**PURPOSE:** This is a sample policy RHCare agencies may use to ensure compliance with the RHCare Certification Requirements. All Reproductive Health Program agencies must also comply with the applicable audit requirements and responsibilities set forth in the Office of Management and Budget Circular A-133 entitled “Audits of States, Local Governments and Non-profit Organizations.

**PROCEDURE**:

1. Clients will not be denied services or subjected to any variation in the quality of services based on their inability to pay or insurance coverage.
2. Reproductive health (RH) services will be provided to any individual with reproductive capacity who wants them.
3. Prior to the visit and in a confidential manner, clients receiving services for which they do not have coverage (e.g., OHP, RH Access Fund) will be informed about the amount that they will be expected to pay.
4. Clients with insurance will be informed of any potential for disclosure of their confidential health information to the policyholder(s) of their insurance.
5. If requested, provide client with the *Oregon Request for Confidential Communication* form. See <https://dfr.oregon.gov/insure/health/patient-privacy/Pages/your-rights.aspx>.
6. Priority will not be given to clients with sources of insurance coverage or with incomes above 250% of the Federal Poverty Level.
7. Charges, billing, and collections procedures for clients enrolled in the RH Access Fund:
8. For services billed to the RH Access Fund, the clinic must accept RH Access Fund reimbursement as payment in full and may not charge the enrollee additional fees for those services.
9. RH Access Fund enrollees may not be charged for services covered by the RH Access Fund.
10. RH Access Fund enrollees will not be billed for services that would normally be covered by the RH Access Fund if not for an error on the part of clinic staff.
11. RH Access Fund enrollees will not be charged a deposit in advance of services covered by the RH Access Fund.
12. Charges, billing, and collections procedures for clients not enrolled in the RH Access Fund:

 **Setting Fees:**

1. A sliding fee schedule up to 250% of the Federal Poverty Level will be used for reproductive health services provided to clients without coverage, unless federal regulations say otherwise
2. The sliding fee schedule will be based on the FPL Guidelines, approved by the Oregon Health Authority RH Program, and updated on a regular basis.
3. The sliding fee schedule will be based on an analysis of the costs of all services offered in the clinic. The methodology used to determine fees will be made available to Oregon Health Authority staff when requested.
4. The sliding fee schedule will be available upon request.
5. The clinic will not charge RH clients flat fees (e.g., minimum fees, nominal fee, no-show fees, etc.).

 **Assessing Income and Fees:**

1. Clients’ fees will be based on their household size and the client’s own income.
2. Clients’ income is self-reported and proof of income will not be requested and may not be required.
3. Household size and client income will be reassessed annually.

 **Third Party Payment for Reproductive Health Services:**

1. If a client has private insurance, their Federal Poverty Level must be assessed before copays or additional fees are charged. The client should not pay more in copays or additional fees than what they would otherwise pay when the sliding fee scale is applied.
2. Clients will be asked at each visit if there has been a change in their insurance status.

 **Collecting Fees:**

1. Clients whose self-reported income is at or below 100% of the Federal Poverty Level will not be charged.
2. Clients with any fee assessed will be advised of the full cost of the services prior to their visit.
3. Staff will make reasonable efforts to collect fees without jeopardizing client confidentiality.
4. Clients will not be sent to collection agencies.
5. The client’s confidentiality status will be evaluated:
	1. If the client has no confidentiality requests, he/she will be advised that a bill will be sent to their home with any unpaid balance.
	2. If the client has requested confidential services or not to be contacted at the home address, the client will be informed that when they return to the clinic, they will be asked for payment of any unpaid balance.
6. All clients with an unpaid balance will be advised that they will remain eligible to receive RH services.
7. Clients will not be pressured to make donations.
8. (Optional) Credit/debit cards will be accepted for payment.
9. (Optional) If the client states that they cannot pay any or all the assessed charges at the time of the visit, they may be provided a pre-addressed, stamped envelope and requested to send payment as soon as possible.
10. (Optional) Financial staff will work with clients to assist them in developing a payment plan for an unpaid balance on their account. The client will be advised that they will continue to be able to receive RH services even if they are unable to make full or partial plan payments.

**REFERENCES:**

[RHCare Certification Requirements, Version 3.0](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/RH-Program-Certification/RHCare-Cert-Packet.pdf)

[Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services](https://www.federalregister.gov/documents/2021/10/07/2021-21542/ensuring-access-to-equitable-affordable-client-centered-quality-family-planning-services)

**STAFF REVIEW**

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