

Health Center Program Site Visit Protocol: Sliding Fee Discount Program

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Table of Contents:

SLIDING FEE DISCOUNT PROGRAM	34
Document Checklist for Health Center Staff.....	34
Demonstrating Compliance.....	35
Element a: Applicability to In-Scope Services.....	35
Element b: Sliding Fee Discount Program Policies	35
Element c: Sliding Fee for Column I Services.....	37
Element d: Multiple Sliding Fee Discount Schedules	39
Element e: Incorporation of Current Federal Poverty Guidelines	39
Element f: Procedures for Assessing Income and Family Size	40
Element g: Assessing and Documenting Income and Family Size.....	40
Element h: Informing Patients of Sliding Fee Discounts.....	41
Element i: Sliding Fee for Column II Services.....	41
Element j: Sliding Fee for Column III Services.....	43
Element k: Applicability to Patients with Third Party Coverage	44
Element l: Evaluation of the Sliding Fee Discount Program	45

SLIDING FEE DISCOUNT PROGRAM

Primary Reviewer: Fiscal Expert

Secondary Reviewer: Governance/Administrative Expert

Authority: Section 330(k)(3)(G) of the PHS Act; and 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

Document Checklist for Health Center Staff

Documents Provided Prior to Site Visit:

- Sliding Fee Discount Program (SFDP) policy(ies)
- SFDP procedure(s)
- Sliding Fee Discount Schedule (SFDS), including SFDSs that differ by service or service delivery method (if applicable)
- Any related policies, procedures, forms and materials that support the SFDP (e.g., registration and scheduling, financial eligibility, screening, enrollment, patient notifications, billing and collections)

Documents Provided at the Start of the Site Visit:

- Sample of 5-10 records, files or other forms of documentation of patient income and family size (e.g., completed SFDS application or eligibility screening records). Ensure that the sample includes uninsured and insured patient categories
- For services in Column II of the health center's current Form 5A (if applicable):
 - Sample of **up to** three written contracts/agreements for EACH Required and EACH Additional service provided via Column II but NOT provided via Column I
 - One written contract/agreement for EACH Required and EACH Additional service provided via Column I AND Column II
- For services in Column III of the health center's current Form 5A (if applicable):
 - Sample of **up to** three written referral arrangements for EACH Required and EACH Additional service provided via Column III but NOT provided via Column I
 - One written referral arrangement for EACH Required and EACH Additional service provided via Column I AND Column III
- Data, reports, or any other relevant materials used to evaluate the SFDP

Demonstrating Compliance

Element a: Applicability to In-Scope Services

The health center has a sliding fee discount program³³ that applies to all required and additional services³⁴ within the HRSA-approved scope of project for which there are distinct fees.³⁵

Site Visit Team Methodology

- Interview health center staff involved in implementing sliding fee discount program (SFDP) policies (e.g., key management staff, eligibility and outreach staff, front desk staff, billing staff, office manager, case managers) including, time permitting, a walk-through of the SFDS screening and enrollment process.
- Review the health center's SFDP policy(ies), procedures, schedule(s) (single or multiple SFDSs, if applicable), and any related policies, procedures, forms and materials.
- Review health center's Form 5A: Services Provided.

Site Visit Findings

1. Are ALL services within the approved scope of project offered on a sliding fee discount schedule (for Columns I & II) or offered under any other type of discount (for Column III)? "Services" refers to all Required and Additional services across all applicable service delivery methods listed on the health center's Form 5A for which there is a distinct fee.

Note: Please include any findings regarding the specific STRUCTURE of the SFDS for services in Columns I, II, and III within applicable elements "c," "i," and "j."

YES NO

If No, an explanation is required, including specifying which in-scope services are excluded from sliding fee discounts or any other type of discount:

Element b: Sliding Fee Discount Program Policies

The health center has board-approved policy(ies) for its sliding fee discount program that apply uniformly to all patients and address the following areas:

³³ A health center's SFDP consists of a schedule of discounts applied to the fee schedule and adjusts fees based on the patient's ability to pay. A health center's SFDP also includes the related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts.

³⁴ See Health Center Program Compliance Manual, [Chapter 4: Required and Additional Health Services](#) for more information on requirements for services within the scope of the project.

