

Shoring up Front End Practices to Support Financial Success

Caitlin Hungate & Ann Finn | June 10, 2026



Presenters



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Agenda

- Introductions
- It All Starts with the Front Desk
- Strategies for Success: Front Desk Operations
- Strategies for Success: Clear Client Communication
- Challenging Cases & Discussion

Next Sessions

- **Session 2: August 12, 2026, 12 - 1:15 pm EST,** Maximizing Family Planning Coding and the Family Planning Benefit Program (FPBP). [Register here.](#)
- **Session 3: September 9, 2026, 12 - 1:15 pm EST,** Diving into Key Performance Indicators (KPIs) and Making Data-Driven Decisions. [Register here.](#)
- **Session 4: October 14, 2026, 12 - 1:15 pm EST,** Identifying Missed Revenue Opportunities. [Register here.](#)

Reminder!

- Today's session will be a conversation including best practices, sustainability, and operations.
- Discussions and scenarios are meant as educational examples only.
- Always follow NYSDOH and other program/payer guidance for compliance and billing requirements.
- Review any questions with NYSDOH.

It All Starts with the Front Desk

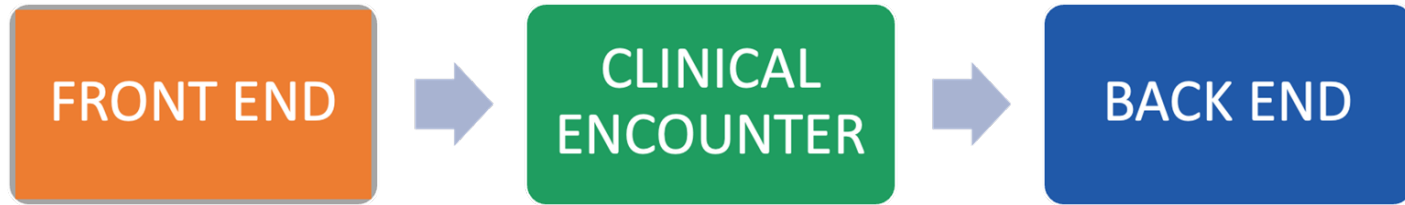


Understanding the Payer Landscape

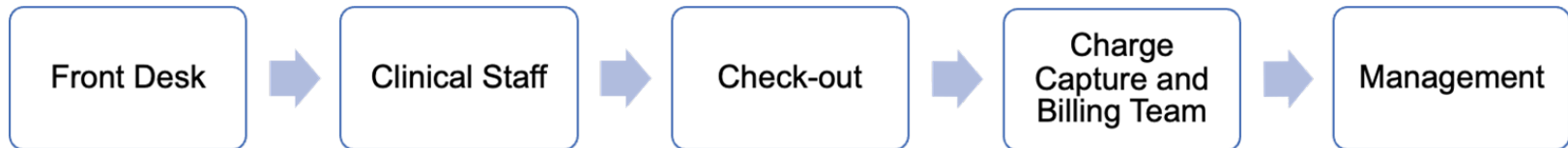
- Payer mix changes
- Outdated/incorrect insurance
- Changes happening to Medicaid
- Payer coverage changes and requirements

It Takes a Team

There are 3 main components of the revenue cycle, all of which offer opportunities to strengthen fiscal practices and revenue:



You Matter! Each person's role is essential to the team!



Front Desk: Key Players & Activities



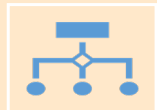
Front End Staff

- **Scheduling**
- **Capturing accurate patient information**
- **Accurate patient communications**



Front End/Exit Staff

- **Family size and income verification**
- **Fee assessment and collection**
- **Applications to FPBP**



Management / IT

- **Assure payers, full fees, SFDS are updated appropriately in system**
- **Scripts, training, monitoring, KPIs**

Discussion

What elements of front end practices do you and your team struggle with?

