



Policy B-016

Sliding Fee Scale Discount Policy and Procedure

Policy: Promise Healthcare maintains a standard procedure for qualifying patients for sliding fee scale discounts for services provided. Sliding fee scale discounts are available to patients with all incomes at or below 200% of the federal poverty guidelines. Sliding fee scale discounts apply to all directly provided Promise Healthcare services, and for all in-scope services, provided by agreement by non-Promise Healthcare providers.

Purpose: To reduce and/or eliminate financial barriers to care for medically underserved populations.

Procedure:

1. Promise Healthcare Patient Service Representatives inquire of all patients if they have healthcare coverage. For those with insurance or healthcare benefits, appropriate insurance information is documented in the practice management system at the time of registration. If the patient has Medicaid or Medicare, their eligibility will be verified prior to service.

2. The Patient Service Representative also informs patients in appropriate language that they have the option to apply for a sliding fee scale discount. Signage and the Promise Healthcare website will also communicate the availability of a sliding fee scale discount. The sliding fee scale can also apply for co-payments, deductibles and coinsurance. In order to qualify, the patient must share family and gross income information. A family consists of those members of the household supported by the reported income, typically the individuals reported on the federal tax return. If s/he agrees to begin the qualification process, the Patient Service Representative asks the patient to complete the sliding fee scale application and provide any of the following documentation of gross income for all household members:

- Federal income tax return or
- Two current pay stubs or
- Unemployment benefit award letter or
- Letter from employer on letterhead or
- Award or benefit letter or
- Affiliated agency income verification documentation that meets above requirements or
- self-attestation of income statement.

Patients that do not wish to apply for a sliding fee scale discount will be asked to attest to income and household size to be compliant with UDS reporting. Patients that refuse to be assessed will be billed full charges for their services.

Note: A patient is still eligible for sliding fee if their residency status is unknown or they are disqualified from government benefits.

3. The patient is eligible for a sliding fee discounts when all documentation is received and income criteria for discounts are met. Documentation is copied and filed and/or scanned in the patient's medical record
4. Using the attached sliding fee scale, determine the specific amount of discount for which the patient is eligible. The sliding fee scale will be reviewed and/or updated annually when the federal poverty guidelines are published in the federal register and the Promise Healthcare board of directors approves any changes.
5. Update the patient's account in the practice management system to reflect eligibility for sliding fee scale discounts, and the level of discount for which the patient has qualified.
6. The discount is applied to services provided by Promise Healthcare, including dates of service prior to the determination.
7. Patients who qualify for certain levels of sliding fee discounts are also expected to apply for other programs if requested to do so:
 - a. Medicaid: All patients applying for sliding scale discounts are expected but not required to also apply for Medicaid if the patient appears to have a category for eligibility.
 - b. Other public and/or private health insurance and/or discount programs available for which the patient may qualify, including prescription drug assistance from pharmaceutical companies.
8. While a patient is awaiting their determination of eligibility from Medicaid, s/he will be offered sliding fee scale services based on their presumptive income, IF all other documentation is complete.
9. Patients will be asked for payment at the time of visit. Patients will be told that they are expected to pay and will receive a bill. Fees for patients who qualify for sliding fee scale discounts are indicated on the board-approved sliding fee scale discount schedule, which is reviewed, updated and approved annually. Nominal fees for patients who are homeless or have no household income may be waived with either a completed proof of income or Unable to Verify Income form. The Adult Wellness Coordinator, Pediatrics Coordinator and Medical Records Coordinator are authorized to waive fees when the fee would create a financial barrier to care.
10. Promise Healthcare will maintain a uniform process for sliding fee discount program applications and patients must be re-qualified for sliding fee scale discounts annually by providing new/updated income/family documentation.

11. The Promise Healthcare Board of Directors will review and approve the policy and procedure including nominal fees, the schedule of fees for services based on costs and market rates and evaluate that it is not a barrier to care.

Board Policy 016 – Sliding Fee Scale Policy and Procedure

Effective Date: 11/01/12

Approved Date: 08/21/12, 12/10/13, 12/16/14, 2/24/15, 12/15/15, 3/22/16, 6/28/16, 12/20/16, 3/28/17, 12/19/17, 10/23/18, 12/18/18, 12/17/19

