

Sexual and Reproductive Health Manual

October 2020



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Summary of Revisions (click or ctrl + click on an item to

- Changed wording to reflect new program name. To more accurately reflect the inclusiveness of the work we do, the Family Planning Program is now the Sexual and Reproductive Health Program. The Washington State Family Planning Network is now the Washington State Sexual and Reproductive Health Network. Services supported by contract funds are now more broadly described as sexual and reproductive health services.
- Changed wording to reflect collaborative nature of the relationship between the Department of Health and the organizations we contract with to provide direct services. References to “contractor” and “contractors” have been changed to “Network partner” and “Network partners.”

Chapter 1—Washington State Sexual and Reproductive Health Network

Introduction

Network membership

This manual defines the requirements of the Washington State Sexual and Reproductive Health Network. The Network consists of the Department of Health (DOH) Sexual and Reproductive Health Program and the organizations that contract with the department to provide family planning services.

The Washington State Sexual and Reproductive Health Network provides services, supplies, and information to help individuals of all genders achieve optimal sexual and reproductive health, improve the rate of intentional pregnancies, avoid unintended pregnancies, and understand their pregnancy/parenting intentions. We help individuals achieve their desired number of children, including no children if desired, and determine the timing and spacing of pregnancies.

Network partners must comply with all applicable state and federal laws regardless of whether they are included in this manual. Examples of applicable federal law include the Health Insurance Portability and Accountability Act (HIPAA) and occupational safety and health standards.

This manual has been reviewed by Washington State Sexual and Reproductive Health Network clinical, administrative, and fiscal staff.

Questions, suggestions, and technical assistance

We want to help you meet the requirements of your sexual and reproductive health contract. We encourage questions and suggestions. Our Network meets several times each year either in-person or electronically. We use this opportunity to share best practices, challenges and ideas for addressing them, and to brainstorm about emerging issues and strategically plan Network priorities and operational changes.

Anytime you have questions, are facing a challenge, or just want to touch base, please contact your DOH contract manager. It's also always fine to contact other program staff directly, we work closely together and there is no wrong door.

For general questions about our Network, contact Cynthia Harris, Sexual and Reproductive Health Program Manager at cynthia.harris@doh.wa.gov or 360-236-3401.

Please direct questions, comments and suggestions regarding this manual to the DOH Sexual and Reproductive Health Manual editor at 360-236-3406 or mary.kellington@doh.wa.gov.

Manual revisions

Please make sure staff are using the current manual. We revise it periodically to reflect program direction and best practices. We will notify you of each revision. This revision is dated September 2020.

The most current revision is always be available at

<https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf>.

How to join the Network

The Department's Sexual and Reproductive Health Program periodically invites interested organizations to apply to join our network. Our goal is to make sure sexual and reproductive health services are available to everyone in Washington State. Recruitment is generally for specific geographic areas.

Organizations that meet requirements are offered DOH Sexual and reproductive health contracts. These Network partners will remain in the Network as long as they continue to meet contract requirements or until they decide to discontinue contracting for these services.

More information on joining the Network, including general requirements, is available at <https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/NetworkRecruitment>.

How funding is allocated

The Department's Sexual and Reproductive Health Program allocates funds using a formula based on community need and agency performance. This formula directs more funding to areas with more people who have low incomes and to Network partners with higher proportions of this type of client.

Our formula was developed with input from our Network. We periodically review it and revise as appropriate.

In general, we allocate contract funding annually. Occasionally a Network partner is unable to use the funding allocated to them, we redistribute those funds among other Network partners. Occasionally, we have additional funding for other reasons. We also put those funds into contracts. We usually allocate these funds in the same way as annual funds (see *One-time project funding* below).

If a Network partner is not complying with contract requirements when we allocate funding, we may provide them with a lower level of funding than was allocated by our formula.

We reserve the right to reduce allocations to Network partners who have a high probability of being unable to bill for the full amount. While DOH reserves the right to make this determination, we discuss it with the Network partner beforehand whenever possible. We will consider special circumstances such as staffing vacancies and plans to fill those vacancies in a sustainable way when making our determination.

One-time project funding

Occasionally, we fund one-time projects related to enhancing sexual and reproductive health services or access to those services. We do this when we have funds available and circumstances require an approach other than our allocation formula. These circumstances include funding that ends soon, Network decisions to focus on a particular issue, or public health needs.

In this case, we will ask the Network to submit short proposals that include a description of their project as well as a task list, timeline, expected outcomes, and brief budget. These projects usually have a tight timeframe for completion. We fund these projects based on available funding and a DOH scoring tool.

Contracting with the Department of Health

Your contract with the department defines all requirements and funding. We use two types of contracts. Private non-profit organizations will receive a state grant agreement. Local health jurisdictions will receive a statement of work added to their consolidated contract. The requirements related to sexual and reproductive health services are identical in each.

We will provide you with a workbook for reporting expenses and revenue related to contract activities. For most Network partners this workbook also generates invoices. DOH uses a specific mechanism for local health jurisdictions. They will use that mechanism to submit invoices.

Also see [*Billing DOH—Reimbursement for Contract Activities*](#).

Your contract will include:

- A Statement of Work (SOW) specifying contract requirements
- General terms and conditions
- Specific terms and conditions
- By reference, this manual and our Clinic Visit Record (CVR) manual

You are responsible for being aware of your contract requirements including the start and end dates of the entire contract and all funding sources within it.

We will include the start and end date of all funding sources in your statement of work. Your funding is only available to reimburse for services that were performed within the timeframe of the funding. We cannot move unspent funds from one source into another source.

Chapter 2—General Contract Requirements

Facilities (Clinics)

Location and hours of operation must be tailored to community needs

Network partners must provide sexual and reproductive health services in geographically and physically accessible locations and at times convenient for clients. Network partners should offer services during some evening and weekend hours, if at all possible.

Facility design must preserve client confidentiality and ensure privacy

Provision of Services

All services must be provided

- To people of all genders
- To anyone who wants and needs sexual and reproductive health services. See discussion regarding *ages people can independently consent to their own care* below.
- With no variation in quality regardless of:

Insurance status	Age	National origin
Income level	Gender	Disability
Ability to pay or balance owed	Religion	Number of pregnancies
Residency status	Race	Marital status
English language proficiency	Color	Any other issue

...and in a manner that

- Reflects shared decision-making, is non-coercive and offers complete, medically accurate information.
- Protects the dignity and confidentiality of each client.
- Respects and responds to each client’s cultural and linguistic needs.
- Respects and responds to the needs of your communities, especially vulnerable and underserved populations within those communities.
- Complies with all contractual billing requirements including sliding fee schedules, billing third-party payers, and accounting for direct expenses and revenue related to services under this contract separately from your organization’s other direct expenses and revenue.
- Meets national clinical guidelines and recommendations

To ensure this you must

- Maintain a current demographic and cultural profile of the communities you serve.
- Make sure all staff members receive training on how to deliver services in a manner that is culturally and linguistically appropriate.
- NOT ask clients their residency status except as needed to determine eligibility for third-party payers. Always honor client requests not to document residency status as part of third-party payer eligibility determinations.
- Provide interpreters to clients with limited English proficiency. Multilingual staff members may provide this service. Network partners may also use outside interpreter services, including telephone/video interpreters. All interpreters must have training in medical interpretation—contracted services must be certified and staff must have training documented.
- Not use a client’s family members or friends as interpreters for the client, unless the client requests otherwise
- Post signs, record phone messages, and make client materials available in the languages commonly used in their communities.

...and you should

- Recruit and retain staff who are members of cultural groups representative of the communities you serve.

You must respect clients’ right to independently consent to their own care

You must provide services to everyone who wants and needs them. This includes people under the age of 18. In Washington State:

People of any age can consent to or refuse:

- Birth control services: [RCW 9.02.100\(1\)](#)
- Abortion and abortion-related services: [RCW 9.02.100\(2\)](#), State v. Koome, 84 Wn.2nd 901 (1975)
- Prenatal care: State v. Koome, 84 Wn.2nd 901 (1975)

People 13 and older can consent to

- Inpatient mental health treatment ([RCW 71.34.500](#))
Providers must notify parents/guardians in most circumstances ([RCW 71.34.510](#))
- Inpatient substance use disorder treatment ([RCW 71.34.500](#))
Providers may notify parents/guardians in certain circumstances ([RCW 71.34.510](#))
- Outpatient mental health treatment and outpatient substance use disorder treatment ([RCW 71.34.530](#))

People 14 and over can consent to tests and treatment for STIs (RCW 70.24.110)

You are required to report all Notifiable Conditions. Also see [HIV, STI, communicable disease, and notifiable conditions—State Law](#).