Scheduling Best Practice

- Scripts developed and used by staff when clients call
- Confirm current insurance/coverage
 - Check Medicaid coverage
 - Check FPBP eligibility
- Communicate documents and/or information client will need to bring for visit
- Communicate past due balances or anticipated fees
- Remind client about no-show policies

Check-in Best Practices

- Patient is greeted
- Insurance information recorded/verified
 - Stay up to date on Medicaid redetermination requirements and offer support
 - Offer enrollment into FPBP

Tool to Support Work: Contractual Obligation Tracking

Contact Information	Private Insurance 1	Medicaid FPBP
Contact name/contact information	Cindy Smith, 888-888-8888 csmith@bcbs.com	John Jones, 999-999-9999 jjones@nysdoh.gov
Claim Submission Timeframe	3 months new claims, 6 months revised	90 days new claims, 60 days revised
Services/Meds requiring prior authorization	Colposcopy	None
LARC payments	Contractual rates	Acquisition cost
Formulary Restraints	Depo-provera must be purchased at pharmacy	none
Bill with NP/PA	Yes – 75% reimbursed rate	Yes - APG or PPS claim
RN Billing Allowed	Established patients only (99211)	No - see APG manual for exceptions

Questions & Discussion



Strategies for Success: Front End Operations



Consistent and Clear Policies and Procedures

- Consider changes in your staffing
- Need for ongoing and repeated training
- Communicating policy and procedure updates to staff
- Conducting observations and internal audits
- Mindful of NYSDOH guidance in an evolving landscape

Maximizing Visits

- Number/type of appointment slots
- Scheduling to accommodate no show volume
- Accommodation of walk-ins
- Contacting/rescheduling no-shows
- Expected visits per provider and day
- Payment policy communications at time of scheduling

Chat in: How many patients does a provider in your clinic typically see each day?

Reviewing Fee Schedule

- How often do you review your fee schedule?
- Are your full fees at or higher than the highest payer?
- Do you understand expected payments by payer?
- Are contraceptives and drugs billed to Medicaid / FPBP at acquisition cost compared to private payers?

Impact of Incorrect Charge on Claim

- NYS Medicaid/FPBP reimburses acquisition cost for contraceptives so your charge on claim must reflect your cost not your full fee.
- However, when billing other TPPs with contractual rates, you need to ensure charge on claim is set at or above your highest contractual rate to ensure you don't miss out on revenue
 - 340B cost Nexplanon: \$400
 - Plan A Contractual rate: \$900
 - Charge on claim: \$400
 - Payment: \$400
 - *Missed revenue: \$500*

Updated Sliding Fee Discount Schedule

- How and how regularly does your agency review the sliding fee scale, including the discount categories and the discount?
- Do your discounts and discount categories (FPL ranges such as 101 - 125% of FPL) make sense?
- Do you review client volume within each category?
- Are you accurately collecting family size and income?
- Do front staff have easy ways to gather and make a determination?
- Do clients understand how their fees are calculated?

Making Adjustments to Fees and SFDS

- Adjusting Fees: all at once vs incrementally over time?
 - If an agency's proposed fees significantly increase, it could be burdensome for uninsured clients who pay for services on an agency's SFDS
- SFDS: You can adjust your SFDS to help by changing the income groupings for discounts or the actual discount amount in each grouping per Title X.

Verification of Income

- Income should be assessed before determining whether copayments or additional fees are charged.
 - After reasonable attempts to verify client income, charges should be based on self-reported income
- Household size includes: patient, spouse/partner, any children being supported in the house, anyone included in the patient's federal tax return

RHNTC resources: [Verifying Client Income: What are "Reasonable Efforts"?](#) and [Sample Scripts for Verifying Client Income](#)

[NYSDOH Policy and Procedure Guidance](#)



Collect Patient Fees at Time of Visit

- Insured clients whose family income $\leq 250\%$ FPL should NOT pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied (*Title X Section 8.4.6*)

Resource: [Collecting Copays and Applying a Sliding Fee Discount Schedule](#) (RHNTC)

5 Steps for Collecting Copays and Applying the Sliding Fee Discount Schedule (SFDS)

- Find out the client's income, family size, and whether the client has insurance.
- Check the client's insurance eligibility and determine copay amount based on their insurance plan.
- Determine where the client's income puts them on the sliding fee discount schedule.
- If the copay is less than the client would pay on the sliding fee discount schedule, the client should pay the copay, and the agency should bill the insurance company the fee for the services.
- If the copay 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, and the agency should bill the insurance company the fee for the services.

