

POLICY & PROCEDURE



TITLE: Sliding Fee Scale Discount Schedules				
Scope/Purpose: To establish procedures for determining the appropriate sliding fee to be charged patients				
Division/Department: All HealthPOiNT clinics			Policy/Procedure #:	
Original Date: 8/3/2010			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for: Same/2010	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
06/26/2015	06/26/2015	07/01/15	07/16/2015	
Responsible Party: Chief Information Officer				

DEFINITIONS:

N/A

POLICY:

Brazos Valley Community Health Centers *never refuses services to patients based on inability to pay* who have completed the eligibility process to determine their appropriate sliding fee discount. A patient may also qualify to make special payment arrangements through the completion of a Payment Plan Agreement.

PROCEDURE:

- I. To be eligible for discounted fees, the eligibility screening process must be completed. The eligibility processes sometimes vary between programs because of the requirements of different funding sources. Some funding requires proof of income, assets, age, etc. Patients who refuse to complete the appropriate eligibility screening process or fail to follow through with the eligibility requirements are considered full fee. An exception to this is an infant born to a Medicaid mother. The child may be seen for up to 60 days on the assumption that the child will be automatically eligible for Medicaid. Parents will be encouraged to obtain their child's Medicaid enrollment number within 30 days of the child's date of birth.
- II. The sliding fee discount schedules will be set based upon the most current and available version of the federal poverty guidelines, and will be approved by the Board of Directors annually.
- III. Personnel "checking in" a patient should always ask for payment if the patient has an account balance. Account balances are added to the day's total charges. Full payment

should be requested. Payments made should be posted to the computer, and any remaining balance noted. The patient should be encouraged to make payments on the account until the balance is paid off.

- IV. The patient is given a receipt after all transactions whether or not payments are made. Flat fee copays are collected up front at check-in; a receipt is given. A receipt is given again to this patient at check-out when the charges are posted.
- V. The Clinic Director or Registrar staff will be available to discuss balances with patients, and will work to set up a Payment Plan Agreement to accommodate the patient's ability to pay. These discussions will be conducted in a respectful manner in a private area.
- VI. Some services require a special fee scale because of funding source requirements. Any specific fee scale to meet funding source requirements will be accommodated if the funding is accepted.
- VII. Extended services such as medical procedures, immunizations, injections, durable medical supplies, contraception supplies, and in-office imaging are not included under the scope of service for a basic medical visit. Patients are directed to Registration Services for eligibility screening for State Programs that may subsidize the cost of these services. Extended services, procedures and supplies are eligible for a 40% discount from the Usual and Customary price when the service is pre-paid.
- VIII. Extended services that are provided under contract with another medical provider are offered on a cost-share basis. At present, the only extended service which HealthPoint underwrites are mammograms. Screening mammograms from Bryan Radiology Associates are available with a cost share of \$50.00.
- IX. The current sliding fee discount schedule for medical and psychiatric services is as follows:

Federal Poverty Income Level: 0-100%	\$25.00 nominal charge
Federal Poverty Income Level: 101-150%	\$30.00 co-payment
Federal Poverty Income Level: 151-185%	\$35.00 co-payment
Federal Poverty Income Level: 186-200%	\$40.00 co-payment
- X. The current sliding fee discount schedule of the Medicare 20% co-insurance for medical and psychiatric services is as follows:

Federal Poverty Income Level: 0-100%	no co-insurance is due
Federal Poverty Income Level: 101-200%	50% discount of co-insurance due
- XI. The current sliding fee discount schedule for dental services is as follows:

Federal Poverty Income Level: 0-100%	\$40.00 nominal charge
--------------------------------------	------------------------

Federal Poverty Income Level: 101-150%	50% discount
Federal Poverty Income Level: 151-185%	35% discount
Federal Poverty Income Level: 186-200%	25% discount

XII. The current sliding fee discount schedule for medical services under the Primary Health Care grant is as follows:

Federal Poverty Income Level: 0-100%	\$10.00 co-payment
Federal Poverty Income Level: 101-150%	\$25.00 co-payment
Federal Poverty Income Level: 151-185%	\$35.00 co-payment
Federal Poverty Income Level: 186-200%	\$40.00 co-payment

XIII. The current sliding fee discount schedule for medical services under the Expanded Primary Health Care grant is as follows:

Federal Poverty Income Level: 0-100%	\$10.00 co-payment
Federal Poverty Income Level: 101-150%	\$25.00 co-payment
Federal Poverty Income Level: 151-185%	\$35.00 co-payment
Federal Poverty Income Level: 186-200%	\$40.00 co-payment

XIV. The current sliding fee discount schedule for DSHS Family Planning B.1.3 program is as follows:

Federal Poverty Income Level: 0-100%	No co-payment
Federal Poverty Income Level: 101-150%	\$15.00 co-payment
Federal Poverty Income Level: 151-185%	\$20.00 co-payment
Federal Poverty Income Level: 186-200%	\$25.00 co-payment
Federal Poverty Income Level: 201-250%	\$30.00 co-payment

XIII. Payment is expected at the time of service.

RELATED POLICY:

N/A

REFERENCES:

FY15 DSHS Family Planning Policy Manual
 FY15 DSHS PHC Policy Manual
 FY15 DSHS EPHC Policy Manual

REQUIRED BY:

Department of State Health Services (DSHS)

ATTACHMENTS/ENCLOSURES:

Scope of Services

Scope of Services (Spanish)

TITLE: Sliding Fee Scale Discount Schedules				
Scope/Purpose: To establish procedures for determining the appropriate sliding fee to be charged patients				
Division/Department: All HealthPOiNT clinics			Policy/Procedure #:	
Original Date: 8/3/2010			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for: Same 2010	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
1/8/2013	12/30/2013		03/28/14	
02/25/2015	02/26/2015		02/27/2015	03/19/15
06/26/2015	06/26/2015	07/01/15	07/16/2015	
Date of Revision	Description of Changes			
11/5/2013	Updated to new format; changes in Family Planning (B.1.3, PHC, EPHC); deleted Title V Maternal & Child Health			
02/26/2015	Revised Sliding Fee Schedules to conform to HRSA PIN 2014-02			
06/26/2015	Revised Sliding Fee Schedule – added SFS for Medicare Co-Insurance (Item X); Item IX & XI – the FPIL 0-100 range is referred to as a “nominal charge” instead of a co-payment			