

# Clinic Visit Record Manual

January 2024



Prevention and Community Health  
DOH 930-139, revision 2024-01

**For questions concerning the use of this manual please contact:**

Anne McHugh, MPH  
Maternal & Child Health Epidemiologist  
Department of Health  
Sexual & Reproductive Health Program  
Telephone: 360-236-3532 Email: [anne.mchugh@doh.wa.gov](mailto:anne.mchugh@doh.wa.gov)

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**This document corresponds to the Clinic Visit Record (CVR) implemented January 2024 (see Figure 1).**

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## Introduction

This manual is for the data collection and reporting of clinic visits at Washington State Sexual & Reproductive Health (SRH) Network agencies and clinics. A Clinic Visit Record (CVR) is a computerized data collection tool used to record required data items on client demographics and services provided at sexual and reproductive health visits.

CVR data influences future contract allocations. Accurately capturing all appropriate visits will help your agency get the appropriate funding for your patient load.

Contractors and clinics use a variety of methods and software to collect data. Regardless of the data capture method, the result must be an electronic data record that meets standard format and layout definitions (see appendix 1).

## Collecting and Submitting Clinic Visit Record (CVR) Data

You must submit CVR data collected during the prior month on or before the 15<sup>th</sup> of the next month.

The two methods of submitting records is via batch upload by logging into the Ahlers website, [www.ahlerssoftware.com](http://www.ahlerssoftware.com), (or SFTP if preferred) or WebCVR.

You should document each visit that meets the criteria described in *Criteria for Submitting a CVR*.

You must NOT submit a CVR for visits that do NOT meet the criteria described below.

## Criteria for Submitting a CVR

In order to be counted on a CVR a visit must:

1. Be an interactive real-time visit between a client and a SRH provider for medical and/or counseling services related to sexual and reproductive health. This includes both in-person clinic visits and telemedicine visits. Telemedicine visits must include video and audio for new clients. Audio-only telehealth can be used for established clients.
2. Take place at a clinic supported by DOH Sexual and Reproductive Health Program (SRHP) contract funds and assigned an Ahlers site number.
3. Meet one of the following situations:
  - A. Include SRH education and/or counseling, which is defined as education of counseling about:
    - i. Contraceptive methods
    - ii. Infertility

- iii. Preconception
  - iv. Pregnancy Options
  - v. STI/HIV Prevention
- B. Initiate or continue a contraceptive method.
- C. Include medical services related to sexual and reproductive health:
- vi. Exam & Lab Services
  - vii. Contraceptive Related Services
  - viii. Pregnancy Related Services
  - ix. STI Related Services

You must not CVR visits:

- A. That include pregnancy/parenthood intention questions without any of the other elements described above. We encourage asking every client a pregnancy/parenting question at every visit. This increases access to appropriate SRH services and the rate of intentional pregnancies. Asking this question, however, does not, in and of itself, meet the criteria for submitting a CVR.
- B. When client has sterilization is their initial(starting) contraception method.

### WASHINGTON CLINIC VISIT RECORD

ATTENDING PROVIDER NPI \_\_\_\_\_

NAME \_\_\_\_\_  
Last Name First Name Middle Initial

**SEXUAL ORIENTATION**

1. Bisexual       3. Straight/Heterosexual       5. Unknown  
 2. Lesbian/Gay/Homosexual       4. Other/Something Else       6. Declined to Answer

**GENDER IDENTITY**

01. Male       05. Other  
 02. Female       06. Neither M/F Exclusively  
 03. Female to Male/Trans Male       07. Declined to Disclose  
 04. Male to Female/Trans Female       08. Unknown

