



SOUTHERN NEVADA HEALTH COMMUNITY HEALTH CENTER
POLICY

DIVISION: Finance	NUMBER(s): XXX-xxx-2022
PROGRAM: FQHC	Page: 1 of 4
TITLE: Sliding Fee Policy	EFFECTIVE DATE: (Date signed by DHO) March 1, 2022
DESCRIPTION: FQHC Sliding Fee Policy	ORIGINATION DATE: February 24, 2022
APPROVED BY: DHO:	Replaces: N/A
Dr. Fermin Leguen	February 24, 2022

I. PURPOSE

To ensure that Southern Nevada Community Health Center (SNCHC) provides services to all patients without regard to the patient’s ability to pay. No patient will be denied service due to an individual’s inability to pay.

II. SCOPE

Sliding fee discounts are uniformly applicable /offered to all patients regardless of their insurance status Assessments are based only on income and family size. All services within the HRSA scope of project is offered at a sliding fee discount, regardless of the mode of delivery.

III. POLICY

It is the policy of SNCHC to comply with *Section 330(k)(3)(G) of the PHS Act; 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)*. This policy is designed to reduce barriers to accessing health services for patients.

All patients whose income is at or below 200% of Federal Poverty Guidelines (FPG) will have access to a Sliding Fee Discount Schedule (SFDS). Eligibility for discounts

under the SFDS will be based solely on income and family size. Patients with income at or below 100% of FPG will receive a full discount but will be required to pay a nominal fee and patients whose income is between 100% and up to and including, 200% of FPG will receive a discount.

The sliding fee scale has three discount categories between 100-200% of the FPG. No Sliding fee discounts are offered to patients whose income is greater than 200% of the FPG except for the Family Planning (FP), Ryan White (RW), or SHC programs. (See below) The nominal fee is less than the fee paid by a patient in the first sliding fee discounting pay class beginning above 100% of the FPG. The SFDS will assure that all SFDS patients have access to all services within the approved scope of project under the HRSA Section 330 grant.

For patients whose income is at or below 100% of the FPG will have a nominal fee assessed of \$20. For patients whose income is over 100% but up to and including 150% of the FPG the flat charge is \$35, for patients whose income is over 150% and up to and including 175% of the FPG the flat fee is \$45. For patients whose income is over 175% and up to 200% of the FPG the flat fee is \$55. For patients whose income is over 200% will not receive a discount.

The nominal charge for patients at or below of the FPG is a flat amount, Nominal from the perspective of the patient and does not reflect the actual cost of the service being provided.

Patients with third-party insurance that does not cover, or only partially covers, fees for health center services are eligible for sliding fee discounts based on income and family size. In such cases, subject to contractual limitations, the charge for each sliding fee discount pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service.

Patients are reassessed no less frequently than annually. Ryan White patients are reassessed every six months.

Income Information – Patients must provide proof of income for staff to assign the Sliding Fee Category.

Family Size is determined by having the patient disclose how many people are supported by the stated income.

Family is defined as the applicant and the number of individuals who qualify as IRS dependents of the applicant determines family size. This includes the applicant, spouse, dependent children, and any other individual that qualifies as a personal exemption for tax reporting purposes.

Income is defined as wages, tips, and salaries before any deductions; of all of the adult members of the household. This includes regular payments from public assistance, social security, unemployment, worker's compensation, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; or pensions, and private pensions, etc. Noncash benefits (such as food stamps and housing subsidies) **do not** count.

All patients of SNHD will be notified of the availability of the SFDS in the following ways:

- Signage in waiting rooms
- Registration staff
- Eligibility Staff
- Web Site

Notification methods will utilize appropriate language and literacy levels for the populations being served.

The SFDS will be based on a schedule of fees for the provision of services that is designed to cover the reasonable costs of providing services and consistent with locally prevailing rates.

Family Planning and SHC

For FP and SHC clinic patients whose income is over 200% and up to 250% of the FPG will be assessed the flat fee of \$60 and then Full Charges will be assessed. For patients whose income is greater than 250% of FPG full charges will be assessed.

Ryan White

Ryan White patients receive a discount on charges based on their annual income.

Other

The SFDS will be updated annually for changes to the FPG. These changes will be incorporated in the SFDS within 60 days of publication in the Federal Register.

Patients who refused to complete the sliding fee application are not eligible for the sliding fee program.

A Sliding fee evaluation will be conducted at least every three years. The following data will be analyzed; results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; utilization to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services. Upon the completion of the evaluation, staff will identify and implement changes as needed.

Charges or fees maybe reduced or waived to assist patients experiencing circumstances that directly impact their physical well-being and health. The DHO, CFO, FQHC operations manager, and Revenue Cycle manager have the authority to waive charges and other patient fees in cases where it is determined that the charge or other patient fees represents a barrier to care. Patient fees maybe discounted or waived in the case of recent hospital stay, extraordinary personal circumstances or other unusual situations, etc. Staff members may refer patients or patients may directly contact authorized administrative staff to discuss additional discounts needed due to hardship. All patients regardless of income or insurance status are eligible to apply for a waiver of fee.

SNCHC does not limit or deny services due to patients who refuses to pay.

See the Sliding Fee Scale for additional information.

IV. REFERENCES

- A. HRSA site visit protocol: <https://bphc.hrsa.gov/programrequirements/site-visit-protocol>
- B. Health centers program compliance manual: <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>
- C. Section 330(k)(3)(G) of the PHS Act; 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)