@ahlerssoftware.com).

## Exhibit 7

# Ahlers Web Page Security Application

Management reports prepared by Ahlers are available at [www.ahlerssoftware.com](http://www.ahlerssoftware.com). The confidentiality of the reports necessitates the use of a User ID and Password. Please keep your User ID and Password confidential. If other staff members in your organization are authorized to view the reports, have them apply for a personal User ID and Password.

Please complete the attached application and fax it to 254-755-0267, Attn: Debby or Gracie.

Ahlers will confirm your eligibility with the Region, State or Agency and assign your Password. Your Password will be communicated with you by phone from the individual who approved your application.

## Password Application

Please Print

User ID \_\_\_\_\_ (limit 9 letter and/or numbers)  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Email address \_\_\_\_\_

Authorization for:

\_\_\_\_\_ Region \_\_\_\_\_ (all inclusive – Region, State, Project, Clinic reports)  
\_\_\_\_\_ State \_\_\_\_\_ (includes all Projects and Clinics in State)  
\_\_\_\_\_ Project \_\_\_\_\_ (includes all Clinics within Project)  
\_\_\_\_\_ Clinic \_\_\_\_\_ (includes only Clinic reports. List all Clinic Numbers for which  
your are seeking authorization.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Use By Ahlers  
Password \_\_\_\_\_  
Security Status \_\_\_\_\_  
Application Status \_\_\_\_\_

## Exhibit 8 CONTACTS

Names in red denote primary grantee contact

Regional Office	Oregon Dept. of Human Svcs
<p><b>Marjie Witman</b> Regional Program Consultant (206) 615-2501 <a href="mailto:marjie.witman@hhs.gov">marjie.witman@hhs.gov</a></p> <p>Lou Glass Regional Nurse Consultant (206) 615-2776 <a href="mailto:louis.glass@hhs.gov">louis.glass@hhs.gov</a></p> <p>Mailing Address: U.S. Public Health Service Office of Family Planning, MS-29 2201 Sixth Ave., Ste 800 Seattle, WA 98121-2500 FAX (206) 615-2481</p>	<p><b>Rian Frachele</b> Reproductive Health Section Manager (971) 673-0364 <a href="mailto:rian.frachele@state.or.us">rian.frachele@state.or.us</a></p> <p>Karol Almroth FP Operations Coordinator (971) 673-0357 <a href="mailto:karol.L.almroth@state.or.us">karol.L.almroth@state.or.us</a></p> <p>Carol Elliott Nursing Consultant (971) 673-0362 <a href="mailto:carol.j.elliott@state.or.us">carol.j.elliott@state.or.us</a></p> <p>Cheryl Connell Nursing Consultant (541) 265-2248 ext 443 <a href="mailto:cheryl.s.connell@state.or.us">cheryl.s.connell@state.or.us</a></p> <p>Mailing Address: Oregon Dept Human Services (DHS) 800 NE Oregon St. Ste 370 Portland, OR 97232 FAX: (971) 673-0371</p>



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