

APPENDIX B

FEE COLLECTION PROTOCOL

NEW MEXICO DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM FEE COLLECTION PROTOCOL
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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 women and men 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 agencies.

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, or marital status.
2. Title X encourages self-identification of race and ethnicity.
3. Family planning services are to be provided solely on a voluntary basis.
4. Clients cannot be coerced to accept services or to use or not use any particular method of family planning.
5. Clients must not be denied services or be subjected to any variation in quality of services because of inability to pay.
6. Services must be provided in a manner which protects the dignity of the individual.
7. 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 regulations 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.

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.

II. **SCHEDULING A FAMILY PLANNING APPOINTMENT** (See Section VII)

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

A. **DOB**

B. **Insurance Coverage:**

1. **Medicaid/Centennial 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 that are Medicaid providers must bill the client's Medicaid plan and must not dispense Title X supplies or medications to clients unless the client requests confidential FP Services.
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. With regard to 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 Requirements).

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.
2. Clinics may request proof of income, but they may not require it.
3. Clinics should accept a self-declaration of income and charge the client based on what he or she has declared.

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

(See Section VII)

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:
 - Review with the client the Consent for Family Planning Services section prior to receiving the services.
 - Assure that only the client (not family/parent) sign the Consent for Family Planning Services.
 - Update the form annually.
2. **Parental/Family Involvement Section (for clients under age 18)**
Nurse/Clinician will:
 - Counsel new teen clients (younger than 18 years old) and complete the Parental/Family Involvement Form.
 - Assure that the client (not family/parent) sign the form.
 - 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:
 - Review/verify the client's family income and number of household members.
 - Assure that the client (not family/parents) sign the income worksheet.
 - Assess the client's annual income and percent pay correctly in the "STAFF USE ONLY" section.
 - 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, 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.
 - Sign and date the "STAFF USE ONLY" section.
2. If the client is a new FP client, he/she 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.
 - If there is a change in income or household members, the Income Worksheet should be updated prior to the 1-year expiration.
 - 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.
 - 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 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.
 - If the client has claimed a Financial Hardship, he/she will fill out a new Income Worksheet and Hardship Waiver form. (See Subsection Special Circumstances-Documented Hardship).

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:
 - Confidential Teen Clients
For un-emancipated minors who receive confidential services, charge for services (percent pay) must be determined based on the income of the minor only (and family size of one).
 - Non-Confidential Teen Clients and Other Adult Clients (including confidential adults) The family's income and number of household members must be considered in determining the charge for services.
 - 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.
 - 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 paycheck stub showing wages for all members of the economic unit who are gainfully employed; or
- A federal income tax return from the previous year for all members of the economic unit who filed federal income tax returns; or
- A letter from an employer stating wages earned and the time period in which the wages were earned; or
- A statement or letter showing amount of money earned or net profit for the past month if the client is self-employed.
- 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 (Economic Unit):

The family/household is defined for the purpose of family planning as an economic unit that includes the client. All persons living under one roof are not necessarily counted as members of the family/household. “Economic unit” consists of the individuals (and their dependents) living in a household who provide food and shelter for the family unit. In other words, include in the number of household members all the people that provide food and shelter for the client.

- Confidential Teen Clients
If a teen (younger than 18 years old) is un-emancipated (refer to “Emancipated minor” in Definition section) and requests confidential services, they will be considered as a separate economic unit of “one” and have only their own income assessed.
- Non-Confidential Teen Clients
If a teen requests family/parental involvement, the family’s income and number of household members must be considered in determining the charge for services.
- Students
Students who are between the age 18 and 20 are treated as teens (see above).

Students who are older than 20 should be treated as adult clients and assessed on the basis of their own economic unit. Staff should ask students for proof of income since some students do work. Do not count scholarships, student loans, grants, or food stamps as income.
- Adult Clients (including confidential adults): use economic unit to determine family size.

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:

- Hardship Declaration Form (Section VII) is filled out by staff and, signed and dated by the client.
- 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.
- Only the charge for services provided on the day stated on the Hardship Declaration Form will be assessed and waived.
- 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.
- 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 in to 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:

- If the client does not have the procedure done, the payment is not refundable; but the credit can be applied for future FP services.
- 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

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.

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).

1. Clients with income at or below 100% of FPL must not be charged for Title X Services.

2. 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.)
3. 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:

- Provider Agreement sites - according to your specific clinic's procedure.
- 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 Program. 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

Clinic's accounting procedures and state/Title X laws must be followed when collecting fees from Title X FP clients.