REMEMBER!
Per Title X requirements in the 2021 final rule, 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."¹

How It Works

Below is a sample sliding fee discount schedule and two scenarios to show how to determine the copay when the client has insurance. Each year, the FPL guidelines are updated by the federal government and a Title X agency should update the dollar amounts in their SFDS. A Title X agency can also consider if they should update their SFDS discount levels and/or their FPL percentage groupings as appropriate. This is an example of how a Title X organization might group FPL levels and related discount percentages.

Sample Client:

- Your client's income is \$30,000/year.
- She has two children.
- She has insurance. Her copay is \$20.
- To apply the sliding fee discount schedule, first, match her income to your sliding fee discount schedule.
- The sliding fee discount schedule will show you the discount she would receive. In this situation, her discount would be 80%.

Table 1. 2021 Federal Poverty Level (FPL) Guidelines for the 48 Contiguous States and District of Columbia¹

Number of People in Family	Federal Poverty Levels, 2021					
	100%	125%	150%	175%	200%	251%
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	\$32,200
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840	\$43,550
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920	\$54,900
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000	\$66,250
5	\$31,040	\$38,800	\$46,560	\$53,320	\$62,080	\$77,600
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160	\$88,950
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240	\$100,300
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320	\$111,650
9+	For families with more than 8 people, add \$4,540 for each additional person.					
Discount Level	100%	80%	60%	40%	20%	0%

SCENARIO 1:

- If fee for services = \$125
- With 80% discount, fee = \$25
- Insurance copay = \$20
- Client pays \$20
- Bill client's insurance the full fee
- Insurance copay is less than the fee, client pays the copay

SCENARIO 2:

- If fee for services = \$60
- With 80% discount, fee = \$12
- Insurance copay = \$20
- Client pays \$12
- Bill client's insurance the full fee
- Discounted fee is less than the copay, client pays the discounted fee

REMEMBER!
If the client requests confidential services, do not bill the insurance company.

Check-out Best Practices

- Review again if patient would qualify for Medicaid or Family Planning Benefit Program (FPBP)*
- Calculate/explain charges/discount, TPP billing
- Ask for/collect client fees due (may include past balance)
- Ask for donations – reminder this is voluntary
- If client cannot/does not pay:
 - Review payment plan, monthly invoice process, collection policies
 - Waiving charges policy

*August 12 session will focus on FPBP and coding. **Register [here!](#)**

Questions & Discussion

Strategies for Success: Clear Client



Talking to Clients

- Set expectations about paying for services when the visit is scheduled
- Asking about money including fees, past due balances, insurance and program eligibility etc. can be challenging for staff
- Have a consistent approach for all clients
- Communicating about FPBP and Medicaid eligibility
- *Talk to front desk staff about what would help them and create scripts together*

Scripting Language: FPBP Eligibility

- Ineffective client communication:
 - “Do you want to sign up for FPBP?”
- More effective client communication:
 - “Based on your family size and income information, you may qualify for the Family Planning Benefit Program, a type of coverage that would cover the cost of this visit and other related services going forward. It should take no more than 15 minutes to enroll, and I would be glad to help you.”

Scripting Language: Asking for payment

- Ineffective client communication:
 - “How much can you pay?” or “Can you make a payment for services today?”
- More effective client communication:
 - “How will you be paying for your services today? We accept cash, check, credit cards and Venmo.”

Chat In

What other strategies do you and your team use to support clear client communications?

Discussion & Challenging Cases



Challenging Cases

- Colleagues telling new staff not to ask patients for money
- Patients not having necessary information at check-in
- Figuring out when and how to ask for payment
- Collecting income information

Resources

- [Confidential Billing: Steps for Front Desk Staff](#)
- [Defining Family Income for Title X Charges, Billing, and Collections Job Aid](#)
- [Collecting Co-Pays and Applying Sliding Fee Scales: A Job Aid for Front Desk Staff](#)
- [Integrating Title X with Primary Care: Developing and Implementing Compliant Sliding Fee Discount Schedules Job Aid](#)
- [Adjusting an Agency's Sliding Fee Discount Schedule Job Aid](#)
- [Client Fees Calculator](#)
- [Title X Client Fee Collections Frequently Asked Questions](#)
- [Financial Management Focus: Billing the Correct Payer and Optimal Amount Webinar](#)
- [Financial Management Focus: Monitoring and Managing Client Fee Collections Webinar](#)
- [Title X Key Performance Indicators Workbook](#)

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Thank you!

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