

APPENDIX B

TITLE X SERVICE SITES FINANCIAL POLICIES AND PROCEDURES



NEW MEXICO DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM
FINANCIAL POLICIES AND PROCEDURES
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I. INTRODUCTION

A. What is Title X Family Planning Program?

Title X is the only federal program dedicated solely to the provision of family planning (FP) and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them.

The priorities for New Mexico Title X services are for:

1. Certain vulnerable populations, such as teens (particularly teens who request confidential FP services); and
2. Uninsured, reproductive-aged clients from low-income families, regardless of age.

However, Title X clinics may not deny insured clients FP services due to the clinic's inability to bill certain insurance plans.

B. General Requirements for Providing Title X FP Services

1. All services must be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, or client's ability to pay.
2. Title X encourages self-identification of race and ethnicity.
3. FP services are to be provided solely on a voluntary basis.
4. FP services are offered on a sliding fee scale, where the client's income is assessed and then payment is dependent on income level (of either solely the client or the entire household supported by said income, depending on certain factors, such as confidentiality). If a client has an individual or family income (depending on certain factors) below 100% of the federal poverty guidelines (FPGs), FP services are provided at no-cost to the client. For client reported incomes between 101% and 250% of the FPGs, FP services must be offered at a discounted rate based on ability to pay.
5. Clients cannot be coerced to accept services or to use or not use any particular method of family planning.
6. Clients must not be denied services or be subjected to any variation in quality of services because of inability to pay.
7. Services must be provided in a manner which protects the dignity of the individual.
8. Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician.

C. Requirements for Income Assessment, Sliding Fee Scale and Fees

Federal Title X expectations require that Title X clinics assess fees for services rendered to clients with family income above 100% Federal Poverty Level (FPL). Both family size and family income are used to determine the client's family income as compared to the current FPL. Fees are assessed as percent pay rate based on the clinic's sliding fee scale. Family income should be assessed before determining whether copayments or additional fees are charged.

Insured clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (This will be applicable to clinic sites once they are able to bill private insurances).

D. Training Requirements (see Appendix D Staff Orientation for details)

E. Confidentiality

1. Health Insurance Portability and Accountability Act (HIPAA):

Clinics must ensure client confidentiality and provide safeguards for individuals against the invasion of personal privacy as required by HIPAA. No information obtained by the staff about individuals receiving FP services may be disclosed without the individual's written consent, except as required by law (such as NM laws that require reporting of child abuse/neglect and human trafficking) or as necessary to provide services to the

- individual, with appropriate safeguards for confidentiality.
2. Protected Health Information (PHI):
Clinic staff must observe client's confidentiality both in the office setting and on the telephone. It is recommended that a private space be provided to make appointments, obtain proof of income, and register a client. Client's PHI should not be left unattended in public areas. Clerks and front-line staff in all clinic settings are required to shut down or lock their workstations when leaving their computer area.
 3. Confidential Clients (teen/adult):
Clinics must have policy/procedures in place to identify confidential charts and to preserve client's privacy, such as alternative contact method/information, billing process. All services are confidential with the exception of a mandatory reporting situation. A red alert will need to be entered in BEHR for any client wanting confidential services. Confidential clients relates to billing. This may show up when:
 - a. a young person below 18 is concerned about a bill going home (on parents or guardian's insurance plan)
 - b. a person experiencing intimate partner violence/domestic violence and is not the policy holder
 - c. any other unique situation where the client is not the policy holder.

II. SCHEDULING A FAMILY PLANNING APPOINTMENT

The following information is needed to schedule an appointment for Title X clients:

A. DOB

B. Insurance Coverage:

1. Medicaid/Turquoise Care: PHOs are Medicaid providers. However, if there is an appointment waiting list in your clinic, be sure that Medicaid clients are aware of other Medicaid providers in the area.
2. Non-PHO Provider Agreement clinics currently are not allowed to bill Medicaid or other insurances for Title X supplies/medication/visits. Billing may be possible for Provider Agreements in the future, with FPP prior approval.
3. Private Medical Insurance: Title X clinics may not deny insured clients family planning services due to the clinic's inability to bill certain third-party insurance agencies. Regarding insured clients, **clients whose family income is at or below 250% of the FPL** should not pay more (in co-pays or additional fees) than what they would otherwise pay when the sliding fee discount schedule is applied. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (Title X Program Expectations).