- Internal accounting procedures should reflect required documentation regarding fee collection, billing and aging balances, uncollectible accounts, and donations.
- Income generated from Title X FP fee collection shall be used in support of Title X clients and activities.

B. PHOs

DOH/PHD accounting procedures and state/Title X laws must be followed when collecting fees from Title X FP clients.

For BEHR PM Entry of fee collection, please refer to the PHD BEHR User Manual.

For any BEHR-related questions, please refer to the BEHR tab listed on the PHD Intranet and/or contact the Help Desk at (800) 280-1618.

VI. FAMILY PLANNING FEE COLLECTION COMMITTEE

The Fee Collection committee consists of 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: Tracy Romero, Las Vegas PHO (505) 454-1474
Margaret Perea, Santa Rosa PHO (575) 472-3211

Northwest Region: Angelica Torres, San Juan PHO (505) 327-4461 ext. 114
Lorraine Taddy, SW Valley PHO (505) 873-7477

Southeast Region: Barbara Tivis, Portales PHO (575) 356-4453
Alicia Torrez, Roswell PHO (575) 624-6050

Southwest Region: Cristina Rodriguez, Sunland Park PHO (575) 589-0805
Frances Rodriguez, T or C PHO (575) 589-0805
Genevieve Zertuche, Las Cruces PHO (575) 528-5001

VII. JOB AIDS AND FORMS

The following section includes definitions, algorithms/Job Aids, 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.

Economic Unit: Consists of the individuals (and their dependents) living in a household who provide food and shelter for the family unit.

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).

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.

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

Determine if the client is a Title X FPP client



Establish Reason for Visit



A client who fits one of the following criteria below is considered a priority client and should be seen within 2 weeks of the request:

- Teen client
- Uninsured clients whose income is at or below 250% federal poverty level
- Women over the age of 35
- Clients with a history of pregnancy difficulties
- Clients who gave birth less than 2 years ago.



Obtain the following:

1. Age

2. Insurance information: Medicaid or private insurance.

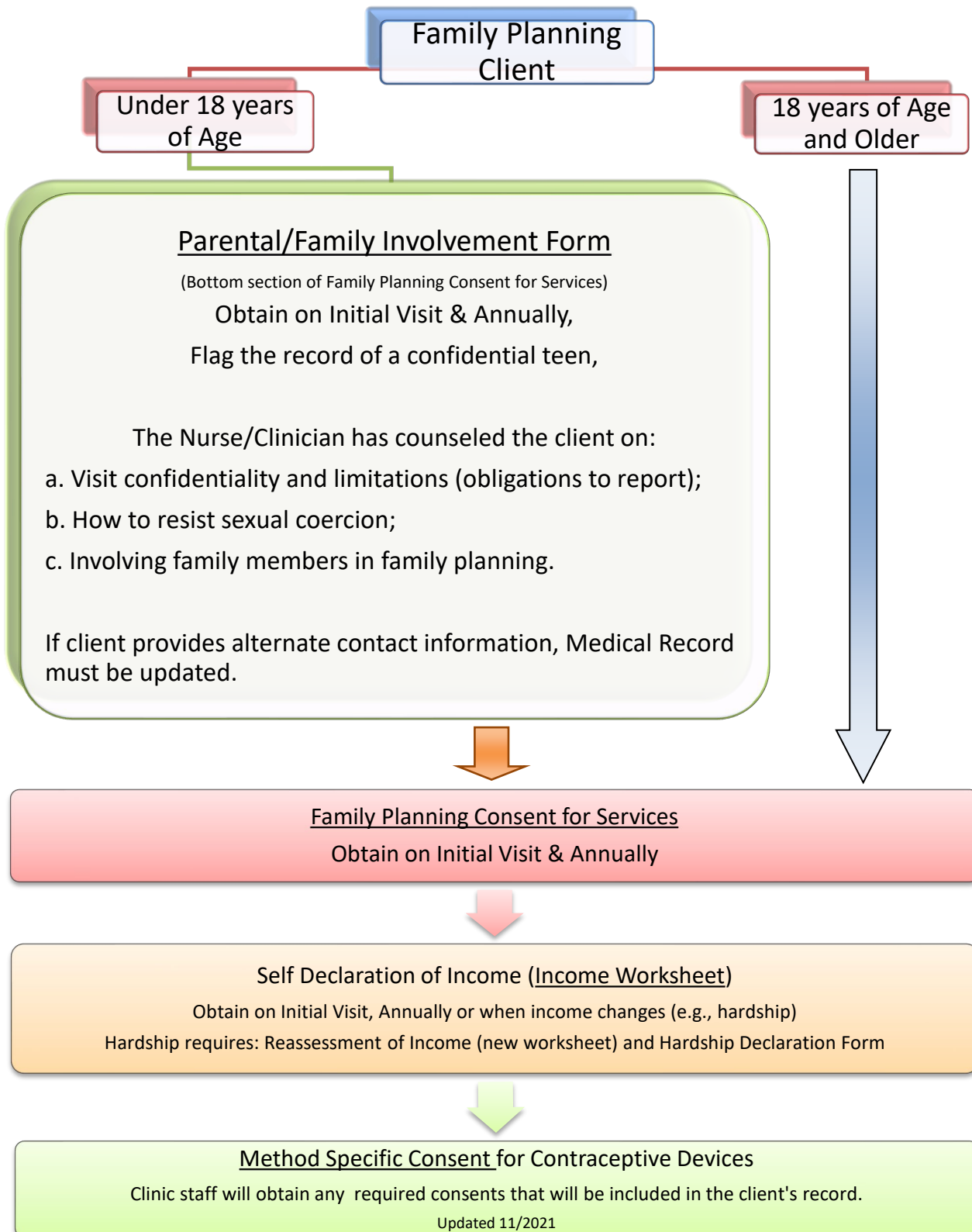
3. Advise the client that if there is a sliding scale charge for the services, it is based on gross family income and family size.