BP \_\_\_\_\_ / \_\_\_\_\_ HEIGHT (inches) \_\_\_\_\_ WEIGHT (pounds) \_\_\_\_\_

**TOBACCO STATUS (check one)**

1. Current Every Day     2. Current Some Day     3. Former     4. Never     5. Unknown

<p><b>1. SERVICE SITE NUMBER</b> _____</p> <p><b>2. CLIENT NUMBER</b> _____</p> <p><b>3. DATE OF VISIT</b>      MO    MD    DAY    DAY    2    0    YR    YR</p> <p><b>4. DATE OF BIRTH</b>      MO    MD    DAY    DAY    YR    YR    YR    YR</p> <p><b>5. BIOLOGICAL SEX</b>    <input type="checkbox"/> 1-Female      <input type="checkbox"/> 2-Male</p> <p><b>6. ETHNICITY</b>      <input type="checkbox"/> 6-Hispanic or Latino      <input type="checkbox"/> 9-Not Hispanic or Latino</p> <p><b>6a. RACE (Mark All That Apply)</b></p> <p><input type="checkbox"/> 1-White      <input type="checkbox"/> 4-Alaskan Native      <input type="checkbox"/> 8-Native Hawaiian Pacific Islander  <input type="checkbox"/> 2-Black/Afr. Amer.      <input type="checkbox"/> 5-Asian  <input type="checkbox"/> 3-American Indian      <input type="checkbox"/> 7-Unknown/Not Reported      <input type="checkbox"/> 6-Other</p> <p><b>7. ADDITIONAL DEMOGRAPHIC (Check if Applicable)</b>  <input type="checkbox"/> 5-Limited English Proficiency</p> <p><b>8. ZIP CODE</b> _____</p> <p><b>9. ASSIGNED SOURCE OF PAYMENT (Check One)</b></p> <p><input type="checkbox"/> 1-No Fee      <input type="checkbox"/> 6-Partial Fee  <input type="checkbox"/> 2-Medicaid      <input type="checkbox"/> 7-Other, Government Insurance (Tricare, VA, Military)  <input type="checkbox"/> 3-Family Planning Only (Medicaid)      <input type="checkbox"/> 8-Medicare  <input type="checkbox"/> 4-Private Insurance      <input type="checkbox"/> 9-After Pregnancy Care (Medicaid)  <input type="checkbox"/> 5-Full Fee</p> <p><b>18. CLIENT INSURANCE STATUS (Check One)</b></p> <p><input type="checkbox"/> 1-Medicaid      <input type="checkbox"/> 6-After Pregnancy Care (Medicaid)  <input type="checkbox"/> 2-Private Insurance      <input type="checkbox"/> 7-Other Government Insurance (Tricare, VA, Military)  <input type="checkbox"/> 3-Uninsured      <input type="checkbox"/> 8-Medicare  <input type="checkbox"/> 5-Family Planning Only (Medicaid)</p> <p><b>10. INCOME AND FAMILY SIZE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>a. What is your monthly family income?</b></td> <td style="width: 30%; text-align: center;">AMOUNT</td> </tr> <tr> <td style="width: 70%;"><b>b. How many people are in your family, that is, the number supported by this income?</b></td> <td style="width: 30%; text-align: center;">NUMBER</td> </tr> </table> <p><b>12. PURPOSE OF VISIT</b></p> <p><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</p> <p><b>13a. MEDICAL SERVICES (Check all Applicable)</b></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> 18-Telemedicine Services</p> <p><b>Exam &amp; Lab Services</b></p> <p><input type="checkbox"/> 06-Breast Exam  <input type="checkbox"/> 25-Pap Test Conventional  <input type="checkbox"/> 26-Pap Test Liquid-Based  <input type="checkbox"/> 36-Other Lab or Exam  <input type="checkbox"/> 37-No Lab or Exam  <input type="checkbox"/> 41-Breast Referral</p> <p><b>Contraceptive Related Services</b></p> <p><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</p> </td> <td style="vertical-align: top;"> <p><b>Pregnancy-Related Services</b></p> <p><input type="checkbox"/> 32-Negative Pregnancy Test  <input type="checkbox"/> 33-Positive Pregnancy Test</p> <p><b>STD Related Services</b></p> <p><input type="checkbox"/> 29-Chlamydia Test  <input type="checkbox"/> 28-Gonorrhea Test  <input type="checkbox"/> 43-HIV Test Standard  <input type="checkbox"/> 44-HIV Test Rapid  <input type="checkbox"/> 47-VDRL/RPR  <input type="checkbox"/> 49-HPV Vaccine  <input type="checkbox"/> 50-HPV Test</p> </td> </tr> </table>	<b>a. 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PREGNANCY STATUS</b></p> <p><input type="checkbox"/> 1-Pregnant  <input type="checkbox"/> 2-Not Pregnant  <input type="checkbox"/> 3-Unknown</p> <p><b>20. PREGNANCY/PARENTHOOD INTENTION</b>          What is the client's pregnancy/parenthood intention for the next 12 mos? (Please select <u>one</u> response &amp; ask <u>all</u> clients)</p> <p><input type="checkbox"/> 1-Wants to become pregnant/become a parent  <input type="checkbox"/> 2-Doesn't want to become pregnant/become a parent  <input type="checkbox"/> 3-Client is not sure/OK either way  <input type="checkbox"/> 4-Not asked at this visit</p> <p><b>14a. COUNSELING EDUCATION PROVIDED (Check all Applicable)</b></p> <p><input type="checkbox"/> 01-Contraceptive      <input type="checkbox"/> 07-Pregnancy Options  <input type="checkbox"/> 04-infertility      <input type="checkbox"/> 09-STD/HIV Prevention  <input type="checkbox"/> 08-Preconception</p> <p><b>13b. 14b. PROVIDER OF SERVICES</b></p> <p><input type="checkbox"/> 1-Physicians  <input type="checkbox"/> 2-Nurse Practitioners  <input type="checkbox"/> 3-RNs, LPNs  <input type="checkbox"/> 4-Other service providers, health educators, social workers, clinic aides and lab technicians.  <input type="checkbox"/> 5-Physician Assistant  <input type="checkbox"/> 6-Certified Nurse Midwife</p> <p><b>15a. PRIMARY CONTRACEPTIVE METHOD (Complete Before and After blocks)</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">01-Female Sterilization</td> <td style="width: 50%;">19-Female Condom</td> </tr> <tr> <td>02-Orals – Combined</td> <td>06-Male Condom</td> </tr> <tr> <td>05-Orals – Progestin Only</td> <td>07-Spermicide</td> </tr> <tr> <td>03-IUD – Unspecified</td> <td>08-NFP/FAM</td> </tr> <tr> <td>22-IUD – Copper</td> <td>12-LAM</td> </tr> <tr> <td>23 IUD – w/Progestin</td> <td>14-Male Sterilization</td> </tr> <tr> <td>04-Diaphragm/Cap</td> <td>20-Withdrawal</td> </tr> <tr> <td>11-Hormone Implant</td> <td>21-Contraceptive Sponge</td> </tr> <tr> <td>16-Hormonal Injection</td> <td>24-EC</td> </tr> <tr> <td>17-Hormonal Patch</td> <td>25-Male Relying on Female Method</td> </tr> <tr> <td>18-Vaginal Ring</td> <td>26-Contraceptive Gel</td> </tr> <tr> <td>09-Other Method</td> <td>10-None</td> </tr> </table> <p>Before Visit <input type="checkbox"/> <input type="checkbox"/> After Visit <input type="checkbox"/> <input type="checkbox"/></p> <p><b>15b. IF NONE AT THE END OF THIS VISIT, GIVE REASON</b></p> <p><input type="checkbox"/> 2-Same Sex Partner      <input type="checkbox"/> 6-Abstinence  <input type="checkbox"/> 3-Seeking Pregnancy      <input type="checkbox"/> 7-Other  <input type="checkbox"/> 4-Infertility</p> <p>Before Visit <input type="checkbox"/> After Visit <input type="checkbox"/></p> <p><b>21. HOW CONTRACEPTIVE METHOD WAS PROVIDED</b></p> <p><input type="checkbox"/> 1-Provided on site      <input type="checkbox"/> 4-Provided elsewhere  <input type="checkbox"/> 2-Referral      <input type="checkbox"/> 5-N/A  <input type="checkbox"/> 3-Prescription</p> <p><b>22. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY TODAY?</b></p> <p><input type="checkbox"/> 01-Yes – I want to talk about contraception.          No – I don't want to talk about contraception:  <input type="checkbox"/> 02-I'm here for something else.  <input type="checkbox"/> 03-This question doesn't apply to me/I prefer not to answer.  <input type="checkbox"/> 05-I'm already using contraception.  <input type="checkbox"/> 06-I'm unsure or don't want to use contraception.  <input type="checkbox"/> 07-I'm hoping to become pregnant in the near <u>future</u>.</p>	01-Female Sterilization	19-Female Condom	02-Orals – Combined	06-Male Condom	05-Orals – Progestin Only	07-Spermicide	03-IUD – Unspecified	08-NFP/FAM	22-IUD – Copper	12-LAM	23 IUD – w/Progestin	14-Male Sterilization	04-Diaphragm/Cap	20-Withdrawal	11-Hormone Implant	21-Contraceptive Sponge	16-Hormonal Injection	24-EC	17-Hormonal Patch	25-Male Relying on Female Method	18-Vaginal Ring	26-Contraceptive Gel	09-Other Method	10-None
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### CVR Data Requirements

This table contains the **required** elements of the CVR. It shows the field number and name. It gives a description of each field and describes the parameters of each.

- CVR elements that are not listed in this table are optional.
- CVRs data does not include client names, street addresses, or telephone numbers are not submitted to Ahlers or to DOH.

