	<b>DEPT/OPS AREA:</b> Financial Services	<b>POLICY NAME:</b> Sliding Fee Policy
<b>Original Effective Date:</b> June 2016	<b>Revised Date(s):</b> 6/27/2018, 11/15/2017, 03/21/2018	<b>POLICY NUMBER:</b> FS 3.0
<b>Original Approval Date:</b> 08/15/2017	<b>Date Reviewed:</b>	<b>Approved by:</b> Board of Directors

**Applies to**

Alliance Family Health Center patients seeking medical treatment who fall within 200% of the federal poverty guidelines.

**Policy Statement**

It is the policy of Alliance Family Health Center (AFHC) to operate in a manner such that no patient shall be denied service due to an individual’s ability to pay. To meet this policy objective, AFHC provides a schedule of fees and payment options to the uninsured and underinsured patients in the community it serves. To carry this out, AFHC has created a Sliding Fee Discount Schedule (SFDS) and Sliding Fee Discount Program (SFDP). AFHC applies the SFS to all required and additional health services within the HRSA-approved scope of project for which there are distinct fees.

**Responsibility**

All clinic personnel, including but not limited to front office staff, medical assistants, Billing & Reimbursement Coordinator, Practice Administrator, Financial Eligibility Counselor, etc.

**Implementation**

1. The Sliding Fee Discount Program (SFDP) will be offered to eligible persons based on the client’s ability to pay. Ability to pay is determined by the families and annual gross income relative to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines (FPG). Patients may use the SFDP for Medical Services, Intrapartum Services, Major GYN Services, and Minor GYN Services.
2. The SFDP income guidelines are updated annually and based on the FPG as published in the Federal Register.
3. Family size is defined as a group of two people or more (one of whom is the head of the household) related by birth, marriage or adoption and/or residing together. The families’ definition will be limited to immediate family: spouse, partner, children/dependents (natural, foster, or adoptive). Dependents must be age 19 or younger.
4. Income used to determine eligibility for the SFDP is the patient’s gross income and can include: earnings, unemployment compensation, Social Security, Supplement Security Income, public assistance, veterans’ payments, survivor benefits, pensions or retirement income, interest,

dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the defined family (#3), and other miscellaneous sources. Gross income means the patient's family income before taxes or other deductions. Tips and overtime along with noncash benefits (such as food stamps and housing subsidies) do not count. Assets are excluded for income calculations.

5. The structure of the SFDP is to be evaluated once every two (2) years for its effectiveness in addressing financial barriers to care and updated, as appropriate. This will be led by the Quality Improvement Committee for AFHC.
6. AFHC patients will be offered the SFDP if patient's income is 200% and below the FPG. A full discount for patients below 100% of the FPG will be offered with only a nominal fee. Patients with an annual income above 200% of the FPG will be charged the full fee of services rendered.
7. No patient will be refused health care services because of an inability to pay. Inability to pay is not the same as refusal to pay, reference Refusal to Pay Policy.
8. Signage about the SFDP is posted in waiting room areas, on the website, and within patient education materials notifying patients of the SFDP and how it applies to them.
9. Some contracted insurance plans will not allow AFHC to provide the SFDP to their eligible patients as their co-payments and deductibles are considered as partial payment to the Health Center for services that are rendered. Should an insurance plan allow the waiver or discount of fees these patients are also eligible to have their eligibility for the SFDP verified and applied. The SFS will be applied to the patient responsibility portion.
10. All patients will be screened for public assistance programs, but this will not be a condition for them to be eligible for the SFDP.
11. It is the policy of AFHC to ensure all staff understands how to appropriately implement and follow the established Sliding Fee Discount Program (SFDP) guidelines.
12. On an annual basis the ED will recommend for the Board of Directors approval, adjustments to the patient fee schedule as well as the establishment of charges for new and/or additional services. The SFDP evaluation will be based on utilization data for patients enrolled in the SFDP and their respective rate classes. Other data, including but not limited to, the following may be used.
  - a. Patient satisfaction surveys
  - b. Fee surveys
  - c. Focus groups
13. Patients who are screened based on income & family size and deemed to be eligible for the AFHC SFDP are considered "self-pay/cash patients" and will be charged in accordance with the SFDS for the service they are receiving. AFHC has four (4) distinct fee schedules based on service type.

14. Distinct Sliding Fee Schedules:

- a. Minor GYN Procedures - which are defined as a procedure typically performed under no anesthesia or in twilight or an outpatient procedure with minimal recovery less than 2 weeks.
- b. Major GYN Procedures - which are defined as procedure often performed under general anesthesia by a Medical Doctor or Surgeon with a typical recovery period exceeding two weeks.
- c. Intrapartum Services - are labor and delivery services.
- d. Medical Services are all other services unless elsewhere excluded from the SFDP

15. The SFDP has six (6) categories:

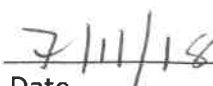
- i. **Self-Pay I:** Patients whose income and family size is less than or equal to 100% FPG are asked to pay a nominal fee per visit. Nominal Fee is recommended in each service type.
  - a. Medical \$10.00
  - b. Intrapartum Care \$650.00
  - c. Minor GYN Procedures \$65.00
  - d. Major GYN Procedures \$400.00
- ii. **Self-Pay II:** Patients whose income and family size is greater than 100% FPG, but less than or equal to 125% FPG will be given percent discount per service type as identified on the AFHC Sliding Fee Scale.
- iii. **Self-Pay III:** Patients whose income and family size is greater than 125%, but less than or equal to 150% of the FPG will be given a percent discount per service type as identified on the AFHC Sliding Fee Scale.
- iv. **Self-Pay IV:** Patients whose income and family size is greater than 150%, but less than or equal to 175% of the FPG will be given a percent discount per service type as identified on the AFHC Sliding Fee Scale.
- v. **Self-Pay V:** Patients whose income and family size is greater than 175%, but less than or equal to 200% of the FPG will be given be a given percent discount per service type as identified on the AFHC Sliding Fee Scale.
- vi. **Self-Pay VI:** Patients with a monthly family income greater than 200% FPG will be considered as private pay patients and will be charged the full fee of services rendered. A payment will be collected up front with the remaining balance billed to the patients accordingly, to maximize collections.

Note: For Minor and Major GYN procedures, which are pre-scheduled AFHC will expect payment to be paid in full prior to the procedure to maximize collections. No patient will be refused health care services because of an inability to pay.

References

Sliding Fee Discounts Procedure, Sliding Fee Discount Schedule, and Sliding Fee Attestation Form

  
Board President Signature

  
Date