4. Clinics may request proof of income, but they may not require it.

Examples of acceptable proof of income include:

- An employer's letter stating wages and the time period in which the wages were earned; or
- A statement or letter showing amount of money earned or net profit for the past month if the client is self-employed; or
- A paycheck stub showing wages for all members of the economic unit who are gainfully employed; or
- A federal income tax return from the previous year for all members of the economic unit who filed federal income tax returns.

ALGORITHM FOR REQUIRED FAMILY PLANNING FORMS AND CONSENTS



NMDOH FPP ANNUAL INCOME WORKSHEET

Place patient label here

Please write down any money you **AND** anybody else in your family or household received. Check the appropriate box for how often the amount is received (e.g., weekly, monthly, annually, etc.).
Por favor, anote cualquier dinero que usted **Y** todo en su familia o casa recibió.
Marque la casilla apropiada para determinar la frecuencia con la cantidad recibida (por ejemplo, semanalmente, mensualmente, anualmente, etc.).

	Weekly Semanal mente <input checked="" type="checkbox"/>	Bi- weekly Cada dos semanas <input checked="" type="checkbox"/>	Semi- monthly Semi- mensual mente <input checked="" type="checkbox"/>	Monthly Mensual mente <input checked="" type="checkbox"/>	Annually Anualmente <input checked="" type="checkbox"/>	Amount Cantidad
Salaries, wages, tips - (include seasonal and part-time work/labor) Sueldos, salarios, propinas - (incluyendo de un trabajo de temporada o por medio tiempo)						\$
Unemployment compensation Beneficios de desempleo						\$
Social Security, Social Security Disability Income (SSDI) - (does NOT include Supplemental Security Income [SSI]) La Seguridad Social, Ingresos por Incapacidad de la Seguridad Social - (no incluye el ingreso suplementario de seguridad [SSI])						\$
Retirement, pension, investment income Jubilación, pensiones o rentas de la inversión						\$
Alimony - (does NOT include child support) Pensión alimenticia - (no incluye manutención infantil)						\$
Other Otras						\$

Number of people in the household that are supported by this income: Número de personas en la casa que están soportadas por este ingreso:	#
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I have told the truth about ALL sources of my family's income. To the best of my knowledge, I have not given false information nor withheld information. I understand if I do, I may be prosecuted, taken off the program, or required to pay back the benefits I receive.

He dicho la verdad acerca de TODAS las fuentes de ingresos de mi familia. Al mejor de mi conocimiento, no he dado información falsa ni ocultado información. Entiendo que si lo hago, me podrán ser enjuiciadas, sacado del programa, o la obligación de pagar los beneficios que reciben.

