



Sliding Fee Discount Policy

Date Drafted: 5-3-16	Revision Date: 8-9-16	Board of Directors Approval: August 25, 2016	Board of Health Approval: 2016.08.116
--------------------------------	---------------------------------	--------------------------------------------------------	-------------------------------------------------

Maintenance Steward: CEO of Health Center **History:** New Revised Archived

Organizational Scope:
 Full Agency Administration Community Services Environmental Health Health Center

Frequency of Review:
 Annually Biennially 5 Years As Needed Other:

Location:
G-Drive: G: → Users → Common → Policies & Procedures
Website: www.lucascountyhealth.com/employee-login/
Hardcopy: TLCHC Clinic Supervisor
Archived Version(s):

Requisite Signatures

- 8.25.2016
Board of Health President Date
- 8-25-16
Health Commissioner Date
- 8/25/16
Board of Directors President Date
- 8/25/16
Chief Financial Officer Date
- 8/25/16
Medical Director Date
- 8-30-16
Dental Director Date
- 8/25/16
Chief Executive Officer Date



Sliding Fee Discount Policy

I. Policy

A Sliding Fee Discount Program is provided to eligible persons based on the patient's ability to pay. Ability to pay is determined by the household size and annual income relative to a discount schedule based on federal poverty income guidelines. The Sliding Fee Discount Program is based only on family/household size and income. Only individuals living in households with income below 200% of the Federal Poverty Level qualifies for a Sliding Fee Discount. Those above 200% are not eligible for discounts under the Sliding Fee Discount Program. Once approved, the discount will be honored for six months, after which the patient must reapply and re-verify household income. No patient is denied health care services due to an individual's ability to pay for such services.

II. Scope

This program applies to all Toledo-Lucas County Health Center (TLCHC) patients with annual incomes at or below 200% Federal Poverty Guidelines (FPG) including patients with third party coverage for the patient's share of responsibility (co-pays, deductibles, and services provided by TLCHC not covered by the insurance carrier), so long as such discounts are not prohibited by the insurance carrier. All patients are screened.

III. Purpose

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their health services. TLCHC offers a Sliding Fee Discount Program to all patients who are eligible. TLCHC bases program eligibility on a person's ability to pay and does not discriminate on the basis of age, gender, sexual orientation, creed, race, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

IV. Procedure

A. Schedule

1. Upon release of the annually updated federal poverty income guidelines from the Federal Register, the billing department updates the sliding fee discount schedule. In conjunction with the discount schedule review, the policies and procedures related to administration of the sliding fee discount program are reviewed and updated if needed.
2. The annual update to the sliding fee discount schedule and any policies updates proposed are presented to the Chief Financial Officer for review and approval. After

review, the discount schedule and policy updates are presented to the Board of Directors to assist the Board of Health in review and approval.

3. The Board of Directors for the FQHC conducts an evaluation of the nominal fees and discount schedules at least every three years. A committee is established of at least half patient Board of Directors to conduct the evaluation. The Board of Directors informs the Board of Health of any findings and relevant changes for review and approval.

B. Communication

1. The Sliding Fee Discount Program is administered through the Billing Department. Information about the program policy and procedure is provided and assistance offered by front desk staff, community health workers, or the billing department for completion of the application. Dignity and confidentiality is respected for all who seek and/or are provided charitable services.
2. TLCHC notifies patients of the Sliding Fee Discount program by:
 - a. Payment Policy information is accessible to any new patients as part of the Patient Intake Forms.
 - b. Notification of the Sliding Fee Discount Program is offered to each patient upon admission.
 - c. Sliding Fee Discount Program application is included with collection notices.
 - d. An explanation of the Sliding Fee Discount Program and application are available on the website.
 - e. TLCHC places notification of Sliding Fee Discount Program in the clinic waiting area.
3. Patients applying for the sliding fee discount program must provide written verification of monthly income and family/household size. Patients providing this level of income documentation will have their income verified no less than annually.

Forms of verification of household income and size:

- a. Paycheck stub (2 most recent)
 - b. W-2 form
 - c. Last Income Tax Return
 - d. Written statement from employer
 - e. Unemployment check stub
 - f. Social security check stub
 - g. Self-declaration of Income (to be used only if the applicant does not have a written income verification)
 - h. United Way documentation
4. All patients seeking healthcare services at TLCHC are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

1. If a patient verbally expressed an unwillingness to pay or vacates the premises without paying for services, the patient is contacted in writing regarding their payment obligations. If the patient is not on the Sliding Fee Schedule, a copy of the sliding fee discount program application is sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. TLCHC can explore options with the patient that includes offering the patient a payment plan, waiving of charges, or writing off the charges.

I. Expectations for Patients

1. TLCHC maintains consistent expectations for payment on outstanding balances and clearly communicates these expectations.
2. TLCHC staff requests and expects payment when the encounter is billed. Minimum charges of an encounter are to be collected at time of visit, but the rest may be billed. Patients without the minimum are requested to bring the minimum charge to the next visit.
3. Patients on sliding fee are billed at least monthly. All accounts must be kept current, and the TLCHC billing department works with patients to establish payment plans. After 30 days of no activity on an account, staff contacts the patient to establish a payment plan.

V. Maintenance

The Sliding Fee Policy is updated annually after the Federal Poverty Guidelines are updated for the year. The annual update to the sliding fee discount schedule and any policies updates proposed are to be presented to the Chief Financial Officer for review and approval. After review the discount schedule and policy updates are to be presented to the Board of Health for review and approval.

VI. Glossary

- A. Household:** The discount program is based on "household income" which is considered as a unit. A member of household must live as a member of the patient's household all year or part of the year and be related to the patient in one of the following: child, stepchild, foster child or any descendent, brother, sister, half-brother, half-sister, stepbrother or stepsister, father, mother, grandparent or other direct ancestor, but not foster parent, stepfather or stepmother, nephew, niece, uncle, aunt, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.
- B. Family:** A group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
- C. Income:** Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits,

pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

- D. Household income:** The modified adjusted gross income of the patient, the patient's spouse (if filing jointly), and any dependents who are required to file a tax return. Modified adjusted gross income is the adjusted gross income from the tax return plus any excludible foreign earned income and tax-exempt interest received during the taxable year.

