



### 2024 Sliding Fee Schedule

Family Size	≤ 100% FPL	101%-125% FPL	126%-150% FPL	151%-175% FPL	176%-200% FPL	201%+
	\$20.00 Nominal Fee	\$25.00	\$30.00	\$35	\$40	Full Fee
1	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$30,121+
2	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$40,881+
3	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$51,641+
4	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$62,401+
5	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$73,161+
6	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$83,921+
7	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$94,681+
8	\$52,270	\$65,338	\$78,405	\$91,473	\$104,540	\$104,541+

*Up to 200% FPL, amounts listed are the maximum income for this slide category. Income greater than 200% would fall into the full fee category.*

**Add \$5,380 for each additional dependent over 8**

\*Skills Training & Case Management when performed by a case manager, will mirror the fees shown above but be per day. For clients above 200% FPL, the per day fee is \$60.

\*\*Our sliding fee scale applies to all clients who qualify based on their income levels, even if they have insurance.

Please inquire at check-in if you would like to apply for our sliding fee scale.

## VALLEY OAKS HEALTH, INC

<u>Type and Subject</u> Sliding fee scale	
<u>Author(s)</u> Morgan Gilbert, COO	<u>Applicability</u> System-wide
<u>Approved by</u> Dan Arens, CEO	
<u>Effective Date and Last Revision</u> 7/1/2021, 5/2022, 9/2023, 3/2024	<u>Review Responsibility</u> Administration and Board of Directors
<u>Category or other optional information</u>	

**PURPOSE:** This policy applies to operations in all Valley Oaks clinics and programs.

### DEFINITIONS:

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for Sliding fee program include the following individuals who live in the same household:
  - Patient
  - Spouse (including same sex marriage recognized by U.S. Jurisdiction)
  - Children up to age 18 or up to age 21 if a high school or college student
  - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
- Income - It is VOH's policy to use the Census Bureau's standard definition of income which is as follows:
- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
  - Noncash benefits (such as food stamps and housing subsidies) do not count.
  - Before taxes.
  - Excludes capital gains or losses.
  - If a person lives with a family, add up the income of all family members. (Non-relatives, such as roommates, do not count.)

**POLICY:** It is the policy of Valley Oaks Health to assure that no patient will be denied health care services due to an individual's inability to pay for such services. To accomplish this goal, VOH has developed a Sliding Fee Program (SFP) in accordance with the guidelines and requirements of the Division of Mental Health and Addiction (DMHA) and Health Resources and Services Administration (HRSA).

## PROCEDURE:

### A. Sliding Fee Program

VOH will offer, to all eligible patients, a sliding fee discount based on income and family size and no other factor. The definition of income and family size will be based on the established current Federal Poverty Guidelines (FPG). The Federal Poverty Guidelines are a version of the income thresholds used by the U.S. Census Bureau to estimate the number of people living in poverty. Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for sliding fee discount program. The Sliding Fee Program is reviewed and approved by the BOD every 3 years.

### B. Sliding Fee Discount Schedule (SFDS)

The FPG will be updated annually (typically published in January or early February in the Federal Register)

### C. Sliding Fee Notification

The Sliding Fee Program will be made known to patients, at a minimum, through one of these formats:

- Notices/signage in waiting room and/or reception and/or service areas,
- Staff discussions/notification,
- VOH published patient information
- Promotional materials
- Website
- As part of the patient's registration process (assessment for income) unless the patient declines/refuses to be assessed)

The communication to patients will be provided in the appropriate language and literacy levels for VOH patient population (at a minimum English and Spanish) and available for translation in any other needed language through VOH contracted language service provider.

### D. Application

The patients will be required to complete a sliding fee application in addition to the income verification documentation. Completed documentation will be submitted to VOH for approval. At such time, the staff will process the sliding fee application and income verification documentation directly into VOH's EHR and determine the patient's eligibility and pay category for the Sliding Fee Program based on the following information on the application form and proof of income documentation:

- Patient's income – as defined above
- Patient family size (dependents only) – as defined above

Based on these two factors the patient will be notified of their eligibility and sliding fee discount classification (pay category). Proof is valid for 1 year. This eligibility determination process will be conducted in an efficient, respectful, and culturally appropriate manner to assure that the administrative operating procedures for such determination do not themselves present a barrier to care.