Review Date: 12/18/18, 12/17/19

Approved by: Promise Healthcare Board of Directors

Sliding Fee Scale Discount Program

Updated income for federal poverty guideline changes

MEDICAL SLIDING FEE SCALE 2020

# Persons in Household	Household Income	Scale A Nominal Fee* \$10 per visit	Scale B Fee \$25 per visit	Scale C Fee \$35 per visit	Scale D Fee \$45 per visit	100% Full Pay
1	Annual	0 - 12,760	12,761 - 19,140	19,141 - 22,330	22,331 - 25,520	25,521 +
	per month	0 - 1,063	1,064 - 1,595	1,595 - 1,861	1,862 - 2,127	2,128 +
	per week	0 - 245	246 - 367	368 - 428	429 - 489	490 +
2	Annual	0 - 17,240	17,241 - 25,860	25,861 - 30,170	30,171 - 34,480	34,481 +
	per month	0 - 1,437	1,438 - 2,154	2,155 - 2,514	2,515 - 2,873	2,874 +
	per week	0 - 331	332 - 496	497 - 579	580 - 661	662 +
3	Annual	0 - 21,720	21,721 - 32,580	32,581 - 38,010	38,011 - 43,440	43,441 +
	per month	0 - 1,810	1,811 - 2,715	2,715 - 3,168	3,169 - 3,620	3,621 +
	per week	0 - 417	418 - 625	626 - 729	730 - 833	834 +
4	Annual	0 - 26,200	26,201 - 39,300	39,301 - 45,850	45,851 - 52,400	52,401 +
	per month	0 - 2,183	2,184 - 3,275	3,276 - 3,821	3,822 - 4,367	4,368 +
	per week	0 - 502	503 - 754	755 - 879	880 - 1,005	1,006 +
5	Annual	0 - 30,680	30,681 - 46,020	46,021 - 53,690	53,691 - 61,360	61,361 +
	per month	0 - 2,557	2,558 - 3,835	3,835 - 4,474	4,475 - 5,113	5,114 +
	per week	0 - 588	589 - 883	884 - 1,030	1,031 - 1,177	1,178 +
6	Annual	0 - 35,160	35,161 - 52,740	52,741 - 61,530	61,531 - 70,320	70,321 +
	per month	0 - 2,930	2,931 - 4,395	4,396 - 5,128	5,129 - 5,860	5,861 +
	per week	0 - 674	675 - 1,011	1,012 - 1,180	1,181 - 1,349	1,350 +
7	Annual	0 - 39,640	39,641 - 59,460	59,461 - 69,370	69,371 - 79,280	79,281 +
	per month	0 - 3,303	3,304 - 4,955	4,955 - 5,781	5,782 - 6,607	6,608 +
	per week	0 - 760	761 - 1,140	1,141 - 1,330	1,331 - 1,520	1,521 +
8	Annual	0 - 44,120	44,121 - 66,180	66,181 - 77,210	77,211 - 88,240	88,241 +
	per month	0 - 3,677	3,678 - 5,515	5,516 - 6,434	6,435 - 7,353	7,354 +
	per week	0 - 846	847 - 1,269	1,270 - 1,481	1,482 - 1,692	1,693 +

For each additional household member add 4,480.00 to annual income.
 373.33 to monthly income.
 86.15 to weekly income.

Sliding fee scale based upon total gross household income and the number of persons residing in the household.

Effective : 3/1/2020

PROMISE HEALTHCARE
DENTAL SLIDING FEE SCALE 2020

# Persons in Household	Household Income	Scale A Nominal Fee* See Below	Scale B Fee See Below	Scale C Fee See Below	Scale D Fee See Below	100% Full Pay
1	Annual	0 - 12,760	12,761 - 19,140	19,141 - 22,330	22,331 - 25,520	25,521 +
	per month	0 - 1,063	1,064 - 1,595	1,595 - 1,861	1,862 - 2,127	2,128 +
	per week	0 - 245	247 - 367	368 - 428	429 - 489	490 +
2	Annual	0 - 17,240	17,241 - 25,860	25,861 - 30,170	30,171 - 34,480	34,481 +
	per month	0 - 1,437	1,437 - 2,154	2,155 - 2,514	2,515 - 2,873	2,874 +
	per week	0 - 331	332 - 496	497 - 579	580 - 661	662 +
3	Annual	0 - 21,720	21,721 - 32,580	32,581 - 38,010	38,011 - 43,440	43,441 +
	per month	0 - 1,810	1,810 - 2,715	2,715 - 3,168	3,169 - 3,620	3,621 +
	per week	0 - 417	418 - 625	626 - 729	730 - 833	834 +
4	Annual	0 - 26,200	26,201 - 39,300	39,301 - 45,850	45,851 - 52,400	52,401 +
	per month	0 - 2,183	2,184 - 3,275	3,276 - 3,821	3,822 - 4,367	4,368 +
	per week	0 - 502	503 - 754	755 - 879	880 - 1,005	1,006 +
5	Annual	0 - 30,680	30,681 - 46,020	46,021 - 53,690	53,691 - 61,360	61,361 +
	per month	0 - 2,557	2,558 - 3,835	3,835 - 4,474	4,475 - 5,113	5,114 +
	per week	0 - 588	589 - 883	884 - 1,030	1,031 - 1,177	1,178 +
6	Annual	0 - 35,160	35,161 - 52,740	52,741 - 61,530	61,531 - 70,320	70,321 +
	per month	0 - 2,930	2,930 - 4,395	4,396 - 5,128	5,129 - 5,860	5,861 +
	per week	0 - 674	675 - 1,011	1,012 - 1,180	1,181 - 1,349	1,350 +
7	Annual	0 - 39,640	39,641 - 59,460	59,461 - 69,370	69,371 - 79,280	79,281 +
	per month	0 - 3,303	3,304 - 4,955	4,955 - 5,781	5,781 - 6,607	6,608 +
	per week	0 - 760	761 - 1,140	1,141 - 1,330	1,331 - 1,520	1,521 +
8	Annual	0 - 44,120	44,121 - 66,180	66,181 - 77,210	77,211 - 88,240	88,241 +
	per month	0 - 3,677	3,678 - 5,515	5,516 - 6,434	6,435 - 7,353	7,354 +
	per week	0 - 848	849 - 1,269	1,270 - 1,481	1,482 - 1,692	1,693 +

