RH Access Fund Eligibility and Enrollment Training

For RHCare, CCare, and AbortionCare Clinics

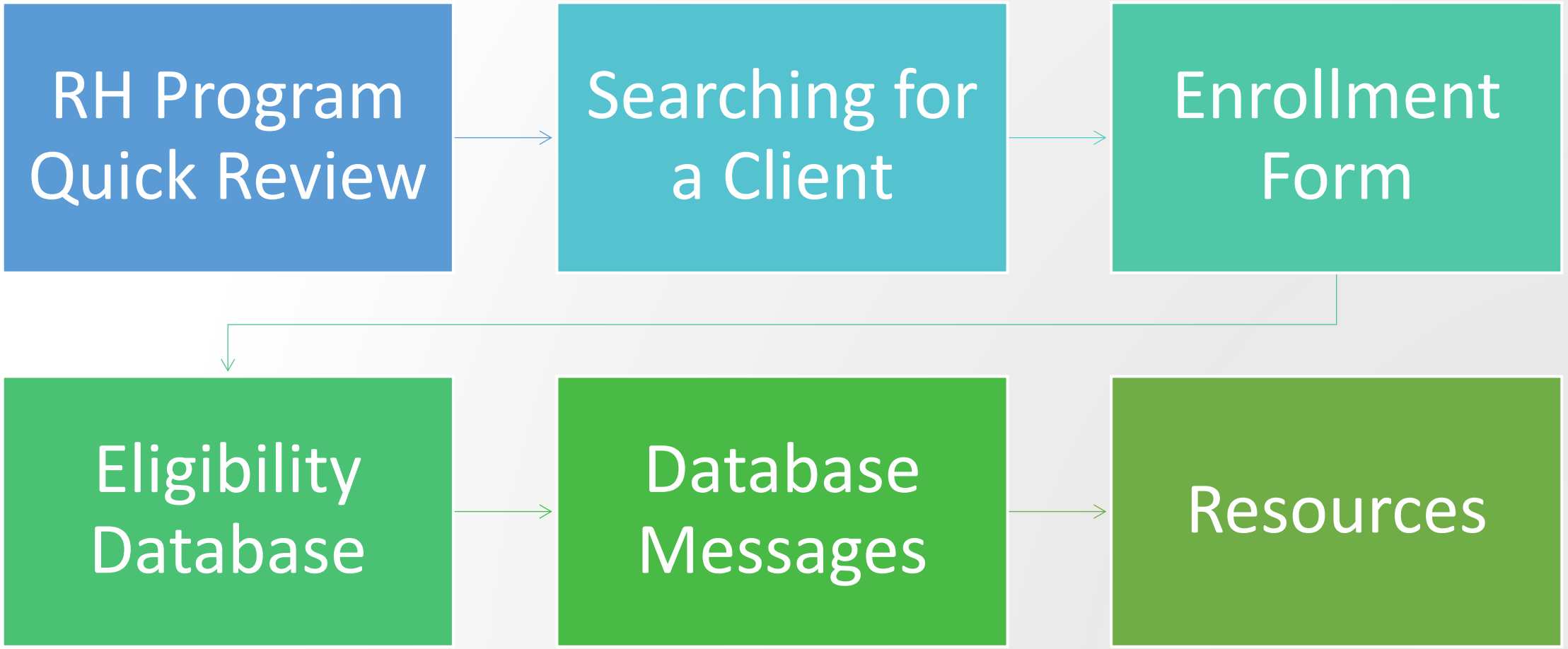
ORHP

Oregon Reproductive Health Program

Access. Equity. Quality.

March 2026

Agenda



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Helpful References

- Log into the Eligibility Database
- RH Access Fund Enrollment Form
- RH Access Fund Citizen and Immigration Status Chart

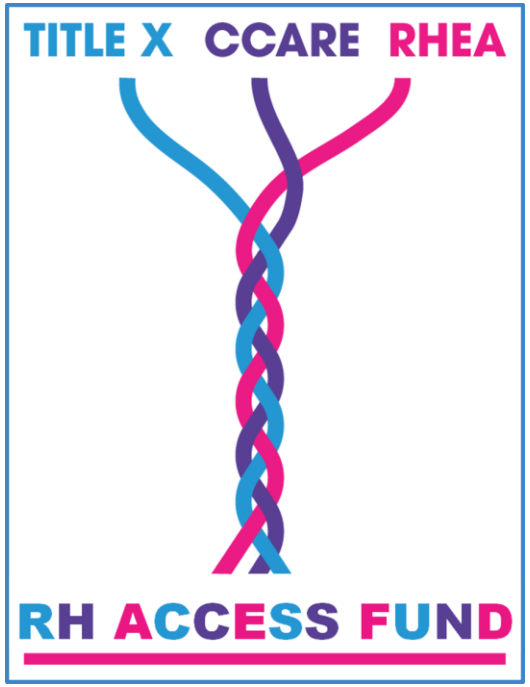
RH Program Quick Review

Clinic Types

	RHCare	CCare	AbortionCare
Services Covered	Family Planning visits and related preventative care	Contraception	Abortion
Reproductive Capacity	Able to get pregnancy or get someone else pregnant	Able to get pregnancy or get someone else pregnant	Able to get pregnant
Income	≤ 250% FPL	≤ 250% FPL	≤ 250% FPL
Oregon Resident	Not Required	Required	Required
Citizenship/ Immigration Status	No requirements	U.S. Citizenship, Eligible Immigration, or Unknown Status	Another or Unknown Status

What is the RH Access Fund?

RH Access Fund braids the three funding streams to make the most people eligible for coverage of the widest range of services possible.



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Who is eligible to enroll in the RH Access Fund?

Anyone who:

- Is at or below 250% of the Federal Poverty Level,
- Can get pregnant themselves, or get someone else pregnant, and
- Is not enrolled in full-benefit OHP.

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CCare Clinics – Add'l Criteria

- Live in Oregon, and

- Have U.S. Citizenship, Eligible Immigration, or Unknown Status. This includes people who:
  - Were born in the U.S., Puerto Rico, Guam, or the U.S. Virgin Islands
  - Have become U.S. citizens
  - Have refugee or asylee status
  - Left the immigration question blank or indicated "Don't want to answer"

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CCare
Contraceptive Care

AbortionCare Clinics – Add'l Criteria

- Lives in Oregon

- Has Another or Unknown Status for immigration
  - DACA
  - Lawful Permanent Resident status < 5 years
  - Student visas
  - Undocumented
  - People who left the immigration question blank or indicated "Don't want to answer"

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AbortionCare

Meet your new client, Alex!

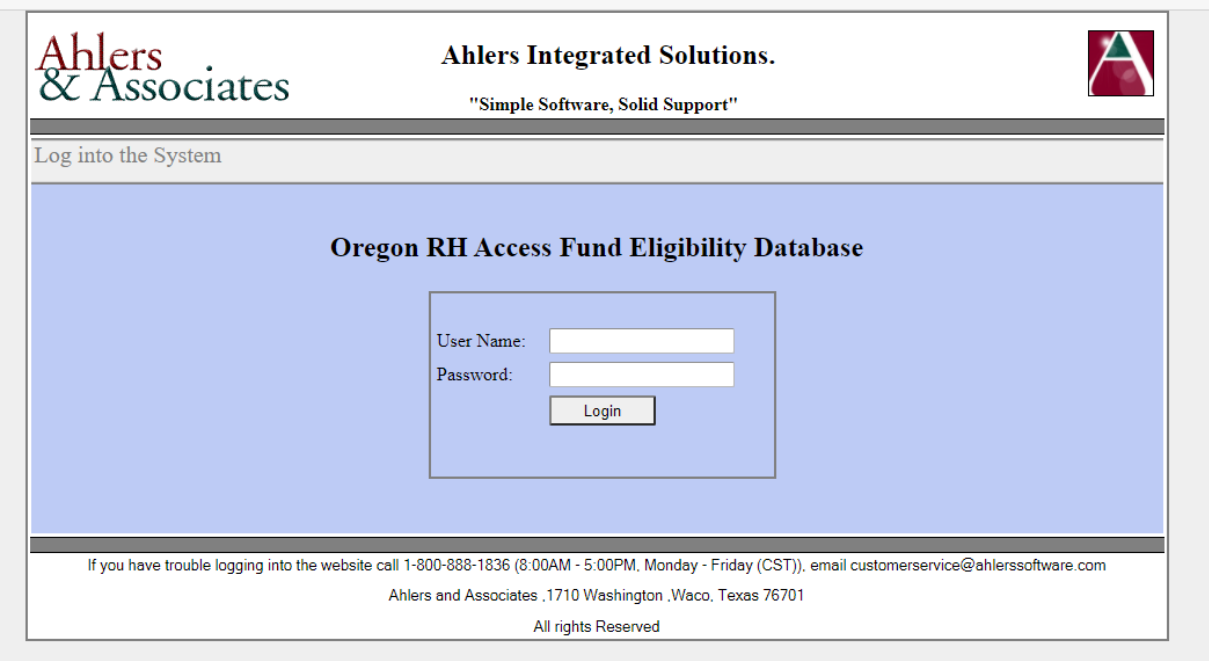
Where to start?

- Do you have private insurance (non-OHP/Medicaid)?
  - Yes, collect their insurance information and offer RHAF to cover expenses not covered by insurance
  - No. Check if enrolled in OHP and/or RHAF.
- Are you enrolled in OHP?
  - Check the OHP Provider Portal
  - If not in OHP, offer the RHAF enrollment.
  - If they have OHP, they are NOT eligible for RHAF
- Are you enrolled in Reproductive Health Access Fund?
  - Check the RHAF eligibility database
  - If client is not enrolled or enrollment has expired, offer the RHAF enrollment

Searching for a client

Is Alex already enrolled?

- Go to https://orhp.ahlerssoftware.com/
- If you do not have access to Ahlers, complete and submit this form: Ahlers User ID/Password for agencies with 1-9 clinics



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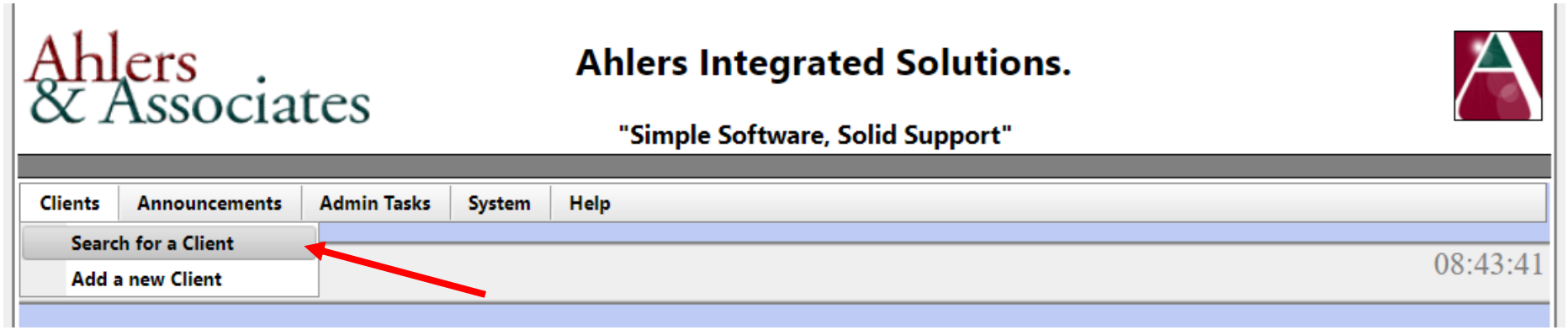
Searching for Alex

- After logging into the Eligibility Database, hover the cursor over “Clients” in the top left corner.
- When the drop-down menu appears, click “Search for a Client”.



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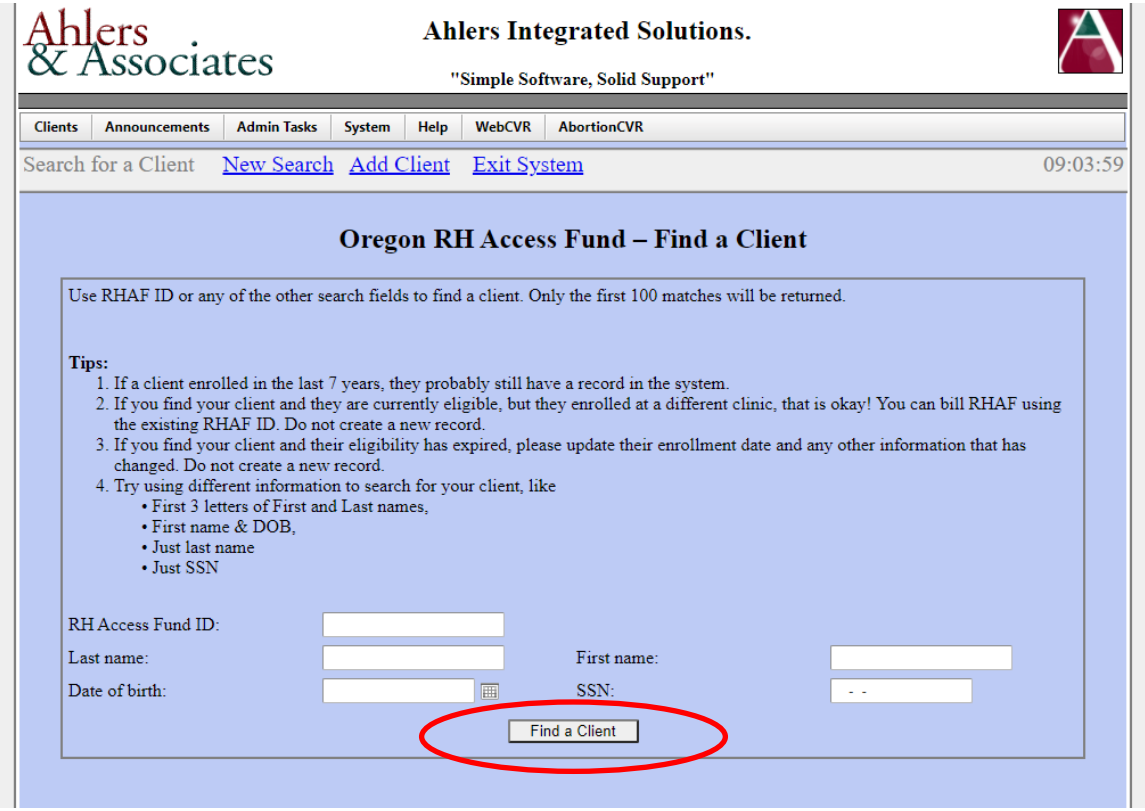
Find a Client

- Enter client's information in one or more search fields and click Find a Client. The database will show the first 100 matches.