In non-public health emergency situation, PHO staff will check the client's insurance eligibility and determine the client's co-pay amount based on their insurance plan.

C. Income:

1. Advise client that there is a sliding scale charge for services, which is based on gross family income and family size.
 - a. Confidential minors (17 and younger) requesting confidential billing are assessed for FP discounts by their individual income and a family size of 1.
 - b. Confidential adults (18 and older) requesting confidential billing are assessed for FP discounts by their individual income and the reported family size.
2. Clinics may request proof of income, but they may not require it. Examples of proof of income can include the following:
 - a. Pay-stub
 - b. Unemployment compensation
 - c. Social Security/Social Security Disability Income

3. Clinics should accept a self-declaration of income and charge the client based on what **he/she/they** declared.

III. STEPS FOR FAMILY PLANNING ENROLLMENT FORMS, CONSENTS, AND FEE COLLECTION

All Family Planning/Title X clients must have the following forms completed and filed/scanned into the client's medical record.

A. Consent for Family Planning Services Instructions

1. Consent for Family Planning Services Section (for all Title X clients): The assigned clinic personnel will:
 - a. Review with the client the Consent for Family Planning Services section prior to receiving the services.
 - b. Assure that only the client (not parent/guardian/spouse/partner) sign the Consent for Family Planning Services.
 - c. Update the form annually.
2. Parental/Family Involvement Section (for clients under age 18): The Nurse/Clinician will:
 - a. Counsel new teen clients (younger than 18 years old) and complete the Parental/Family Involvement Form.
 - b. Assure that the client (not parent/guardian/spouse/partner) sign the form.
 - c. Obtain an alternative address or telephone number of confidential clients who request no contact at home.

B. Income Worksheet Instructions

1. It is the clerk/assigned clinic personnel's responsibility to:
 - a. Review/verify the client's family income and number of household members.
 - b. Assure that the client (not family/parents) sign the income worksheet.
 - c. Assure that the date line is the day of signature, not the client's date of birth.
 - d. Assess the client's annual income and percent pay correctly in the "STAFF USE ONLY" section.
 - e. Assess their income by totaling the months worked or to be worked and enter the total in the income work sheet as total annual income (if a client works 3 to 9 months out of the year (give or take a few months), such as a seasonal work or summer jobs).
 - f. Be sure to document how the income was verified, by using the check boxes in the "STAFF USE ONLY" section (e.g., verbal, check stub, letter from employers, other).
 - g. Sign and date the "STAFF USE ONLY" section.
2. If the client is a new FP client, **he/she/they** will complete an Income Worksheet. Title X clinic staff will utilize the most current Sliding Fee Scale (SFS)/Percent Pay table to assess the client's percent pay.
3. For existing FP clients, an annual Income Worksheet is required.
 - a. If there is a change in income or household members, the Income Worksheet should be updated prior to the 1-year expiration.
 - b. If the client's most current Income Worksheet is less than 1 year old and the SFS/Percent Pay Table is updated, use the income from the current Income Worksheet to re-calculate the client's percent pay.
 - c. If the client's most current Income Worksheet is more than 1 year old or about to expire (in a few days or even in a month) and the SFS/Percent Pay Table is updated, **he/she/they** will complete a new Income Worksheet and Title X clinic staff will utilize the SFS/Percent Pay Table to assess the client's percent pay.
 - d. If the client has claimed a Financial Hardship, **he/she/they** will fill out a new Income Worksheet and Hardship Waiver form. (See Subsection Special