Field Name	Description	Valid entries
<b>Service Site Number</b>	Assigned by Ahlers to your agency.  If you don't have a number, contact your administrative office and DOH contract manager.	<ul style="list-style-type: none"> <li>▪ 7 digits long</li> <li>▪ Fill shorter site numbers with leading zeros to reach 7 digits (enter site number 4321 as: 0004321.)</li> </ul>
<b>Client Number</b>	Assigned by your agency to the client.  This number should be taken from the medical records or other client information files. Each agency may have its own procedures for creating client identification numbers.  If your system discontinues a client's number because of the length of time from their last visit, you can either reassign them their old number or create a new one for them.  Note: If you have multiple clinics, you might want to use a prefix to identify which site a client is from. This will help avoid using the same number for different clients.	<ul style="list-style-type: none"> <li>▪ 9 digits long If your system assigns shorter numbers add leading zeros so that all 9 boxes are filled (enter client number 1122 as <u>000001122</u>).</li> <li>▪ Unique to each client at the agency The same number cannot be assigned to different clients even if they are at different sites at the same agency.</li> <li>▪ Numeric only No alphabets or other non-numeric characters allowed.</li> </ul>
<b>Date of Visit</b>	Date on which client received services.	<ul style="list-style-type: none"> <li>▪ Numbers only</li> <li>▪ 2 digit month followed by 2 digit day followed by 4 digit year (enter January 25, 2015, as 01252015).</li> </ul> <p>Note: Only one CVR can be submitted for a client any specific day. If a client has more than one visit on the same day, code all services provided to the client on that day on one CVR. Code the most inclusive exam as the Purpose of Visit.</p>
<b>Purpose of Visit</b>	Purpose of client's visit  Primary reason for client's visit.	<ul style="list-style-type: none"> <li>▪ Numbers only</li> </ul> <p>Indicate one of the following:</p> <ol style="list-style-type: none"> <li>1. Initial Medical Exam</li> <li>2. Annual Medical Exam</li> </ol>

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		<p>3. Other Medical</p> <p>4. Counseling Only</p> <p>5. Pregnancy Test Visit</p>
<b>Date of Birth</b>	<p>Client’s date of birth</p> <p>If the year of birth is unknown, ask the client, “How old are you?” and calculate the year.</p> <p>If the client does not know the month, use July 15.</p> <p>CVR’s will not be accepted for Female Clients over 60 years and any client under 10 years.</p> <p>If the revisit date of birth does not match the first date of birth, the client’s date of birth will be updated based on the information on the most recent CVR.</p>	<ul style="list-style-type: none"> <li>▪ Numbers only</li> <li>▪ 2 digit month followed by 2 digit day followed by 4 digit year (e.g. January 25, 2015 would be 01252015)</li> </ul>
<b>Provider of Medical or Counseling Services</b>	<p>Records type of clinical staff who provided services during the visit.</p>	<p>Indicate all that apply:</p> <ol style="list-style-type: none"> <li>1. Physicians</li> <li>2. Nurse Practitioners</li> <li>3. RNs, LPNs</li> <li>4. Other Service Providers, Health Educators, Social Workers, Clinic Aides and Lab Technicians</li> <li>5. Physician Assistant</li> <li>6. Certified Nurse Midwife</li> </ol>
<b>Biological sex</b>	<p>Client’s anatomical sex regardless of gender identity</p>	<p>Indicate one of the following:</p> <ol style="list-style-type: none"> <li>1 - Female</li> <li>2 - Male</li> </ol>

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<p><b>Sexual Orientation</b></p>	<p>Sexual Orientation of Client</p>	<p>Indicate one of the following:</p> <ol style="list-style-type: none"> <li>1. Bisexual</li> <li>2. Lesbian/Gay/Homosexual</li> <li>3. Straight/Heterosexual</li> <li>4. Other/Something Else</li> <li>5. Unknown</li> <li>6. Declined to Answer</li> </ol>			
<p><b>Gender Identity</b></p>	<p>Gender Identity of Client Note there are 0's in the value so it's a 2-digit code.</p>	<p>Indicate one of the following:</p> <ol style="list-style-type: none"> <li>01. Male</li> <li>02. Female</li> <li>03. Female to Male/Trans Male</li> <li>04. Male to Female/Trans Female</li> <li>05. Other</li> <li>06. Neither M/F/ Exclusively</li> <li>07. Declined to Disclose</li> <li>08. Unknown</li> </ol>			
<p><b>Ethnicity</b></p>	<p>Client's ethnicity</p> <p>If ethnicity is not available in the client's medical record you can ask, "Do you consider yourself Hispanic or Non-Hispanic?"</p> <p>It is important not to make assumptions about someone's ethnicity for this field.</p>	<p>Indicate <u>either</u>:</p> <p>6 - Hispanic/Latino</p> <p><u>or</u></p> <p>9 - non-Hispanic/non-Latino</p> <p>Note: Hispanic Origin or descent includes:</p> <ol style="list-style-type: none"> <li>1. Mexican – American</li> <li>2. Puerto Rican</li> <li>3. Cuban</li> <li>4. Central or South American</li> <li>5. Other Spanish Speaking</li> </ol>			
<p><b>Race</b></p>	<p>Client's race</p> <p>If race is not available in the client's medical record you can ask, "What race or races do you identify with?"</p> <p>It is important not to make assumptions about someone's race for this field.</p>	<p>Indicate all that apply:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>1. White</li> <li>2. Black/African American</li> <li>3. American Indian</li> <li>4. Alaska Native</li> <li>5. Asian</li> </ol> </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> <li>6. Other</li> <li>7. Unknown/Not Reported</li> <li>8. Native Hawaiian Pacific Islander</li> </ol> </td> </tr> </table>		<ol style="list-style-type: none"> <li>1. White</li> <li>2. Black/African American</li> <li>3. American Indian</li> <li>4. Alaska Native</li> <li>5. Asian</li> </ol>	<ol style="list-style-type: none"> <li>6. Other</li> <li>7. Unknown/Not Reported</li> <li>8. Native Hawaiian Pacific Islander</li> </ol>
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<p><b>Tobacco Status</b></p>	<p>Tobacco smoking status represents a person's smoking behavior.</p>	<p>Indicate one that applies:</p> <ol style="list-style-type: none"> <li>1. Current Every Day</li> </ol>			

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		2. Current Some Day 3. Former 4. Never 5. Unknown
<b>Pregnancy Status</b>	Client pregnancy status.	Indicate one of the following: 1 – Pregnant 2 – Not Pregnant 3 - Unknown
<b>Zip Code</b>	Zip Code of client’s residence as provided by client	<ul style="list-style-type: none"> <li>▪ numbers only</li> <li>▪ must have 5 digits</li> <li>▪ blanks not accepted</li> </ul>
<b>Assigned Source of Payment</b>	Indicates how the service site expects to be paid for services provided during visit.  <i>If you expect to be paid through a combination of resources, choose the one that you expect to cover the largest portion of the invoice.</i>  <i>This is how your site expects to be paid. It may not be the method that eventually covers the invoice.</i>	Indicate One only: Select from these if client is covered by or qualifies for one:
		2. Medicaid 3. Family Planning Only (Medicaid) 4. Private Insurance 7. Medicare 9. After Pregnancy Care (Medicaid)
		Select from these if client does not have or qualify for any third party payer. Use your fee schedule to determine category: 1. No Fee 5. Full Fee 6. Partial Fee
		If you qualify for other third party payers such as federal funds for American Indians, Tricare, VA, or Military check: 7. Other
<b>Client Insurance Status</b>	Identifies the client’s insurance status in general categories.  Report the most current health insurance coverage information available for the client <u>even though he or she may not have used this health insurance to pay for sexual and reproductive health services received during prior visits.</u>  For individuals who have coverage under more than one health plan, report on their principal insurance. Principal insurance is	Indicate one: 1 - Medicaid 2 – Private Insurance 3 – Uninsured 5 – Family Planning Only (Medicaid) 6 – After Pregnancy Care (Medicaid) 7 – Other Government Insurance 8 - Medicare

	<p>defined as the insurance plan that the agency would bill first (primary) if a claim were to be filed.</p> <p>Uninsured clients are those who:</p> <ul style="list-style-type: none"> <li>- Do not have a public or private health insurance plan that covers broad, primary medical care benefits, or</li> <li>- Have services subsidized through state or local indigent care programs, or</li> </ul> <p>Are insured through the Indian Health Service but obtain care in a non-participating facility</p>				
<p><b>Income and Family Size</b></p>	<p>This information is used to calculate the client’s status relative to the Federal Poverty Level.</p> <p><u>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.</u></p> <p>a. <u>Income</u> is the gross average monthly income. This includes all money that contributes to supporting the family from all family members. Certain one-time funds are excluded</p> <p>b. <u>Family</u> is all people living together as a household.</p> <p><b><u>See appendix 4 for details on gathering income and family size information.</u></b></p>	<p><u>Family Income:</u></p> <ul style="list-style-type: none"> <li>- numeric only</li> <li>- whole numbers only – no decimals</li> <li>- if client refuses to provide income please enter “999999”</li> <li>- if client refuses to provide family size please enter “99”</li> </ul> <p><u>Family Size:</u></p> <ul style="list-style-type: none"> <li>- numeric only</li> </ul>			
<p><b>Medical Services</b></p>	<p>Records the medical services provided during this visit.</p> <p>Services that are sometimes misclassified are defined below:</p> <p><b>48. EC – Immediate Need:</b> Prescription or product prescribed or provided to be used as soon as possible to prevent pregnancy (unprotected intercourse has already occurred). Do not count if client received counseling about EC, but did not receive either a prescription or product.</p> <p><b>46. EC – Future Need:</b> Prescription or product given for future use, with instructions to use in the event of unprotected intercourse or birth control failure such as a broken condom.</p> <p>Do not count either if client received counseling about EC but did not receive either a prescription or product.</p>	<p>Check ALL that apply</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>18 – Telemedicine services</p> <p>06 – Breast Exam</p> <p>25 – Pap Test Conventional</p> <p>26 – Pap Test Liquid-Based</p> <p>36 – Other Lab or Exam</p> <p>37 – No Lab or Exam</p> <p>41 – Breast Referral</p> <p>17 – Diaphragm/Cap fit</p> <p>19 – IUD/IUS insert</p> <p>20 - Sterilization procedure</p> <p>22 – IUD/IUS removal</p> <p>38 – Hormone Implant in</p> <p>39 – Hormone implant out</p> <p>40 – Hormonal injection</p> </td> <td style="width: 50%; vertical-align: top;"> <p>32 – Negative Pregnancy Test</p> <p>33 – Positive Pregnancy Test</p> <p>29 – Chlamydia Test</p> <p>28 – Gonorrhea Test</p> <p>43 – HIV Test Std.</p> <p>44 – HIV Test Rapid</p> <p>47 – VDRL/RPR</p> <p>49 – HPV Vaccine</p> <p>50 – HPV Test</p> </td> </tr> </table>		<p>18 – Telemedicine services</p> <p>06 – Breast Exam</p> <p>25 – Pap Test Conventional</p> <p>26 – Pap Test Liquid-Based</p> <p>36 – Other Lab or Exam</p> <p>37 – No Lab or Exam</p> <p>41 – Breast Referral</p> <p>17 – Diaphragm/Cap fit</p> <p>19 – IUD/IUS insert</p> <p>20 - Sterilization procedure</p> <p>22 – IUD/IUS removal</p> <p>38 – Hormone Implant in</p> <p>39 – Hormone implant out</p> <p>40 – Hormonal injection</p>	<p>32 – Negative Pregnancy Test</p> <p>33 – Positive Pregnancy Test</p> <p>29 – Chlamydia Test</p> <p>28 – Gonorrhea Test</p> <p>43 – HIV Test Std.</p> <p>44 – HIV Test Rapid</p> <p>47 – VDRL/RPR</p> <p>49 – HPV Vaccine</p> <p>50 – HPV Test</p>
<p>18 – Telemedicine services</p> <p>06 – Breast Exam</p> <p>25 – Pap Test Conventional</p> <p>26 – Pap Test Liquid-Based</p> <p>36 – Other Lab or Exam</p> <p>37 – No Lab or Exam</p> <p>41 – Breast Referral</p> <p>17 – Diaphragm/Cap fit</p> <p>19 – IUD/IUS insert</p> <p>20 - Sterilization procedure</p> <p>22 – IUD/IUS removal</p> <p>38 – Hormone Implant in</p> <p>39 – Hormone implant out</p> <p>40 – Hormonal injection</p>	<p>32 – Negative Pregnancy Test</p> <p>33 – Positive Pregnancy Test</p> <p>29 – Chlamydia Test</p> <p>28 – Gonorrhea Test</p> <p>43 – HIV Test Std.</p> <p>44 – HIV Test Rapid</p> <p>47 – VDRL/RPR</p> <p>49 – HPV Vaccine</p> <p>50 – HPV Test</p>				

		48 – EC-Immediate 46 – EC-Future Need
<b>Pregnancy/ Parenthood intention</b>	<p>Records the client’s intention to become pregnant or a parent in the 12 month period following the current visit.</p> <p>DOH encourages you to ask a pregnancy/parenthood intention question of all clients regardless of gender at every visit, much as you take blood pressure.</p> <p>There is not a prescribed method for asking this question as long as client responses can be assigned to one of the choices shown.</p>	<p>Indicate one of the following:</p> <p>1 – Wants to become pregnant/become a parent 2 – Doesn’t want to become a parent/become pregnant 3 – Client is not sure/is OK either way 4 – Not asked at this visit</p>
<b>Counseling Education Provided</b>	<p>Records the health care counseling provided to client.</p> <p>Services that are sometimes misclassified are defined below:</p> <p><b>1. Contraceptive Counseling/Education:</b> Consultation and information regarding risks, benefits, and correct use of any birth control method being considered by the client.</p> <p><b>4. Infertility Counseling/Education:</b> Consultation and information concerning the inability of a client or couple to conceive.</p> <p><b>8. Preconception Counseling/Education:</b> Preconception describes any time that a person of reproductive potential is not pregnant but is at risk of becoming pregnant, or of impregnating a partner.</p> <p>Preconception health services should be offered to clients of all genders. Preconception counseling includes information focused on improving health for future pregnancies.</p> <p><b>7. Pregnancy Options Counseling/Education:</b> Consultation and information regarding pregnancy testing, its limitations, and all pregnancy options, except options the client does not wish to receive</p> <p><b>9. STD/HIV Prevention Counseling/Education:</b> Consultation and information concerning sexually transmitted infection (including HIV) prevention and education.</p>	<p>Check ALL that apply for the following items.</p> <p>01 – Contraceptive 04 – Infertility 08 – Preconception 07 – Pregnancy Options 09 – STI/HIV Prevention</p>

