



Slippin' And A-Slidin', California Style

George H.W. "Gerry" Christie
ghchristie@att.net



Slippin' and Slidin'

Slippin' and a-slidin', peepin' and a-hidin',
been told a long time ago;

slippin' and a-slidin', peepin' and a-hidin',
been told a long time ago-ho.

I've been told, baby, you've been bold,
I won't be your fool no more.

Richard Penniman, Edwin J. Bocage, Albert Collins, James Smith



Slippin' and Slidin'

- ❖ What does this have to do with a Title X workshop?
- ❖ The original “Program Guidelines for Project Grants for Family Planning Services under Section 1001, Public Health Service Act” were published in 1976 (based on regulations from September 1971).

Slippin' and Slidin'

- ❖ The Guidelines were revised in 1983 and again in 2001.
- ❖ These set the standards for the delivery of Title X care and established fiscal guidelines.

Slippin' and Slidin'

- ❖ Based on the current Title X Guidelines;
 - A **Cost Analysis** is needed;
 - A **Sliding fee scale** must be in place;
 - The **SOD** must have sufficient proportional increments;
 - Our **Target population** is low income;
 - Clients **Must not be denied services** because of an inability to pay.

Slippin' and Slidin'

What has happened? There has been some “Slippin and Slidin”

- ❖ Some agencies have not done a meaningful cost analysis (or have not done one at all).
- ❖ Some agencies have decided to “do their own thing” regarding the Schedule of Discounts (neglecting the proportionality and the relationship to the fee scale).

Slippin' and Slidin'

- ❖ Some agencies have decided to “do their own thing” regarding the Schedule of Discounts (neglecting the proportionality and the relationship to the fee scale).
- ❖ Some do not follow the guidelines on sliding fee scales.

Slippin' and Slidin'

- ❖ Some have lost sight of the target population.
- ❖ Some are looking for ways to increase income that often limit access to services.

Slippin' and Slidin'

Grantees need to insure that they, and their sub-recipients, are meeting their obligations under the Title X guidelines.

This includes providing services to the target population and maximizing additional income.

Program Income

- ❖ Program income is earned during the grant period by charging for the services provided to clients.
- ❖ These charges must be based on a Schedule of Discounts (SOD) that is applied to the Fee Schedule developed by the program.

Program Income

- ❖ These charges can be directed to:
 - Third parties (Medicaid and private insurance);
 - Directly to the client (private pay);
 - Charged to grant funding (including federal, state, or local)

***Billing and collection procedures
must have the following
characteristics:***

- (1) Charges must be based on
a
cost analysis
of all services provided by the
project.**

Cost Analysis

- ❖ Programs must **demonstrate** they have done a cost analysis on which their fees are based.
- ❖ There are a number of different cost analyses that can be used.
- ❖ Many provide information based on traditional visit types.

Cost Analysis

- ❖ It is important to know the “unbundled” costs.
- ❖ This means knowing the cost of, and charging for, every service an agency provides.
- ❖ The airlines are now doing this for pillows, blankets, aisle seats, etc.

Why Do A Cost Analysis?

1. The Federal Guidelines require it.
2. Individual programs need to know the cost of providing services.
3. To assist in negotiating rates with various rate payers (including Medicaid).

But of greatest importance -

It is GOOD business!

The Cost Analysis

- ❖ What do you want to know?
 - The total cost to the program for putting **each and every service** provided (medical, counseling, laboratory, pharmacy, community education) “out the door”.

The Cost Analysis

The information required to determine costs should be available from your accounting system and reports from your Patient Management/ Clinic Visit Record (CVR) system.

The Cost Analysis

To complete a cost analysis you need:

1. **Total expenditures** (cash or accrual) for the Cost Analysis period (calendar year, fiscal year).
 - This should include in-kind and volunteer contributions.
2. **Utilization data** for every procedure, lab, and pharmaceutical provided by the program for the same time frame.