- Circumstances-Documented Hardship).
- e. **Note:** Since the FPLs normally go up allowing clients to make more money to be classified as low-income, when the client's percent pay is updated using new table, the new percent pay may be lower.
4. All income worksheets in PHOs must be kept for three years, per NMAC 1.21.2.307. (For further guidance, please consult with your supervisor).
 5. Income:
 - a. Confidential Teen Clients - For unemancipated minors who receive confidential services, charge for services (percent pay) must be determined based on the income of the minor only (and family/household size of one).
 - b. Non-Confidential Teen Clients - The family's income and number of household members must be considered in determining the charge for services.
 - c. Confidential Adult Clients - For adults who receive confidential services, charge for services (percent pay) must be determined based on the income of the adult only and the reported family size.
 - d. Non-Confidential Adult Clients - The family's income and number of household members must be considered in determining the charge for services.
 - e. Clinics shall take reasonable measures to verify client income, without burdening clients from low-income families. Clinics may request proof of income, but they may not require it. The Title X clinic should accept a self-declaration of income and charge the client based upon what he or she has declared. Do not assess the client at 100% of the charge if they do not have proof of income.
 - f. Although not required to do so, Title X clinics that have lawful access to other valid means of income verification because of client's participation in another program may use this data rather than to re-verify income or rely solely on client's self-report. (OPA 08-1: Verification of Income for Title X Clients).
 6. Reasonable attempts to verify client income may include requests of the following:
 - a. A paycheck stub showing wages for all members of the economic unit who are gainfully employed; or
 - b. A federal income tax return from the previous year for all members of the economic unit who filed federal income tax returns; or
 - c. A letter from an employer stating wages earned and the time period in which the wages were earned; or
 - d. A statement or letter showing amount of money earned or net profit for the past month if the client is self-employed or unemployed.
 - e. Healthcare.gov can be a helpful resource when determining income that should be included. "What to include as income" can be found at: <http://healthcare.gov/income-and-household-information/income/>

Examples Include:

Income Type	Include as Income?	Notes
Taxable Wages, tips, self-employment income	Yes	
Unemployment compensation	Yes	
Social Security, Social Security Disability Income (SSDI)	Yes	DO NOT include Supplemental Security Income (SSI)
Retirement, pension, investment income	Yes	Include most IRA and 401k withdrawals. Do not include distributions from Roth account as income.
Alimony	Yes	

Child support	No	
Proceeds from loans (student loans, home equity loans, bank loans)	No	

7. Number of Household Members:
 - a. Confidential Teen Clients: For unemancipated minors who receive confidential services, charge for services (percent pay) must be determined based on the income of the minor only (and family/household size of one).
 - b. Non-Confidential Teen Clients: The family's income and number of household members must be considered in determining the charge for services.
 - c. Confidential Adult Clients: For adults who receive confidential services, charge for services (percent pay) must be determined based on the income of the client only and the reported family size.
 - d. Non-Confidential Adult Clients: The family's income and number of household members must be considered in determining the charge for services.

C. Special Circumstances

1. Documented Hardship

Family Planning percent pay amounts are the client's responsibility. Occasionally, the client may experience problems beyond their control which constitutes a temporary financial hardship. Examples of hardship situations are illness in the family, fire, theft, being underinsured, job loss, etc. After a good faith determination of financial need by the Clerk/Receptionist and Nurse Manager/billing department supervisor, a Title X clinic may waive fees for the visit date stated in the Hardship Declaration Form. Steps in determining hardship are:

 - a. Hardship Declaration Form (Section VII) is filled out by staff and signed and dated by the client.
 - b. Since hardship may result in a change of the client's family income, a new Income worksheet is completed by the client and there is thorough review of the income worksheet by the Clerk/Receptionist and Nurse Manager/billing department supervisor.
 - c. Only the charge for services provided on the day stated on the Hardship Declaration Form will be assessed and waived.
 - d. The income worksheet completed with the Hardship Declaration Form is used for the hardship visit and all subsequent visits should revert back to the most current regular income worksheet unless a new one is needed.
 - e. A client is able to document hardship as many times as necessary.
2. Sterilization (for PHOs only): When a client is approved by the FPP State Office for sterilization services financial assistance, the procedure charge should be entered into BEHR at the time they return to the PHO to pick up their sterilization paperwork and set up their appointment with the nurse. (See section 2 for more details). When the client picks up approved paperwork, he/she is expected to pay the sterilization procedure fee according to their percent pay before having the procedure done. It is important to explain to the client that:
 - a. If the client does not have the procedure done, the payment is not refundable; but the credit can be applied for future FP services.
 - b. If the client does not pay the entire amount due before the surgery, the PHO will work with them on a payment plan.
3. Family Planning Services for Clients Presenting for Other PHD Program Services
 - a. On occasion, a person seen for STD, B&CC, immunization, or other program services may require FP supplies or tests including pregnancy test and contraceptives such as packs of OCPs, ECPs, or a DMPA injection.
 - b. In these cases, it becomes a FP visit. Ask the client to complete FP forms (consents, income worksheet, and parental involvement) and calculate the percent pay. If the client falls into a percent pay category and paying for these services creates a barrier to service, see Special Circumstances for hardship criteria.

IV. CHARGES, BILLING AND COLLECTION SYSTEM

Title X clients must not be denied services or be subjected to any variation in quality of services because of an inability to pay.

a. Charges

Title X clinics will properly implement the most currently available sliding fee scales (SFS)/schedule of discounts (SOD) (Section VII). Client income must be assessed at the beginning of the family planning visit; and clients are informed of any charges for which they will be billed and the clinic's payment options. Title X clinics will apply fees according to the sliding fee scale and issue a receipt to clients. If the client has claimed a Financial Hardship, the Title X clinic will use the Department of Health Family Planning Program's "Financial Hardship" protocol (See subsection C. Special Circumstances, above).

- i. Clients with income at or below 100% of FPL must not be charged for Title X Services.
- ii. Clients with incomes between 101% and 250% FPL are charged for Title X Services according to SFS/SOD as well as their ability to pay. The fees are calculated as percent pay of the clinic's schedule of fees, which was designed to recover reasonable cost of providing services. For clients with private medical insurance, if the co-pay is less than the client would pay on the sliding fee schedule, they should pay the co-pay. If the co-pay is more than what the client would pay based on the sliding fee discount schedule, the client pays what they would pay based on the sliding fee discount schedule. (FPP will provide "A Job Aid for Front Desk Staff" when PHO staff are no longer subjected to public health emergency operations.)
- iii. Clients whose income exceeds 250% FPL are charged according to clinic's schedule of fees, which was designed to recover reasonable cost of providing services. Enter the client's percent pay into the client's (electronic) health record:
 1. Provider Agreement sites - according to your specific clinic's procedure.
 2. PHOs - Follow BEHR manual to complete the Sliding Fee Scale Tab.

b. Billing

For insured clients, Title X clinics must make reasonable efforts to collect charges by billing third party payor without jeopardizing client confidentiality. Clinic staff must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.

For a Provider Agreement (PA), non-PHO clinic, this means that:

- Family planning services provided to insured clients should be billed for third-party reimbursement instead of using Title X contraceptives, supplies or lab tests.
- The exception is when the client requests confidential Title X services; in which case the PA clinic can dispense Title X contraceptives/supplies and utilize Title X lab tests according to the contract. In doing so, the PA clinic cannot bill the third-party payor for all the services provided that the client deemed confidential.

c. Donation

Voluntary donations for clients are permissible by Title X. However, clients must not be pressured to make donations and donations must not be a prerequisite to the provision of services or supplies. Donations from clients do not waive billing/charging requirements. Follow your agency's internal policy/procedure on handling donations.

