




Community Health Center of Southeast Kansas

Sliding Fee Discount Program, Billing and Collections	
Effective Date: February 16, 2023	Policy Section: General
Approval:	Approval:
 2/16/23	 02/16/23
Chief Executive Officer Date	Board Chairperson Date

Purpose: The Sliding Fee Discount Program (hereinafter the “Program”) is designed to minimize financial barriers to care for those who have no means, or limited means, to pay for their healthcare, including the uninsured and underinsured, by establishing a fee schedule for services, and a corresponding discount schedule for eligible patients, adjusted based on ability to pay.

Policy:

1. Community Health Center of Southeast Kansas, Inc. (hereinafter “CHC/SEK”) offers the Program to *all patients* to ensure no patient will be denied healthcare services due to inability to pay for such services. This Program is designed to help eligible patients receive accessible, affordable, quality care. Determination of eligibility is contingent (based) upon a patient’s ability to pay for services *based upon household/family size and annual household income* as determined by CHC/SEK’s Board of Directors. Lack of insurance and/or insurance coverage is not a determining factor when assessing qualifications.
2. In order to determine eligibility, CHC/SEK follows a schedule of discounts based upon the Department of Health and Human Services (HHS) “Poverty Income Guidelines” published annually in the Federal Registry. All patients at or below 200% of the Federal Poverty Level (FPL) are eligible based upon household/family size and income, including those patients with third party coverage.
3. CHC/SEK depends on the financial support of CHC/SEK’s patients with a responsible approach to the extension of credit and the collection of payments due. With rare exceptions, some payment for care is expected from every patient with the amount due based on an individual’s “ability to pay” as determined using established federal guidelines and consistent with locally prevailing charges. Charges for eligible patients (at or below 200% of the FPL) will include a nominal charge. No patient, however, will be denied services due to an inability to pay for such services, nor is any patient discouraged from accessing services.
4. CHC/SEK participates in (i.e. enrolls/contracts with) Medicare, Medicaid, and the Children’s Health Insurance Program and, as appropriate, other public or private assistance programs or health insurance.
5. When a funding source other than the federal health center program award is available to cover or subsidize all or part of the fees for certain patient services, the funding source and/or the patient will be charged in accordance with the terms and conditions of such funding source (e.g. Ryan White funds, Farmworker’s Program, etc.).
6. The patient is informed of any “out of pocket” costs prior to the time of service; for example, supplies or equipment that are related to, but not included in, the service itself as part of prevailing standards of care such as eyeglasses, dentures or prescription drugs, including those purchased under discount programs.

7. CHC/SEK staff will offer possible solutions for those who cannot pay in full, and work with the patient and/or guarantor to find reasonable payment alternatives.

Definitions:

1. **Household/Family Size:** All persons living in the household that share income.
2. **Household Income:** Patients applying for Sliding Fee Discount must provide proof of income for all household members sharing income or legally responsible for each other's debts. Proof of income is only necessary for patients of eighteen (18) years-old and older. Gross income is used to determine eligibility.
(Income includes earnings¹, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits, such as SNAP and housing subsidies, are not considered income.*)
3. **Income Verification:** Patients must provide one of the following:
 - a. **Paycheck** - The most recent paycheck of all employed persons and persons receiving other income in the household;
 - b. **Income Tax Return** - The most recent income tax return for all employed household members;
 - c. **Agency Letter** - Letters from SSA or Veteran's Administration must state the monthly income before deductions;
 - d. **Unemployment Agency** - A letter from the unemployment agency;
 - e. **Letter from Employer** - A letter from employer detailing current gross income and frequency of pay periods may be used for those patients/household members who are paid in cash. The letter must be on the employer's letterhead (unless non-applicable), contain the employer's signature as well as telephone number for verification of supplied information; and/or
 - f. **Self-Declaration** - Patients with no income or who cannot prove employment may use the Self Declaration form that is attached to CHC/SEK's Financial Assistance Application.
4. **Service(s):** Generally considered federally approved services, with the Health Resources and Services Administration (HRSA) as listed on CHC/SEK's HRSA Form 5A. *Certain services (e.g. translation, other non-clinical services) are traditionally not billed in CHC/SEK's health care market/communities, and, therefore, are excluded from the Program.*
5. **Site(s):** Generally considered federally approved service locations, with HRSA as listed on CHC/SEK's HRSA Form 5B or as discussed on CHC/SEK's HRSA Form 5C, wherein CHC/SEK provides the Service (e.g. a CHC/SEK clinic). *Dependently on the specific Service provided, these Sites could be considered permanent or temporary, and could be locations where CHC/SEK provides outreach activities (e.g. medical outreach).*

