

DEPT/OPS AREA:	POLICY NAME:	POLICY NUMBER:
Finance	Sliding Fee Discount Program	F6

APPLIES TO:

Patient Service Representatives, Financial Counselors

POLICY:

Progressive Community Health Centers, Inc. (PCHC) receives federal funding to ensure that healthcare services are accessible and affordable for the uninsured and underinsured individuals and families Section 330 (j)(3)(G) of the Public Health Service Act, 42 U.S.C. s 254c. PCHC is required to remain compliant with the 330 grant program as clarified by Chapter 9 Sliding Fee Discount Program of the Health Center Program Compliance Manual and the Health center Program Statutes.

1. A schedule of fees for the provision of services that is designed to cover reasonable costs of providing services included in the approved scope of project and that is consistent with locally prevailing rates or charges.
2. A sliding fee discount schedule (SFDS), so that the amounts owed for health center services by eligible patients are adjusted based on the patient's ability to pay.
3. Will continue to make every reasonable effort to:
 - a. Secure payments from patients for services in accordance with prepared fee schedule.
 - b. Collect reimbursement for health services from persons covered by Medicare, Medicaid, private insurance, or any available benefits.
 - c. Collect from patients with incomes above 200% of Federal Income Poverty Level without application of any discount or insurance.

PURPOSE:

The purpose of the sliding fee discount program (SFDP) program is to minimize financial barriers for patients at or below 200% of the current Federal Poverty Guidelines (FPG) and ensure that all patients can receive quality healthcare at a reasonable cost. 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. Assessment of all patients for sliding fee discount eligibility is based only on income and family size, including methods for making such assessments.



PROCEDURE:

Notification:

Progressive Community Health Centers places notification of Sliding Fee Discount Program at the front desk and new patient brochures,

An explanation of our Sliding Fee Discount Program is also available on Progressive Community Health Centers website: <https://progressivechc.org/patient-resources/sliding-fee-program/>

If the patient expresses financial concerns or no means of payment, front desk staff will explain eligibility for the sliding fee program to the patient and/or refer to the financial counselor.

Alternative payment sources:

All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.

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 Progressive Community Health Centers 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 30 days from the date of notification to supply the necessary information. If a patient does not provide the requested information within the 30 day time period, their application will not be considered for the Sliding Fee Discount Program.

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 all services rendered at Progressive Community Health Centers. Information is posted in each waiting area and forms can be obtained from the waiting areas, Patient Service Representatives or Financial Counselors.

Eligibility:

All patients are eligible to apply. PCHC is required to determine patient eligibility for sliding fee discounts based solely on the patient's income and family size. Some of these eligible patients may also have third party health insurance, such as a qualified health plan (QHP), which does not cover or only partially covers health care services, resulting in "out-of-pocket" costs (e.g., co-insurance or co-pays). In these cases, patient may also be eligible for a sliding fee discount based on income and

family size. In such cases the charge for each Sliding Fee Discount pay class is the maximum amount an eligible patient in that pay class is required to pay for that service, regardless of insurance status.

Discounts will be based on income and family size to patients with income levels not exceeding 200% of the Federal Income Poverty Level.

- The sliding fee scale application is completed with either a Patient Service Representative or Financial Counselor.
- Application is then re-evaluated annually (patient must complete a new sliding fee scale application).
- Upon a patient's request, eligibility may be re-evaluated sooner if applicant's income and/or household members change (patient must complete a new sliding fee scale application).

Identification:

- The applicant must provide a picture ID (driver's license, passport, military ID, county ID, etc.).
- Or if a picture ID is unavailable a Utility Bill with SSN Card must be provided in its place.

Family Household Size:

- Single: one person living alone, single filing tax status
- Family: 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. When multiple families live in the same household, only count those individuals who are considered tax dependents of your household. Others not listed must complete a separate financial declaration along with providing their own income.

Income:

- The applicant is required to list all household income

The following items can be used to determine household gross income:

- Federal tax return (form 1040)
- Two most recent paycheck stubs
- Self-employment- a copy of Schedule C & any other schedules
- Social Security/SSI award letter or statement
- Pensions/retirement
- Unemployment compensation letter or checks
- Alimony
- W-2 or other government grant checks

- Rental Income
- Workers' Compensation
- Interest, dividends, rents, royalties, income from estates, trusts, educational assistance

Add all qualifying income together to determine annual income.

- The applicant's household income will be tested at the **gross** amount (this is the amount shown before any deductions are taken out).
- Applicants who exceed 200% of the Federal Income Poverty Level Guidelines or who do not wish to comply with income verifications will be charged full fees (without any discounts).

Sliding Fee Access for Applicants without Income

All applicants who attest to **NO** sources of household income must complete Sliding Fee Scale Discount No Income Attestation Form. The applicant will be placed at Slide Fee Scale Level A and will be asked to pay the nominal fee associated with the service. The Financial Counselor will discuss various program options such as health insurance, Foodshare and other community programs for possible eligibility.

