HealthWorks

POLICY TITLE:
Sliding Fee Scale

NUMBER: 15 00 01

ORIGINATOR: BUSINESS OFFICE **APPROVED BY:** **Board of Directors** ("Board of Directors" or Committee Name) **DATE APPROVED: 02/20/2024**	**POLICY APPLIES TO:** **Entire Organization and All Sites** ("Entire Organization" or Department Name) **EFFECTIVE DATE: 05/2005**

POLICY

It is the policy of HealthWorks to provide the opportunity for individuals and families to qualify for reduced fees to ensure access to health care.

For the purposes of this policy the following definitions will apply:

Income: The Internal Revenue Service (IRS) definitions for Gross Income and Adjusted Gross Income (AGI) will be used to determine income. Income sources may include:

- Wages, Salaries, Tips and Unemployment Benefits (e.g., Form W-2, 1099 and 1099-G)
- Self-Employment Income (e.g., Form 1099, Schedules K-1, 1099-MISC or 1099-NEC)
- Additional Income and Adjustments to Income reported on FORM 1040, Schedule 1.
- Tax-Exempt and Taxable Interest (e.g., Form 1099-INT, 1099-OID)
- Qualified Dividends and Ordinary Dividends (e.g., Form 1099-DIV)
- IRA Distributions, Pensions and Annuities (e.g., Form 1099-R)
- Income from sales of stock or other property (e.g., 1099-B, 1099-S)
- Social Security Benefits or Railroad Retirement (e.g., SSA-1099, RRB-1099-R)
- Spousal Support/Alimony
- Veteran or military benefits
- Capital Gain or Loss (e.g., Form 8949, Schedule D)
- Trusts and Royalty Income (e.g., Schedules K-1, 1099-MISC or 1099-NEC)
- Rental Income (e.g., Form 1040-ES)
- Awards, prizes, gambling, lottery, and contest winnings (e.g., Form W-2G)
- Union strike benefits
- Jury Duty fees
- Statement of financial support

Family: Family/household size is defined as the primary taxpayer and all their tax dependents and/or any person of whom the patient is the legal guardian or is legally obligated to care for.

PROCEDURE

1. HealthWorks' sliding fee schedule is based on family household income. Eligibility will be determined utilizing the United States Department of Health and Human Services Federal Poverty Guidelines. The sliding fee schedule will be offered to family household incomes that are 200% or below the poverty income guidelines.

2. Patients must produce income documentation as requested to qualify for the "sliding scale" fee rates. Documentation may include information from the most recent tax return (signed and filed within the last twelve (12) months) if filed and/or the past thirty (30) days of current income via pay stubs, plus other documentation as needed to confirm other income types. Income from a tax return will be based on "Adjusted Gross Income" on IRS Form 1040.

3. If a patient has not filed a tax return, they may be asked to provide a verification of non-filing from the IRS and thirty (30) days of current income.

4. Patients whose legal status in the U.S. is not valid (undocumented), who do not file a tax return, and who are unable to produce a verification of non-filing from the IRS, must provide the following:

    - A signed statement stating the patient's current living situation and any financial support and/or declaration of current income; this information will be used to determine eligibility.

5. If the patient does not have any income, then they must provide at least one of the following:
    - A copy of the denied unemployment letter and copy of employment history from the Department of Workforce Services.
    - A printout of the "Benefit History" from the Department of Family Services that shows eligibility for the Wyoming SNAP program.
    - A letter verifying a recent stay at a shelter, or other type of public facility.
    - A written statement from their physician documenting a temporary disability.
    - If none of the above is available, then a patient may fill out a Homeless Attestation Form or statement of self-declared income.

6. All uninsured patients will be assessed for eligibility unless they refuse. Patients requesting the discount must complete the Sliding Fee Eligibility Application. The form will include a question asking the patient if they want more information about receiving services at reduced rates.

7. HealthWorks Board of Directors will establish a single nominal charge per visit for all patients that fall at or below 100% of the Federal Poverty Guidelines. Specifically, the nominal charge must be a fixed fee that does not reflect the true value of the service(s) provided and is considered nominal from the perspective of the patient. As they are not intended to create a payment threshold for patients to receive care, nominal charges are not "minimum fees," "minimum charges," or "co-pays." In addition, the nominal charge must be less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100% of the Federal Poverty Guidelines. Patient surveys will be administered and reviewed to determine that the established nominal charge is not creating a barrier to care.

8. The Board of Directors will review the plan annually and adjust, as necessary. The nominal fee will be evaluated and re-approved at least once per year. Evaluation will be conducted from the patient's perspective by collecting patient feedback once every year, with the goal of reducing financial barriers to care.