CLIENT SIGNATURE: _____ **Date:** ____ / ____ / ____

STAFF USE ONLY

Income verified by: Check stub Letter from employer Verbal Other _____

Weekly Total \$ _____ MULTIPLY BY 52 = Annual Total \$ _____

Bi-Weekly Total \$ _____ MULTIPLY BY 26 = Annual Total \$ _____

Semi-Monthly Total \$ _____ MULTIPLY BY 24 = Annual Total \$ _____

Monthly Total \$ _____ MULTIPLY BY 12 = Annual Total \$ _____

Annual Total \$ _____ MULTIPLY BY 1 = Annual Total \$ _____

Client is at _____ % Pay Grand Annual Total \$ _____

I have seen this document and witnessed the client's signature.

STAFF SIGNATURE & TITLE: _____ **Date:** ____ / ____ / ____

Percent Pay Table: Used to determine the client's percent pay using the Income Worksheet and the Percent Pay Table. The charge for services is based on a sliding fee scale schedule, which follows the current Federal Poverty Guidelines.

**FAMILY PLANNING
2021 Percent Pay
Per Federal Poverty Guidelines**

NEW MEXICO DEPARTMENT OF HEALTH 2021 PERCENT PAY PER FEDERAL POVERTY GUIDELINES														
Family Size	Low Income	High Income	Pay Percent	Poverty Percent	Family Size	Low Income	High Income	Pay Percent	Poverty Percent	Family Size	Low Income	High Income	Pay Percent	Poverty Percent
1	\$0.00	\$12,880.00	0%	100%	6	\$0.00	\$35,580.00	0%	100%	11	\$0.00	\$58,280.00	0%	100%
1	\$12,881.00	\$14,168.00	10%	110%	6	\$35,581.00	\$39,136.00	10%	110%	11	\$58,281.00	\$64,106.00	10%	110%
1	\$14,169.00	\$15,456.00	20%	120%	6	\$39,139.00	\$42,696.00	20%	120%	11	\$64,109.00	\$69,936.00	20%	120%
1	\$15,457.00	\$16,744.00	30%	130%	6	\$42,697.00	\$46,254.00	30%	130%	11	\$69,937.00	\$75,764.00	30%	130%
1	\$16,745.00	\$18,032.00	40%	140%	6	\$46,255.00	\$49,812.00	40%	140%	11	\$75,765.00	\$81,592.00	40%	140%
1	\$18,033.00	\$19,320.00	50%	150%	6	\$49,813.00	\$53,370.00	50%	150%	11	\$81,593.00	\$87,420.00	50%	150%
1	\$19,321.00	\$20,608.00	60%	160%	6	\$53,371.00	\$56,928.00	60%	160%	11	\$87,421.00	\$93,248.00	60%	160%
1	\$20,609.00	\$23,828.00	70%	185%	6	\$56,929.00	\$65,823.00	70%	185%	11	\$93,249.00	\$107,818.00	70%	185%
1	\$23,829.00	\$25,760.00	80%	200%	6	\$65,824.00	\$71,160.00	80%	200%	11	\$107,819.00	\$116,560.00	80%	200%
1	\$25,761.00	\$32,200.00	90%	250%	6	\$71,161.00	\$88,950.00	90%	250%	11	\$116,561.00	\$145,700.00	90%	250%
1	\$32,201.00	\$999,999.99	100%	251+	6	\$88,951.00	\$999,999.99	100%	251+	11	\$145,701.00	\$999,999.99	100%	251+
2	\$0.00	\$17,420.00	0%	100%	7	\$0.00	\$40,120.00	0%	100%	12	\$0.00	\$62,820.00	0%	100%
2	\$17,421.00	\$19,162.00	10%	110%	7	\$40,121.00	\$44,132.00	10%	110%	12	\$62,821.00	\$69,102.00	10%	110%
2	\$19,163.00	\$20,904.00	20%	120%	7	\$44,133.00	\$48,144.00	20%	120%	12	\$69,103.00	\$75,384.00	20%	120%
2	\$20,905.00	\$22,646.00	30%	130%	7	\$48,145.00	\$52,156.00	30%	130%	12	\$75,385.00	\$81,666.00	30%	130%
2	\$22,647.00	\$24,388.00	40%	140%	7	\$52,157.00	\$56,168.00	40%	140%	12	\$81,667.00	\$87,948.00	40%	140%
2	\$24,389.00	\$26,130.00	50%	150%	7	\$56,169.00	\$60,180.00	50%	150%	12	\$87,949.00	\$94,230.00	50%	150%
2	\$26,131.00	\$27,872.00	60%	160%	7	\$60,181.00	\$64,192.00	60%	160%	12	\$94,231.00	\$100,512.00	60%	160%
2	\$27,873.00	\$32,227.00	70%	185%	7	\$64,193.00	\$74,222.00	70%	185%	12	\$100,513.00	\$116,217.00	70%	185%
2	\$32,228.00	\$34,840.00	80%	200%	7	\$74,223.00	\$80,240.00	80%	200%	12	\$116,218.00	\$125,640.00	80%	200%
2	\$34,841.00	\$43,550.00	90%	250%	7	\$80,241.00	\$100,300.00	90%	250%	12	\$125,641.00	\$157,050.00	90%	250%
2	\$43,551.00	\$999,999.99	100%	251+	7	\$100,301.00	\$999,999.99	100%	251+	12	\$157,051.00	\$999,999.99	100%	251+
