

# Audit Report

District Health Department #2  
Family Planning Program

October 1, 2003 – May 31, 2006



Office of Audit  
Quality Assurance and Review Section  
September 2006



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

OFFICE OF AUDIT  
400 S. PINE; LANSING, MI 48933

JANET OLSZEWSKI  
DIRECTOR

September 18, 2006

Tammy Emig, Board of Health Chair  
District Health Department #2  
5973 N. Abbe Road  
Comins, MI 48619  
and  
Joyce E. Taylor, Acting Health Officer  
District Health Department #2  
630 Progress  
West Branch, MI 48661

**CERTIFIED MAIL**

Dear Ms. Emig and Ms. Taylor:

Enclosed is the final report from the Michigan Department of Community Health audit of the District Health Department #2 Family Planning Program for the period October 1, 2003 through May 31, 2006.

The final report contains the following: description of agency; funding methodology; purpose and objective; scope and methodology; conclusion; findings; current status; and the Health Department's entire written response.

The audit findings show that the Health Department was not properly charging clients for Family Planning services and not properly making selected supplies available for a 3-year period (2003 through 2005). The Board of Health has a fiduciary responsibility for being aware of applicable program requirements and ensuring compliance. However, the Board of Health approved policies and procedures that allowed violations to occur. While it is unclear whether or not Board of Health members were aware that the policies and procedures violated Federal regulations, it is clear that Health Department management personnel at the time the violations occurred were in fact aware of the violations. Management personnel removed billing records from three clients' files, created new records with incorrect information, and replaced the original records with the new information to conceal improper charges from the accreditation team. Even though management was aware that improper charges were being made, the violations continued for almost two additional years.

Ms. Emig and Ms. Taylor  
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Actions have now been taken to prevent the same types of violations from recurring. A compliant billing and collection procedure and protocol was developed with an effective date of April 17, 2006. Additionally, the Board of Health plans to consult with experts in the field, develop a plan for educational instruction for both Board of Health members and Family Planning staff, and regularly review the program and its policy and procedures to ensure compliance with applicable laws.

Thank you for the cooperation extended throughout this audit process.

Sincerely,



James B. Hennessey, Director  
Office of Audit

Enclosure

cc: Jean Chabut, Chief Administrative Officer, Public Health Administration, MDCH  
Debra Hallenbeck, Manager, Office of Audit, MDCH  
Greg Anderson, Manager, Office of Audit, MDCH  
David Figg, Audit Manager, Office of Audit, MDCH  
Janice Ely, Region V Program Consultant, HHS

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## **DESCRIPTION OF AGENCY**

The District Health Department #2 (Health Department) is governed under the Public Health Code, Act 368 of 1978. The Health Department is a component unit of Ogemaw County, which is the reporting entity, and the administrative office is located in West Branch, Michigan. The Health Department operates under the legal supervision and control of the Board of Health, which is comprised of commissioners from Alcona, Iosco, Ogemaw and Oscoda Counties. The Health Department provides community health program services to the residents of these four counties. These services include: Food Service Sanitation, On-site Sewage Disposal, Drinking Water Supply, Vision Screening, Hearing Screening, Immunizations, Sexually Transmitted Disease Control, General Communicable Disease Control, Breast and Cervical Cancer Control Prevention (BCCCP), Family Planning, Maternal and Infant Support Services, Women Infants and Children (WIC) Supplemental Food Program, Children's Special Health Care Services (CSHCS), AIDS/HIV Prevention, and Bio-Terrorism/Emergency Preparedness.

## **FUNDING METHODOLOGY**

The Health Department services are funded from local appropriations, fees and collections, and grant programs. The Michigan Department of Community Health (MDCH) provides the Health Department with grant funding monthly, based on Financial Status Reports, in accordance with the terms and conditions of each grant agreement and budget.

Grant funding from MDCH for the Family Planning Program is part federal funding under federal catalog number 93.217, and is first source funding, subject to performance requirements. That is, reimbursement from MDCH is based upon the understanding that a certain level of performance (measured in caseload established by MDCH) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of grant funds prior to any utilization of local funds.

