



**SLIDING FEE
DISCOUNT SCALE
AND FEE SCHEDULE**

Update February 2021

2021 Federal Poverty Guidelines

- The federal poverty guidelines were updated January 13, 2021.
- We are required to offer a sliding fee scale discount to patients who qualify in order to be in compliance with our Health and Human Service (HHS), Health Resources and Services Administration (HRSA) and certain pass through grants.
- The sliding fee discount is offered to our patients based on family size and income.

There are two choices for setting the sliding fee for patients.

- One: A percentage of charges;
- What does a % of charges SF discount mean? This method is just as it sounds, patients get charged based on the CPT code that is used/set by providers. Each time the patient comes in the fee could be different.
- Pros: Patient are charged based on the services provided
- Cons: It is harder for patient to pay before the visit because do not know what the charges will be for that visit.
- Cons: Patients do not know what the cost will be until the provider completes the coding.

Second Method: Flat fee

- Method 2; The flat fee method;
- What does Flat fee SF discount schedule mean? This method means that patients will pay the same amount each time they visit for the next year.
- Pros: Patients know how much they will pay for each visit
- Pros: Patients can pay for the visit, before they see the provider
- Cons: Patient pay the same amount regardless of the level of service.

Proposal

- Currently we have a % of charges.
- I am proposing the Flat fee method.
- If a patient does not pay at the time of service, the clinics have an approximately 10% change of collecting.
- If a patient pays for the service before they see the provider, the clinics have a much better chance of getting paid.
- Patient can plan how much they need to pay for each visit.
- Collection rates should improve since we can collect before the visit.

Sliding fee scale

% of Poverty Level	100%		Over 100% to 150%		Over 150% to 175%		Over 175% to 200%	
	P-0		P-1		P-2		P-3	
Family Size	Above	At or below	Above	At or below	Above	At or below	Above	At or below
1	0	\$ 12,880	\$ 12,880	\$ 19,320	\$ 19,320	\$ 22,540	\$ 22,540	\$ 25,760
2	0	\$ 17,420	\$ 17,420	\$ 26,130	\$ 26,130	\$ 30,485	\$ 30,485	\$ 34,840
3	0	\$ 21,960	\$ 21,960	\$ 32,940	\$ 32,940	\$ 38,430	\$ 38,430	\$ 43,920
4	0	\$ 26,500	\$ 26,500	\$ 39,750	\$ 39,750	\$ 46,375	\$ 46,375	\$ 53,000
5	0	\$ 31,040	\$ 31,040	\$ 46,560	\$ 46,560	\$ 54,320	\$ 54,320	\$ 62,080
6	0	\$ 35,580	\$ 35,580	\$ 53,370	\$ 53,370	\$ 62,265	\$ 62,265	\$ 71,160
7	0	\$ 40,120	\$ 40,120	\$ 60,180	\$ 60,180	\$ 70,210	\$ 70,210	\$ 80,240
8	0	\$ 44,660	\$ 44,660	\$ 66,990	\$ 66,990	\$ 78,155	\$ 78,155	\$ 89,320
Proposed	Nominal	\$20		\$ 35		\$ 45		\$ 55

Sliding fee scale for Other programs

- Family Planning: The slide for family planning goes up to 250% of the FPG.
- Ryan White:
 - *Equal to and below 100%; no charge to patients*
 - *Over 100% up to and equal to 200% of FPG, patient pays no more 5% of their total income*
 - *Over 200% and up to equal to 300% of the FPG, patient pays no more than 7% of their total income.*
 - *Over 300% of FPG, patients pays no more than 10% of their total income.*

Which programs does this SFS apply

- All clinical programs offered at the clinic; including primary care, well-child visits, sick visits, chronic care visits, sexual health visits, preventative care visits, tele-health services, family planning, and Ryan White Services.
- It does not apply to the immunization program.

It is time to update the Master Fee Schedule

The fee schedule is reviewed and updated when necessary annually.

Patient fee schedule for the most commonly used CPT's codes is shown on the next slide.

DRAFT

Questions:

Q&A