9. Patients qualifying for a sliding fee discount will be expected to pay the minimum established fee at the time they check in for their appointment.

10. When a patient demonstrates eligibility for the sliding fee discount, income documentation must be verified annually. However, if proof of income is unusual or a change in the level of income in the near future is probable, the patient may be asked to verify their income eligibility sooner than one (1) year.

11. Patients with third party insurance that does not cover or only partially covers fees for certain health center services may also be eligible for the sliding fee discount based on income and family size. In such cases, subject to potential legal and contractual limitations, the charge for each sliding fee discount pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status.

12. Patients may request reconsideration of their eligibility for the sliding fee discount at any time.

13. Notice of the sliding fee discount will be posted prominently in the patient waiting room. The notice will indicate that payment (after discount and adjustments) is expected at the time of service and all requests for financial arrangements will be discussed confidentially with billing staff. The notice will also indicate that no one will be denied services based on inability to pay. The notice will be posted in English and Spanish.

14. All requests for income determination will be made in a manner that preserves the patients' privacy and dignity.

15. If a new patient is triaged for a same day or next day appointment and cannot complete the eligibility process prior, he or she can complete the one-day self-declaration of income form. This form is valid for one (1) day of service and cannot be completed again for 365 days.

16. HealthWorks will allow retroactive sliding fee scale designation for up to ten (10) business days after a clinic, dental, or behavioral health visit. This applies to both new patients and patients that have an expired approved sliding fee scale designation.

    a. To qualify for the retroactive sliding fee scale, the patient must be approved through HealthWorks Intake process within ten (10) business days after their visit.
    b. Depending on the patient's sliding fee scale level, their billing charges will be reduced to the qualifying fee scale.
    c. If the patient fails to be processed through the Intake process or does not qualify for the slide, they will be billed the full self-pay charges for their visit.

Key Words: sliding fee, income, federal poverty, discount, eligibility, non-filing, IRS, household, tax return, guardian
Review Period: 1 year
Staff Policy Committee Revision Dates: 02/16/2023, 02/16/2023, 09/21/2022

HealthWorks

Sliding Fee Scale - Annual Income

The Nominal Charge is Collected at Check-in

Fee Scale effective March 1, 2024 — Based on 2024 DHHS Federal Poverty Guidelines

Note: For families/financial households with more than 8 persons, add $5,380 for each additional person.

	A	B	C	D	E	F	G	
	0% - 33%	34% - 66%	67% - 100%	101-125%	126-150%	151-175%	176-200%	Over 200%
Medical Visits w/Provider (1)	Patient pays **$10 Nominal Charge**			Patient pays **$20 Nominal Charge**	Patient pays **$30 Nominal Charge**	Patient pays **$40 Nominal Charge**	Patient pays **$50 Nominal Charge**	Patient pays **100% of the billed charges**
Medical Procedure Visit w/Provider (2)	Patient pays **$30 Nominal Charge**			Patient pays **$50 Nominal Charge**	Patient pays **$100 Nominal Charge**	Patient pays **$150 Nominal Charge**	Patient pays **$200 Nominal Charge**	Patient pays **100% of the billed charges**
Nurse Visit (3)	Patient pays **$0 Nominal Charge**			Patient pays **$0 Nominal Charge**	Patient pays **$0 Nominal Charge**	Patient pays **$0 Nominal Charge**	Patient pays **$0 Nominal Charge**	Patient pays **100% of the billed charges**
Chronic Care Management	Patient pays **$0 Nominal Charge**			Patient pays **$0 Nominal Charge**	Patient pays **$0 Nominal Charge**	Patient pays **$0 Nominal Charge**	Patient pays **$0 Nominal Charge**	Patient pays **100% of the billed charges**
Behavioral Health Individual Session (4)	Patient pays **$4 Nominal Charge**			Patient pays **$10 Nominal Charge**	Patient pays **$16 Nominal Charge**	Patient pays **$22 Nominal Charge**	Patient pays **$28 Nominal Charge**	Patient pays **100% of the billed charges**
Behavioral Health Group Session (4)	Patient pays **$2 Nominal Charge**			Patient pays **$5 Nominal Charge**	Patient pays **$8 Nominal Charge**	Patient pays **$11 Nominal Charge**	Patient pays **$14 Nominal Charge**	Patient pays **100% of the billed charges**
Behavioral Health Psychiatric Visit (4)	Patient pays **$10 Nominal Charge**			Patient pays **$20 Nominal Charge**	Patient pays **$30 Nominal Charge**	Patient pays **$40 Nominal Charge**	Patient pays **$50 Nominal Charge**	Patient pays **100% of the billed charges**
Preventive Dental Services (5)	Patient pays **$10 Nominal Charge**			Patient pays **$20 Nominal Charge**	Patient pays **$30 Nominal Charge**	Patient pays **$40 Nominal Charge**	Patient pays **$50 Nominal Charge**	Patient pays **100% of the billed charges**
Restorative Dental Services (6)	Patient pays **$40 Nominal Charge per tooth**			Patient pays **25% of billed charges**	Patient pays **50% of billed charges**	Patient pays **75% of billed charges**	Patient pays **75% of billed charges**	Patient pays **100% of the billed charges**
Dental Services Crowns *	Patient pays **$150 Nominal Charge per tooth**			Patient pays **25% of billed charges**	Patient pays **50% of billed charges**	Patient pays **75% of billed charges**	Patient pays **75% of billed charges**	Patient pays **100% of the billed charges**
Dental Services Root Canals (7) *	Patient pays **$125 Nominal Charge per tooth**			Patient pays **25% of billed charges**	Patient pays **50% of billed charges**	Patient pays **75% of billed charges**	Patient pays **75% of billed charges**	Patient pays **100% of the billed charges**
Dental Services Dentures (8) *	Patient pays **$350 (acrylic) $285 + $8 per tooth (cast) Nominal Charge per each denture (upper/lower)**			Patient pays **25% of billed charges**	Patient pays **50% of billed charges**	Patient pays **75% of billed charges**	Patient pays **75% of billed charges**	Patient pays **100% of the billed charges**
Restorative Denture Adjustments *	**$40 plus lab fees**			Patient pays **25% of billed charges**	Patient pays **50% of billed charges**	Patient pays **75% of billed charges**	Patient pays **75% of billed charges**	Patient pays **100% of the billed charges**