## **PURPOSE AND OBJECTIVE**

The purpose of this review was to assess the effectiveness of selected components of the Health Department's administration of the Family Planning Program for the period October 1, 2003 through May 31, 2006. Specifically, our objective was to determine whether clients were properly charged for Family Planning services, whether selected supplies were made available to clients, and whether billing documentation was properly processed and maintained, all in accordance with Title X of the Public Health Service Act and 42 CFR part 59, and other applicable requirements.

## SCOPE AND METHODOLOGY

We examined the Health Department's records for the fiscal period October 1, 2003 to May 31, 2006. We performed our review procedures in June 2006. To accomplish our objective, we completed the following procedures:

- Reviewed the most recent District Health Department #2 Single Audit report for any Family Planning Program concerns.
- Reconciled the Family Planning Program Financial Status Reports (FSR) to the accounting records.
- Reviewed Board of Health Meeting Minutes.
- Reviewed Billing Forms for application of sliding fee schedule and quantity of supplies provided.
- Tracked revenues from the accounting records to the billing documents.
- Tracked revenues per the billing documents to the accounting records.
- Interviewed applicable Health Department staff.
- Other procedures as considered necessary.

Our review did not include a review of program content or quality of services provided.

## CONCLUSION

**Objective:** To assess whether the Health Department effectively administered the following selected components of the Family Planning Program for the period October 1, 2003 through May 31, 2006 in accordance with Title X of the Public Health Service Act and 42 CFR part 59, and other applicable requirements:

- Charging clients for Family Planning Services,
- Ensuring that selected supplies were available and provided, and
- Processing and maintaining client billing documentation.

**Conclusion:** The Health Department was generally not effective in properly charging clients, properly making selected supplies available, or properly completing and maintaining billing documentation. We noted exceptions with appointment letters (Finding 1), application of the sliding fee scale (Finding 2), supply quantities provided (Finding 3), and inappropriate replacement of client billing statements (Finding 4).

## **FINDINGS, CURRENT STATUS, AND HEALTH DEPARTMENT'S RESPONSES**

### **Finding**

#### **1. Noncompliant Appointment Letters to Clients**

The Health Department sent appointment letters to clients containing noncompliant charge information for a 3-year period in violation of Federal Title X guidelines.

A form letter in effect during January, 2003 included the following language: "If you have little or no income you will be asked to give a **minimum donation of \$12.00** to cover the cost of services." Appointment letters in effect from August 2003 through March of 2006 stated that client charges for "medical services will be calculated on a sliding fee scale and supplies will be available at the following prices listed below." These letters also stated that "you should bring proof of income so that we can calculate your fee appropriately."

Federal Title X Program Guidelines for Project Grants for Family Planning Services, Section 6.3 require 1. that charges on the sliding fee scale be "based on a cost analysis of all services provided by the project," 2. "a schedule of discounts must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service" and 3. "clients whose documented income is at or below 100% of the Federal poverty level must not be charged." Services provided by the project include the provision of contraceptive supplies. As noted in finding 2, the sliding fee scale should have been applied to the cost of supplies as well as medical services.

Contrary to program requirements, the appointment letters in effect during this time frame inappropriately informed clients that there would be mandatory charges for services. Initially, the letters asked for a minimum donation from everyone. The letters were subsequently changed in August of 2003, but still inappropriately included mandatory charges for supplies. While the appointment letters included inappropriate charge requirements, services and supplies were not denied because of the lack of ability to pay.

### **Current Status**

The Health Department corrected the appointment letter effective April 17, 2006 to eliminate the noncompliant provisions cited above. Also, the Health Department will provide written pamphlets to clients that explain the Family Planning program, eligibility, and the fact that while donations are appreciated, they are strictly voluntary.

### **Health Department Response**

The Health Department agrees with the finding. Corrections were made as noted effective April 17, 2006. Also, additional training has been provided to employees.