Sliding Fee Discount Scale Eligibility Determination:

Family size and annual income is entered into the Practice Management System to determine sliding fee eligibility. Indicate what information has been verified and what information is pending for verification into the Practice Management System. Once all fields are entered, the system will automatically generate the sliding fee scale discount.

Minimum Fees, Nominal Fees & Discounts:

Those with incomes at or below 100% of the Federal Income Poverty Level will be responsible for the nominal fee. Those with incomes above 100% of Federal Income Poverty Level, but at or below 200% of Federal Income Poverty Level, will be charged according to the attached sliding fee schedules (Reference: <https://progressivechc.org/wp-content/uploads/2024/08/2024-PCHC-Sliding-Fee-Scale-Schedule.pdf>) The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Patients at or below 100% of Federal Income Poverty Level will be assessed a nominal fee from the perspective of the patient. Patients above 100% of Federal Income Poverty Level are expected to pay the minimum fee generated by sliding fee scale before the patient sees a clinician at each visit, or arrangements must be made to pay the remainder of the balance in the future.

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.



Patients with third party insurance that does not cover or only partially covers fees for certain health center services may also be eligible for the Sliding Fee Scale Discount based on income and family size. The charge for each Sliding Fee Scale Discount pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status.

John Progressive, an insured patient, receives a health center service for which the health center has established a fee of \$210, per its fee schedule. Based on John Progressive's insurance plan/contractual agreements his remaining balance is \$120. The Financial Counselor has also determined, through an assessment of income and family size, which he is at 150% (C) of the federal poverty guidelines (FPG) and thus qualifies for the PCHC's Sliding Fee Scale Discount. Under the Sliding Fee Scale Discount a patient at 150% of the FPG would have a flat fee of \$30.00. PCHC would charge John Progressive \$30.00 out-of-pocket, consistent with PCHC's Sliding Fee Scale Discount, as long as this is not precluded by the insurance contract terms.

Remaining Balance after ins and contractual agreement: \$120.00

Slide Level C = \$30.00 flat fee patient responsibility

The patient is responsible for any balances remaining after all alternative payment resources has been exhausted, including all third-party payment from insurance(s), Federal and State programs. The total amount for which the client is responsible depends upon the patient's eligibility and flat rate sliding fee, which is determined by the patient's financial status. The amount covered by a sliding fee discount is expressed in a flat rate. For example, if a patient is eligible for slide level B and incurs a fee of \$100, PCHC would write-off \$75 as a sliding fee discount, and the client would pay the remaining \$25. The formula for determining client responsibility is:

TOTAL CHARGES

minus

AMOUNT COVERED BY SLIDING FEE DISCOUNT

equals

AMOUNT TO BE PAID BY PATIENT/RESPONSIBLE PARTY

Any balances remaining after insurance, specific grant funding, or the sliding fee discounts are the responsibility of the client. A receipt is always to be provided to clients who make direct payments.

Applicant notification:

A copy of the Sliding Fee Discount determination will be provided to the applicant(s) and will include the Federal Income Poverty Level, nominal fee/minimum fee and percentage of Sliding Fee Discount Program and approval dates.

Securing Payments for Services:

Progressive Community Health Centers will make every reasonable effort to secure from patient's payment for services in accordance with its fee schedules and to collect appropriate reimbursement for health services from Title XVIII of the SSA (Medicare Program), Medicaid, CHIP, other public assistance programs, and other third party payers used by Progressive Community Health Centers patients.

Financial Counselors will educate patients on options available to them based on their eligibility for insurance or other third party coverage. During the application process, the patient will receive the sliding fee discount if they qualify based on the income guidelines.

Refusal to Pay – Defined by consistent non-compliance with payments (slide fee payments, copayments, balances) and/or with monthly payment plans.

If a patient has an outstanding balance exceeding >\$100, has not made any payment for three consecutive months and expresses an unwillingness to pay or vacates the premises without making payment arrangements the patient will be contacted in writing regarding their payment obligations. If the patient is not participating in the Sliding Fee Discount Program, the Sliding Fee Discount Program application will be mailed with the notice. If there is no effort to pay or fails to respond within 60-days of the notice date this would constitute refusal to pay.

When all reasonable collection efforts/enforcement steps have been exhausted (which may include offering grace periods, meeting with Financial counselors, or establishing payment plans), non-compliant patients will be notified that they will not be scheduled but limited to urgent care only until a reasonable payment/and or payment plan is in place. Patients will be reinstated if they agree to comply with their payment plan and pay the agreed amount due at the time of service.

Inability to Pay- Defined by demonstration of a financial hardship

Patients who demonstrate a financial hardship may request additional assistance by completing a Sliding fee scale discount application and specify a financial hardship on the application. The application must be accompanied by all requested sliding fee scale discount verifications in addition to proof of financial hardship. The criteria for demonstrating financial hardship includes but is not limited to:

- You are homeless.
- You have been evicted in the last six months or are facing foreclosure.
- You were the victim of recent domestic violence.
- You experienced the recent death of a close family member.