The Cost Analysis

Based on this Cost Analysis, your program is able to establish the “unbundled” cost for providing all services (for the prior year).

This is the basis to establish the fee schedule for the coming year.

MEDICAL COST CENTER

INSTRUCTIONS:

Complete the cost analysis using annual (CY or FY) financial and utilization data.

For Period:

(A) SERVICE / PROCEDURE	(B) CPT CODE	(C) SERVICE UTILIZATION (FREQUENCY)	(D) RVS VALUE	(E) TOTAL SERVICE UNITS	(F) ADJUSTED TOTAL COST/ COST CENTER	(G) AVERAGE COST/SERVICE UNIT	(H) SERVICE COST	For Period:		
								(I) COST OF LIVING ALLOWANCE	(J) ADJUSTED COST	(K) FEE
NEW PATIENT-BRIEF	99201	50	34.18	1709		0.89	30.43	0.00	30.43	
NEW PATIENT-LIMITED EXAM	99202		61.00	0		0.89	54.32	0.00	54.32	
NEW PATIENT-INTERMEDIATE EXAM	99203	250	90.84	22710		0.89	80.88	0.00	80.88	
NEW PATIENT-COMPREHENSIVE	99204		128.98	0		0.89	114.85	0.00	114.85	
NEW PATIENT-COMPLETE	99205		163.91	0		0.89	145.94	0.00	145.94	
CONTINUING PATIENT-BRIEF	99211	680	19.69	13391		0.89	17.53	0.00	17.53	
CONTINUING PATIENT-LIMITED	99212	80	35.84	2867		0.89	31.91	0.00	31.91	
CONTINUING PATIENT-INTERMEDIATE	99213	60	49.17	2950		0.89	43.78	0.00	43.78	
CONTINUING PATIENT-COMPREHENSIVE	99214	40	77.33	3093		0.89	68.85	0.00	68.85	
CONTINUING PATIENT-COMPLETE	99215		113.19	0		0.89	100.78	0.00	100.78	
Preventive visit, new, 12-17	99384	30	111.20	3336		0.89	99.01	0.00	99.01	
Preventive visit, new, 18-39	99385	845	111.20	93962		0.89	99.01	0.00	99.01	
Preventive visit, new, 40-64	99386		131.06	0		0.89	116.69	0.00	116.69	
Preventive visit, est, 12-17	99394	15	90.51	1358		0.89	80.59	0.00	80.59	
Preventive visit, est, 18-39	99395	1750	91.50	160133		0.89	81.47	0.00	81.47	
Preventive visit, est, 40-64	99396		101.22	0		0.89	90.12	0.00	90.12	
IUD INSERTION	58300	5	88.80	444		0.89	79.07	0.00	79.07	
IUD REMOVAL	58301	2	96.15	192		0.89	85.61	0.00	85.61	
DIAPHRAGM/CERVICAL CAP FIT	57170	40	86.74	3470		0.89	77.23	0.00	77.23	
DEPO PROVERA/LUNELL INJECTION	90782	550	17.36	9550		0.89	15.46	0.00	15.46	
HORMONE IMPLANT	11975		107.98	0		0.89	96.15	0.00	96.15	
HORMONE IMPLANT REMOVAL	11976		130.43	0		0.89	116.13	0.00	116.13	
Condyloma Treatment(Destruction, vulva lesion(s))	56501	25	121.86	3046		0.89	108.50	0.00	108.50	
Condyloma Treatment(Destru penis lesion(s))	54050		104.41	0		0.89	92.97	0.00	92.97	
COLPOSCOPY	57452		104.08	0		0.89	92.67	0.00	92.67	
COLPOSCOPY AND BIOPSY	57454		150.52	0		0.89	134.02	0.00	134.02	
CRYOSURGERY	57511		138.58	0		0.89	123.39	0.00	123.39	
TOTAL				322211	286892					

LABORATORY COST CENTER

Agency Name: 0.00

2005 Clinical Diagnostic Laboratory Fee Schedule

INSTRUCTIONS:

Complete the cost analysis using annual (CY or FY) financial data.