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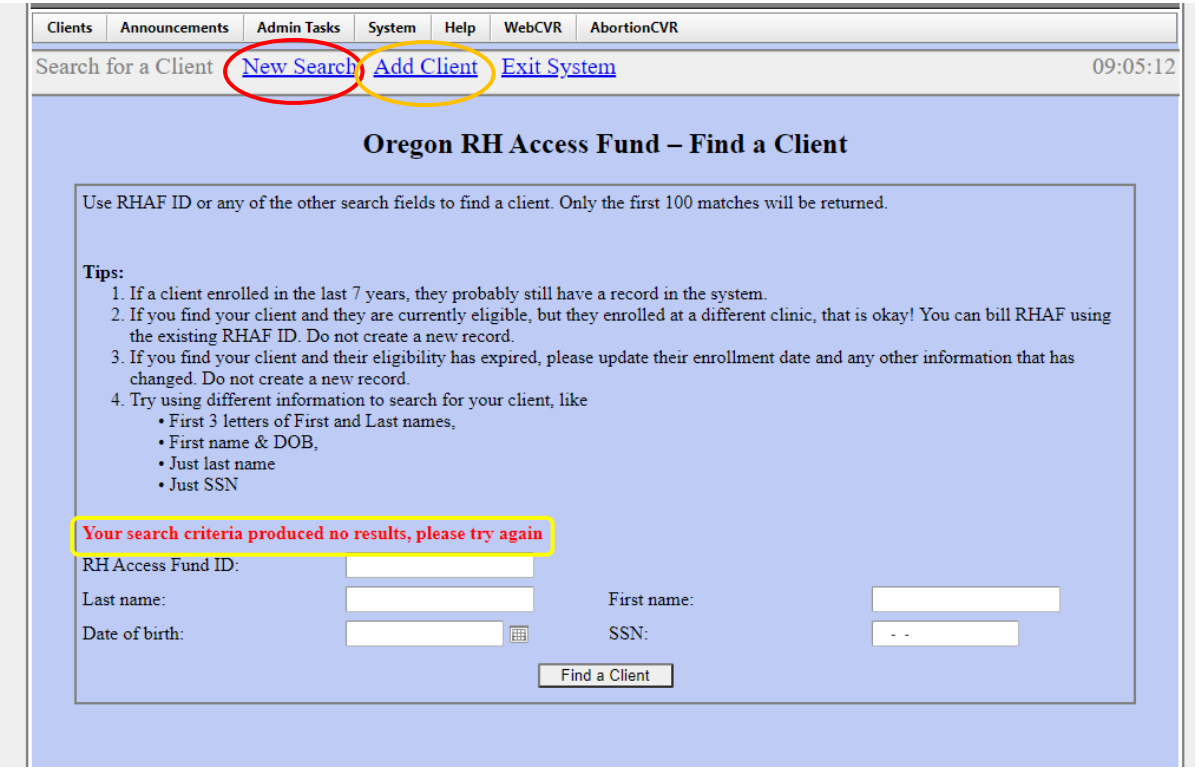
Find a Client - Tips

- Search using different combinations of information. For example:
  - First name + Date of birth
  - SSN
  - Last name + First name
  - Just Last name
- The name fields allow partial information. For example, you can search by entering just the first 3 letters of the last name and/or first name.

Find a Client – No Results

- Search again by clicking on New Search, or
- Add the client, but only if you've tried a few different combinations of information



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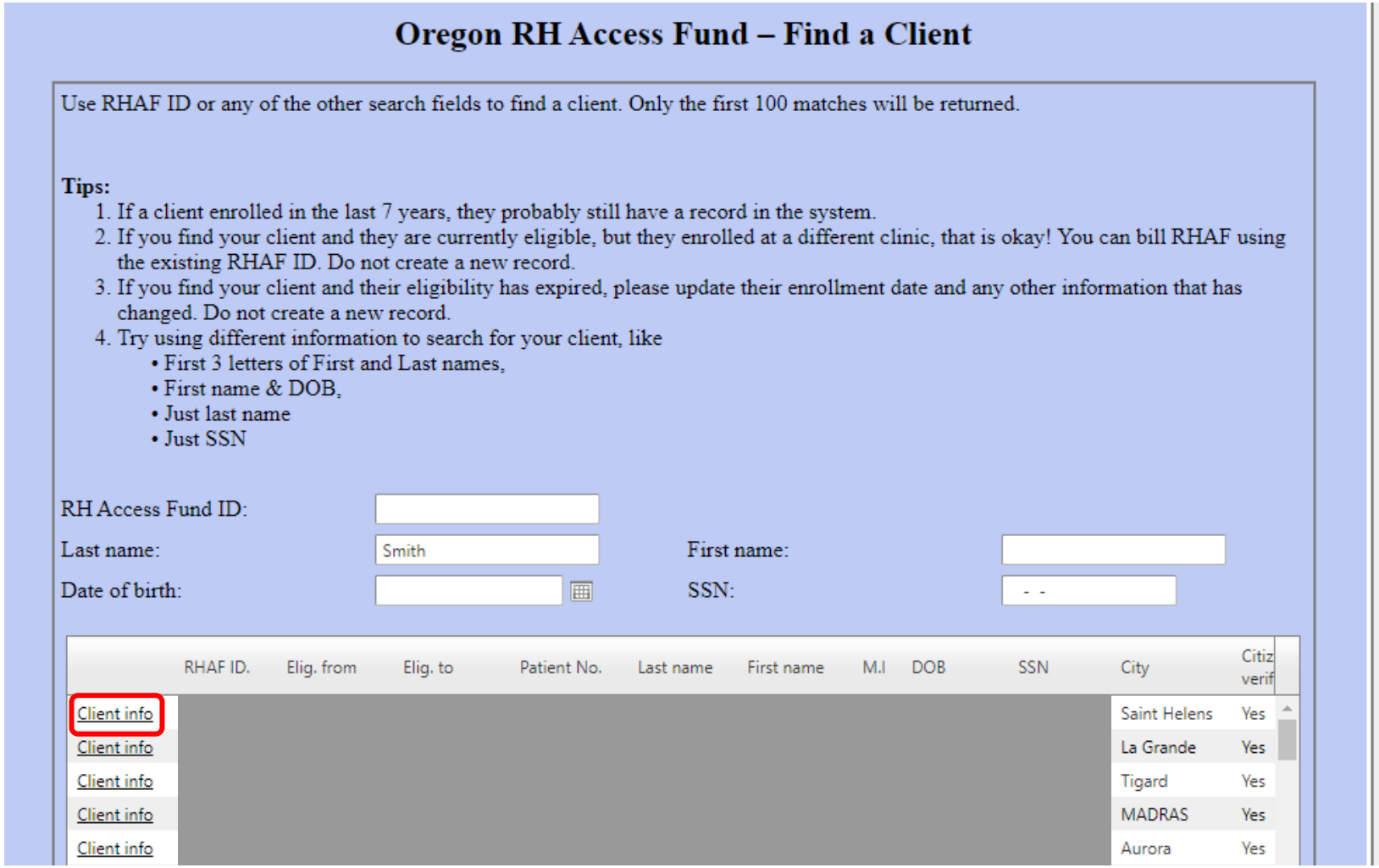
Find a Client – Multiple Results



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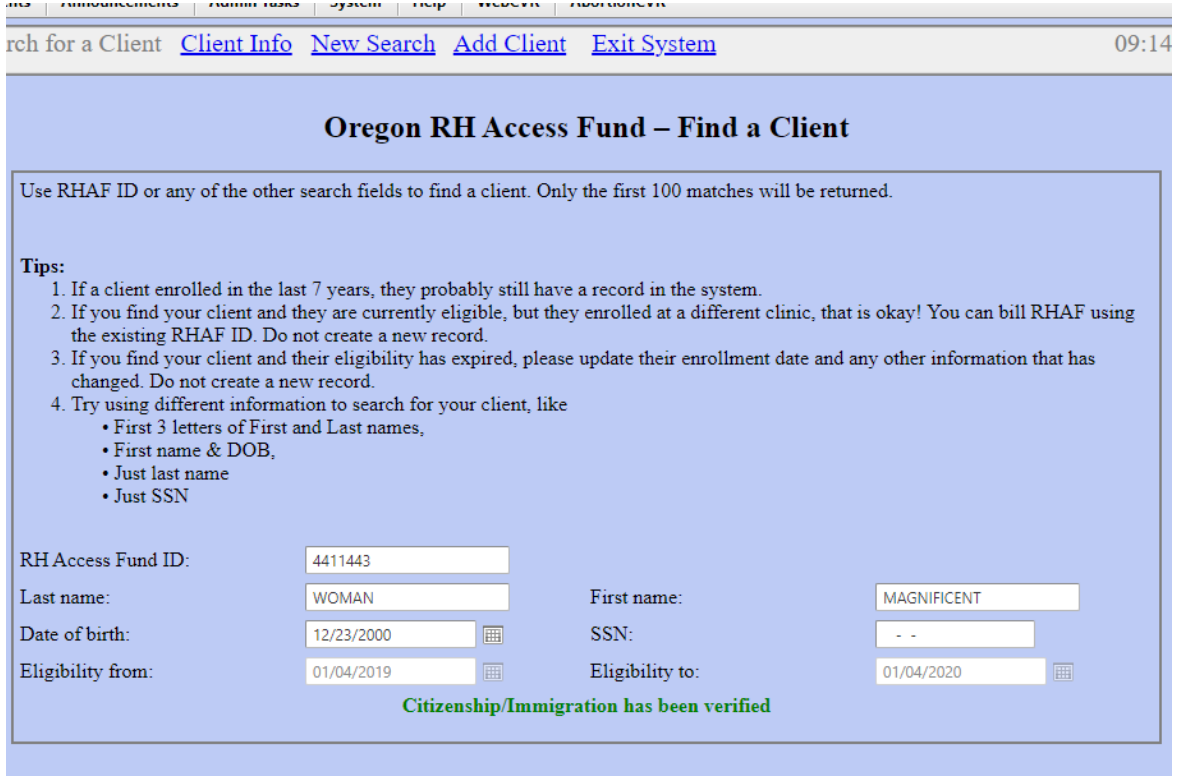
Find a Client – Success!

- If the search is successful, all the fields on the Find a Client screen will be filled and you will see a message about client's eligibility status.
- If the client's record needs to be updated or reviewed in detail, click on the Client Info link near the top of the screen.



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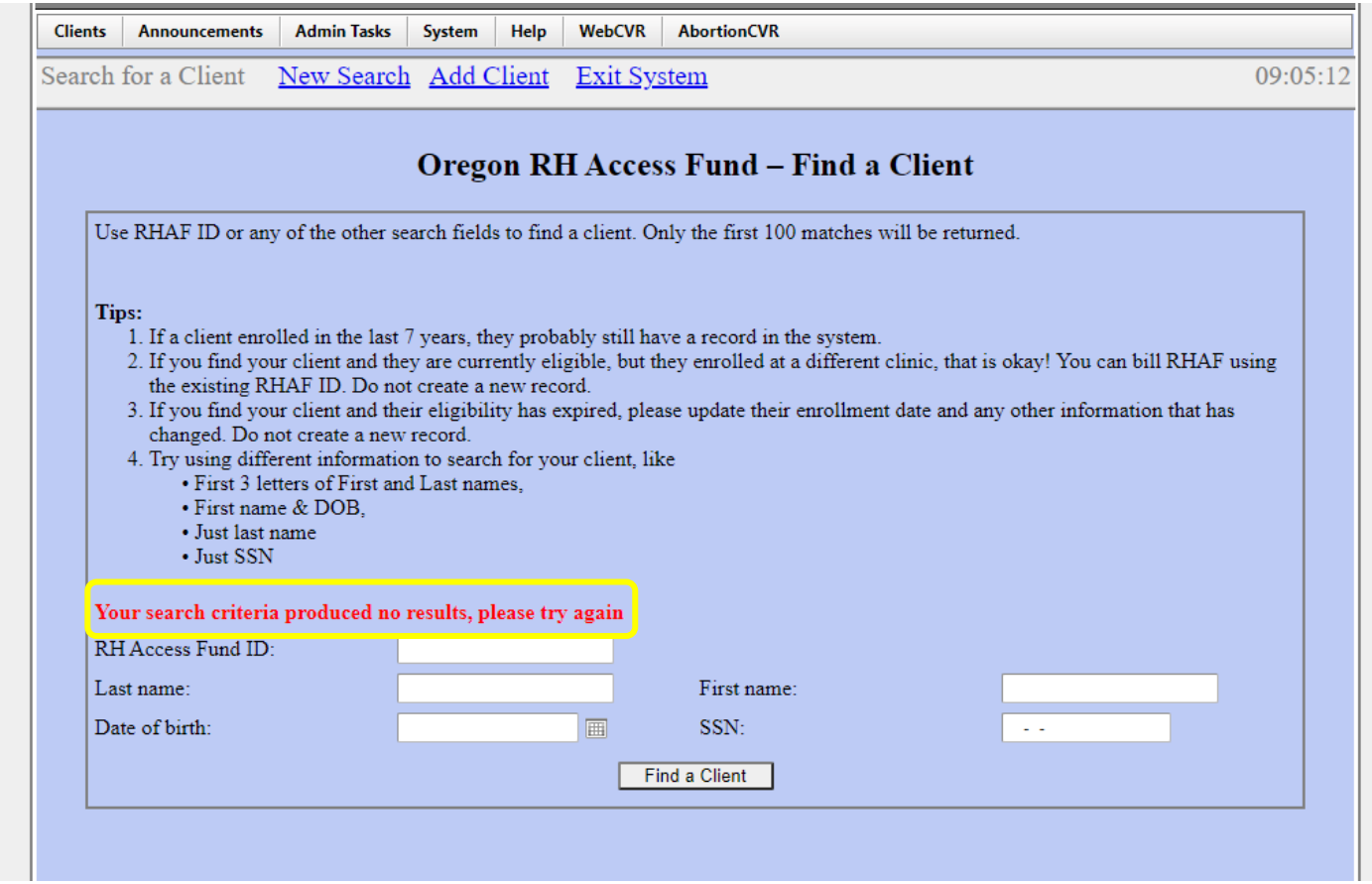
When searching for Alex…

- No match so let's enroll, Alex.