## **Finding**

### **2. Noncompliant Application of Sliding Fee Scale**

From January 2003 through most of 2005, the Health Department applied the sliding fee scale to the cost of medical services, but not to the cost of contraceptive supplies, in violation of Federal Title X guidelines.

In our review of client billing statements, we noted a consistent pattern of incorrect application of the sliding fee scale at all four county clinic locations. Billing forms revealed that the charges were computed as the cost of medical services, discounted by the sliding fee scale, plus the full cost of supplies not discounted. This was consistent with the appointment letters noted above.

Federal Title X Program Guidelines for Project Grants for Family Planning Services, Section 6.3 require that charges on the sliding fee scale be “based on a cost analysis of all services provided by the project.” Services provided by the project include the provision of contraceptive supplies.

## **Current Status**

The Health Department now properly applies the sliding fee scale to both the cost of medical services and the cost of supplies. The Health Department developed a written client fee billing and collection procedure and protocol effective April 17, 2006 and distributed this to all Family Planning clinic staff for reference.

## **Health Department Response**

The Health Department agrees with the finding. Corrections were made as noted effective April 17, 2006. Also, additional training has been provided to employees.

## **Finding**

### **3. Noncompliant Supply Quantities Provided**

The Health Department did not provide equal quantities of contraceptive supplies to all clients regardless of insurance coverage or ability to pay from January 2003 through most of 2005 in violation of Federal Title X Guidelines.

In our review of client billing statements, we noted a consistent pattern of varying quantities of supplies being provided per visit at all four county clinic locations without a documented medical reason for the variance. We also found that the quantity provided tended to equate to the amount the client was able to pay for that day, although we did not see services or supplies denied because of the lack of ability to pay. We consistently determined that the sole purpose of many of the client visits was only to obtain another month or two of supplies.

Federal Title X Program Guidelines for Project Grants for Family Planning Services, Section 6.3 state that “clients must not be denied family planning services or be subjected to any variation in quality of services because of inability to pay.” Providing a varied quantity of supplies constitutes a variation in the quality of service.

### **Current Status**

The Health Department now provides clients with a six month supply, except where the supplies may be limited due to medical reasons.

### **Health Department Response**

The Health Department agrees with the finding. Corrections were made as noted effective April 17, 2006. Also, additional training has been provided to employees.

### **Finding**

#### **4. Inappropriate Replacement of Billing Statements**

The Health Department removed five original billing statements in three client files at the Mio clinic in April of 2004, changed certain information from the original files, and inappropriately replaced the original statements with new statements containing erroneous information.

The statements were changed just prior to the Health Department’s accreditation review and likely were changed to make it appear to the reviewers that clients were making donations for supplies rather than being charged. All three of these clients’ files had been selected for review by the accreditation team.

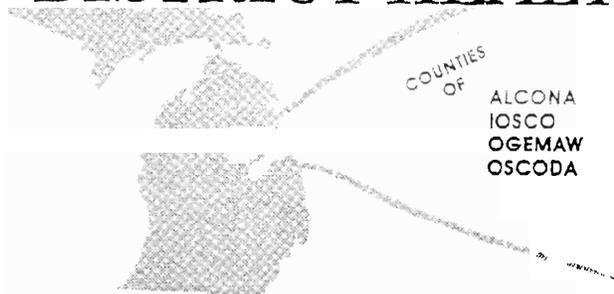
Copies of the original billings were submitted to the finance office with the receipts and were maintained on file at the finance office. We compared the original billings to the replacement billings. In all five cases, the original form had the sliding fee scale applied only to the cost of medical services and not to the cost of supplies, but the replacement forms were completed to look like the sliding fee scale was properly applied to both the cost of services and supplies. The dollar amounts collected from the clients were identified on the original form as collections of charges, but the replacement billings classified the collected amounts as donations or a combination of charges and donations. Both the original forms and the replacement forms had a space for classifying whether amounts received were donations. There was only a brief period of time when the forms used did not have a space to record donations. The actual dollar amounts collected were not changed on the replacement forms. The original billing statements were signed by the client and the Family Planning clerk, but the replacements were signed by the Nursing Director at that time and the client signature line had “signature of client on file” written in. Also, on one replacement form, a clerk’s name was signed by someone other than the clerk.