You must facilitate clients' requests for additional confidentiality

You must discuss a client's safety concerns related to:

- Scheduling, billing, and other correspondence between your organization and the client
- Insurance explanations of benefits (EOBs) from third-party payers

You must explain how clients can request additional confidentiality to address their safety concerns and provide assistance when requested.

Third-party payers are required to ensure confidentiality of EOBs regarding reproductive health and STIs. (See the Office of the Insurance Commissioner's webpage [Health information and your privacy](#) and [WAC 284-04-510: Right to limit disclosure of health information](#))

- Medicaid has a robust system for ensuring client confidentiality of client services. You should bill Medicaid (and Medicaid MCOs) for all covered clients. Make sure your clients know how to preserve their confidentiality.
 - Managed Care Organization (MCO) clients request confidentiality by calling their MCO
 - Fee-for-service clients request confidentiality by calling 800-562-3022. This number is on the back of Provider One cards.
 - Confidentiality is automatic with [HCA's Pregnant Teen Healthcare Coverage](#) (for people under 19 years old)

The state Office of the Insurance Commissioner is currently developing regulations (Washington Administrative Code—WAC) to support [Substitute Senate Bill 5889](#), passed during the 2019 legislative session. Also see [Helpful references—confidential EOBs](#).

This bill, effective January 1, 2020:

- Requires health plans to direct all communication for sensitive health services to the client receiving the service
- Prohibits disclosure (including to the policyholder) without the express consent of the client.
- Defines sensitive services as including services related to reproductive health, sexually transmitted diseases, substance use disorder, gender dysphoria, gender affirming care, domestic violence, and mental health.

WAC are formal agency rules governing the implementation of statutes passed by the legislature. We expect WAC related to this issue to result in a standard mechanism all state-regulated insurance plans will use to ensure client confidentiality. We expect this to:

- Increase client and clinician confidence in the confidentiality of all information related to clients' sexual and reproductive health care
- Allow you to bill more third-party payers instead of bearing the cost of the service
- Increase the sustainability of the Washington State Sexual and Reproductive Health Network

Staffing

Appropriate licenses and medical director oversight

You must make sure that all staff meet all requirements for certification or licensing. Their licenses must be current and you must make sure that they practice within their scope.

Your organization must have a medical director who is a physician with experience that includes sexual and reproductive health.

See *Helpful References: State and federal law* and the *DOH Provider Credential Search* webpage for more information.

Coordinator for activities under this contract

You must dedicate a portion of an FTE specifically to coordinate contract activities. This person does not need to be a clinician. Desirable skills include: written and verbal communication, and familiarity with this manual, your EHR, clinic flow, CVR submissions, and outreach and education tools. This person must be able to operationalize the requirements of your contract within your organization. They must also be available to attend Sexual and Reproductive Health Network meetings and regular check-ins with their DOH contract manager.

Training—annual unless noted otherwise

You are responsible for making sure all staff have the knowledge to carry out the requirements of this contract. Training can include on-the-job training, workshops, in-person or online courses, in-house updates, or any other training that provides continuing education appropriate to job responsibilities. You must document all training for all staff. Also see *Helpful References—Resources for Training*.

All staff, including clinic volunteers

- Contract requirements as they apply to job responsibilities.
 - No variation in services regardless of ability to pay
 - Client confidentiality
 - Clinic visit record (CVR). Also see our *CVR Manual*
 - Other elements as appropriate for their role in your organization
- Diversity, equity, and inclusion; cultural humility; cultural competency

- Culturally and linguistically appropriate services (*CLAS*)
- EHR training appropriate to their role in your organization
- HIV/AIDs. See *RCWs 70.24.270* and *70.24.310*, *WAC 246-12, Parts 7 and 8* and DOH *HIV/AIDS Training Requirements* webpage.
 - Verified or provided on hire for nonprofessionals
 - As required for each profession
- Human Trafficking, including identifying survivors and offering support
- Mandatory Reporting (see *Helpful References—State and Federal Law* for more information)

Multilingual staff used as interpreters or translators

- Medical interpreting (and translation if appropriate)

Front desk and scheduling staff

- Noncoercion
- Using family size and income to identify Federal Poverty Level (FPL)
- Your sliding fee schedule

Clinical staff

- Noncoercion
- Notifiable conditions. See *WACs 246-101-101* and *246-101-635*
- Shared decision-making

Staff responsible for CVR Data and EHR modifications

- Contract requirements related to data collection (CVR)
- Data transfer requirements for CVRs (see *Washington State CVR Manual*)
- Using family size and income to identify Federal Poverty Level (FPL)
- Your sliding fee schedule

Fiscal staff

- Confidential billing
- Contractual billing requirements (also see *Billing DOH—Reimbursement for Contract Activities*)
- Using family size and income to identify Federal Poverty Level (FPL)
- Your sliding fee schedule

Unallowable Activities

State law regulates the use of *public funds to procure goods and services (Chapter 39.26 RCW)*. As a state agency, we are required to be good stewards of state funds and to be transparent to state taxpayers. As such, we do not allow contract funds to support certain activities.

Contract funds may only be used to support infrastructure, staff, and activities in Washington State.

You must NOT use contract funds to *support lobbying activities*.

Counting Sexual and Reproductive Health Clinic Visits—Clinic Visit Records (CVR)

You report sexual and reproductive health clinic visits to us by submitting Clinic Visit Records (CVR). We use CVR data to improve performance of the Network as a whole, help individual Network partners increase their effectiveness, inform sexual and reproductive health policy in Washington State, and allocate future funding. CVRs are generated from your EHR.

Our epidemiologist and your DOH contract manager will discuss your data trends with you and work with you to improve data accuracy and solve data transmission problems.

You may only submit a CVR for visits that meet ALL of the following criteria:

1. Be an interactive real-time visit between a client and a sexual and reproductive health provider for medical and/or counseling services related to sexual and reproductive health. This includes both in-person clinic visits and telemedicine visits. Telemedicine visits must include video and audio unless DOH explicitly allows the use of audio-only visits for a specified period of time due to a public health crisis such as COVID-19 or other extenuating circumstances.
2. Take place at a clinic supported by DOH sexual and reproductive health contract funds and assigned an Ahlers site number.
3. Meet at least one of the following situations:
 - A. Includes sexual and reproductive health education or counseling (education or counseling on contraceptive methods, infertility, preconception, pregnancy options, or STI/HIV prevention).
 - B. Initiates or continues a contraceptive method.
 - C. Includes a medical service related to sexual and reproductive health (exam or lab service, contraceptive-related service, or service related to pregnancy or STI/HIV testing.)

You must not submit a CVR for visits:

1. That include pregnancy/parenting intention questions without meeting the criteria described above. We encourage asking every client (all genders) a pregnancy/parenting question at every visit for any service. This increases access to appropriate sexual and reproductive health services and the rate of intentional pregnancies. At a minimum make sure clients' are asked this question at least once per year.

Asking a pregnancy/parenting question, however, does not, in and of itself, meet the criteria for submitting a CVR.

2. When client's sterilization is their initial contraception method unless they are receiving a service related to preventing or achieving pregnancy. For example:
 - A. If a client who is sterilized suspects pregnancy (method failure) and receives a pregnancy test, you should submit a CVR.
 - B. If a client who is sterilized receives counseling about reversing a vasectomy, you should submit a CVR.

If you submit a CVR for a client who is sterilized, contact the sexual and reproductive health epidemiologist to explain why the CVR was submitted.

Visits you submit CVRs for might not have a one-to-one relationship with visits you report for contract reimbursement. All clinic visit expenses reported on your R&E must be associated with a CVR, but some CVRs might not be reflected on your R&E. For instance a CVR can be submitted for an abortion visit as long as the definition above is met (if contraceptive counseling is provided, for instance). Expenses related to abortion visits must not be reported on your R&E. See [Billing DOH—Reimbursement for Contract Activities](#).

Since CVR data regarding unduplicated clients is one factor in your funding allocation, we encourage you to submit CVRs for all appropriate visits.

Also see the Washington State Department of Health [Clinic Visit Record Manual](#).

Reporting to DOH

In addition to providing data on clinic visits that include sexual and reproductive health as described above, there are other reporting requirements related to your contract. Make sure to review your current contract for due dates and specifics.

Contact information for your organization

We need to know who to contact for what. This helps us provide technical assistance appropriately, make sure you are aware of changes related to sexual and reproductive health or your contract, and allows us to adequately monitor contracts. We also share this information with other Network members to facilitate problem solving and sharing of best practices.