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Enrollment Form

Enrollment Form Languages

- English
- Spanish
- Korean
- Marshallese
- Russian
- Simplified Chinese
- Vietnamese

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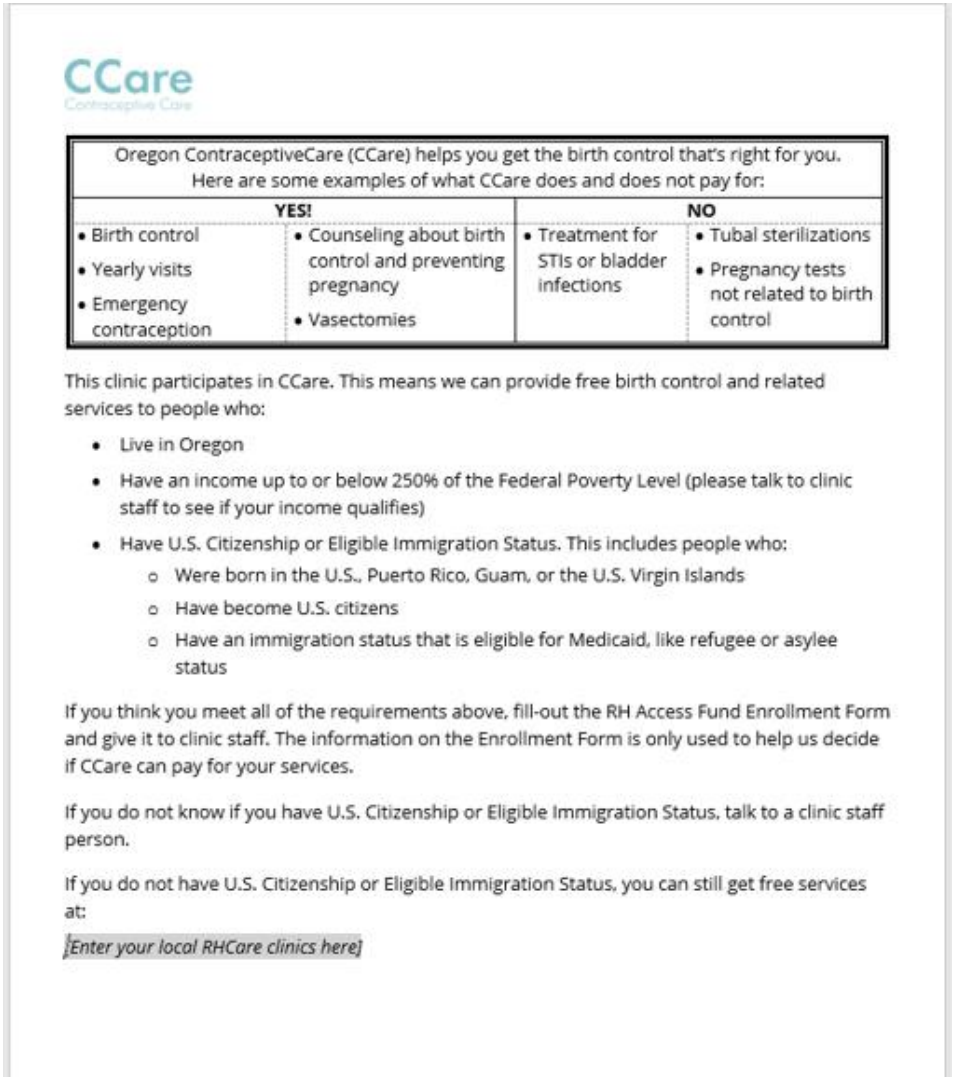
CCare Clinics - Enrollment Form Cover Page

- Enrollment form determines eligibility at all clinics
- CCare Cover page describes:
  - CCare eligibility requirements
  - What CCare pays for
- Use the blank space at the bottom to add local RHCare clinics for folks who are not eligible at your CCare clinic



CCare
Contraceptive Care

Oregon ContraceptiveCare (CCare) helps you get the birth control that's right for you. Here are some examples of what CCare does and does not pay for:			
YES!		**NO**	
• Birth control • Yearly visits • Emergency contraception	• Counseling about birth control and preventing pregnancy • Vasectomies	• Treatment for STIs or bladder infections	• Tubal sterilizations • Pregnancy tests not related to birth control

This clinic participates in CCare. This means we can provide free birth control and related services to people who:

- Live in Oregon
- Have an income up to or below 250% of the Federal Poverty Level (please talk to clinic staff to see if your income qualifies)
- Have U.S. Citizenship or Eligible Immigration Status. This includes people who:
  - Were born in the U.S., Puerto Rico, Guam, or the U.S. Virgin Islands
  - Have become U.S. citizens
  - Have an immigration status that is eligible for Medicaid, like refugee or asylee status

If you think you meet all of the requirements above, fill-out the RH Access Fund Enrollment Form and give it to clinic staff. The information on the Enrollment Form is only used to help us decide if CCare can pay for your services.

If you do not know if you have U.S. Citizenship or Eligible Immigration Status, talk to a clinic staff person.

If you do not have U.S. Citizenship or Eligible Immigration Status, you can still get free services at:

[Enter your local RHCare clinics here]

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Enrollment Form

- Three Sections:
  - Eligibility – determines coverage and funding source
  - For Clinic Staff box
  - Demographics – Optional
- Keep the enrollment form on file for 7 years
- Remote enrollment is allowed. A form must be completed by staff.

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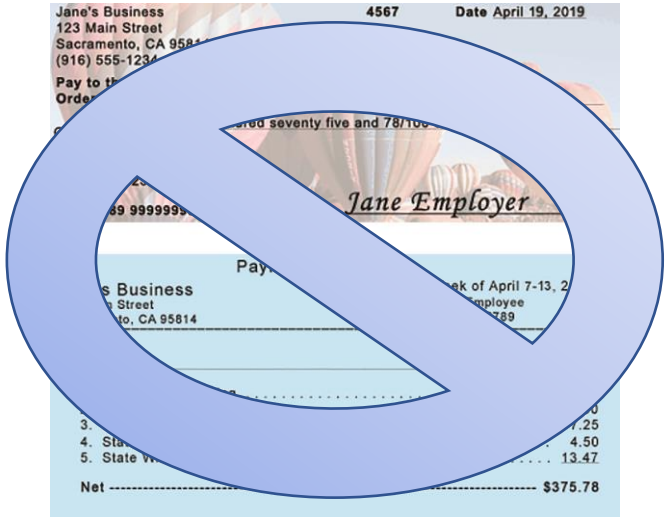
What if Alex declines to complete the enrollment form?

- **RHCare** clinics must still provide same services.
- Be transparent about fees! Explain to client that if they provide household size/income, it may reduce their fees.
- Clinics may not require proof of income.



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Alex decides to complete the form…

OREGON HEALTH AUTHORITY

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

You can get this form in other languages, larger print, braille, or a format you prefer.
Contact the RH Program at rh.program@dhsoha.oregon.gov or 971-673-0355.
We accept all relay calls or you can dial 711. You can also request free interpreter services.

Do not complete this form if:

- **You are post-menopausal (your periods have stopped for more than one year because of your age), or**
- **You have had your uterus, both ovaries, and/or both uterine/fallopian tubes removed, or**
- **You have had both testicles removed.**

If you have questions or if you are not sure whether these apply to you, please talk to clinic staff.

If the above does not apply to you, please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last/family name(s):	Legal first name:	MI:
2	Date of birth:	Sex assigned at birth: ☐ Female ☐ Male	Optional: What is your gender identity?
3	Please write your City and ZIP:		

4	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☐ No **(SKIP TO QUESTION 6)**
5	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit

6	Do you have your own income? ☐ Yes ☐ No **(SKIP TO QUESTION 8)**

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Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

7	If you have your own income, please list how much you think you will get this month from: **Jobs before taxes or other money is taken out** _____ Other sources like tips or unemployment **(do *not* include child support, veteran's payments, or Supplemental Security Income (SSI))** _____ ***Total*** _____
8	Do you file taxes? ☐ Yes. How many people do you put on your taxes? _____ (must be at least 1) ☐ No, someone else includes me on their taxes. How many people do they put on their taxes? _____ (must be at least 2) ☐ No, and no one puts me on their taxes.

You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

9	If you need help with this question, please ask to see the Citizenship and Immigration Chart. Do you have: ☐ U.S. Citizenship or U.S. National Status ☐ Eligible Immigration Status (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older) ☐ Another Status **(SKIP TO NEXT PAGE)** (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older) ☐ Don't want to answer **(SKIP TO NEXT PAGE)**
10	If you checked **U.S. Citizen/National Status** above, please: Write your Social Security Number. ☐ My Social Security Number is: _____ ☐ I don't know it, or I don't have one Write your Oregon mailing address: ☐ My Oregon mailing street address is: _____ ☐ I do not live in Oregon

11	If you checked U.S. Citizen, do you want to register to vote today? ☐ Yes ☐ No ☐ Not Applicable

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Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: _____ **Today's date** (MM/DD/YY): _____

FOR CLINIC STAFF: Requirements Tracking

Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:
*Offered OHA Notice of Privacy Practices.		☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.		☐ Yes
Gave information on where to access primary care services.		☐ Yes ☐ Not needed
Gave health insurance enrollment information.		☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.		☐ Yes ☐ Not needed

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Enrollment Form & Reproductive Capacity

Do not complete this form if:

- **You are post-menopausal (your periods have stopped for more than one year because of your age), or**
- **You have had your uterus, both ovaries, and/or both uterine/fallopian tubes removed, or**
- **You have had both testicles removed.**

If you have questions or if you are not sure whether these apply to you, please talk to clinic staff.

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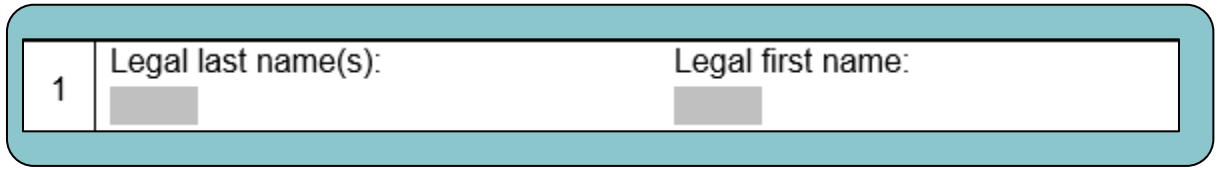
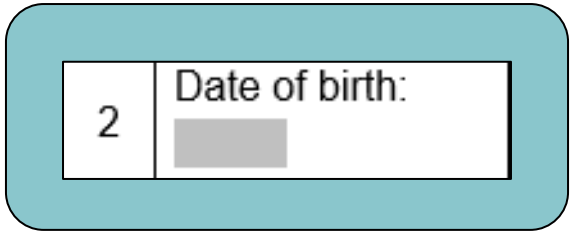
1. Legal Name



- Name on other government documents (e.g. birth certificate, driver's license)
- Not nicknames
- Used to verify clients' citizenship and income

2. Date of Birth, Sex Assigned at Birth, Gender

- Ask client to use the U.S. Convention of month, day, year.



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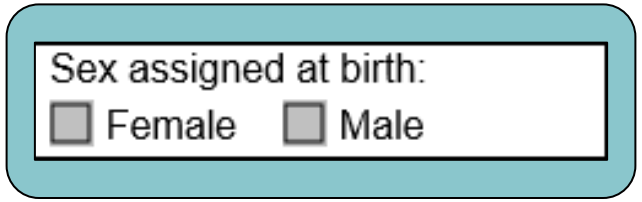
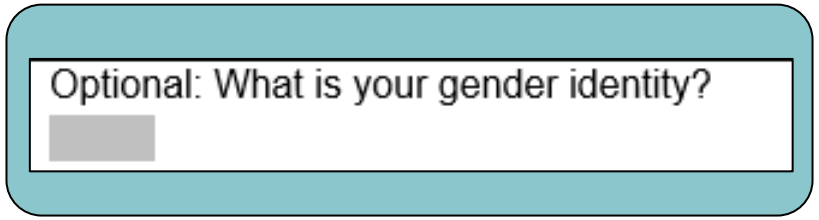
2. Continued

- Sex Assigned at Birth – what was originally marked on birth certificate
  - Use to determine funding stream eligibility



- Optional: What is your gender identity



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3. City and Zip

- Two of our funding streams will only pay for clients who live in Oregon.
  - ★Important for CCare and AbortionCare clinics
- If the client does not have an address or is uncomfortable providing their city and zip code, they may write the city and zip of the clinic.

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4. & 5. Private Insurance and Confidentiality

- Clients with private insurance can enroll
- If a client is concerned about someone else receiving a bill or notice, they should answer No to #5

4	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☐ No **(SKIP TO QUESTION 6)**
5	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit

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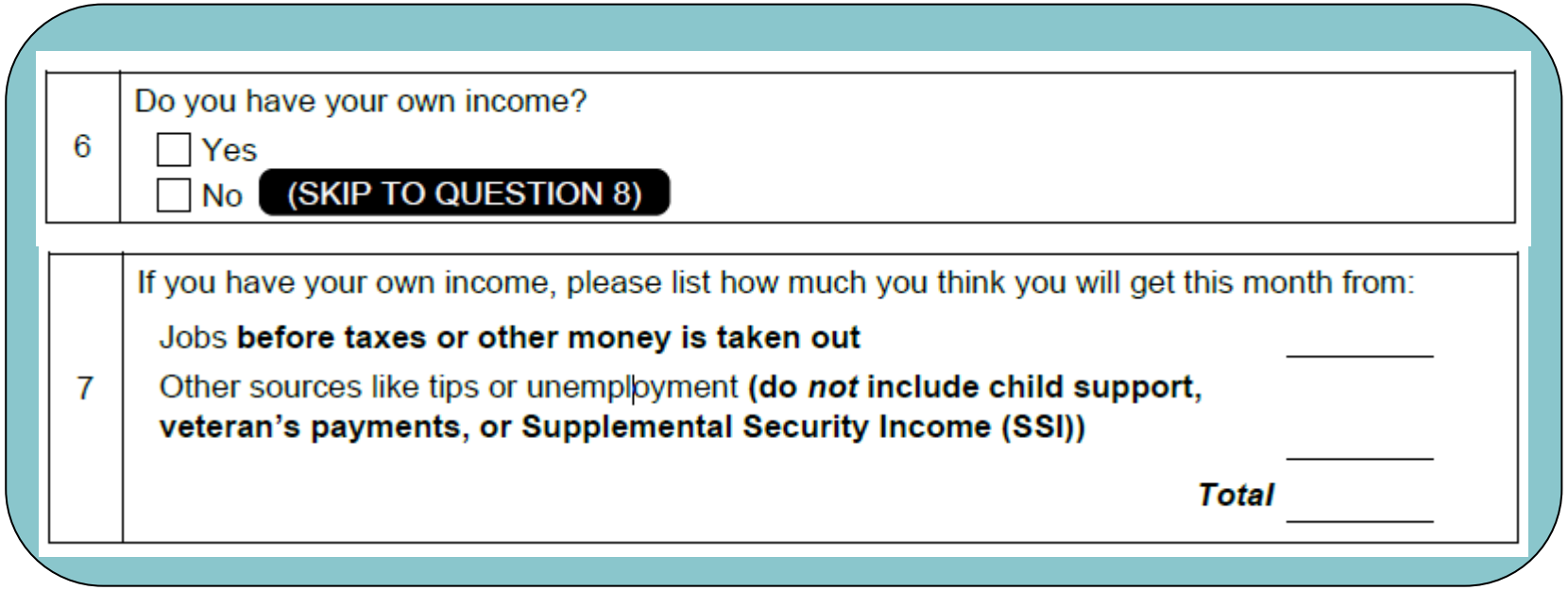
6. & 7. Income

