

## Sliding Fee Discount Program Policy

**POLICY:** To make available free or discounted medical services to those in financial need.

**PURPOSE:** All patients seeking health care services at Hopscotch Primary Care are assured they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Hopscotch Primary Care will offer a Sliding Fee Discount Program to all who are unable to pay for their services. We will base program eligibility solely on family size and income and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines 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.

**Notification:** Hopscotch Primary Care will notify patients of the Sliding Fee Discount Program by:

- The Sliding Fee Discount Program will be offered to existing uninsured patients and to those identified by care teams.
- The Sliding Fee Scale can be utilized during any “waiting periods” for insurance coverage (i.e., 45-day Medicaid determination period, patient waiting for enrollment period for other insurance benefits). Patients can utilize the sliding fee scale for a temporary amount of time.
- Notification of the Sliding Fee Discount Program is available on our website.
- Hopscotch Primary Care places notification of the Sliding Fee Discount Program in the clinic waiting area.

**Request for discount:** Requests for discounted services may be made by patients, family members, staff or others who are aware of financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the front desk and the Care Center manager.

**Administration:** The Sliding Fee Discount Program procedure will be administered through the CHWs and Care Center Manager. The Revenue Cycle Manager will also assist. Information about the program policy and procedure will be provided to patients. Staff should aid patients in completing the application if needed. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.

**Completion of Application:** To be considered for Hopscotch Primary Care's sliding scale program, the patient must speak with the Patient Relations Manager to discuss insurance coverage options and possible enrollment for alternative programs. The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. CHWs can assist the patient/responsible party with applications if needed. By signing the Sliding Fee Discount Program application, persons are confirming their income to Hopscotch Primary Care as disclosed on the application form.

**Eligibility:** Discounts will be based on income and family/household size only.

1. A family or “household” includes anyone that is found to be the applicant’s legal dependent, including children in legal custody, a civil union partner or married spouse.
2. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers’ compensation; Social Security; Supplemental Security income; veterans’ payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

**Income verification:** Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T if W-2 not filed. Self-employed individuals will be required to submit detail of the most recent 3 months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Patients will be personally responsible for all health center charges until the time that they have supplied the necessary documentation to support the application. Patients will be charged the full fee of the visit if they are unable to bring in or supply documentation of income within 10 days of applying for Hopscotch Primary Care’s Sliding Scale program. If the patient brings in documentation to support their application after 10 days, they do not need to wait to reapply or fill out a new application.

**Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL Guidelines.

**Nominal Fee:** Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. 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.

**Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Hopscotch Primary Care’s designated official. Any waiving of charges should be documented in the patient’s file along with an explanation.

**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, Hopscotch Primary Care will work with the patient and/or responsible party to arrange payment. Sliding Fee Discount Program applications do not cover outstanding patient balances prior to application. The program covers any balances incurred within 6 months after the approved date, unless their financial situation changes significantly. The applicant must reapply after 12 months have expired or anytime there has been a significant change in family income.

**Refusal to pay:** If a patient 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 an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Hopscotch Primary Care can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.



**Record keeping:** Information related to the Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file, as well as scanned into the patient medical record, in an effort to preserve the dignity of those receiving free or discounted care.

1. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Hopscotch Primary Care practice management system (Athena), noting names of applicants, dates of coverage and percentage of coverage.
2. The Care Center Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

**Policy and procedure review:** The SFS will be updated based on the current Federal Poverty Guidelines. Hopscotch Primary Care will also review 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.

**Services Covered and Excluded:**

1. Medical: The discount is applied to exclusively to all in-office services supplied by Hopscotch Primary Care.
2. Pharmacy: Samples are provided, when available, without charge
3. Lab: The discount is applied to in-office laboratory services. Reference laboratory tests are excluded.
4. Other: Durable medical equipment is excluded

**ATTACHMENTS:**

2024 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program