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Subject:	SLIDING FEE DISCOUNT PAYMENT PROGRAM POLICY	Formulated:	09/93
Community Health Center Board Approval Date:		Revised:	02/04, 03/08, 04/10, 01/15,
Board of Supervisors Approval Date:			08/17

Sliding Fee Discount Payment Program

Policy:

Ventura County Health Care Agency (VCHCA), Ambulatory Care Department, provides a Sliding Fee Discount Payment Program (SFDP) for qualified patients who meet the eligibility tests described below in compliance with the requirements of Health Resources and Services Administration (HRSA) Policy Information Notice (PIN) #2014-02. The SFDP ensures that the amounts owed for health center services by eligible patients are adjusted based on the patient's ability to pay and that financial barriers to care are minimized. This policy applies to all health centers funded by HRSA as described in Section 330 of the Public Health Service Act and is reviewed annually by the Community Health Center Board.

Procedure:


1. Eligibility for Participation in Discount Payment Program

A patient whose family income does not exceed 200% of the Federal Poverty Level (FPL) shall be eligible for the SFDP. Patients with incomes between 100 and 200% of the FPL will qualify for one of three sliding fee discount pay classes. Additionally, families with annual incomes at or below 100% of the FPL will be eligible to receive care for a nominal charge. The SFDP does not require an asset test to determine eligibility.

Individuals and families with annual incomes above 200% of the FPL do not qualify for the SFDP. However, other patient discount programs may be available.

Clinic staff shall make reasonable efforts to obtain from the patient, or his or her representative, information about whether private or public health insurance may fully or partially cover the charges for care, including co-pays.

VCHCA will make every reasonable effort to obtain reimbursement from third party payors,

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including either public health insurance (Medicaid, CHIP, Medicare, and any other public assistance program) or private health insurance (for patients who have such coverage). These efforts will be consistent with VCHCA’s billing and collection policy.


2. Definition of Family Size and Determination of Income

The “patient’s family” means the following: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative. Family size is self-reported.

The “patient’s income” as it relates to the SPDP is determined by submission of recent pay stubs or tax returns. The patient’s assets or the assets of the patient’s family will not be considered when determining eligibility for the SFDP.

The measure of 200% of the FPL shall be made by reference to the most up to date Department of Health and Human Services (HHS) poverty guidelines for the number of persons in the patient’s family or household and shall be re-determined annually.

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The current FPL's are as follows:

2017 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty Guideline	200% of Poverty Level
1	\$12,060	\$24,120
2	\$16,240	\$32,480
3	\$20,420	\$40,840
4	\$24,600	\$49,200
5	\$28,780	\$57,560
6	\$32,960	\$65,920
7	\$37,140	\$74,280
8	\$41,320	\$82,640

(Source: <https://aspe.hhs.gov/poverty-guidelines>)

3. Resolution of Disputes


Any disputes regarding a patient's eligibility to participate in the SFDP shall be directed to and resolved by the VCHCA Chief Financial Officer.

4. Access and Notices

In order to facilitate patient access and utilization, health centers will ensure that patients are made aware of the SFDP. Health centers will establish multiple methods for informing patients of the SFDP (e.g., signage, registration documents). Information about the SFDP will be made available in appropriate languages and literacy levels for the health center's target population.

A. Posting of Notices

Notices describing the SFDP and eligibility requirements shall be clearly and conspicuously posted in locations that are visible to patients in the following areas: (1) clinic registration, (2) clinic nursing stations, (3) patient waiting areas, and (4) clinic exam rooms. The

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notice shall be provided in English and non-English languages spoken by a substantial number of the patients served by the clinic.

B. Notice to Accompany Bills to Potentially Eligible Patients

Each bill that is sent to a patient must include a statement of charges for services rendered by the clinic and information about the SFDP. Such information shall be provided in English and non-English languages spoken by a substantial number of the patients served by the clinic.

Charges may be waived in accordance with the VCHCA Charity Care Policy.

5. Annual Re-assessment

Annually, upon the patient's next visit to the clinic, the patient's eligibility for the SFDP shall be reviewed through a streamlined SFDP renewal process.

6. Refunds

See VCHCA Ambulatory Care Department Refund Policy

7. Refusal to Pay

See VCHCA Adjustment Denials Underpayments Policy

8. Collection Procedures

See VCHCA Collection Policy.