



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

<b>DIVISION:</b>	Federally Qualified Health Center	<b>NUMBER(s):</b> CHCA-002
<b>PROGRAM:</b>	Administration	<b>VERSION:</b> 1.02
<b>TITLE:</b>	Sliding Fee Policy	<b>Page:</b> 1 of 5
<b>DESCRIPTION:</b>	To determine eligibility for discounts on fees under the Sliding Fee Schedule	<b>EFFECTIVE DATE:</b>
<b>APPROVED BY:</b>		<b>ORIGINATION DATE:</b> May 11, 2022
<b>CHIEF EXECUTIVE OFFICER - FQHC:</b>		<b>Replaces:</b> 04/16/2024
Randy Smith, MPA	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 a nominal fee.
  - b. Patients with incomes from 101% and up to and including, 200% of FPG will receive a sliding fee discount.

### B. Sliding Fee Categories

1. The sliding fee schedule has three discount categories from 101% 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.

The schedule also includes a nominal fee. The nominal fee is less than the fee assessed to patients in the first sliding fee discounting pay class beginning at 101% 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.

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

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.

### C. Income and Family Size Determination

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, 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.

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**

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

#### **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.
2. The SFDS is updated annually to reflect changes to the FPG.
3. Patients who refused to complete the Certification of Income documentation are not eligible to participate in the sliding fee discount program and will be assessed the full charge for their visit.
4. A sliding fee evaluation is conducted at least every three years. Internal and external metrics are used 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 to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to

care, financial reports showing patient payment participation rate within each discount, and an assessment of the prevailing nominal and sliding fee charges amongst other local FQHCs.

Upon the completion of the evaluation, staff will identify potential changes and will recommend to the Governing Board for approval.

5. Charges or fees may be reduced or waived to assist patients experiencing circumstances that directly impact their physical well-being and health. The CHN Manager, BH Manager, and Revenue Cycle Manager are authorized 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 may be 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.
6. For patients who are using the sliding fee schedule, and who are receiving more than one service in a day, the first sliding fee charge will be imposed and any additional sliding fee charges for that day's services will be waived.
7. SNCHC does not limit or deny services due to a patient refusing to pay.
8. 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
Version 2		1. Added a new item under IV. Procedure, E, Other
Version 1	04/16/2024	2. Changed division, program and approver. 3. Updated procedure.
Version 0	05/11/2022	First issuance

**VI. ATTACHMENTS**

Not Applicable

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