



BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM

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References:

Sliding Fee Discount Program and Fee Waiver Policy

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Purpose

- Boston Health Care for the Homeless Program (BHCHP) ensures that no patient shall be denied service due to inability to pay.

Policy

- BHCHP prepares a schedule of fees for its services that is consistent with locally prevailing rates or charges and that covers reasonable costs of operation. BHCHP also prepares a corresponding schedule of discounts, the sliding fee discount schedule (SFDS), which is applied to the payment of such fees, by which discounts are adjusted based on patients' ability to pay.
- BHCHP has established a system, described in this policy and procedure, for determining eligibility for the sliding fee discount.
- BHCHP's schedule of discounts provides for:
 - A full discount to individuals and families/households with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG), 100% of the FPG, except that nominal charges for service may be collected from such individuals and families where charges do not create a barrier to care; and
 - No discount to individuals and families/households with annual incomes greater than twice those set forth in the FPG (200% of the FPG), except where such a discount is required by state law or regulation.

Procedures

I. Definitions

- A. Sliding Fee Discount Program (SFDP): BHCHP's SFDP consists of the schedule of discounts that is applied to the fee schedule and adjusts fees based on the patient's ability to pay. The SFDP also includes this procedure's methods for determining sliding fee eligibility and applying sliding fee discounts. The SFDP applies to, without limitation, all required and additional health services within BHCHP's HRSA¹-approved scope of project for which there are distinct fees, regardless of whether provided directly or by contract. The SFDP applies uniformly to all patients.
- B. Income: Earnings over a given time period used to support an individual/family/household. Assets

(such as a savings account, vehicle, or other possessions) are not income. Noncash benefits (such as SNAP benefits and housing subsidies) do not count as income. Income is made up of earnings and includes, without limitation, the following: wages, tips, social security benefits, alimony, child support, pension, military benefits, unemployment, and public aid.

- C. Family/household: a group of two people or more residing together and sharing expenses. It may include, without limitation, unmarried domestic partners, stepchildren, or siblings living without adults.

II. Determining Eligibility

A. Assessment and reassessment of income

1. Patients applying for the SFDP must provide written verification of income. In recognition of BHCHP's patient population being people experiencing homelessness² and severe poverty, we accept multiple methods of income verification. People experiencing homelessness often lack access to a safe, reliable place to store their and their families/households' documents, including documents that would demonstrate income. People who are homeless also often lack access to the internet, and/or devices that would enable them to access the internet, which further impacts their ability to access electronic records and documentation.
 2. For patients experiencing homelessness, who are unable to provide documents or other evidence verifying their income, their self-attestation of income is sufficient to meet this policy's requirement. The attestation is available on the second page of the SFDP Application Form. BHCHP will assess income and family/household size for all patients for purposes of determining whether they are eligible for sliding fee discounts. BHCHP staff may collect this information in multiple ways including, without limitation:
 - a. SFDP application form(s), which the patient fills out and signs, and/or
 - b. SFDP application form(s), which staff fill out for the patient, and/or
 - c. During patient registration and/or check in by verbally asking the patient what their income and family size is and recording their response in Epic, BHCHP's Electronic Health Record.
 - d. Additional examples of accepted written verification include, without limitation and when reasonably available, 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
- B. Patients applying for the SFDP will be informed that they are obligated to inform BHCHP if their income or family/household statuses change.
- C. BHCHP staff may assist patients to apply for MassHealth, Health Safety Net, and/or other supports for which they may be eligible, at the same time they apply for SFDP. In this circumstance, BHCHP staff may check a patient's MassHealth eligibility online. The MassHealth online eligibility confirmation system compares the patient's self-attested income to data from the Massachusetts Department of Revenue and Social Security, and deems amounts within 10% of each other to be confirmation of the patient's self-attestation. BHCHP may rely on this information as verification of

the patient's self-attestation of income.

