

Boston Health Care for the Homeless Program

Sliding Fee Discount Policy

Purpose

To ensure that fees for services are not a barrier to access for BHCHP's patients.

Policy Statement

Based on the requirements set forth in Section 330(k)(3)(G) of the Public Health Service Act, 42 C.F.R. § 51c.303(f), and the Ryan White HIV/AIDS Program guidance, Boston Health Care for the Homeless Program (BHCHP) provides discounts to its established schedule of fees for all individuals and families whose annual incomes qualify them under the above laws, regulations, and guidelines.

BHCHP's policy on the sliding fee scale discount program (SFDP) is based upon the following principle:

- No aspect of the SFDP, including BHCHP's fees themselves, the procedures for assessing patient eligibility, or the procedures for collecting payments, will create barriers to health care services. All services within BHCHP's approved scope of project for which BHCHP charges patients are offered on the SFSD and are available to patients regardless of their ability to pay.

Procedures

- I. Establishing Fee Schedule.** To assure that fees are set to cover reasonable costs and are consistent with locally prevailing rates of charges for the services, BHCHP establishes its fee schedule through the following process:
 - A. Services. BHCHP determines the schedule of health center services that will have distinct fees.
 - B. Reasonable costs. BHCHP determines the actual costs for providing both required and additional services.
 - C. Locally prevailing charges. BHCHP considers locally prevailing charges for the identified services.

BHCHP adjusts its fee schedule based on regular cost analysis, as well as changes in the local health care market.

BHCHP's policy is that a visit includes all charges associated with the visit. Therefore all associated visit charges are totaled, and the Sliding Fee Discount then applied to this total.

II. Establishing Discounts and Caps on Charges. BHCHP will establish a sliding fee discount schedule based upon a patient's ability to pay. Patients are eligible for the SFDP if their annual individual or family income is at or below 200% of the current Federal Poverty Guidelines published by the Department of Health and Human Services. See Table 1, below. Patients who are eligible to receive services funded by the Ryan White Care Act may receive additional discounts and/or caps on out-of-pocket expenses if their annual individual or family income is at or below certain levels. See Table 2, below. The HIV Director, or her/his designee, determines eligibility for services funded by the Ryan White Care Act, in accordance with RWCA guidance. When a patient is eligible for a cap on charges, Finance staff will track patients' charges to ensure that they do not exceed this cap. BHCHP's Board of Directors reviews and approves the SFDP annually to ensure that charges to patients do not become a barrier to care.

III. Publicizing Discounts. BHCHP staff members shall inform all patients about the availability of the sliding fee discounts during the new patient registration process. In addition, BHCHP shall post clear notices in waiting rooms and other prominent areas at BHCHP's sites. All notices will be translated to meet the needs of Spanish speaking patients.

IV. Determining Eligibility. BHCHP will assess income and household size for all patients for purposes of determining whether they are eligible for sliding fee discounts. This information will be collected in the Patient Registration tab in BHCHP's Electronic Health Record, ("CPS").

A. Definition of income and household size.

1. Income.

a. For purposes of this policy, income includes the following:

- Wages
- Tips
- Social security disability
- Veteran payments
- Alimony
- Child support
- Pension
- Military
- Unemployment
- Public aid

b. Written verification: Patients applying for the SFDP must provide written verification of income. Examples of accepted written verification include the following:

- Two recent pay stubs
- Letter from employer stating hours worked per week/pay per hour
- Most recent tax return

- Social security statements
- Proof of child support
- Unemployment check stubs

c. Self-declaration of income: If a patient is unable to provide income verification, the patient may complete an attestation of income. The attestation is available on the second page of the Sliding Fee Scale Eligibility Form (Appendix B)

2. Household size. For purposes of this policy, the following immediate family members are counted toward household size.

a. Persons who live together, consisting of:

- The husband or wife of the person, including same-sex domestic partners or married same-sex couples;
- The natural or adoptive child, brother or sister under age 19 of the person;
- The natural parent, stepparent or adoptive parent;
- Two parents of the same family group as long as they are both mutually responsible for one or more children that live with them;
- Stepchild, stepbrother or stepsister of the person; and
- Siblings under age 19 and any other children who live together IF no adult parent or caretaker is living in the home.

b. Persons who do not live together:

- A parent may choose whether or not to be included as part of the family of a child under age of 19 only if that child is pregnant or is a parent.
- A child under age 19, who is absent from the home to attend school is considered as living in the home.

