

NYSDOH RESPONSE TO QUESTIONS

Sliding Fee/Schedule of Discounts Webinar 03/30/17

1. Q. Please discuss the household size (persons listed on federal income tax return) vs. family (social unit living together). Which is used to determine household size?

A. The Title X Program Requirements define “Family” as *a social unit composed of one person, or two or more persons living together as a household.*

2. Q. Do we bill the insurance company for the full fee if it is less than the co-pay?

A. Yes, per Title X Requirement 8.4.6, *where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable effort must be made to obtain third party payment without the application of any discount.* If you have not done so, you may want to conduct a cost analysis of the services provided within your Family Planning Program to ensure that the fees billed accurately reflect the costs.

3. Q. Do you ask patients if visit is confidential? If not, patient may assume it is, the insurance company billed and parents are notified of visit.

A. Per Title X Requirement 10, *every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual’s documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards to confidentiality.* Additionally, the NYSDOH Family Planning Program requires that every sub-recipient agency have a Confidentiality Policy that addresses safeguards to ensure client confidentiality, including consent forms, health record systems, processing of third party billing, and the physical layout of the facility.

4. Q. If patient is confidential, can(not) bill because a remit (EOB)? will go home. Can the visit go to the grant program? (Note: this was an interpretation of the question asked – it was not clear as written)

A. Yes, if third party insurance cannot be billed due to confidentiality concerns, the cost of the visit can be covered by the grant. If the patient meets eligibility requirements, coverage under the Family Planning Benefit Program (FPBP) may also be considered.

5. Q. Are contraceptive supplies included in calculation of overall cost?

A. If contraceptive supplies are provided to a patient as a component of the family planning visit, they should be included in the calculation of overall cost.

6. Q. Can you provide exact policy reference saying Title X allows sending accounts to collections?

A. Title X Requirement 8.4.8 states, *Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.* Additionally, the NYSDOH Family Planning Program requires that every sub-recipient agency have a Charges, Billing and Collections Policy that reflects the requirements set forth by Section 8.4.1 – 8.4.9.

7. Q. Why is FPBP not billed first? Can FPBP be used to cover the co-pay on insurance? Multiple questions and comments about FPBP and when it can be used.

A. Per the *New York State Medicaid Family Planning Services Frequently Asked Questions (February 2017)* document, a provider must bill a patient's private (non-Medicaid) insurance before billing Medicaid. However, if the patient says that doing so would jeopardize their emotional or physical health, safety and/or confidentiality and privacy, a 'Good Cause' waiver may be granted during the application process. A good cause waiver can be authorized for a period of up to one year.

Regarding a patient who has Third Party Health Insurance (TPHI) with a high deductible or copay who also enrolls in FPBP **without the need for good cause**:

- In the case of a high deductible, the claim would be submitted to the TPHI. If it is rejected because the deductible has not yet been met, it may be submitted for payment under the FPBP coverage.
- Regarding copayments, a claim would be submitted to the TPHI. If the insurance company/HMO reimbursement to the provider equals or exceeds what Medicaid would pay for the service, Medicaid pays nothing. If a balance is due from Medicaid, that amount can offset some or all of the co-payment amount. There is no process to directly bill and receive payment from Medicaid specifically for the co-payment amount.

Within the Title X Family Planning Program, there is an additional safety net, regarding high copays. Per Title X Requirement 8.4.3, *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, and 8.4.6, Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, 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.*