



Policy/Procedure Title	Sliding Fee Scale Policy				Policy #		
Manual Location(s)	Union County Health Center Manual	Original Effective	7/12/17	Revised Date	2/1/21	Page	1 of 8
Department Generating Policy	Administration						
Affected Departments	Union County Health Center						
Prepared By	Melissa Prante	Date/ Title	1/28/21, Chief Financial Officer				
Governing Board	Judith Cooper	Date/ Title	2/24/21, Governing Board President				

POLICY:

Union County Health Center, a subsidiary of Clayton Health Systems Inc, shall contribute appropriate resources, advocacy and clinic support to promote the health status of the community, which it serves, within its economic ability to do so. Sliding fee scale discounts will be provided to patients with a demonstrated inability to pay. Union County Health Center 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 Union County Health Center Services. The purpose of this policy is to establish criteria for determining if a patient’s account qualifies for sliding fee scale discounts. The amount of sliding fee scale discount assistance to be made available, as well as any other changes to this policy, shall be assessed and determined by the clinic’s Chief Executive Officer on an annual basis, and will adhere to federal and state guidelines for tax-exempt and non-profit facilities, as applicable. The amount of sliding fee scale discounts as well as the other terms of this policy may be changed by the clinic’s Chief Executive Officer, subject to the approval of Clayton Health Systems Inc. Board of Directors.

PROCEDURE:

1. **Non-Discrimination**. The clinic is a rural health clinic offering sliding fee scale discounts to qualified patients. The clinic will not discriminate on the basis of race, ancestry, religion, national origin, citizenship status, age, disability or gender in its consideration of a patient’s qualification for sliding fee scale discounts.
2. **Patient Classification**. The classification of a patient as being eligible for sliding fee scale discounts shall occur at the time sufficient information has been obtained to verify the patient’s inability to pay for needed medical services, and as soon as possible after the patient first presents for services or indicates an inability to pay for services. It is ultimately the patient’s responsibility to provide the necessary information to qualify for sliding fee scale discounts.

Policy/Procedure Title	Sliding Fee Scale Discount Policy	Policy #	
Manual Location(s)	Union County Health Center Manual	Page #	Page 2 of 6

3. **Other Payer Sources.** Patients must fully cooperate and comply with eligibility requirements for any other healthcare program(s) for which they may be qualified prior to their evaluation for sliding fee scale discounts. Federal and/or state assistance may be available for those who meet qualifications. Before sliding fee scale discounts are provided, all available avenues of assistance from third-party payors must be exhausted. While a patient is awaiting their determination of eligibility from Medicaid, s/he will be offered sliding fee scale discounts based on their presumptive income, if all other documentation is complete.
4. **Medical Necessity.** This policy applies to all medically necessary care provided in this clinic. All services must be medically necessary in order to qualify for sliding fee scale discounts (e.g., elective services such as cosmetic procedures do not qualify for sliding fee scale discounts). Eligible services will be based on those services for which Medicare provides coverage.
5. **Eligibility Criteria.** All patients may apply for sliding fee scale discounts at any time during the continuum of care or after care is received. Union County Health Center also informs patients in appropriate language that they have the option to apply for a sliding fee scale discount. Signage and the Clayton Health Systems, Inc. website will also communicate the availability of a sliding fee scale discount. 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.
6. **Method for Applying for or Obtaining Sliding Fee Scale Discounts.**
 - a. Sliding fee scale discounts can be initiated by a patient requesting assistance in person, over the phone at 575-374-2585, through the mail at 300 Wilson St, Clayton, NM 88415, by email at elizabeth.ortiz@ucgh.net. Additionally, the clinic can initiate a sliding fee scale discount application on behalf of the patient.
 - b. 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:
 - 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. Affiliated agency income verification documentation that meets above requirements or – self-attestation of income statement.
 - c. The patient is eligible for a sliding fee discount when all documentation is received and income for discounts are met. Documentation is copied and filed and/or scanned in the patient’s medical record.

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

Policy/Procedure Title	Sliding Fee Scale Discount Policy	Policy #	
Manual Location(s)	Union County Health Center Manual	Page #	Page 3 of 6