B. Completion of documentation. BHCHP will assist patients in completing an income verification form and will collect any available income verification documentation from patients. Whenever possible, completion of the verification form and collection of income verification documentation will occur prior to BHCHP's rendering health care services to the patient, or as soon thereafter as is reasonable, but always prior to the application of the discount. Nonetheless, under no circumstances will health care services be withheld or denied on account of delay of the eligibility documentation process.

C. Mandatory reporting. Patients applying for the SFDP will be informed that they are obligated to contact BHCHP if their income or household status changes.

- D. Annual income verification. Patients providing income documentation will have their income verified no less than annually, on their SFDP anniversary date. A pop up in CPS will insure compliance with annual income documentation.
- E. Copies of all verification forms and income verification documentation will be retained by BHCHP according to its established document retention schedule.

V. Application of Discounts. Patients who have completed the income verification form, submitted available income verification documentation, and who have been found based on their verification form and income verification documentation to be eligible for a discount will be charged in accordance with the sliding fee scale as applicable.

VI. Payment. BHCHP will maintain consistent expectations for payment of outstanding balances and clearly communicate such expectations to patients. BHCHP shall not request payment at the time of the visit. Instead, BHCHP will bill patients for services provided.

Patients on sliding fee will be billed at regular intervals. All accounts must be kept current. BHCHP will work with patients to establish payment plans as needed. After 30 days of no activity on an account, staff will contact the patient to establish a payment plan.

VII. Waiver of Fees. BHCHP will maintain a process to waive fees when patients are unable to make payments. The provision for waiving charges will be consistently available to all patients. Emergency fee discounts/waivers will be provided on a case-by-case basis for patients experiencing emergency situations in which the fees normally associated with their sliding fee discount category create a barrier to care. The Chief Executive Officer and/or the Chief Financial Officer have the authority to waive fees.

VIII. Annual Review of Policy.

- A. The Sliding Fee Scale Discount Schedule and policies for administration of the SFDP will be updated and reviewed on an annual basis. The SFDS will be adjusted annually to reflect any changes in DHHS Federal Poverty Guidelines. BHCHP's Sliding Fee Scale Policies will be reviewed annually to determine if changes are needed to the categories of the Sliding Fee Discount Schedule or other policy and/or procedures.
- B. The annual update to the SFDS and any policy updates proposed will be presented to the finance committee of the Board of Directors for review. The finance committee will subsequently present the SFDS and policy updates to the Board of Directors for review and approval.

Temporary Accommodations for Patients Applying for Assistance

Policy Statement

BHCHP will evaluate a patient's eligibility for insurance and/or related coverage and assist the patient with applying for such coverage, as appropriate, prior to determining a patient's eligibility for a sliding fee discount pursuant to BHCHP's Sliding Fee Discount Schedule ("SFDS").

Procedure

1. When the sliding fee scale has been determined to apply to the care provided to a patient at BHCHP, the patient's bill will be placed in a holding payer file until eligibility under the SFDS has been approved or denied. This process could take up to 60 days. Patients will not be billed for services provided during this period of time. The procedure below outlines the alternatives available to patients in the interim.
2. Grace periods may be offered to patients in order to provide an opportunity to obtain the required documentation of income and family size.
3. Income self-declaration or self-reporting may be allowed when granting eligibility to patients whose income documentation does not exist or where no reasonable option for providing such documentation exists.
4. Temporary eligibility may be granted to patients affected by insurance coverage waiting periods (i.e. they have applied for but are waiting coverage by public or private health insurance) whereby they are considered uninsured for the purposes of qualifying for discounts.
5. BHCHP will assist patients in applying for insurance coverage. When it has been determined that a patient is self-pay or is in need of insurance, the patient will be referred to a patient benefit coordinator. The patient benefit coordinator will inform the patient of the process for applying for insurance coverage and the documentation needed to complete the process.
6. Only the Chief Executive Officer or Chief Operating Officer can write off patient charges based upon discussions with the patient and if payment is identified as a barrier to care.
7. No individual employee or board member may independently waive charges or declare a particular service free of charge.

