

FINANCE AND BILLING

Title:	Sliding Fee Assessment Policy
Source:	HRSA Health Center Compliance Manual
Approved by:	Sheridan Health Services Board of Directors
Approval date:	September 18, 2018
Effective date:	December 22, 2020
Last revised date:	May 24, 2022
Applies to:	<input checked="" type="checkbox"/> Sheridan Family Health Clinic <input checked="" type="checkbox"/> Sheridan Youth Health Clinic <input checked="" type="checkbox"/> Bellview Point

A. Purpose

A Sliding Fee Schedule has been developed to meet regulations that require Federally-funded Health Centers, such as the Sheridan Health Services, to charge fees according to the patient's ability to pay.

As a federal grant recipient, the clinic must demonstrate an effort to provide services beyond the time, scope, and amount of federal funding. Grantee funding must be matched by income generated for the delivery of services. Clinic health care recipients are expected to pay a share of the cost of their care.

Sheridan Health Services Sliding Fee Scale program (SFS) is only valid at Sheridan Health Services locations. SFS is not insurance. It is not intended to be used outside of SHS. We will screen first for Medicaid, Child Health Plan Plus (CHP+) or any other state funded program in which we participate. Our enrollment specialists will also assist clients to apply for commercial insurance through the Colorado insurance marketplace. If eligible for any of these programs, and patients refuse to enroll, they can apply for Sheridan Health Services Discount Program. This is less than ideal, as SFS is not insurance. A client's income must be within 0-200% of the Federal Poverty Level (FPL) and must provide proof of income and household members (detailed below). Patients who refuse to provide required documentation will be deemed ineligible.

SHS is not responsible to cover any charges incurred by patients outside of SHS. In order to be enrolled in the program an individual must apply and comply with a financial screening. Assessments are completed on a yearly basis or, if there is a change in family size and/or income, prior to the 12-month period.

B. Procedures

Patients who are uninsured or underinsured will be assessed for the sliding fee program according to the following procedure:

1. The individual is required to provide proof of identification, income, and number of household members. (See Sliding Fee Discount Program Procedure)
2. Office staff determine the fee schedule for which the patient qualifies based on the discount program application completed. (See Sliding Fee Schedule). The Sliding Fee Schedule is reviewed annually.
3. Information on income and household members is documented on the discount program application. This is documented in the Household Assessment box indicating what sliding fee schedule category the client was assigned and what day the rating expires (1 year from the application date).
4. Depending on circumstances such as a change in income due to job loss, a pending sliding discount may be applied for 3 months at the discretion of the Enrollment Specialist. After 3 months the patient must show updated documentation to apply for a 1 year sliding discount.
4. The patient is asked to pay the discounted fee upon receipt of services. However, if the patient is unable to pay at the time of visit, the patient is not denied services. The charge is posted to the patient's account and collection is attempted at future visits. Statements are also mailed to patients in an attempt to collect past due balances.

Patients whose income is at or below 100% of the federal poverty level will be asked to pay a nominal fee at the time of the visit for all services rendered. Patients who are uninsured will not be charged any fee under the following circumstances:

- The patient is receiving Family Planning services and is 17 years of age or younger.
- The patient is receiving ONLY immunizations provided by Vaccines for Children (Fees for the visit and other services provided will be assessed, however.)
- In a serious emergency, as determined by a clinician, no patient will be refused care due to an inability to pay.

Refer to:

Sheridan Health Services Sliding Fee Discount Program Procedures
Sheridan Health Services Discount Program Application Packet
Sheridan Health Services Sliding Fee Schedules
Sheridan Health Services Sliding Scale Assessment Flow Diagram