You must alert us within 30-days of staff vacancies and changes for key staff. Include their role, name, phone, and email information. Key staff include:

- The head of your organization
- Your organization's head of finance
- Your organization's head of operations
- Your organization's medical director
- The following (one person might fill more than one role):

- **Sexual and reproductive health coordinator:** person with the most comprehensive on-the ground knowledge of the activities and services related to your contract. See *Staffing—Coordinator for activities under this contract*. This person will be the liaison for contract work within your organization. This is typically someone involved in the day-to-day activities of your contract, rather than the person who signs your contract. Your contract coordinator will work directly with the department's sexual and reproductive health program contract manager.
- **Clinical representative:** person who is the liaison between our nurse consultant and your clinicians. This should be one person even if you have multiple clinics. It should be a clinician who communicates the requirements of the contract to patient care providers and provides clinical oversight of contract activities.
- **Outreach and education contact:** person who coordinates your outreach and education efforts. This should be someone who is familiar with your communication and outreach plan and is involved in day-to-day implementation.
- **Billing contact:** person with the most knowledge of your Department of Health invoices. This person will be our liaison to make billing and receiving payment efficient.
- **Contact for CVR data:** person our epidemiologist can work with to make sure your data is being collected and reported accurately and efficiently. This should be someone who is familiar with the CVR and CVR manual and is responsible for making sure your CVR data is submitted as required by your contract.
- **Contact for EHR technical assistance:** person in your organization most familiar with your EHR. Our epidemiologist will work with this person to make sure your interface with CVR data system is successful and accurate. This person will also let us know about EHR modifications or EHR contract changes your agency is considering.
- Anyone else you think will make partnering more efficient and effective

Your community outreach plan or progress report

You must develop a Community Outreach Plan every five years. You must not implement the plan until you receive approval from your DOH contract manager. We will provide a template for this plan and for yearly progress reports. We will review your outreach plan to ensure that it was developed through a process of data driven decision making and will successfully address the unmet needs of your community.

Your plan for addressing Network Statewide Plan activities

Periodically, the Sexual and Reproductive Health Network develops a statewide work plan. You will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them. Some tasks will be the responsibility of DOH, some of a subset of the Network, and some of individual Network partners.

You must develop a plan that describes how you will address portions of the Network work plan that you are responsible for or involved in. Include a description of the staff involved and timelines for your activities. You must send us your initial plan and progress reports.

Data not provided through CVRs

We use data to analyze trends and inform Network improvements. In addition to CVRs, you must submit the following for the previous calendar year:

- Pap tests with an ASC or higher result
- Pap tests with an HSIL or higher result
- HIV Positive confidential tests
- HIV anonymous tests
- FTE required to provide contracted services:
 - Physicians
 - Physician assistants + nurse practitioners + certified nurse midwives

The training your staff received in the last year

We will provide a template for you to report on the contract-related training your staff receive. This must include a description of the training, when it occurred, who attended, and any costs beyond staff time.

See [Staffing—Training](#) for a description of required training.

See [Email Your DOH Contract Manager Before](#) for prior approval requirements

Your sliding fee schedule and the cost analysis used to develop it

You must offer certain services at a sliding fee (see [Chapter 3: Services Supported by Contract Funds](#)). You must email your DOH contract manager a copy of your fee schedule and the cost analysis used to develop it by the due date specified in your contract. This might be the same fee schedule and cost analysis you used in the previous contract period—the requirements below still apply.

- You may use the last fee schedule approved under a prior contract for up to 60 days from the start date of your current contract.
- You may choose to change your fee schedule at any time to reflect business needs or other changes.
- You must have approval from your DOH contract manager before using a new sliding fee schedule. DOH contract managers generally approve fee schedules within a week.

See [Setting Costs to Ensure Sustainability and Client Access to Care](#) for requirements related to sliding fee schedules.

Cost methodology you use to determine expenses billed to this contract

Before we reimburse you for your work, we need to verify that your invoices will only include appropriate expenses. This is part of our responsibility as stewards of public funds. Your cost methodology must describe how you determine appropriate expenses for the purpose of billing DOH. See [Billing DOH](#) for more information.

- The DOH approval date must be later than the start date of your contract.
- Approval must be from your DOH contract manager and documented in writing.
- DOH may need to test your cost methodology on site at your organization before approving. You must coordinate with your DOH contract manager to facilitate such testing.
- DOH will not process invoices based on unapproved cost methodologies.
- We may review your accounting system and records at any time on-site at your organization or ask that you send us documentation for review to ensure that you are using an approved cost methodology.

R&E (revenue and expense workbook) and additional financial documentation

We provide you with an R&E workbook. You must use this tool to report program income that support your contract activities and services and expenses related to those activities and services. Your R&E also calculates the maximum you can invoice each month. We will provide you a revised R&E each time there is a change to the funding in your contract. Make sure to use the most current R&E for generating your invoice.

We may also require additional financial information as described in [Billing DOH](#).

Any subcontracts related to providing contracted services

You are responsible for making sure subcontractors meet all contract requirements. Your DOH contract manager will monitor these activities in the same way they monitor the activities you provide directly.

Chapter 3—Services Supported by Contract Funds

Community Education and Health Promotion

You must engage in activities that increase your community’s knowledge of:

- Sexual and reproductive health in general: what it includes, why it is important, who might want to consider it.
- The sexual and reproductive health services your organization offers and how to access them
 - Discounted cost to clients due to sliding fee scale
 - The location and hours for each of your clinics

In addition to outreach and education efforts tailored to the predominant populations in your community, you must also tailor efforts to reach the most vulnerable populations in your community and those that are difficult to reach.

You must use your *Community Outreach Plan* to guide your efforts. Your Community Outreach Plan includes a community needs assessment along with implementation and evaluation plans. You will analyze your community needs to develop strategies and activities and use the results of the evaluation to improve your plan each year.

Clinic Visits and Services—Available at Sliding Fee

You must have only one sliding fee schedule and it must be used in its entirety for all clients at all clinics¹. Options for services must not be limited based on a client’s ability to pay.

If a service is available to anyone at a clinic it must be available to everyone² at that same clinic. If a service is on your sliding fee schedule the client’s responsibility for that service must never exceed the amount determined by their family size and family income and your sliding fee schedule.³

Your sliding fee schedule limits a client’s individual responsibility. A clients’ category on your sliding fee schedule has nothing to do with the amount you bill third-party payers. See *Billing Third-Party Payers* and *Billing Clients* for more information

¹ *Clinics* means clinics supported with contract funding. These are clinics with Ahlers numbers—clinics that report clinic visit data through CVR submission. Fee schedule services must be available at the clinic, not through prescription.

² Unless medically contraindicated.

³ Excludes clinic visit codes describing the length and complexity of visits (99201...99215) when visit is not primarily for family planning. For example: you do not need to use your sliding fee schedule to determine the client responsibility for a visit primarily related to a broken bone.

Required as sliding fee⁴

You are required to provide sexual and reproductive health visits for new and established clients at a sliding fee. These must include informational and preventive visits as well as visits for procedures, supplies, and tests included on your sliding fee schedule. They must include all lengths of visits.

Contraceptive-related visits must include medical eligibility screening for initiating contraceptive use and for continued use. Staff should refer to the guidelines stated in the CDC's *U.S. Medical Eligibility for Contraceptive Use (US MEC)*.

Other best practice guidelines to reference include:

- *U.S. Selected Practice Recommendations for Contraceptive Use (US SPR)*—CDC
- *Guide to Taking a Sexual History*—CDC
- *Before Pregnancy*—CDC
- *Safe deliveries roadmap*: Best practice recommendations for pre-pregnancy care—Washington State Hospital Association (WSHA)

Also see:

- *State and Federal Law* for notifiable conditions.
- *General Requirements—Services* for information on requirements about the manner of providing services.
- *Providing Quality Family Planning Services* for best practices.
- See updated statement by ACOG on *LARC and Reproductive Choice*.

Each visit must include appropriate health education, counseling, and shared decision-making.

If a client

- Is choosing a contraceptive method, you must provide counseling about all methods of contraception unless client requests otherwise.
 - Permanent - Long-acting - Hormonal - No method - Fertility
 - Reversible - Shorter term - Nonhormonal - Abstinence awareness
- Has a positive pregnancy test, you must provide counseling and referrals about all pregnancy options unless client requests otherwise.
 - Prenatal care and delivery - Foster care and adoption - Abortion

⁴ Network partners who cannot meet sliding fee schedule requirements due to financial sustainability or other issues can request an exception from their DOH contract manager. Explain the challenge, including the negative impact to your organization and clients. Explain how you will make sure cost doesn't interfere with a client's choice of methods and your plan (including a timeline) for fully complying with Network fee schedule requirements.

