

Subject: Sliding Fee Scale Discount Program	
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DEFINITIONS:

- A. SFSD: Sliding Fee Scale Discount
- B. DHHS: Department of Health and Human Services

PURPOSE:

- A. To offer discounted services to patients who qualify based on current DHHS Federal Poverty Guidelines.

POLICY:

- A. SHCC offers a sliding fee scale discount program to all individuals and families with annual incomes at or below 200% of current DHHS Federal Poverty Guidelines. Board of Directors' policy on the sliding fee scale discount program includes:
 1. No aspect of the sliding fee scale discount (SFSD) program, including Solvera Healthcare Center's (SHCC) fees themselves, the procedures for assessing patient eligibility, or the procedures for collecting payments, will create barriers to health care services.
 2. All services within SHCC's approved scope of project for which SHCC charges patients is offered on the SFSD and is available to patients regardless of their ability to pay.
 3. SHCC will assure that patients are aware of the SFSD by posting clear notices in waiting rooms, other prominent areas of SHCC, newsletters, and in correspondence with patients. All notices will be written in appropriate languages and literary levels. All new patients will have the SFSD explained to them during the registration process.
 4. Patients must bring required information for verification of family size and income at their first visit in order to qualify for the SFSD. However, if the patient does not have the information, they can be seen for 30 days as a Category A patient but will be required to pay full charges if not certified within the grace period.
 5. Patients must be recertified annually on their SFSD anniversary date. They will be sent notification via mail and will be reminded of this requirement at SHCC visits starting 60 days before the anniversary date.
 6. A family is defined as anyone receiving more than 50% of their support from a head of household, whether living within the same household or not. Students must produce income proof from family members providing more than 50% of their support, and grants for attending school.

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7. Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.
8. Patient or head of household must provide a copy of their most recent year's Federal IRS Form 1040 or a copy of the most recent pay stubs, child support, unemployment benefits, and/or social security benefits. Line 22 of the tax return will be used for determination of gross income for both employed and self-employed patients. If no pay stubs are available, an applicant's employer must provide a letter indicating current gross income for each pay period.
9. Patients declaring no job and/or no income will be required to sign a self-declaration form and will be placed in Category A status for six month(s). Patients who have self-declared will need to verify at each visit that they continue to be unemployed or have no income and must re-sign the self-declaration form. Self-declared patients must provide information about resources available to them for shelter, food, clothing, and other living needs. Patients who are homeless will need to also sign a self-declaration form.
10. Dental, OB-GYN, and specialty services may have a different nominal fee than medical services, and patients must pay the entire amount of outside lab costs for dental restorative care devices (i.e., bridges, crowns, dentures, etc.) before the work is performed. This can be seen in more detail under the dental policies and procedure, or inside of ECW PRACTICE MANAGEMENT SYSTEM. The SFSD does not cover supplies, or drugs. SFSD only applies to the cost of the provider for the in-scope service. Drugs, and supplies, should reflect any discounts that are given to the health center.
11. SHCC will not discount co-pays when patients have commercial insurance coverage, as SHCC will likely have a contract requiring collection of these amounts. For Medicare patients, the SFSD will be applied to the 20% coinsurance requirement.
12. The SFSD will be adjusted annually to reflect any changes in DHHS Federal Poverty Guidelines, and this policy will be reviewed annually to determine if changes are needed to the categories of the SFSD, nominal fees or other policy and/or procedures.

B. SOLVERA HEALTHCARE CENTER SLIDING FEE SCALE PROGRAM:

1. SHCC's sliding fee scale program is established to ensure that uniform and reasonable fees and discounts are consistently and appropriately applied to all SHCC patients.
2. For those patients that choose not to provide information required by SHCC to determine family size and income, even after being informed that they may qualify for discounts, are

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viewed as declining eligibility for sliding fee scale discounts. SHCC will consider these patients to be ineligible for such discounts, until such time as the patient chooses to provide income and family size information.

3. It is SHCC's policy to establish a nominal fee for those patients eligible for sliding fee scale category at 200% or below of poverty. It is not SHCC's intent to impede access to services due to an inability to pay the nominal fee. By applying a nominal fee, SHCC is trying to establish an appropriate means for patients to invest in their care and to minimize the potential for inappropriate utilization of services.
4. Patients with third party coverage are also eligible for the sliding fee scale discount program. Subject to legal and contractual limitations, the charge for each pay class is the maximum amount an eligible patient is required to pay for any service, regardless of insurance status. If, however, third party payer contracts with SHCC require the collection of certain amounts from patients, SHCC will honor the contractual agreement, and charge patients on a sliding fee scale when services result in out-of-pocket costs where SHCC is not contractually bound.