<p><b>Primary Contraceptive Method (complete before and after). If none at the end of this visit, give reason</b></p>	<p>Records the most effective contraceptive method the client used before the visit and the most effective method the client will use as a result of the visit in order to prevent pregnancy. In some cases, a client’s most effective method may be what his/her partner is using.</p> <p>DOH requires agencies to report the most effective forms of birth control used by clients both before and after the visit.</p> <p>If the client receives both an interim and primary method, code the primary method only. If the client does not receive their primary method, code the interim method to be used.</p> <p>If a client’s partner is using a more effective form of birth control, code the partner’s method.</p> <ul style="list-style-type: none"> <li>▪ If client uses external condoms and their partner uses the pill, code client’s most effective method as oral contraceptive.</li> </ul> <p>Similarly, if their partner is using IUD, sterilization or other method, code that method.</p> <p>If client external condom use is because of partner’s inconsistent use of method, code male condom.</p> <p>If client is not using any birth control method and their partner is using external condoms code client’s most effective method as male condom.</p> <p>Similarly, if partner is using vasectomy, code male sterilization.</p>	<ul style="list-style-type: none"> <li>▪ Numbers only</li> <li>▪ Before visit - Use the two digit code for the primary or most effective contraceptive method (if more than one method is used) the client used before the visit.</li> <li>▪ After visit – Use the two digit code for the primary or most effective contraceptive method the client will use as a result of the visit.</li> </ul> <p>The current list of contraceptive methods follows:</p> <ul style="list-style-type: none"> <li>01 - Female Sterilization</li> <li>02 - Orals - Combined</li> <li>05 - Orals – Progestin Only</li> <li>03 – IUD – Unspecified</li> <li>22 – IUD – Copper</li> <li>23 – IUD – w/Progestin</li> <li>04 - Diaphragm/Cap</li> <li>11 - Hormone Implant</li> <li>16 - Hormonal Injection</li> <li>17 - Hormonal Patch</li> <li>18 - Vaginal Ring</li> <li>09 – Other Method</li> <li>19 - Female Condom</li> <li>06 - Male Condom</li> <li>07 - Spermicide</li> <li>08 - NFP/FAM</li> <li>14 - Male Sterilization</li> <li>20 - Withdrawal</li> <li>21 - Contraceptive Sponge</li> <li>24 – EC</li> <li>25 – Male Relying on Female Method</li> <li>26 – Contraceptive Gel</li> <li>10 – None</li> </ul>
<p><b>If none at the end of this visit, give reason</b></p>	<p>Reason for having no contraceptive method at the end of the visit.</p>	<p>Check ONE box. Select most important reason for the client’s choice to NOT use contraception at the end of this visit:</p> <ul style="list-style-type: none"> <li>2 – Same Sex Partner</li> <li>3 – Seeking Pregnancy</li> <li>4 – Infertility</li> <li>6 – Abstinence</li> <li>7 – Other</li> </ul>

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<b>How contraception was provided</b>	The method for how the birth control was provided (e.g. on site, referral, prescription) to the patient at end of an encounter.	Indicate one of the following: 1 – Provided on Site 2 – Referral 3 – Prescription 4 – Provided Elsewhere 5 – Not Applicable
<b>Do you want to talk about contraception or pregnancy today?</b>		Indicate one of the following: 01 – Yes 02 – No, I’m here for something else 03 – No, this question doesn’t apply to me/I prefer not to answer 05 – No, I’m already using contraception 06 – No, I’m unsure or don’t want to use contraception 07 – No, I’m hoping to become pregnant in the near future
<b>Chlamydia Test Results</b>	Response can either be a result code (1,2 or 3) or SNOMED code.	Negative – 1 or 260385009 Positive - 2 or 10828004 Indeterminate - 3 or 82334004
<b>Gonorrhea Test Results</b>	Response can either be a result code (1,2 or 3) or SNOMED code.	Negative – 1 or 260385009 Positive - 2 or 10828004 Indeterminate - 3 or 82334004
<b>Syphilis Test Results</b>	Response can either be a result code (1,2 or 3) or SNOMED code.	Negative – 1 or 260385009 Positive - 2 or 10828004 Indeterminate - 3 or 82334004
<b>HIV Test Results</b>	Response can either be a result code (1,2 or 3) or SNOMED code.	Negative – 1 or 260385009 Positive - 2 or 10828004 Indeterminate - 3 or 82334004
<b>HPV Test Results</b>	Response can either be a result code (1,2 or 3) or SNOMED code.	Negative – 1 or 260385009 Positive - 2 or 10828004 Indeterminate - 3 or 82334004
<b>Pap Test Results</b>	Response can either be a result code (1-13) or SNOMED code.	Normal – 1 or 373887005 ASC-US - 2 or 103637006 ASC-H – 3 or 373878001 Low Grade SIL – 4 or 112662005 High Grade SIL – 5 or 22725004 Squamous Cell Carcinoma – 7 or 28899001 AGC – NOS – 9 or 441219009 AGC - Favor Neoplasia – 10 or 373883009 Adenocarcinoma in-situ – 11 or 51642000 Specimen Unsatisfactory – 13 or 125154007

## **Annual Data Reporting for the Family Planning Annual Report (FPAR)**

Each year in January DOH asks all agencies to close out reporting on client visits for the prior year. We use CVR data and additional annual data for program planning, stakeholder education, and program evaluation. The additional annual data includes:

### **HIV Testing**

- **Number of HIV Positive confidential tests**
- **Number of HIV Anonymous tests**

HIV (confidential and anonymous) tests performed during the reporting period that are provided within the scope of the grantee's SRH program project. Do not report tests performed in an STI clinic operated by the SRHP-funded agency unless the activities of the STI clinic are within the defined scope of the agency's SRH project.

### **FTE of SRH Staff**

- **Number of FTE Physicians**
- **Number of FTE Physician assistants/nurse practitioners/certified nurse midwives**

For each type of clinical services provider, report the time in FTEs that they are involved in the direct provision of services supported by your DOH SRH contract.

A full-time equivalent (FTE) of 1.0 describes staff who, individually or as a group, work the equivalent of full time for 1 year. Each agency defines the number of hours for "full-time" work and may define it differently for different positions. FTEs for positions with different time expectations should be calculated based on the organization's established base for that position.

For example, if a position is hired as a full-time employee (1.0 FTE) and required to work 36 hours per week.

36 hours per week is 1.0 FTE

18 hours per week is 0.5 FTE.

If a position is hired as a full-time employee (1.0 FTE) required to work 40 hours per week

40 hours per week is 1.0 FTE

20 hours per week is 0.5 FTE.

In addition, FTEs are adjusted for part-year employment. An employee who works full time for 4 months out of the year would be reported as 0.33 FTE (1.0 FTE x 4 months divided by 12 months)