3	\$0.00	\$21,960.00	0%	100%	8	\$0.00	\$44,660.00	0%	100%	13	\$0.00	\$67,360.00	0%	100%
3	\$21,961.00	\$24,156.00	10%	110%	8	\$44,661.00	\$49,126.00	10%	110%	13	\$67,361.00	\$74,096.00	10%	110%
3	\$24,157.00	\$26,352.00	20%	120%	8	\$49,127.00	\$53,592.00	20%	120%	13	\$74,097.00	\$80,832.00	20%	120%
3	\$26,353.00	\$28,548.00	30%	130%	8	\$53,593.00	\$58,058.00	30%	130%	13	\$80,833.00	\$87,568.00	30%	130%
3	\$28,549.00	\$30,744.00	40%	140%	8	\$58,059.00	\$62,524.00	40%	140%	13	\$87,569.00	\$94,304.00	40%	140%
3	\$30,745.00	\$32,940.00	50%	150%	8	\$62,525.00	\$66,990.00	50%	150%	13	\$94,305.00	\$101,040.00	50%	150%
3	\$32,941.00	\$35,136.00	60%	160%	8	\$66,991.00	\$71,456.00	60%	160%	13	\$101,041.00	\$107,776.00	60%	160%
3	\$35,137.00	\$40,626.00	70%	185%	8	\$71,457.00	\$82,621.00	70%	185%	13	\$107,777.00	\$124,616.00	70%	185%
3	\$40,627.00	\$43,920.00	80%	200%	8	\$82,622.00	\$89,320.00	80%	200%	13	\$124,617.00	\$134,720.00	80%	200%
3	\$43,921.00	\$54,900.00	90%	250%	8	\$89,321.00	\$111,650.00	90%	250%	13	\$134,721.00	\$168,400.00	90%	250%
3	\$54,901.00	\$999,999.99	100%	251+	8	\$111,651.00	\$999,999.99	100%	251+	13	\$168,401.00	\$999,999.99	100%	251+
4	\$0.00	\$26,500.00	0%	100%	9	\$0.00	\$49,200.00	0%	100%	14	\$0.00	\$71,900.00	0%	100%
4	\$26,501.00	\$29,150.00	10%	110%	9	\$49,201.00	\$54,120.00	10%	110%	14	\$71,901.00	\$79,090.00	10%	110%
4	\$29,151.00	\$31,800.00	20%	120%	9	\$54,121.00	\$59,040.00	20%	120%	14	\$79,091.00	\$86,280.00	20%	120%
4	\$31,801.00	\$34,450.00	30%	130%	9	\$59,041.00	\$63,960.00	30%	130%	14	\$86,281.00	\$93,470.00	30%	130%
4	\$34,451.00	\$37,100.00	40%	140%	9	\$63,961.00	\$68,880.00	40%	140%	14	\$93,471.00	\$100,660.00	40%	140%
4	\$37,101.00	\$39,750.00	50%	150%	9	\$68,881.00	\$73,800.00	50%	150%	14	\$100,661.00	\$107,850.00	50%	150%
4	\$39,751.00	\$42,400.00	60%	160%	9	\$73,801.00	\$78,720.00	60%	160%	14	\$107,851.00	\$115,040.00	60%	160%
4	\$42,401.00	\$49,025.00	70%	185%	9	\$78,721.00	\$91,020.00	70%	185%	14	\$115,041.00	\$133,015.00	70%	185%
4	\$49,026.00	\$53,000.00	80%	200%	9	\$91,021.00	\$98,400.00	80%	200%	14	\$133,016.00	\$143,800.00	80%	200%
4	\$53,001.00	\$66,250.00	90%	250%	9	\$98,401.00	\$123,000.00	90%	250%	14	\$143,801.00	\$179,750.00	90%	250%
4	\$66,251.00	\$999,999.99	100%	251+	9	\$123,001.00	\$999,999.99	100%	251+	14	\$179,751.00	\$999,999.99	100%	251+
5	\$0.00	\$31,040.00	0%	100%	10	\$0.00	\$53,740.00	0%	100%	15	\$0.00	\$76,440.00	0%	100%
5	\$31,041.00	\$34,144.00	10%	110%	10	\$53,741.00	\$59,114.00	10%	110%	15	\$76,441.00	\$84,084.00	10%	110%
5	\$34,145.00	\$37,248.00	20%	120%	10	\$59,115.00	\$64,488.00	20%	120%	15	\$84,085.00	\$91,728.00	20%	120%
5	\$37,249.00	\$40,352.00	30%	130%	10	\$64,489.00	\$69,862.00	30%	130%	15	\$91,729.00	\$99,372.00	30%	130%
5	\$40,353.00	\$43,456.00	40%	140%	10	\$69,863.00	\$75,236.00	40%	140%	15	\$99,373.00	\$107,016.00	40%	140%
5	\$43,457.00	\$46,560.00	50%	150%	10	\$75,237.00	\$80,610.00	50%	150%	15	\$107,017.00	\$114,660.00	50%	150%
5	\$46,561.00	\$49,664.00	60%	160%	10	\$80,611.00	\$85,984.00	60%	160%	15	\$114,661.00	\$122,304.00	60%	160%
5	\$49,665.00	\$57,424.00	70%	185%	10	\$85,985.00	\$99,419.00	70%	185%	15	\$122,305.00	\$141,414.00	70%	185%
5	\$57,425.00	\$62,080.00	80%	200%	10	\$99,420.00	\$107,480.00	80%	200%	15	\$141,415.00	\$152,880.00	80%	200%
5	\$62,081.00	\$77,600.00	90%	250%	10	\$107,481.00	\$134,350.00	90%	250%	15	\$152,881.00	\$191,100.00	90%	250%
5	\$77,601.00	\$999,999.99	100%	251+	10	\$134,351.00	\$999,999.99	100%	251+	15	\$191,101.00	\$999,999.99	100%	251+

