

Family Planning Fee Management

**Satellite Conference and Live Webcast
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Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

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Objectives

- **Review basic concepts of family planning fee management**
- **Discuss new revisions to Fee Manual for family planning based on recent clarification from federal audit:**
 - **Waiving fees for “Good Cause”**
 - **Billing clients**
 - **Aging of accounts**
 - **Accepting donations**
- **Discuss new fee schedule**

Title X Requirements

- **Provide services without regard to religion, race, color, national origin, creed, disability, sex, number of pregnancies, marital status, age, contraceptive preference, or inability to pay**

Title X Requirements

- **Provide services without subjecting individuals to any coercion to accept services or employ or not to employ any particular methods of family planning**

Title X Requirements

- Staff may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure

Title X Requirements

- Assure client confidentiality and provide safeguards of individuals against the invasion of personal privacy
- The client has the option of not being contacted at home by phone or mail for billing purposes
 - This must be established at each visit

Title X Requirements

- Title X requires every family planning program to set fees for family planning services and supplies
 - Fees should be designed to recover the reasonable costs of providing services

Title X Requirements

- Charges are based on a cost analysis of all services provided
 - These charges/fees are set by the State Office Family Planning Program

Title X Requirements

- Except for Family Planning and Health Statistics, county health departments can only charge fees that have been properly approved as defined in their local fee bill

Sliding Scale Fee Schedule

- A schedule of discounts is required for individuals with family incomes between 101% and 250% of the federal poverty level
- Each year the federal income poverty guidelines are released and are to be used to establish the pay category for each client

Sliding Scale Fee Schedule

- Family size and income from the income guidelines determine if the percentage of charge will be either 100%, 75%, 50%, 25% or 0%
- The percentage of charge identifies the client's payment category and the fee amount

Sliding Scale Fee Schedule

- Clients whose income is above 250% of the federal poverty level must be charged the full fee for services and supplies
- Clients whose income is between 101% and 250% of the federal poverty level must be charged according to the approved FP sliding fee scale

Sliding Scale Fee Schedule

- Clients whose income is at or below 100% of the federal poverty level must not be charged
- No one may be denied services based on an inability to pay

Charging Clients

- Clients whose income falls at or below 100% of the federal poverty level will fall into a zero % pay category
- All non-Medicaid clients will have services recorded on the E-Day sheet including those in the zero % pay category

Charging Clients

- The transaction will generate an invoice/receipt for the client, net charge, amount paid and current balance
- All clients are to be given this statement

Waiving Fees for “Good Cause”

- Fees must be waived for individuals who are unable, for good cause, to pay for family planning services

Waiving Fees for “Good Cause”

NEW

- The county health department Administrator or Area/Clinic supervisory staff is required to approve waived fees for services as recommended by intake assessor

Waiving Fees for “Good Cause”

- The approver is to initial in the Special Circumstances box on the Income Assessment Form
- This is self declared information
 - Proof of cause is not required (example: hospital bill)

Waiving Fees for “Good Cause”

- Fees may be waived for services and/or supplies when the client meets any one or more, but not limited to other reasons deemed reasonable, of the following definitions of “Good Cause”:

Waiving Fees for “Good Cause”

- *Recent layoff from employment
- *Recent Funeral Costs of immediate family member (**)
- *Recent Medical/Hospital Costs
- Extraordinary ongoing monthly prescription costs

Waiving Fees for “Good Cause”

- Recent Bankruptcy
 - Recent Natural Disaster Loss (uncompensated costs for fire, flood, tornado, etc.)
- *Recent is defined as no more than six months from the date of the event

Waiving Fees for “Good Cause”

- ** Immediate family for this purpose includes spouse, children, parents, step parents, parent-in-law, grandchildren, grandparents, brothers, sisters, and stepchildren

Income Assessment

- Income is self declared
- Clients who indicate they do not know their income or decline or refuse to declare will be charged at the 100% pay category

Income Assessment

- Clerk is to explain this to the client and document on the Income Assessment such as, "Client refused to disclose income or client waived sliding fee scale
- A new income assessment must be completed annually or when the client declares a change in status

Medicaid Eligibility

- If the client appears eligible for Medicaid, and the application process has been initiated, do not charge the client for services provided on that date of service

Medicaid Eligibility

NEW

- If the client is denied Medicaid, county is to charge fees for all applicable services rendered since the application was taken

Medicaid Eligibility

NEW

- If the application remains pending after 45 days, HD is to check with the Medicaid out-stationed worker on the status prior to sending a bill to eligible clients

Third Party Coverage

- All clients must be asked about third party coverage (Medicaid or private insurance)
- We are in the process of developing the system for billing private insurance providers for non-confidential clients with private insurance
 - Additional information and training will be forthcoming

Billing Clients

- Inform clients at the time of the appointment:
 - A fee may be charged for services and supplies
 - Any fee will be based on income and family size
 - Payment is due at the time of the service, however, services will not be denied based on inability to pay

