

Client Fee Collections

Frequently Asked Questions for Title X Family Planning Agencies



Title X Program Requirements for Client Fee Collections

The following is a summary of [Title X Program Requirements](#) around client fee collections:

- » The grantee is responsible for implementation of policies and procedures for charging, billing, and collecting funds for services provided by projects.
- » Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay. Ensure equitable and quality service delivery consistent with nationally recognized standards of care.
- » Fees must be waived for individuals with family incomes above 100% of the federal poverty level (FPL) who, as determined by the service site project director, are unable, for good cause, to pay for family planning services.
- » Clients whose income is at or below 100% of FPL must not be charged.
- » Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor.
- » Where there is legal obligation or authorization for third-party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third-party payment without the application of any discounts. Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.
- » Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.
- » If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.

For more information about fee collections, review [Title X Program Requirements](#), [Program Review Tool](#) and/or search by charges and collections on rhntc.org, and a Title X agency will find 16 resources.

Agencies' policies should provide clear guidance to staff on how to apply their schedule of discounts. Policies should clearly state that a client's inability to pay is never a barrier to services. Policies should also address how the schedule of discounts applies to clients with seasonal or inconsistent income; clients who are unable to provide household income; and insured clients, including those who request confidential services and choose not to use their insurance.

Frequently Asked Questions

Determining fees for insured clients

Q: A 35-year-old female client comes in for an initial visit. Her insurance policy has a \$30 copay. Based on her income, she would be charged \$25 for her visit on the agency's schedule of discounts. How much should she be charged for the visit?

- » **A:** Insured clients can never be charged more for their visit than what they would pay on the agency's sliding fee discount schedule. Because her discounted fee is lower than her copay, the client should be

charged \$25. Title X funds can help compensate for write-offs (\$5 in this scenario) to ensure the agency is fulfilling its contractual agreement with the insurer to collect a \$30 copay from clients.

Q: A 27-year-old female client comes in for a pregnancy test. Upon receiving her negative test result and client-centered counseling, the client decides to initiate birth control, specifically Depo-Provera, on the same day. The full charge of these services totaled \$125, but the client has not met her deductible. The contracted amount with insurance is \$100. How much should the agency charge the client for the visit?

- » **A:** For insured clients, there are two guiding “rules” to calculate charges:
 - 1) The client can never be charged more for the service than what the agency has negotiated with the insurer, even if the actual cost is higher.
 - 2) The insured client cannot be charged more for the service than what she (or he) would pay on the agency’s schedule of discounts. For this client, this also applies to her deductible. The agency would first need to assess her family size and income to determine what she would pay on the agency’s schedule of discounts.

After assessing family size and income, the agency should determine uninsured clients’ eligibility for discount based on the agency’s schedule of discounts. In this scenario, the client would pay \$62.50 (50% of \$125 full charge); insurance pays \$0 (as client has not met deductible); \$25 is the provider write-off for the contractual adjustment; and \$37.50 is provider write-off and considered bad debt. Title X funds can help compensate for provider write-offs (\$37.50 in this scenario).

For more information on determining fees for clients with insurance, refer to the [Client Fees Calculator](#). This tool includes a variety of scenarios and supports agencies in determining what a client owes.

Determining fees for clients with seasonal or inconsistent income

Q: A 32-year-old female client comes in for an implant insertion in May. She worked a construction job from June through August the past year, but the construction company hasn’t called her yet for this year. How should the agency calculate her income?

- » **A:** There are different approaches to calculating income. First, the agency should follow its policy regarding calculating client income. For example, if the policy says to use the last two paystubs to determine where the client falls on the schedule of discounts, then use the last two paystubs. Projecting and assessing income on a part-time job that has yet to be secured would not be a reasonable solution.

Determining fees for clients who are unable to and/or decline to provide household income

Q: A 23-year-old female comes in for her annual exam. She is currently living with her boyfriend. She refuses to give her boyfriend's income and explains that they do not share money and split all bills between the two of them. How should the agency calculate her family size and income?

- » **A:** In this situation, a recommendation could be to assess only the client's income.

Each agency should have a clear policy that provides guidance to staff that are assessing clients on their schedule of discounts. This policy should include guidance on what to do when a client is unable to (or declines to) provide household income. Remember, if a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income. Policies should clearly state that an inability to pay is never a barrier to services.

Determining fees for insured clients who request confidential services

Q: A 15-year-old male client comes in for a STD check and also requests condoms as he is now sexually active with his girlfriend. He declines to use his insurance because he does not want the service stated in his father's explanation of benefits from his insurer. How should the agency calculate his income?

- » **A:** If the client requests confidential services because they do not want the services stated in the explanation of benefits from the insurer, it is required that the discount be based only on the client's income.

Each agency should have a policy with guidance on providing confidential services. Refer to your agency's policy and follow it consistently.