

SLIDING FEE DISCOUNT PROGRAM

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Sponsored by the Health Resources and Services Administration

Purpose: The health center must prepare a schedule of fees or payments for the provision of its services and designed to cover its reasonable costs of operation in serving the uninsured as well as those with insurance who have deductibles and co-pays.

The CHC must prepare a corresponding schedule of discounts to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.

The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.

Policy must be approved by the
Board of Directors

Sliding Fee, as well as other policies,
must be approved as specified by the
CHC Board By-laws

Signage English and all other appropriate languages

“No one is denied services as a result of an inability to pay”.

Determination and Certification

Utilize a check list:

Size of family, income sources (all), unusual expenses, exceptional circumstances, address certification, self declaration, etc.

Annual recertification

Column I services (Form 5A)

Column A

Column B

Column C

Column D

Column E

Family Size	100% or <	101-133%	134-166%	167-199%	200% or >
1	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx
2	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx
3	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx
4	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx
5	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx
6	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx
7	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx-xx,xxx	xx,xxx

Column I services (Form 5A)

	Column A	Column B	Column C	Column D	Column E
	100% or <	101%	134%	167%	200%>
Medical Services	-0- \$25	75% dc \$35	50% dc \$45	25% dc \$55	No Discount
Lab	\$5	66% dc \$5	50% dc \$10	33% dc \$15	No discount
Radiology	\$10	\$15	\$20	\$25	No discount
Dental I&II	-0-	75% dc	50% dc	25% dc	No discount
BH/SA	\$15	\$25	\$35	\$45	No discount

Column II services

Column II services are services referred out to providers, for which you are responsible for payment. The Sliding Fee Schedule should apply to these charges as well as co-pays and deductibles.

Column III services

Most Significant Problem

Column III services are those services for which the patient is responsible for the payment of the charge. However, the CHC must include Sliding Fee Discount language in the Contract or Memorandum of Agreement. The language must include the following provisions:

“Individuals and families with incomes above 100% of the current FPG and at or below 200% of the FPG receive an equal or greater discount for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule; and

Individuals and families at or below 100% of the FPG receive a full discount or a nominal charge for these services.”

Evaluation of the Sliding Fee

Very Significant Problem

Patient Satisfaction Surveys -- Report to the Board

Focus Groups – Report to the Board

Board Evaluation and Analysis

The Sliding Fee Policy **MUST** be evaluated by the board on a **TRIENNIAL** basis (once every three years) to determine if it is a barrier to care.

QUESTIONS AND ANSWERS

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