- Clients should include only their income (not the family)
- You cannot require clients to provide proof of income
- Income includes salary, wages, tips, self-employment earnings, and unemployment



6	Do you have your own income? ☐ Yes ☐ No **(SKIP TO QUESTION 8)**
7	If you have your own income, please list how much you think you will get this month from: Jobs **before taxes or other money is taken out** _____ Other sources like tips or unemployment **(do *not* include child support, veteran's payments, or Supplemental Security Income (SSI))** _____ ***Total*** _____

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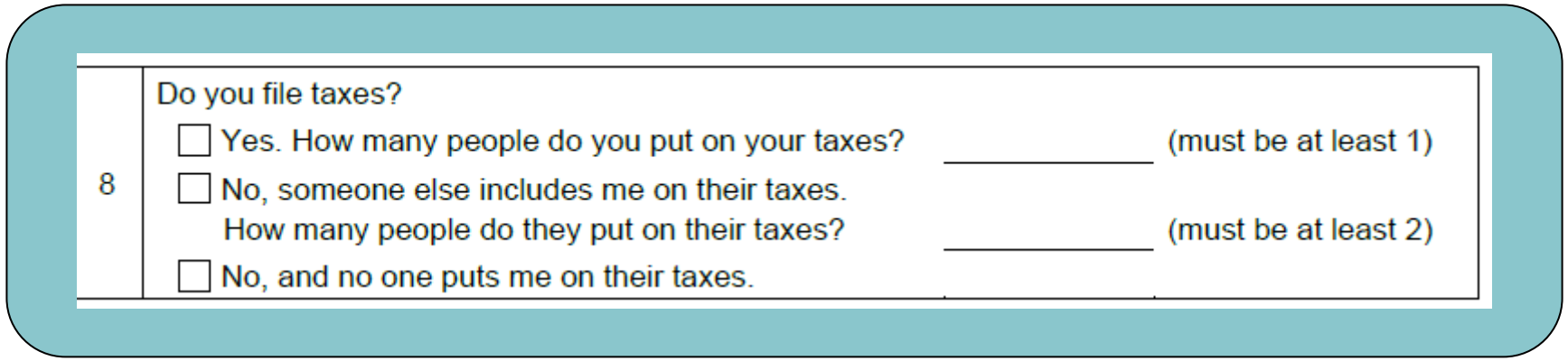
8. Taxes

- Information is self-declared



8	Do you file taxes? ☐ Yes. How many people do you put on your taxes? _____ (must be at least 1) ☐ No, someone else includes me on their taxes. How many people do they put on their taxes? _____ (must be at least 2) ☐ No, and no one puts me on their taxes.

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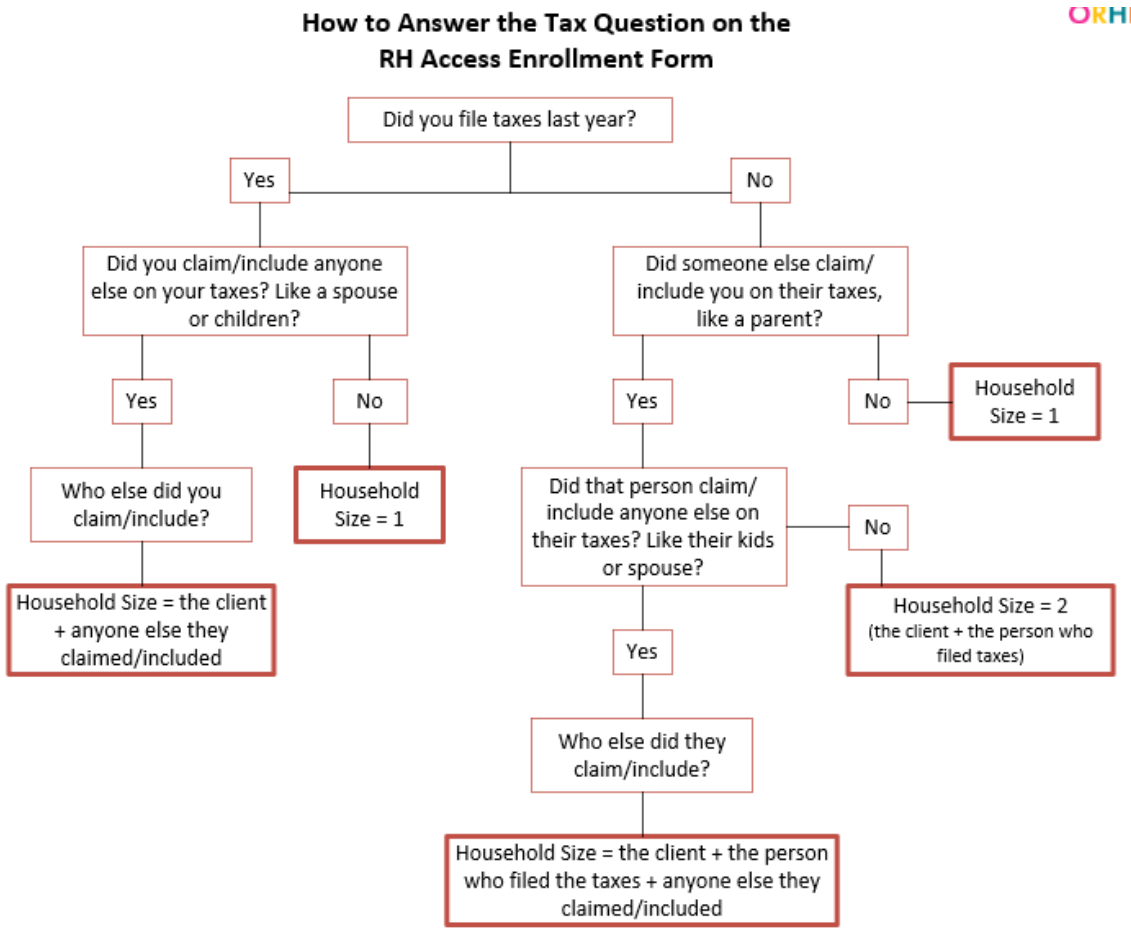
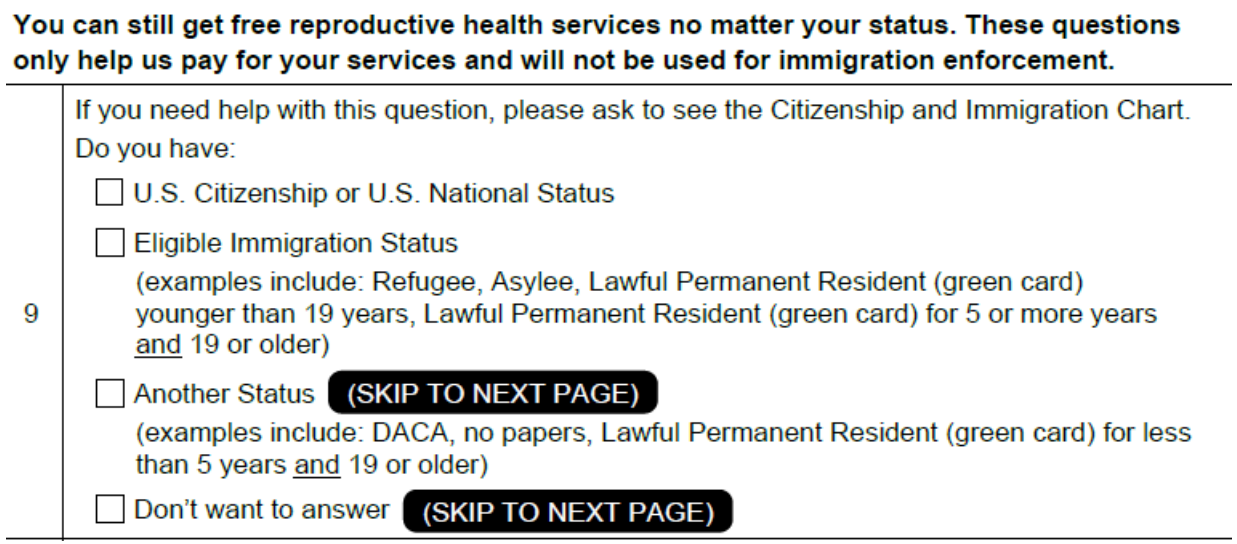
Tool to Assist with Tax Question



Available under Client Enrollment Tools ↗ at healthoregon.org/ rhclientenrollment ↗

9. Citizenship/Immigration Status

- Used to determine funding stream
- None of the answers make a client ineligible for the RH Access Fund, however,
  - ★ At CCare clinics, services will only be covered for enrollees with U.S. Citizenship or National Status, Eligible Immigration Status or Don't want to answer.
  - ★ At AbortionCare clinics, services will only be covered for enrollees with Another Status or Don't want to answer.



You can still get free reproductive health services no matter your status. These questions only help us pay for your services and will not be used for immigration enforcement.

9

If you need help with this question, please ask to see the Citizenship and Immigration Chart.
Do you have:

- ☐ U.S. Citizenship or U.S. National Status
- ☐ Eligible Immigration Status
  (examples include: Refugee, Asylee, Lawful Permanent Resident (green card) younger than 19 years, Lawful Permanent Resident (green card) for 5 or more years and 19 or older)
- ☐ Another Status **(SKIP TO NEXT PAGE)**
  (examples include: DACA, no papers, Lawful Permanent Resident (green card) for less than 5 years and 19 or older)
- ☐ Don't want to answer **(SKIP TO NEXT PAGE)**

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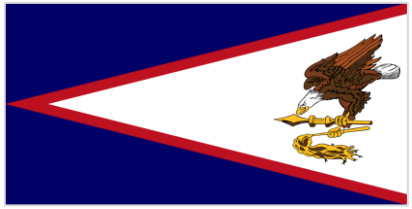
U.S. Citizen or U.S. National:

U.S. Citizen

- Born in:
  - U.S.,
  - Puerto Rico,
  - Guam, or
  - U.S. Virgin Islands
- Naturalized as a U.S. Citizen
- Gained citizenship through the Child Citizenship Act of 2000
- Born outside the U.S. to a U.S. citizen

U.S. National

- Born in:
  - American Samoa, or
  - Commonwealth of Northern Mariana Islands



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Eligible Immigration Status

- Includes:
  - Refugees,
  - Asylees,
  - Work or Student Visas (if younger than 19)
  - Lawful Permanent Residents (if younger than 19 or 19+ and have had LPR status for 5 years)

Another Status

- Includes:
  - DACA
  - Undocumented
  - Work or Student Visas (if 19 or older)
  - Lawful Permanent Residents (if 19+ and had LPR status for <5 years)

When a client doesn't know…

RH Access Fund Citizen and Immigration Status Chart

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Instructions for Question 5 of the RH Access Fund Enrollment Form: 1. Find your citizenship or immigration status here ↓ 2. Look in columns A, B, and C and find the "Yes" that matches your status.			
Status / Documentation	**A. U.S. Citizenship or U.S. National Status**	**B. Eligible Immigration Status**	**C. Another Status**
U.S. Citizen – A person born in • the U.S., • Puerto Rico, • Guam, or • the U.S. Virgin Islands – A person who was naturalized as a U.S. citizen – A person who gained U.S. citizenship through the Child Citizenship Act of 2000 – A person born outside the U.S. to a U.S. citizen who met the citizenship requirements before they turned 18	**Yes**		
U.S. National – A person born in American Samoa or the Commonwealth of the Northern Mariana Islands	**Yes**		
Refugee or Asylee (when entered the U.S. or now) – A person who was legally admitted to the U.S. based on fears of persecution in their native country		**Yes**	
Lawful Permanent Resident – A person who has been given right to permanently live in the U.S. (also called "Green Card Holder")			
Younger than 19		**Yes**	
Age 19 and older		**Yes**, if "Resident Since" date is **more** than 5 years from today's date	**Yes**, if "Resident Since" date is **less** than 5 years from today's date

Staff Tool: Client Enrollment November 2021 1

[RH Access Fund Citizen and Immigration Status Chart↗]

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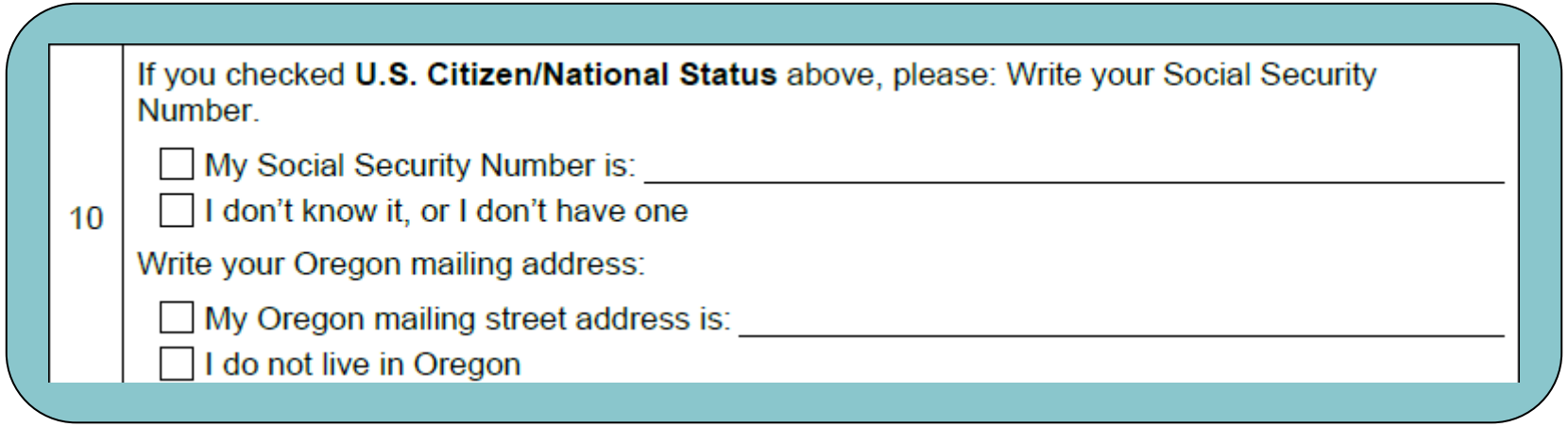
10. SSN and Mailing Address

- Only for folks who marked U.S. Citizenship/National Status
- If they do not know their SSN, the RH Access Fund will still reimburse for their covered services (if they meet other criteria)
- May enter clinic address if houseless or need confidentiality



10

If you checked **U.S. Citizen/National Status** above, please: Write your Social Security Number.

