

POLICY & PROCEDURE MANUAL

Program/Department: All Programs

Policy #: FA.1.20

Subject: Sliding Fee Discount Program

Effective: 08/18

Revised: 01/23

POLICY:

Determination of an appropriate sliding fee discount program policy (SFDP) shall be made by the governing Board of Directors (BOD).

PURPOSE:

AltaPointe Health Systems provides primary medical and behavioral services to patients, according to their ability to pay. Patients with household income at or below 200% of the current Federal Poverty Guidelines may apply for the sliding fee discount program. Patients with third-party coverage that does not cover or only partially covers fees for certain health center services, may also be eligible for the sliding fee discount program. Eligibility is subject to legal and contractual limitations by the insurance company. All direct and indirect services provided in AltaPointe's scope of project, regardless of service type or mode of delivery; will be made available to all health center patients regardless of ability to pay. The SFDP will be uniformly applied to all patients. If the SFDP eligible patient has insurance and there are no contractual limitations upon the Center, discounts will also be applied to a patient's liabilities including co-payments, deductibles and services not covered by insurance. The patient will not be charged more than they would have paid under the applicable SFDP discount class.

Patient's payment will be tiered according to where the patient's household size and income places them on the Sliding Fee Discount Schedule (see attached).

A nominal fee (\$20 minimum based on income level) , inclusive of all services provided that day for that service line, is established by the Board of Directors (BOD), will be charged for those persons determined to be at or below 100% of the Federal Poverty Guidelines. A flat fee, established by the Board of Directors (BOD), will be charged for those persons determined to be above 100% and at or below 200% of the Federal Poverty Guidelines. The Health Center has a nominal charge that is set as a flat nominal fee and is nominal from the patient's perspective (\$20 minimum

based on income level). The Health Center will utilize patient surveys, Board input and other information as necessary to set the nominal charge.

All patient fees are expected to be paid at the time of service. All sliding discount fees will be approved by the Board of Directors annually.

No patient will be denied services due to their inability to pay.

Fees for both required and additional services within the approved scope of project will be based on reasonable cost and will be consistent with locally prevailing rates or charges. Fees for services will be reviewed annually, or as needed for program sustainability. Modifications to the schedule will require the approval by the Board of Directors.

Fees for any health service that requires medically related supplies or materials (other than send-out labs) will be included or bundled into the service fee and will not be charged separately. Any lab work performed by an outside lab will be charged separate of the visit and billed per approved sliding fee schedule, at rates equal to or better than the Accordia sliding fee discount, for contracted services. Labs performed under CLIA by Health Center staff will be included in the bundled fee. Radiology over-read and translation service costs will not be passed to the patient and will be considered a part of the bundled service.

Information for additional services such as 340b pharmacy program will be issued at time of financial interview.

Individuals who exceed 200% of the Federal Poverty Guidelines will be subject to AltaPointe's standard self-pay, billing, and collection procedures.

All elements of the sliding fee discount program policy, sliding fee discount schedule and supporting documentation are subject to AltaPointe's policy on patient confidentiality. Patients will be notified of these confidentiality provisions.

PROCEDURE:

A. Sliding Fee Discount Schedule

1. The Sliding Fee Discount Schedule (SFDS) will be reviewed and approved annually by the Board of Directors based on the updated Federal Poverty Guidelines in an effort to assess the effectiveness of the sliding fee discount program in reducing barriers to care and the policy's appropriateness for AltaPointe and its community.

Staff Procedure:

- a. Sliding Fee Discount Program Information is given to all patients at registration and is available upon request.
 - b. Sliding Fee Discount Program application is completed for income and household size determination.
 - c. Applications are evaluated by the Front Desk Staff and/or Practice Manger for eligibility determination.
 - d. Patient and family (as applicable) are counseled by staff about eligibility for sliding fee discounts based on Federal Poverty Guidelines
 - e. Patients are requested at time of appointment setting to bring income verification. If documentation is not presented, patients are evaluated and are given means to mail such information to the Health Center for documentation. Patients are also given the opportunity to return with information as soon as possible.
 - f. Self-Declaration is signed as indicated.
 - g. Sliding Fee Discount Program level determination is performed based on information provided by patient, explained to patient and questions answered
 - h. Information is entered in the Electronic Health Record
 - i. Additional information is provided to patient (including reporting changes, included charges, and 340B discount pharmacy information)
 - j. Patient eligibility will be assessed and re-assessed periodically and at least annually (regardless of insurance status). Documentation will be provided as appropriate.
 - k. Health Center will assess and reassess all patients for income and household size consistent with sliding fee discount program policy as approved by the Board of Directors
 - l. Any patient eligibility questions (outside of normal conditions) will be referred to Administration for assistance in clarification.
2. Staff training on implementation of the sliding fee discount program policies and supporting operating procedures will be provided on an annual basis. An audit of a sampling of the sliding fee discount applications will be conducted on a periodic basis to ensure compliance with the Sliding Fee Discount Program Policy.
 3. Determination of a patient's ability to pay shall be in accordance with the Agency's approved Sliding Fee Discount Schedule for all patients seeking services.
 4. Although AltaPointe will not require patients to enroll in public or private insurance, uninsured or underinsured patients will be educated on options available to them based on their eligibility for insurance and/or third party coverage. The registration staff members will appropriately document the patient's inability to pay for services and will offer the SFDS.
 5. All patients will be informed at the time an appointment is scheduled and/or when presenting to the front desk regarding the availability to qualify for any discount.

Information regarding the availability of the sliding fee discount program will also be posted in the lobby in all languages prevalent in the community and in a manner appropriate to varying literacy levels. The front desk staff shall inform patients and responsible parties of the requirement for the assessment and collection of fees.

6. Patients, new and established, wishing to apply for the sliding fee discount program must complete the sliding fee application. The patient must also present acceptable proof of income such as a tax return, two check stubs, W2 form, etc. Proof of income must be dated within 90 days of application for the sliding fee discount program. Patients have the option to complete the sliding fee discount program application. Any patient who fails to complete the sliding fee discount program application shall be ineligible for discounts.
7. Registration staff will enter the household size and income information into the electronic health record and notify the patient if they are eligible for the sliding fee discount program. Proof of income and completed application will be scanned into the patient's electronic health record.
8. The combination of household income and number of persons in the household determines the discount based on the Board approved sliding fee discount schedule.
9. For the purposes of eligibility determination, a household is defined as one or more persons living together, who pool their income for the purposes of sharing household expenses. Pregnant women shall count as 2 for determining household size.
10. **Income is defined as** current gross cash income from all sources before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc. which the client, spouse, and all other members of the household are earning or receiving at the time of the assessment.
11. For the purposes of eligibility determination, income includes the following:
 - a) Employment (Gross Wages)
 - b) Retirement/Pension benefits
 - c) Social Security/Disability/Public Assistance
 - d) Public Assistance Benefits
 - e) Child Support
 - f) Interest Income
 - g) Rental Income
 - h) Unemployment Compensation
 - i) Workers Compensation
 - j) Railroad Retirement
 - k) Alimony
 - l) Veterans Benefits
 - m) Strike Benefits
 - n) Military Allotment
 - o) Farm or Self Employment

- p) Other Source of Income
- q) Paid Time Off (PTO) payments

12. Self-declaration of income is allowed; however, the Health Center will request additional documentation to support the self-declaration and application will be advanced to the Administrative level for review. The additional documentation is not required, but strongly encouraged. Patients will not be denied due to his/her inability to provide the additional documentation. The following documents will be permissible:

- a) Verification letter if receiving food stamps
- b) Proof of Medicaid family planning only coverage
- c) If the patient receives no income and is supported by relatives or friends, a letter explaining those arrangements is requested. The letter should be signed by the person(s) lending assistance.

13. The following procedures shall be used in determination of annual gross household income for the purpose of assessing, billing, and collecting fees:

1. Current annual income, from either part-time or full-time employment or other income, received by a patient and all other adult household members is derived by multiplying:

- a) An hourly wage by 2080 hours (for part-time employment, use anticipated hours); or
- b) A daily wage by 260
- c) A weekly wage by 52 weeks; or
- d) A monthly wage by 12 months
- e) A bi-weekly wage by 26 pay periods

2. Income from such sources as seasonal type work or other work of less than 12 months duration, commissions, overtime, bonuses, and unemployment compensation will be computed as the estimated annual amount of such income for the ensuing 12 months. Historical data based on the past 12 months may be used if a determination of expected income cannot logically be made.

14. Patients shall be charged the full fee until all documentation is presented for the sliding fee discount schedule. If the documentation is presented within 30 days, the charges shall be discounted at the appropriate rate. At the time of the initial visit, the client may be granted provisional eligibility for the SFDS.