Sliding Fee Schedule:

The Sliding Fee Schedule, also known as "Community Health Center of Southeast Kansas (Year) Financial Assistance Guidelines," (see attached [Appendix A](#)) is updated annually upon the release of new poverty guidelines/FPL, which are published annually in the Federal Registry.

¹ At all times, Household Income is distinguished from Household Assets. Generally, income is considered earnings over a certain/given period of time used to support an individual/household unit based on a set of criteria of inclusion and exclusion. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

At all times, CHC/SEK incorporates the updated/current/new poverty guidelines/FPL in CHC/SEK's calculations for all the discount classes (i.e. Slide A through Slide D) and the appropriate and progressive discount applied as you move from Slide D (income between 168% and 200% of the FPL) through Slide A (income at or below 100% of the FPL); while no discount is provided for Slide E (income above 200% of the FPL).

Discounted/Nominal Charges:

1. CHC/SEK's Board of Directors has determined that a payment of a nominal charge per visit to cover reasonable costs *does not* create a barrier to care and is expected from patients being seen at a Site. *The nominal charge is not a threshold for receiving care and thus, is not a minimum fee/charge, or co-payment, and does not reflect CHC/SEK's actual costs.*
2. Patients accessing multiple Services in the same day, for example a behavioral health and a medical visit, will be obligated to make the nominal payment for each Service.
3. At all times, the discounted/nominal fee(s) is adjusted appropriately to ensure (a) that the nominal charge(s) is appropriately and progressively discounted as you move from Slide D (income between 168% and 200% of the FPL) through Slide A (income at or below 100% of the FPL) and (b) that a nominal charge(s) is not provided for Slide E (income above 200% of the FPL).
4. The expectation that a nominal payment will be made by eligible patients, will be communicated through bi-lingual printed materials (e.g. health center brochures) and signage, and reinforced at the time of Service by CHC/SEK staff. Patients will be notified of their financial responsibility, billing process, and payment expectations through written materials in a CHC/SEK's Welcome Packet provided at the initial visit and by CHC/SEK clerical support staff, as appropriate.
5. CHC/SEK's Schedule of Discounted/Nominal Charges is updated, from time-to-time, as appropriate (e.g. the Schedule of Discounted/Nominal Charges is updated when a new Service is added).

As appropriate and upon request, patients (e.g. self-pay or uninsured patients) are provided (e.g. through CHC/SEK's website or direct communication) with a good faith estimate of the expected charges/fees these patients may be assessed for the Services that the patient is seeking at CHC/SEK. At all times, the information provided to patients (e.g. Schedule of Discounted/Nominal Charges) is a good faith estimate of the expected charges/fees a patient may be assessed; this information is not a guaranteed amount as there could be a difference between the Service(s) that CHC/SEK reasonably expects to provide and the Service(s) actually provided to the patient by CHC/SEK.

The Schedule of Discounted/Nominal Charges is attached as Appendix B.