V. ACCOUNTING PROCEDURE

a. Contractor or Provider Agreement Sites

1. Clinic's accounting procedures and state/Title X laws must be followed when collecting fees from Title X FP clients.
2. Internal accounting procedures should reflect required documentation regarding

fee collection, billing and aging balances, uncollectible accounts, and donations.

b. PHOs

1. DOH/PHD accounting procedures and state/Title X laws must be followed when collecting fees from Title X FP clients.
2. Income generated from Title X FP fee collection shall be used in support of Title X clients and activities.
3. For BEHR PM Entry of fee collection, please refer to the PHD BEHR User Manual (<https://tinyurl.com/mefw2zzt> or the below QR code [to access, use your DOH-approved log-in credentials]).



4. For any BEHR-related questions, please refer to the BEHR tab listed on the PHD Intranet and/or contact the Help Desk at (505) 539-3420.

FAMILY PLANNING FEE COLLECTION SUPER-STARS

The Fee Collection super-stars are experienced FP clerks from each PHD Region. They assist the FPP in updating the fee collection protocol and act as a resource for other clerks in their area who need fee collection training.

BEHR Billing: Santa Fe (505) 827-0664

Northeast Region: Margaret Perea, Santa Rosa PHO, (575) 472-3211
Tracy Jaramillo, Las Vegas PHO, (505) 425-9368

Northwest Region: Veronica Mauricio, Southwest Valley PHO, (505) 873-7477
April Rodriguez, Los Lunas PHO, (505) 222-0960

Southeast Region: Barbara Tivis, Portales PHO, (575) 356-4453

Southwest Region: Frances Martinez, T or C PHO, (575) 589-0805

VI. JOB AIDS AND FORMS

The following section includes definitions, algorithms/Job Aids, [links to forms](#) (e.g., Annual Income Worksheet, Hardship Forms, Consent for Family Planning Services, Monthly Report Packet), and current Percent Pay Table.

Definitions

Ability to pay: An assessment of a client's family size and gross annual family income to determine the percentage of assessed charges that will be billed to client.

BEHR: Acronym for Billing and Electronic Health Record. BEHR is the electronic health record and financial management system utilized for clients receiving services in the Public Health Offices.

Charges: The true, full cost of services and supplies received by the client (determined by Federal guidelines).

Client: (Patient) Any person who is requesting services.

Collection: The act of receiving money from the client or third-party payor.

Consent for Services: The Consent for Family Planning Services must be obtained at the initial client visit and updated annually thereafter. In combination with the Consent for Family Planning Services, the Parental Involvement Form must be completed for all adolescents 17 and younger. This portion of the consent must be completed by the nurse or practitioner at the initial visit and updated annually thereafter.

Cost: The true expense of an item or service.

Death Notice: The manner of documentation on which client is legally declared dead such as death certificate, newspaper publication.

Discounts: (Adjustments) the dollar amount deducted from the client's charges based on the client's Percentage Pay Rate.

Eligibility: Determination of a client's entitlement to services by the evaluation of client's age, gross income, economic unit, and special circumstances.

Emancipated minor: A person who is sixteen (16) years of age or older who:

1. Is or has been validly married (annulment or marriage of 15-year-old will not count);
2. Is in active duty with the armed forces; or,
3. Has obtained a declaration of emancipation from district court.

NOTE: No one under sixteen (16) can be emancipated. A person at least sixteen years old may apply for and obtain a declaration of emancipation if he/she is:

- *Willingly living separate and apart from parents or guardian and,*
- *Managing her/his own financial affairs.*

Full Pay: The designation for clients who receive no adjustment to their incurred charges.

Fees: The amount due from the client, which reflects the charges after any adjustment.

Financial Record: The financial folder is documented in the BEHR Practice Management. It is important to remember to update the Sliding Fee Scale Tab annually for continuous sliding fee scale history, and documentation for percentage-pay clients. In contracted provider clinics, the financial folder should consist of client's encounter forms, receipts, billing letters and sometimes returned billing letters. It may also contain copies of the proof of income. The financial folder may also be maintained electronically.

