POLICY
The agency will follow Title X regulations regarding fee assessment/collection for Reproductive Health (RH) services. The agency will charge fees for RH services based on an analysis of all services offered in RH. Fees to clients for services will be discounted according to a sliding fee schedule based on family size and household income. Income is self-reported and proof of income is not required. Third-party reimbursement will be requested for all eligible clients. Clients will not be denied services or subjected to any variation in the quality of services based on their inability to pay. Priority for RH services is for persons from low-income families and others who may have difficulty accessing services, but is not limited to this population.

PROCEDURES

A. Setting Fees
1. Charges will be based on an analysis of all services offered in RH Clinic.
2. The analysis will include personal, facility, administrative, supplies, overhead, i.e. all costs to the clinic related to providing RH services.
3. The fee analysis will be reviewed and updated when indicated.
4. A fee schedule based on the cost analysis and designed to recover a reasonable cost of providing services will be available and approved by the governing board of the agency.
5. All money collected in the RH clinic from clients/third-party reimbursements, must be used to support RH activities.
6. Flat fees, i.e. insurance co-pays, minimum fees, no-show fees, etc. are not allowed in Title X clinics. All fees must be based on the client’s % pay based on household size/income with no charges to clients at or below 100% of poverty.

B. Assessing Income and Fees with Clients
1. Informing clients about possible costs for services may be done prior to the initial visit when the client contacts the clinic for an appointment or at the time of the visit. The agency fee schedule should be available upon request.
2. The discussion of fees with clients and collection of payments should occur in a setting which assures client privacy and confidentiality.
3. All clients will be asked to provide information about family size and household income.
4. Minor clients who require confidential services may have fees assessed based on their own rather than household income and considered to be a family size of one (1).
5. The clinic director can determine when fees will be waived for individuals above 100% of Federal Poverty Level who are unable for good cause to pay for RH Services, and may indicate other groups of clients who can have fees assessed based on their own vs. household income. For example, an agency may determine that any client who requires confidential services, i.e. a client in an abusive situation who may not have access to income; or a young adult who remains in her parents home but is fearful to have her
parents learn of her receiving RH services, etc. can have fees assessed based on their own income. These exceptions should be clarified in policy.

6. Clients must not be required to provide proof of income to qualify for RH services.
7. See Attachment #1 for definition of “Income” and “Family”.
8. Household income/family size must be reassessed at least annually.
9. Eligibility for a discount must be documented in client records.

C. Determination of Client Charges
1. The agency will use a sliding fee schedule approved by the State Reproductive Health Program when assessing fees for clients which is based on the Federal Poverty Level Guideline and is updated annually.
2. If the client has received other services at the agency where proof of income was required, the clinic may ask the client if the income given previously is the same as current income and be allowed to provide updated income information without proof of this change.
3. If the client/household income is at or below 100% of poverty using the most current poverty guideline (see Attachment #2), the client may not be charged anything for RH services. This includes minimum fees, contraceptive supplies, laboratory tests and treatment medications for services provided in the RH clinic as part of a RH encounter.
4. Clients between 101% and 250% of poverty must be charged based on where they fall on the approved sliding fee schedule.
5. Clients with incomes above 250% of poverty must be charged full fee for RH clinic services.
6. No client may be denied services or subjected to any variation in quality of services because of inability to pay.

D. Third Party Payment for Reproductive Health Services
1. Once income and family size have been assessed, many clients may qualify for a Medicaid program. Clients who are not currently enrolled, but appear eligible may be referred for application to the Oregon Health Plan, CCare, or coverage through the exchange. If the client refuses to apply, they may not be denied services or charged differently than they would have been based on the fee assessment.
2. Clients who appear to be eligible for CCare should be encouraged to apply. They must be informed that this program may not pay for all services provided at the RH Clinic and will be provided with information about the amount that will be expected from them should they receive a non-covered service. All teen clients (age 19 and younger) may have financial eligibility based on their own, not household income.
3. If the client has private insurance, the insurance plan must be billed for RH services without application of discounts, unless they have requested confidential services and would have problems if an insurance report was sent to their household. If the clinic has previously billed the insurance plan and knows in advance the services will not be covered, and it is documented that this is the case, it is unnecessary to continue billing for services unless the client would like to have the charges applied to the annual deductible, if applicable.
4. If the client participates in a Health Plan that does not reimburse outside providers (i.e. Kaiser) or if the agency is not considered a participating provider of the client’s Health Plan, the client may not be denied services if they choose to use the agency RH clinic. In addition, fees to these clients must be assessed based on household/size and income, as with other RH clients.
5. The clinic must accept whatever Medicaid/CCare pays for the billed service and not charge the client an additional fee for those services.

6. If the insurance plan is billed, the clinic must wait for the insurance response before the client can be billed for the service. Clinic must not collect insurance plan co-pays at the time of visit. If the insurance pays the amount in full, the client may not be billed. If the insurance payor does not pay the full charge, clients may be asked to pay up to the amount they would have been charged on a sliding fee schedule, minus the amount reimbursed by the insurance payor.