### E. Proof of Income

The Sliding Fee Program Proof of Income documentation to determine eligibility will require the patient to provide one of the following:

File address:

Document Number:

- Most current tax returns modified adjusted gross income (MAGI) amount,
- Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs) (overtime pay does not count towards total income)
- Social security statement
- Under special circumstances, VOH may accept a letter from an employer as proof of income if a patient does not file income tax returns and does not get paid with a check.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for sliding fee discount. These patients are considered by VOH as declining to be assessed for eligibility for sliding fee discounts. As long as VOH has followed its policies and procedures and the patient declines to be considered for the SFDS, VOH may consider the patient ineligible for such discounts. An income refusal form will be completed in the client's chart in the centers EHR. Income refusal does not preclude patient from applying for sliding fee, at any point in the future.

#### F. Eligibility Period

The patient's eligibility will be valid for one (1) year, starting with the date that income was verified, and the application approved. The eligibility period is also automatically programmed into VOH's computer system once eligibility is confirmed. Proof of income and the application is scanned and maintained directly in the EHR. This will allow management to perform reviews for compliance and evaluate the effectiveness of the sliding fee program.

#### G. Services Covered

The sliding fee discount will apply to all services within the VOH approved scope of services. Approval of sliding fee discount can retro back 30 days, if applicable.

#### H. Schedule of Fees

VOH maintains one schedule of fees (charge master) for all patients and this fee schedule is designed to cover reasonable costs of providing services and adjusting as needed for consistency with locally prevailing rates. This fee schedule is evaluated annually to ensure it is consistent with locally prevailing rates and VOH's cost structure.

#### I. Structure of Sliding Fee Discount Schedule (SFDS)

The Sliding Fee Discount Schedule is designed by VOH in a manner that adjusts based on ability to pay. To accomplish this, VOH has designed four discount pay classes above 100% and at or below 201% of the FPG. Only a nominal charge will be charged for individuals and families with annual income at or below 100% of the FPG. This nominal fee is a fixed amount and does not reflect the true value or cover costs of the services but is rather applied in order for patients to invest in their care and to minimize the potential for inappropriate utilization of services. This nominal charge is also less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100% of the FPG.

The SFDS is applied to all services VOH provides for which we have established charges, regardless of service type (required or additional) or the mode of delivery. For services that we do not provide directly but that VOH has a formal written referral arrangement, it is our policy to attempt to ensure the agreement includes language that the entity/provider being referred to

offers our patients a sliding fee discount that is equal or better than ours. All formal agreements will be reviewed and amended, when possible, to include such language.

#### J. Evaluating the Sliding Fee Schedule

This sliding fee discount schedule is evaluated annually to ensure it is not a barrier to care from the patient's perspective. This is accomplished by VOH using one or more of these methods:

- Meeting with a user group (sub-committee) of the board and discussing from the consumers perspective the amounts being charged.
- Evaluating the amount of paid debt VOH has in comparison to the established base line, and if the amount has increased significantly, doing further analysis to determine if this factor is causing any barrier to care due to the patient's inability to pay.
- Performing a patient survey.
- Input from patient focused groups.
- Reviewing patient complaints.
- Perform blind or random tests of referring providers sliding fee program to ensure compliance and determine if barrier to care for VOH patients.

The method(s) used to evaluate the effectiveness of VOH's sliding fee program will be shared with the finance committee of the board in order to assist them in determining the appropriateness of VOH's sliding fee policy. This will occur annually in conjunction with the update of the FPG.

K. VOH's sliding fee policy is based on income and family size only, so there may be patients with third party insurance that does not cover, or only partially covers, fees for certain health center services that may be eligible for VOH's sliding fee program. In such cases, subject only to potentially legal and contractual limitations, the charge for each SFDS 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. Amount due from patient will be the lesser of the co-pay, co-insurance or SFDS pay class.

#### L. Applying the Policy and Training Staff

These policies and procedures will be uniformly applied across all VOH patient population. Staff will be trained to assist with the uniform implementation of the process and systems will be updated as the policy is updated, to assist with compliance. Staff will be trained when hired and each time the policy is updated;

[Poverty Guidelines | ASPE \(hhs.gov\)](#)

M. Patients will be asked for payment at the time of visit. Patients will be told that they are expected to pay at time of service, otherwise a bill will incur. Fees for patients who qualify for sliding fee scale discounts are indicated on the board-approved sliding fee scale discount schedule, which is reviewed, updated, and approved annually. Nominal fees for patients who are homeless or have no household income may be waived with either a completed proof of income or with an approved Clinical Exception and fee waiver request.

#### AUTHORITY TO CUSTOMIZE:

File address:

Document Number:

DISTRIBUTION: System-wide

ATTACHMENTS: SFDS and application

Approver Signature (e-signature): *Dan Arens*

File address:

Document Number: