Crossroad Health Center
Fiscal Manual
Sliding Fee Discount Program

Effective Date	5/2/2017	**Policy Number**	4.19.1
Reviewed Date	5/16/2017	**Authorization**	CEO/CFO

Policy :

Christian Community Health Services, DBA Crossroad Health Center (CHC) will serve all patients without regard to the ability to pay. Eligibility for the Sliding Fee Discount Program is based solely on income and household size.

Purpose:

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their in-scope services. In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

CHC will offer a Sliding Fee Discount Program to all who are unable to pay for their services and who are eligible based on CHC policy. CHC will base program eligibility on income and household size only, and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, http://aspe.hhs.gov/poverty, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Procedure:

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

1. Notification: CHC will notify patients of the Sliding Fee Discount Program by:
- Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
- An explanation of our Sliding Fee Discount Program and our application form are available on CHC's website.
- CHC places notification of Sliding Fee Discount Program in the clinic waiting area. Notifications will be effective and appropriate for the language and literacy level of the patient population.

2. All patients seeking healthcare services at CHC are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

3. Request for discount: Requests for discounted services may be made by patients,

household members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk.

4. Administration: The Sliding Fee Discount Program procedure will be administered through the Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

5. Alternative payment sources: If a patient has alternative payment resources such as third-party payments from insurance(s), Federal and State programs, they must be exhausted prior to being put on the Sliding Fee Discount Program. Patients who have alternative payment sources but who are eligible for the Sliding Fee Discount Program may apply for the patient-responsibility (net charge after alternative payment sources payments) portion of their charges after their alternative payment source has paid.

6. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize CHC access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information.

7. Eligibility: Discounts will be based on income and household size only.

a. Household: CHC uses the definition of household defined at HealthCare.gov. Please see appendix 1 for definition.
b. Income: CHC uses the definition of income found in lines 7-22 on IRS Form 1040. Please see appendix 1 for definition.

8. Income verification: Applicants must provide verification found in Appendix A. Self-declaration of Income may only be used in special circumstances. Currently, self-declaration is only available to participants with special circumstances. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to CHC's CFO or his/her designee for review and final determination as to

the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

9. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount and pay a nominal fee of $15. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a percentage of charges according to the attached sliding fee schedule. The sliding fee schedule will be updated annually using the latest federal poverty guidelines, http://aspe.hhs.gov/poverty.

10. Nominal Fee: Patients receiving a full discount will be requested to pay a nominal charge of $15 per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

11. Waiving of Charges: In certain situations, patients may not be able to pay the nominal fee. Waiving of charges may only be used in special circumstances and must be approved by CHC's CFO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

12. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with CHC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in household income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

13. Refusal to Pay: If a patient who has a documented ability to pay 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 the 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 does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, CHC will explore options including, but not limited to offering the patient a payment plan, waiving of charges, or refusing services.

14. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in the electronic medical record. CHC will preserve the dignity of those receiving free or discounted care.

15. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or CFO. The Sliding Fee Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. CHC will also get patients' perspective regarding the Sliding Fee Discount Program to assure CHC that the nominal fee is not a barrier to care. This will serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

16. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

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Appendix A: Definitions

1. Definition of "Household"

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you're legally married.
- If you plan to claim someone as a tax dependent for the year you want coverage, **do** include them on your application.
- If you won't claim them as a tax dependent, **don't** include them.
- Include your spouse and tax dependents **even if they don't need health coverage.**

See the limited exceptions to these basic rules in the chart below.

Who to include in your household		
Relationship	**Include in household?**	**Notes**
Dependent children, including adopted and foster children	Yes	Include any child you'll claim as a tax dependent, regardless of age.
Children, shared custody	Sometimes	Include children whose custody you share only if you claim them as tax dependents.
Non-dependent child	No	Don't include children if they are not dependents.
Children under 21 you take care of	Yes	Include any child under 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don't include a baby until it's born. You have up to 60 days after the birth to enroll your baby.
Dependent parents	Yes	Include parents only if you'll claim them as tax dependents.
Dependent siblings and other relatives	Yes	Include them only if you'll claim them as tax dependents.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex.
Legally separated spouse	No	Don't include a legally separated spouse, even if you live together.
Divorced spouse	No	Don't include a former spouse, even if you live together.

Spouse, living apart	Yes	Include your spouse unless you're legally separated or divorced. (See next row for an important exception.)
Spouse, if you're a victim of domestic abuse, domestic violence, or spousal abandonment	Not required	In these cases, you don't have to include your spouse.
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner only if you have a child together or you'll claim your partner as a tax dependent.
Roommate	No	Don't include people you just live with — unless they're a spouse, tax dependent, or covered by another exception in this chart.

2. Definition of "Income."

Types of income to include

Income type	Include as income?	Verification
IRS document showing total annual income	Yes	Most recent Form 1040 Line 22, most recent W2(s) Box 1, Most recent 1099s (for self-employed – note, you will be asked to describe the type of work you do). These forms should be no older than one year.
Pay stubs from your job showing Federal Taxable Wages	Yes	Your pay stub should say "federal taxable wages," or "gross income." Patient must show one month's worth (see chart below). Pay stubs more than two months old are not accepted.
Tips	Yes	Self-verification
Unemployment compensation	Yes	One month's worth of unemployment check stubs. Checks more than two months old are not accepted.
Social Security	Yes	Include both taxable and non-taxable Social Security income. Enter the full amount before any deductions. One month's worth of social security checks or current year annual benefit letter. Checks more than two months old are not accepted.
Social Security Disability Income (SSDI)	Yes	One month's worth of checks. But do not include Supplemental Security Income (SSI). Checks more than two months old are not accepted.
Retirement or pension income	Yes	Include IRA and 401k withdrawals. Note: Don't include qualified distributions from a designated Roth account as income. One month's worth of checks. Checks more than two months old are not accepted.