7. If the client has insurance and is also enrolled in CCare, the insurance should be billed first, then CCare. The client must not be billed in this circumstance. Any balance due after receipt of payment from the insurance company may be billed to CCare up to the maximum CCare reimbursement rate.

8. At each visit, ask clients if there has been a change in their insurance status, including those clients who are enrolled in CCare.

9. Clients should be informed at time of visit that if their insurance sends payment for the clinic visit directly to the client, the clinic will expect the client to bring the full insurance payment received to the clinic for payment of clinic services.

E. Collecting Fees

1. All clients should be informed of the dollar value of the service they received during their clinic visit.

2. Advise clients who will not be charged (at or below 100% poverty/have a payment source i.e. CCare) that there will be no charge to them for services provided that day.

3. Advise clients with insurance, excluding OHP and CCare, that the insurance plan will be billed first, and after the response has been received, the client will be billed for any difference that the client would have to pay based on where they fell on the sliding fee scale. If the insurance pays up to the amount the client would be expected to pay, they will not receive a bill.

4. Advise partial fee clients of their charge based on the sliding fee schedule and ask how much they can pay today.

5. Advise full fee clients of the full cost of the service and ask for payment.

6. Clients who are asked to pay any fee for their services must be given a bill directly at the time of services. The bill must show the total charge less any allowable discounts.

7. Accept credit/debit cards in payment.

8. Provide the client with a pre-numbered receipt for any payment made.

9. If the client states they can not pay any or all of the assessed charges at the time of the visit, provide a pre-addressed, stamped envelope and request that they send payment in as soon as possible.

10. Evaluate client confidentiality status. If it is OK to send mail to the client’s home address, advise clients with an unpaid balance that a monthly bill will be send to their home.

11. If a client has requested no contact at home address, advise that each time they return to clinic, they will be asked for payment on the unpaid balance.

12. Advise all clients with an unpaid balance that they will remain eligible to receive RH services.

13. Fee collection policies and procedures should never be a barrier for clients to continue receiving services. If the agency uses a collection agency for RH clients, the agency must be able to demonstrate to the State Reproductive Health Program that this practice has not prevented clients from continuing to obtain RH services.
14. The agency should have a “write-off” policy for those situations of continued non-payment.
15. An agency may have financial staff work with individual clients to assist them in developing a payment plan for an unpaid balance on their account. The client must be advised that they will continue to be able to receive RH services if they are unable to make full or partial plan payments.

F. Asking Clients for Donations
1. It is not required to ask for donations, but if some Reproductive Health clients are asked for a donation, all clients must be asked. This includes clients who are assessed full fees for RH services or have private insurance, OHP or CCare that pays for RH services.
2. Collecting voluntary donations to support RH services is suggested. If the agency will be asking clients for donations, ensure that involved staff are advised of how to ask for donations and that all staff are consistent in this procedure.
3. Suggested language: “We ask all of our clients if they would like to make a contribution to help us offer services to anyone who needs them.”
4. Clients must not be pressed to make a donation and donations must not be a prerequisite to the provision of services/supplies. Donations do not waive billing/charging requirements.
5. Offer a pre-numbered receipt to clients who give a donation.
Attachment #1:  
FAMILY AND INCOME DEFINITIONS FOR OREGON REPRODUCTIVE HEALTH PROGRAM

Family Definition:
*Family* is defined as a social unit composed of one person, or two or more persons living together as a *household*. Household members do not need to be married to be counted in household income; dependents of all these persons should be counted to calculate the total income of the family. Examples include:
- a married couple, with or without children
- one parent with one or more children
- a married couple sharing the home of a husband’s or wife’s parents
- two related married couples sharing a single household
- minors living on their own

Single persons living together are not considered a family; each person should be considered a family of one. However, any income (money that the client can spend) received as a result of the arrangement is considered income contributed to the client and should be counted.

Foster children or other unrelated children living in a household are not considered part of the family; payments received for caring for foster children are not considered income.

Income Definition:
The *gross average monthly income* is all money coming in that contributes to the support of the family.

**Types of Income to Include in Fee Assessment:**
- Salaries
- Financial help from relative/friends
- Unemployment compensation
- Social Security cash benefits
- Net self-employment income
- Business profits
- Also included should be deductions commonly taken out of income before the client receives it. These include: Federal, state/local taxes; Social Security payments; Deductions for savings bonds, other savings plans or union dues.

**Types of Income NOT to include in Fee Assessment:**
- Withdrawal from savings
- Receipts from sale of possessions
- Payments for foster parenting
- Lump sum compensation for injury or legal damages
- Maturity payments on insurance policies
- Loans
- Grants
- Tax refunds
- Dollar amount of Food Stamps
- Inheritances

If the client is a full-time salaried employee, base the average gross monthly income on the client’s most recent month’s income. If the client works part time, on a commission basis, or otherwise has an unsteady income, use the average gross monthly income for the previous 12 months. If the client only knows their take-home pay, or net income, multiply the net income by 1.15 to have gross income.