³⁵ A distinct fee is a fee for a specific service or set of services, which is typically billed for separately within the local health care market.

- Definitions of income³⁶ and family;
- Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments;
- The manner in which the health center’s SFDS(s) will be structured in order to ensure that patient charges are adjusted based on ability to pay; and
- *Only applicable to health centers that choose to have a nominal charge for patients at or below 100 percent of the Federal Poverty Guidelines (FPG):* The setting of a flat nominal charge(s) at a level that would be nominal from the perspective of the patient (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes) and would not reflect the actual cost of the service being provided.³⁷

Site Visit Team Methodology

- Interview board member(s) and key management staff.
Note: Interviews may be conducted in collaboration with the governance/administrative expert.
- Review the health center’s SFDP policy(ies).
Note: This may be combined with the policy review conducted for element “a.”
- Review any other related policies, procedures and documents provided by the health center, if applicable.
- Documentation of board involvement in setting the amount of nominal charge(s) (e.g., board minutes, reports) (applicable if the health center’s SFDP policy does not state a specific amount for nominal charge(s)).

Site Visit Findings

2. Does the health center’s sliding fee discount policy include language or provisions that address all of the following:
 - Uniform applicability to all patients?
 YES NO
 - Income and family (or “household”) (e.g., any inclusions or exclusions in how they are defined)?
 YES NO
 - Methods for assessing patient eligibility based only on income and family size?
 YES NO
 - The manner in which SFDS(s) are structured to ensure charges are adjusted based on ability to pay (e.g., flat fee amounts differ across discount pay classes, a

³⁶ Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

³⁷ Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.”

graduated percent of charges for patients with incomes above 100% and at or below 200% of FPG)?

YES NO

- The setting of a nominal charge(s) for patients at or below 100% FPG?
Note: Select "Not Applicable" if the health center does not charge patients at or below 100% FPG.

YES NO NOT APPLICABLE

If No was selected for any of the above, an explanation is required:

3. Does the health center's policy ensure that any/all charge(s) for patients at or below 100% of the FPG will be:

- A flat fee?

YES NO NOT APPLICABLE

- Nominal from a patient's perspective?

YES NO NOT APPLICABLE

- Not based on the actual cost of the service?

YES NO NOT APPLICABLE

Note: The health center's SFD policy may state how the nominal charge will be determined AND/OR the amount of the nominal charge(s).

If No was selected for any of the above, an explanation is required:

Element c: Sliding Fee for Column I Services

For services provided directly by the health center (Form 5A: Services Provided, Column I), the health center's SFDS(s) is structured consistent with its policy and provides discounts as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.³⁸

³⁸ For example, a SFDS with discount pay classes of 101 percent to 125 percent of the FPG, 126 percent to 150 percent of the FPG, 151 percent to 175 percent of the FPG, 176 percent to 200 percent of the

- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.³⁹

Site Visit Team Methodology

- Review the structure of the health center's SFDS(s) for Column I services.
Note: For health centers that utilize multiple SFDSs, the structure of each SFDS must be reviewed, including, if applicable, any nominal charges.

Site Visit Findings

In responding to the questions below, please note:

The questions relate to services provided directly by the health center (Form 5A: Services Provided, Column I).

4. For patients with incomes at or below 100% of FPG, does the SFDS(s):

- Provide a full discount (100% discount)?

YES NO

- Require only a nominal charge(s) ("fee")?

YES NO

If No was selected for BOTH of the above, an explanation is required:

5. If the health center has a nominal charge(s), is the nominal charge(s) less than the fee that would be paid by patients in the first sliding fee discount pay class above 100% of FPG?

YES NO NOT APPLICABLE

If No, an explanation is required:

6. For patients with incomes above 100% and at or below 200% of the FPG, does the SFDS(s) provide partial discounts in accordance with gradations in income levels and consist of at least three discount pay classes?

YES NO

If No, an explanation is required:

7. For patients with incomes above 200% of the FPG, is the SFDS(s) structured so that such patients are not eligible for a sliding fee discount under the Health Center Program?

FPG, and over 200 percent of the FPG would have four discount pay classes between 101 percent and 200 percent of the FPG.

