

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health and Human Services</b>  <b>Division of Primary Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-01</b>
	Effective Date	<b>02-01-12</b>
	Revision Date	<b>DRAFT</b> <b>12-12-17</b>
Title: <b>Sliding Fee Discount</b>		Functional Area: <b>Fiscal Services</b>
Approved By: Marcia Jo, MPA/JD, Health Program Manager		

**Policy:**

Sacramento County Health Center is designated by the Health Resources and Services Administration (HRSA) as a Federally Qualified Health Center (FQHC). As an FQHC, the Health Center is required to abide by regulations regarding service provision to low income county residents. These regulations are found in Section 330 of the Public Health Service Act.

**Definitions:**

Sliding Fee Discount: The Health Center offers a discounted fee to low income individuals who do not qualify for health care coverage. A sliding fee discount, based on income and family size, is used to assess eligibility and discount.

Federal Poverty Level (FPL): The guidelines reflect annual income levels below which a person or family is considered to be living in poverty, and the amounts increase according to the size of the family. The guidelines are updated annually by Health and Human Services in the Federal Register. (<https://aspe.hhs.gov/poverty-guidelines>) The sliding fee discount is based on the current FPL level and is updated annually.

**Procedures:**

**A. General Provisions**

1. The Sliding Fee Schedule is designed so that fees are adjusted, reduced, or waived to ensure that no patient is denied health care services due to inability to pay.  
Clinic Services Program Manager or Administrative Services Officer III has authority to waive all fees in case of extreme hardship. See Clinic Services PP 11-02 Billing and Collections.
2. All Health Center participants are informed of the availability of services on a sliding fee scale through the health center website, registration materials, and signage in the lobby.
3. The health center's goal is that individuals have full coverage including pharmacy, hospitalization, and specialty care. For this reason, all uninsured patients are asked to apply for all available coverage prior to consideration for sliding fee.
4. The sliding fee discount is based on the most recent Federal Poverty Level (FPL) guidelines published by the U.S. Department of Health and Human Services and is updated annually when the Federal guidelines are revised. This is usually in late January and must be updated no later than April. The discounted fees are reviewed annually.

5. The sliding fee discount covers primary care office visits with Health Center providers and includes preventative care. Prescriptions are filled at local retail pharmacies, where discount programs are available.
6. Circumstances may arise in which the demand for sliding fee services exceeds physician availability (full range of HRSA required services must be offered to each patient) and other available resources. In the event the Health Center is faced with difficult choices regarding which underserved populations to serve, or which additional services to provide, the Health Center leadership and Co-Applicant governing board provides the operational guidance.

**B. Eligibility**

1. To ensure that patients get the most comprehensive benefit to which they are entitled, all uninsured patients apply for available coverage programs (Medi-Cal, Medi-Care, Healthy Partners, Covered California, and other health care coverage). Registration and Member Services staff checks eligibility at each visit.

Those applying for sliding scale should have either restricted scope (limited) Medi-Cal or a denial letter of healthcare coverage.

2. For those without healthcare coverage, Registration or Member Services staff provide information on the sliding fee discount to individuals who would like services and do not have healthcare coverage.
  - a. Information on the sliding fee discount program is provided in a handout called the Sliding Fee Application and Information Sheet.
  - b. Information is also posted in the lobbies.
3. Registration or Member Services staff determines eligibility for the sliding fee discount program by reviewing income, family size and residency as noted below.

Income	
Income includes:	Verification:
Wages before deductions	<ul style="list-style-type: none"> <li>• Paycheck stub (2 consecutive pay periods)</li> <li>• Current Tax return</li> </ul>
Other income such as pension, retirement, social security, worker's compensation, unemployment, public assistance, alimony, etc.	<ul style="list-style-type: none"> <li>• Award letter</li> <li>• Paycheck stub</li> </ul>

Family Size	
Family:	Is a group of two or more people related by birth, marriage, or adoption that live together. Patient attestations are used for verification
People to include in household size:	<ul style="list-style-type: none"> <li>• The applicant</li> <li>• His/her spouse</li> <li>• His/her children</li> <li>• Any individuals related to and living with the applicant (dependents)</li> <li>• Any individuals not related to but living with the applicant (dependents)</li> </ul>

People <u>not</u> to include:	<ul style="list-style-type: none"> <li>• Individuals who do not live with the applicant</li> <li>• Individuals who are temporarily living with the applicant</li> <li>• Roommates/housemates living with applicant who resides in group quarters or housing</li> </ul>
-------------------------------	--

County Residency	
Residency is defined as:	Living in Sacramento County, or an intent to live in Sacramento County. Verification is local utility bill such as PG&E or a rental agreement with the head of household's name and an address within Sacramento county.

4. The applicant completes and submits the sliding fee application and provides the verification documents to the Health Center member services staff.

### C. Review Process

1. The designated Office Assistant (OA) reviews the patient's application and supporting documents.
2. Eligible patients are given the sliding fee discount for a 12 month period.
  - a. The applicant or a family member must notify Health Center member services staff immediately if there is a change in healthcare coverage, income, family size, or residency change.
  - b. Staff confirms healthcare coverage, income, family size, and residency on each visit.
  - c. For recording "coverage type", staff leaves this section blank, enters the eligibility renewal date in the FYI box, and scans the approved application into OCHIN using the front desk scanner.

### D. Payment

1. No payment is taken at the time of service. The patient is billed.
2. See Clinic Services Policy 11-02 Billing and Collections

### References:

HRSA Compliance Manual, Chapter 9: Sliding Fee Discount Program  
Clinic Services PP 11-02 Billing and Collections

### Attachments:

Sliding Fee Application  
Sliding Fee Information Sheet  
Sliding Fee Table

### Contact:

Marcia Jo, MPA/JD, Health Program Manager