- d. 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 Clayton Health Systems Inc Board of Directors approves any changes.
 - e. All applications for sliding fee scale discounts under this Policy are reviewed and determinations are made by Union County Health Center staff based on the information provided on the sliding fee scale application. In extraordinary circumstances the determination can be made by the Chief Financial Officer or Chief Executive Officer based on other information that is not described in this policy.
 - f. 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. 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. Union County Health Center Chief Executive Officer or Chief Financial Officer or Board of Directors are authorized to waive fees when the fee would create a financial barrier.
 - g. Union County Health Center 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. If a patient has a significant increase in income prior to the annual qualification, s/he must report this to Union County Health Center for reevaluation of qualification.
7. **Sliding Fee Scale Disqualification Criteria.** Disqualification after sliding fee scale discounts have been granted may be for reasons that include, but are not limited to, one or more of the following:
- a. **Information Falsification.** Sliding fee scale discounts will be denied to the patient if the patient or responsible party provides false information including information regarding income, household size, assets or other resources available that might indicate a financial means to pay for care.
 - b. **Third Party Settlement.** Sliding fee scale discounts will be denied if the patient receives a third-party financial settlement associated with the care rendered by the clinic. The patient is expected to use the settlement amount to satisfy any patient account balances.
8. **Time Frame for Final Determinations.** The clinic shall provide final determination within fourteen (14) calendar days of receipt of a complete application.
9. **Patient Payments on Accounts.** In the event that a responsible party pays a portion, or all of the charges related to appropriate medical services, and is subsequently found to have met the sliding fee scale discount criteria at the time that services were provided, any payments in excess of amount owed after the sliding fee scale has been applied to the account shall be refunded to the patient within thirty days of achieving the sliding fee scale designation.

Policy/Procedure Title	Sliding Fee Scale Discount Policy	Policy #	
Manual Location(s)	Union County Health Center Manual	Page #	Page 4 of 6

10. **Denial Appeals.** Denials will be written and include instructions for appeal or reconsideration as follows: The responsible party may appeal the determination of eligibility for the sliding fee scale by correcting any deficiencies in documentation to the designated representative. Upon the receipt of an appeal, there will be a thirty (30) day hold in the collection process. The Chief Financial Officer will review and respond to all appeals within fourteen (14) days of receipt. If this review affirms the previous denial of the sliding fee scale discount, written notification will be sent to the patient/guarantor. If the denial is reversed the patient shall immediately be declared an eligible candidate

Attachment:

Attachment A Sliding Fee Scale

Attachment B List of Excluded Services under this policy.

Forms:

Sliding Fee Scale Application

Sliding Fee Scale Approval Worksheet

Original Effective Date:	07/12/2017				
Reviewed and/or Revised Dates					
	1st	2nd	3rd	4th	5th
Review Date:	04/01/2018	1/16/19	10/08/2019		
Revised Date:	04/23/2018	1/23/19			
Supersedes:	07/12/2017	4/23/18			
By:	T. Martinez	M. Prante	M. Prante		

Policy/Procedure Title	Sliding Fee Scale Discount Policy	Policy #	
Manual Location(s)	Union County Health Center Manual	Page #	Page 5 of 6

**ATTACHMENT A
SLIDING FEE SCALE ELIGIBILITY DISCOUNT GUIDELINES**

2021 Sliding Fee Schedule – Annual Income

Fed Poverty Guideline	At or Below 100%	101% - 125%	126% - 150%	151% - 200%	Above 200%
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Family Size	Nominal Fee	Level 1	Level 2	Level 3	No Discount
	\$10.00	\$20.00	\$30.00	\$40.00	
1	\$0 - \$12,880	\$12,881- \$16,100	\$16,101- \$19,320	\$19,321- \$25,760	\$25,761+
2	\$0 - \$17,420	\$17,421- \$21,775	\$21,776- \$26,130	\$26,131- \$34,840	\$34,841+
3	\$0 - \$21,960	\$21,961- \$27,450	\$27,451- \$32,940	\$32,941- \$43,920	\$43,921+
4	\$0 - \$26,500	\$26,501- \$33,125	\$33,126- \$39,750	\$39,751- \$53,000	\$53,001+
5	\$0 - \$31,040	\$31,041- \$38,800	\$38,801- \$46,560	\$46,561- \$62,080	\$62,081+
6	\$0 - \$35,580	\$35,581- \$44,475	\$44,476- \$53,370	\$53,371- \$71,160	\$71,161+
7	\$0 - \$40,120	\$40,121- \$50,150	\$50,151- \$60,180	\$60,181- 80,240	\$80,241+
8	\$0 - \$44,600	\$44,601- \$55,750	\$55,751- \$66,900	\$66,901- \$89,200	\$89,201+

*Based on 2021 Federal Poverty Guidelines published in the Federal Register January 13, 2021

For families/households with more than 8 persons add \$4,540 for each additional person.

Policy/Procedure Title	Sliding Fee Scale Discount Policy	Policy #	
Manual Location(s)	Union County Health Center Manual	Page #	Page 6 of 6

**ATTACHMENT B
SLIDING FEE SCALE DISCOUNT LIST OF NONCOVERED SERVICES**

ANY ELECTIVE SERVICE OR PROCEDURE (INCLUDING BIOTE PRODUCTS, SKINNY SHOT, OR ANY OTHER MEDI SPA SERVICE)

ANY SERVICE PROVIDED AGAINST MEDICAL ADVICE

ANY SERVICE OR PROCEDURE THAT IS NOT USUAL AND CUSTOMARY IN A CLINIC

SERVICES ASSOCIATED WITH THE COMMUNITY HEALTHFAIR