All required services must be available at a sliding fee, but the three noted below are not required to be available at every clinic supported by contract funding

You must provide all required services to all clients² who need and want them and provide them at a sliding fee based on family size and family income. These services represent a balance between making sure clients' choice of contraceptive method is not impeded by cost and making sure your participation in the Network is financially sustainable. With the exception of the three services described below, all services must be available at all clinics supported by contract funds.

We realize that some services require special clinical skills or storage parameters that might not be available at all clinics. Additionally, for small volume clinics, it might be difficult to use some inventory prior to expiration.

With prior approval from your DOH contract manager, you may provide the services listed below through internal referral to another of your organization's contract-supported clinics. Your DOH contract manager will work with you to make sure the clinics that offer these services are geographically accessible to all clients and align with the demographics of your communities (for instance, young women show a preference for Nexplanon so clinics located near colleges should offer Nexplanon).

1. LARC: within your organization you must have at least one IUD and an implant on your sliding fee schedule. If the:
 - Implant is available at a clinic, the IUD must either be available at that same clinic or by internal referral
 - IUD is available at a clinic, the implant must either be available at that same clinic or by internal referral
2. Hormonal vaginal ring
3. Transdermal contraceptive patch

All other requirements associated with your fee schedule apply.

For example a vaginal ring must be on your sliding fee schedule. As described above, it might not be available at each of your clinics due to availability of appropriate storage facilities or provider training.

EACH of the following is still ALWAYS required:

- If the ring is available to anyone at a clinic, it must be available—at that same clinic—to everyone².
- You must never charge any client more than the amount associated with their category on your sliding fee schedule for the ring.
- You must not offer the ring at a sliding fee at some contract-supported clinics and offer it without applying your sliding fee schedule at other contract-supported clinics.^{4,4}

These services must be available at each of your clinics

You are required to provide these services at every clinic we fund and to provide them at a sliding fee.

- LARC: within your organization you must have at least one IUD and an implant on your sliding fee schedule. If the:
 - Implant is available at a clinic, the IUD must either be available at that same clinic or by internal referral
 - IUD is available at a clinic, the implant must either be available at that same clinic or by internal referral
- At least one
 - Progestin-only pill (POP)
 - Combination oral contraceptive
- Oral emergency contraceptive
- DMPA injection (Depo-Provera)
- External condoms
- Pregnancy testing
- Pap testing
- Chlamydia, Gonorrhea and Syphilis testing
- HIV testing
- Treatment for Chlamydia and Gonorrhea

These services must be available to every client² at every clinic and you must never charge any client more than the amount associated with their category on your sliding fee schedule.

Optional as sliding fee

You may choose to offer additional sexual and reproductive health-related services at a sliding fee. Funding from our contract may be used to support these services in addition to the required services.

Examples of services you might consider adding include:

- Additional LARC
- More hormonal methods
- Internal condoms
- Other barrier methods
- More methods of emergency contraception
- HPV testing
- HPV vaccine
- Syphilis treatment
- Hepatitis B screening
- Hepatitis B vaccine
- Hepatitis C testing
- Herpes testing
- PrEP for HIV prevention
- PEP for HIV post-exposure
- Urinalysis and other tests
- Other sexual and reproductive health-related lab screening (describe specifics on your fee schedule)

These services might not be available at every clinic, we encourage you to provide them at as many clinics as possible.

If an optional service is available to anyone at a clinic, it must be available to everyone² at that same clinic and you must never charge any client more than the amount associated with their category on your sliding fee schedule.

Over-The-Counter Supplies—Available at Sliding Fee

Required

If an item on your sliding fee schedule can legally be dispensed without a clinic visit, you must do so on client request and at the appropriate sliding fee. See *Pharmaceuticals and prescriptions—state law* for information on dispensing oral contraception

Colposcopies, Medical and Surgical Abortions, and Other Sexual and Reproductive Health Related Surgical Services

You may use up to 3% of your funds to support colposcopies, medical and surgical abortions, vasectomies, and other sexual and reproductive health-related surgical services for clients with both:

- FPL below 250% AND
- No third-party coverage for these services

You must be able to account for these separately in your financial systems. Expenses and other funding related to these services must not be included in your general revenue and expense report. DOH will add worksheets to your R&E to allow you to bill. This will include an invoice for all visits being billed and an attachment form for each visit.

- We will reimburse for these as fee-for-service at the Medicaid reimbursement rate. You must consider payment from us as payment in full.
- You must not bill clients for these services.

To use some of your funding for these services, email your DOH contract manager. You can do this anytime within the term of your contract. Your total contract allocation will not change.

Note: The department's Breast, Cervical, and Colon Health Program (BCCHP) covers follow-up for positive Pap test for eligible clients as a payer of last resort. Call 360-236-4623 for more information.

Chapter 4—Getting Paid for Your Services

Setting Costs to Ensure Sustainability and Client Access to Care

Your contract requires that you provide the services on your sliding fee schedule to anyone who wants and needs them. You must provide the same quality of services to everyone, regardless of their ability to pay or account balance. See [Clinic Visit Services](#) and [Over-The-Counter Supplies](#) for more on required and optional sliding fee services.

You are required to offer certain services at a sliding fee, with defined discounts based on clients' federal poverty level. You may choose to include additional services at a sliding fee. Your sliding fee schedule must be designed to recover a reasonable cost of providing the included services to your clients as a whole.

Fees must be **based on a cost analysis** conducted every three years or more frequently if you are not recovering a reasonable portion of the cost of the program. Each cost analysis must be approved by your DOH contract manager. Each fee schedule must also be approved by your DOH contract manager before you implement it.

Cost analyses

Your cost analysis provides information to support the fees you set on your sliding fee schedule. A cost analysis is an assessment comparing

- Third-party payments you expect from providing the services on your sliding fee schedule with
- Your estimate of the costs associated with providing those services.

Your DOH contract manager will provide you a cost analysis template if you request it, but we do not require you to use our template.

Income conversion table

You must use an income conversion table to identify each client's federal poverty level (FPL). This table must be based on federal U.S. Department of Health & Human Services [Poverty Guidelines](#). You must update your income conversion table each time the federal poverty guidelines are updated (typically in January of each year.) and submit to DOH for approval.

Your income conversion table **MUST**:

- Be based on family size
- Be based on family gross income
- Include categories that mirror the categories on your fee schedule

Sliding fee schedule

If you receive federal funding that includes sliding fee schedule requirements, you may use that fee schedule. You must still submit it to your DOH contract manager for approval. Include a description of the federal funding and related fee schedule requirements.

If you DO NOT have federal funding that requires a specific sliding fee schedule, your sliding fee schedule MUST:

- Be based on a cost analysis approved by your DOH contract manager as described in [Reporting to DOH](#). (If you are not recovering a reasonable cost of providing services, you should update your cost analysis)
- Be updated whenever a new cost analysis is performed
- Include your organization's name
- Include “*Effective on DATE.*” (You specify the *DATE*). You must have DOH approval before implementation
- Include a minimum of four categories based on clients' FPL, including
 - One zero-fee category for FPL equal to or below 100%
 - Two or more partial-fee categories for FPL between 101% and 250%
 - One or more categories for FPLs above 250%
- Only include categories that match the categories on your income conversion table—categories must be for a range of FPL
- Be designed so a reasonable cost of service is recovered through fees charged for clients with FPL over 250%
- Include all services and supplies required by this contract
- Include all additional services and supplies you choose to support with contract funds

Unless your federal funding will not allow it:

- We encourage you to construct the highest category of your fee schedule to include charges at least as high as their highest third party payer reimbursement. This will increase your ability to sustain the services you provide through our contract.
- We encourage you to construct fee schedules with multiple categories above 250% FPL in order to remove cost as a barrier to self-pay clients.

You must have only one sliding fee schedule and it must be used in its entirety for all clients at all clinics.⁴ If a service is available to anyone at a clinic, it must be available to everyone²—at that same clinic—at your sliding fee. If any client receives a service included on your sliding fee schedule, that client's responsibility must never exceed the amount calculated by their place on the slide.

Billing Third-Party Payers—Public and Private Insurance Plans

You must bill all third parties authorized or legally obligated to pay for services, unless doing so would compromise the client’s requested confidentiality. This includes both public and private insurers.