For each additional household member add 4,480.00 to annual income.
373.33 to monthly income.
86.15 to weekly income.

Sliding fee scale based upon total gross household income and the number of persons residing in the household.

	Reduced Fee A	Reduced Fee B	Reduced Fee C	Reduced Fee D
Dental Full Exam with X-rays and Hygiene	\$40	\$50	\$60	\$70
Limited Problem Focused Exam	\$20	\$30	\$40	\$50
Dental Treatment Appointment	\$40	\$50	\$60	\$70
Hygiene Appointment	\$20	\$30	\$40	\$50
Scaling per Quadrant	\$20	\$30	\$40	\$50

Effective : 3/1/2020

PROMISE HEALTHCARE
MENTAL HEALTH SLIDING FEE SCALE 2020

# Persons in Household	Household Income	Scale A Nominal Fee*		Scale B Fee		Scale C Fee		Scale D Fee		100% Full Pay
		\$4 LCSW/LPC visit	\$5 Psychiatrist visit	\$5 LCSW/LPC visit	\$7 Psychiatrist visit	\$8 LCSW/LPC visit	\$10 Psychiatrist visit	\$10 LCSW/LPC visit	\$15 Psychiatrist visit	
1	Annual	0 - 12,760	12,761 - 19,140	19,141 - 22,330	22,331 - 25,520	25,521 +				
	per month	0 - 1,063	1,064 - 1,595	1,595 - 1,861	1,862 - 2,127	2,128 +				
	per week	0 - 245	246 - 367	368 - 428	429 - 489	490 +				
2	Annual	0 - 17,240	17,241 - 25,860	25,861 - 30,170	30,171 - 34,480	34,481 +				
	per month	0 - 1,437	1,438 - 2,154	2,155 - 2,514	2,515 - 2,873	2,874 +				
	per week	0 - 331	332 - 496	497 - 579	580 - 661	662 +				
3	Annual	0 - 21,720	21,721 - 32,580	32,581 - 38,010	38,011 - 43,440	43,441 +				
	per month	0 - 1,810	1,810 - 2,715	2,715 - 3,168	3,169 - 3,620	3,621 +				
	per week	0 - 417	418 - 625	626 - 729	730 - 833	834 +				
4	Annual	0 - 26,200	26,201 - 39,300	39,301 - 45,850	45,851 - 52,400	52,401 +				
	per month	0 - 2,183	2,184 - 3,275	3,276 - 3,821	3,822 - 4,367	4,368 +				
	per week	0 - 502	503 - 754	755 - 879	880 - 1,005	1,006 +				
5	Annual	0 - 30,680	30,681 - 46,020	46,021 - 53,690	53,691 - 61,360	61,361 +				
	per month	0 - 2,557	2,558 - 3,835	3,835 - 4,474	4,475 - 5,113	5,114 +				
	per week	0 - 588	589 - 883	884 - 1,030	1,031 - 1,177	1,178 +				
6	Annual	0 - 35,160	35,161 - 52,740	52,741 - 61,530	61,531 - 70,320	70,321 +				
	per month	0 - 2,930	2,930 - 4,395	4,396 - 5,128	5,129 - 5,860	5,861 +				
	per week	0 - 674	675 - 1,011	1,012 - 1,180	1,181 - 1,349	1,350 +				
7	Annual	0 - 39,640	39,641 - 59,460	59,461 - 69,370	69,371 - 79,280	79,281 +				
	per month	0 - 3,303	3,304 - 4,955	4,955 - 5,781	5,781 - 6,607	6,608 +				
	per week	0 - 760	761 - 1,140	1,141 - 1,330	1,331 - 1,520	1,521 +				
8	Annual	0 - 44,120	44,121 - 66,180	66,181 - 77,210	77,211 - 88,240	88,241 +				
	per month	0 - 3,677	3,678 - 5,515	5,516 - 6,434	6,435 - 7,353	7,354 +				
	per week	0 - 846	847 - 1,269	1,270 - 1,481	1,482 - 1,692	1,693 +				

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