For Period:

	(B) CPT HCPCS Code	(C) SERVICE UTILIZATION (FREQUENCY)	(D) RVS VALUE	(E) TOTAL SERVICE UNITS	(F) ADJUSTED TOTAL COST/ COST/CENTER	(G) AVERAGE COST/SERVICE UNIT	(H) COST SERVICE ADJUSTED	(I) PER UNIT PURCHASE EXPENSE	(J) TOTAL BASE COST	(K) COST OF LIVING ALLOWANCE	(L) ADJUSTED COST	(M) FEE
Chem Profile	80053		14.77	0		0.54	7.98	0.00	7.98	0.00	7.98	
Chlamydia Test (DNA)	87490		28.02	0		0.54	15.14	0.00	15.14	0.00	15.14	
Chlamydia/Gonorrhea (Amplified) combin	87491/87531	750	49.04	36780		0.54	26.50	22.30	48.80	0.00	48.80	
CBC (Complete)	85027		9.04	0		0.54	4.89	0.00	4.89	0.00	4.89	
Gonorrhea Culture (DNA)	87590		28.02	0		0.54	15.14	0.00	15.14	0.00	15.14	
HCG (Quant)	84703	5	10.49	52		0.54	5.67	20.00	25.67	0.00	25.67	
Hematocrit or Hemaglobin	85018	2500	3.31	8275		0.54	1.79		1.79	0.00	1.79	
Hepatitis B (surface ag)	87340		14.43	0		0.54	7.80	25.00	32.80	0.00	32.80	
Herpes Culture	87207		8.37	0		0.54	4.52	37.00	41.52	0.00	41.52	
HIV Test	86703		19.17	0		0.54	10.36	22.00	32.36	0.00	32.36	
HPV Typing	87621	5	49.04	245		0.54	26.50	28.30	54.80	0.00	54.80	
Pap Smear (conventional)	88155	2150	8.37	17996		0.54	4.52	8.50	13.02	0.00	13.02	
Pregnancy Test-Urine	81025	240	8.84	2122		0.54	4.78		4.78	0.00	4.78	
Prolactin	84146		27.08	0		0.54	14.64	39.00	53.64	0.00	53.64	
Rubella	86762		20.11	0		0.54	10.87	45.00	55.87	0.00	55.87	
Thin Prep	88142	480	28.31	13589		0.54	15.30	21.20	36.50	0.00	36.50	
Urinalysis-dip stick	81003	1500	3.14	4710		0.54	1.70		1.70	0.00	1.70	
Urine C&S	87086	25	11.28	282		0.54	6.10	12.50	18.60	0.00	18.60	
VDRL / RPR	86593	30	6.16	185		0.54	3.33	2.75	6.08	0.00	6.08	
Wet Mount	87210	80	5.96	477		0.54	3.22		3.22	0.00	3.22	
Physician Read	88141	48	21.35	1025		0.54	11.54	21.35	32.89	0.00	32.89	
Additional Test 2			0.00	0		0.54	0.00	0.00	0.00	0.00	0.00	
Additional Test 3			0.00	0		0.54	0.00	0.00	0.00	0.00	0.00	
TOTAL				85737	46338							

FROM COST CENTER REPORT (Lab)

93,176

MINUS Total Outside Lab Tests cost

46837

Total for Column E

46,338

OUTSIDE LABORATORY TESTS

Utilization from col(B)	x Purchase to col(H)	Exp =
----------------------------	-------------------------	----------

Knowing The Cost of Providing Services Is an Important Business Practice

- ❖ The cost analysis:
 - provides knowledge to analyze efficiencies;
 - helps the program control costs;
 - remain financially viable.

The Cost Analysis

- ❖ What if the costs are “too high”?
 - In some instances the cost to an agency to provide a procedure requires a charge substantially above the competitive rate.
 - Either find a way to lower costs in the future or consider phasing out that service.

