

8.7.3 STATE STERILIZATION FUND

Policy: In Montana, Title X funds are set aside at the state level in order to meet the federal requirement that the statewide project make available, either directly or through referral, all the DHHS approved methods of contraception. WMHS will determine the maximum reimbursement, based on available state funding, for male or female sterilization authorized for a client who desires sterilization as a method of contraception.

Client Eligibility

1. A client is eligible if his/her income and family size are in the zero-pay category on the statewide schedule of discounts and there is no source of third-party reimbursement (e.g. Medicaid, Plan First, third party health insurance, etc.) for the sterilization procedure.
2. Approval for clients falling in the 25% pay category may be approved by the WMHS on a case by case basis depending on available funding and the justification.
3. Clients must be at least 21 years old.

Assurances

1. Title X clinics must assure that the counseling and consent process assures volunteerism and full knowledge of the permanence, risks and benefits associated with female and male sterilization procedures.
2. Federal regulations governing sterilization of persons in federally assisted family planning projects must be met.

Sterilization Packet

A facility packet, in an electronic format, has been sent to all clinic directors. The packet includes: Federal Regulations Statement for the Title X Family Planning clinic director to sign, Female and Male Sterilization Fact Sheets, State of Montana Vendor Invoice, Sterilization Consent Form and information regarding sterilization resources. Please contact WMHS for assistance or information 406-444-3609.

Procedure:

Prior to the sterilization:

1. A request letter must be sent to WMHS to receive prior approval. If you are submitting a request for a client that falls in the 25% pay category on the Title X sliding fee scale, the Title X clinic will need to provide details describing the unique circumstances why this person should be considered for Title X sterilization funding. Such authorization will be considered for approval on a case by case basis by the WMHS Supervisor. The Title X family planning clinic must submit the following information in the request letter:
 - a. Client's name
 - b. Date of birth and age
 - c. Gross monthly income
 - d. Family size
 - e. Where he/she falls on the sliding fee scale (0%, 25%)
 - f. If applicable, Medicaid, Plan First or third party insurance information
2. Statement of acknowledgement of the Federal Rules, **the Director of the Title X clinic must sign this statement** (an electronic signature may be used).
3. Complete the Consent to Sterilization and Statement of Person Obtaining Consent Sections, each section must have signature and date of consent, and if applicable, complete the Interpreter's Statement Section as well. The original consent form must be retained in the client's medical record. The procedure cannot be performed until 30 days after the consent form is signed. The

consent form becomes void if the procedure is not performed within 180 days of signing the consent form.

4. A letter will be sent to the Title X clinic stating the specific client has been approved and the maximum amount allowed for the complete procedure to be done after the 30 day waiting period from the date of consent. Funding is made available on a first-come, first-serve basis. A letter will also be sent if a client has been placed on the waiting list.

Following the sterilization

Sterilization providers have until July 30th to request payment for sterilization services provided in the previous fiscal year (July – June). Once the surgery has been performed, please submit hard copies of the documents listed below via postal mail to the WMHS for reimbursement:

1. CMS 1500 or UB04 form (a.k.a. CMS 1450) (Facility)
2. State of Montana Vendor Invoice - Electronic Document to be populated (Facility)
3. Complete Electronic Sterilization Consent Form (initiated by Title X clinic and completed by facility)
4. Acknowledgement of Federal Rules Statement signed by Title X Clinic Director (Title X clinic)