## Appendix 1. Washington State File Specifications

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	Alphanumeric	Left	1	025-025
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033
Medical Services	Alphanumeric	Left	56	034-089
Attending Provider NPI	Alphanumeric	Right	10	090-099
Systolic Blood Pressure	Alphanumeric	Left	3	100-102
Diastolic Blood Pressure	Alphanumeric	Left	3	103-105
Provider of Services	Alphanumeric	Left	4	106-109
Counseling Services	Alphanumeric	Left	26	110-135
Beginning Contraceptive Method	Alphanumeric	Left	2	140-141
Ending Contraceptive Method	Alphanumeric	Left	2	142-143
Reason for No Method After Visit	Alphanumeric	Left	1	144-144
Reason for No Method Before Visit	Alphanumeric	Left	1	145-145
Height	Alphanumeric	Left	2	146-147
Weight	Alphanumeric	Left	4	148-151
Gender Identity	Alphanumeric	Left	2	152-153
Sexual Orientation	Alphanumeric	Left	1	154-154
Tobacco Status	Alphanumeric	Left	1	155-155
Pregnancy Status	Alphanumeric	Left	1	156-156
How Contraception Provided	Alphanumeric	Left	1	157-157
Source of Payment	Alphanumeric	Left	2	158-159
Pregnancy Intention	Alphanumeric	Left	2	160-161
Monthly Income	Alphanumeric	Right, Zero Fill	6	162-167
Number Supported b/Income	Numeric	Right, Zero Fill	2	168-169
Insurance Status	Alphanumeric	Left	1	170-170
Zip Code	Numeric	Right	5	171-175
Ethnicity	Alphanumeric	Left	1	176-176
Biological Sex	Alphanumeric	Left	1	177-177
Talk About Contraception	Alphanumeric	Left	2	178-179
Chlamydia Results	Alphanumeric	Left	10	180-189
Gonorrhea Results	Alphanumeric	Left	10	190-199
Syphilis Results	Alphanumeric	Left	10	200-209
HIV Results	Alphanumeric	Left	10	210-219
HPV Results	Alphanumeric	Left	10	220-229
Pap Results	Alphanumeric	Left	10	230-239
Ahlers Internal Use	Alphanumeric	Left	22	240-261
Additional Demographics	Alphanumeric	Left	3	262-264
Races	Alphanumeric	Left	7	265-271

<b>* Please See Following Pages for Codes and Values in Fields</b>
<b>** All Alphameric Fields are Blank Filled Unless Otherwise Specified</b>
<b>** All Numeric Fields are Zero-filled Unless Otherwise Specified</b>
<b>***End of Record must contain Carriage Return and Line Feed</b>

## Appendix 2. Washington State CVR Field Values

Field Description	Valid Codes for each Field
Clinic/Site Number	Clinic Number assigned by WA DOH
Client Number	Self-Explanatory
Date of Visit	CCYYMMDD
Purpose of Visit	1,2,3,4,5 Only
Date of Birth	CCYYMMDD
Medical Services	06,17,18,19,20,22,25,26,28,29,32,33,36,37,38,39,40 41,44,46,47,48,49,50
Attending Provider NPI	Self-Explanatory or Blank
Systolic Blood Pressure	Self-Explanatory
Diastolic Blood Pressure	Self-Explanatory
Provider of Services	1,2,3,4,5 or 6
Counseling Services	01,04,07,08,09
Beginning Contraceptive Method	01,02,03,04,05,06,07,08,09,10,11,12,14,16,17,18,19 20,21,22,23,24,25, or 26
Ending Contraceptive Method	01,02,03,04,05,06,07,08,09,10,11,12,14,16,17,18,19 20,21,22,23,24,25, or 26
Reason for No Method After Visit	2,3,4,6,7, or blank
Reason for No Method Before Visit	2,3,4,6,7, or blank
Height	Inches
Weight	Pounds
Gender Identity	01,02,03,04,05,06,07, or 08
Sexual Orientation	1,2,3,4,5, or 6
Tobacco Status	1,2,3,4, or 5
Pregnancy Status	1,2, or 3
How Contraception Provided	1,2,3,4, or 5
Source of Payment	01,02,03,04,05,06,07,08, or 09
Pregnancy Intention	01,02,03, or 04
Monthly Income	Self-Explanatory
Family Size	01-99
Insurance Status	1,2,3,5,6,7, or 8
Zip Code	Self Explanatory, 00501 and Greater

Ethnicity	6 (Yes-Hispanic/Latino) or 9 (Not-Hispanic/Latino)
Biological Sex	1 = Female 2 = Male
Talk About Contraception	01,02,03,05,06, or 07
Chlamydia Results	Negative= (1 or 260385009), Positive= (2 or 10828004), Indeterminate= (3 or 82334004)
Gonorrhea Results	Negative= (1 or 260385009), Positive= (2 or 10828004), Indeterminate= (3 or 82334004)
Syphilis Results	Negative= (1 or 260385009), Positive= (2 or 10828004), Indeterminate= (3 or 82334004)
HIV Results	Negative= (1 or 260385009), Positive= (2 or 10828004), Indeterminate= (3 or 82334004)
HPV Results	Negative= (1 or 260385009), Positive= (2 or 10828004), Indeterminate= (3 or 82334004)
Pap Results	Normal= (1 or 373887005), ASC-US= (2 or 103637006) ASC-H= (3 or 373878001), Low Grade SIL= (4 or 112662005), High Grade SIL= (5 or 22725004), Squamous Cell Carcinoma= (7 or 28899001), AGC-NOS= (9 or 441219009), AGC-Favor Neoplasia= (10 or 373883009), Adenocarcinoma in-situ= (11 or 51642000), Specimen Unsatisfactory= (13 or 126154007)
Ahlers Internal Use	Zero-Fill
Additional Demographics	5 or Blank
Races	1,2,3,4,5,6,7, or 8

**Appendix 3: Washington State File Attachments A-G**

<b>Races: Attachment A</b>	<b>Ethnicity: Attachment B</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>	

<b>Medical Services: Attachment C:</b>	
06 - Breast Exam	28 - Gonorrhea Culture
17 - Diaphragm/Cervical Cap Fit	29 - Chlamydia Test
18 - Telemedicine Services	32 - Negative Pregnancy Test.
19 - IUD/IUS Insert	33 - Positive Pregnancy Test
20 - Sterilization	36 - Other Lab or Exam
22 - IUD/IUS Removal	37 - No Lab or Exam
25 - Pap Conventional	38 - Hormone Implant In
26 - Pap Liquid-Based	39 - Hormone Implant Out
	40 - Hormonal Injection
	41 - Breast Referral
	43 - HIV Test Standard
	44 - HIV Test Rapid
	46 - EC - Future Need
	47 - VDRL-RPR
	48 - EC - Immediate Need
	49 - HPV Vaccine
	50 - HPV Test

<b>Counseling Education Provided: Attachment D</b>
01 - Contraceptive
04 - Infertility
07 - Pregnancy Options
08 - Preconception
09 - STI/HIV Prevention

<b>Contraceptive Methods: Attachment E</b>	
01 - Female Sterilization	12 - LAM
02 - Oral (Pills)	13 - Abstinence
03 - IUD/IUS - Unspecified	14 - Male Sterilization

04 - Diaphragm/Cervical Cap	16 - Hormone Injection
05 - Orals-Progestin Only	17 - Hormone Patch
06 - Male Condoms	18 - Vaginal Ring
07 - Spermicide	19 - Female Condoms
08 - NFP/FAM	20 - Withdrawal
09 - Other Female Method	21 - Contraceptive Sponge
10 - None	22 - IUD - Copper
11 - Hormone Implant	23 - IUD w/ Progestin
	24 - EC
	25 - Male Rely on Female Method
	26 - Contraceptive Gel

<b>Reason for No Method: Attachment F</b>	
2 - Same Sex Partner	
3 - Seeking Pregnancy	
4 - Infertility	
6 - Not Sexually Active	
7 - Other	

<b>Female Only medical Services: Attachment G</b>	
17 - Diaphragm/Cervical Cap Fit	
19 - IUD/IUS Insertion	32 - Negative Pregnancy Test
25 - Pap Test Conventional	33 - Positive Pregnancy Test
26 - Pap Test Liquid-Based	38 - Hormone Implant In
	39 - Hormone Implant Out
	40 - Hormone Injection
	46 - EC, Future Need
	48 - EC, Immediate Need

## Appendix 4: Determining Household Income & Household/Family Size

### Determining a Client's Family Size

For the purposes of our Sexual and Reproductive Health Network, a family is a social unit composed of one or more people living together in a family-like relationship, as opposed to a business-like relationship.