The Cost Analysis

- ❖ This is an opportunity to implement efficiencies.
- ❖ There are two things that drive the cost of a procedure:
 1. The expenditures; and
 2. Utilization.

The Cost Analysis

- ❖ How often should we do a Cost Analysis?
 - Generally once every three years unless major changes occur.
- ❖ This allows the agency to establish appropriate charges (fees).

Establishing Fees

Establishing Fees

The fees established through the cost analysis represent the amount to be charged clients with incomes greater than 250% of the current poverty level.

Establishing Fees

The fee schedule should list **EVERY** item that will result in a charge to the client or third party payer.

Establishing Fees

Every fee that is on your fee schedule must be:

1. Established based on the cost analysis;
2. Have the schedule of discounts applied if it is part of your Title X family planning program.

Establishing Fees

What happens if the fees that are established by the cost analysis are not affordable for the program clients?

(That is, the costs are substantially higher than the fees you have been charging.)

Establishing Fees

1. You need to examine why it is costing so much to provide the service.
 - ❖ This is a time to review efficiencies that can be implemented in the program.
 - ❖ Are you using appropriate staff to provide the services?

Establishing Fees

- ❖ Do you have sufficient utilization?
- ❖ Can you / should you continue to provide the same services?
- ❖ Can you / should you continue in the Title X program?
- ❖ Can you afford to stay in business?

Establishing Fees

2. What is the cost of comparable services in your area?
 - ❖ Are you competitive?
 - ❖ Do you offer more than, the same, or fewer services as other providers?
 - ❖ Can you afford to continue offering all these services?

Establishing Fees

- ❖ Does a program have to increase fees to the costs determined on the cost analysis?
 - If your current fees are too low, you do not have to increase fees all at once.

Establishing Fees

- By increasing fees by some smaller amount and increasing efficiencies, your costs may not be as high on the next cost analysis. (Do NOT wait three years, in this case.)
- It is important to remember, fees need to be competitive to the local market.

Establishing Fees

- However: Also Remember – for family planning programs to survive, we **MUST** collect the fees necessary to cover the cost of the services we provide.
- These come from patient fees, third party payers, **and our grant funds.**

***Billing and collection procedures
must have the following
characteristics:***

(2) A schedule of discounts must be developed and implemented with **sufficient proportional** increments

so that

inability to pay is never a barrier to service.

(The program may have to prove this.)

Schedule of Discounts

- ❖ The schedule of discounts:
 - is required for individuals with family incomes between 101% and 250% of the Federal poverty level.
 - Provides that priority in the provision of services will be given to persons from low income families.

Schedule of Discounts

- ❖ The goal of Title X is to insure that individuals from low income families have access to *affordable* family planning care.
- ❖ Title X encourages programs to **insure those at the lower end** of the income scale are able to receive services.

Schedule of Discounts

- ❖ It is generally accepted that the SOD should have at least three, and probably four, steps in addition to the zero and full fee categories.
- ❖ Three steps provides 25% breaks on the fee schedule. (25%, 50%, 75%)

SLIDING FEE SCALE - 25%
Percent of Full Fee

Family Size	(≤100%) 0% Level 1	(101% - 150%) 25% Level 2	(150% - 200%) 50% Level 3	(200% - 250%) 75% Level 4	(>250%) 100% Level 5
1	9800	9801 to 14700	14701 to 19600	19601 to 24500	24501 and above
2	13200	13201 to 19800	19801 to 26400	26401 to 33000	33001 and above
3	16600	16601 to 24900	24901 to 33200	33201 to 41500	41501 and above
4	20000	20001 to 30000	30001 to 40000	40001 to 50000	50001 and above
5	23400	23401 to 35100	35101 to 46800	46801 to 58500	58501 and above
6	26800	26801 to 40200	40201 to 53600	53601 to 67000	67001 and above
7	30200	30201 to 45300	45301 to 60400	60401 to 75500	75501 and above
8	33600	33601 to 50400	50401 to 67200	67201 to 84000	84001 and above
9	37000	37001 to 55500	55501 to 74000	74001 to 92500	92501 and above
10	40400	40401 to 60600	60601 to 80800	80801 to 101000	101001 and above
11	43800	43801 to 65700	65701 to 87600	87601 to 109500	109501 and above
12	47200	47201 to 70800	70801 to 94400	94401 to 118000	118001 and above