Gross Income: Earned income before deductions (used in calculating % pay for clients).

Hardship Case: Clients may experience problems beyond their control which constitute a temporary financial hardship, like death or illness in the family, fire, theft, loss of job, etc. The charges for the current visit can be waived after a good faith determination by the Clerk/Receptionist and Nurse Manager/billing department supervisor (see Documented Hardship).

Household Size/Number of Household Members: The family/household is defined for the purpose of family planning as a household size that includes the client. All persons living under one roof are not necessarily counted as members of the family/household. In other words, include, as the number of household members, all the people that provide food and shelter for the client.

Income and Family Size Declaration: The form on which the client attests to family size and gross income to establish their Percentage Pay Rate. This is a self-declaration of income. Although proof of income may be requested, is not a requirement for Family Planning eligibility. *As a reminder, confidential teens/adolescents must be assessed using only their income.*

Payment: The amount received from a client or third-party payor.

Percentage Pay Rate: The percentage of the actual charges incurred that the client is required to pay, based on their family size and gross income and Federal Poverty Guidelines.

Payor: A person or company who pays a debt or who is obliged to pay a debt.

Services: Those clinical activities performed for a client.

Sliding Fee Scale: The fee schedule of the facility establishing adjustments on the basis of ability to pay and the resultant actual charge to the client for services rendered (based on Federal Poverty Guidelines).

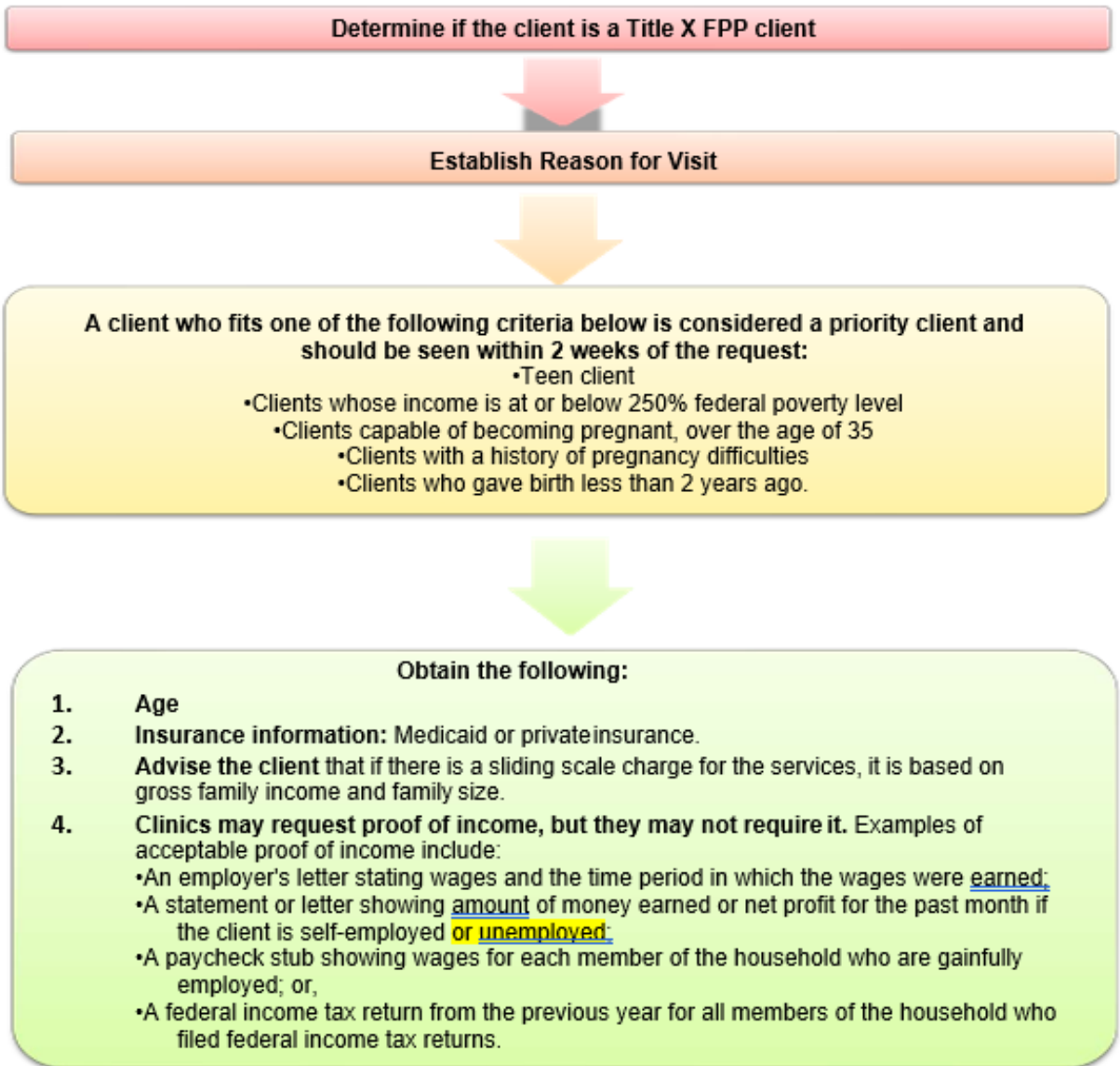
Supplies: Those items delivered to a client.

