



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

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| DIVISION: Administration Federally Qualified Health Center | NUMBER(s): CHCA-002 VERSION: 1.00 Page: 1 of 5 |
| PROGRAM: Administration Finance | |
| TITLE: Sliding Fee Policy | EFFECTIVE DATE: (Date signed by DHO) 05/11/2022 |
| DESCRIPTION: To determine eligibility for fee discounts under the Sliding Fee Schedule | ORIGINATION DATE: New |
| APPROVED BY: DISTRICT HEALTHCHIEF EXECUTIVE OFFICER: | Replaces: New |
| Fermin Leguen, MD, MPH Randy Smith _____ Date | |

I. PURPOSE

To ensure that Southern Nevada Community Health Center (SNCHC) provides services to all patients without regard to the patient’s ability to pay. No patient will be denied service due to an individual’s inability to pay.

II. SCOPE

Sliding fee discounts are uniformly applicable/offered to all patients regardless of their insurance status. Assessments are based only on income and family size. All services within the HRSA scope of project are offered at a sliding fee discount, regardless of the mode of delivery.

III. POLICY

It is the policy of the SNCHC to comply with Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u). This policy is designed to reduce barriers to accessing health services for patients.

IV. PROCEDURE

A. Sliding Fee Discount Schedule

1. All patients whose income is at or below 200% of the Federal Poverty Guidelines (FPG) will have access to a Sliding Fee Discount Schedule (SFDS).
2. Eligibility for discounts under the SFDS will be based solely on income and family size.
 - a. Patients with income at or below 100% of FPG will receive a full discount but will be ~~assessed~~required to pay a nominal fee.
 - b. Patients ~~with hose~~incomes is between from 100% and up to and including, 200% of FPG will receive a sliding fee discount.

B. Sliding Fee Categories

1. The sliding fee ~~schedule~~ale has three discount categories ~~from between~~ 100% - to 200% of the FPG.

NOTE: No ~~sliding~~ fee discounts are offered to patients whose income is greater than 200% of the FPG ~~except for the Family Planning (FP) and Ryan White (RW) programs, or SHC programs (see below).~~

The ~~schedule also includes a~~ nominal fee. The nominal fee is less than the fee ~~assessed paid by at~~ patients in the first sliding fee discounting pay class beginning ~~at above~~ 100% of the FPG. The SFDS will assure that all SFDS patients have access to all services within the approved scope of project under the HRSA Section 330 grant.

- ~~2. For patients whose income is at or below 100% of the FPG will have a nominal fee assessed of \$20. For patients whose income is over 100% but up to and including 150% of the FPG the flat charge is \$35, for patients whose income is over 150% and up to and including 175% of the FPG the flat fee is \$45. For patients whose income is over 175% and up to 200% of the FPG the flat fee is \$55. For patients whose income is over 200% will not receive a discount.~~

The nominal charge for patients at or below 100% of the FPG is a flat amount, nominal from the perspective of the ~~patient and patient and~~ does not reflect the actual cost of the service being provided.

- ~~3.2.~~ Patients with third-party insurance that does not cover, or only partially covers, fees for health center services are eligible for sliding fee discounts based on income and family size. In such cases, subject to contractual limitations, 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 a certain service.

~~A. NOTE: Patients are reassessed no less frequently than annually. Ryan White~~

~~patients are reassessed every six months.~~

C. Income and Family Size Determination Information

1. Patients must provide proof of income for staff to assign the Sliding Fee Category.
2. Family Size is determined by having the patient disclose how many people are supported by the stated income.

Family is defined as the applicant and the number of individuals who qualify as IRS dependents of the applicant determines family size. This includes the applicant, spouse, dependent children, and any other individual that qualifies as a personal exemption for tax reporting purposes.

3. Income is defined as wages, tips, and salaries before any deductions; of all of the adult members of the household. This includes regular payments from public assistance, social security, unemployment, worker's compensation, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the ~~household;~~household, or pensions, and private pensions, etc. Patients may demonstrate proof of income by providing documentation of income (e.g., paystubs, W2s, etc.), or can complete and sign SNCHC's Certification of Income form attesting to their income and family size.

