

### **Title: Sliding Fee Scale**

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**Policy:** Highlands Health Clinic (HCC) created this policy to provide discounted or free medical care to those who have no means, or limited means, to pay for medical services as well as to empower patients to be monetarily invested in their medical care based on their income, family size and the ability to pay.

**Purpose:** To provide a sliding fee scale based on the Federal Poverty Guidelines which is published annually. Patients with income below the 200% of the Federal Poverty Guidelines, will be charged a nominal fee. Income verification will be obtained and documented in the EMR.

**No one will be refused services because of lack of financial means to pay.**

**Definition of Income and Family Size:** Income and Family Size (IFS) are thresholds used by the U. S. Census Bureau to estimate the number of people living in poverty. The thresholds are annual income levels below which a person or a family is living in poverty. The income threshold increases by a constant amount for each additional member of the family.

**Family:** This is defined as a group of two or more people related by birth, marriage, or adoption and residing together at the same address; all such people (including related sub-family members) are considered as members of one family.

**Income Types:** This includes earnings from employment or self-employment, unemployment, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rental income, royalties, income from estates, trust, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Income from all family members shall be included in determining sliding fee eligibility. Food stamp and housing subsidies are not considered in this determination.

**Notification About the Sliding Fee Program:** All patients will be informed of the Sliding Fee Program as follows:

- Inform Patients using Organization's Brochure and Web Site and other printed material.
- Notify Patients about the Sliding Fee Discount Program at the time of registration and during each visit.
- Post signage in English and other relevant languages to notify Patients about the Sliding Fee Discount Program.

**Determining Eligibility:** The Intake Worker will be responsible for determining eligibility of the patient. The Intake Worker will also review for accuracy intakes as completed by other staff. During intake the following is required:

1. Data collection of the demographic of patients
2. Signage of necessary documentation – HIPPA, Release to treat

3. Proof of residency
4. Documentation of insurance card scanned front and back into the EMR,
5. Identification of Patients Co-payment
6. Collecting documentation for income verification
7. Evaluation and updating Patient eligibility annually.
8. A monitoring code will be used to track all free care Patients in our Electronic Health Record. The Free Care Code (FCC) is different from the code used to track Homeless Patients.

**Type of documentation for income verification:**

1. W-2 if employed
- 2.. Most Recent Pay Stub (s)
3. Last Year's Tax Return
4. Support/Alimony Check
5. Document from a Homelessness Shelter
6. Proof of Support by a Family Member or Friend
7. Letter from Educational Institution if a Student
8. Letter from a Refugee Agency
9. Letter from the Department of Corrections
9. Additional documents may be collected.
10. Self-verification by patients with no income

**Other documentation information**

- Proper documentation of Homeless Patients with no shelter and patients recently released from the prison should be made and verified again during future visits.
- Letters from institutions verifying absence of employment must be on a letterhead and must be dated and signed.
- Patients that do not wish to apply for a sliding fee scale discount will still be asked for income and household size to be compliant with UDS reporting.
- A Patient is still eligible for sliding fee if their residency status is unknown or they are disqualified from government benefits.
- Any changes to an individual's income should be reported immediately. Patients will be assisted in establishing a patient portal or text message access in which to receive notification of their bills.

**Administration of the Sliding Fee Program**

Procedure:

1.HHC Intake Staff will inquire of all patients if they have healthcare coverage. For those with insurance or healthcare benefits, appropriate insurance information is documented in the healthcare record system at the time of registration. If the Patient has Insurance, their eligibility will be verified prior to service.

2.The staff informs patients, in appropriate language, they may be eligible for the sliding fee scale discount. Signage and the HHC website will also communicate the availability of a sliding fee scale discount. The sliding fee scale can also apply for co-payments, deductibles, and coinsurance. To qualify, the patient must share family and gross income information. A family consists of those members of the household supported by the reported income, typically the individuals reported on the federal tax return. If s/he agrees to begin the qualification process, the Intake Staff will determine the patient's eligibility based on their documentation.

## Documentation to verify income

The Patient is eligible for a sliding fee discounts when all documentation is received and income criteria for discounts are met. Information related to Sliding Fee Discount Program decisions will be maintained in the EMR system.

1. Using the attached sliding fee scale, the specific amount of discount will be determined for which the patient is eligible. The sliding fee scale will be reviewed and/or updated annually when the federal poverty guidelines are published in the federal register and the HHC Board of Directors (BOD) approves any changes.
2. Sliding Fee Discount Program determination by the Intake Staff will be provided to the applicant(s) and will include the percentage of Sliding Fee Discount Program or if applicable, the reason for denial. Sliding Fee Discount Program cover outstanding balances for six months prior to the application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant needs to renew their status after 12 months have passed from approval or at their next appointment after the 12 months or at any time there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
3. The Intake Staff will ensure that the patient's account is updated in the EHR system to reflect eligibility for sliding fee scale discounts, and the level of discount for which the Patient has, with the begin date.
4. HHC will maintain a uniform process for sliding fee discount program applications and Patients must be re-qualified for sliding fee scale discounts annually by providing new/updated income/family documentation. **The co-payments cannot be more than the sliding fee discount.**
5. SFDP recipient's out-of-pocket expenses cannot exceed the SFDP fee scale based upon the Federal Poverty Guidelines (FPG). This would include co-pay and/or deductibles for any insurance the recipient holds. This is subject to legal review. As an example, someone at or below 100% of FPG and holding insurance that requires a co-pay or deductible at the time of services would pay \$0 as the services are given at a full discount based upon the current SFDP.
6. SFDP recipients' services provided under formal written referral arrangement are discounted according to the SFDP based upon the FPG.

## Policy review

Annually, the Sliding Fee Scale Discount Program will be updated based on the current Federal Poverty Guidelines and approved by the BOD of HHC. Additional steps for review include:

1. Data is collected to assess the rate for usage of the SFDP for all health Clinic services
2. Patient survey satisfaction forms are reviewed for SFDP evaluation in ease of use and accessibility for all Patients.

3. BOD is presented with identification of changes and implementation for approval to the policy.

Board approved Sliding Fee Schedule Policy is attached and made a part of to the Accounting Policies and Procedures Manual.

### **Training of Personnel on the Sliding Fee Program**

All staff who may assist with the intake of patients will be required to be trained on the policy and procedure as related to the sliding scale and the Patient eligibility requirements. The Intake Staff personnel are to be trained in accordance with Sliding Fee as provided by the Federal Poverty Guidelines. to be known internally as the "Discount Program". This includes, but not limited to, formal training in written format covering the offer of the "Discount Program" to every Patient, minutes kept by the staff supervisor showing what was covered in the training as well as the timing of implementation and any action needed as a result of the training, an attendance sheet to document participation, the process of taking an application for the "Discount Program", how to introduce the program, and maintain data.

The Intake Staff are to be trained to follow the criteria set forth in the federal poverty guidelines known internally as the "Discount Program". This includes, but not limited to, formal written training on how to handle questions in regards to savings and eligibility, documentation needed to fully process the application, timing of review of individuals that are currently on the "Discount Program", and proper classification for charge entry and financial reporting purposes.

The CEO or designee is responsible for the ultimate oversight of training for all staff. Any new hires brought into the department must be fully trained in accordance to their position and sign acknowledgement of receipt of their training in regards to the "Discount Program".