

THE RIGHT TIME INITIATIVE

CHARGES AND REIMBURSEMENT POLICY

Participating health centers in *The Right Time* will receive reimbursement for the 340B cost of the selected contraceptive method, plus \$50 fee for uninsured patients or for patients whose insurance does not cover the cost of the contraceptive visit. The following outlines the policies/guidelines regarding charges and reimbursement.

METHOD REIMBURSEMENT

- Method reimbursement is based upon 340B pricing with reimbursement reviewed and adjusted quarterly (January, April, July, and October). Oral contraceptive reimbursement will be a blended rate of the most popular brands as determined by health center formularies.
- Method reimbursement is limited to those methods stocked and carried onsite. Method reimbursement to be paid as cost is incurred.
- Patient must receive their method of choice onsite at the health center.
- Only methods contained on the health center's formulary submitted with the application are eligible for reimbursement. Health centers must update their formularies on file with MFHC to avoid reimbursement processing delays.
- Health center must agree to receive as payment in full (all sources), reimbursement of method, plus a one-time fee of \$50 annually. Patient cannot be charged for contraceptive visit or method.
- For patients changing methods during the project year, the health center may request a second Method Reimbursement (cost of method plus one-time \$50 fee). Bridge methods/visits are not reimbursable.
- Requests for reimbursement must be received/validated. See process for submitting claims below.

ADVANCED FUNDING FOR STOCKING

- Participating health centers may be eligible to receive advance funding for method stocking with method reimbursement deducted from the advanced funds. The need for advanced funding to ensure all methods are in stock will be evaluated during the health center assessment and onboarding process.

INSURED PATIENTS

- For patients whose insurance does not cover contraceptive counseling and/or the method, a request for reimbursement, along with a copy of the remittance advice (explanation of benefits) denying coverage, can be submitted for reimbursement.
- All available insurance must be billed.

TITLE X HEALTH CENTERS

- All Title X sites must adhere to Title X requirements with regards to reporting and income assessment. Title X sites should consider and report Method Reimbursement income as "other" income to be included in Title X budgets and quarterly revenue and expenditure reports.

REIMBURSEMENT PROCESS

- For uninsured patients participating in *The Right Time*, MFHC recommends setting the payor ID in the electronic health record system to:

The Right Time Initiative
c/o Missouri Family Health Council
P.O. Box 104475
Jefferson City, MO 65110

- Ensure the payor is set for the claim to be dropped to paper to prevent sending through the electronic claim clearinghouse, as applicable.
- Health centers are to submit, by secure messaging, copies of HCFA 1500 (paper claim) for all encounters to be reimbursed on a monthly basis to TheRightTime@mfhc.org. Each claim for reimbursement must contain:
 - Box 1a - Patient ID (same identifier that used for CVR entry) = Insured Patient Number
 - Date of service
 - NDC number, when applicable
 - CPT codes corresponding to services rendered
 - Number of units dispensed/given
- Any HCFA 1500 received that cannot be reconciled to MFHC's CVR database will be rejected for payment and will need to be corrected and refiled for payment.