☐ My Social Security Number is: _____

☐ I don't know it, or I don't have one

Write your Oregon mailing address:

☐ My Oregon mailing street address is: _____

☐ I do not live in Oregon

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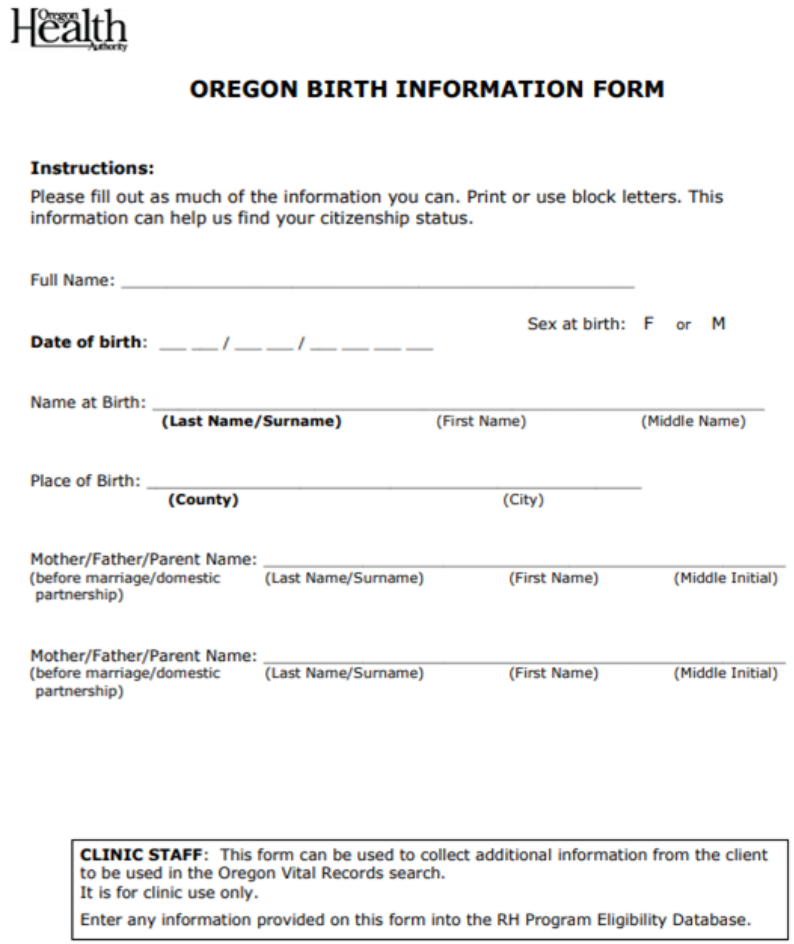
Oregon Birth Information Form

- For clients born in Oregon and who do not know their SSN, they can complete this form.
- Another way the state can verify citizenship
- https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/OR-Birth-Info-Form.PDF



Oregon Health Authority

OREGON BIRTH INFORMATION FORM

Instructions:
Please fill out as much of the information you can. Print or use block letters. This information can help us find your citizenship status.

Full Name: _____

Sex at birth: F or M

Date of birth: __ __ / __ __ / __ __ __ __

Name at Birth: _____
(Last Name/Surname) (First Name) (Middle Name)

Place of Birth: _____
(County) (City)

Mother/Father/Parent Name: _____
(before marriage/domestic partnership) (Last Name/Surname) (First Name) (Middle Initial)

Mother/Father/Parent Name: _____
(before marriage/domestic partnership) (Last Name/Surname) (First Name) (Middle Initial)

CLINIC STAFF: This form can be used to collect additional information from the client to be used in the Oregon Vital Records search.
It is for clinic use only.

Enter any information provided on this form into the RH Program Eligibility Database.

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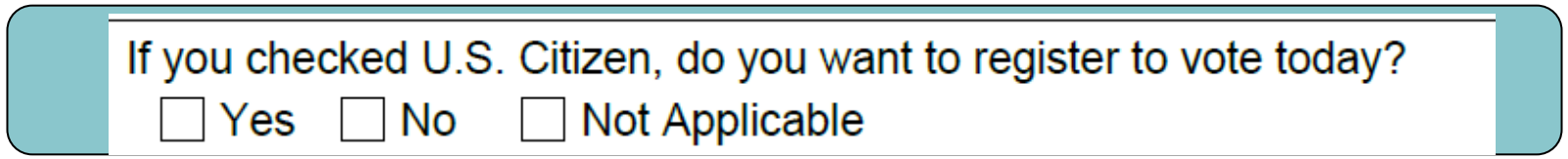
11. Voter Registration

- YES – Give client voters registration card.
  - Client can take home, or
  - Request help to fill out and mail
- NO – The Enrollment Form serves an official declination.
- Not Applicable – The Enrollment Form serves an official declination.
  - Client is already registered, or
  - Client is not eligible to register (e.g., younger than 17, not a citizen, etc.)
- Required by funding streams



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Signature Page

- Described why we ask for SSN
- Not considered enrolled without a signature and date
- Remote enrollment – write the client's name and the date with a note that consent was obtained via phone or video

Use of your Social Security number (SSN)

Federal laws (cited below) state that anyone with U.S. Citizenship/National status is applying for medical benefits must state their SSN, if they have one. When you write your SSN on the RH Access Fund Enrollment Form, it means that you give permission for Department of Human Services (DHS) or Oregon Health Authority (OHA) to use it to:

- Help us decide if you qualify for benefits. We will use your SSN to make sure the income and assets you gave on the enrollment form are correct. We will match that information with other state and federal records.
- Help us improve the programs by doing quality reviews.
- Make sure that you receive the right medical benefits.

Federal laws – 42 USC 1320b-7(a), 42 CFR 435.910, 42CFR 435.920.

- I understand I have the right to a copy of OHA's Notice of Privacy Practices.
- I understand that if I get services not covered by the RH Access Fund, I may have to pay for them.
- If I have U.S. Citizenship/National status I must give information to the OHA's Public Health Division to prove my citizenship or immigration status. This is so they can decide how to pay for my services. I understand and agree to this.

The information I gave is correct and complete to the best of my knowledge. I declare this under penalty of perjury.

Client signature: _____ **Today's date** (MM/DD/YY): _____

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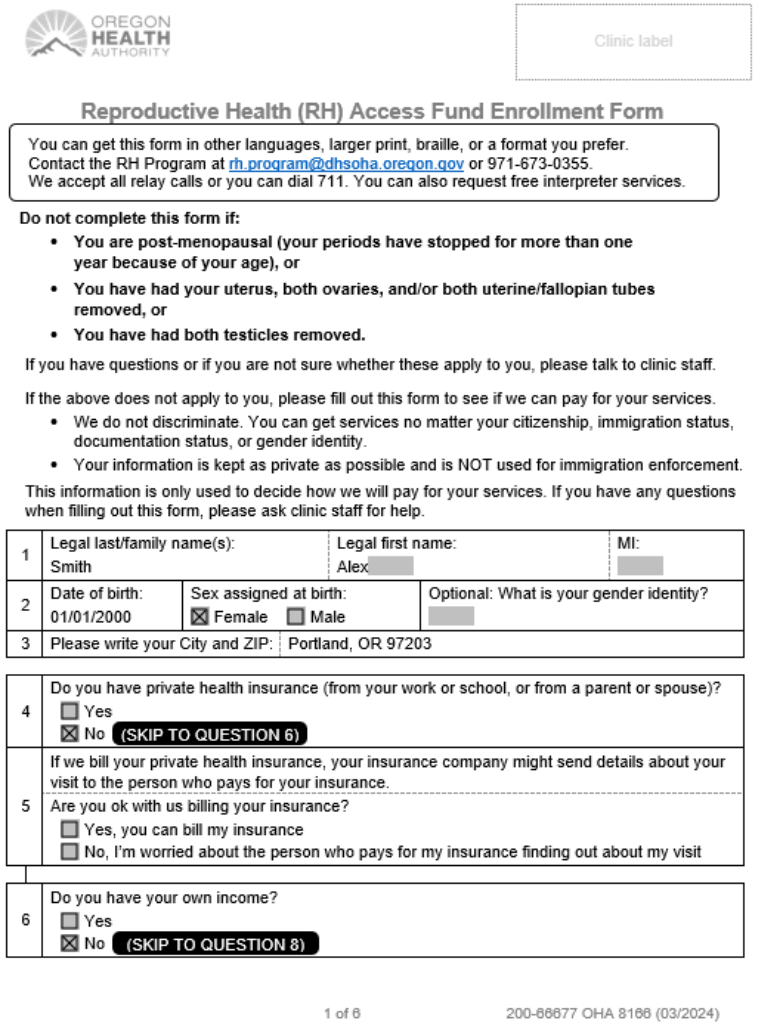
Demographics (pages 4-6)

- Every question has a “decline or don’t want to answer” option (with exception to 2b).
- Clients should answer however they feel most comfortable.
- Resource: When Clients have Questions about the Demographic Questions: Guidance for Staff

Alex submits a completed form…

What's Next?

- Review form for completeness
- Collect necessary documentation
- Complete the "For Clinic Staff" box
- Provide a Notice of Eligibility
- Enter data in the Eligibility Database



OREGON HEALTH AUTHORITY

Clinic label

Reproductive Health (RH) Access Fund Enrollment Form

You can get this form in other languages, larger print, braille, or a format you prefer.
Contact the RH Program at rh.program@dhsoha.oregon.gov or 971-673-0355.
We accept all relay calls or you can dial 711. You can also request free interpreter services.

Do not complete this form if:

- **You are post-menopausal (your periods have stopped for more than one year because of your age), or**
- **You have had your uterus, both ovaries, and/or both uterine/fallopian tubes removed, or**
- **You have had both testicles removed.**

If you have questions or if you are not sure whether these apply to you, please talk to clinic staff.

If the above does not apply to you, please fill out this form to see if we can pay for your services.

- We do not discriminate. You can get services no matter your citizenship, immigration status, documentation status, or gender identity.
- Your information is kept as private as possible and is NOT used for immigration enforcement.

This information is only used to decide how we will pay for your services. If you have any questions when filling out this form, please ask clinic staff for help.

1	Legal last/family name(s): Smith	Legal first name: Alex	MI:
2	Date of birth: 01/01/2000	Sex assigned at birth: ☒ Female ☐ Male	Optional: What is your gender identity?
3	Please write your City and ZIP:	Portland, OR 97203	

4	Do you have private health insurance (from your work or school, or from a parent or spouse)? ☐ Yes ☒ No (SKIP TO QUESTION 6)
5	If we bill your private health insurance, your insurance company might send details about your visit to the person who pays for your insurance. Are you ok with us billing your insurance? ☐ Yes, you can bill my insurance ☐ No, I'm worried about the person who pays for my insurance finding out about my visit
6	Do you have your own income? ☐ Yes ☒ No (SKIP TO QUESTION 8)

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Documentation Requirements

- Only required of U.S. Citizens and those with U.S. National status, if the State is unable to verify through Social Security Administration.
- If the State is unable to verify, clients should be asked to bring in documentation to verify citizenship and identity.

Complete the “For Clinic Staff” Box

FOR CLINIC STAFF: Requirements Tracking		
Agency #:	Clinic #:	Date:
*Staff name:		*Client's RHAF #:
*Offered OHA Notice of Privacy Practices.		☐ Yes
*Explained services covered by the RH Access Fund. Also discussed payment options for services not covered by the RH Access Fund.		☐ Yes
Gave information on where to access primary care services.		☐ Yes ☐ Not needed
Gave health insurance enrollment information.		☐ Yes ☐ Not needed
Provided a voter registration card. Offered assistance completing and submitting the form.		☐ Yes ☐ Not needed

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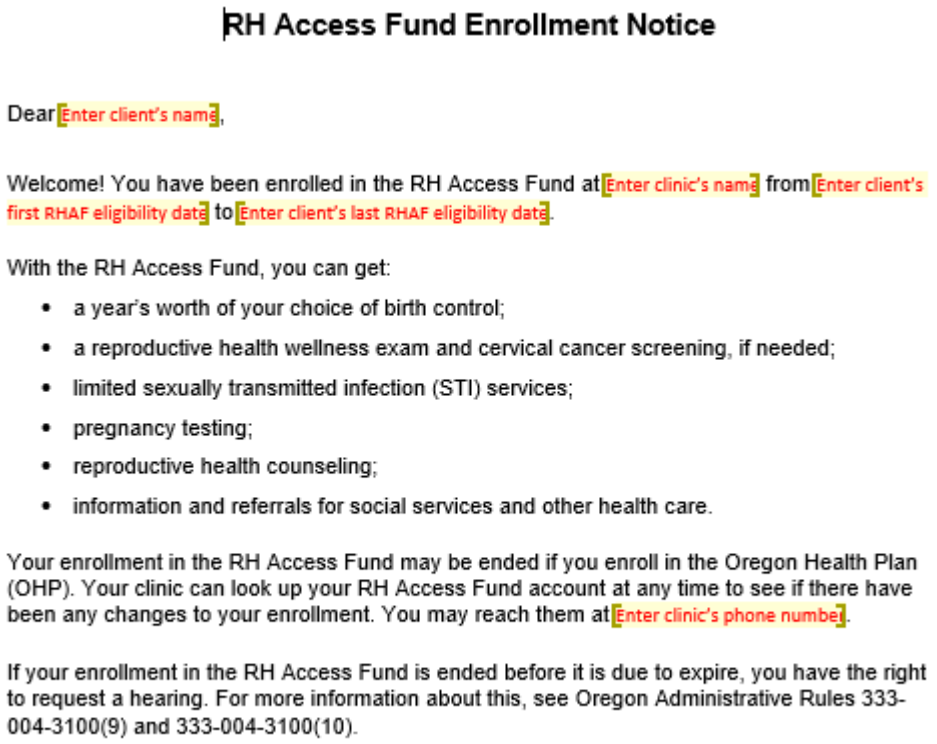
Notice of Eligibility

- Enrollees must be provided a Notice of Eligibility (NOE) when enrolling or reenrolling
- AbortionCare and CCare clinics should explain that not all the services listed are covered at their clinic and should refer out to the closest RHCare clinic.



RH Access Fund Enrollment Notice

Dear [Enter client's name],

Welcome! You have been enrolled in the RH Access Fund at [Enter clinic's name] from [Enter client's first RHAF eligibility date] to [Enter client's last RHAF eligibility date].

With the RH Access Fund, you can get:

- a year's worth of your choice of birth control;
- a reproductive health wellness exam and cervical cancer screening, if needed;
- limited sexually transmitted infection (STI) services;
- pregnancy testing;
- reproductive health counseling;
- information and referrals for social services and other health care.

Your enrollment in the RH Access Fund may be ended if you enroll in the Oregon Health Plan (OHP). Your clinic can look up your RH Access Fund account at any time to see if there have been any changes to your enrollment. You may reach them at [Enter clinic's phone number].