Pt.name

MRN

DOB

Affix Label

Family Planning/Title X Hardship Declaration form

Client _____ requests a temporary financial hardship for today's Family planning services only.

New Income Worksheet has been reassessed.

Client is eligible for a temporary financial hardship after a good faith determination of financial need on (Date) _____ by the clinic staff (Clerk/Receptionist and Nurse Manager/billing department supervisor) due to the following reason as per the FPP Protocol Appendix B (Section III-C.1 Special Circumstances-Documented Hardship)

I have told the truth about ALL sources of my family's income. To the best of my knowledge. I have not withheld or given false information.

Client Printed Name

Client Signature

Date

I have seen this document and witnessed client's signature.

Staff Signature & Title

Date

Pt.name
MRN
DOB

Affix Label

Planificación Familiar/Título X Formulario de Declaración de Necesidad

El cliente _____ solicita aprobación de necesidad financiera temporal solamente para los servicios de Planificación Familiar prestados hoy.

La nueva hoja de ingresos ha sido reevaluada

El cliente es elegible para una necesidad financiera temporal después de una determinación de buena voluntad el (fecha) _____ por el personal de la clínica (repcionista, gerente de enfermería, o departamento de cobros) debido a las siguientes razones según *FP Protocol Appendix B (Section III-C.1 Special Circumstances-Documented Hardship)*

He dicho la verdad acerca de TODAS las fuentes de ingreso de mi familia. En lo mejor de mis habilidades, no he provisto información falsa o retenido información.

Nombre del cliente en letra de molde

Firma del cliente

Fecha

He visto este documento y fui testigo de la firma del cliente.