15. Patients must recertify annually for the SFDS on the first visit after the twelve months have elapsed from the date of the original application. The patient may be required to complete a new Sliding Fee Discount Application at the time of reassessment of eligibility.

16. Policy Exceptions: In the event an individual doesn't provide the requested documentation to determine eligibility or expresses inability to pay at the time of

service, the following are considerations that might support an exception for provision of temporary eligibility or discount by Administration:

- a) The staff medical provider determines that services are required urgently.
 - b) It appears to the patient's provider, CMO, Executive Director, or Nurse Manager that the mental or emotional state of the responsible party prohibits their ability to provide requested documentation. In such cases the patient must be accompanied by a social worker, case manager or family member with legal authority for decision making.
 - c) It is determined that the patient has other exceptional circumstances that warrant their being allowed to be seen (e.g. the patient is a regular patient whose account indicates that they have consistently paid for their visits as required, but happened to forget their money on this occasion).
 - d) The individual is an HMO member assigned to AltaPointe, having their first appointment and being unaware of their copay.
17. If a medical emergency is identified, it will immediately be brought to the attention of the supervising medical provider, CMO, Executive Director, or Nurse Manager. A decision will be made whether discounted care can be provided, if so, the authorization to provide that care will be given by the Executive Director, Nurse Manager, CMO, or CFO and the patient's electronic health record or behavioral health chart will be documented accordingly.
18. If none of the above conditions are met, the patient will be offered the opportunity to reschedule their visit.
19. AltaPointe has a procedure designed to periodically review utilization of the Sliding Fee Discount Program. AltaPointe will utilize data that assesses the rate at which patients in each pay class accesses health center services. This data, along with patient satisfaction surveys, will be evaluated for the effectiveness of the Sliding Fee Discount Program in reducing barriers to care. Patient accounts and related documents will also be reviewed to ensure compliance with this policy. Identification and implementation of change will be performed as needed.
- a. Data regarding average number of visits per year will be evaluated annually to assess the rate at which patients of each discount pay class access health center services.
 - b. Data as described above will be evaluated compared to previous year(s) data as a benchmark for change.
 - c. Other information (patient survey's, patient satisfaction information, etc.) may be used to determine any financial barriers to care for each sliding fee class.
 - d. Identification of barriers (potential or actual) will be addressed, and changes will be implemented as indicated with Board approval.

B. 340B Sliding Fee Pharmacy Discounts

Covered entity will ensure that only those patients who meet the poverty guideline requirements will be able to obtain 340B drugs at a discounted rate from one of the pharmacies contracted with AltaPointe.

Background:

AltaPointe provides the discounted prescription rates in accordance with HRSA requirements and guidelines. AltaPointe has obtained the appropriate information from the patient to ensure qualification for the discounted pharmacy rate.

Responsible Leadership:

1. Chief Executive Officer (CEO)
 - Responsible as the authorizing official in charge for the compliance and administration of the program.
 - Responsible for attesting to the compliance of the program through recertification.
2. Chief Financial Officer (CFO)
 - Responsible as the authorizing official in charge for the compliance and administration of the program in many cases.
 - Potentially responsible for attesting to the compliance of the program through recertification.
 - Account for savings and use of funds to provide care for the indigent under the indigent care agreement.
 - Often responsible as the primary contact for the 340B Program.
3. Chief Medical Officer (CMO)
 - Accountable agent for 340B compliance.
 - Agent of the CEO or CFO responsible to administer the 340B Program to fully implement and optimize appropriate savings and ensure that current policy statements and procedures are in place to maintain program compliance.
 - Maintain knowledge of the policy changes that affect the 340B Program, including, but not limited to, HRSA rules and Medicaid changes. Monitor any changes in clinic eligibility/information.

PROCEDURE:

1. Patient will provide the application for the sliding fee discount program and proof of household income information.
2. Based on the provided information, the patient's sliding fee discount rate is calculated.
3. If the patient is at or below 200% of the Federal Poverty Level (FPL) will qualify for a discounted prescription rate. (Discounted rate= 340B drug cost + administrative fee + discounted dispensing fee).

4. The pharmacist will use the BIN, PCN, and group information to properly process the prescription and confirm the prescription is from an AltaPointe provider.
5. Patient eligibility for the program will be assessed annually.