



Sliding Fee Discount Policy (SFDP)

POLICY: Community Health Programs, Inc. (CHP) is committed to making health center services available to all, regardless of their ability to pay. CHP reduces patient financial responsibility for medically necessary and appropriate treatment in situations where the individual qualifies under the guidelines of this policy and cooperates with CHP in the administration of this policy and related procedures for CHP services.

CHP evaluates its SFDP annually following release of updated Federal Poverty Guidelines (FPGs) in order to eliminate financial barriers to care. CHP utilizes Uniform Data System (UDS) data, other patient income and family size information it gathers, and patient surveys to evaluate the utilization, effectiveness, and affordability of the SFDP. Annually, CHP presents the Sliding Fee Discount Policy to the Board of Directors for their review and approval, including an annual program assessment, updated FPGs, and a nominal fee recommendation.

DEFINITIONS:

1. For purposes of this policy, the terms patient, patients, and applicant refer to individuals and their families who are served by CHP.
2. Income is defined as employment and cash earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' benefits, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance (including scholarships and grants used for living expenses), and alimony.
3. Gross income means income before taxes are taken out.
4. Noncash benefits (such as food stamps, child support, and housing subsidies) are not counted as income.
5. For purposes of this policy, a family unit includes mother, father, children, domestic partner, husband, wife, and any dependent minor who is supported by the family unit and benefits from the combined household income. Roommates do not qualify as family.

PROCEDURE:

- A. CHP's Sliding Fee Discount Policy is administered by the Director of Revenue Cycle. In general, the following procedures apply:
 1. At the time of application, each applicant is required to complete a confidential Sliding Fee Discount Program Application and provide such information as CHP deems necessary. At a minimum, the applicant is required to provide proof of income, which may include copies of at least four weeks of recent pay stubs, their federal income tax return from the prior year (or, if unavailable, the tax return from two years prior), or a written statement from their employer documenting their employment status and wages. Bank statements are not an acceptable form of income verification.
 2. The completed application and supporting documents must be submitted directly to a CHP Certified Patient Navigator or mailed to their attention at Community Health Programs, Inc., P.O. Box 30, Great Barrington, MA 01230.
 3. Based on information provided by the applicant, a Certified Patient Navigator determines the applicant's eligibility for the sliding fee scale. Applicants are notified in writing of their eligibility

determination, whether it is approved or denied. The applicant's eligibility is documented in their account, and in those of other affected family members, as appropriate.

4. If, as a result of the financial review, the patient does not qualify for CHP's sliding fee scale, the patient/guarantor will be advised to make payment arrangements according to CHP's self-pay policy.
5. The level of assistance to be provided, whether full or partial, is determined by evaluation of the patient's income and family size. The latest Federal Poverty Guidelines (FPG) issued by the Department of Health and Human Services provides the basis for determining an individual's ability to pay.
6. Applicants at or below 100% of the FPG will only be charged a nominal fee. The nominal fee is reviewed annually to affirm that it is not creating a barrier to care. If the patient is unable to afford the nominal fee, or refuses to pay the nominal fee, CHP can waive the fee consistent with its Financial Hardship/Waiver of Fees Policy or Refusal to Pay Policy.
7. In order to assure uniform application of this policy, charges are not withheld and are recorded in accordance with the normal procedure used for all patients. The sliding fee discount and/or nominal fee are applied to charges for all patients who qualify for the program.
8. Sliding fee discounts may be granted to patients on their initial visit based on self-reporting (documentation is not required). However, income documentation will be required for discounts after the initial visit. Quarterly reverification of eligibility may be required.
9. Signs are prominently posted in all CHP locations in languages appropriate to the patient population explaining that the Sliding Fee Discount Program is available to eligible uninsured and underinsured patients.
10. The SFDP applies to all required and additional health services within the HRSA-approved scope of project for which there are distinct fees. For those situations in which CHP has a written referral agreement with a third-party provider and that third-party's charity care/discount policy is more favorable to the patient than CHP's sliding fee policy, the CHP patient will receive the same or better discount from any formal referrals under written agreement.
11. Sliding fee discounts are not available for certain equipment or hardware such as dental hardware/dentures.

