

Policy #: 8.11

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March 2022, March 2023, March 2024**

Section: Finance

SLIDING SCALE DISCOUNT PROGRAM POLICY AND PROCEDURE
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Purpose:

This purpose of the policy is to provide our patients with the opportunity to apply for further financial assistance through the Health Resources and Services Administration (HRSA) Sliding Fee Discount Schedule (SFDS) Policy for all in-scope services that DotHouse Health (DHH) provides. DHH participates in all programs available to support the care of patients and to assure maximization of revenue in accordance with Federal guidelines and requirements.

Policy Statement:

It is the policy of DotHouse Health (DHH) to ensure that all patients seeking care, receive services regardless of ability to pay. In addition to quality health care, patients are entitled to financial counseling by someone who can offer potential solutions for those patients who can't pay in full. The Financial Counselor at DHH works with the patient and guarantor to find reasonable payment alternatives. On an annual basis, DHH will evaluate the effectiveness of the SFDP in reducing financial barriers to care by communicating with patients and DHH staff members most responsible for the policy and procedure implementation, collecting utilization data by discount pay classes to study the effectiveness of the SFDP.

DHH will offer sliding fee discounts on all services that are within our federal scope of project. For services within our federal scope but that we do not provide directly (Column III of Form 5A), we will ensure that those eligible patients are offered comparable discounts and are not balanced billed. A sliding fee schedule is used to calculate the basic discount and is updated each year using the most recently approved Federal Poverty Guidelines. These guidelines are structured using the total annual income and total number of family or household members residing within a home. DHH will base program eligibility on a person's ability to pay and will not discriminate based on age, gender identity, race, sexual orientation, creed, religion, disability or national origin. Notice of the availability of sliding scale discounts will be displayed in a variety of locations and methods throughout the health center.

A schedule of discounts is available to all eligible individuals and families with annual incomes at or below 200% of the Federal Poverty Level (FPL), with a full discount available to individuals and families with annual incomes 100% and below the FPL. Patients who

qualify for the sliding fee discount will receive said discount after all third-party adjudications have been exhausted. Patients at or below 200% of FPL with third party insurance may be eligible for this discount for services that are not covered through their insurance, annual deductibles and co-payments.

The Federal sliding fee scale does not provide for discounts to individuals over 200% of the Federal Poverty Level. Other state or local programs (e.g. Massachusetts Health Safety Net Program, a state-funded public program) may provide for other levels of discounts (e.g. tiered discounts to individuals up to 400% of the Federal poverty level.).

Supplies and Equipment

1. For certain defined Dental and Eye care supplies and equipment, DHH charges fees based on reasonable costs and to which the SFDS does not apply. Patients who are considering these services will be informed in advance of their estimated out-of-pocket fees and associated payment plans.

Federal funds allocated to DotHouse Health will not be utilized for sliding fee discount over the required guidance of 200% FPL.

Interpretation of this policy should be directed to the Chief Financial Officer or designee.

PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program:

- 1) **Notification:** DHH will notify patients of the Sliding Fee Discount Program upon first time registration, advertisements in clinic waiting areas and on the health center's website and other electronic media (digital signage.)
- 2) **Ability to pay:** All patients seeking health care services at DHH are assured they will be served regardless of ability to pay. No one is refused services because of a lack of financial means to pay. DHH acknowledges that there is a difference between ability to pay and refusal to pay (See #10, Refusal to Pay).
- 3) **Request for Discount and Administration:** Requests for discounted services may be made by patients, family members, staff or others who are aware of the existing financial hardship. Information and forms can be obtained from the Office of Financial Counseling.

Sliding Fee Discount Program (SFDP) Coverage

a. All patients of DHH are eligible to apply for the SFDP. For patients who have insurance coverage and who are eligible for the SFDP, the discounts applied through the program would be applied to patient out-of-pocket expenses, such as copayments and deductibles, for eligible services.

b. For patients who have applied and deemed eligible to participate in the SFDP and who have health insurance that does not fully or partially cover the DHH's fees, their out-of-pocket cost-sharing will be reduced/discounted to ensure that the maximum out-of-pocket

amount he/she is charged will be the amount he/she would have paid under his/her respective pay class, subject to any contractual limitations.

c. The SFDP extends to all services provided directly by DHH that are within our federal scope of project.

d. For services within our federal scope of project that we do not offer directly (Columns II and III of Form 5A), patients are offered comparable discounts and are not balance billed.

The Sliding Fee Discount Program (SFDP) procedure will be administered by the Financial Counselor Manager. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Confidentiality will be respected for all who seek and/or provided with this service.

- 4) Completion of Application:** A completed application, including required documentation of home address, family/household size and income, must be completed in its entirety, on file and approved by the DHH Financial Counselors in order to initiate the discount. By signing the Sliding Fee Discount Program application, persons authorize DHH access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application form will result in all discounts being revoked and the full balance of the account(s) restored and payable.