Firma del personal y título

Fecha

Place patient label here

Consent for Services – English

CONSENT FOR FAMILY PLANNING SERVICES

1. I am voluntarily requesting family planning services from the New Mexico Department of Health, Public Health Office. I understand that I have the right to accept or refuse these services without being denied other services from this agency.
2. I understand that my services and records will be kept confidential and will be released only as permitted or required by law and that my health information will not be released to an outside agency or person except as specified in "Notice of Privacy Practices" which I have received a copy of.
3. I understand that in cases of abuse or neglect of minors by parent(s)/guardian(s)/custodian(s) a referral or a report to law enforcement and CYFD will be filed, as required by law.
4. I understand that if my parent(s)/guardian(s)/custodian(s) have failed to protect me from a harmful situation including if my partner is considerably older than me (otherwise known as statutory rape), a referral or a report to CYFD or law enforcement will be filed, as required by law. I understand that I am under no obligation to report the age of my partner(s) if I do not wish to do so.
5. I understand that if I am seen in the clinic and I receive Family Planning services and supplies I may be charged from a sliding fee scale. I will be responsible for these charges if they apply.

Client's Signature: _____ Date: _____

**FAMILY INVOLVEMENT AND COERCION SCREENING IN SERVICES FOR MINOR-AGE CLIENTS
(under 18 years old)**

For Nurse/Clinician Use Only:

____ I have discussed the limitations of confidentiality with this client, including that we have to report to CYFD if we know or have a reasonable suspicion that he/she is being abused or neglected by the parent/guardian/custodian. I explained that a failure to protect from a harmful situation by a parent/guardian/custodian will also need to be reported to CYFD, possibly including statutory rape. The client was informed that he/she is under no legal obligation to report the age of their partner(s). (1-855-333-7233) (Staff may use the confidentiality materials).

____ I have discussed that we encourage family involvement if we find a condition/situation that can harm her/his health and she/he needs help with this.

____ I have screened this client regarding coercion and/or counseled how to resist attempts of being coerced into sexual activities. (Staff may use the sexual coercion brochure.)

Nurse/Clinician Signature Title Date

.....
The nurse has encouraged me to involve my parent(s)/family in my counseling and decision to receive family planning services. I have considered this and have decided that:

____ The clinic nurse or doctor may answer any inquiries from my parent(s)/legal guardian about my family planning services.

____ I do not want my parent(s) /legal guardian to know about my family planning services.

The plan for contacting me is: (list 2 ways to contact you below.)

Address other than home _____

Phone # _____ Alternate Phone # _____

Only contact me at School _____ Current Grade _____

Signature of Minor Client Date of Birth & Age Date

(New Mexico Public Health Division – Family Planning – Consent for Services-Parental/Family Involvement English 07/18)

Place patient label here

CONSENTIMIENTO PARA SERVICIOS DE PLANIFICACION FAMILIAR

- 1. Yo estoy solicitando voluntariamente servicios de planificación familiar del Departamento de Salud de Nuevo México, Oficina de Salud Pública. Entiendo que tengo el derecho de aceptar o rechazar estos servicios sin ser negado cualquier otro servicio ofrecido por esta agencia.
2. Yo entiendo que mis servicios y archivos serán mantenidos confidencialmente y serán publicados solamente lo permitido o requerido por ley y que mi información de salud no será publicada a ninguna agencia o persona externa como lo especifica la "Notificación de Prácticas de Privacidad" de la cual he recibido una copia.
3. Yo entiendo que en casos de abuso o negligencia a menores por padre(s)/guardián(es)/custodio(s), una referencia o un informe a las autoridades de la ley y CYFD serán archivadas, como lo requiere la ley.
4. Yo entiendo que si mi(s) padre(s)/guardián(es)/custodio(s) han fallado en protegerme de cualquier situación peligrosa, incluyendo si mi pareja es considerada mayor que yo (conocido como violación estatutaria) una referencia o un informe a las autoridades de la CYFD o ley serán archivadas, como lo requiere la ley. Entiendo que no tengo obligación legal de reportar la edad de mi(s) pareja(s) si no lo deseo.
5. Yo entiendo que si voy a la clínica y recibo los servicios y materiales de Planificación Familiar podría tener que pagar de acuerdo a la escala de tarifas. Seré responsable de dichos cargos, si aplican.

