METRO HEALTH
Multidisciplinary Integrated Healthcare
WASHINGTON, D.C.

Sliding Fee Scale Policy

PURPOSE: To assure that no patient will be denied health care services due to an individual's inability to pay for such services and to assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill the assurance.

SCOPE: Metro Health (MH) receives funding through HRSA to help provide services to uninsured and underinsured patients. For all eligible patients, a discounted fee will be charged per visit according to the private pay plan as determined by the income guidelines. The discounted fee will cover all FQHC Look-Alike in-scope services provided at MH sites for which MH administers billing and collections functions.

POLICY: MH provides care to eligible patients through the establishment of a sliding fee scale discount schedule based on federal poverty guidelines. The sliding fee policy is reviewed and updated annually with current Federal Poverty Guidelines and to ensure nominal fee do not create a financial barrier to care.

Definitions:

1**. Nominal Charge**: Nominal Charge is a percentage of total visit cost. It does not cover the total cost of care.

2. **Applicant** – Refers to the individual whose signature appears on the Sliding Fee application.

3. **Household** – Defined to mimic the District of Columbia and Federal definition of household for healthcare programs, household refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents living at the same address are considered separate households. The following compose the household:

a) The applicant and their spouse.
b) The applicant's unmarried partner if they are the parent of the applicant's child.
c) Anyone under 19 years of age who lives with and is taken care of by the applicant.
d) Anyone claimed as a dependent on the applicant's federal tax return.
e) Anyone who claims the applicant on a federal tax return and their tax dependents.

4. **Income** –The modified adjusted gross income (MAGI) as defined by the IRS and used by the state and federal agencies for healthcare programs, Income refers to all cash receipts before taxes with certain adjustments. Income does not include non-cash benefits such as SNAP, school lunch programs, clothing vouchers, or food/rent in lieu of wages. For most patients eligible for sliding fee discounts, income calculation is simple. A full definition of MAGI is available from the IRS.

a. Common income sources included in MAGI

- Wages, salaries, and tips.
- Social Security benefits.
- Unemployment compensation.
- Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses).
- Alimony.
- Retirement and pension income.
- Investment and rental income.

b. Common income sources excluded from MAGI

- Child Support.

- Supplemental Security Income (SSI).
- Veteran's disability benefits.
- Workers' compensation.

c. Common Deductions from MAGI

- Alimony paid.
- Student loan interest and tuition costs paid.
- Individual retirement account contributions.

5. **Proof of Income** – Documentation of income must reflect current income and should clearly indicate pre-tax income and any adjustments. Where proof of pre-tax income is not available, income before taxes can be estimated from proof of net income and patient statement. Documentation includes, but is not limited to:

a. Most recent income tax return or W-2.
b. Two most recent pay stubs.
c. Most recent unemployment check.
d. Proof of other household income (Social Security, pension, etc.).
e. Bank statements showing direct deposits.

6. **Income Guidelines** – Revised annually based on the Federal Poverty Guidelines

7. **Household Assessment** – The application process and review for consideration of eligibility for the sliding fee program and for reporting of patient demographics to HRSA.

8. **Ability to Pay** – Inability to pay is not the same as a patient's failure or refusal to pay a bill. It is defined by the relationship of income and household size to what the federal government considers "poverty." Patients with incomes above 200% of the federal poverty guideline are considered to have the ability to pay.

9. **Refusal to Pay** – Defined by consistent non-compliance with this policy and with monthly payment plans.

10. **Consistent Non-Compliance** – Defined by failure to make the assigned monthly payment for three consecutive months.

Schedule of Fees

MH will prepare a schedule of fees or payments for the provision of its services consistent with local prevailing rates or charges and designed to cover its reasonable costs of operation as indicated in the MH Fees Policy.

Securing Payment for Services

MH will make every reasonable effort to secure payment for services in accordance with its fee schedules and to collect appropriate reimbursement for health services from Title XVIII of the SSA (Medicare Program), Medicaid, CHIP, other public assistance programs, and other third-party payers used by MH patients. Although MH cannot require patients to enroll in public or private insurance or related third party coverage, the health center will educate patients on options available to them based on their eligibility for insurance or other third-party coverage. During the application process for the entitlement program, the patient will receive the sliding fee discount if they qualify based on the income guidelines.

No patient who refuses to apply for any public or private insurance program will be denied access to MH's sliding fee program. Metro Health ensures that patients who are eligible for sliding fee discounts and who have third-party coverage are charged no more for any out-of-pocket costs (e.g., deductibles, co-pays, and services not covered by the plan) than they would have paid under the applicable SFDS discount pay class.

Sliding Fee Discount Schedules Sliding fee discount schedules shall

1. Apply to patients with annual incomes at or below 200% of the Federal Poverty Level (FPL).
2. Provide a full discount for patients with annual incomes at or below 100% FPL with an allowance for a nominal charge.
3. Adjust feeds based on household size and income for patients above 100% FPL and at or below 200% FPL.
4. Include at least three discount levels between 100% FPL and 200% FPL.
5. Not apply to patients with annual incomes above 200% FPL.
6. Determine eligibility solely by household size and income.