- You experienced a fire, flood or other disaster (either natural or human-caused) that resulted in substantial damage to your property.

Waiving of Charges:

Waiving of charges may only be used in special circumstances and must be approved by Progressive Community Health Center's CFO. Any waiving of charges should be documented on the patient's Sliding Fee Scale Application along with an explanation at each visit. The assessing Financial Counselor is responsible for notifying the Revenue Cycle Director.

Criteria for waiving charges:

- a. Income at or below 100% of Federal Poverty Level
- b. Must not be eligible for Medicaid
- c. Demonstrates a financial hardship and has provided all verifications

The Revenue Cycle Director will review the application and forward to the health center CFO for approval. Approval of the application may result in reduction of charges or waiving of charges for services. Upon approval, the Revenue Cycle Director will process the reduction or waiver approval with date of service.

Record keeping: Applications and verifications related to the Sliding Fee Discount Program will be maintained electronically in a centralized confidential file located in the **J:Drive** of Progressive Community Health Centers password protected server until after the respective year financial audit

Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CFO. The SFS will be updated based on the current Federal Poverty Guidelines and to ensure that the SFS does not represent a barrier to receiving care. 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.

Medical and dental services are treated differently within the sliding fee policy.

Medical: Medical services provided in-house, including provider time, in-clinic medications, lab work and vaccines are included in the nominal fee charged to Sliding Fee Category A and a flat fee charged in Categories B, C, D and E.

Dental: For those individuals qualifying for Sliding Fee Category A, they will be charged a nominal flat fee for the office visit depending on level of service defined as Basic or Major Dental Services. Dental services provided in-house, such as provider time, cleanings, fillings, extractions, radiographs,

etc. are included in the flat fee. For Sliding Fee Category, A, outside dental laboratory cost for items such as base metal crowns, partials, dentures, etc. is the responsibility of the patient determined from the dental laboratory invoices.

For those individuals qualifying for Sliding Fee Category B, C and D, they will be charged a flat fee for the office visit depending on level of service defined as Basic or Major Dental Services. Outside dental laboratory cost for items such as base metal crowns, partials, dentures, etc. is the responsibility of the patient at the Center's cost as determined from dental laboratory invoices.

Cosmetic procedures deemed to be purely cosmetic, such as whitening and porcelain veneers, are not eligible for sliding fee scale discounts.

RESPONSIBILITY:

The following Health Center staff are responsible for ensuring compliance with and overseeing the following aspects of this board approved policy:

Chief Financial Officer, Revenue Cycle Director

Effective Date:	09/15/2015	Board Approved	2/25/2025
		Date:	
Required Review:	03/01/2028	Revised Date:	02/10/2025
Signature:	<i>Danielle Hahn</i>		

ATTACHMENT A

2025 Progressive Community Health Center Sliding Fee Schedule

2025 Progressive Community Health Center Sliding Fee Schedule							
	Slide Scale	A	B	C	D	E	F
Family Size	Poverty Level	</=100%	101%-125%	126%-150%	151%-175%	156%-200%	>200%
		100%	125%	150%	175%	200%	201%
1	\$15,650.00	\$15,650.00	\$19,563.00	\$23,475.00	\$27,388.00	\$31,300.00	\$31,301.00
2	\$21,150.00	\$21,150.00	\$26,438.00	\$31,725.00	\$37,013.00	\$42,300.00	\$42,301.00
3	\$26,650.00	\$26,650.00	\$33,313.00	\$39,975.00	\$46,638.00	\$53,300.00	\$53,301.00
4	\$32,150.00	\$32,150.00	\$40,188.00	\$48,225.00	\$56,263.00	\$64,300.00	\$64,301.00
5	\$37,650.00	\$37,650.00	\$47,063.00	\$56,475.00	\$65,888.00	\$75,300.00	\$75,301.00
6	\$43,150.00	\$43,150.00	\$53,938.00	\$64,725.00	\$75,513.00	\$86,300.00	\$86,301.00
7	\$48,650.00	\$48,650.00	\$60,813.00	\$72,975.00	\$85,138.00	\$97,300.00	\$97,301.00
8	\$54,150.00	\$54,150.00	\$67,688.00	\$81,225.00	\$94,763.00	\$108,300.00	\$108,301.00
>8	Additional person	\$5,500.00	\$6,875.00	\$8,250.00	\$9,625.00	\$11,000.00	\$11,000.00
2025 Progressive Community Health Center Sliding Fee Discount Schedule							
Service Area		Nominal Fee	101%-125%	126%-150%	151%-175%	156%-200%	>200%
Medical/BH/Specialty		\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	No Discount
Dental Preventive		\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	No Discount
Dental Restorative		\$100.00	\$105.00	\$110.00	\$120.00	\$130.00	No Discount
Note: Additional costs for material/supply will be passed to the patient at cost (i.e. dental laboratory services - dentures and crowns).							