Document Title: SLIDING FEE SCALE		**Page** 1 of 7
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PROCEDURE DESCRIPTION: This procedure provides guidelines for the method through which the Sliding Fee Scale (SFS) / Discount Program (SFDP) provides essential health care services regardless of the patient's ability to pay.

PROCEDURE GUIDELINES:

1. Implementation

   a. At patient registration, every patient is asked to indicate if they have any medical funding program (health insurance) to cover the cost of the visit. If the patient states that he/she has no health insurance the staff is required to inform the patient about affordable insurance options, including the benefits that go beyond the services provided by BeverlyCare (e.g. access to specialty care and hospitalization).

   b. Call Center and Front Office employees are responsible for informing all patients of the SFDP, Family PACT and other programs. Patient will also be offered an appointment with a Certified Application Assister (CAA), or other enrollment staff, to determine qualification for public assistance programs
      i. Script for Front Desk:
      "BeverlyCare offers a sliding fee discount program for people who live at 200% and below of the Federal Poverty Guideline. The sliding fee discount is based on your family size and income. This program allows reduced fees for covered services. In order to qualify for our sliding fee scale, you will need to provide proof of income at the time of your appointment. All sliding fee scale payments/fees are due at time of service".

   c. The Sliding Fee Scale (SFS) / Discount Program (SFDP) will be provided to eligible patients regardless of their ability to pay. Eligibility for the SFDP is determined by the household size and annual gross income relative to the most recent U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG). Patients may use the SFS for Medical, Dental and Behavioral Health Services.

   d. The SFS income guidelines are updated annually, based on the FPG as published in the Federal Register.

   e. Household size is defined as a group of two (2) people or more (one of whom is head of household) related by birth, marriage or adoption and residing together. The household size will be limited to immediate family; spouse, partner, children, dependents and grandparents (if applicable). Dependents must be age 21 or younger

f. Income is used to determine eligibility for the SFDP is the patients' gross income and can include:
   i. Earnings, unemployment compensation, Social Security, Supplement Security Income, public assistance, veterans' payments, survivor benefits, pensions or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside household, and other miscellaneous sources
   ii. Tips and overtime along with non-cash benefits such as food stamps and housing subsidies) do not count.
   iii. Gross income means the patient's household income before taxes or other deductions

g. The structure of the SFS is evaluated once every two (2) years for its effectiveness in addressing financial barriers to care and updated, as appropriate. This will be led by the Quality Improvement Committee at BeverlyCare.

h. BeverlyCare patients will be eligible for the SFDP if patient's income is 200% and below the FPG. A full discount for patients below 100% of the FPG will be offered with only a nominal fee. Patients with an annual income above 200% of the FPG will be charged the full fee of services rendered.

i. Some contracted insurance plans will not allow BeverlyCare to provide the SFDP to their eligible patients as their co-payments and deductibles are considered as partial payment to the Health Center for services that are rendered. Should an insurance plan allow the waiver of charges these patients are also eligible to have their eligibility for the SFDP verified and applied.

j. All patients will be screened for public assistance programs, but this will not be a condition for them to be eligible for the SFDP.

k. Individuals who are not eligible for public assistance programs and are considered "cash patients" and will be charged under the Health Center's SFDP.

2. Required Income Documentation

a. The patient's gross income is assessed to determine eligibility for the Sliding Fee Scale / Discount Program. Gross income means the patient's household income before taxes or other deductions.

b. To verify the patient's gross income, the patient MUST provide proof of income for all household members such as:
   i. Payroll: Most current payroll check-stubs. Paid weekly equals four (4) check stubs, paid biweekly equals two (2) check stubs, paid monthly equals one (1) check stub
   ii. Self-employed: Most recent 1099 form/ income tax returns
   iii. Award letters of SSI, Social Security benefits, disability benefits, unemployment benefits, etc.
   iv. Pension or Retirement checks. If the payment is direct deposit, a copy of most recent bank statement indicating the transaction.
   v. Cash income with no income proof: A self-affidavit
   vi. Case contribution from others: in-kind support form
   vii. Other income including alimony, child support, etc.

c. For patients who do not have their income verification the day of their initial appointment, they will be allowed to self-attest and must complete an attestation form.
   i. At their following appointment the patient must bring in proof of income.
   ii. For patients who have no income, they may complete a 0 income self-attestation form.