SLIDING FEE SCALE - 20%

Percent of Full Fee

Family Size	(≤100%) 0%	(101% - 138%) 20%	(139% - 175%) 40%	(176% - 213%) 60%	(214% - 250%) 80%	(>250%) 100%
1	9800	9801 to 13524	13525 to 17150	17151 to 20874	20875 to 24500	24501 and above
2	13200	13201 to 18216	18217 to 23100	23101 to 28116	28117 to 33000	33001 and above
3	16600	16601 to 22908	22909 to 29050	29051 to 35358	35359 to 41500	41501 and above
4	20000	20001 to 27600	27601 to 35000	35001 to 42600	42601 to 50000	50001 and above
5	23400	23401 to 32292	32293 to 40950	40951 to 49842	49843 to 58500	58501 and above
6	26800	26801 to 36984	36985 to 46900	46901 to 57084	57085 to 67000	67001 and above
7	30200	30201 to 41676	41677 to 52850	52851 to 64326	64327 to 75500	75501 and above
8	33600	33601 to 46368	46369 to 58800	58801 to 71568	71569 to 84000	84001 and above
9	37000	37001 to 51060	51061 to 64750	64751 to 78810	78811 to 92500	92501 and above
10	40400	40401 to 55752	55753 to 70700	70701 to 86052	86053 to 101000	101001 and above
11	43800	43801 to 60444	60445 to 76650	76651 to 93294	93295 to 109500	109501 and above
12	47200	47201 to 65136	65137 to 82600	82601 to 100536	100537 to 118000	118001 and above

Schedule of Discounts:

- ❖ The proportional splits do not have to be 20% or 25%.
- ❖ Some programs use 5% breaks.
- ❖ Some use 10% breaks.
- ❖ Some use 14.3% breaks.
- ❖ Some use 33% breaks

(These all meet the proportionality criteria.)

Schedule of Discounts:

- ❖ Some start at 45% or 50%. (These are **NOT** proportional)
- ❖ These breaks do not allow for correct proportionality and also may create a barrier.

(45%, 90%, 100%)

(45%, 60%, 75%, 90% 100%)

(50%, 60%, 70%, 80%, 90%, 100%)

Charges, Billing and Collections

“...charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines...will be made in accordance with a schedule of fees designed to recover the *REASONABLE* cost of providing services.”

Schedule of Discounts:

- ❖ This can be accomplished through the cost analysis that develops the “reasonable” costs.
- ❖ The SOD should show that the “reasonable” costs are captured at the 250+% fee level.

Schedule of Discounts:

- ❖ If the schedule of discounts has steps above the 250% level;***
- ❖ The project MUST be able to demonstrate these fees are NOT subsidized by the Title X grant.***