- You must adhere to all third-party payer requirements, including those that prohibit you from charging clients
- Bills to third parties must show total charges without applying any discount
- When a client has third-party coverage, you must bill all third-parties, including those you do not have contracts with

Clients with private insurance regulated by Washington State may submit a Non-Disclosure Directive to their plan requesting that all information related to their care be sent only to them and to the address they specify. State law requires that this form be easy to find on the plan’s webpages. (*RCW 48.43.505*). Assisting clients to understand and locate the protections available through this form might increase the third-party billing available to you.

You must bill Medicaid for all clients with Medicaid coverage. Medicaid has mechanisms in place to protect client confidentiality, including suppression of explanations of benefits (EOBs).

If Medicaid is secondary, they will not pay unless you bill the primary first. If a client doesn’t want you to bill their primary, you will likely not be paid by Medicaid and the client will be responsible for their own fee as calculated by your sliding fee schedule.

Payments related to services on your sliding-fee schedule must be used to support your contract activities as a whole. You must report these payments as described in *Billing DOH*.

Billing Clients—Client Responsibility for Cost of Care

Ensuring client privacy when discussing financial matters

You must make sure your client’s privacy and confidentiality is always maintained. This includes discussion of their finances. All clients must be provided with a private space and the opportunity to discuss their financial status and need for extra confidentiality one on one with your staff. They must have the opportunity to do this alone without a parent or other person accompanying them. Also see *General Contract Requirements—Facilities*.

Keeping client discount eligibility current and documented

You must:

- Determine a client’s eligibility for a discount at least annually. See *Determining Client FPL* below
- Record each client’s eligibility for a discount in their financial record

Use your sliding fee schedule for all clients

You must use your sliding fee schedule for all clients, even if they have third-party coverage. This makes sure clients do not pay more than they should.

- Clients must never pay more than they would without third-party coverage. Calculate this amount by using your sliding fee schedule on the total prior to any third-party payments.
- Clients must never pay more than their third-party payer requires (deductible, copay, coinsurance). If the third-party prohibits you from charging clients, the client responsibility must be zero
- Client fee + insurance payments must never be more than your contracted amount with the third-party payer

We provide a tool to assist with calculating fees for clients with third-party payers at <https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-146-ClientFeesTPPandSlide.xlsx>.

Providing same care regardless of client discount or ability to pay

Clients must not be denied services supported by this contract or be subjected to any variation in quality of services because of their discounted fee, ability to pay, or account balance.

Making a reasonable effort to collect fees from clients

You must make:

- Reasonable efforts to collect the amount due from clients
- Sure your billing efforts do not jeopardize the level of confidentiality requested by the client
- Sure client balance is not a barrier to client receiving services

No charge or nominal charge for low-income clients

If you **receive** federal funding that includes sliding fee schedule requirements, you may use that fee schedule. We realize that this may include charging low-income clients a nominal fee.

If you **do not receive** federal funding that includes sliding fee schedule requirements, your sliding fee schedule must include a no-charge (100% discount) category for clients with incomes at or below 100% FPL. You must not charge these clients for services included on your sliding fee schedule.

See also *[Setting Costs to Ensure Sustainability and Client Access to Care](#)*.

Waiving fees

You may choose to implement a process for waiving fees for extraordinary circumstances. This would allow you to provide services at no charge to certain clients even if their FPL is over 100%. If you choose to do this, you must:

- Have a process in place for determining extraordinary circumstances that includes a description of how clients are made aware of this opportunity, the elements involved in making this determination, and an assurance that the determination weighs circumstances equally for all clients to prevent bias and increase equity.
- Document each request, including the circumstances and whether fees are waived or not
- Designate a specific person as responsible for making the determination

Determining clients' FPL, which determines their sliding fee discount

You must determine every client's discount category on your sliding fee scale. This includes clients with third-party payers as well as those who have no insurance.

- We use this data to
 - Evaluate our effectiveness as a statewide network
 - Provide evidence of the benefits of publicly funded sexual and reproductive health services
- Insured clients might owe less out-of-pocket as a result of this determination. See [Use your sliding fee schedule for all clients](#).
- For more about sliding fees and third party payers, see <https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources>.

A client's discount category is determined by their family size and family income using the [U.S Poverty Guidelines](#). You are not required to verify income, but may choose to.

If a client does not have income documentation, you:

- **May**
 - Request that the client bring documentation of their family income at their next visit
 - Require the client to sign a form stating that their income declaration is accurate
 - Verify a client's family income using other lawful, valid means
- **Must not**
 - Deny services due to lack of income verification
 - Assign clients higher income than the client reports, unless you have verification of the higher income
 - Charge higher fees to clients who do not provide documentation of income

To improve clinic efficiency, you may choose to use the MAGI-based Washington State Apple Health Programs specifications for determining family size and family income to

identify a client's discount category on your sliding fee schedule. If you choose to do this you:

- Must assess FPL for every client
- Must comply with the *May* and *Must Not* bullets above related to income verification. Unlike Apple Health programs, this program does not require you to verify income or family size.
- Must use the same method you use for MAGI-based Washington State Apple Health Programs
- May disregard the rest of this section, resuming at *Client billing and fees must be the same regardless of client age*.

Determining a Client's Family Size

A client is a family of one if they fit ANY of the following situations:

- Do not claim dependents on their tax return and are not claimed as a dependent on someone else's tax return
- Are under 19 years old and their parents are unwilling to pay for their service or do not support client financially
- Are a foster child
- Request confidential billing or additional confidentiality to make sure family members are unaware of their visit

If none of the situations above apply, a client's family includes the client and:

- The number of dependents they claim for tax purposes
- The person who claims them as a dependent for tax purposes and all other dependents claimed
- Their spouse whether or not one claims the other as a dependent
- Their partner if they live as a family unit

Do not add foster children to family size.

Examples:

Description	Family Size
A person living alone or sharing housing costs with roommates	1
A foster child	1
A teen who is not financially supported by a parent (not living with a parent and not a dependent college student)	1
A teen whose parents are unwilling to pay	1
A person who requests confidential billing or additional confidentiality to make sure family members are unaware of their visit	1
A single parent with one or more children	1 + # of children

We means Department of Health (DOH)

You means the sexual and reproductive health services Network partner

A couple with or without children	$2 + \# \text{ of children}$
A single parent or couple with a child or young adult away at school	$1 \text{ or } 2 + \# \text{ of children at home} + \# \text{ of dependents away at school}$
An adult or couple living with a parent or parents if dependent on one another	$\# \text{ of parents} + 1 \text{ or } 2 + \# \text{ of children in household}$
Related or unrelated adults with or without children, if dependent on one another	$\# \text{ of adults} + \# \text{ of children}$

Determining a client's family income

Family income is the income for all family members. Monthly income is reported on CVRs (see Clinic Visit Record Manual)

- Full-time, salaried employees: use most recent month's gross monthly income or annual income divided by 12
- Part-time or commission-based employees, or people with unstable income: use annual gross income divided by 12
- Unemployed currently or during the previous 12 months: use annual gross income divided by 12
- For clients who only know their net income (take-home pay), use net income multiplied by 1.15

Income includes:

- Wages, salary, and tips received before deductions
- Interest received on a bank account
- Alimony and child support received
- Social Security benefits received, such as widow's benefits, children's allowances, and disability benefits
- Unemployment benefits received
- Military allotments received
- Veteran's benefits received
- Rent received from others for housing owned by the family
- Income from a business run by the family

Income does not include

- Temporary government assistance (like TANF)
- Grants, such as student grants
- Receipt from sale of possessions
- Withdrawal from savings
- Loans
- Inheritance
- Maturity payments on insurance policies

- Lump sum compensation for injury or legal damages
- Tax refunds
- Payment for foster parenting

Client billing and fees must be the same regardless of client age

You must:

- Use the same sliding fee schedule for all clients, regardless of age
- Not have a general policy of zero fee or flat-fees for people under 18 years old
- Bill all third-party payers for all clients, regardless of age. However:
 - Client confidentiality requests take precedence over all other considerations. You must not do anything that might breach or jeopardize the confidentiality of a client who has requested extra confidentiality protection.

Bills to clients must be clear and delivered as appropriate for each client

Billing must maintain client confidentiality

Client confidentiality must be maintained at the level requested by each client. If a client needs confidential billing, you must work with them to develop a billing method that meets the needs of the client and your organization.

Client bills must show the cost of services and the client's responsibility

When a client is responsible for paying you for services, you must let them know both the full cost of those services and the amount that they are responsible for paying you.

