

Understanding the Total Program Concept

Agencies can use Title X funds to pay for a variety of expenses. In addition to clinical services for uninsured and underinsured clients, Title X funds can cover staff training, quality assurance and quality improvement activities, program promotion and outreach, IT support, salaries and benefits, and other costs that support the delivery of Title X services. Therefore, all clients who receive family planning services at Title X-funded agencies benefit from Title X support.

Because all family planning clients benefit from Title X support, when an agency receives Title X funds, it agrees to report data on all of its family planning clients, services, revenue, and expenses—regardless of payer or funding source—to the Office of Population Affairs (OPA). This set of reporting requirements is referred to as the “total program concept” because a Title X-funded agency’s family planning program includes, or totals, all of its family planning clients, services, revenue, and expenses.

Reporting Family Planning Client Numbers, Encounters, and Services

A Title X-funded network includes a Title X grantee plus all of its associated subrecipients and service sites. Each year, every network must report the following data to OPA via the Family Planning Annual Report (FPAR): number of family planning clients and encounters, select demographic characteristics, and services provided. When an agency receives Title X funds, it agrees to report this data for all family planning clients, regardless of payer source (e.g., Medicaid, private insurance, self pay). For examples of clients, encounters, and services to report in FPAR, see the [FPAR instructions](#).

Reporting Family Planning Revenue and Expense Reports

Title X-funded networks must report family planning program revenue and expenses to OPA via grant application and progress report budgets, the Federal Financial Report (FFR), and FPAR (revenue only). On any report requiring revenue data, networks must report all revenue received for family planning services, including payments from Medicaid, Family Planning Waiver programs, private insurance, fees collected from clients, and any other funding sources.¹ Similarly, networks must report any expenses associated with family planning services.

For agencies that provide multiple types of services, clients may have visits in which they receive family planning services as well as other services—such as primary care—that are covered under different grant-funded programs. These visits are often referred to as “dual visits” or “integrated visits,” and they frequently occur in Title X-funded federally qualified health centers (FQHCs). Title X-funded agencies must report dual visits in both the Uniform Data System (UDS)—or other relevant grant-funded system—and FPAR.

Frequently Asked Questions

Is it “double dipping” to report dual visits to both UDS and FPAR?

No, reporting dual visits to both UDS and FPAR is not “double dipping” and, in fact, is required by both the Health Resources and Services Administration (HRSA) and OPA. According to the [OPA Program](#)

[Policy Notice: 2016-11—Integrating with Primary Care Providers](#), this approach to reporting ensures that both HRSA and OPA “receive accurate information on services provided to clients during the given reporting period.”²

Should we report all revenue associated with dual visits?

No, report only the portion of revenue associated with family planning services. This applies to all revenue sources.

To figure out the correct portion of revenue to report, consider using one of the following methods:

- Track the family planning revenue by ICD-10 and CPT codes.
- Determine the percentage of costs associated with family planning, and apply this percentage to total revenue. For example, if 20% of your agency’s overall costs are associated with family planning, then consider attributing 20% of your agency’s revenue to family planning.
- Conduct a time study to determine the percentage of time clinicians spend on family planning, and apply this percentage to the total revenue. For example, if you determine that clinicians at your agency spend 15% of their time providing family planning services, consider attributing 15% of your agency’s revenue to family planning.

Our subrecipients have concerns about confidentiality and don’t want to share insured clients’ data or charts with us. How should we handle this?

Approach these subrecipient requests by communicating kindly and clearly that you are required to gather this data. Reiterate why you need the data, what you will do with the data, and what safeguards are in place to protect confidentiality. This information may be detailed in the contracts and/or business agreements you have with subrecipients.

Can we include Bureau of Primary Health Care (BPHC) funds in our budget?

Yes, you can and should include all revenue that contributes to supporting the scope of services described in your agency’s Title X grant application, including funds from BPHC and other sources.

Should our budget include all staff working on the family planning program even if they are only working part-time on the family planning program?

Yes, include all staff working on the family planning program—including those working part time and providing in-kind services—in the family planning budget. It is important to document and report the full cost associated with the program. For those who work part time, include only the portion of their salary that corresponds to the portion of time they spend on the family planning program. Document in-kind staff in the non-Title X contribution.

Endnotes

1 U.S. Department of Health & Human Services, Office of the Assistant Secretary for Health, Office of Population Affairs. (2023, May) Family Planning Annual Report Forms and Instructions. Retrieved from <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar/fpar-forms-and>

2 U.S. Department of Health & Human Services, Office of Population Affairs. (2016, November 22). Title X Program Policy Notice Integrating with Primary Care Providers. Retrieved May 11, 2020, from <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notices/opa-program-policy-notice-2016-11-integrating-with-primary-care-providers>

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