Removing official records and replacing those records with incorrect information represents a serious violation of the Health Department's fiduciary responsibilities. The Health Department needs to improve its oversight over the Family Planning program to ensure not only that this situation is not repeated in the future, but to ensure that the program is being operated in accordance with program requirements. As described in the previous findings, program requirements were being circumvented from at least as far back as January of 2003, yet the Health Department did not take action to fully address these issues until April of 2006.

### **Health Department Response**

The Health Department agrees with the finding, is conducting an internal review on the Family Planning Program, and will implement a change in the administrative oversight process. In the future all internal written policies for the Family Planning Program will be reviewed and approved by the Program Coordinator, the Nursing Director, the Finance Officer and the Health Officer in order to assure compliance with applicable laws. The Health Department stated that the two primary persons responsible are no longer employed by the agency. Any future falsifying of documents, overcharging of clients, and intentional negligence on the part of an employee will result in disciplinary action up to and including termination.

# DISTRICT HEALTH DEPARTMENT NO. 2



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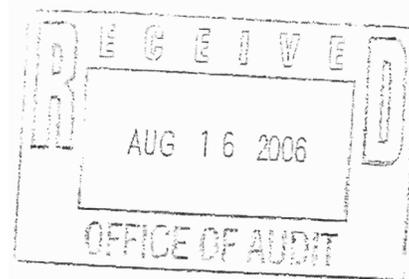
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393 S. Mt. Tom Road  
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August 10, 2006

James B. Hennessey, Director  
Office of Audit  
Michigan Department of Community Health  
400 S. Pine  
Lansing, MI 48933



Subject: Response to Family Planning Audit Preliminary Analysis

Dear Mr. Hennessey:

On behalf of District Health Department #2, I would like to thank you and your staff for your time and assistance to our agency in your review and audit of the Family Planning Program. Our agency has always endeavored to provide the highest quality professional services to our community. It is with great regret that we discover we have not met this goal with respect to the findings in the audit. We believe it is absolutely essential and appropriate to carefully review the program requirements as we strive to not only correct all findings, but to move forward to produce an environment that results in efficiency and compliance for the Family Planning Program.

The Board of Health for District Health Department No. 2 will take action through appropriate motion(s), to consult with experts in the field and develop a plan for educational instruction for both Board of Health members and Family Planning staff. This instruction will include the legal aspects, as well as the proper management and handling, of the Family Planning Program.

Further, the Board of Health will institute a regularly scheduled review of the program and its policy and procedures to ensure compliance with applicable laws.

Finding 1 – Noncompliant Appointment Letters to Clients

District Health Department No. 2 agrees with finding 1. Corrections have been made as noted and were effective on April 17, 2006. Please see attached corrective action plan and copy of amended appointment letter. Additional training has also been provided to employees regarding this issue.

Finding 2 – Noncompliant Application of Sliding Fee Scale

District Health Department No. 2 agrees with finding 2. Corrections have been made as noted and were effective on April 17, 2006. Please see attached corrective action plan and copy of instructions to employees. Additional training has also been provided to employees regarding this issue.

Finding 3 – Noncompliant Supply Quantities Provided

District Health Department No. 2 agrees with finding 3. Corrections have been made as noted and were effective on April 17, 2006. Please see attached corrective action plan and copy of instructions to employees. Additional training has also been provided to employees regarding this issue.

