

## **Caring Health Center, Inc.**

### **SUBJECT: Sliding Fee Discount Program**

**EFFECTIVE DATE:** September 1, 2015

**POLICY:** It is the policy of Caring Health Center, Inc. that no patient will be refused services because of an inability to pay the full charges for services rendered. A discounting program known as the Sliding Fee Scale is used by Caring Health Center, Inc. as with all community health centers which receive federal funding in order to remove financial barriers to care, promote primary care and to enable patients to seek and be responsible for their own health care. The health center's sliding fee schedule is based upon the Federal Poverty guidelines taking into consideration the patients' gross income and family size which provides discounts on the standard charges at a sliding rate. All individuals and families with low income up to 200% of the Federal Poverty Level are eligible for sliding fee discounts on health center services.

**Scope:** This program applies to all patients who qualify and Caring Health Center, Inc. will base program eligibility on a person's income and family size according to Federal Poverty Guidelines and will not discriminate on any basis .

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. The Sliding Fee Scale Discount Rate Schedule and policies for administration of the sliding fee program will be updated and reviewed on an annual basis.
2. In conjunction with the discount schedule review, the policies and procedures related to administration of the sliding fee discount program will be reviewed and updated if needed.
3. The annual update to the sliding fee discount schedule and any policy updates will be presented for Finance Committee review and agreement then put on the full Board agenda for Board of Directors approval.
4. On April 01 of each year, the updated sliding fee discount schedule will be put into effect.
5. Caring Health Center staff will ensure that patients are informed about the availability of the Sliding Fee discount Program.

6. As part of the registration process prior to the patients' appointment, the front desk staff or patient financial counselor will notify the patient of the program and will ask the patient if they would like to apply for the program.
7. Patients unable or unwilling to complete an application to apply for the Sliding Fee Discount Program or unwilling to provide any level of documentation that is a requirement are not eligible to participate in the Sliding Fee Discount Program. They will be required to pay 100% of their charges, until such time they complete an application and provide the required documentation. At the time documentation is provided, any eligible discount will be applied to previous unpaid services retroactively up to 90 days.
8. Caring Health Center, Inc. will maintain a uniform process for Sliding Fee Discount Program Applications and will verify patient eligibility minimally on an annual basis.
9. Posters, announcing the availability of the Sliding Fee Scale Discount Program are placed in strategic location throughout the health center(s) sites.

## **PROCEDURES**

### **Eligibility Determination**

1. The following are required to become eligible for a sliding fee discount:
  - a. Completed written application.
  - b. Eligibility Discounts will be based on family size and gross family income.
  - c. Family description - Family is defined as: a group of two or more people (one of whom is the house holder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
  - d. Income includes: earnings, unemployment compensation, workers compensation, Social Security, Supplemental Security Income, dividends, rents, royalties, public assistance, veteran's payments, pension or retirement income, interest, trusts, income from estates, child support, alimony and other miscellaneous sources.
  - e. If a patient is self-employed they must provide the most recent year tax return for determination of eligibility.
  - f. If a patient claims to have no income, he/she must provide an explanation of how he/she is meeting their monthly expenses.
  - g. Applicants must provide one of the following: most recent year W-2, 4 pay stubs, most recent year tax return, letter from employer or letters from other knowledgeable sources.

- h. Patients applying for the sliding fee discount program will be informed that they are obligated to contact Caring Health Center, Inc. if their income or household status changes.
- i. Patients whose documentation qualifies them for the minimum payment category will be encouraged to apply for publicly available insurance if they are uninsured and if they are in agreement with this suggestion will be referred to one of the patient navigators on site for assistance with this process.

**Discounts:** Those with incomes at or below 100% of the Federal Poverty will receive a full 100% discount on any self-pay balances. Those with incomes above 100% of the Federal Poverty Level, but at or below 200% of the Federal Poverty Level, will be charged a percentage of charges according to the Sliding Fee Scale guidelines. Anyone over 200% of the Federal Poverty Guidelines does not qualify for a Sliding Fee Scale Discount and will be offered a payment arrangement if necessary.

**Pharmacy Discounts:** are given to eligible person(s) and the cost to the patient includes the pharmacy acquisition cost of the prescription plus the dispensing fee indicated on the Pharmacy Sliding Fee Scale discount schedule. If the patient can't afford the prescription cost, a less costly alternative medication will be offered if one is available. The patient may request a waiver or reduction of the prescription charge which would be made on a case by case basis based on the patients need.

**Waiving of Charges:** In certain situations, patients may not be able to pay the discounted fee and may request a one-time waiver. Waiving of charges will only be used in special circumstances and must be approved by Caring Health Center's CEO, CFO, or their designee. Any waiving of charges will be documented in the patient's file along with an explanation (e.g., inability to pay, good will, etc.).

**Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Caring Health Center, Inc. Sliding Fee Discount Program applications cover outstanding patient balances for 90 days prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of 90 days or the expiration of their last Sliding Fee Discount Program application.

**Alternative payment sources:** Before applying any Sliding Fee Scale discounts, Caring Health Center will exhaust all alternative payment resources including all third-party payments from insurance(s), or Federal and State programs.

**Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office as well as being scanned into the patients Chart under Financial Documents.

**Policy and procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO, CFO and Finance Committee and Board of Directors. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

**ATTACHMENTS:**

BOARD APPROVAL DATE: September 8, 2015

2015 Sliding Fee Schedule

REVISED: 08-31-2015

Patient Application for the Sliding Fee Discount Program

REVIEWED BY: *Paul J. [Signature]* - CFO

Sliding Fee Scale Guidelines for Medical, Dental and Behavioral Health Services

Sliding Fee Scale Guidelines for Pharmacy