Asking Clients for Donations

If you receive donations from clients in conjunction with providing services on your sliding fee schedule,

You must:

- Use those donations to support other contract-related activities
- Report the donations to us as revenue. See [Billing DOH](#).
- Be able to track the donations in your accounting system and clearly show they were used as required.

You must not:

- Pressure clients to donate
- Require donations before providing services or supplies
- Consider donations a replacement for client billing or payments
- Include a clients' donations in their medical record
- If you choose to document a client's donations in their financial record, you must state that it is a donation and not payment for services rendered

Billing DOH—Reimbursement for Contract Activities

We will perform a risk assessment of your organization prior to each contract. This assessment determines the type of financial documentation you must provide. This enables us to meet state contract management requirements. Requiring less documentation from lower risk Network partners also reduces the administrative burden on the Network as a whole.

Your DOH contract manager will provide a description of the documentation you must submit with each invoice.

What we need from you

We can reimburse you for expenses related to contract activities as soon as:

- We have a fully executed contract covering the month being billed for (billing month)
- All deliverables due prior to the end of the billing month have been submitted by you and approved by your DOH contract manager. For each month, these include:
 - Your R&E workbook showing the Revenue and Expenses for the billing month
 - A signed invoice (A19) for the billing month
 - Local health jurisdictions who use the DOH Consolidated Contract use the standard ConCon A19. It must reflect the amounts calculated by your R&E
 - All other A19s must be generated by Network partner's' R&E
 - All financial backup documentation as determined by your current risk assessment.
 - CVR data for the billing month successfully submitted to our sexual and reproductive health data system
 - Any other deliverables specified in your contract with due dates prior to the end of the billing month
 - If you choose to use some contract funds to provide abortion and other sexual and reproductive health-related surgical services, you also must submit
 - A separate Surgical A19 (provided by us)
 - A surgical attachment (provided by us) and a redacted copy of the Health Insurance Claim Form for each claim

You must email your A19, R&E, and back up documentation to your DOH contract manager. In order to reduce transcription errors and allow us to process your payment efficiently, attach your R&E as an Excel document. We will not accept pdfs of R&Es.

Steps we take after receiving your invoice (A19)

After your DOH contract manager receives your A19, R&E, and backup documentation they:

- Make sure all other required deliverables have been submitted and approved
- Make sure your CVR data has been successfully submitted
- Review your invoice and R&E and work with you to resolve any issues or questions
- Approve your A19 and route it for payment

If all deliverables are submitted and there are no questions regarding them, you should receive payment about two weeks after we receive your A19. If you have a question about the status of a payment, contact your DOH contract manager.

Withholding payment

We will withhold payment if:

- Deliverables have not been submitted or do not meet requirements
- CVR data has not been submitted in an acceptable manner
- Documentation of expenses and revenue is not adequate
- You are out of compliance with your contract for any other reason
- You have unresolved monitoring review findings or repeat findings that are not being adequately addressed

Your R&E (revenue and expense workbook)

As specified in your contract you must report your revenue and expenses for each billing month. We provide you with an Excel workbook for this purpose (R&E). Your R&E calculates the maximum amount you can bill based on the balance remaining in your contract and your contract-related revenue and expenses for each month. For Network partners who are not local health jurisdictions (LHJs), the workbook also generates your monthly invoices (A19s). LHJs use Con-Con billing, but must not bill more than the amount calculated by their R&E.

If you choose to use some contract funds to provide abortion and other sexual and reproductive health-related surgical services, your R&E will include a separate A19 and surgical attachment.

Revenue

You must report the revenue that supports your contract activities on a cash basis—the cash that actually came into your organization during the month being billed for.

For the purpose of this contract, *revenue* is all funding (excluding funding from this contract) that supports contract activities. This must include client payments and all third-party payments related to clinic visits you report to us as expenses. Third-party payments include payments from the department's Breast, Cervical, and Colon Health Program. Revenue may also include donations, private, state, or federal grants, and any other source of funding that supports your contract activities.

You must report all donations received in conjunction with visits you submit as expenses on your R&E. You do not have to report donations received through other channels or at other times. (See [Asking Clients for Donations](#).) If you report donations on your R&E you must:

- Use those donations to support other contract-related activities
- Report the donations to us as revenue.

- Be able to track the donations in your accounting system and clearly show they were used as required.

Expenses

You must report the expenses related to your contract activities according to your accounting basis (typically accrual)—the expenses recorded on your books for the month you are billing for.

For the purpose of this contract, *expenses* are the expenses related to contract activities.

- Allowable expenses for R&E reporting include:
 - Expenses for contraceptive supplies
 - Staff time documented through time and effort reports:
 - Directly related to visits for sexual and reproductive health services
 - Directly related to outreach and community education
 - Specifically dedicated to other contract activities
 - Rent, communications, and other expenses tied to staff time described above
 - Other expenses directly related to contract activities (for example Materials and travel directly related to contract outreach and community education activities)
 - Staff training and conference costs related to improving sexual and reproductive health services and meeting contract requirements (check with your DOH contract manager for pre-approval requirements)
 - *Capital expenses*, if approved by your DOH contract manager prior to purchase.
 - Allocated costs calculated using a DOH-approved cost methodology
 - Indirect costs at your DOH approved indirect rate
- Unallowable expenses for R&E reporting include:
 - Any expense, when the related program income is not reported
 - Materials, training, and travel NOT related to contract activities
 - Costs for refreshments, meals and beverages
 - Staff bonuses and incentives
 - Recruitment costs such as candidate travel expenses or incentives
 - Allocated costs when DOH has not approved a cost methodology
 - Expenses related to abortion services and other family-planning related surgical services. (If you choose to provide these with a portion of your funds, they are billed for and reimbursed in a different way. See *What we need from you*.)

If you do not include all services on your sliding fee scale you must make a choice⁵

Most Network partners offer every service provided by their organization at a sliding fee. Those that exclude some services from their sliding fee schedule can choose to report R&E expenses and revenue *related to visits where a client receives an excluded service* in one of three ways. The Network partner must consistently use the method they choose.

⁵ As the Sexual and Reproductive Health Program revised documents to reflect the loss of federal funds, we identified this inconsistency. At a later date we will work with the Network to determine if there is a preferred method and work toward it.

1. Do not report ANY expenses or ANY revenue on your R&E (but do submit a CVR).

For example, if Mirena is excluded from your sliding fee schedule and a client receives Mirena

- A. Do not report the purchase or storage cost of Mirena
- B. Do not report the cost of staff time, facilities, or any other expense related to the Mirena insert visit
- C. Do not report any of the payments you receive for the Mirena insert visit

2. Report ALL expenses and ALL revenue on your R&E (and also submit a CVR)

For example, if Mirena is excluded from your sliding fee schedule and a client receives Mirena.

- A. Report the purchase and storage cost of Mirena
- B. Report the cost of staff time, facilities, and other expense related to the Mirena insert visit
- C. Report all payments you receive related to the Mirena insert visit

3. Report expenses minus expenses associated with purchasing and storing the excluded service and revenue minus revenue generated by excluded service on your R&E (and also submit a CVR)

For example, if Mirena is excluded from your sliding fee schedule and a client receives Mirena

- A. Do NOT report the purchase and storage cost of Mirena
- B. Report the cost of staff time, facilities, and other expense related to the Mirena insert visit
- C. Report payments you receive for the Mirena insert visit minus the revenue generated from the Mirena device itself

R&E Fundamentals

- Everything reported on your R&E must be traceable through your accounting system or calculated using DOH-approved cost methodology. Your accounting system must be able to clearly differentiate between the expenses and program income you report on your R&E and those you do not report.
- All revenue generated by any activity reported as an expense on your R&E must be reported on your R&E.
- Visits you report on your R&E will be equal to or a subset of visits you submit CVRs for.
- You must not report expenses or income associated with visits for abortion services.⁶ (You should submit a CVR for these visits to report the associated sexual

⁶ The department and Washington State support reproductive choice and you may choose to use some of your contract funds to pay for abortion services. We are currently excluding abortion expenses from our general contract to allow a smooth transition back to a program partially funded with federal funds if that becomes available.

and reproductive health services. The CVR does not contain fields related to abortion, but does include fields for other services provided.)

Chapter 5—Ensuring Compliance with Your Contract

In-Depth Reviews

We will conduct an in-depth review of each Network partner at least once every year. In-depth reviews include administrative, clinical and fiscal components. We may include outside experts in these reviews. We will notify you of the names and affiliations of all reviewers.

In-depth reviews might take place on-site at your clinics and administrative offices. They might also be conducted remotely. Your DOH contract manager will work with you to determine how your review will take place and make sure appropriate technology is available.