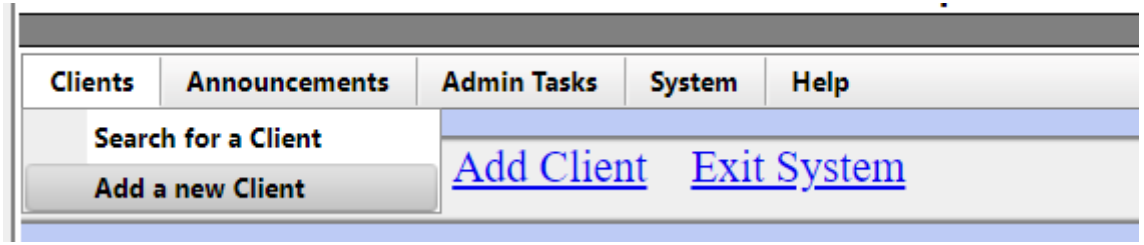
If your enrollment in the RH Access Fund is ended before it is due to expire, you have the right to request a hearing. For more information about this, see Oregon Administrative Rules 333-004-3100(9) and 333-004-3100(10).

For more information go to: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Pages/client-enrollment.aspx#nvranopp

Eligibility Database

Now, let's add Alex to the Eligibility Database.

- Log-on to the Ahler's Eligibility Database
- Two ways to add a client:
  - Click the link Add Client at the top of the page, or
  - Hover the cursor over "Clients" in the top left corner and when the drop-down menu appears, click "Add a new Client."
- Remember - only Add Client if you cannot find them in the database.



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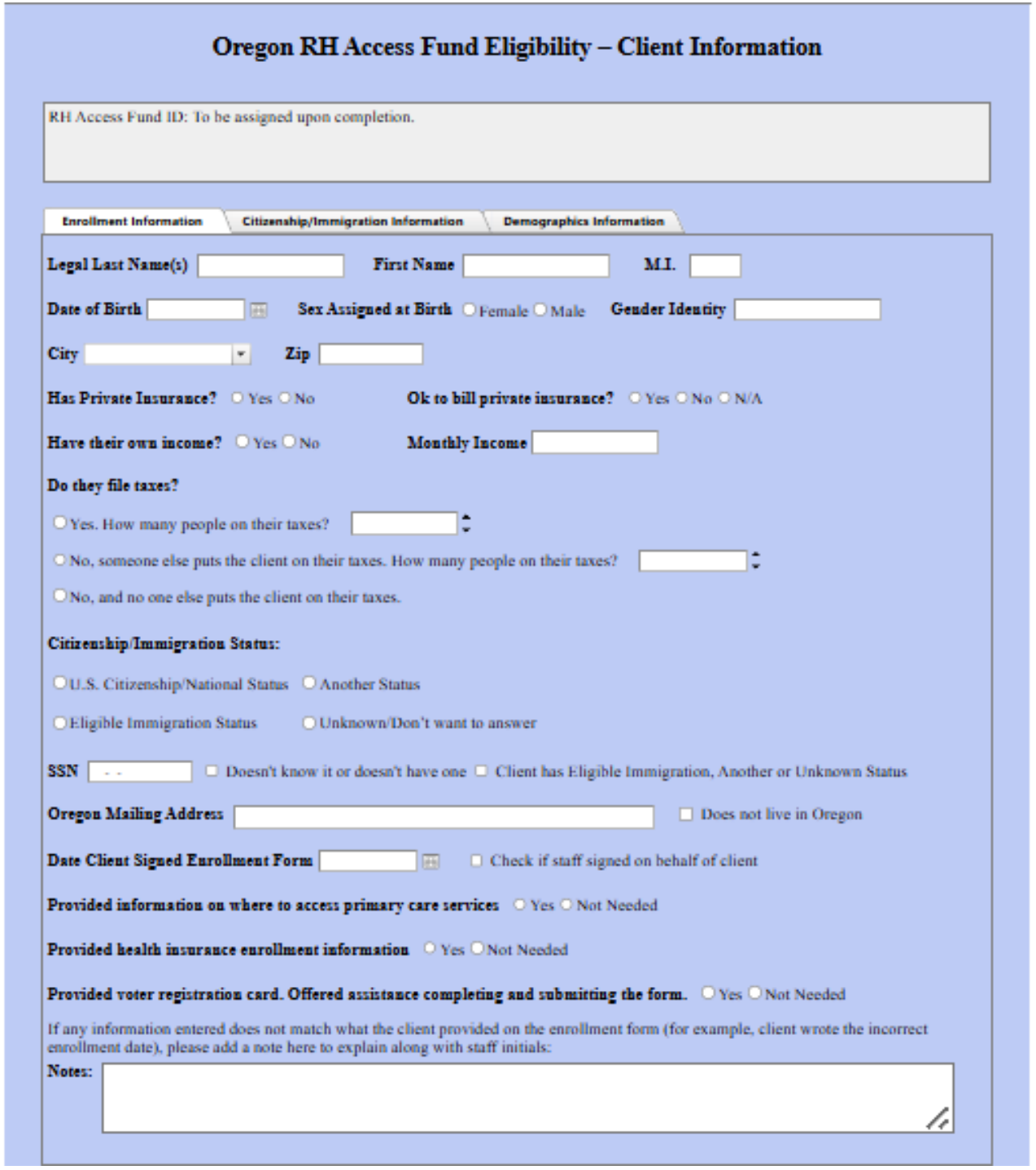
Client Information Screen



Oregon RH Access Fund Eligibility – Client Information

RH Access Fund ID: To be assigned upon completion.

Enrollment Information | Citizenship/Immigration Information | Demographics Information

Legal Last Name(s) **First Name** **M.I.**

Date of Birth **Sex Assigned at Birth** ○ Female ○ Male **Gender Identity**

City **Zip**

Has Private Insurance? ○ Yes ○ No **Ok to bill private insurance?** ○ Yes ○ No ○ N/A

Have their own income? ○ Yes ○ No **Monthly Income**

Do they file taxes?

○ Yes. How many people on their taxes?

○ No, someone else puts the client on their taxes. How many people on their taxes?

○ No, and no one else puts the client on their taxes.

Citizenship/Immigration Status:

○ U.S. Citizenship/National Status ○ Another Status

○ Eligible Immigration Status ○ Unknown/Don't want to answer

SSN - - ☐ Doesn't know it or doesn't have one ☐ Client has Eligible Immigration, Another or Unknown Status

Oregon Mailing Address ☐ Does not live in Oregon

Date Client Signed Enrollment Form ☐ Check if staff signed on behalf of client

Provided information on where to access primary care services ○ Yes ○ Not Needed

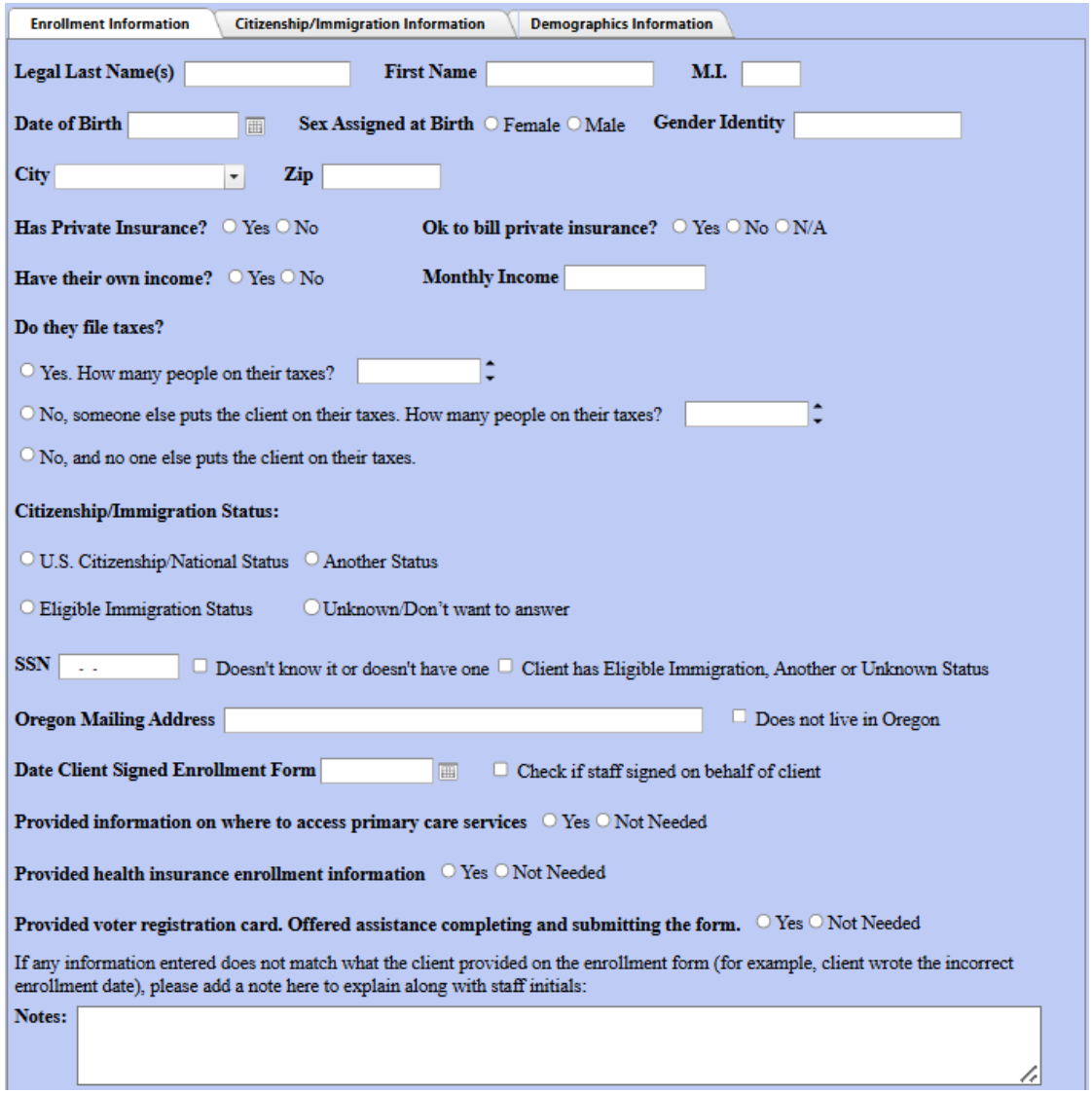
Provided health insurance enrollment information ○ Yes ○ Not Needed

Provided voter registration card. Offered assistance completing and submitting the form. ○ Yes ○ Not Needed

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

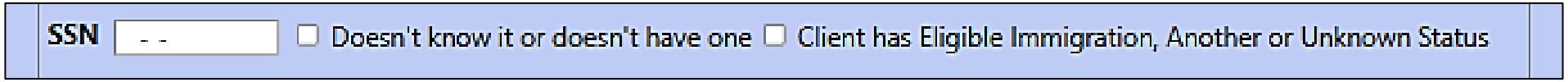
Notes:

Enrollment Form Tab



- Complete this tab using the information from the client's Enrollment Form

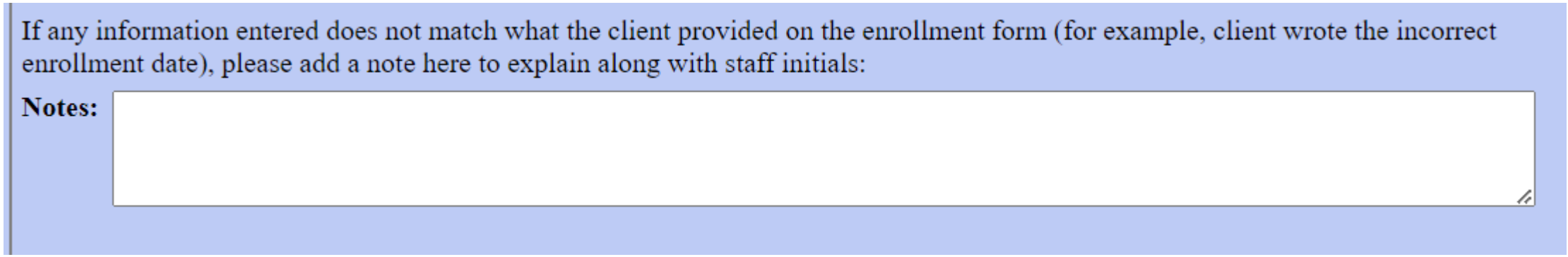
SSN Requirements



Citizenship/Immigration Status On Enrollment Form	SSN Required?	Database Fields
Blank or Don't want to answer	No	Check "Client has Eligible Immigration, Another, or Unknown Status"
Another Status	No	Check "Client has Eligible Immigration, Another, or Unknown Status"
Eligible Immigration Status	No	Enter SSN, check "Doesn't know or doesn't have one," or "Client has Eligible Immigration, Another, or Unknown Status"
U.S. Citizen/National Status	Yes	Enter SSN or "Doesn't know or doesn't have one"

Notes Field

- Use if the answer in the Eligibility Database is different from what is on the client's Enrollment Form
- Provide a brief explanation of why, staff initials, and the date



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Notes Examples

If any information entered does not match what the client provided on the enrollment form (for example, client wrote the incorrect enrollment date), please add a note here to explain along with staff initials:

Notes: Client left tax question blank on the enrollment form. After talking with client, determined it should be Yes with 2 people on their taxes. BG 10/04/23

Notes: Client wrote their birth date on enrollment form. Entered correct date in database. BG 10/4/23

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Remote Enrollment

- If clinic staff enrolled a client remotely (e.g., over the phone or during a video appointment) check the box “Check if staff signed on behalf of client”.
- An Enrollment Form still needs to be completed on behalf of the clients enrolling remotely!
- Resource: Remote Enrollment Guidance

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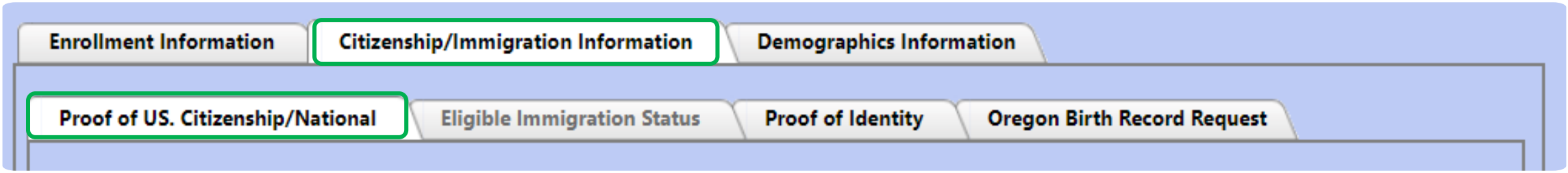

Citizenship/Immigration Information Tab

- Record how citizenship and identity will be or is being verified. This is only for clients who marked U.S. citizenship/U.S. National.
- Do not collect documentation from clients who indicate they have Eligible Immigration Status, Another Status, or Unknown.

