



Hilltown Community Health Centers, Inc.

Administration

SUBJECT: NAME OF POLICY – SLIDING FEE DISCOUNT PROGRAM (SFDP)

REGULATORY REFERENCE: HRSA/BPHC [Public Health Service Act 330(k)(3)(G) of the PHS Act; and 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)]

Policy:

To make available discount services to those in need.

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors have adopted this policy to make available a sliding fee discount program to ensure that no patient will be denied health care services provided by HCHC due to an inability to pay or on the basis of race, color, religion, creed, sex, gender, gender identity or gender expression, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law with respect to the provision of services.

This policy includes a formal documented process designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical, optometry, behavioral health and dental services (Uninsured or Underinsured). The HCHC Navigators and the Billing Manager's role under this policy is to act as a patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Discounts are offered based on family size and annual household income which is documented through the completion of the "Sliding Fee Discount Application". The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities.. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG). The professional services component of procedures performed by HHC staff that involve lab charges or other 3rd party fees are subject to all sliding fee discount conditions and will be charged in accordance with the SFDP. Payment options and lab or separate eligible service costs will be discussed up front prior to services being provided and referenced in written documentation (eg, treatment plans).

The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Procedure: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** HCHC will notify patients of the Sliding Fee Discount Program by:
 - Notification of Sliding Fee Discount Program in the clinic waiting area.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon registration as a patient of HCHC.
 - Notification of financial assistance on each invoice and collection notice sent out by HCHC.
 - An explanation of our Sliding Fee Discount Program and our application form are available on HCHC's website.
2. **All patients** seeking healthcare services at HCHC are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **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. Information and forms can be obtained from the Front Desk, Billing Department and from Navigators.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Finance Department / Billing Manager or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application with Navigators and /or the Billing Manager. Dignity will be respected and confidentiality maintained for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s) and Federal and State programs, including Health Safety Net (HSN).
6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Every effort will be made to collect the required family income information in conjunction with any Mass Health and/or HSN applications. By signing the application, persons authorize HCHC access in confirming income as disclosed on the application form. Providing false information may result in the Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable under the HCHC Credit and Collection Policy.
7. **Eligibility:** Sliding Fee Discounts will be based on income and family size only. HCHC uses the Census Bureau definitions of each.

- a. Family is defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together and any person who is claimed as a dependent for Federal tax purposes; all such people (including related subfamily members) are considered as members of one family.
 - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as SNAP benefits and housing subsidies) do not count as income.
 - c. Income verification: Applicants must provide one of the following: prior year W-2, prior year federal tax return (1040, etc.), two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business and prior year Federal Form 1040 Schedule C. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
8. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee discount schedule will be applied to any standard charges or any remaining charges after any insurance payment. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (FPG), <http://aspe.hhs.gov/poverty>.
 9. **Nominal Fee:** Patients receiving a full discount **will not** be assessed a nominal charge per visit.
 10. **Waiving or Reducing Charges:** In certain situations, patients may not be able to pay the discount fee, regardless of the patient income levels. Waiving of charges may only be used in special circumstances and must be approved by HCHC's CEO, CFO, or their designee. Examples of such special circumstances may include, but are not limited to, displacement of current housing due to catastrophic events such as fires or water

damage, auto/personal injuries, or as a victim of serious crimes. Any waiving or reduction of charges should be documented in the patient's file along with an explanation.

11. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with HCHC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, HCHC can implement procedures under the HCHC Credit and Collection Policy.
13. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Billing Department Manager's Office.
14. **Policy and procedure review:** Annually, all aspects of the SFDP will be reviewed, including the nominal fee from the perspective of the patient to ensure it does not create a financial barrier to care. The SFDP will be reviewed by the CEO and/or CFO and presented to the Board of Directors for further review and approval. The review process will include a method to obtain feedback from patients. The Sliding Fee Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future budget 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.

15. **Referral contracts:** All HCHC referral contracts must include a clause detailing that HCHC patients receive services on a discounted fee equal to or better than the SFDS criteria of the Health Center Program. If the referral provider offers the services discounted on a SFDS with income at or below 250% FPG, as long as health center patients at or below 200% of the FPG receive a greater discount for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule, and patients at or below 100% of the FPG receive no charge or only a nominal charge for the services, the referral arrangement is in compliance.
16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval of Sliding Fee Discount Program will be sought as an integral part of the annual budget.