Teen: Any individual younger than 18 years old.

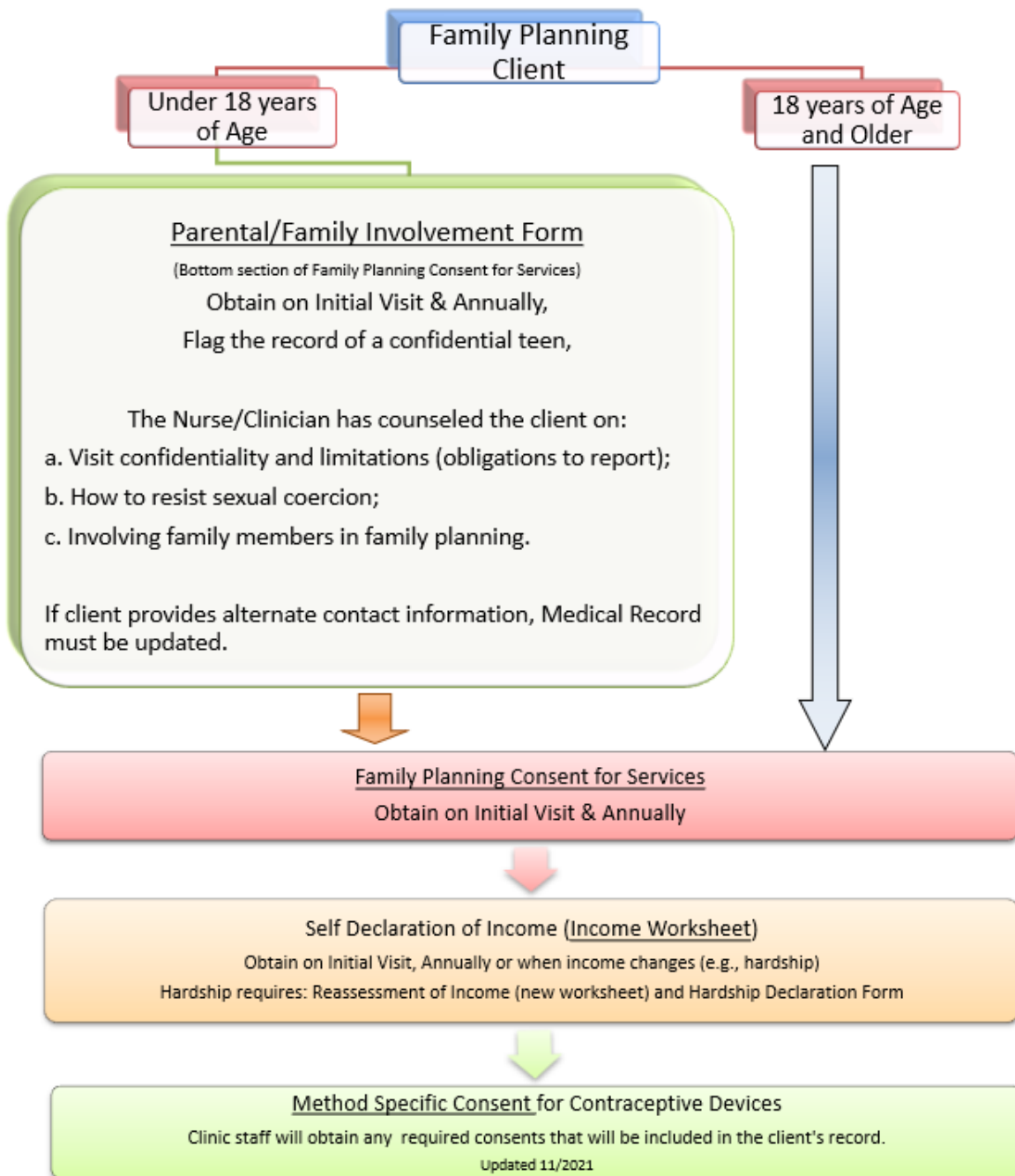
Unemancipated Minor: A minor who is under the care, custody, and control of their parent or parents.

