FORM E: FAMILY PLANNING PROGRAM CERTIFICATION

Complete information for your agency's HHSC Family Planning Program contract. Please read each statement on the form carefully and mark appropriately.

Contractor's Name _____

Federal Tax ID Number (9 digits) _____

NPI Number _____

Contractor's Primary Billing Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

Contractor's Primary Physical Address (Street Address City/State/Zip Code) _____

_____

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term *"Affiliate"* means an individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control; a franchise; or
2. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, articles of incorporation, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Abortion" has the meaning as defined in Texas Health and Safety Code §245.002.

The term *"Promote"* means advancing, furthering, advocating, or popularizing elective Abortion by, for example:

1. taking affirmative action to secure elective Abortion services for a Family Planning Program (FPP) client (such as making an appointment, obtaining consent for the elective Abortion, arranging for transportation, negotiating a reduction in an elective Abortion provider fee, or arranging or scheduling an elective Abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
2. furnishing or displaying to a Family Planning Program client information that publicizes or advertises an elective Abortion service or provider; or
3. using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective Abortions.

My name is _____ . I am the contractor, or, if the contractor is an organization, I am the contractor's _____(title or position) I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational contractor, I am authorized to make this certification on the contractor's

behalf. Throughout the remainder of this document, the word "I" will represent the individual contractor that is completing this form or the organizational contractor on whose behalf the form is being completed. If this form is being completed on behalf of an organizational contractor, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By signing this certification, I am affirming that each of the following statements is true. I understand that my failure to sign the certification will be regarded as my representation that one or more of the below statements are false:

1. I do not perform or Promote elective Abortions.

2. I am not an Affiliate of an entity that performs or Promotes elective Abortions.

3. None of the funds that I receive for performing FPP services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Abortion procedures.

4. None of the funds that I receive for performing FPP services are distributed to individuals or entities that perform elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective Abortion procedures.

In addition, I understand and acknowledge that:

1. *If I fail to complete and submit this certification, I will be disqualified from the Family Planning Program and the Texas Health and Human Services Commission (HHSC) will deny any claims I submit for Family Planning Program services.*
2. *If, after I submit this signed certification, perform or agree to perform, or Promote elective Abortions, I will notify HHSC at least 30 calendar days before such action is taken. If I fail to notify HHSC as required, I will be disqualified from the HHSC Program and HHSC will deny any claims I submit for Family Planning Program services.*
3. *If, while participating in the Family Planning Program, I perform or Promote an elective Abortion, I will be disqualified from the Family Planning Program, and HHSC will deny any claims I submit for Family Planning Program services.*
4. *If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the Family Planning Program, HHSC may place a payment hold on claims submitted by me or my organization for Family Planning Program services until HHSC can make a final determination regarding my eligibility.*
5. *If HHSC determines that I am ineligible to receive funds under the Family Planning Program:*
   a) *HHSC may recoup Family Planning Program funds paid on claims that I have incurred since the date the Contractor became ineligible;*
   b) *HHSC will deny all Family Planning Program claims that I have submitted since the date of ineligibility; and*
   c) *I will remain ineligible to participate in the Family Planning Program until I comply with the provisions of this certification form.*

If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HHSC Family Planning Program.

If you have affirmed that statements 1 – 4 are "true," the effective dates of your certification are as follows:

Effective Date of Certification: September 1, 2020

Note: Each Contractor must complete a new certification form annually.

If, after certification, you can no longer affirm that any of statements 1 – 4 are true, you must request an immediate termination of your Family Planning Program contract.

Signature:

_____

Printed Name:

_____

Title:

_____

Date: _____