

## **Sliding Fee Scale Discount Policy and Procedure Policy:**

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

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

### Procedure:

1. Community Outreach Services inquire of all clients 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 client has Medicaid or Private Insurance, their eligibility will be verified prior to service.
2. Community Outreach also informs clients in appropriate language that they have the option to apply for a sliding fee scale discount. Signage and the Community Outreach Services 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 client 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 Client Service Representative asks the client to complete the sliding fee scale application and provide any of the following documentation of gross income for all household members:
  - a. Federal income tax return or
  - b. Two current pay stubs or
  - c. Unemployment benefit award letter or
  - d. Letter from employer on letterhead or
  - e. Award or benefit letter or
  - f. Affiliated agency income verification documentation that meets above requirements or -- self-attestment of income statement.

Clients 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. Clients that refuse to be assessed will be billed full charges for their services.

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

3. The client 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 client's medical record.
4. Using the attached sliding fee scale, determine the specific amount of discount for which the client 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 Community Outreach Services board of directors approves any changes.

5. Update the client's account in the practice management system to reflect eligibility for sliding fee scale discounts, and the level of discount for which the client has qualified.
6. The discount is applied to services provided by Community Outreach Services, including dates of service prior to the determination.
7. Clients 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 clients applying for sliding scale discounts are expected but not required to also apply for Medicaid if the client appears to have a category for eligibility.
  - b. Other public and/or private health insurance and/or discount programs available for which the client may qualify, including prescription drug assistance from pharmaceutical companies.
8. While a client 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. Clients will be asked for payment at the time of visit. Clients will be told that they are expected to pay and will receive a bill. Fees for clients 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 clients who are homeless or have no household income may be waived with either a completed proof of income or Unable to Verify Income form. Community Outreach Services Clinical Team and Board of Directors are authorized to waive fees when the fee would create a financial barrier.
10. Community Outreach Services will maintain a uniform process for sliding fee discount program applications and clients must be re-qualified for sliding fee scale discounts annually by providing new/updated income/family documentation.
11. The Community Outreach Services Board of Directors will review and approve and the schedule of fees for services based on costs and market rates.

Annual Household Income	Size of Household					
	1	2	3	4	5	6+
\$0 - \$12,999	\$5	\$5	\$7	\$2	\$1	\$1
\$13k - \$14,999	\$10	\$9	\$5	\$3	\$2	\$1
\$15k - \$16,999	\$15	\$14	\$12	\$5	\$4	\$2
\$17k - \$19,999	\$15	\$15	\$13	\$10	\$5	\$3
\$20k - \$22,999	\$30	\$25	\$22	\$17	\$15	\$10
\$23k - \$24,999	\$30	\$38	\$25	\$22	\$20	\$15
\$25k - \$26,999	\$30	\$29	\$27	\$25	\$23	\$20
\$27k - \$28,999	\$30	\$30	\$28	\$26	\$25	\$23
\$29k - \$30,999	\$45	\$42	\$40	\$35	\$30	\$25
\$31k - \$32,999	\$45	\$42	\$42	\$40	\$35	\$27
\$33k - \$34,999	\$45	\$42	\$42	\$40	\$35	\$30
\$35k - \$36,999	\$45	\$42	\$42	\$40	\$37	\$32
\$37k - \$38,999	\$45	\$45	\$42	\$45	\$42	\$35
\$39k - \$39,999	\$45	\$45	\$45	\$45	\$42	\$40
\$40k - \$49,999	\$60	\$60	\$60	\$55	\$50	\$45
\$50k - \$59,999	\$75	\$75	\$75	\$75	\$75	\$50
\$60k - \$69,999	\$90	\$90	\$90	\$90	\$90	\$90
\$70k and up	\$100	\$100	\$100	\$100	\$100	\$100

Hourly Charge for Regular Outpatient Services



# Community Outreach Services

## Sliding Scale Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Insurance**

Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_

**Financial Hardship**

Please Describe Financial Hardship: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to sliding scale, I understand that false or misleading information in my application or interview may result in termination of sliding scale fee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_