Contracted providers should follow their aging balances policy with a reminder that Family Planning clients must not be sent to collections nor denied services based on their ability to pay.

Algorithm for Scheduling a Family Planning Appointment:



ALGORITHM FOR REQUIRED FAMILY PLANNING FORMS AND CONSENTS



Required Forms

All required forms can be found here: <https://www.nmhealth.org/about/phd/fhb/fpp/pvdr>

Annual Income Worksheet – English & Spanish

2024 Sliding Fee Scale

Hardship Declaration Form – English & Spanish

Consent for Services – English & Spanish

PHOs ONLY: Monthly Report Packet – Due by the 5th of every month

A. Each PHO's monthly report package should include the following documents in this order:

Forms are found here: <https://www.nmhealth.org/about/phd/fhb/fpp/pvdr>

1. Family Planning Payment Ledger

List all "percent pay" clients who have a current or past balance. Medicaid clients and clients who are "0 pay" without a previous balance, should not be listed. Please fill in **all** the information requested on this form.

If there are no fees collected for the entire month, please note "No fees collected" on the form.

2. Fee Deposit Register

All deposits should be recorded on this form. Please fill in **all** information requested on this form.

3. Fee Deposit Slips

Please fill in **all** the information requested on this form for the copies of deposits and deposit slips. Attach both the proof of deposit and deposit slips in the monthly report package.

At the end of each month, the above reports are to be prepared as a packet and submitted by the 5th of the following month.

Copies of the original PHO Deposit Slips and the Bank Transaction Receipt must be included. If you need the current excel versions of the monthly documents, please contact the Family Planning Program at (505) 476-8882.

Reports must be submitted monthly to two agencies:

- Family Planning Program by **secure** e-mail to: DOH-FPP_Monthly_Financial_Reports@doh.nm.gov. FPP will review each Monthly Report Packet received to ensure that all reports are being submitted on time and that each PHO is complying with this requirement. This will include the Family Planning Payment Ledger, the Fee Deposit Register, and the Proof of Deposit slips.
- Financial Control needs the Family Planning Payment Ledger ONLY by **secure** e-mail to: lewanda.platero@doh.nm.gov Phone: (505) 827-2696.
 - a. Fee Deposit Slip
 - b. Card Reader Receipt
 - i. See Addendum when approved for steps to provide proof of payment.

B. Record Retention

Retain all paper financial monthly reports for 3 years in a secured location. Monthly reports can be shredded after 3 years.