Firma de Cliente: _____ Fecha: _____

FAMILY INVOLVEMENT AND COERCION SCREENING IN SERVICES FOR MINOR-AGE CLIENTS (under 18 years old)

For Nurse/Clinician Use Only:

- I have discussed the limitations of confidentiality with this client, including that we have to report to CYFD if we know or have a reasonable suspicion that he/she is being abused or neglected by the parent/guardian/custodian. I explained that a failure to protect from a harmful situation by a parent/guardian/custodian will also need to be reported to CYFD, possibly including statutory rape. The client was informed that he/she is under no legal obligation to report the age of their partner(s). (1-855-333-7233) (Staff may use the confidentiality materials).
I have discussed that we encourage family involvement if we find a condition/situation that can harm her/his health and she/he needs help with this.
I have screened this client regarding coercion and/or counseled how to resist attempts of being coerced into sexual activities. (Staff may use the sexual coercion brochure.)

Nurse/Clinician Signature _____ Title _____ Date _____

El personal de enfermería me ha alentado a que envuelva a mi(s) padre(s)/familia en mi consejería y en mi decisión de recibir servicios de planificación familiar. Yo he considerado esto y he decidido:

- El personal clínico puede contestar cualquier pregunta de mi(s) padre(s)/guardián legal acerca de mis servicios de planificación familiar.
Yo no quiero que mi(s) padre(s)/ guardián legal sepa acerca de mis servicios de planificación familiar.

El plan para comunicarse conmigo: (enumere dos formas en que podamos contactarle.)

Dirección adicional al domicilio _____

de Teléfono _____ # de Teléfono Alterno _____

Comuníquense conmigo solo en la Escuela: _____ Grado _____

Firma de la Cliente _____ Fecha de nacimiento (edad) _____ Fecha _____
(New Mexico Public Health Division – Family Planning – Consent for Services-Parental/Family Involvement Spanish 06/19)

PHO 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:

1. Family Planning **Payment Ledger**. (Page 21)
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.
2. **Fee Deposit Register**. (Page 22): All deposits should be recorded on this form. Please fill in **all** information requested on this form.
3. **Copy of Deposit Slips**. (Page 23)

At the end of each month, the above reports are to be prepared as a packet. If there are no fees collected for the entire month, please note on the **Family Planning Payment Ledger "No fees collected"** and send in that form. 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 (505) 476-8882

Reports must be submitted monthly to two agencies:

- Family Planning Program by **secure** e-mail electronic copies to "DOH-FPP Monthly Financial_Report" using the DOH Global Address List on Microsoft Outlook. The 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 (Please do not fax, email is preferred). This will include the Family Planning Payment Ledger, the Fee Deposit Register, and the Copy of Deposit Slips
- Financial Control needs the Family Planning Payment Ledger ONLY by **secure** e-mail to William.Schwettmann@state.nm.us (cover sheet-page 24) Phone: (505) 827-0008. (A fax cover sheet is included below, but they request Ledger be sent by secure e-mail only, unless there is no access to a scanner).

B. Record Retention

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

FAMILY PLANNING PAYMENT LEDGER

Month					Year				
Region					PHO				
Phone Number					Fax Number			Must type in info	
Site Code					Submitted By			Must type in info	
Month	Day	Year	Deposit Number	Patient #	Today's Charges (after adj)	Previous Balance	Amount Paid	Payment Type	Balance Due
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
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									\$0.00
									\$0.00
									\$0.00
Page Total					\$0.00	\$0.00	\$0.00		\$0.00
Grand Total					\$0.00	\$0.00	\$0.00		\$0.00
Total Checks:				0.00					
Total Cash:				0.00					
Month Total (Cash & Checks):				\$0.00					
Clerk Signature					Nurse Manager Signature				
						Page	of		

FEE DEPOSIT REGISTER

Month				Year	
Region				PHO	
Phone Number				Fax Number	
Submitted By					
DEPOSIT NUMBER	Month	Day	Year	AMOUNT DEPOSITED	DEPOSITED BY
TOTAL OF DEPOSIT \$				\$0.00	
Comments Notes					

Copies of Deposits

COPIES OF DEPOSIT SLIPS VALIDATED BY BANK	
<i>Bank Stamp (deposit date and amount) must be legible.</i>	
PHO Name:	
Month/Year	

|



MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

FAX

TO:	ADMINISTRATIVE SERVICES DIVISION	FROM:
FAX:	(505) 827-0873	FAX:
PHONE:	(505) 827-2964	PHONE:
SUBJECT:	MONTHLY REPORT	DATE:
# OF PAGES (INCLUDING COVER)		
COMMENTS: Monthly Report for _____ 2021		

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