ATTACHMENTS:

1. Sliding Fee Scale 2024
2. Sliding Fee Discount Program Application

Approved By:

Chief Executive Officer

Date

Executive VP & CFO

Date

President, Board of Directors

Date



SLIDING FEE SCALE 2024
(Annual income thresholds)

As a HRSA-supported federally qualified health center, CHP provides financial assistance to all patients that apply for and qualify for the sliding fee scale below:

Family Unit Size	% of Charge Patient Pays					
	\$10.00 Nominal Fee	20%	40%	60%	80%	100%
Poverty	100%	125%	150%	175%	200%	201%
1	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$30,271
2	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$41,084
3	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$51,898
4	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$62,712
5	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$73,526
6	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$84,340
7	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$95,153
8	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$105,967

Note: The income ceiling for the minimum/nominal fee pay class is equal to the federal poverty level.

- CHP collects only a **nominal fee** of \$10.00 from patients and families with annual incomes at or below 100% of the federal poverty guidelines. If the patient is unable to afford the nominal fee, CHP can waive the fee consistent with its Financial Hardship/Waiver of Fees Policy.
- CHP provides a **partial discount** to patients and families with annual incomes between 100% and 200% of the Federal Poverty Guidelines. Fees are collected in accordance with the sliding fee scale table above.
- No discounts are provided to patients with incomes over 200% of the Federal Poverty Guidelines.
- Eligibility must be verified prior to enrollment and may be required quarterly thereafter. Once verified by the Certified Patient Navigator, discount rates are effective upon enrollment and will continue for as long as the patient remains eligible. Discount rates may be retroactive for up to 6 months.

- At the time of verification, the patient receives written notice of which bracket they qualify for on the sliding fee scale. CHP provides a Sliding Fee Scale Letter and Waiver for the relevant services, including the reduced rate, for the patient to sign.
- Separate from this Sliding Fee Discount Program, CHP has additional related policies, including a Hardship Policy and a Self-Pay Policy, that are administered by the Director of Revenue Cycle or the Executive Vice President and Chief Financial Officer.

CHP SLIDING FEE DISCOUNT PROGRAM APPLICATION

Dear Applicant(s):

Community Health Programs (CHP) offers a sliding fee scale to uninsured/underinsured patients and their families. Eligibility for the sliding fee scale is based on the patient's family unit size and annual household income. Please complete as much of this application as you can. **Eligibility must be verified prior to enrollment and once quarterly thereafter upon request.** Once verified by the CHP Certified Patient Navigator, reduced fees will be effective upon enrollment and will continue for as long as you maintain your eligibility. In the event a family experiences a substantial drop in income, they have the option of going through the verification process again at any time.

APPLICANT INFORMATION

First name _____ Last name _____
Date of birth _____
Home address: _____
Mailing address if different: _____
Telephone number (home/work): _____

OTHER FAMILY MEMBERS (spouse or children under age 19 living with you)

Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____

EMPLOYMENT STATUS

Are you **unemployed**? **YES / NO**
Do you get unemployment benefits? **YES / NO** How much per week? \$ _____
Who is working in the family? *
1. _____
Number of hours per week: _____ Amount paid per hour: \$ _____
Employer name/address/tel.: _____
2. _____
Number of hours per week: _____ Amount paid per hour: \$ _____
Employer name/address/tel.: _____
IF SELF-EMPLOYED, annual income after deductions: \$ _____
*** Please provide 4 weeks of recent pay stubs, or your most recent federal income tax return, or a signed statement from your employer.**

MISCELLANEOUS

Do you or any family member have any other source(s) of income (such as *Social Security, pension, worker's compensation*)? **YES / NO** (if yes, how much? \$ _____)

The above information is true to the best of my knowledge.

Applicant's signature: _____ Date: _____