

Title X Front Desk Income Verification Workshop

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Our Team



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Objectives

- Describe New York State Family Planning Program and Title X income verification expectation(s)
- Identify one strategy to support positive customer service interactions with family planning clients
- Name one strategy described by a peer to improve front desk staff practices
- Identify one resource to support income verification

Level-Setting Terminology



Understanding Terms

- **Fee(s) or charge(s):** Used interchangeably in the medical/health care field and in Title X.
- **Fee schedule** (i.e., a full fee schedule, charge schedule, chargemaster): In Title X it is called "schedule of fees." **A fee schedule is an industry-wide concept; it is not specific to Title X.**
 - Lists out the FULL cost for each service (typically by CPT code), which includes your costs, private insurance, local markets, and/or Medicare rates. See RHNTC [Title X Project Cost Gathering Workbook and job aid for more information](#)
 - Also based on a clinic's cost determined through cost analysis or other methodology (per Title X expectations).
 - For more information about setting a full fee schedule, see RHNTC's [Setting a Full Fee Schedule Job Aid](#)

Understanding Terms (cont'd)

- **Contracted rate:** Industry-wide term for the rate that each payer agrees to pay for a given service.
The contracted rate can and vary across payers.
 - Example: The fee schedule says a service is \$125 (and this is what is billed to all payers). Aetna's contracted rate is \$120; Blue Cross is \$115. The difference between the full fee (\$125) and the contracted rate (e.g., \$120 or \$115) is written off.
- **Schedule of discounts** (i.e., sliding fee discount schedule): An agency's listing by federal poverty level (FPL) ranges (e.g., 101–125% FPL, 126–175% FPL, etc.) with corresponding related discounts to ensure that low-income individuals pay based on their ability (assessing family size and income).
 - **This is specific to Title X.** Other federal programs (e.g., FQHC/330 Program) and state programs have different expectations for this.

NYSDOH Program Requirements



Lessons from Federal Program Review

- Sites not completing the income verification process
- Need for developing policies & procedures regarding income verification

NYS FPP Program and Policy Expectations

Language used should incorporate at a minimum these assurances:

- Family planning services are to be provided solely on a voluntary basis
- All clients must be provided the options of all services free from pressure or coercion
- Acceptance of family planning services is not a prerequisite to eligibility for or receipt of any other service or assistance

Source: [NYS FPP Policy and Procedure Guidance \(Policy 2.5\)](#)

NYS FPP Program and Policy Expectations Continued

- Agencies must make every effort to ensure client confidentiality
 - Billing minors seeking confidential services
 - “No-contact clients”
- Clients will not be denied services due to inability to pay
- Clients must not be denied services or be treated with a certain regard due to inability to pay for services

Source: [NYS FPP Program Policy and Procedure Guidance \(Policy 2.9; 2.10\)](#)

Sample Script: Availability of FPP Services

“At your appointment some services may be offered at a discounted rate if eligibility requirements of the program are met. Eligibility is determined at the time of visit.”

FPP Income Eligibility Expectations

- Prior to issuing a sliding fee, agencies must ask for proof of income. Eligibility for discounted fees must be documented in the client's record and must be evaluated annually.
- Information on individual income should be collected and documented for all patients, regardless of their insurance status. Schedule of discounts apply to any patient, based solely on their income, regardless of insurance status.
- If a client has health insurance that cannot be billed (e.g. confidential request), the schedule of discounts should apply, with payment made at time-of-service delivery.

Source: [NYS FPP Policy and Procedure Guidance \(Policy 6.4\)](#)

FPP Income Verification Policy Expectations

Agencies should outline in their policies:

- How to address situations when a client does not/refuses to self-declare
- When to offer good cause exemptions (all three must be true):
1) a client does not have documentation, 2) does not self-declare, and 3) states they are unable to pay for the services (e.g., allow the project director to waive the fee(s) for good cause “Waiving Fee Procedure”

Source: [*NYS FPP Policy and Procedure Guidance \(Policy 6.3, Determining Fees/Charges and 6.4, Assessing Fees\)*](#)

Title X Income Eligibility Guidelines

- Financial eligibility based upon client's income/family size and federal poverty level (FPL) guidelines
 - At or below 100% of FPL—no cost
 - 101%–250% of FPL—discounted
- Defining family income
 - Family is defined as a social unit composed of one person, or two or more persons living together, as a household.

Income Verification Policy Guidance Best Practices

- What is acceptable proof of income (refer to the [RHNTC Defining Family Income](#))
- How to address situations when a client doesn't bring in the required documentation (e.g., let the client know that they can self-declare and provide documentation at a later date)

NYS FPP Enrollment Expectations

- Agencies must have a mechanism in place to receive reimbursement from Medicaid
- Procedures in place to assist with the enrollment in Medicaid, Family Planning Benefit Program and the Family Planning Extension Program

Source: [NYS FPP Policy and Procedure Guidance \(Policy 5.1\)](#)

Sample Script: Billing Insurance

“Do you have insurance that you’d like to use for this visit? If you have health insurance, we can bill them directly. You will never pay more by using your insurance than you would without it. Once we receive payment from the insurance company and know the amount you are responsible for, your portion will be discounted based on your income.”

Income Verification Procedures



Income Verification Guidelines

Agencies are required to take reasonable measures to verify client income, without burdening clients. To assign the appropriate discount, service sites must:

- Accurately assess a client's family size and family income
- Uniformly implement the process across all service sites

Agencies who have lawful access to other valid means of income verification because of the client's participation in another program may use that data rather than reverify income or rely solely on the client's self-report.

