



Community Health Programs Inc.
Sliding Fee Discount Program

Purpose

To make health center services available to all, regardless of ability to pay.

Policy

CHP will reduce patient financial responsibility for medically necessary and appropriate treatment in situations where the individual qualifies under the guidelines of this policy and cooperates with CHP in the administration of this policy and related procedures for CHP services.

For purposes of this policy, the terms "patient," "patients," and "applicant" refer to individuals and their families who are served by CHP.

Procedures

CHP sliding fee scale policy will be administered by the Billing Director. In general, the following procedures will apply:

- The patient assistance coordinator/enrollment specialist will make a determination of eligibility for sliding fee scale. All approvals or denials of this reduced fee program will be provided in writing to the applicant. The patient's account will be documented with the result of the determination.
- If, as a result of the financial review, the patient does not qualify for sliding fee scale, the patient/guarantor will be advised to arrange payment according to Community Health Programs self-pay policy.
- The level of assistance to be provided, **full or partial**, will be determined by an evaluation and analysis of the patient's income and family size. The latest Federal Poverty Income Guidelines (FPIG) issued by the Department of Health and Human Services will provide the basis for determining an individual's ability to pay.
- Any/all charges for patients at or below 100% of the Federal Poverty Guideline will be charged a nominal fee.
- "Income" is defined as employment and cash earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' benefits, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance (scholarships and grants used for living expenses), and alimony.



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- Gross Income means before taxes are taken out.
- Noncash benefits (such as child food stamps and housing subsidies) are not counted as income, as is child support.
- The definition of "family unit size" used by CHP is: Mother, Father, Children, Domestic Partner, Husband, Wife, and any dependent minor who is supported by the family unit and benefits from the combined household income. *Roommates do not qualify as family.*
- In order to assure uniform application of this policy, all charges will be recorded in accordance with the normal procedure used for all patients. Charges will not be withheld. The sliding fee scale is to be applied equally to all patients who qualify for the program.
- Quarterly, each applicant will be required to complete a confidential **sliding fee scale application** and provide such information as CHP deems necessary. At a minimum the patient will be required to provide as proof of income, copies of at least four recent weeks worth of pay stubs, their federal income tax return from prior year or no more than 24 months, or a written statement by their employer documenting their employment status. Bank statements are not an acceptable form of income verification.
- The completed application and supporting documents must be submitted directly to the CHP patient advocate/enrollment specialist or mailed to his/her attention at Community Health Programs, P.O. Box 30, Great Barrington, MA 01230. Upon receipt, the application will be reviewed and processed in accordance with the eligibility criteria.
- Sliding fee discounts may be granted to patients on their initial visit based on self-reporting (documentation is not required). However, income documentation will be required for discounts after the initial visit.
- Signs are to be prominently posted in all CHP locations in languages appropriate to the patient population explaining that the Sliding Fee Scale is available to eligible uninsured and underinsured patients.
- Sliding fee discounts apply to all services within CHP's scope of services. For those situations in which CHP has a written referral agreement with a third-party provider and that third-party's charity care/discount policy is more favorable to the patient than CHP's sliding fee policy, a copy of that third-party's charity care/discount policy will be attached to this policy. At present no such more-favorable agreements are in place.
- Sliding fee discounts are not available for dental hardware, such as dentures and not for those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services.



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- As a **HRSA-supported** federally funded health center, CHP is able to provide financial assistance to uninsured/underinsured patients using the sliding fee scale below:

SLIDING FEE SCALE 2021
(Annual income thresholds)

Family Unit Size	\$10.00 Nominal Fee	20% pay	40% pay	60% pay	80% pay	100% pay
Poverty	100%	125%	150%	175%	200%	201%
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	\$25,889
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840	\$35,014
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920	\$44,140
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000	\$53,265
5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080	\$62,390
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160	\$71,516
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240	\$80,641
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320	\$89,767

Note: The income ceiling for the minimum fee pay class is equal to the federal poverty level. The 2021 federal poverty guideline increases by \$4,540 for each additional family member.

- CHP will provide a **full discount** to patients and families with annual incomes at or below 100% of the federal poverty guidelines and only a *nominal fee of \$10.00 will be charged*.
- CHP will provide a **partial discount** to patients and families with annual incomes between 100% and 200% of the federal poverty guidelines. Fees will be charged in accordance with the sliding fee scale table above.



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- No discounts may be provided to patients with incomes over 200% of the federal poverty income guidelines.
- Eligibility must be verified prior to enrollment and once quarterly thereafter. Once verified by the Patient Assistance Coordinator/Enrollment Specialist, discount rates will be effective upon enrollment or, for those already enrolled, on the 1st day of the month following income verification. **Discount rates may be retroactive up to 6 months.**
- At the time of verification, the patient will receive notice of which bracket they qualify for on the sliding fee scale. CHP will draw up a "SLIDING FEE SCALE LETTER AND WAIVER" for the relevant services, including the reduced rate, for the patient to sign.
- **Due to contracts with third party payers, CHP is unable to discount insurance co-pays.**
- Separate from this Sliding Fee Discount Program CHP has a Waiver of Fees policy which is administered by the Director of Revenue Cycle or the Chief Financial Officer.

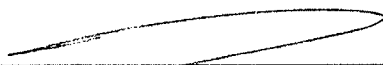
Approved By:



 Chief Executive Officer

2/25/21

 Date



 Chief Financial Officer

2/05/21

 Date



 Chair, Board of Directors

3/10/21

 Date

Effective: 02/01/2002
 Revised: 07/20/2016, 3/2018, 4/10/2018, 3/20/2019, 1/30/2020, 2/11/2021