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Canton City Health District

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FINAL

## POLICY AND PROCEDURE

SUBJECT/TITLE:	Sliding Fee Discount Program Policy and Qualifying a Client/Family for Sliding Fee Scale Discount
APPLICABILITY:	All staff
CONTACT PERSON & DIVISION:	Diane Thompson, RN, MSN, Nursing
ORIGINAL DATE ADOPTED:	12/21/2015
LATEST EFFECTIVE DATE:	02/08/2018
REVIEW FREQUENCY:	Annually
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-001-P

### A. PURPOSE

The purpose of this policy guide is to provide standard procedure for free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured). This policy is a guide to be used to qualify families for sliding fee scale discounts.

### B. POLICY

A Sliding Fee Discount will be provided to eligible persons based on the patient's ability to pay. Ability to pay is determined by household size and annual income as reflected by the discount schedule base on Federal Poverty Guidelines.

### C. RESPONSIBLE STAFF

Responsible staff are office support staff and nursing staff.

### D. GLOSSARY OF TERMS

**Adolescent:** A young person between the age of 13 and 18 years.

**Dependent:** A person who relies on another, especially a family member, for financial support.

**Electronic Medical Record (EMR):** A digital version of the traditional paper-based medical record for an individual.

**Family:** A group of people affiliated by consanguinity (by recognized birth), affinity (by marriage), or co-residence and/or shared consumption. Members of the immediate family include spouses, parents, brothers, sisters, sons and/or daughters. Members of the extended family may include grandparents, aunts, uncles, cousins, nephews, nieces and/or siblings-in-law.

**Family Size:** The number of individuals in the family

**Federal Poverty Guidelines (FPG):** A measure of income level issued annually by the Department of Health and Human Services.

**Household Income:** The sum of the taxpayers adjusted gross income (AGI) plus the AGI of tax dependents in the family if required to file.

**Income:** Money received by a household head and/or spouse/significant other for money received, especially on a regular basis, for work or through investments.

**Policy:** Statement of conduct for an end result.

**Procedures:** Course of action or steps that help to achieve the stated policy.

**Proof of Address:** Driver's license or current photo identification, any utility or credit card bill with patient name (or parent if patient is a minor), business documents that verify place of residency or any document that bears the name and current address of the patient (or parent if patient is a minor).

**Proof of Income:** Most current 1040 or W-2, two recent pay stubs (at least one within the last 30 days) if consistent hours (three recent pay stubs if fluctuating hours, at least one within the last 30 days), pension, Social Security Income (SSI), disability, veteran's benefits, retirement, public assistance check stub or copy, unemployment check stub or copy, Workers' Compensation, child support and/or alimony payments (i.e. copy of divorce or dissolution decree).

**Self Pay:** A person who pays out of pocket for health-related service in the absence of insurance (or declination from patient to use insurance benefits) to cover the medical service to be performed.

**Sliding Fee Discount (SFD) Program:** Variable prices for medical services based on a client's ability to pay. Such fees are reduced for those who have lower incomes, or alternatively, less money to spare after their personal expenses, regardless of income.

**Standard Operating Guidelines (SOG):** A synonym for procedures. The terms "procedures" and "standard operating guidelines" can be used interchangeably.

## **E. PROCEDURES**

### **1. ASSUMPTIONS**

- a) The Canton City Health District (CCHD) must provide services to all patients, regardless of ability to pay.
- b) CCHD must offer discounts to patients who meet eligibility criteria based on family size and gross annual income.
- c) Eligibility criteria are developed using the Federal Poverty Guideline Sliding Fee Schedule.
- d) CCHD designs its own sliding scales policies within these parameters.
- e) Sliding Scale policies will be updated annually.
- f) Discounts will be offered to all patients below 200% Federal Poverty Level (FPL), patients at or above 200% will be charged full amount for services.
- g) Patients between 101%-199% FPL receive a percentage discount.
- h) Patients at or below 100% receive a 100% discount or nominal fee charge (should CCHD feel the need to implement).
- i) Discounts apply to any amounts due from patients, including deductibles/co-insurance or for insured patients.