SLIDING FEE SCALE - 20%

Family Size	(≤100%) 0%	(101% - 138%) 20%	(139% - 175%) 40%	(176% - 213%) 60%	(214% - 250%) 80%	(250% - 400%) 100%	(>400%) >100%
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1	9,800	9801 to 13168	13169 to 16536	16537 to 19904	19905 to 24500	24501 and 39200	39201 and above
2	13,200	13201 to 17745	17746 to 22290	22291 to 26835	26836 to 33000	33001 and 52800	52801 and above
3	16,600	16601 to 22908	22909 to 29216	29217 to 35524	35525 to 41500	41501 and 66400	66401 and above
4	20,000	20001 to 27600	27601 to 35200	35201 to 42800	42801 to 50000	50001 and 80000	80001 and above
5	23,400	23401 to 32292	32293 to 41184	41185 to 50076	50077 to 58500	58501 and 93600	93601 and above
6	26,800	26801 to 36984	36985 to 47168	47169 to 57352	57353 to 67000	67001 and 107200	107201 and above
7	30,200	30201 to 41676	41677 to 52850	52851 to 64326	64327 to 75500	75501 and 120800	120801 and above
8	33,600	33601 to 46368	46369 to 58800	58801 to 71568	71569 to 84000	84001 and 134400	134401 and above
9	37000	37001 to 51060	51061 to 64750	64751 to 78810	78811 to 92500	92501 and 148000	148001 and above
10	40400	40401 to 55752	55753 to 70700	70701 to 86052	86053 to 101000	101001 and 161600	161601 and above
11	43800	43801 to 60444	60445 to 76650	76651 to 93294	93295 to 109500	109501 and 175200	175201 and above
12	47200	47201 to 65136	65137 to 82600	82601 to 100536	100537 to 118000	118001 and 188800	188801 and above

**Level where
“reasonable cost” of
providing service is
established.**

Schedule of Discounts:

- ❖ *Some CHC's and FQHC's have a charge at the lowest level (less than 100% of poverty) for their primary care patients but waive the charge for their family planning patients.*
- ❖ *This is acceptable IF proportionality is maintained on the rest of the SOD.*

Schedule of Discounts:

- ❖ *The greater problem for CHC's or FQHC's occurs if their top fee is at 200% of poverty.*
- ❖ *Some programs have established an additional step between 200% and 250%.*
- ❖ *Proportionality is "challenged" on this SOD.*

The Fee Schedule

Schedule of Discounts and the Sliding Fee Scale:

It is important to realize that the Schedule of Discounts does not exist in isolation from the Fee Schedule.

Schedule of Discounts and the Sliding Fee Scale:

- ❖ The percentage breaks established on the schedule of discounts **are to be applied to the fees** on the fee schedule.

Reasonable cost of providing services

Family Planning Program

	Level 6 (>250%)	Level 5 (214-250%)	Level 4 (176-213%)	Level 3 (139-175%)	Level 2 (101-138%)	Level 1 (<100%)
	100%	80%	60%	40%	20%	0%
New Preventive Health visit 12-17 Years	120	96	72	48	24	0
New Preventive Health Visit 18-39 Years	120	96	72	48	24	0
New Preventive Health Visit 40-64 Years	140	112	84	56	28	0
Est. Preventive Health Visit 12-17 Years	100	80	60	40	20	0
Est. Preventive Health Visit 18-39 Years	100	80	60	40	20	0
Est. Preventive Health Visit 40-64 Years	110	88	66	44	22	0
Office Visit - Brief - New	40	32	24	16	8	0
Office Visit- Limited - New	70	56	42	28	14	0
Office Visit - Intermediate - New	100	80	60	40	20	0
Office Visit - Comprehensive - New	145	116	87	58	29	0
Office Visit - Brief - Est.	20	16	12	8	4	0
Office Visit- Limited - Est.	40	32	24	16	8	0
Office Visit - Intermediate - Est.	55	44	33	22	11	0
Office Visit - Comprehensive - Est.	85	68	51	34	17	0
Diaphragm Fitting(includes re-visit check)	95	76	57	38	19	0
Injection	10	8	6	4	2	0
IUD Insertion(includes re-visit check)	110	88	66	44	22	0
IUD Removal	125	100	75	50	25	0
Condyloma Treatment	155	124	93	62	31	0
Molluscum Contagiosum Treatment	80	64	48	32	16	0

Schedule of Discounts and the Sliding Fee Scale:

- ❖ The same percentages **must** be applied to supplies and lab services.
- ❖ It is **NOT** permissible to have a different sliding fee scale applied to supplies or laboratory services.