~~—Non-cash benefits (such as food stamps and housing subsidies) do not count.~~

~~3. —A patient's income and family size are assessed upon establishing care with the health center and no less frequently than annually thereafter. Ryan White patients are reassessed every six months.~~

D. Notification of Discounts

- 4.1. All patients of SNHD will be notified of the availability of the SFDS in the following ways:

Signage in Waiting Rooms

Registration Staff

Eligibility Staff

Web Site

5. Notification methods will utilize appropriate language and literacy levels for the populations being served.

2. ~~The SFDS will be based on a schedule of fees for the provision of services that is designed to cover the reasonable costs of providing services and consistent with~~

~~locally prevailing rates.~~

~~**Patients are reassessed no less frequently than annually. Ryan White patients are reassessed every six months.**~~

~~6.~~

~~**D. Family Planning and SHC**~~

~~For FP and SHC clinic patients whose income is over 200% and up to 250% of the FPG will be assessed the flat fee of \$60 and then Full Charges will be assessed. For patients whose income is greater than 250% of FPG full charges will be assessed.~~

DRAFT

E. Ryan White

Ryan White patients receive a discount on charges based on their annual income.

F.E. Other

1. The SFDS is based on the health center's schedule of fees for the provision of services that is designed to cover the reasonable costs of providing services and consistent with locally prevailing rates.
- ~~1.2.~~ The SFDS ~~is will be~~ updated annually to reflect for changes to the FPG. ~~These changes will be incorporated in the SFDS within 60 days of publication in the Federal Register.~~
- ~~2.3.~~ Patients who refused to complete the Certification of Income documentationsliding fee application are not eligible ~~for the~~to participate in ~~slidingthe sliding~~ fee discount program and will be assessed the full charge for their visit.
4. A sliding fee evaluation ~~iswill be~~ conducted at least every three years. Internal and external ~~The following data metrics arewill be used~~analyzed to evaluate the effectiveness of the program's policies and discount schedules in reducing financial barriers to care. Evaluation activities can include ~~;~~results of patient satisfaction surveys or focus groups ~~;~~surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care, financial reports showing patient payment ;participation utilization to assess the rate at which patients within each of its discount pay classes, and an assessment of the prevailing nominal and sliding fee charges amongst other local FQHCsas well as those at or below 100 percent of the FPG, are accessing health center services.
- ~~3.~~ Upon the completion of the evaluation, staff will identify potential and implement changes ~~as neededand will recommend to the Governing Board for approval.~~
- ~~4.5.~~ Charges or fees may be reduced or waived to assist patients experiencing circumstances that directly impact their physical well-being and health. The DHO, CEO~~CFO~~, CFO, FQHC ~~operations~~Administrative mManager, CHN Manager and Revenue Cycle mManager have the authority to waive charges and other patient fees in cases where it is determined that the charge or other patient fees represents a barrier to care. Patient fees maybe discounted or waived in the case of recent hospital stay, extraordinary personal circumstances or other unusual situations, etc. Staff members may refer patients or patients may directly contact authorized administrative staff to discuss additional discounts needed due to hardship. All patients regardless of income or insurance status are eligible to apply for a waiver of fee.

~~5.6.~~ SNCHC does not limit or deny services due to a patient refusing to pay.

~~6.7.~~ See the Sliding Fee Scale for additional information.

V. REFERENCES

1. HRSA Site Visit Protocol: <https://bphc.hrsa.gov/programrequirements/site-visit-protocol>
2. Health Centers Program Compliance Manual: <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>
3. Section 330(k)(3)(G) of the PHS Act, 42 CFR 51c303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

HISTORY TABLE

Table 1: History

| Version/Section | Effective Date | Change Made |
|------------------|----------------|--|
| <u>Version 1</u> | | Changed division, program and approver. Updated the procedure section. |
| Version 0 | 05/11/2022 | First issuance |

VI. ATTACHMENTS

Not Applicable