The information below is to clarify our definition of *family* for the purpose of determining client discount. You might find it useful if clients have questions about who to include. You might also include it in material related to your sliding fee scale.

- People do not need to be married to be counted in family size and income
- Dependents away at school are included in family size and income

#### A family-like relationship is when:

- People live integrated, joint, or combined lives
- The client is claimed by other people as a dependent for tax purposes
- The client claims other people as a dependents for tax purposes
- The people involved share decisions about each other's lives
- The people involved support the client financially (beyond sharing housing costs)
- The client supports the other people involved financially (beyond sharing housing costs)

#### A business-like relationship is when:

- The people involved live separate lives under the same roof
- The client is not claimed by other people as a dependent for tax purposes
- The client does not claim other people as a dependents for tax purposes
- The people involved do not share decisions about each other's lives
- The people involved do not support the client financially (beyond sharing housing costs)
- The client does not support the other people financially (beyond sharing housing costs)

## Examples:

Description	Family Size
A person living alone or sharing housing costs with roommates	1
A foster child	1
A teen who is not financially supported by a parent (not living with a parent and not a dependent college student)	1
A teen whose parents are unwilling to pay	1
A person who requests additional confidentiality	1
A single parent with one or more children	1 + # of children
A couple with or without children	2 + # of children
A single parent or couple with a child or young adult away at school	1 or 2 + # of children at home + # of dependents away at school
An adult or couple living with a parent or parents when the relationship is family-like in nature	# of parents + 1 or 2 + # of children in household
Related or unrelated adults with or without children in a family-like relationship	# of adults + # of children

## Exceptions:

Do not add foster children or other unrelated children to family size.

People under 18 years old should only be considered a member of their parent's family if **ALL** of the following apply:

- They do not require confidential services
- They are financially supported by a parent
- The parent is willing to pay

If one or more of the above **does not apply**, the person under 18 is a family of one.

**Determining a client's family income**

For the purpose of the Sexual and Reproductive Health Network, *income* refers to gross monthly income (income before taxes or other deductions or garnishments). If a client provides gross annual income, divide it by 12. *Family income* is the income for all family members from all sources.

- Full-time, salaried employees: use most recent month's gross monthly income or annual income divided by 12
- Part-time or commission-based employees, or people with unstable income: use annual gross income divided by 12
- Unemployed currently or during the previous 12 months: use annual gross income divided by 12

- For clients who only know their net income (take-home pay), use net income multiplied by 1.15

You are not required to verify income, but may choose to. If a client does not have income documentation, you:

May:

- Request that the client bring written documentation of their family income at their next visit
- Require the client to sign a form stating that their income declaration is accurate
- Verify a client's family income using other lawful, valid means

Must Not:

- Deny services due to lack of income verification
- Assign clients higher income than the client reports, unless you have verification of the higher income
- Charge higher fees to clients who do not provide documentation of income

The information below is to clarify our definition of *income* for the purpose of reporting.

Income Includes:

- Wages, salary, and tips received before deductions
- Interest received on a bank account
- Alimony and child support received
- Social Security benefits received, such as widow's benefits, children's allowances, and disability benefits
- Unemployment benefits received
- Military allotments received
- Veteran's benefits received
- Rent received from others for housing owned by the family
- Income from a business run by the family

Income does not include:

- Temporary government assistance (like TANF)
- Grants, such as student 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

To improve clinic efficiency, you may choose to use the MAGI-based Washington State Apple Health Programs specifications for determining family size and family income to identify a client's discount category on your sliding fee schedule. If you choose to do this you:

- Must assess FPL for every client
- Must comply with the May and Must Not bullets above related to income verification
- Must use the same method you use for MAGI-based Washington state Apple Health Programs

DOH strongly recommends that you assess client income at least annually.

**Appendix 5. Error Message Master File List – Washington SRH Data System**

ERROR ID	ERROR DESCRIPTION
1100	REJECT: VERSION NUMBER INCORRECT
1101	REJECT: SERVICE SITE NUMBER MISSING/INVALID
1102	REJECT: PROJECT NUMBER IS INVALID FOR THIS SITE
1103	REJECT: ATTENDING PHYSICIAN CONTAINS INVALID DATA
1104	REJECT: SEXUAL ORIENTATION IS REQUIRED
1105	REJECT: SEXUAL ORIENTATION CONTAINS INVALID DATA
1106	REJECT: GENDER IDENTITY IS REQUIRED
1107	REJECT: GENDER IDENTITY CONTAINS INVALID DATA
1108	REJECT: SMOKING STATUS IS REQUIRED
1109	REJECT: SMOKING STATUS CONTAINS INVALID DATA
1151	WARNING: SYSTOLIC LOWER THAN 40
1152	WARNING: DIASTOLIC HIGHER THAN 250
1153	WARNING: BLOOD PRESSURE NOT CODED PROPERLY
1154	WARNING: HEIGHT UNDER 54 OR OVER 86 INCHES
1155	WARNING: HEIGHT HAS NOT BEEN ANSWERED
1156	WARNING: WEIGHT BELOW 70 OR OVER 400 POUNDS
1157	WARNING: WEIGHT HAS NOT BEEN ANSWERED
2101	REJECT: PATIENT NUMBER MISSING/INVALID
3101	REJECT: VISIT DATE MISSING OR INVALID
3102	REJECT: DATE OF VISIT IS A FUTURE DATE
4101	REJECT: DATE OF BIRTH MISSING/INVALID
4102	REJECT: FEMALE CLIENT'S AGE OVER 60 YEARS
4103	REJECT: CLIENT'S AGE IS LESS THAN 10 YEARS
4104	REJECT: DATE OF BIRTH IS A FUTURE DATE
5101	REJECT: BIOLOGICAL SEX REQUIRED FOR FIRST VISIT
5102	REJECT: BIOLOGICAL SEX CONTAINS INVALID DATA
6101	REJECT: ETHNICITY FIELD IS BLANK/INVALID
6102	REJECT: ETHNICITY FIELD IS REQUIRED FOR 1ST VISIT
6201	REJECT: RACE CODE REQUIRED FOR FIRST VISIT
6202	REJECT: RACE FIELD CONTAINS INVALID DATA
7101	REJECT: ADDITIONAL DEMOGRAPHICS CONTAINS INVALID DATA
8101	REJECT: ZIP CODE REQUIRED F/FIRST VISIT
8102	REJECT: ZIP CODE LESS THAN 00501
8103	REJECT: ZIP CODE CONTAINS INVALID DATA
9101	REJECT: SOURCE OF PAYMENT MISSING
9102	REJECT: SOURCE OF PAYMENT CONTAINS INVALID DATA
10101	REJECT: INCOME REQUIRED FOR 1ST VISIT
10102	REJECT: INCOME CONTAINS INVALID DATA
10151	WARNING: INCOME EXCEEDS \$20,000 MONTHLY INCOME AND LESS THAN 999999
10201	REJECT: FAMILY SIZE REQUIRED FOR 1ST VISIT
10202	REJECT: FAMILY SIZE CONTAINS INVALID DATA
10251	WARNING: FAMILY SIZE GREATER THAN 15
12101	REJECT: PURPOSE OF VISIT MISSING
12102	REJECT: PURPOSE OF VISIT CONTAINS INVALID DATA