Eligibility date would be the visit date, upon the application's approval. If an application is unable to be processed due to need for additional information, the applicant has two (2) weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient doesn't provide the requested information within the two week time period, their application will be re-dated to the date which they supply the requested information. Any accounts turned over for collection as a result of the applicant's delay in providing the information will not be considered for the Sliding Fee Discount Program.

All alternative payment sources will be exhausted including all third-party payment from insurance(s), Federal and State programs.

5) Eligibility:

Discounts will be based on income and family size, only.

a) "Family/Household" is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and physically residing in the same home who are the legal responsibility of the guarantor. The guarantor is the financially responsible person within the household. All such people are considered as members of one family.

b) "Income" is defined as earnings over a given period used to support an individual/household unit based on a set of inclusions, listed as follows:

- Earnings
- Supplemental Security Income
- Retirement payments from Social Security or pension or retirement income
- Public assistance
- Short-term or long-term disability payments
- Veterans' payments
- Survivor benefits
- Unemployment compensation
- Child support payments
- Alimony
- Workers' compensation
- Income from rental property, interest, dividends and royalties.
- Income from estates, trusts, and educational assistance.
- Assistance from outside the household.

Non-cash benefits (such as food stamps and housing subsidies) do not count.

6) **Income Verification**

Applicants must provide one (1) of the following documents to support proof of income:

- Prior year W-2 or Form 4506-T (if W2 not filed) or Copy of Federal Tax Return
- Copies of two most recent employment check stubs
- Copy of Federal tax return (W-2 only is not acceptable)
- Dated letter from employer
- Self-employed individuals will be required to submit detail of most recent three (3) months of income and expenses for the business.
- Dated letter from homeless shelter (contact shelter for verification of continued residency)
- Dated letter from head of hold and/or family member where patient resides
- Self-declaration (may only be used for the first visit)

If a patient has no means to prove their income, self-declaration may be accepted for initial visit only. The patient must sign a Self-Declaration Application guaranteeing the authenticity of this information. This is to be used as last resort and must be approved by management. Documentation of application of self-declaration is noted in patients' chart.

- 7) **Discounts:** Below is the patient payment amount and discount amount or percentage according to the sliding fee schedule. However, patients will not be denied services based on an inability to pay. The sliding fee schedule will be updated during the first quarter of every calendar year consistent with the most recent Federal Poverty Guidelines.

FPL Range	Patient Charged Amount:	Discount				
100% or Below	\$0.00	100%				
101% to 133%	\$ 10.00	Balance other than \$10.00 patient pay amount				
134% to 167%	\$ 15.00	Balance other than \$15.00 patient pay amount				
168% to 200%	\$ 20.00	Balance other than \$20.00 patient pay amount				

- 8) **Waiving of Charges:** In certain situations, patients may not be able to pay the discounted fee. Waiving of charges may only be used in special circumstances and must be approved by DHH's CEO or their designee. Any waiving of charges should be documented in the patient's file along with an explanation.

- 9) **Applicant determination and notification:** DHH will render a conditional or final determination of eligibility upon receipt of a signed and completed application. The Sliding Fee Discount Program determination will provide in writing and include the percentage of Sliding Fee Discount Program write-off or reason for denial. If the applicant is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with DHH. Reapplication for the sliding scale discount must be submitted annually for approval or anytime there has been a change in family size or income. Upon approval, DHH will retain the completed paper application for 1 year within the patient's record.

- 10) **Refusal to pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If a patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient doesn't make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point, DHH will explore options, not limited to, offering the patient a payment plan, waiving of charges or referring the patient to collections efforts.

- 11) **Record keeping:** Information related to Sliding Fee Discount decisions will be maintained and preserved in a confidential file located in the office of the Manager of Financial Counseling.

- 12) **Policy and procedure review:** Annually the Sliding Fee Discount Program Policy, Procedures and schedule will be presented to the board for review and approval.

Forms:

Attachment A - Current Federal Poverty Guideline Fee Schedule
Sliding Scale Self-Declaration Application
Federal Scope of Project, Form 5A

This policy has been reviewed, approved, and adopted by the Governing Board and Administration as attested to by the signatures below:



3/14/2024

Michelle Nadow
President and CEO

Date



3/14/2024

Megan Sonderegger
Governing Board Chair

Date

DotHouse Health, Inc.