Pay Frequency	Number of Stubs
Weekly	4
Bi-Weekly (every 2 weeks)	2
Semi-Monthly (1st and 15th)	2
Monthly	1

Alimony	Yes	One month's worth of checks. Checks more than two months old are not accepted.
Child support	No	
Rental or investment income	Yes	Include any rental, interest and dividends earned on investments, including tax-exempt interest, earned in the past 12 months.
Capital gains income	Yes	Include any capital gains income received in the past 12 months.
Gifts	No	
Supplemental Security Income (SSI)	No	But do include Social Security Disability Income (SSDI).
Veterans' disability payments	No	
Worker's Compensation	No	
Proceeds from loans (like student loans, home equity loans, or bank loans)	No	
Food stamps, WIC payments	No	

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Household and Income Worksheet

Determine the Number of People in Your Household

Relationship	Include	Do Not Include	Number
Yourself			1
Your spouse	Include if you are legally married, regardless of sex. Include if you are legally married but living apart (for example, spouse is away on military duty, away on work, or away for some reason other than legally separated or divorced).	Do not include if you are legally separated or divorced. You do not need to claim your spouse if you are a victim of domestic abuse, domestic violence, or spousal abandonment.	
Child(ren)	Include number of dependent children. Include adopted and foster children, living with you that you can claim as a dependent. Include the number of children you with whom you share custody if you can claim them as a dependent. Include the number of children under 21 that you take care of.	Do not include if a child is a non-dependent. Do not include if a child is unborn.	
Other dependents:	Include the number of parents you claim as dependents. Include the number of siblings and other relatives who you claim as dependents.	Do not include unmarried domestic partner. Do not include roommates.	
Total Household Members (add right column)			

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Determine Your Household Income

<table>
<tr><th>Income</th><th>Verification</th><th>Do Not Include</th><th>Amount</th></tr>
<tr><td>Wages, salaries, tips, etc.</td><td>Prior 4 weeks' pay stubs from all jobs x 12

<table><tr><th>Pay Frequency</th><th># of Stubs</th></tr><tr><td>Weekly</td><td>4</td></tr><tr><td>Bi-Weekly (every 2 weeks)</td><td>2</td></tr><tr><td>Semi-Monthly (1st and 15th)</td><td>2</td></tr><tr><td>Monthly</td><td>1</td></tr></table>
Most recent Form 1040 Line 22, most recent W2s box 1, most recent 1099s (for self-employed)</td><td>Any information more than 2 months old</td><td></td></tr>
<tr><td>Alimony</td><td>Most recent month's check stubs x 12</td><td>Any information more than 2 months old</td><td></td></tr>
<tr><td>Unemployment compensation</td><td>Most recent month's check stubs x 12</td><td>Any information more than 2 months old</td><td></td></tr>
<tr><td>Social Security benefits</td><td>Most recent month's check stubs x 12</td><td>Any information more than 2 months old</td><td></td></tr>
<tr><td>IRA or retirement plan distributions</td><td>Most recent month's check stubs x 12</td><td>Any information more than 2 months old</td><td></td></tr>
<tr><td>Interest, dividends, rental income</td><td>From most recent Form 1040</td><td></td><td></td></tr>
<tr><td>Business Income</td><td>Most recent Form 1040</td><td></td><td></td></tr>
<tr><td>Capital gains</td><td>Most recent Form 1040</td><td></td><td></td></tr>
<tr><td>Other</td><td></td><td></td><td></td></tr>
<tr><td colspan="3">Total Income (add right column)</td><td></td></tr>
</table>

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Appendix B: Sliding Fee Scale

2017 Crossroad Health Center Sliding Fee Discount Scale

Family Income & Discount*					
Family Size	**100% Discount***	**75% Discount**	**50% Discount**	**25% Discount**	**No Discount**
1	Less than $12,060	$12,061-$16,040	$16,041-$20,020	$20,021-$24,120	$24,121+
2	Less than $16,240	$16,241-$21,599	$21,600-$26,959	$26,960-$32,480	$32,481+
3	Less than $20,420	$20,421-$27,159	$27,160-$33,897	$33,898-$40,840	$40,841+
4	Less than $24,600	$24,601-$32,718	$32,719-$40,836	$40,837-$49,200	$49,201+
5	Less than $28,780	$28,781-$38,277	$38,278-$47,774	$47,775-$57,560	$57,561+
6	Less than $32,960	$32,961-$43,837	$43,838-$54,714	$54,715-$65,920	$65,921+
7	Less than $37,140	$37,141-$49,396	$49,397-$61,652	$61,653-$74,280	$74,281+
8	Less than $41,320	$41,321-$54,956	$54,957-$68,591	$68,592-$82,640	$82,641+
% Poverty	**100%**	**101%-133%**	**134%-166%**	**167%-200%**	**201%+**

*nominal fee per visit= $15. Nurse Visit fee may vary due to cost of labs and medication
**Proof of Income or proof of no income required

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Policy Approval: The signatures below represent approval and acceptance of this policy as written:

_____	_____
CEO, if applicable	Date signed
_____	_____
CFO, if applicable	Date signed
_____	_____
Chief Medical Officer, if applicable	Date signed
_____	_____
Nurse Manager, if applicable	Date signed
_____	_____
Author	Date signed
_____	_____
Board of Directors Chair or Designee	Date Signed