

REPORTING REQUIREMENTS

I. Standard

Agencies must comply with the financial and other reporting requirements of 45CFR, Part 74 or 45 CFR, Part 92 as applicable and comply with other reporting requirements as required by DHHS and HEALTH. Delegate agencies must document all patient services in the client medical record. The agency must also complete and send to MSI, on a monthly basis, a completed Family Planning Encounter Record (FPER) for every family planning visit. No FPER may be submitted for pregnancy tests done without counseling services.

II. Contract Reporting Obligations

Each agency must submit to the Rhode Island Department of Health, in writing annually, documents that includes the following:

A description of the agency's catchment area and family planning population to be served
A workplan that includes the following:

- *name of the agency's designated family planning coordinator
- *an objective for increasing or maintaining client utilization
- *an objective for staff training (JSI trainings)
- *an objective for community outreach
- *an objective for and description of the agency's family planning quality assurance plan
- *an objective and plan for coordinating with RIte Care to assure that your agency makes every effort possible to charge RIte Care for teens with RIte Care
- *an objective for no cost pregnancy testing and administering of "Care Questionnaires, including education and follow-up"
- *an objective for HIV Counseling, Testing and Referral services
(an objective for serving teens
- * an objective for assuring that uninsured clients have on-site access to high cost contraceptives
- *a list of community and statewide agencies, organizations and specialty service providers used for referral and follow-up of clients
- *a list of Title X agencies who serve referrals from the agency for Title X services not provided by the agency

*An education plan that includes goals and content outlines to ensure consistency and accuracy of information provided. The plan should also include policies to assure that staff encourage

family participation in the decision of minors to seek family planning services and that they provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities; and staff adheres to state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

A written, year-end, progress report on the previous fiscal year's objectives.

A Quality Assurance or Quality Improvement Plan

A copy of the agency's sliding fee scale

A list of staff who have completed basic and/or advanced reproductive health training

Other forms such as: Midlevel and Physician Provider forms, QA survey, Site Information form, the List of Services form, and Title X certification

III. Source of Payment on the Family Planning Encounter Record (FPER)

What you should be documenting on a FPER for every patient.

Medicaid

The agency must bill all health insurance plans, including **Medicaid** (and **Rite Care**), that are legally obligated to pay for the services. Charges to health insurance plans may not be discounted. Agencies seeing minor clients with Medicaid or Rite Care who are receiving confidential services, since Medicaid law protects the confidentiality of minors receiving reproductive health services should bill Medicaid or Rite Care.

Private Insurance

The agency must bill all **private health insurance** plans, because they are legally obligated to pay for the services. The only exception is for confidential teens, in which the parent's insurance must not be billed because it could jeopardize confidentiality. Charges to third parties may not be discounted. Clients with private health insurance include the following:

- * A client who has private health insurance and who pays a co-payment.

- * A teen under 18 yrs of age who is covered by parent's private health insurance, and gives permission and understands that by billing the insurance plan, he/she may be inhibited from having a confidential visit.

- * A client 18 yrs. or older, who is either covered by his/her parent's private health

insurance or his/her spouse's private health insurance, and who gives permission and understands that by billing the insurance plan, he/she may be inhibited from having a confidential visit.

Self Pay –Partial

Uninsured, under-insured, and clients with family incomes between 100% and 250% of the Federal Poverty Level (FPL), based on family size, income, and other specified economic considerations should be placed on the Title X sliding fee scale. Specifically,

- An uninsured client with family incomes between 100% and 250% of the Federal Poverty Level (FPL), should be considered partial-fee clients and be charged based on the agency's sliding fee scale. **Self Pay -Partial Patients should be included in the Self Pay -Partial category under the source of payment on the FPER form, and not in the Title X category.** A Partial fee client can be either an uninsured adult or an uninsured teen whose income is between 100% and 250% of the FPL.

A client seeking a confidential visit is considered to have a family size of one.

Self Pay - Full

Uninsured, under-insured, and clients with family incomes above 250% of the FPL should be charged full fee by the agency. A client seeking a confidential visit is considered to have a family size of one.

100% Grant / No-Fee Patients

Clients whose family income are at or below 100% of the FPL, and do not have health insurance (or whose family incomes are at or below 100% of the FPL and are under-insured under their existing private health insurance plan) are considered to be 100%Grant/No-fee clients. 100% Grant/No-fee clients include the following:

- A teen under 18yrs. of age who is uninsured and who wants a confidential visit and whose income places him/her at or below 100% of the FPL.
- A teen under 18yrs. of age who is either uninsured or privately insured and who wants a confidential visit, whose income places him/her at or below 100% of the FPL, and who gives a donation.
- A teen under 18 who has private health insurance under his/her parent, whose individual income is at or below 100% of the FPL, who wants a confidential visit

- A teen under 18 who has private insurance under his/her parent, whose family income is at or below 100% of the FPL, who wants a confidential visit, and who gives a donation.
- A client who is 18 yrs. or older who is covered by parent's or spouse's health private insurance, whose family income is at or below 100% of the FPL, and who wants a confidential visit.
- A uninsured client who is 18 yrs. or older and whose income is at or below 100% of the FPL.
- * An under-insured client with a family income at or below 100% of the FPL.

An uninsured adult, an uninsured teen, and a teen who wants confidential services and who has coverage under his/her parent's health insurance plan and an adult who has coverage under his/her parent or spouse's plan should not be considered to be a 100% Grant/No-fee client unless his/her income is at or below 100% of the FPL. If any of these client's income is above 100% of the FPL, then he/she should be placed on the sliding fee scale (partial fee) or pay full fee, as appropriate. In determining income for either an adult or a teen who requests confidential services, only the income of that adult or teen can be considered. A client seeking a confidential visit is considered to have a family size of one.

State Funding/ DPH

The payment of source field for the FPER form, State Funding/DPH, **should only be utilized by Rhode Island delegate agencies for School Based Health Center clients since other sources of funding have been appropriated for SBHC services.** If it is utilized for other types of family planning patients, agencies will not be given appropriate credit. Confidential HIV testing clients fall into one of the other categories (Medicaid, Private Insurance, Self-pay partial, Self-pay full or 100% grant/No-fee).

Center Care

The payment of source field "Center Care" for the FPER form, should never be utilized. If it is utilized, agencies will not receive appropriate credit.

FC Pool

The payment of source field "FC Pool" for the FPER form, should never be utilized. If it is utilized, agencies will not receive appropriate credit.