³⁹ Please see Health Center Program Compliance Manual, [Chapter 16: Billing and Collections](#), if the health center has access to other grants or subsidies that support patient care.

Note: Health centers that provide sliding fee discounts to patients with incomes above 200% of the FPG may do so as long as such discounts are supported through other funding sources (e.g., Ryan White Part C award).

YES NO

If No, an explanation is required:

Element d: Multiple Sliding Fee Discount Schedules

For health centers that choose to have more than one SFDS, these SFDSs would be based on services (for example, having separate SFDSs for broad service types, such as medical and dental, or distinct subcategories of service types, such as preventive dental and additional dental services) and/or on service delivery methods (for example, having separate SFDSs for services provided directly by the health center and for in-scope services provided via formal written contract) and no other factors.

Site Visit Team Methodology

- Review each different SFDS in use and the basis for the separate discount schedule(s) (if applicable).

Site Visit Findings

8. Does the health center have more than one SFDS?
 YES NO
9. **If Yes:** Is each SFDS based either on service or service delivery method and no other factors (e.g., patient insurance status, location of site, other demographic or patient characteristics)?
 YES NO NOT APPLICABLE

If No, an explanation is required:

Element e: Incorporation of Current Federal Poverty Guidelines

The health center's SFDS(s) has incorporated the most recent FPG.

Site Visit Team Methodology

- Review the SFDS(s) for the income ranges and family size.
- Review current FPG and related resources available at: <https://aspe.hhs.gov/poverty-guidelines>.

Site Visit Findings

10. Based on the review of the health center's current SFDS(s), has the health center incorporated the current FPG in the calculations for all of the discount pay classes?
- YES NO

If No, an explanation is required:

Element f: Procedures for Assessing Income and Family Size

The health center has operating procedures for assessing/re-assessing all patients for income and family size consistent with board-approved sliding fee discount program policies.

Site Visit Team Methodology

- See methodologies for elements "a" and "b" above.
- Interview additional health center staff (e.g., eligibility and outreach staff, front desk staff, billing staff, office manager, case managers).

Site Visit Findings

11. Does the health center have operating procedures for assessing/re-assessing all patients (regardless of insurance status) for income and family size?
- YES NO

If No, an explanation is required:

12. Are these procedures consistent with the board-approved policy for the sliding fee discount program?
- YES NO

If No, an explanation is required:

Element g: Assessing and Documenting Income and Family Size

The health center has records of assessing/re-assessing patient income and family size except in situations where a patient has declined or refused to provide such information.

Site Visit Team Methodology

- Review a sample of 5-10 records, files or other forms of documentation of patient income and family size. Ensure the sample includes uninsured and insured patient categories.

Site Visit Findings

13. Did the review of the sample indicate that the health center is consistently assessing and re-assessing patient income and family size?

YES NO

If No, an explanation is required. If information on patient income and family size is missing, state whether the health center documented that the patient declined or refused to provide income and family size information:

Element h: Informing Patients of Sliding Fee Discounts

The health center has mechanisms for informing patients of the availability of sliding fee discounts (for example, distributing materials in language(s) and literacy levels appropriate for the patient population, including information in the intake process, and publishing information on the health center's website).

Site Visit Team Methodology

- Site tour(s), interviews with health center staff (e.g., eligibility and outreach staff, front desk staff, billing staff, office manager, case managers) and review of mechanisms for informing patients.

Site Visit Findings

14. Based on site tours, interviews, and review of related materials, does the health center have mechanisms for informing patients of the availability of sliding fee discounts and how to apply for such discounts?

YES NO

If No, an explanation is required:

Element i: Sliding Fee for Column II Services

For in-scope services provided via contracts (Form 5A: Services Provided, Column II, Formal Written Contract/Agreement), the health center ensures that fees for such services are discounted as follows:

- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.

- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.⁴⁰

Site Visit Team Methodology

- Interview health center staff involved in administering contracts for services.
- Review services in Column II of the health center's current Form 5A (if applicable):
 - Sample of **up to** three written contracts/agreements for EACH Required and EACH Additional service provided via Column II but NOT provided via Column I.
 - One written contract/agreement for EACH Required and EACH Additional service provided via Column I AND Column II.

Note: The fiscal expert may wish to collaborate on the review of contracts/agreements with the clinical expert.