3. BeverlyCare's process at Check-in

a. BeverlyCare offers services to help patients understand and sign SFDP application (available in English and Spanish).

b. When a patient applies or reapplies for the SFDP the patient will be asked to complete a SFDP application and provide proof of income.

c. The patient's gross income is assessed to determine eligibility for the SFDP. Gross income means the patient's household income before taxes or other deductions. Tips and overtime are not reported as gross income.

d. To verify the patient's gross income, the patient MUST provide proof of income for all household members. Income is reported as defined in Policy Guideline D above. Acceptable proof of income includes:
   i. On payroll = most current payroll check-stubs. If patient paid weekly, supply 4 check stubs. If patient paid biweekly, supply 2 check stubs. Check stubs cannot be older than 45 days. Staff will enter a Sliding Scale expiration date for 12 months.
   ii. Self-employed = most recent 1099 form/ income tax return (Schedule C line 31). Staff will enter a Sliding Scale expiration date for 12 months.
   iii. Other = Award letters of SSI, proof of Social Security benefits, disability benefits, pension or retirement checks, other income including alimony, child/ spousal support, etc. Staff will enter a Sliding Scale expiration date for 12 months.
   iv. Cash income with no income proof = Patient completes a self-attestation form. Staff will enter a Sliding Scale expiration date for 12 months.
   v. No income = Patient completes self-attestation form and explains how they meet their financial needs. Patient will be offered an appointment with a CAA to determine qualification for state or county medical coverage and other benefits. Staff will enter a Sliding Scale expiration date for 12 months.

i. Staff will assist patients to report family members listed as qualified family members, as defined in Policy Guideline above.

j. For patients who do not have their income verification the day of their initial appointment, they will be allowed to self-attest and must complete a self-attestation form.
   i. Reported income on self-attestation form is entered in Eclinicalworks with a Sliding Scale expiration date for 30-day.
   ii. If the patient fails to provide income verification and the 30 days expire, the patient will no longer be eligible for the SFDP and will fall under the Self-Pay VI category. This means the patient will pay full fees for services unless they provide proper proof of income.
   iii. Script for Front Desk:
   "Your Sliding Fee Scale application process was not completed at your last visit. Proof of income was not provided therefore you are at a private pay status. Private

pay status means you are responsible for full charges for today's visit. How would you like to pay for your visit today?"

k. Staff will review the patient's application and proof of income for completeness.

l. Staff will then enter the patient's household size and income in Eclinicalworks following the Eclinicalworks guidelines for sliding scale set up, adding all family members with a 12-month expiration. Each family member's account will be updated.

m. The completed application and proof of income is scanned into the patient's account.

n. Staff will sign off on all forms and identify the sliding scale qualifying level and appropriate expiration date.

4. Income Verification Eligibility Period

a. Sliding Fee eligibility is valid for the following periods related to income verification documentation provided:

Income Verification Document	Eligibility Period
Self-Attestation – forgot proof of income	1 appointment
Self-Attestation – no income	3 months
Cash income	3 months
Unemployment benefits	3 months
Payroll checks Stub	6 months
SDI	6 months
1099 form (Self-employed)	Annual
SSI, SSDI, Pension, Retirement Benefits	Annual

5. Re-certification of Income

a. Re-certification of the Sliding Fee Scale / Discount Program is done after the income verification expiration date. The eligibility period begins at the time of the first office visit and expires on the last day of the time frame specified in Income Verification Eligibility Period listed above

b. An exception to the eligibility periods listed in the Income Verification Eligibility Period is when the patient reports to have a change in the gross household income that warrants re-evaluating the sliding fee scale / discount program eligibility to ensure appropriate sliding fee scale classification. Patients will be informed of such Income Verification Eligibility Period.

c. A significant change is defined as an increase or decrease in the patient's gross income and can include: earnings, unemployment compensation, Social Security, Supplement Security Income, public assistance, veterans' payments, survivor benefits, pensions 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.