Schedule of Discounts and the Sliding Fee Scale:

- ❖ This does not mean that every amount is exactly the percentage discount from the reasonable cost.
- ❖ You do not have to add cents to the amounts (you can round up or down).
- ❖ However, the charges should retain the **sense** of proportionality.

Schedule of Discounts and the Sliding Fee Scale:

“Fees must be waived for individuals with family incomes above this amount (250%) who, as determined by the service site project director, are unable, for good cause, to pay for family planning services.”

Schedule of Discounts and the Sliding Fee Scale:

On your Sliding fee scale you should have a note at the bottom that says; “downward adjustments may be made based on individual circumstances.”

Elements of the Family Planning Visit

Elements of the Family Planning Visit

- ❖ “Projects offering services not required by Title X should seek other funding for such services.”

Elements of the Family Planning Visit

- ❖ However, If you provide services that are not Title X supported, **you must be able to show how you are paying for these services.**
- ❖ This includes staff, facilities, supplies, and all other related costs.

Elements of the Family Planning Visit

- ❖ There are some services that are required in certain circumstances and not required in others.
- ❖ Several lab tests fall into this situation depending on the method that is chosen.

Elements of the Family Planning Visit

- ❖ It is often easier to provide a universal discount for those lab tests that have to slide in some circumstances rather than to slide lab tests for some patients and not for others depending on their method.

Elements of the Family Planning Visit

- ❖ Some services may receive special funding or may be required by the Grantee.
- ❖ Some supply items are not required as part of your family planning program.

Potential Barriers to Service

- ❖ Programs may create charges that have the potential for payment by third party payers:
 - Specimen collection
 - Venipuncture
 - Injection

Potential Barriers to Service

- ❖ Often third party payers do not pay for these items.
- ❖ While these charges are allowable, if they are on the fee schedule, costs should be calculated by the cost analysis and the percents from the SOD must be applied for private pay clients.
- ❖ It is not acceptable to simply waive the fee if insurance does not pay.

Potential Barriers to Service

- ❖ Programs have also instituted other charges to patients.
 - Processing fee
 - Missed appointment fee
 - Telephone triage fee
 - Mailing fee

Potential Barriers to Service

- ❖ It is acceptable to have a processing fee (depending on what is “processed”) and a “mailing” fee as long as they have been established in the cost analysis and the SOD is applied.
- ❖ It may be more effective to build these costs into the related services.

Potential Barriers to Service

- ❖ It is **NOT** acceptable to have a missed appointment fee or a telephone triage fee in Title X.
- ❖ This is contrary to the mission and the target population of the Title X program.

***Billing and collection procedures
must have the following
characteristics:***

***(3) Clients whose documented
income is at or below 100% of the
Federal poverty level must not be
charged.***

Collecting Income Information

- ❖ There is no means test in Title X.
- ❖ You may inquire about the client/family income and are obliged to accept the information the client provides.
- ❖ You can **NOT require** a client to provide documentation of income (pay stubs, income tax return, etc.).

Collecting Income Information

- ❖ You may ask the client to bring in information regarding income.
- ❖ However, you may NOT put them on the fee scale as “full fee” until they produce income information.

***Billing and collection procedures
must have the following
characteristics:***

- (4)** Individual eligibility for a discount must be documented in the client's financial record.

Collecting Income Information

- ❖ Each program needs to have a system in place to gather the relevant information needed to accurately place the client at a level on the SOD that reflects the family income and the number supported by that income.
- ❖ This should be **retained and available** for reviewers to audit.

***Billing and collection procedures
must have the following
characteristics:***

- (5)** Bills to third parties must show total charges without applying any discount.

Billing Third Parties

Projects must bill **ALL** third parties authorized or legally obligated to pay for services.

“If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts.” (Part 59.5 (9))

Billing Third Parties

- ❖ Programs are expected to maximize third party payments to preserve the Title X dollars.