Finding 4 – Inappropriate Replacement of Billing Statements

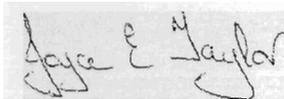
District Health Department No. 2 acknowledges that finding 4 is also correct. The removing of records represents a serious violation of the Health Department's fiduciary responsibility and, therefore, we are in the process of conducting an internal review on the Family Planning Program. It is our responsibility to ensure that this situation will not be repeated and also that the program is being operated in accordance with all State and Federal Program requirements. As a result, this agency will implement a change in our administrative oversight process. In the future all internal written policies for the Family Planning Program will be reviewed and approved by the Program Coordinator, the Nursing Director, the Finance Director and the Health Officer in order to assure compliance with applicable laws.

Due to the seriousness of these violations, any future falsifying of documents, overcharging of clients, and intentional negligence on the part of an employee of this agency will result in disciplinary action up to and including termination.

District Health Department No. 2 believes that it is also appropriate to mention that the two primary persons responsible for the results in these finding are no longer employed by this agency. Had these two persons (the previous Nursing Director and Health Officer) been able to be interviewed, no doubt a greater light would have been shed on the cause of the actions and processes involved in this matter.

Thank you again for your time and assistance. If I can answer any questions or clarify any matter please do not hesitate to contact me.

Sincerely,



Joyce E. Taylor  
Acting Health Officer

Enclosures (4)

## Corrective Plan of Action

Date: April 17, 2006

Local Health Department Name: District Health Department #2

Name of Person Completing Form: Debra Baumann R.N., BSN

Title: Department Coordinator

Local Health Department Staff Responsible for Implementing  
Corrective Plan of Action:

Name: Debra Baumann

Title: Family Planning Coordinator

Phone/Fax: Phone: (989)343-1801 Fax: (989)343-1899

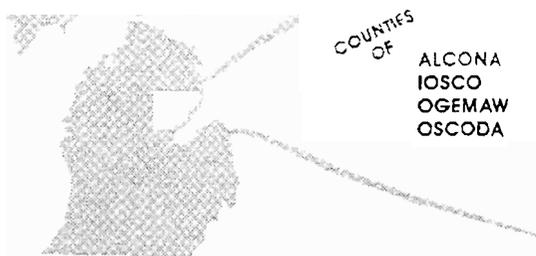
**Required Actions:** District Health Department #2 will discontinue requests for proof of income to comply with MDCH Title X Standards and Guidelines 2002, section 6.3. The agency has disposed of the income verification form and has revised the Family Planning Client letter to omit this statement. These changes are effective as of 4/17/06.

**Required Actions:** The agency has developed a written client fee/billing/collection procedure/protocol and has distributed this to all Family Planning clinic staff for reference to comply with MDCH Title X Standards and Guidelines 2002, section 6.5. This change will be effective 4/17/2006.

### **Recommended Actions:**

The following areas were changed upon recommendation from MDCH to facilitate the provision of Family Planning services. The letter that is sent to family planning clients has been revised on 4/17/06 to clarify the sliding fee scale, voluntary donations, and service/supply costs. Written pamphlets will be provided to clients which explain the Family Planning program, eligibility and the fact that donations are appreciated and are strictly voluntary. This pamphlet will be distributed upon receipt from MDCH. A staff in-service will be held on May 11<sup>th</sup> 2006 to provide training for family planning clerks on the revisions that have been made to the forms and the fee/billing/collection procedures & protocols in the clinic setting. Clients birth control methods will not be limited unless clinically necessary and will be consistent for cash, no pay, and Medicaid clients. This will be effective 4/17/06.

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Oscoda County  
393 S. Mt. Tom Road  
Mio, MI 48647  
Tel.: (989) 826-3970  
Fax: (989) 826-5388

Dear Family Planning Client:

Your family planning appointment is scheduled for \_\_\_\_\_. If you are unable to keep this appointment, please call our toll free number 1-800-504-2650 to cancel, so that we can give this appointment to someone else. Please bring the enclosed papers (completed) to your appointment. If you do not have them completed, please arrive one half hour before your appointment.

We have a variety of methods of birth control available. The Nurse will review all methods with you during your appointment.