### **2. DETERMINING ELIGIBILITY**

- a) Patients without required documentation can be given a grace period to turn it in.
- b) Discounts may be granted on initial visit based on self-reporting.
- c) Eligibility will be evaluated on an annual basis.

### **3. DISCOUNT ELIGIBILITY PAPERWORK**

- a) The Sliding Fee Discount Program application is separate from Patient Registration Form(s) and must be completed to determine eligibility and deduction.

- b) The Sliding Fee Discount Program Application must be completed upon initial registration and updated annually.
- c) Includes a statement of consequence for providing false information.
- d) Billing/collection of co-payment and financial screening must be done in a culturally appropriate manner to assure that these administrative steps do not present a barrier to care.
- e) Discounts are all inclusive and include visits, procedures, lab, etc.
- f) Discount policies will be posted in the waiting area and at the cashier's window.
- g) Discount policies will be written in all languages relevant to target populations presenting for services.

#### 4. SLIDING SCALE INFORMATION

- a) The sliding scale is available for all clients but not for all services.
- b) The scale is posted on the CCHD's website at [www.cantonhealth.org/nursing/?pg=immunizations](http://www.cantonhealth.org/nursing/?pg=immunizations).
- c) Required proof of income: Most current 1040 or W-2, two recent pay stubs (at least one within the last 30 days) if consistent hours (three recent pay stubs if fluctuating hours, at least one within the last 30 days), pension, Social Security Income (SSI), disability, veteran's benefits, retirement, public assistance check stub or copy, unemployment check stub or copy, Workers' Compensation, child support and/or alimony payments (i.e. copy of divorce or dissolution decree).
- d) Required proof of address (one of the following): Driver's license or current photo identification, any utility or credit card bill with patient name (or parent if patient is a minor), business documents that verify place of residency or any document that bears the name and current address of the patient (or parent if patient is a minor).
- e) The following clients are not eligible for a sliding fee discount: travel clinic services, clients who refuse to provide income and family size information and adult clients who refuse to permit billing to third party payers or refuse to sign the CCHD financial policy.
- f) The CCHD's Director of Nursing, Office Manager and/or Fiscal Officer have the authority to waive fees for individuals who, for good cause, are unable to pay but do not qualify for the Sliding Fee Discount Program. Clinical staff will notify a supervisor of this need immediately upon identification.

#### 5. QUALIFICATIONS

- a) At the time of patient registration or when the patient calls for an appointment, the patient will be informed of the Sliding Fee Discount (SFD) Program. All private pay patients will be informed of the SFD Program and asked to bring in proof of income at the time of their appointment.
- b) The eligibility determination process will be conducted in an efficient, respectful and culturally appropriate manner to assure that administrative operating procedures for such determinations do not themselves present a barrier to care. Patient privacy and confidentiality must be protected throughout the process.
- c) Eligibility determination will be completed by clerical clinic staff unless special circumstances should arise at which time a supervisor will be involved.
- d) Proof of income and an application form is required to determine patient's eligibility. Types of acceptable documentation for income include the following:
  - i) Most current 1040 or W-2
  - ii) Two recent pay stubs (at least one within the last 30 days) if consistent hours (three recent pay stubs if fluctuating hours, at least one within the last 30 days)
  - iii) Pension
  - iv) Social Security Income (SSI)
  - v) Disability
  - vi) Veteran's benefits



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- vii) Retirement
- viii) Public assistance check stub or copy
- ix) Unemployment check stub or copy
- x) Workers' Compensation
- xi) Child support payment
- xii) Alimony payments (i.e. copy of divorce or dissolution decree)
- xiii) Documentation at the discretion of the Fiscal Officer
- e) The application form will be filled out and signed by the patient applying for the SFD Program. The proof of income documents will be uploaded with the application into the electronic medical record (EMR) of the patient receiving services. The paper application will be destroyed once uploaded into the EMR. **No one is refused service because of lack of financial means to pay.**
- f) CCHD has elected to divide the Sliding Fee Discount classification into four (4) categories of payment as follows:
  - i) No Fee – includes all patients who in accordance with the Sliding Fee Discount are at or below 100% poverty level;
  - ii) Category B – 25% of charges; includes all patients who have incomes between 100% and 125% of poverty level;
  - iii) Category C – 50% of charges; includes all patients who have incomes between 126% and 150% poverty level;
  - iv) Category D – 75% of charges; includes all patients who have income between 151% and 175% of poverty level.