***Billing and collection procedures
must have the following
characteristics:***

- (6) A written agreement with the Title XIX or the Title XX state agency at either the grantee level or delegate/contract agency level is required.***

***Billing and collection procedures
must have the following
characteristics:***

***(7) Bills to clients must show total
charges less any allowable
discounts.***

Bills to Clients:

- ❖ Bills to patients at the end of the visit must show full charges and any discounts that are applied.
- ❖ Patients should receive a copy of the bill at the time of services.
- ❖ This is consistent with best practices.

Bills to Clients:

- ❖ Programs can give a summary bill.
- ❖ Many programs provide a copy of the encounter form with billing information on it.

***Billing and collection procedures
must have the following
characteristics:***

- (8)** Eligibility for discounts for minors who receive confidential services must be based on the income of the minor.

Charges to Minors:

When the minor requests *confidential (anonymous) services* without the involvement of a principal family member, charges for services must be based on the *minor's income*.

Charges to Minors:

In determining the minor's ability to pay for services, only consider Income ***actually available*** to the minor, such as:

- Wages from full or part-time employment,
- Stipends,
- Allowances paid directly to the minor.

Charges to Minors:

It is **NOT** allowable to have a general policy of:
no fee or flat fees
for minors.

Charges to Minors:

How can agencies take "household income" into account for minors who are not requesting confidential services, but who do not know family income ?

Collecting Income Information

- ❖ For adolescent clients that do not know the family income, you can discuss the jobs that their parents have to make an “estimate” of the income available.
- ❖ This must be done with sensitivity.

Collecting Income Information

- ❖ Programs need to have an idea of the salaries or wages paid for various “typical” jobs in their service area.
- ❖ This could be done state-wide; or for selected areas. (The more refined, the better.)
- ❖ Department of Labor and Training may have some information.

Collecting Income Information

- ❖ Programs can also search the web for information on salaries and wages.
- ❖ This will take some time initially but will be easier in subsequent years.

***Billing and collection procedures
must have the following
characteristics:***

- (9)** Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

***Billing and collection procedures
must have the following
characteristics:***

*What can we do about people who
"can" pay but refuse? That is,
people who are at level two and
above on the fee scale and still do
not pay their bills.*

***Billing and collection procedures
must have the following
characteristics:***

- ❖ This is the problem of “Inability” versus “unwillingness” to pay.
- ❖ Programs must insure there is no barrier to care.
- ❖ Must insure confidentiality.

People Who Refuse to Pay.

- ❖ **Ability** to pay is based on a full review of circumstances and appropriate placement on the sliding fee scale.
- ❖ **IF** the scale is proportional, **AND** there is equal opportunity to pay, **THEN** ability should be established.

People Who Refuse to Pay.

- ❖ Once the program **clearly** establishes ability, then it can begin to consider unwillingness.

***Billing and collection procedures
must have the following
characteristics:***

(11) Voluntary donations from clients
are permissible.

Donations:

- clients must not be pressured to make donations;
- donations must not be a prerequisite to the provision of services or supplies.

***Billing and collection procedures
must have the following
characteristics:***

- Donations from clients do not waive the billing/charging requirements.
- If someone at the 60% fee scale makes a donation, they are still responsible for the charges that were generated.

***Billing and collection procedures
must have the following
characteristics:***

- Do not refer to clients at the zero fee or no pay category as “Donation Clients”.
- If donations are requested, they must be requested from all clients.

***Billing and collection procedures
must have the following
characteristics:***

(12) Client income should be re-evaluated at least annually.

***Billing and collection procedures
must have the following
characteristics:***

This insures that clients are at the
correct fee scale and will help
maximize revenues to the project.

Slippin' and Slidin'

Oh, big conniver, nothin' but a jiver
done got hip to your jive;

Oh, big conniver, nothin' but a jiver
done got hip to your jive.

Slippin' and a-slidin', peepin' and a-hidin',
won't be your fool no more.





Discussion





Thank You!!

George H.W. "Gerry" Christie

114 Dewberry Lane

Syracuse, NY 13219

315-435-2900

ghchristie@att.net