- D. Assessment and reassessment of family/household size: Family/household size is assessed based on the patient's self-attestation on their SFDP application, or alternatively, based on the patient's statements to staff during patient registration and/or check in processes.
- E. BHCHP staff re-assess SFDP patients' income and family size at least annually, or at their next visit after their SFDP anniversary date. Income re-assessment may include, when other documentation is unavailable, self-attestation of income, as described in this policy. Re-assessment may also happen earlier than the patient's SFDP anniversary date.
- F. Copies of all verification forms and income verification documentation will be retained by BHCHP according to its established document retention schedule.

III. Discounts

- A. Patients who are found to be eligible for the SFDP will be charged a discounted fee based on income and family size only. See Table 1, below.
 - B. Patients who are eligible to receive services funded by the Ryan White Care Act (RWCA) 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/their designee, determines eligibility for services funded by RWCA, in accordance with RWCA guidance. HIV team staff will inform all RWCA-eligible patients of the availability of the cap on charges and their personal annual limit of out of pocket expenses. To demonstrate eligibility, RWCA eligible patients will be asked to summarize their allowed expenses. HIV team staff and/or Finance staff may assist patients in compiling this summary. When a patient meets their annual cap, they will no longer be charged for BHCHP services for the remainder of the year. As with other discounts, and in recognition of BHCHP's patient population being people experiencing homelessness and severe poverty, BHCHP will accept multiple methods of verifying eligibility for the cap on charges. For patients experiencing homelessness, who are unable to provide documents or other evidence verifying their charges from entities outside of BHCHP, their self-attestation of charges is sufficient to meet this policy's requirement.
 - C. Patient refusals. Patients may apply for the SFDP even when they refuse due to apply for public or private insurance benefits. When a patient refuses to provide information required for a sliding fee application, the patient will be considered a self-pay patient at 200% of FPG.
 - D. Unless limited by applicable contract, law, or regulation, patients who are eligible for sliding fee discounts and have third-party coverage are charged the lesser of out-of-pocket costs or fees due under the applicable SFDS discount pay class.
 - E. BHCHP maintains consistent expectations for patient payments and clearly communicates such expectations to patients. BHCHP shall not request payment at the time of the visit. Instead, BHCHP will make reasonable efforts to bill patients for services provided in accordance with BHCHP's billing policies.
- IV. Notifying Patients: BHCHP staff will inform all patients about the availability of the sliding fee discounts during the patient registration and check in processes. Staff may notify patients in writing and/or verbally. In addition, BHCHP will post clear notices in clinic waiting rooms and/or other prominent areas at BHCHP's sites. Staff interactions with patients during registration/check in may use translation services for patients with limited English proficiency and notices will be translated to meet the needs of non-English speaking patients.

V. Temporary Accommodations for Patients Applying for Assistance

- A. Fees may be waived or reduced as provided in this and other BHCHP policies and procedures to the extent necessary to ensure that such patient maintains access to BHCHP care and services.
- B. BHCHP staff evaluate a patient's eligibility for insurance and/or related coverage and assist the patient to apply for such coverage, as appropriate, prior to or, in some circumstances, at the same time as determining a patient's eligibility for a sliding fee discount pursuant to BHCHP's Sliding Fee Discount Program ("SFDP").
- C. BHCHP will assist patients in applying for insurance coverage. Uninsured or underinsured patients are referred to a Patient Benefits Counselor (PBC), or other qualified staff. The PBC will inform the patient of the process for applying for insurance coverage and the documentation needed to complete the process.
- D. After a patient has applied for the SFDP, and if issues with access to care at BHCHP still remain, staff may escalate the issue to the CEO or COO. Only the CEO or COO can write off patient charges based on a case-by-case basis based on an individualized determination of need.
- E. Except as provided in this and/or other BHCHP policies and procedures, no individual employee or board member may independently waive charges or declare a particular service free of charge.

VI. Referred services: For in-scope services provided via formal referral arrangement (HRSA Form 5A, Column III), BHCHP requires that fees for such services will be discounted such that individuals and families/households at or below 100% of the FPG will receive a full discount or be charged no more than a nominal fee; and, individuals and families/households with incomes above 100% and at or below 200% of the FPG will receive an equal or greater discount for these services than if the health center's sliding fee discount were applied to the referral provider's fee schedule.