BOSTON HEALTH CARE FOR THE HOMELESS SLIDING FEE DISCOUNT SCHEDULE

BHCHP has established a sliding fee policy. BHCHP assesses income and family size for all patients for reporting purposes and for determining whether they are eligible for sliding fee discounts. Sliding fee eligibility is based on family size and family income in accordance with guidelines based on the Federal Poverty Income Levels.

No Denial of Services for Inability to Pay. Regardless of whether a patient qualifies for a discount, if a patient would be denied services due to inability to pay, then charges will be waived or reduced to the extent necessary to ensure that such patient receives health care services. This determination will be conducted on a case-by-case basis based on an individualized determination of need. The sliding fee discount schedule appears below.

Table 1: Boston Health Care for the Homeless Program's Sliding Fee Discount Policy					
Maximum Annual Income Amounts for Each Sliding Fee Percentage Category					
Poverty Level*	0%-100%	101%-150%	151%-170%	171%-200%	>200%
Family Size			Payment		
	\$0	\$5	\$10	\$15	Full cost
1	\$11,880	\$17,820	\$20,196	\$23,760	\$23,761
2	\$16,020	\$24,030	\$27,234	\$32,040	\$32,041
3	\$20,160	\$30,240	\$34,272	\$40,320	\$40,321
4	\$24,300	\$36,450	\$41,310	\$48,600	\$48,601
5	\$28,440	\$42,660	\$48,348	\$56,880	\$56,881
6	\$32,580	\$48,870	\$55,386	\$65,160	\$65,161
7	\$36,730	\$55,095	\$62,441	\$73,460	\$73,461
8	\$40,890	\$61,335	\$69,513	\$81,780	\$81,781
For each additional person, add	\$4,160	\$6,240	\$7,072	\$8,320	\$8,320

* Effective for 2016 and published in the Federal Register the Federal Poverty Level for a household of one is \$11,880. The rates above are calculated from this baseline and are increased for larger households.

Table 2: BHCHP Sliding Fee Discount for RWCA-Eligible Patients						
Maximum Annual Income Amounts for Each Sliding Fee Percentage Category						
Poverty Level*	0%-100%	101%-200%	201%-300%	301%-400%	401%-500%	>500%
			Payment			
Fee	\$0	\$0.05	\$0.10	\$1.00	\$2.50	\$10.00
Cap On Out Of Pocket Charges**	0	AGI x .05	AGI x .07	AGI x .10	AGI x .10	AGI x .10
Family Size						
1	\$11,880	\$23,760	\$35,640	\$47,520	\$59,400	\$59,401
2	\$16,020	\$32,040	\$48,060	\$64,080	\$80,100	\$80,101
3	\$20,160	\$40,320	\$60,480	\$80,640	\$100,800	\$100,801
4	\$24,300	\$48,600	\$72,900	\$97,200	\$121,500	\$121,501
5	\$28,440	\$56,880	\$85,320	\$113,760	\$142,200	\$142,201
6	\$32,580	\$65,160	\$97,740	\$130,320	\$162,900	\$162,901
7	\$36,730	\$73,460	\$110,190	\$146,920	\$183,650	\$183,651
8	\$40,890	\$81,780	\$122,670	\$163,560	\$204,450	\$204,451
For each additional person, add	\$4,160	\$8,320	\$12,480	\$16,640	\$20,800	\$20,800

* Effective for 2016 and published in the Federal Register the Federal Poverty Level for a household of one is \$11,880. The rates above are calculated from this baseline and are increased for larger households.

** Charges incurred for services provided outside of BHCHP constitute all/part of the charges that meet the cap. Staff will ask patients and coordinate with Red Team case managers to ensure that no patient is charged in excess of the cap.