The purpose in-depth reviews is to assist you to meet contract requirements

- Assess your compliance with contractual requirements
- Identify training and technical assistance needs
- Identify noncompliance issues
- Develop plan to help you improve contract performance, as needed

We can't do it without you

We need your questions, explanations, suggestions, and assistance throughout the review process. Your involvement improves accuracy, efficiency, and increases our ability to provide assistance.

We want to make sure:

- In-depth reviews do not disrupt your organization
- You are not surprised by any aspect of the review
- Our visits are useful to you and help you improve services and operations

To this end we:

- Negotiate mutually agreeable dates for reviews
- Email you a formal agenda and letter to confirm review dates
- Will share our review tools prior to the review
- May request that you send us some items prior to your review date
- Coordinate entrance and exit interviews to explain the process and discuss findings
- Encourage you to explain, question, suggest and comment throughout
- Email you a final report that includes a compliance and action plan
- Request that you respond to the compliance and action plan in writing
- Will work with you to resolve any issues

In-depth review logistics

DOH responsibilities

A month before the review your DOH contract manager will email you:

- Names of DOH review team including any outside experts
- A list of the expertise that must be available to our review team during the review, with suggestions for specific staff
- A copy of the review tool we will use
- A list of documents we would like you to email us prior to the review, to allow more time on-site for in-depth discussions

At in-depth review the DOH team will

- Meet with your staff to discuss the review, answer questions, and finalize logistics (entrance interview).
- Discuss the review with you as it progresses and document all findings
- Convene an exit interview with your team at the end of the review to discuss their findings with you. Our reviewers will ask questions and invite your team to ask questions. They will make suggestions and provide explanations and invite your team to make suggestions and provide explanations. For mutual convenience, exit interviews might be scheduled at a later date.

Within 60 days of your review, your DOH contract manager will email you the final report of findings, recommendations, and suggestions.

If we identified any noncompliance issues, your report will include a corrective action plan to resolve them. The plan will include:

- A description of each issue
- What needs to be done to resolve each issue
- The name of the person at the agency responsible for resolving them.
- The dates by which issues will be resolved.

We will work with you to resolve noncompliance issues and will monitor progress on your corrective action plan. This might include follow up reviews to document progress or final compliance. We reserve the right to withhold payment until all issues are resolved.

Network partner responsibilities

- Identify appropriate staff and make sure they are available throughout the review
- Work with DOH contract manager to identify mutually agreeable dates
- Email your DOH contract manager requested documents at least 2 weeks before review or as agreed upon.
- Make sure appropriate staff are available throughout the review

- Respond with additional information after the review, as requested
- Make sure appropriate people in your organization receive the final report and corrective action plan (if corrective action is required)

Monitoring Tools for In-Depth Reviews

We will share our monitoring tools with you prior to your review. These tools are also available at <https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources>.

There is a tool for each component of the review: Administrative, Fiscal, and Clinical.

Approving Deliverables

In addition to our in-depth reviews, we monitor your contract compliance as part of our daily activities. We summarized the deliverables specified in your contract below. Please review your actual contract for specifics.

DOH reserves the right to withhold payment until all past due deliverables have been submitted and approved by DOH and all compliance issues have been resolved.

CVR data is required monthly

You must submit clinic visit reports (CVRs) to the Sexual and Reproductive Health Network data system monthly. Each month's data is due on the last day of the next month. This data must:

- Be submitted electronically in a format compatible with the Network data system
- Only include reportable visits. See [Counting Clinic Visits—Clinic Visit Records](#)

Also see the Washington State Department of Health [Clinic Visit Record Manual](#).

Financial documentation is required with each invoice

All Network partners must submit an R&E using the workbook provided by DOH with each invoice. See [Billing DOH](#) for more information on R&Es.

We assess the risk of our Network partners before contracting with them. The result of that assessment determines the type of financial backup documentation we require with each invoice (A19). Requiring less documentation from lower-risk Network partners reduces paperwork for the Network as a whole. Your DOH contract manager will email you a description of the documentation you must submit with each invoice.

Other deliverables

See your contract for specifics on other required deliverables. These are also summarized in the [Reporting to DOH](#) section of this manual. We assess deliverables for completeness and compliance with contract purpose and terms.

Resolving Ongoing Noncompliance Issues

We make every attempt to provide technical assistance to help you resolve noncompliance issues. Most issues can be easily addressed. For instance, staff turnover sometimes results in temporary noncompliance. We always work with you and our goal is to see you succeed.

If you cannot resolve noncompliance issues or make progress toward resolving them, despite technical assistance from DOH, we will take appropriate action. This may include withholding payment, terminating your contract, or other legal action.

Chapter 6—Keeping DOH Informed

Email Your DOH Contract Manager Before

Changing your sliding fee schedule

You must not remove any required services from your sliding fee schedule.

You may decide to:

- Add or remove optional services
- Change the full cost of some services
- Restructure your discount categories.

Before changing the full cost of services or restructuring your discount categories, you must do a new cost analysis. Email this cost analysis and your proposed new fee schedule to your DOH contract manager.

You must not use your proposed new fee schedule until you receive email approval from your DOH contract manager.

Changing the way you determine and collect client fees

Email your DOH contract manager before you make any change to the way you:

- Determine clients' FPL or waive fees for good cause
- Bill clients' or collect clients' past due fees

Adding new clinics

Discuss potential new clinics with your DOH contract manager as early as possible. We need to make sure new clinics comply with all contract requirements and enhance the Network as a whole.

You may not bill for expenses related to a new clinic until you receive approval from your DOH contract manager. Request this approval by emailing them:

- The location of the clinic
- A needs assessment for the clinic
- A staffing plan for the clinic
- The clinic's expected hours of operation
- The number of clients you expect to see at the clinic for services on your sliding fee schedule

Removing clinics

You must email your DOH contract manager when you propose to close a clinic or stop offering sliding fee services at a clinic. Let them know:

- The location of the clinic
- Whether the clinic is being closed or sliding fee services are being discontinued
- The rationale for this decision

DOH reserves the right to reduce funding in contracts when clinics are removed.

Changes in key personnel

If you have changes to the positions described in [Reporting to DOH—Contact information for your organization](#), email new contact information to your DOH contract manager.

Changing your organizational structure

Organizations sometimes choose to absorb or merge with another organization. We realize that these are complex decisions for the organizations involved. In order to make sure the Sexual and Reproductive Health Network continues to provide high-quality sexual and reproductive health services to everyone who wants and needs them, we require advance notice of any planned merger.

Let your DOH contract manager know when a merger is being explored. As it progresses, email your DOH contract manager the:

- Rationale for the merger
- Documentation of approval by boards of both organizations
- A description of additional costs involved in merging the organizations
- A description of the merger plan including the legal name of the new organization, an organizational chart, and updated [key personnel contacts](#).

Subcontracting elements of direct services provided under this contract

Email your DOH contract manager as soon as possible when exploring the possibility of subcontracting out some of your contract responsibilities. They will provide assistance to make sure the subcontract meets all DOH contract requirements. Also see [Reporting to DOH](#).

You are responsible for making sure subcontractors meet all contract requirements. Your DOH contract manager will monitor these activities in the same way they monitor the activities you provide directly.

Purchasing items that will become capital expenses

Email your DOH contract manager before you purchase any item that will become a capital expense. They will work with you to determine if the purchase is allowable and if any additional reporting requirements are associated with the purchase. Prior approval from your

DOH contract manager is required to report these expenses on your Revenue and Expenses (R&E) workbook. (See *Billing DOH—Your R&E*)

Terminating your participation in the Sexual and Reproductive Health Network

We understand that changing circumstances might make your organization choose to terminate your contract or not execute a new contract for sexual and reproductive health services. We understand you must act in the best interest of your organization. We want to help you succeed in meeting the requirements of your contract. We want to sustain a strong network that provides quality sexual and reproductive health services in a transparent, consistent manner.

Notifying your DOH contract manager of your challenges as they arise gives all us the best chance of resolving issues before they become insurmountable. Please email your DOH contract manager whenever you have a question about contract compliance or contract requirements. Please suggest improvements to our contract, the network, or any other issue related to improving sexual and reproductive health in Washington State. Please let your DOH contract manager know your challenges as well as your successes.

You **MUST** notify your DOH contract manager if you are considering terminating your contract or opting out of the Network. When you have made a firm decision to discontinue services, you must email your DOH contract manager of the effective date and provide a brief explanation for the decision.

Refer to your contract for more on subcontracting, changing scope, terminating, etc.