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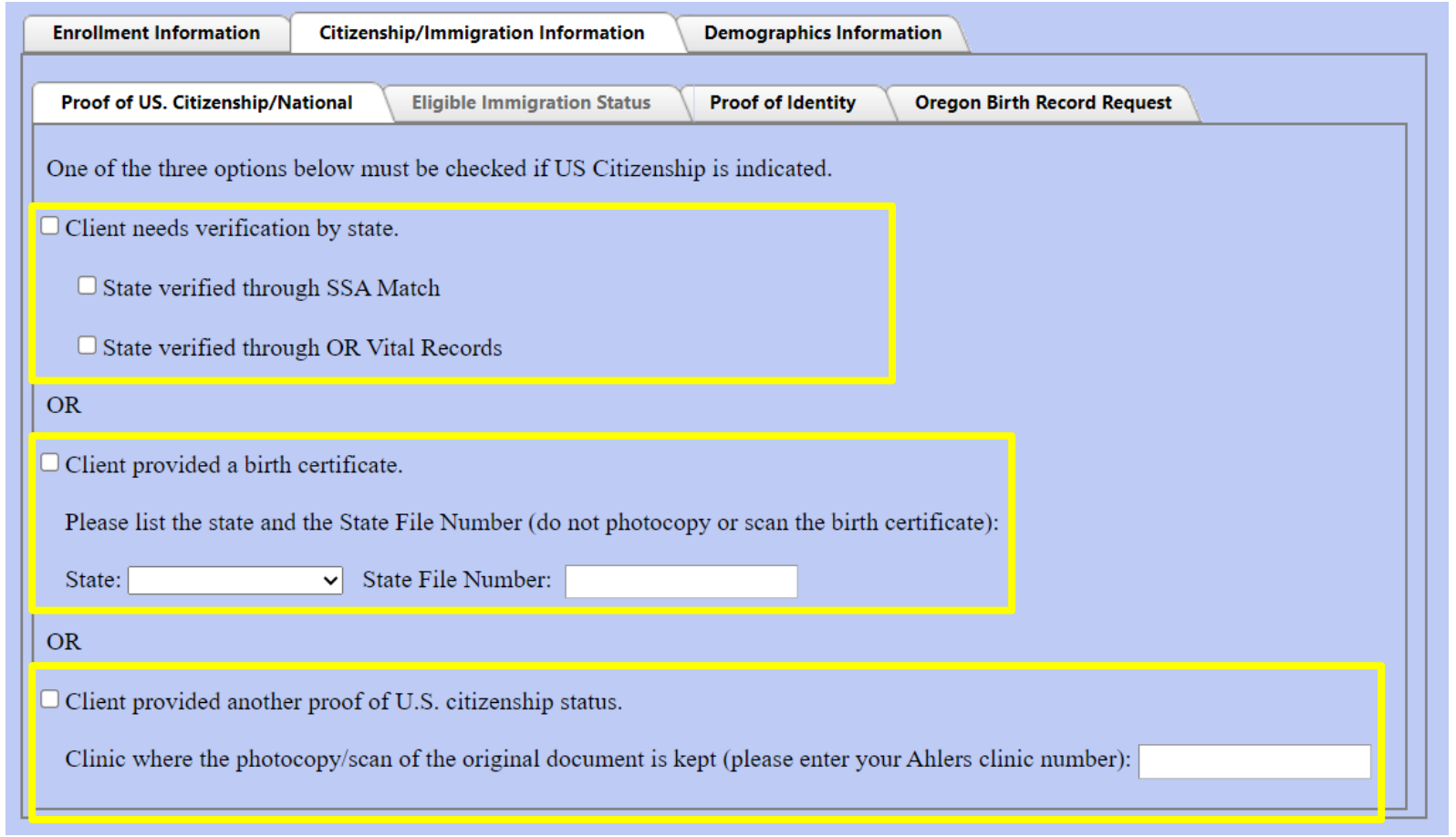
Proof of U.S. Citizenship/National sub-tab



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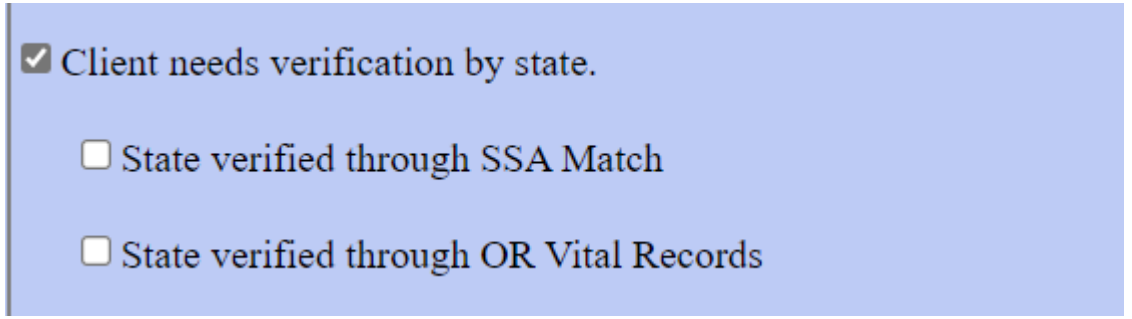
Needs Verification By State

- If the client did not bring proof of U.S. Citizenship. Mark “Client needs verification by state.”
- Only state staff can use the boxes “State verified through SSA Match” and “State verified through OR Vital Records.”
- State staff can verify U.S. citizenship/national status using a client’s SSN, name, and DOB with a 92% success rate. (See Verification FAQs on Client Enrollment page)



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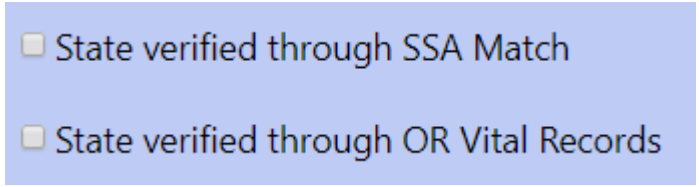
Electronic Citizenship Verification

- If a match isn't found, the boxes will remain unchecked and client will be listed on Oregon RH Eligibility Status Update.
- The client should then prove citizenship another way
- Refer to Documents that Prove U.S. Citizenship and Identity for eligible documentation



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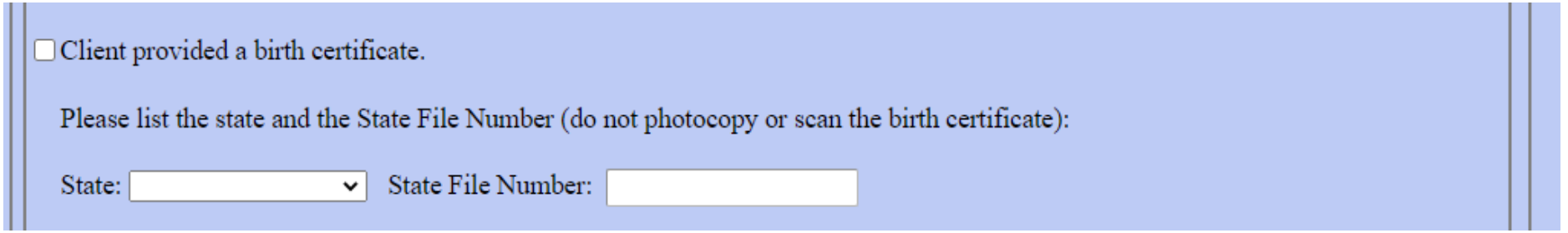
Birth Certificate

- Enter state & state file number.
- Do NOT copy/scan for client's chart – this is illegal



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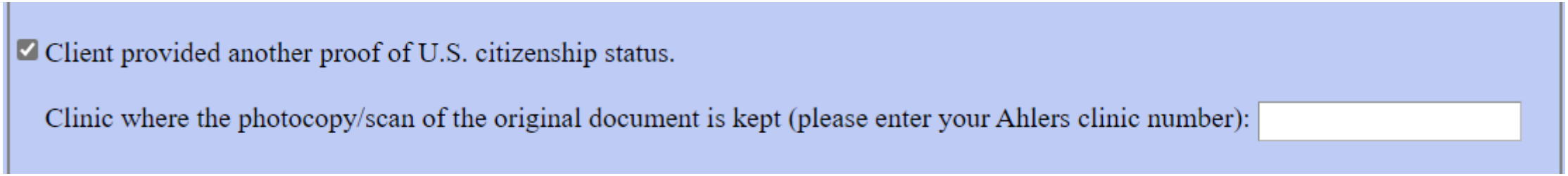
Another Proof

- Includes U.S. passports, Certificates of U.S. Citizenship, Reports of Birth Abroad, etc.
- See Documents that Prove U.S. Citizenship and Identity
- Make copy/scan, and enter Ahlers clinic number where kept



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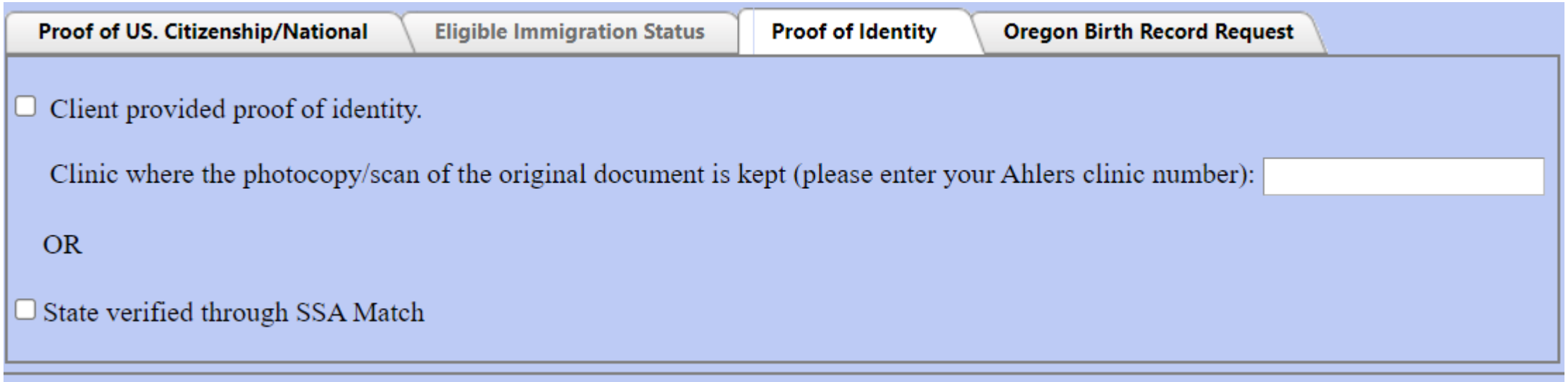
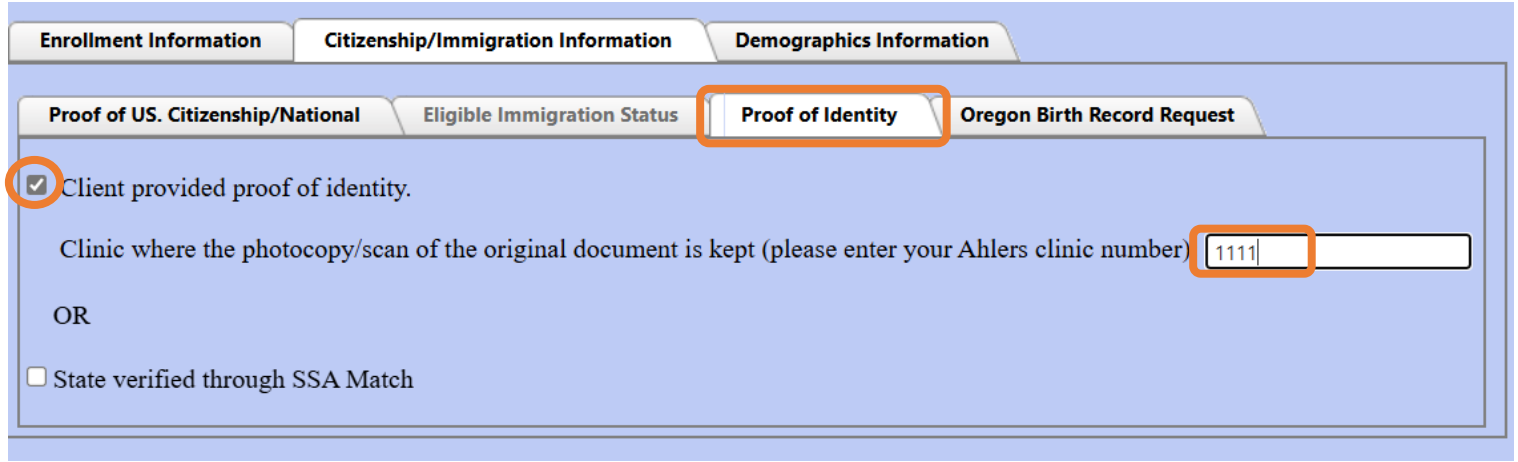
Proof of Identity

- Complete for clients who claim U.S. Citizenship/National
- If client brings proof, make copy/scan and enter Ahlers clinic number where kept.
- State Verified through SSA Match – only for RH Program Staff
- See Documents that Prove U.S. Citizenship and Identify



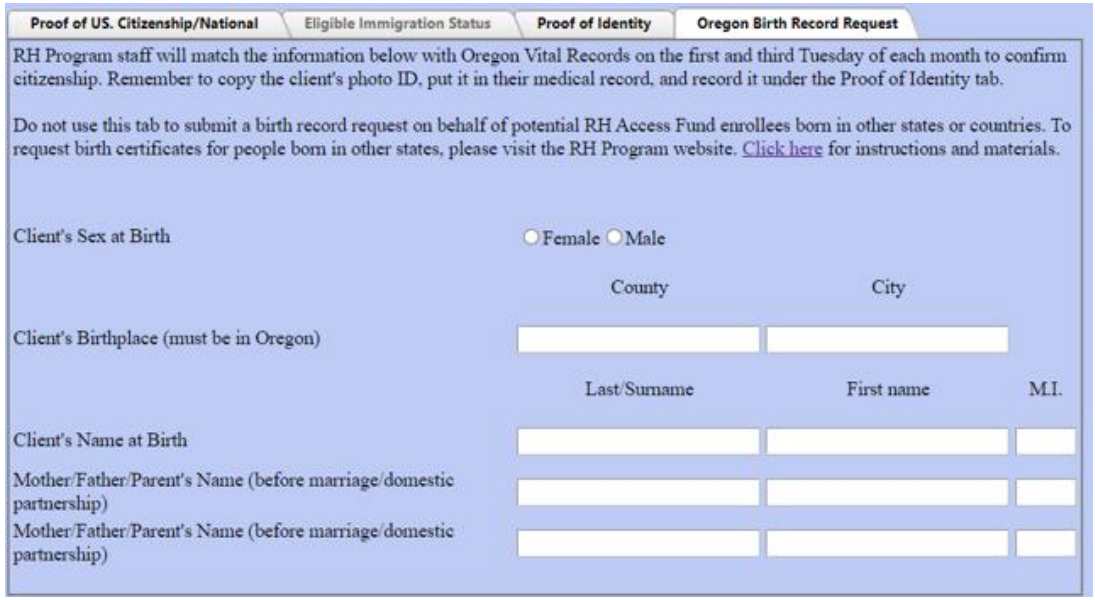
Re-enrollment Note

- If a re-enrolling client with Unknown citizenship/immigration status has Proof of Identity documents already in the eligibility database, staff will need to:
  - Uncheck “Client provided proof of identity”, and
  - Remove the clinic number listed in the text box