Without the client's documented income and family size, an agency may miscalculate what a client owes (e.g., lower fee or no fees).

Income Verification Policies Best Practices

- Specify the process in the agency's policies and procedures
 - How often to bring in documentation (e.g., some agencies do this once every six months while others ask for updates as part of their check-in process)
 - Provide clear guidance to staff on how to apply their schedule of discounts
- Policies should also address how an agency will address:
 - Clients with seasonal or inconsistent income
 - Clients who are unable or unwilling to provide household income
 - Insured clients, including those who request confidential services and choose not to use their insurance

Income Verification Procedures

- Reassure clients that the reason you are asking for their income is because they may be eligible for low- or no-cost services.
- If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.
- A client's self-reported income is allowed as a last resort, and inability to verify or self-report income will not jeopardize a client's visit.

Resource:

[Defining Family Income for Title X Charges, Billing, and Collections](#)



Sample Script: Eligibility Process

“At your appointment you will be asked to complete some paperwork. On the paperwork you will be asked how many people are in your family and how much money everyone makes. Using that information, your services may either be at no cost to you, meaning you do not need to pay for anything, or you may receive your services at a discounted rate. This means that you may have to pay a certain amount. The front desk staff will let you know how much you qualified for before you are seen.”

Client Eligibility Forms Best Practices

Client eligibility forms include collecting:

- Income/family size
- Client signature and date (both in-person and telehealth visits)
- If a client declines to provide family size and income, let the client know they will be charged the full fee(s) for service(s) provided because the appropriate discount could not be determined without the requested information.
- If a client declines to provide family size and income, document that the client refused to provide this information.

Fee Assessment Guidelines

- Self-pay clients:
 - If the client is self-pay (e.g., does not have insurance, cannot use insurance for visit, etc.), you would assess where they fall on your sliding fee discount schedule and apply any associated discounts to the full fee for their services.
- Clients with insurance:
 - Clients with insurance “whose family income is at or below 250% of federal poverty level (FPL) should not pay more than what they would otherwise pay when the schedule of discounts is applied.”
[Resource: Collecting Copays and Applying Sliding Fee Scales: A Job Aid for Front Desk Staff](#)
 - Still assess on sliding fee discount schedule to compare to co-pay and charge the lesser amount.

FPP Fee Assessment Guidelines for Minors

- Unemancipated minors receiving confidential services that are eligible for discounts, must be based on the income of the minor.
- Agencies must have a policy in place for alerting all clinic and billing staff about minor clients who are seeking and receiving confidential billing.

FPP Fee Collection Guidelines

- Clients who are responsible for paying any fee should pay directly at the time of service.
- The balance due after third party payment is the client's responsibility, and appropriate discounts must be applied to this balance.
- Reasonable efforts to collect fees without jeopardizing client confidentiality must be made.
- Agencies and their service sites must develop a policy for collections if a client has a balance due after their visit, including clients with health insurance coverage and clients with schedule of discount charges. This policy should not apply to clients requesting confidential services.

Fee Collection Guidelines

- When a client has a financial responsibility let them know **clearly, accurately, and kindly.**
- Sample wording:
 - *"Your balance today is (state dollar amount)."*
 - *"How will you be paying for your services today? We accept cash, check, or card."*

Best practice - Manage client fee collections at time-of-visit (see [Financial Management Change Package](#) for more information).

Reminder: "Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay."

Test Your Knowledge



True or False?

Collecting income and family size information is not required for minor clients (17 & younger) receiving family planning services. Services are provided for "free."

True or False?

A client who declines to provide income and family size information may not receive family planning services.

Q&A

What questions do you have for us?



Group Activities & Case Scenarios

Practice Scripting Income Verification

Activity: Over the next few minutes, we'll first review key elements of a script. Individually, you'll have time to write down a sample script to verify income of a potential client We'll ask for a few volunteers to share (either via chat or jump in).

Key Elements of a Script for Income Verification

- How your agency maintains confidentiality
- How your agency ensures access to services/does not create barriers to care due to income
- Information for the client to understand their financial responsibility before being seen

Case Scenario #1

A 24-year-old client arrives at the health center and would like to get on birth control. She would like an appointment but doesn't have any money. She explains that she recently moved from another state, and back home she used to go to a clinic and get everything for "free."

How will you explain income eligibility?

Challenging Case(s): Hear from You

1. A client is upset/does not want to provide their income
2. A client declares \$0, but the staff believes they have income
3. A client with insurance who refuses to provide income information/does not understand why the agency needs information
4. Seasonal and/or inconsistent incomes
5. A client does not have the appropriate forms needed

Key Points of Income Verification

1. Remember the spirit AND expectations of NYS FPP and Title X
 - a. Take reasonable efforts to verify income without burdening clients.
 - b. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.
 - c. Aid in enrolling clients in public health insurance programs, as appropriate
2. Clients must not be denied services due to inability to pay for services
3. You are a trusted, safe source for accessible, high-quality sexual and reproductive health services

Fee Collection Resources

- [Financial Management Focus: Monitoring and Managing Client Fee Collections Webinar \(archived\)](#)
- [Collecting Copays and Applying Sliding Fee Scales: A Job Aid for Front Desk Staff](#)
- [Client Fee Collections: Frequently Asked Questions for Title X Family Planning Agencies Job Aid](#)

Thank you!

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this workshop!