#### 6. REQUEST FOR DISCOUNT

- a) Requests for discounted services may be made by clients, family members, social services staff or others who are aware of existing financial hardship. The SFD Program is only made available for clinic visits. Information and forms can be obtained from the nursing department front desk or on the CCHD's website at [www.cantonhealth.org/nursing/?pg=immunizations](http://www.cantonhealth.org/nursing/?pg=immunizations).
- b) Adolescent clients may be assessed as either a member of his/her family or as a separate family. If the client is supported by a parent and the parent is willing to pay for the visit, the client should be assessed as a member of the parent's family and the family's income should be used to determine the fee category.
- c) If an adolescent's confidentiality could be violated by the requirement to produce information regarding family income, CCHD will assess the adolescent's ability to pay as follows:
  - i) The adolescent will be considered a family of "one".
  - ii) Add personal income from "allowance" or employment. Income is based solely on the disposable income of the adolescent (do not use income from a partner, parent, aunt, uncle or friend) to compute total family income.
- d) Adult Clients (19 years and older) will be assessed using the client's income and family size to determine the fee category. A married couple is one family – two people. A single adult living alone, or with a person or persons not related by marriage, is a separate family. An adult child living with parents is a separate family.

#### 7. COMPLETION OF APPLICATION

- a) The patient/responsible party must complete the SFD Program application (see appendix 200-001-03-A for the application) in its entirety. By signing the SFD Program application, persons authorize CCHD access in confirming income as disclosed on the application form. Providing false information on a SFD

Program application will result in all discounts being revoked and the full balance of the account(s) restored and payable immediately.

- b) If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of service to supply the necessary information. If a patient does not provide the requested information within the two week time period, they will be responsible for the full cost of the service already provided. Any account with a balance written off as a result of the patient's delay in providing information will not be considered for the SFD Program.

#### 8. FEES AND FEE COLLECTION

- a) Payment of discounted fees are expected at time of service.
- b) Discounted fees are billed in the same manner as other clinic fees.
- c) If the visit charges are lower than the Sliding Fee Discount schedule, the lower charge shall apply.
- d) Discounted fees are written off in the same manner as other clinic fees.

#### 9. EXCEPTIONS

- e) Exceptions can be made to these guidelines in order to prevent creating a barrier to receiving services of for a documented public health necessity. All exceptions made to these guidelines must be authorized by the CCHD Director of Nursing or designee in writing.

### F. CITATIONS AND REFERENCES

Billing Policy

### G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Diane Thompson, RN, MSN, Director of Nursing
2. Kelli Trenger, Office Manager

### H. APPENDICES AND ATTACHMENTS

200-001-01-A\_ Federal Register 2018 Poverty Guidelines (updated annually)

200-001-02-A\_2018 Federal Poverty Guidelines

200-001-03-A\_Sliding Fee Discount Application

200-001-04-A\_Sliding Fee Discount Application (Spanish)

### I. REFERENCE FORMS

U.S. Department of Health and Human Services Health Resources and Services Administration (HRHS)  
National Health Service Corps (NHSC) Sliding Fee Discount Program Information Package (*revised March 2015*)

### J. REVISION AND REVIEW HISTORY

Revision Date	Review Date	Author	Notes
8/17/2017	8/17/2017	Kelli Trenger	Contributors, Federal Poverty Guidelines and collections updated.
2/08/2018	2/08/2018	Kelli Trenger	Federal Poverty Guidelines, add 200-001-04-A



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#### **K. APPROVAL**

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure (this procedure) as of the effective date listed above.