

Integrating Title X with Primary Care: Developing and Implementing Compliant Sliding Fee Discount Schedules



This job aid details the differences between the sliding fee discount schedule (SFDS) requirements of the Title X Program within the Office of Population Affairs and the Health Resources and Services Administration’s (HRSA) Health Center Program. It also suggests ways to develop SFDS(s) that comply with both programs’ requirements.

Title X and Health Center Program Requirements¹

[Title X Program Requirements](#) stipulate that clients at or below 100% of the federal poverty level (FPL) must not be charged, and that charges be made in accordance with a schedule of discounts based on ability to pay for clients with family incomes between 101% and 250% of the FPL. With regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. Title X grantees are responsible for implementing policies and procedures to charge, bill, and collect funds for Title X family planning services provided by subrecipients and service sites in their networks.

The HRSA [Health Center Compliance Manual, Chapter 9 Sliding Fee Discount Program](#) also requires that clients not be denied services due to an inability to pay. Individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (FPG) should not be charged unless a health center elects to have a nominal fee, which must be less than the fee in the first SFDS pay class above 100% of the FPG. The Health Center Program SFDS(s) are applied to individuals and families with annual incomes between 101% and 200% of the FPG. Further, in the Sliding Fee Discount Program manual (Chapter 9), HRSA also requires that “health center patients who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.”

As described above, the two notable differences between the programs’ SFDS requirements relate to the upper poverty threshold and charging clients with family incomes at or below 100% of the FPL.

Income Threshold	Health Center Program	Title X Program
Upper poverty threshold	Apply SFDS to services for individuals and families with annual incomes between 101% and at or below 200% of the FPG.	Apply SFDS to services for clients with family incomes between 101% and at or below 250% of the FPL.
Charging clients with family incomes at or below 100% of the FPL	May fully discount or nominally charge individuals and families with annual incomes at or below 100% of the FPG.	Must not charge clients with incomes at or below 100% of the FPL.

1. The Title X Program references FPL, and the Health Center Program references FPG. Refer to current FPL and FPG when developing the SFDS.

The [Health Center Program Compliance Manual](#) allows for a health center to have multiple SFDSs for different programmatic services, though it does not mention Title X family planning services specifically. This program compliance manual supersedes previous policy information notices (PINs) including PIN 2014-02 (Sliding Fee Discount and Related Billing and Collections Program Requirements).

The [Title X Program Policy Notice, Integrating with Primary Care Providers](#) explains that a Title X-funded health center is permitted to utilize its health center SFDS for all services rendered to the client during a non-Title X services or an integrated visit (both family planning services and non-Title X services such as primary care). The [Health Center Compliance Manual, Chapter 16 Billing and Collections, Related Considerations](#) states: “If a health center has a funding source that subsidizes or covers all or part of the fees for certain services for specific patients (in accordance with the terms and conditions of such funding sources), the health center may use such funding sources to support discounts greater than those available through the health center’s sliding fee discount program.” Therefore, current health center program requirements allow for the higher discount threshold required by Title X when only providing Title X family planning services in a health center.

Developing a SFDS That Meets Title X Program and Health Center Program Requirements

Below are two options for developing a SFDS that meets both Health Center Program Requirements and Title X Program Requirements. Samples of each of these options are available at rhntc.org.

Option 1: Blended SFDS

The health center applies Title X Program Requirements to its own SFDS. The SFDS is the same for all clients with family incomes between 101–200% of the FPL. The health center waives the nominal fee, if a nominal fee is charged, for clients only receiving Title X family planning services with family incomes at or below 100% of the FPL. The SFDS slides to 250% of the FPL for clients only receiving Title X family planning services and slides to 200% of the FPL for clients receiving health center services.

Considerations:

- 1. Nominal fee:** If the health center’s SFDS has a nominal fee for clients with family incomes at or below 100% of the FPL who receive health center services, it can charge the fee for clients who receive integrated services. The health center may not charge the fee for clients only receiving Title X family planning services with family incomes at or below 100% of the FPL.
- 2. Title X poverty threshold:** Incorporate a discount category for clients only receiving Title X family planning services with family incomes between 201–250% of the FPL. Clients with family incomes between 201–250% of the FPL who receive integrated services can be charged a full fee.

Option 2: Program-Specific SFDS

The health center utilizes one SFDS for clients receiving health center services and another for clients only receiving Title X family planning services. The number and range of discount categories, upper poverty thresholds, and methods of charging (percentage discount versus fees) can be different for the two SFDSs.

Considerations:

- 1. Health center SFDS:** Applies to clients receiving health center services and clients receiving integrated services.
- 2. Title X SFDS:** Applies to clients only receiving Title X family planning services.

FREQUENTLY ASKED QUESTIONS

Who determines if a client visit should be classified as a Title X family planning-only visit or a health center services/integrated services visit?

While client visits are typically categorized as Title X family planning-only or health center services by front desk staff when scheduling and/or at registering clients, it is ultimately the clinician's responsibility to determine the reason(s) for the visit and related ICD-10 and CPT codes. To work efficiently, codes must be documented during or right after the visit, and there must be a process (electronic or other) that allows this information to be viewed by the exit team. Consider applying the SFDS at exit/post-visit, based on actual services rendered. This process should be clearly outlined in the health center's policies and procedures.

How are incorrect client visit classifications problematic?

Classifying a client visit incorrectly may cause the client to be overcharged or undercharged. For example, a client who only receives Title X family planning services but whose visit is classified as health center services or integrated services may be overcharged if her/his family income is at or below 100% of the FPL and the health center charges a nominal fee for clients at or below 100% FPL. The client who receives only Title X family planning services may also be overcharged if her/his family income is between 201–250% of the FPL. In this case, a discount is required per Title X Requirements. Conversely, if a client with family income at 225% of the FPL receives health center services or integrated services, but the visit was classified as Title X family planning-only, the health center may not be able to collect the dollar amount it would usually attempt to collect.

What if the health center collects more than is due from a client?

Sometimes when collecting third-party payer fees upfront, an agency collects more than it should, such as the copay amount, from the client. Each state has its own unclaimed property laws, but the guiding principle is that practices must refund any overpayment to clients. Outline this process clearly in the health center's policies and procedures.

Does the SFDS apply to collecting third-party payer related fees?

Yes. Clients receiving Title X family planning-only services should be charged third-party payer-related fees according to Title X requirements. Title X and the Health Center Program require that clients never pay more than what they would on the SFDS.

What is an appropriate way to explain discounts and fees to clients?

Communicate policies clearly and consistently to clients at scheduling, registration, and exit. For example:

- » For clients with family incomes below 100% of the FPL: "Based on your family size and income, you won't be charged for family planning services, but some of the other services you receive may have fees associated with them."
- » For clients who ask about why discounts and fees are applied differently at every visit: "We receive funding for certain types of services. Depending on the type of services you receive, your family size, and income, there may be differences in your discount (or fee) from visit to visit."