1. Includes employment, school, sports physicals, adult immunizations, birth control
2. Medical Procedures- IUD insertion/removal, Nail Removal, Wart Removal, Skin Tag Removal, Joint/Trigger Injections
3. Blood pressure checks, glucose checks, INR, wound care, care management
4. Telepsychiatry or in office setting
5. Preventive Dental Services- Oral Examinations, X-rays, Cleanings, Fluoride Treatments & Sealants
6. Restorative Dental Services- Fillings, Extractions, add tooth to existing partial denture, reline or adjust per denture
7. Root canals offered include anterior and single canal procedures. Complex dental and oral pathology services will not be provided, which includes bridges and multiple canals.

8. Dental Services Dentures- Complete, Immediate, Partial, Interim Partial

Denture adjustment will be no charge for 6 months after patient receives dentures. Thereafter, denture adjustments are a Restorative Denture service.

* Additional Dental Lab fees may be charged for any dental services.

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	A	B	C	D	E	F	G	
	0-33	33.0001-66	67.0001-100	100.0001-125	125.0001-150	150.0001-175	175.0001-200	
Family Size	0% - 33%	34% - 66%	67% - 100%	101-125%	126-150%	151-175%	176-200%	Over 200%
1	0	4969.81	9939.61	15060.01	18825.01	22590.01	26355.01	30120.01
	4969.80	9939.60	15060.00	18825.00	22590.00	26355.00	30120.00	
2	0	6745.21	13490.41	20440.01	25550.01	30660.01	35770.01	40880.01
	6745.20	13490.40	20440.00	25550.00	30660.00	35770.00	40880.00	
3	0	8520.61	17041.21	25820.01	32275.01	38730.01	45185.01	51640.01
	8520.60	17041.20	25820.00	32275.00	38730.00	45185.00	51640.00	
4	0	10296.01	20592.01	31200.01	39000.01	46800.01	54600.01	62400.01
	10296.00	20592.00	31200.00	39000.00	46800.00	54600.00	62400.00	
5	0	12071.41	24142.81	36580.01	45725.01	54870.01	64015.01	73160.01
	12071.40	24142.80	36580.00	45725.00	54870.00	64015.00	73160.00	
6	0	13846.81	27693.61	41960.01	52450.01	62940.01	73430.01	83920.01
	13846.80	27693.60	41960.00	52450.00	62940.00	73430.00	83920.00	
7	0	15622.21	31244.41	47340.01	59175.01	71010.01	82845.01	94680.01
	15622.20	31244.40	47340.00	59175.00	71010.00	82845.00	94680.00	
8	0	17397.61	34795.21	52720.01	65900.01	79080.01	92260.01	105440.01
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