Questions regarding this policy or any related procedure should be directed to the Chief Financial Officer at 413-238-4116

Originally Drafted: JANUARY 2013 Reviewed or Revised: MAY 2020

Approved by:

Name: Eliza B. Lake

Date: 05/14/2020

Eliza B. Lake/

Chief Executive Officer, HCHC

Name: John Follet, MD

Date: 05/14/2020

John Follet, MD

President, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Sliding Fee Discount Application

It is the policy of Hilltown Community Health Centers, Inc. (HCHC), to make available a sliding fee discount program to ensure that no patient will be denied health care services provided by HCHC due to an inability to pay or on the basis of race, color, religion, creed, sex, gender, gender identity or gender expression, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law with respect to the provision of services. Discounts are offered based on family size and annual household income. Please complete the following information to determine if you or members of your family are eligible for a discount.

The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG). The professional services component of procedures performed by HHC staff that involve lab charges or other 3rd part fees are subject to all sliding fee discount conditions and will be charged in accordance with the SFDP. Payment options and lab or separate eligible service costs will be discussed up front prior to services being provided and referenced in written documentation (eg, treatment plans).

This form must be completed every 12 months or if your financial situation changes.

If you have questions or need assistance completing this form please contact an HCHC Navigators at 413-667-2203 or the Billing Manager at 413-238-4114.

Annual Household Income:

Income Source:	Self	Other Family Member(s)	Total
Gross Wages, salaries, tips, etc.			
Income from business and self-employment.			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income.			
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.			
Total			

NOTE: Please attach copies of all documents or self-declaration statements being used to verify income.

I certify that the family size and income information shown above is correct.

Name (Print):

Signature:

Date:

Official Use Only

Patient Name:
Approved Discount:
Approved By:
Date Approved:
List of Documents used to verify Income, please attach copy;

HILLTOWN COMMUNITY HEALTH CENTER SLIDING FEE DISCOUNT SCHEDULE

2020 FEDERAL INCOME POVERTY GUIDELINES

	Coverable by Federal Grant Resources *				
		125%	150%	175%	200%
	100% Slide A	101-125% Slide B	126-150% Slide C	151-175% Slide D	176-200% Slide E
SIZE OF FAMILY UNIT	Maximum Annual Income Level Sliding Fee Discount Program				
1	\$ 12,760	\$ 15,950	\$ 19,140	\$ 22,330	\$ 25,520
2	\$ 17,240	\$ 21,550	\$ 25,860	\$ 30,170	\$ 34,480
3	\$ 21,720	\$ 27,150	\$ 32,580	\$ 38,010	\$ 43,440
4	\$ 26,200	\$ 32,750	\$ 39,300	\$ 45,850	\$ 52,400
5	\$ 30,680	\$ 38,350	\$ 46,020	\$ 53,690	\$ 61,360
6	\$ 35,160	\$ 43,950	\$ 52,740	\$ 61,530	\$ 70,320
7	\$ 39,640	\$ 49,550	\$ 59,460	\$ 69,370	\$ 79,280
8	\$ 44,120	\$ 55,150	\$ 66,180	\$ 77,210	\$ 88,240
For each additional person , add	\$ 4,480	\$ 5,600	\$ 6,720	\$ 7,840	\$ 8,960
Discount Allowed	100%	80%	60%	40%	20%
Charge to Patient	\$0.00	20%	40%	60%	80%

Coverable by State Health Safety Net (HSN)**

	HSN Primary & Secondary	HSN Primary & Secondary Partial
	up to 150%	150.1% to 300%
SIZE OF FAMILY UNIT	Maximum Annual Income Level HSN	
1	\$ 19,140	\$ 38,280
2	\$ 25,860	\$ 51,720
3	\$ 32,580	\$ 65,160
4	\$ 39,300	\$ 78,600
5	\$ 46,020	\$ 92,040
6	\$ 52,740	\$ 105,480
7	\$ 59,460	\$ 118,920
8	\$ 66,180	\$ 132,360
For each additional person , add	\$ 6,720	\$ 13,440

Policy and Procedure:

* "Sliding Fee Scale" (SFS) is used by the federal Section 330 program to allow for discounts to patients with incomes below or at 200% of the Federal Poverty Level(FPL). **The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG).**

** MA Health Safety Net Office (HSN) for discounts to eligible patients with incomes below or at 300% of the FPL. [per 101 CMR 613.00 (formerly 114.6 CMR 13.00) and 101 CMR 614.00 (formerly 114.6 CMR 14.00)]