PROCEDURE:

- A. Poverty Guidelines: The most current DHHS poverty guidelines will be used in determining a patient's eligibility for the sliding fee scale program. These guidelines are published in the Federal Register annually.
- B. Discount Categories: There are five categories of discounts for services. These can be found and verified in ECW PRACTICE MANAGEMENT SYSTEM or Exhibit II and will be listed below. Dental, medical, and specialty have their own SFSD and nominal fees.
 1. "A" The patient's family income is at 100% or below the current Federal poverty income level.
The nominal fee for medical and audiology services \$20.
Diagnostic imaging services will be provided at no cost.
Internal and external laboratory testing will be provided at no cost.
Physical Therapy services will be provided at the nominal fee of \$10 per visit.
Pharmacy services will be provided at acquisition cost with any additional fees.
Other services such as Dental and Specialty may have their own nominal fees.
 2. "B" The patient's family income is greater than 100% but less than or equal to 125% (101% – 125%) of the Federal poverty income level.
The nominal fee for medical services should be \$25.
Audiology, diagnostic imaging and physical therapy services will be discounted to 10%.
Internal laboratory services will be provided at no cost.

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External laboratory services will be provided at cost to the patient.
Prescription medications will be sold at acquisition costs plus any additional fees.
Dental and Specialty services may have their own SFSD.

3. "C" The patient's family income is greater than 126% but less than or equal to 150% (126% – 150%) of the Federal poverty income level.
The nominal fee for medical services should be \$30.
Audiology, diagnostic imaging and physical therapy services will be discounted to 15%.
Internal laboratory services will be provided at no cost.
External laboratory services will be provided at cost to the patient.
Prescription medications will be sold at acquisition costs plus any additional fees.
Dental and Specialty services may have their own SFSD.
 4. "D" The patient's family income is greater than 151% but less than or equal to 200% (151% – 200%) of the Federal poverty income level.
The nominal fee for medical services should be \$40.
Audiology, diagnostic imaging and physical therapy services will be discounted to 20%.
Internal laboratory services will be provided at no cost.
External laboratory services will be provided at cost to the patient.
Prescription medications will be sold at acquisition costs plus any additional fees.
Dental and Specialty services may have their own SFSD.
 5. "E" The patient's family income is greater than 200% of the Federal poverty income level. These patients are ineligible for sliding fee discounts and will be responsible for paying 100% of the cost of medical and other services, including hearing aids. Category E patients will pay full-charge for in-house labs or labs that are sent out. Prescription medications will be sold at acquisition costs plus any additional fees. Dental and Specialty services may have their own SFSD.
- C. For Category E patients, payment plans can be made available.
- D. How to Apply: Patients may apply using the "SFS Application" which is provided to the patient upon registration at SHCC
- E. Documentation Required: In order for an application to be reviewed, persons applying must:
1. Provide a copy of the most recent year's Federal IRS Form 1040 or a copy of the most recent pay stubs, child support, unemployment benefits, and/or social security benefits. Line 22 of the tax return will be used for determination of gross income for both employed and self-employed patients. If no pay stubs are available, an

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applicant's employer must provide a letter indicating current gross income for each pay period.

2. Patients declaring no income will qualify for the minimum amount due on the first visit. They must provide staff with a signed verification of income form that is valid for 60 days. Staff will ensure that the patient's no-income status is verified every visit.
- F. Period of Eligibility: Once qualified, the individual will remain qualified unless a change in the family income is reported that will change the sliding fee category or eligibility for the discount. Eligibility will be re-evaluated every 12 months.
 - G. Adjusting Patient Accounts: Once the application is approved, the patient's account may be adjusted to reflect the slide category, based upon the circumstances creating the patient's current income and family size situation.
 - H. Retroactivity: Applications for the sliding fee discount may be retroactive to all outstanding charges on the account at the time of approval, at the CFO's discretion on a case-by-case basis.
 - I. The following charges are not eligible for sliding fee discounts: insurance co-payments and/or managed care contracted co-payment amounts.
 - J. The SFS program will be reviewed annually by the Finance Committee to see if charges are nominal. Any changes must be presented at the full board and approved by the BOD.
 - K. SHCC will randomly test up to 30 patients per quarter to make sure the correct discounts are being given
 - L. SHCC will set up the EMR to calculate the SFS based on the Federal guidelines and the patients effective, and expiration date. Any patients who have expired will go on hold. This will help prevent patients from receiving discounts whose SFS status has expired.
 - M. SHCC will dedicate a member or finance to review the daily SFS adjustments
 - N. The CEO may extend the period of the patient's slide and requirement for providing proof of income in a time of National Emergency.