Payment is based on your income. Medical services and supplies will be calculated on a sliding fee scale. No one is denied services based on ability to pay. Donations to the program are appreciated but are strictly voluntary. Medicaid and all Insurances are accepted, please bring a copy of your insurance card so that we can make a copy for your records. Special circumstances can be discreetly discussed with the clinic staff that will assist you if payment arrangements are needed.

If you have had a pap smear within the last year, please bring a copy of the results with you and you may not need to have another one done. It is very important that there be no sexual intercourse, tampons, or douching 48 hours before you have a pap or pelvic exam. Because you will be receiving an exam, please do not bring children with you or your appointment may be rescheduled.

If you have any questions concerning your appointment, or the cost of our services, please call us at the toll free number listed above. Thank you.

## ADMINISTRATIVE POLICY

**Category:** Reproductive Health  
**Subject:** Financial Charge, Billing, Collection  
**Applicability:** All Clinic Staff

**Number:** 411.2.B  
**Effective Date:** 8/04  
**Revised:** 4/2006  
**Page:** 1 of 1

### **Purpose:**

To identify the process used to determine charging, billing, and collection of funds for services and maintain compliance with Federal and State guidelines.

- A. Clients must not be denied Family Planning services or be subjected to any variation in quality of services based on ability to pay.
1. Charges are based on a cost analysis of all services provided. At the time of service, clients will complete a DHD #2 Family Planning Client Information Service Statement.
  - Personal and statistical information will be completed;
  - Payment information will be completed and a determination of monthly income will be made;
  - A sliding fee scale from MDCH will be used to determine discounts available to individuals with a family income between 101% and 250% of the poverty level. Fees must be waived for individuals with family incomes above this amount who, as determined by the service site Program Coordinator, are unable, for good cause to pay for family planning services.
  - Individual eligibility for a discount must be documented in the client's financial record;
  - Individuals with income at or below 100% of the poverty level must not be charged, although all third parties authorized or legally obligated to pay for services must be billed for the total charges without applying a discount;
  - Eligibility for discounts for minors who receive confidential services must be based on the income of the minor;
  - Visit type, services, and supplies provided shall be completed;
  - Where a reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or Title XX state agency at either the grantee level or delegate/contract agency is required.
  - Bills to clients must show the total charges less any allowable discounts;
  - Charges must be based on a cost analysis of all services provided. At the time of service, clients who are responsible for paying any fee for their service must be given bills directly. In cases where a third party is responsible, bills must be submitted to that party;
  - A reasonable effort to collect charges without jeopardizing client confidentiality must be made;  
Voluntary donations from clients can be encouraged, 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 will not waive the billing/charging requirements listed above;
  - Client income will be re-evaluated at least annually;
  - For outstanding accounts, refer to the Ageing of Outstanding Accounts Administrative Policy.

## Family Planning Clerical Staff Update

May 2, 2006

Introduction: There have been some changes to the Family Planning Program for two reasons.

1. Some of the processes that we have used for years are confusing for staff and I would like to resolve the confusion and create a more consistent application of the program process in each office.
2. We had a site visit from state employees to review the application of the sliding fee scale and some program issues were identified during this process that require as well as recommend changes.

A meeting was scheduled on May 11<sup>th</sup> to discuss the program, convey needed changes, and clarify any confusion. Due to the fact that some clerical staff will be attending a conference on May 11<sup>th</sup> & 12<sup>th</sup> it was necessary to cancel the meeting. There is a nursing/clerical staff meeting on May 31<sup>st</sup> but I did not want to wait that long to convey the information. This is a brief summary of the program changes that will occur and I will meet with each Family Planning clerical person individually to convey the information and resolve any confusion.

### STD:

We have created a separate STD form from instead of using the Family Planning/STI Clinic Service statement. It is just too confusing to have the combined form. STD clients are those individuals who specifically make an appointment for STD testing and do not receive any Family Planning Services. The STD form will be a triplicate form. All services are listed on the form that clients received during an appointment. There are no charges for services. If the client would like to make a donation to the program they are free to do this, but it is voluntary.

