

<b>HEALTH CENTER</b>	
TITLE: Sliding Fee Discount Program	Page 1 of 4
CATEGORY: Financial	POLICY NUMBER:
Approval Signature: _____	Title of signer: _____
	Approval Date:
	Review Date:

**PURPOSE:**

To assure that no patient will be denied health care services due to an individual's inability to pay for such services; and to assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill this assurance.

**POLICY:**

A Sliding Fee Discount Program will be provided for all required and additional health services within the HRSA approved scope of project to all eligible persons based on the patient's ability to pay. Ability to pay is determined by family size and annual income relative to a discount schedule based on the most recent U.S. Department of Health & Human Services Federal Poverty Income Guidelines.

**DEFINITIONS:**

- A. **Income** – Money received from work, providing services, investments, child support, alimony, retirement, unemployment compensation or other court ordered settlements. Gross income shall be used in determining income for purposes of annual income and ability to pay.
- B. **Family Size** – **Family Size** is defined as all members who reside in your household and derive more than half of their support from household income. It also includes legally dependent children who reside away from home for the purposes of attending college, but receive over one half of their support from household income.
- C. **Nominal Fee** – A fixed fee that does not reflect the true value of services provided and is considered nominal from the perspective of the patient.
- D. **Refusal to Pay** – Patient has the ability to pay based on income verification or refusal to apply for the Sliding Fee Discount Program, but chooses not to pay. If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, and does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay

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E. **Inability to Pay** – Patient does not have the financial resources to pay for services based on income verification, self-declaration, third party verification or other documented special circumstances.

**PROCEDURE:**

- A. The Sliding Fee Discount Schedule will be updated annually based on changes in the Federal Poverty Guidelines and approved by the Center’s Board of Directors.
- B. No patients will be denied health care services by health center due to an individual’s inability to pay for such services based on Federal Poverty Guidelines, assuring that any fees or payments required by the center for such services will be reduced or waived.
- C. Patients at or below 100% of the Federal Poverty Guideline will be charged a nominal fee as determined by an analysis of the target patient demographics and approved by the Board of Directors. The nominal fee will be a fixed fee and will not be more than the fee paid by a patient in the first Sliding Fee Discount Schedule pay class above 100% of the Federal Poverty Guidelines.
- D. Patients with incomes over 100% and below 200% of the Federal Poverty Guidelines will be charged based on the Sliding Fee Discount Schedule consisting of at least three (3) discount pay classes.
- E. No sliding fee discounts for individuals and families with annual incomes above 200% of the Federal Poverty Guidelines. (Charges may be waived and/or discounted for documented, unforeseen circumstances per the Waiver of Charges Policy.)
- F. The availability of the Sliding Fee Discount Schedule will be prominently posted in the center as well as notification to patients of the availability of the Sliding Fee Discount Schedule by front desk staff during appointment check in or inquiry. Postings will be in the appropriate language(s) and literacy level for the target population.
- G. Sliding Fee Discounts apply to all services within the health center’s scope of project and 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 unless legal and contractual limitations apply.

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- H. An assessment of income and family size will be made at the time the initial appointment is made unless the patient declines/refuses to be assessed.
- I. The Sliding Fee Discount Schedule is based on family size and income. In order to qualify for the Sliding Fee Discount Schedule, the Patient/Patient's representative must provide the following if available:
  - a. Two (2) current pay stubs (within the past 3 months)
  - b. Disability Check Stub
  - c. SSI Check Stub
  - d. Current Unemployment Check stub or statement
  - e. Child Support check stub
  - f. Court ordered settlements
  - g. Most recent Federal Income Tax Return
  - h. Any other written verifiable income statement
- J. If no other verifiable statement of income is available, the Patient/Patient's Representative may complete a Self-Declaration of Income form for review and determination. Self-declaration may only be used in special circumstances. Patients who are unable to provide written verification must provide a signed statement of income, and why (s) he is unable to provide independent verification. This statement will be presented to management for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category
- K. Qualifying patients will be charged based on the Sliding Fee Discount Schedule and will be expected to pay their portion of the charges in full at the time of service.
- L. Patient eligibility for the Sliding Fee Discount Schedule shall be made annually or at the next patient visit, whichever is later. Patients indicating a change in income status will be re-evaluated upon notification of such change in status.
- M. Patients unwilling to provide any level of documentation are not eligible to participate in the sliding fee discount program and will be required to pay 100% of their charges, until such time they provide documentation.

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- N. Patients who refuse to pay (as defined above) may receive limited services as an action of last resort per the Refusal to Pay Policy.
  
- O. The health center evaluates, at least once every three years, its sliding fee discount program by collecting utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services. This data, along with other applicable data, is used to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care and implement changes as needed.