VII. Waiver of Fees. BHCHP reduces or waives fees when patients are unable to make payments. No patient will be denied clinically necessary services due to the patient's inability to pay. BHCHP may, in its discretion, charge nominal fees, when the service or item charged is designated by MassHealth and/or other insurers as not medically necessary. This provision for waiving charges is available to all patients. Emergency fee discounts/waivers will be provided on a case-by-case basis for circumstances affecting patients' ability to pay. These may include, without limitation, currently experiencing homelessness, lack of income or other resources, catastrophic illness, domestic violence, trauma, and/or other situations in which the fees normally associated with their sliding fee discount schedule category create a barrier to care. The Chief Executive Officer, the Chief Financial Officer, and/or their designees have the authority to waive fees.

VIII. Evaluation. BHCHP evaluates, at least once every three years, its sliding fee discount program. At a minimum, this evaluation:

- A. Collects utilization data assessing the rates at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services;
- B. Utilizes this and any other applicable data describing the effectiveness of the SFDP in reducing financial barriers to care; and
- C. Identifies and implements changes as needed.

Table 1: Boston Health Care for the Homeless Program's Sliding Fee Discount Schedule					
Maximum Annual Income Amounts for Each Sliding Fee Percentage Category					
Poverty Level*	<100%	101-150%	151-170%	171-200%	>200%

			Payment			
Family Size	\$0	\$5	\$10	\$15	Full cost	
1	\$13,590	\$20,385	\$23,103	\$27,180	\$27,181	
2	\$18,310	\$27,465	\$31,127	\$36,620	\$36,621	
3	\$23,030	\$34,545	\$39,151	\$46,060	\$46,061	
4	\$27,750	\$41,625	\$47,175	\$55,500	\$55,501	
5	\$32,470	\$48,705	\$55,199	\$64,940	\$64,941	
6	\$37,190	\$55,785	\$63,223	\$74,380	\$74,381	
7	\$41,910	\$62,865	\$71,247	\$83,820	\$83,821	
8	\$46,630	\$69,945	\$79,271	\$93,260	\$93,261	
For each additional person, add	\$4,720	\$7,080	\$8,024	\$9,440	\$9,440	

Table 2: BHCHP Sliding Fee Discount Schedule for RWCA-Eligible Patients

Maximum Annual Income Amounts for Each Sliding Fee Percentage Category

Poverty Level*	<100%	101-200%	201-300%	301-400%	401-500%	>500%
			Payment			
Fee	\$0	\$0.50	\$0.70	\$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	\$13,590	\$27,180	\$40,770	\$54,360	\$67,950	\$67,951
2	\$18,310	\$36,620	\$54,930	\$73,240	\$91,550	\$91,551
3	\$23,030	\$46,060	\$69,090	\$92,120	\$115,150	\$115,151
4	\$27,750	\$55,500	\$82,250	\$111,000	\$138,750	\$138,751
5	\$32,470	\$64,940	\$97,410	\$129,880	\$162,350	\$162,351
6	\$37,190	\$74,380	\$111,570	\$148,760	\$185,950	\$185,951
7	\$41,910	\$83,820	\$125,730	\$167,640	\$209,550	\$209,551
8	\$46,630	\$93,260	\$139,890	\$186,520	\$233,150	\$233,151
For each additional person, add	\$4,720	\$9,440	\$14,160	\$18,880	\$23,600	\$23,600

- Effective for 2022 and published in the Federal Register the Federal Poverty Level for a household of one is \$13,590. 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.

A. [^](#) Health Resources and Services Administration.

B. [^](#) BHCHP receives a 330(h) grant from HRSA, whose Compliance Manual defines homelessness to include, "individuals: [w]ho lack housing ...; [w]hose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; [w]ho reside in transitional housing; and/or [w]ho reside in permanent supportive housing or other housing programs that are

targeted to homeless populations. The Compliance Manual also allows 330(h) grantees to continue serving patients who are formerly homeless.

Attachments

[Sliding Fee Discount Schedule](#)

Approval Signatures

Step Description	Approver	Date
	Dirk Williams: Compliance Officer	03/2022
	Nicole Collymore: CSW Supervisor	03/2022

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