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<b>Approved By: Mona Makki</b>	<b>Title: Community Health and Research Center Director</b>
<b>Signature:</b> <i>Mona Maki</i>	<b>Date:</b> <i>5/30/2023</i>

**I. POLICY**

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full.

ACCESS CHRC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. ACCESS CHRC will base program eligibility on a person's ability to pay and will not discriminate based on age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

**II. PURPOSE**

It is the purpose of this policy to provide uniform written standards and procedures to ACCESS CHRC staff for establishing Financial Liability and determining Ability to Pay while expanding primary health care to those who need it most.

**III. APPLICATIONS**

This policy applies to all ACCESS CHRC employees, interns and volunteers who provide support and treatment on behalf of the ACCESS Community Health and Research Center.

**IV. PROCEDURES**

1. **Notification:** ACCESS CHRC will notify all private pay patients of the Sliding Fee Discount Program by:
  - o Payment Policy Brochure will be available to all uninsured patients at the time of service.
  - o Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
  - o Sliding Fee Discount Program application will be included with collection notices sent out by ACCESS CHRC.
  - o An explanation of our Sliding Fee Discount Program and our application form are available on ACCESS CHRC's website.
  - o ACCESS CHRC places notification of Sliding Fee Discount Program in the clinic waiting area.
  
2. All patients seeking healthcare services at ACCESS CHRC are assured that they will be served regardless of their ability to pay. **No one is refused service because of lack of financial means to pay.**



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3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for CHRC visits. Information and forms can be obtained from the Front Desk and the Business Office.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designer. Information about the Sliding Fee Discount Program policy and procedure will be provided, and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize ACCESS CHRC access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.
  - If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted.
  - If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.
7. **Eligibility:** Discounts will be based on income and family size only. ACCESS CHRC uses the Census Bureau definitions of each.
  - **Family** is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
  - **Income** includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*
8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

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9. **Self-declaration of Income** may only be used in special circumstances. Specific examples include participants who are homeless. 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 ACCESS CHRC's Director or his/her designee 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.
10. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.
11. **Nominal Fee:** Patients receiving a full discount will be assessed a \$10 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
12. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by ACCESS CHRC's Director, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
13. **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 ACCESS CHRC.

Sliding Fee Discount Program applications cover outstanding patient balances for six months 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 six months or the expiration of their last Sliding Fee Discount Program application.

14. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, ACCESS CHRC can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.
15. **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 Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.



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- Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on ACCESS CHRC shared directory, noting names of applicants, dates of coverage and percentage of coverage.
- The Clinic Supervisor will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.

16. **Policy and procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the Director. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing the 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.

17. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

## V. QUALITY ASSURANCE/IMPROVEMENT

ACCESS Quality Assessment and Performance Improvement Program (QAPIP) must include measures for both monitoring of and for the continuous improvement in quality of the program or process described in this policy.

## VI. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

## VII. LEGAL AUTHORITY AND REFERENCES

Based on 2023 Federal Poverty Guidelines <https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

US Code: 42 U.S.C. § 254g

## VIII. EXHIBITS

Appendix A: Sliding Fee Schedules

Appendix B: Sliding Fee Discount Application

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## Appendix A: Sliding Fee Schedules

★ **2023 Medicaid Eligibility Criteria:** Persons looking for Medicaid financial eligibility criteria can [see state-specific information here](#) or [take a test eligibility test here](#).

### 48 Contiguous States

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$14,580	\$19,391	\$20,120	\$21,870	\$29,160	\$43,740	\$58,320
2	\$19,720	\$26,228	\$27,214	\$29,560	\$39,440	\$59,160	\$78,880
3	\$24,860	\$33,064	\$34,307	\$37,290	\$49,720	\$74,580	\$99,440
4	\$30,000	\$39,900	\$41,435	\$45,000	\$60,000	\$90,000	\$120,000
5	\$35,140	\$46,736	\$48,493	\$52,710	\$70,280	\$105,420	\$140,560
6	\$40,280	\$53,572	\$55,586	\$60,420	\$80,560	\$120,840	\$161,120
7	\$45,420	\$60,409	\$62,685	\$68,130	\$90,840	\$136,260	\$181,680
8	\$50,560	\$67,245	\$69,773	\$75,840	\$101,120	\$151,680	\$202,240

Add \$5,740 for each person in household over 8 persons.

# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,215	\$1,616	\$1,677	\$1,823	\$2,430	\$3,645	\$4,860
2	\$1,643	\$2,166	\$2,266	\$2,435	\$3,287	\$4,920	\$6,573
3	\$2,072	\$2,756	\$2,859	\$3,108	\$4,143	\$6,215	\$8,287
4	\$2,500	\$3,325	\$3,450	\$3,750	\$5,000	\$7,500	\$10,000
5	\$2,928	\$3,895	\$4,041	\$4,393	\$5,857	\$8,785	\$11,713
6	\$3,357	\$4,464	\$4,632	\$5,035	\$6,713	\$10,070	\$13,427
7	\$3,785	\$5,034	\$5,223	\$5,678	\$7,570	\$11,355	\$15,140
8	\$4,213	\$5,604	\$5,814	\$6,320	\$8,427	\$12,640	\$16,853

Add \$428.33 for each person in household over 8 persons.

Based on 2023 Federal Poverty Guidelines.



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**Appendix B:**

**Sliding Fee Discount Application  
ACCESS CHRC  
Sliding Fee Discount Application**

It is the policy of ACCESS CHRC to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of Household

Place of Employment

Address

Phone

Please list Spouse and Dependents under age of 18

Name

DOB

Annual Household Income

<b>Annual Household Income Source</b>	<b>Self</b>	<b>Spouse</b>	<b>Other</b>	<b>Total</b>
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Gross wages, salaries, tips, etc.

Income from business, self-employment, and dependents

Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income

Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources

**Total Income**

**NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.**



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**I certify that the family size and income information shown above is correct.**

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**Yes**

**No**

**Verification Checklist**

Identification/Address: Driver's license, utility bill, employment ID, or other

Income: Prior year tax return, three most recent pay stubs, or other

Insurance: Insurance Cards