6. Calculating Sliding Scale in Eclinicalworks.

    a. Everyone must use the same calculations to determine the sliding scale level each household will receive.

    b. Use gross (before taxes and deductions) income rather than net income.

    c. When paid twice a month i.e. 15^{TH} & 30^{TH}, OR 1^{ST} & 15^{TH}, simply multiply the gross amount by 2 to get monthly income.

    d. When a patient is paid every 2 weeks multiply gross amount x 2.167 for monthly income.

    e. When paid every week multiply gross amount x 4.33 for monthly income.

    f. Eclinicalworks Sliding Scale data entry into patient's health record:
    Check the proof of income box
        i. Enter family size, gross income (excludes tips and overtime). Select Calculate, select Assign, add all eligible family reported on the sliding scale application.
        ii. Update the date to expire in 12 months with proof of income or 30 days if no proof of income is provided
        iii. Scan proof of income and SFDP application
        iv. Collect the appropriate sliding fee from patients at check-in.

7. Sliding Fee Scale/Sliding Fee Discount Program Rates

    a. The SFS/SFDP has six (6) categories:
        i. **Self-Pay I**: Patients with a monthly family income less than or equal to 100% FPG may pay a nominal fee per visit. Nominal Fee for medical visit: $20.00, behavioral health visit: $5.00.
        ii. **Self-Pay II**: Patients with a monthly family income greater than 100% FPG, but less than or equal to 125% FPG with be charged $30.00 per medical visit, or $9.00 per behavioral health visit.
        iii. **Self-Pay III**: Patients with a monthly family income greater than to 125%, but less than or equal to 150% of the FPG will be charged $40.00 per medical visit, or $13.00 per behavioral health visit.
        iv. **Self-Pay IV**: Patients with a monthly family income greater than to 150%, but less than or equal to 175% of the FPG will be charged $50.00 per medical visit, or $17.00 per behavioral health visit.
        v. **Self-Pay V**: Patients with a monthly family income greater than to 175%, but less than or equal to 200% of the FPG will be charged $60.00 per medical visit, or $21.00 per behavioral health visit.
        vi. **Self-Pay VI**: Patients with a monthly family income greater than 200% FPG will be considered as private pay patients and will be charged the full fee of services rendered. A payment will be collected up front with the remaining balance billed to the patients accordingly, to maximize collections. Medical: $125 for new, first time patients, and $100 for established patients. Behavioral Health: $105 for 50-minute therapy sessions.

8. Sliding Fee Scale/Sliding Fee Discount Program Coverage

   a. What is covered under the SFS/SFDP
      i. Patients falling under **Self-Pay I** through **Self-Pay V** will pay the medical visit fee described in the SFDP and be eligible to receive the following services, as deemed medically necessary by BeverlyCare providers.
      ii. MEDICAL – All exams, routine visits, health assessments and physicals including but not limited to the following Evaluation & Management (E&M) codes:

99201	99211	99381	99391
99202	99212	99382	99392
99203	99213	99383	99393
99204	99214	99384	99394
99205	99215	99385	99395

      In-house tests conducted by medical assistants (i.e. Hematocrits, urine tests, strep tests, A1C, etc.). In-house procedures (i.e. biopsies, toenail removals, endometrial biopsies, laceration repair, nebulizer treatments, casting and splinting, etc.). Vaccines and dispensed or injected medication. Note: Patients requiring a pregnancy test, IUS insertion or Depo-Provera will be registered for Family Pact.