A chart will be set up for the STD client and will contain the HIPPA form, Consent for services, and a copy of the STD form which shows treatment and services provided. The charts should be kept separate from the Family Planning Charts (filed by alphabetical order). This information is not entered into the computer. The second part of the form goes to the client to reflect what services were received and as a receipt if a donation is given. The third copy of the triplicate form should be sent to me in West Branch so that I can keep a file of STD numbers for report information. Any money for donations should be recorded on an STD Batch Control Header and sent to me with the forms. I will then forward it to Angel to receipt in.

### Pregnancy Tests:

There is only one cpt code for pregnancy tests on the FP clinic service statement. This code should be marked for any client who receives a pregnancy test. The cost of the test, as well as the nursing visit, should be calculated according to the sliding fee scale based on the client's income. If the client has insurance- such as Medicaid, we can bill insurance. A walk-in client requesting a test can be counted as a client under the following conditions:

- A chart is set up for the client.
- The appropriate paperwork is completed  
The nurse counsels the client regarding testing, evaluation, and options.
- Any appropriate referrals are made.

Questions have been asked regarding charging for the pregnancy test (and HBG) along with charging for the annual exam. Kimberly Sutter- our state consultant was asked for clarification. Her response was that Title X clinics can determine their costs and can be reimbursed for waived tests that have their own procedure code. HBG & Pregnancy tests are included in this category. If you would like a reference to find this information, go to the website: [www.michigan.gov/documents/family\\_planningclinics\\_02-04\\_201877.pdf](http://www.michigan.gov/documents/family_planningclinics_02-04_201877.pdf)

#### Condom distribution to walk-ins:

Individuals who walk in requesting just condoms are not considered in the Family Planning or STD programs. They can receive condoms and if they wish- they can make a donation for them. A separate form has been developed to record the individual's name, number of condoms given, and any donation collected. This form will help us to keep track of how many condoms are distributed in a fiscal year. The form (along with any donations) should be sent to the West Branch office with the Batch Header every 2 weeks. None of this information will be entered on the computer.

#### Insurance:

The Family Planning Program is billing all insurance. If a client has insurance, do not take any money at the time of service. Get all pertinent information to bill for the services. Once we bill, we will wait for remittance advice. Then we will bill the client for any co-pay, deductible, or portion of the services that insurance tells us they are responsible for. If the client's insurance does not cover services or supplies- then we will bill the client based on the sliding fee scale and their income.

#### Supplies:

It was suggested, following the site visit by Kim Sutter & Jeanette Lightning, that the client's method of birth control should not be limited if it is not clinically necessary. It is important that we be consistent for Medicaid, cash, or no pay clients. Therefore, all clients should receive six packs of pills unless Karen D. indicates otherwise. If a client is due for an annual, and states she is out of pills, we can give her a pivotol pack. If the client is starting a new method and Karen wants to monitor them, we can give 2 or 3. But- If the client has no problems with their method- the nurse will distribute 6 packs. This is "Best Practice".

#### Client Paperwork:

The wording on the Family Planning letter that is mailed to clients with their paperwork has been revised to make it clear and easy to understand. Please discard the old one immediately and begin using the revised letter.

Income Verification:

It was brought to our attention following the site visit that, per Title X guidelines, we should not request proof of income. Please discard the Financial Verification Form and simply go by the client's word of their income when calculating the percent of payment.

New procedure:

A policy has been written which outlines the procedure for client fee/billing/collection procedure/protocol. This will be reviewed with each FP clerical person and a copy will be given for reference. Please pay special attention to this protocol. It is important that you follow all aspects of the protocol in order to comply with Title X regulations. It is the job of the clerical person to help clients understand charges. Donations for this program are strictly voluntary and clients need to understand this. If the policy is not followed, you may be in the position of having to explain why you are not in compliance with Title X guidelines. If you are confused on any issues I have given a copy of the Green Sheets- Title X guidelines, as well as the Federal Document from the Office Of Population Affairs. These are for your personal use- so keep them in the clinic with you. As always, call me with any questions. I will be happy to help if you need clarification.