Services Provided through Contract:

For Services provided to patients via contractual agreements, CHC/SEK ensures that these Services are appropriately discounted, as necessary, consistent with the Program and the applicable federal and/or state guidance. Most Services are provided by CHC/SEK, either directly or through contractual agreements, and appropriately documented within CHC/SEK's electronic medical record (EMR) system, CHC/SEK is responsible for the direct care, and CHC/SEK is accountable for paying and/or billing for the Service provided. These circumstances ensure utilization of discounted/nominal charges, and this Program, for these Services.

Services Provided through Formal Written Referral Arrangement:

In the limited instance that Service(s) is provided to patients via a formal written referral arrangement, CHC/SEK appropriately works with the party (i.e. health care provider) to ensure that the referral for the Service(s) is appropriately made/managed, that appropriate follow-up care is taken (as necessary), and that appropriate discounts for these Services are applied.

Special Services²:

There are higher nominal charges for certain procedures/services, due to their nature or increased cost. This list of Services is created or adjusted as needed based upon CHC/SEK's current cost. Patients are informed of these charges and any available payment plan options prior to treatment. These balances should be paid in advance before the Service is rendered, unless special arrangements have been authorized by the Chief Executive Officer or designee.

Notification of Program:

To ensure that patients are aware of the availability of discounted Services, CHC/SEK will notify patients of the Program through multiple methods including, but not limited to, the following:

1. CHC/SEK Welcome Packets provided to new patients with information describing the Program and how to access it;
2. CHC/SEK Financial Assistance Applications for sliding fee discounts available at registration desks at all CHC/SEK clinics;
3. Direct communication, by CHC/SEK staff, informing patients of the availability of the Program;
4. Bi-lingual signage displayed within all CHC/SEK clinics clearly indicating that Services are available at a discounted rate for those meeting financial guidelines;
5. Notices of Services, advertisements, community presentations, and other methods of public communication; and
6. Social media, including the CHC/SEK webpage, Facebook, etc., with links to information and forms.

Procedure:

Financial Assistance Application (FAA)

1. Requests for discounted Services may be requested by patients, family members, staff, or others who are aware of existing financial hardship.
2. The FAA must be completed in its entirety (Assistance is provided to those patients who need help in completing the FAA process).
3. Any authorized household representative may sign a FAA.
4. The following is requested at the time of completion of a FAA and scanned into the medical record:
 - a. Proof of Address - examples include driver's license, bills, checks, or any other documentation containing name and address; and
 - b. Photo ID - examples include driver's license, student ID, employee badge, credit card with picture, etc.
5. CHC/SEK staff will review the FAA and verify documents provided. Discounts are determined based on annual gross income and sliding fee scale designations are documented in the patient's record.
6. Applicants are notified of eligibility through verbal or written communication following completion of the FAA review process.
7. An applicant has the option to reapply anytime there has been a significant change in family income.
8. *Patients qualifying for sliding fee discounts must update FAA(s) annually.* In addition, the patient's FAA and file must be updated if changes occur in employment status, income, or household size.
9. Patients who knowingly provide false information will be disqualified.
10. Slide levels can be applied to account past due charges up to one (1) year before the FAA date.
A copy of CHC/SEK's Financial Assistance Application is attached hereto as Appendix C.

² Generally considered "Approved Specialty Services" that are approved by HRSA.

Presumptive Eligibility Sliding Fee Discounts:

To ensure that new patients eligible for financial assistance are not deterred from accessing care, anyone “self-declaring” that the patient meets income guidelines to receive a discount will be “presumed eligible” for a sixty (60) day period commencing on their first (1st) day of Service. The patient will be instructed to return necessary documents and forms within that sixty (60) day period to remain eligible for the discount. After the sixty (60) day period, patient(s) failing to return documentation will be reclassified as full pay for any visit and billed accordingly.

Presumptive Eligibility for Medicaid:

CHC/SEK has been designated a presumptive eligibility site by Kansas Medicaid and can preliminarily determine eligibility for children and pregnant women per state guidelines. Any individual appearing to meet the criteria will be referred to a staff member for screening and processing. These individual(s) do not need to be a patient to access the service.