2024 Sliding Fee Scale Table

Effective March 14, 2024

Source:

1/17/2024 Federal Register

2024 Federal HHS Poverty
Guidelines (annual income)

2024 Annual

Poverty Guidelines, all states (except Alaska and Hawaii)

Household /Family Size	Coverable by Federal Grant Resources											
	Low Income											
	50%	*100%*	125%	130%	133%	135%	138%	150%	167%	175%	185%	200%
1	\$7,530	\$15,060	\$18,825	\$19,578	\$20,030	\$20,331	\$20,783	\$22,590	\$25,150	\$26,355	\$27,861	\$30,120
2	10,220	20,440	25,550	26,572	27,185	27,594	28,207	30,660	34,135	35,770	37,814	40,880
3	12,910	25,820	32,275	33,566	34,341	34,857	35,632	38,730	43,119	45,185	47,767	51,640
4	15,600	31,200	39,000	40,560	41,496	42,120	43,056	46,800	52,104	54,600	57,720	62,400
5	18,290	36,580	45,725	47,554	48,651	49,383	50,480	54,870	61,089	64,015	67,673	73,160
6	20,980	41,960	52,450	54,548	55,807	56,646	57,905	62,940	70,073	73,430	77,626	83,920
7	23,670	47,340	59,175	61,542	62,962	63,909	65,329	71,010	79,058	82,845	87,579	94,680
8	26,360	52,720	65,900	68,536	70,118	71,172	72,754	79,080	88,042	92,260	97,532	105,440
9	29,050	58,100	72,625	75,530	77,273	78,435	80,178	87,150	97,027	101,675	107,485	116,200
10	31,740	63,480	79,350	82,524	84,428	85,698	87,602	95,220	106,012	111,090	117,438	126,960
11	34,430	68,860	86,075	89,518	91,584	92,961	95,027	103,290	114,996	120,505	127,391	137,720
12	37,120	74,240	92,800	96,512	98,739	100,224	102,451	111,360	123,981	129,920	137,344	148,480
13	39,810	79,620	99,525	103,506	105,895	107,487	109,876	119,430	132,965	139,335	147,297	159,240
14	42,500	85,000	106,250	110,500	113,050	114,750	117,300	127,500	141,950	148,750	157,250	170,000
Each Additional Family Member add:		\$5,380	\$6,725	\$6,994	\$7,155	\$7,263	\$7,424	\$8,070	\$8,985	\$9,415	\$9,953	\$10,760

FPL Range	Patient Charged Amount:	Discount
100% or Below	\$0.00	100%
101% to 133%	\$ 10.00	Balance other than \$10.00 patient pay amount
134% to 167%	\$ 15.00	Balance other than \$15.00 patient pay amount
168% to 200%	\$ 20.00	Balance other than \$20.00 patient pay amount

No federally-funded discounts will be provided to individuals and families with annual incomes greater than 200% of the current Federal Poverty Guidelines

DotHouse Health, Inc.

2024 Sliding Fee Scale Table

Effective March 14, 2024

Source:

1/17/2024 Federal Register

2024 Federal HHS Poverty Guidelines (annual income)

2024 Monthly

Poverty Guidelines, all states (except Alaska and Hawaii)

Household /Family Size	Coverable by Federal Grant Resources											
	Low Income											
	50%	*100%*	125%	130%	133%	135%	138%	150%	167%	175%	185%	200%
1	\$628	\$1,255	\$1,569	\$1,632	\$1,669	\$1,694	\$1,732	\$1,883	\$2,096	\$2,196	\$2,322	\$2,510
2	852	1,703	2,129	2,214	2,265	2,300	2,351	2,555	2,845	2,981	3,151	3,407
3	1,076	2,152	2,690	2,797	2,862	2,905	2,969	3,228	3,593	3,765	3,981	4,303
4	1,300	2,600	3,250	3,380	3,458	3,510	3,588	3,900	4,342	4,550	4,810	5,200
5	1,524	3,048	3,810	3,963	4,054	4,115	4,207	4,573	5,091	5,335	5,639	6,097
6	1,748	3,497	4,371	4,546	4,651	4,721	4,825	5,245	5,839	6,119	6,469	6,993
7	1,973	3,945	4,931	5,129	5,247	5,326	5,444	5,918	6,588	6,904	7,298	7,890
8	2,197	4,393	5,492	5,711	5,843	5,931	6,063	6,590	7,337	7,688	8,128	8,787
9	2,421	4,842	6,052	6,294	6,439	6,536	6,682	7,263	8,086	8,473	8,957	9,683
10	2,645	5,290	6,613	6,877	7,036	7,142	7,300	7,935	8,834	9,258	9,787	10,580
11	# 2,869	5,738	7,173	7,460	7,632	7,747	7,919	8,608	9,583	10,042	10,616	11,477
12	# 3,093	6,187	7,733	8,043	8,228	8,352	8,538	9,280	10,332	10,827	11,445	12,373
13	# 3,318	6,635	8,294	8,626	8,825	8,957	9,156	9,953	11,080	11,611	12,275	13,270
14	# 3,542	7,083	8,854	9,208	9,421	9,563	9,775	10,625	11,829	12,396	13,104	14,167
Each Additional Family Member add:		\$448	\$560	\$583	\$596	\$605	\$619	\$673	\$749	\$785	\$829	\$897

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168% to 200%	\$20.00	Balance other than \$20.00 patient pay amount

No federally-funded discounts will be provided to individuals and families with annual incomes greater than 200% of the current Federal Poverty Guidelines