Billing Clients

- Inform clients at the time of the appointment:
 - A fee may not be charged if client appears eligible for Medicaid and applies at the time of the visit (pending enrollment)
 - If deemed ineligible, client will be charged/billed appropriately from the time of the application

Billing Clients

- Inform clients at the time of the appointment:
 - Clients deemed ineligible for billing based on confidentiality purposes, will not have mailings sent to their home

Intake Process

- Inform client of the financial assessment process including the sliding fee scale
- Complete an income assessment based on client's self-declared income and family size

Intake Process

- If client is eligible for Medicaid, initiate the application process or verify Medicaid status
 - Do not charge the client
- If non-Medicaid client, inform her of her pay category and that services will be provided regardless of inability to pay

Intake Process

- The charging of applicable services should ideally be done following completion of service(s)
- Counties should set up the system that works best for their setting
 - For example, a county can opt to charge established clients for a supply visit at the beginning

Intake Process

- New clients who have not chosen a birth control method may be charged at the end of the visit

Intake Process

- Inform the client of the applicable charges incurred today and ask how much she can pay on the bill
 - Enter the service on the E-day sheet for all non-Medicaid clients

Intake Process

- Print the receipt/invoice and review with client
 - For those with a remaining balance, the clerk can provide the client with a self-addressed envelope to send back with a payment at a later date

Aging of Accounts

- Title X requires that all clinics have a method for aging outstanding account receivables
 - This allows the program to attempt collections from current customers while providing a mechanism to write-off accounts that are dormant/uncollectible

Aging of Accounts

- If a client returns to the clinic after the account balance has been written off, the previous balance will be zero

Accepting Donations

- Voluntary donations from clients are permissible
- Clients must not be pressured to make donations, and donations must not be a prerequisite for the provision of services and supplies
- Donations from clients do not waive the billing/charging requirements

Accepting Donations

- Donation amounts should not be suggested
- It is acceptable to display notice regarding acceptance of donations. Posters are being developed and will be distributed to clinics

Accepting Donations

- Example of requesting donations:
 - “There are no charges for your services today because it is based on your family size and income, however, we do accept donations. These donations are used to offset the expenses used to provide services to our patients. Would you be interested in providing a donation today?”

New Family Planning Fee Schedule

- All the fees have been updated based on recent cost analysis
- New service codes have been added for contraceptives and procedures

New Family Planning Fee Schedule

- Applicable charges may include:
 - Visit
 - Contraceptive method or procedure
 - Pregnancy test only service

Family Planning Fee Schedule

Service Code	Service Description	Percentage of Fee Charge				
		A - 100%	B - 75%	C - 50%	D - 25%	E - 0%
100	Family Planning-Initial and Annual Visit	\$182	\$137	\$91	\$46	0
101	Family Planning-Periodic Revisit Resupply	\$182	\$137	\$91	\$46	0
102	Deferred Physical Visit	\$182	\$137	\$91	\$46	0
103	Extended Family Planning Counseling Visit	\$182	\$137	\$91	\$46	0
104	GYN Problem/Lab/Counseling Visit	\$0	\$0	\$0	\$0	0
107	Pregnancy Test Only Service	\$12	\$9	\$6	\$3	0

Family Planning Fee Schedule

Service Code	Method	A - 100%	B - 75%	C - 50%	D - 25%	E - 0%
106A	Pills - Monthly	\$8	\$6	\$4	\$2	\$0
106B	Pills - Quarter	\$32	\$24	\$16	\$8	\$0
106C	Pills - Annual	\$112	\$84	\$56	\$28	\$0
106D	Injection - Quarter	\$15	\$11	\$8	\$4	\$0
106E	Patch - Quarter	\$67	\$50	\$34	\$17	\$0
106F	Ring - Quarter	\$45	\$34	\$23	\$11	\$0
106G	Diaphragm	\$19	\$14	\$10	\$5	\$0
106H	Spermicidal jelly	\$9	\$7	\$5	\$2	\$0
106I	IUD/Paragard + Insertion	\$271	\$203	\$136	\$68	\$0
106J	IUD/Mirena + Insertion	\$470	\$353	\$235	\$118	\$0
106K	Implant +Insertion	\$435	\$326	\$218	\$109	\$0
106L	Female Sterilization	\$1000	\$750	\$500	\$250	\$0
106M	Male Sterilization	\$300	\$225	\$150	\$75	\$0

Lost or Misplaced Supplies

- Clients who return to the clinic for lost, misplaced or otherwise missing contraceptive packets of pills, patches or rings will be charged as specified on the Family Planning Fee Schedule

What About These Visits?

- Repeat Pap smear visit – utilize “GYN Problem/Lab/Counseling visit”, which is \$0 charge
- NEW - Repeat BP reading - when a client must return for a repeat BP reading before being supplied with a hormonal method, utilize the “GYN Problem/Lab/Counseling visit”

What About These Visits?

- If supplies are given on this day, charge patient only for the contraceptives