The sliding fee discount schedule for medical and behavioral health services is as follows

1. Plan 1 – 0% - 100% FPL –100% discount with nominal charge of $10. Nominal charge will include office visit, in-house laboratory services, and vaccines for VFC eligible patients. Medications, vaccines, and referral laboratory services are provided at no cost to patient.

2. Plan 2 – 101% - 138% FPL - 80% discount provided to patients on office visit, in-house laboratory services, and vaccines. Medications and referral laboratory services are provided at no additional cost to patient.

3. Plan 3 – 139% - 150% FPL - 50% discount provided to patients on office visit, in-house laboratory services, and vaccines. Medications and referral laboratory services are provided at no additional cost to patient.

4. Plan 4 – 151% - 200% FPL 20% discount provided to patients on office visit, in-house laboratory services, and vaccines. Medications and referral laboratory services are provided at no additional cost to patient.

5. Plan 5 – >200% FPL – No discount. Patient will be billed based on Metro Health's financial policies and procedures.

Notification of Sliding Fee Program

MH will ensure that patients are made aware of the sliding fee program. MH will accomplish this by using multiple methods of informing patients including, but not limited to signage throughout MH locations, information on the MH website, and personally notifying patients during registration or appointment

scheduling. Sliding fee program information will be available in appropriate languages and literacy levels for our target population. Assessing Household Income Patients will be asked to complete a registration form annually and encouraged to provide their household size and income information to perform a household income assessment for sliding fee discounts and HRSA UDS reporting. MH staff will assist the patient in determining their household and income as necessary. A patient has the right to refuse to complete the assessment. Any patient who fails to complete the household assessment process shall be ineligible for discounts. Registration staff will enter household size and income information into the practice management system and notify the patient if they are likely eligible for the sliding fee program pending proof of income and a completed application.

Application Process for the Sliding Fee Program

Complete proof of income and a sliding fee program application will be expected from the applicant. Patient bills will be adjusted to the appropriate discount level once the sliding fee program application is completed and proof of income is received. Patients qualifying for the sliding fee program will have 30 days from the date the first patient bill is sent to provide documentation. Once 30 days has elapsed, sliding fee discounts cannot be applied to that date of service. If the patient reports no income, they may, in lieu of proof of income, submit a self-attestation of zero income form. Once the household has completed the application process for the sliding fee program, the discount level will be listed in the practice management system. The discount level will be effective for one year.

Penalty for False or Incomplete Information

If a patient knowingly provides false or incomplete information during the application process for the sliding fee program, any sliding fee discounts received based upon the false or incomplete information will be removed and the patient will be barred from receiving future discounts.

Using the Sliding Fee Discount

When a patient schedules an appointment, the scheduler will remind patients that their payment will be due at the time of the service. MH staff will ask for the full payment at check-in time prior to the patient seeing a provider. In the event that patient is not able to pay nominal charge based on sliding fee scale at the time of service, the patient will be referred to an appropriate member of MH team to set up a payment plan according to the MH Collection Policy.

Refusal to Pay

When all reasonable collection efforts/enforcement steps as established by this policy and the MH Collections Policy have been exhausted (which may include offering grace periods, meeting with MH financial or certified application counselors, or establishing payment plans), non-compliant patients will be notified that they are no longer allowed to access services at any MH facility.

Discharged patients frequently will request an appointment with a MH provider. These patients will be reinstated if they agree to comply with their payment plan and pay the next amount due at the time of service.

Sliding Fee Program Policy Reviews

On an annual basis, MH will review and update the sliding fee program policy. At that time updated federal poverty guidelines will be incorporated and MH will evaluate the sliding fee program's effectiveness in reducing financial barriers to care. MH will collect utilization data to assess the rate at which patients in each sliding fee plan access health center services compared to the general patient population. MH will also

solicit feedback about the sliding fee program from patients using appropriate means, such as patient surveys, focus groups, etc. This information will be used to identify and implement changes to the sliding fee program consistent with reducing financial barriers to care.

Other Considerations

For services the health center provides only via a formal written referral arrangement, the health center will make every attempt to ensure that the referral provider's discounts for health center patients meet the criteria set forth by the HRSA's Health Center Program Compliance Manual. In addition to the sliding fee discounts, MH may work with other providers, such as our referral laboratory, to make additional discounts available where possible. There may be times when collecting payment from patients would create an undue burden due to extenuating individual circumstances. The CEO, or their designee, is authorized to partially or completely waive fees as appropriate when the patient faces a hardship which may include, but is not limited to, homelessness, major medical conditions, natural disasters, and domestic violence. When fees are waived due to hardship, the account must be noted to indicate they received a hardship waiver including the person who authorized the waiver. Any request for exceptions to this policy must be made in writing to the CEO who will review and approve requests on a case-by-case basis.