Directions for completing the State of Montana Vendor Invoice

1. Populate the “Vendor’s Name and Address” box with the facility information and the “Billed to” address box will be populated with the WMHS address.
2. Populate State Invoice as follows:
 - a. Quantity: “1”
 - b. Description: The top three fields require specific information
 - i. Enter the Title X Sterilization Procedure code only (current code) 55250
 - ii. Enter Client account number only (per HIPAA guidelines) locate on the CMS 1500 Form box 26 or the UB04 Form Box 3a (a.k.a. CMS 1450 Form)
 - iii. Enter Date of Sterilization Procedure
 - c. Additional description lines below may include:
 - i. Enter the Initial Visit E&M procedure code 99401 (if applicable)
 - ii. Enter Write-off Adjustment (if applicable)
 - d. Amount:
 - i. Enter the amount you charge for the Title X Sterilization procedure (for example, \$750)
 - ii. Enter E&M procedure code amount (for example, \$55)
 - iii. Enter Adjustment write-off only if the combined total exceeds \$650, (for example, \$100)
 - e. Total Due:
 - i. Enter up to \$650 (our maximum payable amount)
 - f. Vendor Certification: (Bottom Right Corner)
 - i. Biller’s Name: Enter Biller’s Name
 - ii. Date Processed: Enter Invoice Date
 - iii. Vendor’s Signature: Biller’s Electronic or Ink Signature
 - iv. Title: Biller’s title

Sample Invoice

	Vendor: Enter Your Clinic Billing Name ATTN: Biller's Name Street Address City ST ZIP Phone	Bill to: DPHHS - Women's and Men's Health ATTN: Office Support Specialist 1400 E Broadway A116 Helena MT 59601 406-444-3609	
Quantity	Description of Service		Amount
1	Title X Sterilization Procedure Code:	55250	\$650.00
	Client Account ID:	123456	
	Date of Service:	12/16/2015	
1	E & M 99401 Initial evaluation visit		\$55.00
1	Write off adjustment		\$55.00
		Total Due:	\$650.00
		Vendor Certification	
		I certify that this invoice is correct in all respects and that payment has not been received.	
State Use Only		Biller's Name	Enter your name
Approved for Payment		Date Processed	enter today's date
Authorized Signature		Biller's Signature	electronic sign or sign in ink
Date		Biller's Title	enter your title

You must mail in the documents and bill the WMHS directly. Include the following completed documents to process your request for payment.

Directions for Completing the Electronic Sterilization Consent Form

1. Consent to Sterilization: (Populate the electronic Consent to Sterilization Form and print off for original signatures by the Title X family planning clinic staff. Double check that the date the client signed the consent and the date that the witness signed the consent match).
 - a. Doctor or Clinic: enter facility name where the consent is being given to client
 - b. Operation known as a: enter the procedure name (Vasectomy or Tubal Ligation)
 - c. Month, Day and Year: enter the Client's Month, Day and Year of birth.
 - d. Client's name: enter the client's name giving consent to sterilization
 - e. Doctor performing the procedure: enter the doctor who will be performing the sterilization.
 - f. Method: enter vasectomy (male) or tubal ligation (female)
 - g. Signature Date: enter the date the client is obtaining consent
 - h. Get client's hand written and dated signature (must be 30 days prior to procedure and must match the date that the witness signed the consent form).
 - i. Check carefully for errors! You may only complete a new Consent Form prior to the procedure.
2. Statement of Person Obtaining Consent:
 - a. Name of individual: enter the of client obtaining consent for sterilization
 - b. Procedure name: vasectomy (male) or tubal ligation (female)
 - c. Signature of the person obtaining consent: facility staff member giving consent must sign in ink.
 - d. Signature date: enter the date you are giving consent (must match client's date of consent)
 - e. Facility and Address section:
 - i. Enter Title X Clinic name
 - ii. Enter Title X Clinic physical street address, city, state and zip (PO Box is not acceptable)
3. Physician's statement section:
 - a. Client's name: physician's office will enter client's name
 - b. Date of procedure: enter the date of service the sterilization is performed (must be more than 30 days following the date of consent)
 - c. Specify type of procedure: enter vasectomy (male) or tubal ligation (female)
 - d. Premature delivery: check this box if applicable
 - e. Enter the individual's expected due date if you checked 4) above in this section.
 - f. Emergency abdominal surgery: check this box if applicable
 - g. Describe circumstances: enter information if you checked the 5) above in this section.
 - h. Physician's signature and date procedure performed: Physician must sign in ink and the date must match the date of procedure 2) above in this section.

NOTE: The payment must be issued directly to the Facility or physician who performed the procedure.