      iii. BEHAVIORAL HEALTH – All exams and psychotherapy including but not limited to the following codes: [Note: Please include E&M codes used within the clinic. The below codes are place-holders only]

90701 – Initial Evaluation
90832 (or E&M code + 90833)
90834 (or E&M code + 90836)
90837 (or E&M code + 90838)

      Patients falling under **Self-Pay VI** will be required to pay the full amount for all services rendered. These patients are charged a minimum flat fee upon check-in. The full charge of services rendered will be calculated once patient checks out and the chart is locked by the provider. At that point, patient will be bill the balance of his charge or given a refund.

   b. What is not covered under the SFS/SFDP
      i. Diagnostic laboratory tests that are sent out for processing (Quest) are not included in the SFDP medical visit fee; Lab, X-ray and Imaging: The patient will be referred to a lab and an imaging center that has a written agreement with our center that the patient will be charged at a discount rate for their services. The SFS will be applied to all in house laboratories for medical services. All patients falling under Self-Pay I through Self-Pay VI will be charged based on BeverlyCare's cost. These additional items will be charged at checkout. Patient is expected to pay on the day blood work is drawn for processing.
      ii. Medications prescribed to patient and not available from BeverlyCare dispensary will have to be purchased by the patient. However, SFDP patients are eligible for BeverlyCare's 340B Discount Drug Program. BeverlyCare current contracts with two local pharmacies for its 340B discount medications. Both pharmacies are within a few blocks of BeverlyCare's main adult site.
      iii. Pharmacy Patient Assistance Programs (PAP) is not included in the SFDP and will have an application fee of $10. The patient will be referred to a pharmacy that has a written agreement with our center that the patient will be charged at the cost of medication under 340B program and a discount rate for dispensary fee. (Optional only if health center is registered under the 340B Program)

iv. Substance abuse service: The patient will be referred to a substance abuse counseling provider that has a written agreement with us and will charge the patient at a discount rate for their service
v. All other forms to be completed (Disability, DMV Clearance, School/work physicals, DPSS, etc.) will have an application fee of $5 and will require up to 7 business days to complete.

9. Payment at time of service

    a. Patients that apply for the Sliding Fee Scale (SFS) / Discount Program (SFDP) are required to pay for the services at the time of office visit.

    b. When services are rendered, self-pay patients are urged to make payments for such services, as well as make payments on any outstanding balance. Patients will be asked to pay their expected nominal fee, co-pays, and/or their deductible at check-in. All payments for diagnostic labs will be paid at check-out.

    c. If a states that they did not bring the necessary funds with them at the time of visit, the following procedures are implemented:
        i. Patient may be seen that day but will be asked to contribute what they can towards their visit, with the balance remaining as outstanding.
        ii. The patient will then be placed on a payment plan for the balance that is owed.

10. Refusal/Unwillingness to pay

    a. A patient's refusal or unwillingness to pay is clearly different from a patient's inability to pay. BeverlyCare does not turn away any patients based on their inability to pay.

    b. A patient is deemed unwilling to pay if they: Have not yet contributed to their balance after 3 visits; are not paying their bill and refuse to sign a payment plan; refuse or fail to make a payment as agreed in the payment plan, after a payment plan has been signed; or refuse to meet with a financial counselor to have their financial status re-evaluated. See Waiver of Charges Policy and Procedure for additional details.

11. Mail Receipts

    a. Employees who receive payments in the mail will stamp a receipt date on all checks or money orders after all mail is opened. A tabulation will then be recorded for checks received and copies made of received checks and receipts for credit card payments for posting to the PMS per procedure. Note: There will be no holding of cash receipts allowed

12. Monthly Chart Audits

    a. Monthly chart audits will take place by Clinic Manager or designee. The data pulled will be reviewed annually to ensure there are no Sliding Fee Scale Discount Scale/ Financial barriers to care.