13101 REJECT: MEDICAL SERVICES CONTAINS INVALID DATA  
13102 REJECT: MALE CLIENT HAS FEMALE SERVICES CODED  
13104 REJECT: NO MED SVCS AND NO COUNS SVCS FOR DATE OF SERVICE  
13201 REJECT: PROVIDER OF SERVICES IS MISSING  
13202 REJECT: PROVIDER OF SERVICES CONTAINS INVALID DATA  
14101 REJECT: COUNSELING SERVICES CONTAINS INVALID DATA  
14102 REJECT: COUNSELING SERVICES 04,07/SAME VISIT  
15101 REJECT: BEGINNING METHOD MISSING  
15102 REJECT: BEGINNING METHOD CONTAINS INVALID DATA  
15103 REJECT: ENDING METHOD MISSING  
15104 REJECT: ENDING METHOD CONTAINS INVALID DATA  
15105 REJECT: BEFORE CONTRACEPTIVE METHOD IS STERILIZATION  
15201 REJECT: REASON FOR NO METHOD BEFORE VISIT MISSING  
15202 REJECT: REASON FOR NO METHOD BEFORE VISIT CONTAINS INVALID DATA  
15203 REJECT: BEGINNING METHOD IS NONE AND BEGINNING REASON IS BLANK  
15204 REJECT: BEGINNING METHOD/BEGINNING REASON FOR NONE ANSWERED  
15205 REJECT: REASON FOR NO METHOD AFTER VISIT MISSING  
15206 REJECT: REASON FOR NO METHOD AFTER VISIT CONTAINS INVALID DATA  
15207 REJECT: ENDING METHOD IS NONE AND ENDING REASON IS BLANK  
15208 REJECT: ENDING METHOD/ENDING REASON FOR NONE ANSWERED  
18101 REJECT: CLIENT INS. STATUS IS MISSING  
18102 REJECT: CLIENT INS. STATUS CONTAINS INVALID DATA  
19101 REJECT: PREGNANCY STATUS MISSING  
19102 REJECT: PREGNANCY STATUS CONTAINS INVALID DATA  
20101 REJECT: PREG INTENTION MISSING  
20102 REJECT: PREG INTENTION CONTAINS INVALID DATA  
21101 REJECT: CONTRACEPTIVE METHOD PROVIDED MISSING  
21102 REJECT: CONTRACEPTIVE METHOD PROVIDED CONTAINS INVALID DATA  
22101 REJECT: TALK ABOUT CONTRACEPTION MISSING  
22102 REJECT: TALK ABOUT CONTRACEPTION CONTAINS INVALID DATA  
30101 REJECT: PAP RESULTS CONTAINS INVALID DATA  
30102 REJECT: PAP RESULTS CODED AND MED SVC(25,26) NOT CODED  
31101 REJECT: GONORRHEA RESULTS CONTAINS INVALID DATA  
31102 REJECT: GONORRHEA RESULTS CODED AND MED SVC(28) NOT CODED  
32101 REJECT: SYPHILIS RESULTS CONTAINS INVALID DATA  
32102 REJECT: SYPHILIS RESULTS CODED AND MED SVC(47) NOT CODED  
33101 REJECT: HPV RESULTS CONTAINS INVALID DATA  
33102 REJECT: HPV RESULTS CODED AND MED SVC(50) NOT CODED  
34101 REJECT: CHLAMYDIA RESULTS CONTAINS INVALID DATA  
34102 REJECT: CHLAMYDIA RESULTS CODED AND MED SVC(29) NOT CODED  
35101 REJECT: HIV RESULTS CONTAINS INVALID DATA  
35102 REJECT: HIV RESULTS CODED AND MED SVC(43,44) NOT CODED  
91051 WARNING:POV LVL >138% IS INVALID FOR 19+ W/MEDICAID & FAM SIZE1  
91053 WARNING: ZERO INCOME IS INVALID FOR 26+ W/PRIV INS

## Appendix 6: Frequently Asked Questions

### 1. Can a client have more than one SRH encounter during a single SRH visit?

A client may have only one SRH encounter per visit. In the SRH services setting, the term “encounter” is synonymous with “visit.” Although a client may meet with both Clinical and Other Services Providers during an encounter, the encounter is credited to 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.

### 2. If an individual receives gynecological or related preventive health services (e.g., pelvic exam, Pap test, pregnancy test, STI screening) at a SRH service site, but does not receive counseling, education, or clinical services aimed at avoiding unintended pregnancy or achieving intended pregnancy, should the visit be counted as a client visit record?

If a client visits the service site to obtain any type of sexual and reproductive health related preventive health services and is asked the pregnancy/parenthood intention question, the encounter is considered a SRH encounter and the visit should be CVR’d.

### 3. If a client has health insurance that covers a broad set of primary medical care benefits, including some or all SRH services, but he or she chooses not to use his or her health insurance plan to pay for some or all of the cost of services, how should an agency classify this client’s insurance status?

Although an insured client may elect not to use his or her health insurance to pay for services, he or she is considered insured and should be reported according to the type of health insurance coverage (public or private) that he or she has.

### 4. Are SRH agencies required to verify client health insurance status?

No. The information is based on clients’ self-reported insurance coverage. However, as stipulated in the program regulations service providers are required to bill all third parties authorized or legally obligated to pay for services and to make reasonable efforts to collect charges without jeopardizing client confidentiality.

### 5. If SRH users, male or female, rely on their partners’ SRH method for pregnancy prevention, how should their method be reported?

If a female SRH user relies on a male SRH method (e.g., vasectomy or male condoms) for pregnancy prevention, report this as the users’ contraceptive method.

If a male SRH user relies on a “female” SRH method for pregnancy prevention (i.e., female sterilization, IUD, hormonal implant, 1- or 3-month hormonal injection, oral contraceptives, contraceptive patch, vaginal ring, cervical cap or diaphragm, contraceptive sponge, female condoms, LAM, or spermicides), report this as the users’ contraceptive method.

If a male client and his female sexual partner rely on pills (for pregnancy prevention) and condoms (for STI or pregnancy prevention), record the method that is most effective in terms of pregnancy prevention (i.e., pills). In this example, the male user’s SRH method would be pills.

### 6. Is there ever a circumstance where you would CVR a client with the sterilization as the initial contraceptive method?

A sterilized client might receive services related to preventing or achieving pregnancy. For example, they might suspect pregnancy (i.e., method failure) and come for testing or they might want to talk to someone about reversing a vasectomy. If the sterilized user received services related to achieving an intended pregnancy or preventing an unintended pregnancy, then we would want the agency to submit a CVR and contact the SRHP epidemiologist to explain how the client qualifies to be reported.