Waiving/Reducing of Nominal Charges:

In certain situations, patients may not be able to pay the nominal charge(s). Waiving or reducing of charge(s) may only be used in special circumstances and must be approved by the Chief Executive Officer or designee, CHC/SEK’s Chief Compliance Officer. As appropriate, any waiving or reducing of charge(s) should be documented in the patient’s record with an explanation (e.g. ability to pay, good will, health promotion event).

In the event that a patient disputes the charge(s) assessed to the patient for Services rendered by CHC/SEK, these disputes will be appropriately recorded and addressed as part of CHC/SEK’s Risk Management Program. Waiving or reducing of charge(s), due to a dispute or risk management concern, must be approved by the Chief Executive Officer or designee, CHC/SEK’s Chief Compliance Officer. As appropriate, any waiving or reducing of charge(s) should be documented in the patient’s record with an explanation (e.g. risk management concern).

As appropriate, patients shall be informed about how to contact CHC/SEK’s Risk Management Program if there is a dispute about charges.

Third Party Coverage:

The Program can also apply to those with insurance. Discounted Services are available for insured patients if the patient meets the financial guidelines and may be applied to deductible and/or co-pay, as appropriate.

1. CHC/SEK will file requests for insurance payment as a convenience and patient service for all those plans/programs in which CHC/SEK is a participant and for which CHC/SEK has been determined the patient is eligible.
2. For individuals covered by an insurance plan in which CHC/SEK does not participate, the patient’s co-pay is accepted. All patients are considered “in network” and their copay and deductible is calculated accordingly. CHC/SEK routinely assesses the advisability of contracting with individual insurance plans and does so when patient volume is adequate to justify the organizational commitment.
3. Whenever possible, a patient’s eligibility to have Services paid by their health insurance provider will be determined prior to the patient receiving care. In addition, the portion (e.g. co-pay) of the Service’s cost which is the patient’s responsibility will also be pre-determined and efforts made to collect that amount when the patient is at a CHC/SEK clinic for his/her appointment.
4. Every reasonable effort is made to obtain reimbursement from third party payors.

Extension of Credit and Payment Incentives:

1. Every effort will be made at the time of Service to collect the nominal payment and/or co-pay amounts and/or amount due after CHC/SEK's Sliding Fee Schedule has been applied.
2. Co-payments, spend-downs, deductibles, etc. may be discounted based on ability to pay as determined using federal poverty guidelines/FPL and CHC/SEK's Sliding Fee Schedule. Medicare patients will have deductibles waived and co-pays may be slid for those meeting income guidelines.
3. Credit is extended for a reasonable period (no more than ninety (90) days) and efforts to collect further will be deferred until a claim that was filed to private insurance or other third party coverage is processed and a determination made of any remaining balance due.
4. Once a balance due has been determined to be the sole responsibility of the patient, a bill will be mailed clearly indicating payments received and/or discounts applied. The bill is the patient's responsibility and payment is expected.

Refund and Adjustment:

1. When an overpayment has been identified and quantified through due diligence and investigation, all efforts are made to issue a refund and/or make an adjustment to the account within sixty (60) days of identifying an overpayment per CMS Final Rule.
2. Refunds will not be paid to the patient until the claim has been appropriately processed, which may require resubmission and processing to a third party payer.

Collection:

CHC/SEK will make every reasonable effort to collect reimbursement on the full amount of the fees for any patient with public or private coverage. CHC/SEK assumes full responsibility for the collection of fees and will not outsource this duty to any other agency or collection service to ensure that patient dignity is maintained.

Annual Review:

The Program, including the Sliding Fee Schedule based on the current Federal Poverty Guidelines, is reviewed annually and approved by CHC/SEK's Board of Directors. The annual review includes an evaluation of the Program's effectiveness in addressing financial barriers to care.

Updated:	November 17, 2016	February 21, 2019	December 16, 2021
	January 18, 2018	April 18, 2019	February 16, 2023