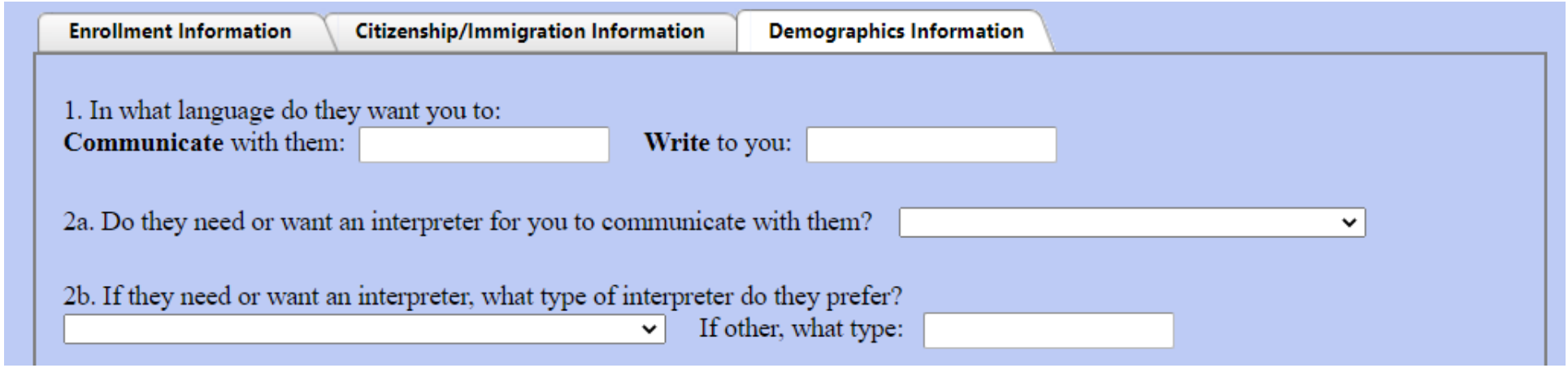
Oregon Birth Record Request

- If a client cannot provide proof of citizenship AND they were born in Oregon, you may request an electronic search for their Oregon birth record. Have the client fill out the Oregon Birth Information Form and enter the information in this tab.
- Note that completing this request does not constitute proof of citizenship, nor does it guarantee a match.



Demographics Information

- Complete using the information from the client's Enrollment Form.
- Only rule: must answer every question (except 2b).
- If client left any (or all) answer(s) blank, enter "Decline/ don't want to answer"



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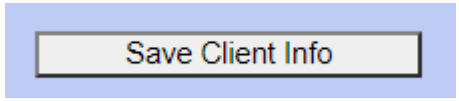
Save Client Info

- When all information is entered and/or updated, click the Save Client Info button at the bottom of the screen.
- The database will the check the data and if everything passes (i.e., no blank fields), the record will be saved and client will get a RH Access Fund number.



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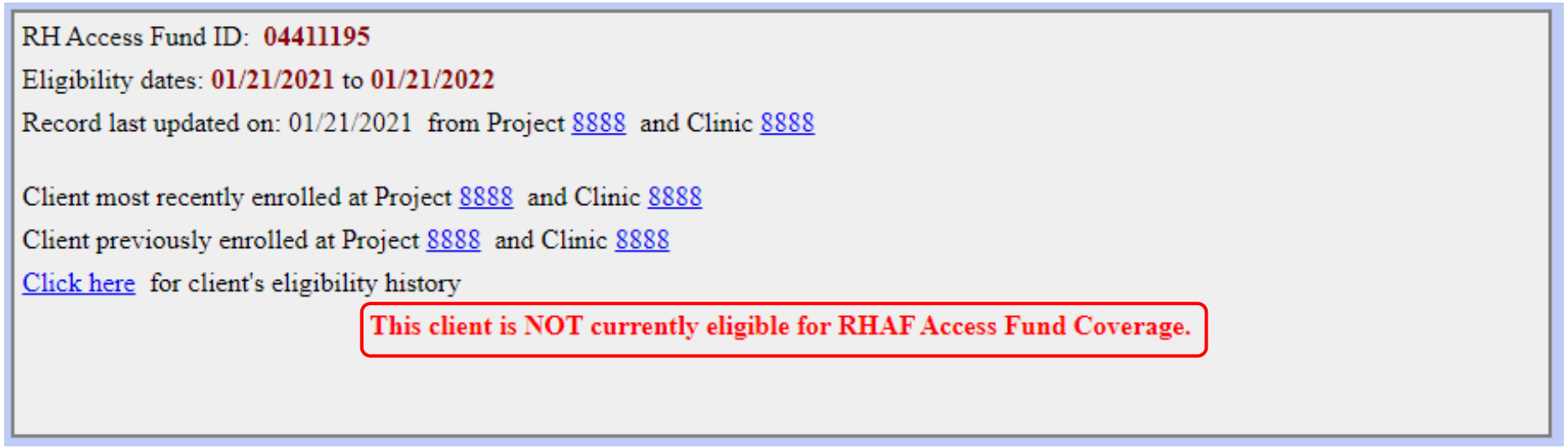
Eligibility, Enrollment, or Missing Info Messages

Current Clients – Service Message

- Client Information screen shows the client's current eligibility status and their eligibility history.


RH Access Fund ID: **04411195**

Eligibility dates: **01/21/2021** to **01/21/2022**

Record last updated on: 01/21/2021 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project 8888 and Clinic 8888

Click here for client's eligibility history

This client is NOT currently eligible for RHAF Access Fund Coverage.

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Status Box - Service Messages

- Client is eligible for services at RHCare and CCare Clinics
  - At CCare clinics, only pregnancy prevention/contraceptive related services are covered by RHAF.

RH Access Fund ID: **04412334**

Eligibility dates: **03/01/2026** to **03/01/2028**

Record last updated on: 03/05/2026 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project 8888 and Clinic 8888

Click here for client's eligibility history

The RH Access Fund will cover services related to preventing or achieving pregnancy (i.e. FAMILY PLANNING) for this client.

Status Box - Service Messages

- Client is eligible for services at RHCare and AbortionCare Clinics

RH Access Fund ID: **04412482**

Eligibility dates: **10/01/2024** to **10/01/2026**

Record last updated on: 10/03/2024 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project 8888 and Clinic 8888

Click here for client's eligibility history

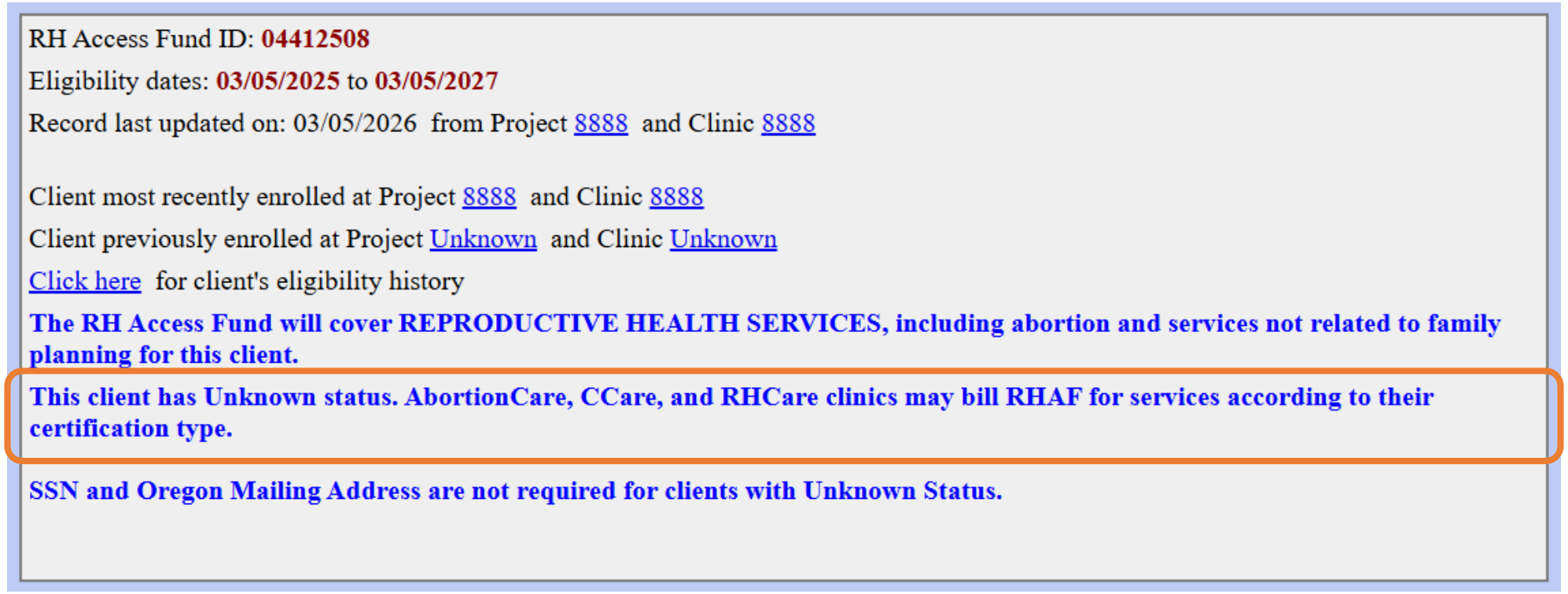
The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related to family planning for this client.

This client has Another status. RHCare and AbortionCare clinics may bill RHAF, CCare clinics may not.

SSN and Oregon Mailing Address are not required for clients with Another Status.

Status Box - Service Messages

- Message appears for clients with Unknown immigration status
- Client is eligible for services at AbortionCare, CCare, & RHCare clinics


RH Access Fund ID: **04412508**

Eligibility dates: **03/05/2025** to **03/05/2027**

Record last updated on: 03/05/2026 from Project 8888 and Clinic 8888

Client most recently enrolled at Project 8888 and Clinic 8888

Client previously enrolled at Project Unknown and Clinic Unknown

Click here for client's eligibility history

The RH Access Fund will cover REPRODUCTIVE HEALTH SERVICES, including abortion and services not related to family planning for this client.

This client has Unknown status. AbortionCare, CCare, and RHCare clinics may bill RHAF for services according to their certification type.

SSN and Oregon Mailing Address are not required for clients with Unknown Status.

Eligibility Suspension

- Only reason a client's eligibility will be suspended is due to income!
- If a client's income is found to be over 250% FPL, RH Program state staff will suspend their eligibility.
- Clinic staff then have 45 days to try to verify the client's income.
- See Verification FAQs

This client is currently SUSPENDED from RH Access Fund coverage.

Wage records indicate client may be over RH Access Fund income limits. Coverage is suspended until client is contacted to resolve income discrepancy. Once explained, contact RH Program staff to reinstate client's coverage.

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Oregon Reproductive Health Program
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Eligibility Termination

- There are only two reasons a client's enrollment might be terminated:
  - Clinic staff were unable to verify client's income, or
  - Client is found to have OHP
- Note: any claims submitted for dates of service after suspension or termination will be rejected.

This client is NOT currently eligible for RH Access Fund coverage.

Coverage was ended because client could not verify income. Client MUST fill out a new enrollment form before the clinic can bill the RH Access Fund.

This client is NOT currently eligible for RHAF Access Fund Coverage.

Eligibility dates were ended because client has OHP.

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Error Messages

- When client marks U.S. citizen and
  - we cannot verify the SSN they provided, or
  - they did not provide SSN and we can't find one:

    Please check at every visit whether enrollee can provide SSN. CCare clinics cannot bill RH Access Fund for this enrollee until SSN is verified.

- When citizenship has been verified, but SSN was found invalid:

  Enrollee's SSN found to be invalid. Please check for typos and check at every visit whether enrollee can provide corrected SSN. CCare clinics cannot bill the RH Access Fund until the enrollee's SSN has been corrected.

Error Messages

- When client marks U.S. citizen and we cannot verify citizenship/national status:

  State could not verify citizenship/national status. Please check at every visit whether enrollee can provide proof of U.S. citizenship/national status. CCare clinics cannot bill RH Access Fund for this enrollee until citizenship/national status has been verified.

- When client's identity could not be verified through the electronic process and proof of ID was not entered:

  Please check at every visit whether enrollee can provide proof of I.D. CCare clinics cannot bill RH Access Fund for this enrollee until ID has been entered.

Eligibility Database: Troubleshooting and Technical Support

When to contact state RH Program staff:

RH.Enrollment@oha.oregon.gov

- Find duplicate records for the same client
- Find more than one client claiming the same SSN
- Find a client who now has OHP
- Have questions about citizenship documentation or other eligibility requirements
- The client's eligibility was suspended or terminated because of income

When to contact Ahlers & Associates:

Phone: (800) 888-1836 x 140 **CustomerService@ahlerssoftware.com**

- Unable to logon to the Database
- Need to reset your password
- The Database is running slowly

Resources

- For client enrollment form and tools, see: Healthoregon.org/rhclientenrollment

Client Enrollment

Reproductive and Sexual Health

Provider Certification

RH Program Policies and Protocols

Reproductive Health Provider Resources

Reproductive Health Program Newsletters

Client-Centered Resources

Program Element 46

Partner Resources

This page has resources and tools to help clinic staff with the client enrollment process. Click the jump links below to get to specific sections of the page:

- Enrollment Form
- Trainings
- CCare Corner
- Eligibility Database
- Client Eligibility Verification
- Notice of Privacy Practices, Voter Registration, & Out of State Birth Certificate Requests
- Enrollment Tools Table

Test your knowledge?

- Complete the short Test Your Knowledge quiz by going to https://forms.office.com/g/gJetXvZNB2 or following this QR code.
- Results will appear after you click Submit or they can be emailed to you.

RH Access Fund Eligibility and Enrollment Training - Test Your Knowledge (Updated 3/26)

Thank You!

Please contact us with any questions.

Email: rh.program@oha.Oregon.gov

Phone: 971-673-0355
Website: healthoregon.org/rh
Find us on: Facebook and Instagram