Chapter 7—Helpful References

State and Federal Law

Network partners must comply with all applicable state and federal law. We collected some, but not all, relevant laws below for your convenience. It is not an exhaustive list and is not meant as legal advice.

- State law includes:
- **RCW** Revised Code of Washington. RCWs are state laws, passed by the state legislature. Current RCWs are at <https://app.leg.wa.gov/rcw/>
 - **WAC** Washington Administrative Code. WACs are regulations written by state agencies to implement RCWs. WACs are available at <https://app.leg.wa.gov/wac/>

RCWs take precedence over WACs. WACs take precedence over agency requirements such as this manual.

Health Insurance coverage

Chapter 48.44 RCW	Insurance—Health Care Services
Chapter 48.43 RCW	Insurance Reform
RCW 48.43.073	Required abortion coverage
RCW 48.43.072	Required contraceptive coverage (effective until 01-02-2021)
RCW 48.43.065	Rights of individuals to receive services
RCW 48.43.195	Contraceptive drugs—12 month refill coverage

Health insurance—confidential EOBs

RCW 48.43.505	Requirement to protect enrollee's right to privacy or confidential services
WAC 284-04-510	Right to limit disclosure of health information

HIV, STI, communicable disease, and notifiable conditions

Chapter 70.24 RCW	Control and treatment of sexually transmitted diseases
Chapter 246-100 WAC	Communicable and certain other diseases
Chapter 246-101 WAC	Notifiable conditions
WAC 246-101-105	• Responsibilities of providers
WAC 246-101-101	• Condition list with timeframe and where to report
WAC 246-101-115	• Information you must include in report
WAC 246-101-635	Special conditions—AIDS and HIV
Chapter 246-102 WAC	Cancer Registry
Chapter 246-130 WAC	HIV Early Intervention Program

Lab testing

Chapter 246-338 WAC	Medical Test Site Rules
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Mandatory reporting[RCW 26.44.030](#)Suspected abuse of a child (also see state Department of Children, Youth, & Families [Protecting the Abused & Neglected Child](#))[RCW 74.34.035](#)

Suspected abuse of a vulnerable adult (includes adults with developmental disabilities and people with court-appointed guardians)

[Chapter 246-16 WAC](#)

Unprofessional conduct—health professions (General occupational health standards)

[WAC 246-490-100](#)

Reporting abortions to Department of Health

Also see [HIV, STI, communicable disease, and notifiable conditions](#) above.**Pharmaceuticals and prescriptions**[RCW 18.64.500](#)

Tamper-resistant prescription pads or paper

[RCW 69.41.030](#)

Exception allowing certain family planning clinics to sell, deliver, possess, and dispense commercially prepackaged oral contraceptives

[RCW 69.41.042](#)

Agencies must keep a log of dispensed medications and lot numbers for at least two years.

[RCW 69.41.050](#)

Labeling requirements—Penalty

[WAC 246-869-210](#)

Prescription Labeling

[Chapter 246-885 WAC](#)

Pharmacy identification, imprints, marking, labeling of legend drugs

Privacy of health information[45 CFR Part 160](#)

Federal general administrative requirements

[45 CFR Part 162](#)

Federal administrative requirements

[45 CFR Part 164](#)

Federal security and privacy

[HIPPA for Professionals](#)

Federal Health and Human Services webpage

[Health Insurance Portability and Accountability Act of 1996](#)

Federal Health and Human Services webpage

Staff credentialing/licensing requirements[Title 18 RCW](#)

Businesses and Professions

[Chapter 18.130 RCW](#)

Health professions—uniform disciplinary act

[Licenses, Permits, and](#)

Department of Health webpage

[Certificates: Professions A-Z](#)[Provider Credential Search](#)

Department of Health webpage

Staff safety[29 CFR 1910.1030](#)

Federal occupational safety and health standards

[Chapter 296-62 WAC](#)

General occupational health standards

[Chapter 296-800 WAC](#)

Safety and health core rules

WAC 296-901	Globally Harmonized System for Hazard Communication
Chapter 296-823 WAC	Occupational exposure to blood borne pathogens

National clinical practice guidelines and recommendations—CDC

Also see section on [Client Counseling and Education Materials](#).

Quality Family Planning (QFP)

[Providing Quality Family Planning Services](#) recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

- Download the free QFP [desktop application](#)

Contraceptive use

[U.S. Medical Eligibility Criteria for Contraceptive Use](#) (U.S. MEC, 2016) comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. These recommendations for health care providers were updated by CDC after review of the scientific evidence and consultation with national experts

- Download free US MEC/US SPR application at [App Store](#) (iOS) or [Google Play](#) (Android)
- MEC summary chart in [English](#) and [Spanish](#)

[U.S. Selected Practice Recommendations for Contraceptive Use](#) (U.S. SPR, 2016) addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods. These recommendations for health care providers were updated by CDC after review of the scientific evidence and consultation with national experts.

- Download free US MEC/US SPR application at [App Store](#) (iOS) or [Google Play](#) (Android)

[Contraception—Birth Control Methods](#). Many elements need to be considered by women, men, or couples at any given point in their lifetimes when choosing the most appropriate contraceptive method. These elements include safety, effectiveness, availability (including accessibility and affordability), and acceptability.

Unintended Pregnancy

An unintended pregnancy is a pregnancy that is either unwanted, such as the pregnancy occurred when no children or no more children were desired. Or the pregnancy is mistimed, such as the pregnancy occurred earlier than desired. The [CDC unintended pregnancy](#) website offers information on prevention and preconception health along with data and other resources.

Preconception health

Preconception health refers to the health of women and men during their reproductive years, which are the years they can have a child. It focuses on taking steps now to protect the health of a baby they might have sometime in the future. The [CDC preconception health](#) website offers information on [Zika](#), [Safer Medication Use in Pregnancy](#), and [Fetal Alcohol Spectrum Disorders](#). It also includes a [Reproductive Life Plan](#).

STI and HIV

[Division of STD Prevention](#) (DSTDP) provides national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications.

[Sexually Transmitted Diseases Treatment Guidelines](#) (CDC 2015). These guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) were updated by the CDC after consultation with a group of professionals knowledgeable in the field of STDs who met in 2013.

- Download free STI Tx Guide application at [App Store](#) (iOS) or [Google Play](#) (Android)
- [Wall chart](#) and [pocket guide](#)

The [HIV](#) webpage includes the latest HIV data, prevention science, program resources, and policy updates. It includes a section for [clinicians](#) and [public health partners](#). The [Human Papillomavirus](#) (HPV) webpage includes a section [for clinicians](#) that includes factsheets, vaccine schedule and dosing, and educational materials.

[Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#) (2014) summarizes the epidemiology of human papillomavirus (HPV) and associated diseases, describes the licensed HPV vaccines, provides data from clinical trials and post licensure safety studies, and compiles recommendations for use of HPV vaccines.

[Use of 9-Valent Human Papillomavirus \(HPV\) Vaccine](#): Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization (2015)

National Clinical Practice Guidelines and Recommendations— Others

American Congress of Obstetricians and Gynecologists (ACOG) Committee Opinions

- [Well-Woman Recommendations](#)
- [Contraception](#)
- [Counseling Adolescents on Contraception](#)
- [Human Papillomavirus Vaccination](#)

US Preventive Services Task Force Recommendations

- *Cervical Cancer: Screening (2018)*
- *Breast Cancer Screening (2016)*
- *HIV: screening (2019)*
- *Chlamydia and Gonorrhea: Screening*
- *Testicular Screening: Recommendation Against Screening*
- *Folic Acid for the Prevention of Neural Tube Defects (2017)*
- *Hepatitis B Virus Infection: Screening (2020)*
- *Hepatitis C: Screening (2020)*
- *Sexually Transmitted Infections: Behavioral Counseling (2019)*
- *Tobacco Use in Adults and Pregnant Women: Counseling and Interventions (2018)*
- *Tobacco Use in Children and Adolescents: Primary Care Interventions (2020)*

Client Counseling and Education Materials

- US MEC summary chart in *English* and *Spanish* (CDC)
- ACOG *Patient Resources*
- National Institute of Health *Contraception and Birth Control Resources*

Other helpful information (also see state and federal law by topic)

Helping clients apply for healthcare coverage (HCA application for healthcare)

Culturally appropriate services

- *Think Cultural Health*, HHS
- *Culturally and linguistically appropriate services (CLAS)*, Office of Minority Health

Human Trafficking

- *Information from Washington Department of Commerce*

DOH Tools and Templates

We offer tools to assist you to increase access to quality sexual and reproductive health services in a sustainable way. We also provide required reporting templates. These are available on our website at

<https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources>.