Site Visit Findings

In responding to the questions below, please note:

The questions relate to services provided via contracts (Form 5A: Services Provided, Column II).

15. For patients receiving service(s) through these contracts/agreements, has the health center ensured that sliding fee discounts are provided in a manner that meets all Health Center Program requirements (e.g., health center applies its own SFDS to amounts owed by eligible patients; contract contains specific sliding fee provisions; contracted services are provided by another health center which applies an SFDS that meets structural requirements)?

YES NO

If No, an explanation is required:

16. For patients with incomes at or below 100% of FPG, has the health center ensured that such patients are:

- Provided a full discount (100% discount)?

YES NO

- Assessed a nominal charge(s) ("fee")?

YES NO

If No was selected for BOTH of the above, an explanation is required:

⁴⁰ Please see Health Center Program Compliance Manual, [Chapter 16: Billing and Collections](#), if the health center has access to other grants or subsidies that support patient care.

17. If there is a nominal charge, is the nominal charge less than the fee that would be paid by patients in the first sliding fee discount pay class above 100% of FPG?
 YES NO NOT APPLICABLE

If No, an explanation is required:

18. For patients with incomes above 100% and at or below 200% of the FPG, does the SFDS(s) provide partial discounts in accordance with gradations in income levels and consist of at least three discount pay classes?
 YES NO

If No, an explanation is required:

19. For patients with incomes above 200% of the FPG, is the SFDS(s) structured so that such patients are not eligible for a sliding fee discount under the Health Center Program?

Note: Health centers that provide sliding fee discounts to patients with incomes above 200% of the FPG may do so as long as such discounts are supported through other funding sources (e.g., Ryan White Part C award).

- YES NO

If No, an explanation is required:

Element j: Sliding Fee for Column III Services

For services provided via formal referral arrangements (Form 5A: Services Provided, Column III), the health center ensures that fees for such services are either discounted as described in element “c” above or discounted in a manner such that:

- Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the FPG receive an equal or greater discount for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule; and
- Individuals and families at or below 100 percent of the FPG receive a full discount or a nominal charge for these services.

Site Visit Team Methodology

- Interview health center staff involved in administering referral arrangements for services.
- For services in Column III of the health center’s current Form 5A, review the following:
 - o Sample of **up to** three written referral arrangements for EACH Required and EACH Additional service provided via Column III but NOT provided via Column I.
 - o One written referral arrangement for EACH Required and EACH Additional service provided via Column I AND Column III.

Note: The fiscal expert may wish to collaborate on the review of referral arrangements with the clinical expert.

Site Visit Findings

In responding to the questions below, please note:

The questions relate to services provided via formal referral arrangements (Form 5A: Services Provided, Column III).

20. For patients receiving service through these referral arrangements, has the health center ensured that sliding fee discounts are EITHER provided in a manner that meets the structural requirements noted in Element “c” OR discounted in a manner such that:

- Individuals and families with incomes above 100% of the current FPG and at or below 200% of the FPG receive an **equal or greater discount** for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule (e.g., health center has a referral arrangement with organizations that charge no fee at all for patients at or below 200% of the FPG); and
- Individuals and families at or below 100% of the FPG receive a full discount or a nominal charge for these services?

YES NO

If No, an explanation is required, including describing the format and type of any discount(s) provided:

Element k: Applicability to Patients with Third Party Coverage

Health center patients who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.⁴¹ Such discounts are subject to potential legal and contractual restrictions.⁴²

Site Visit Team Methodology

- See methodology for elements “a,” “b,” and “f” above.
Note: *A review of third-party coverage contracts is not necessary.*

⁴¹ For example, an insured patient receives a health center service for which the health center has established a fee of \$80, per its fee schedule. Based on the patient’s insurance plan, the co-pay would be \$60 for this service. The health center also has determined, through an assessment of income and family size, that the patient’s income is 150 percent of the FPG and thus qualifies for the health center’s SFDS. Under the SFDS, a patient with an income at 150 percent of the FPG would receive a 50 percent discount of the \$80 fee, resulting in a charge of \$40 for this service. Rather than the \$60 co-pay, the health center would charge the patient no more than \$40 out-of-pocket, consistent with its SFDS, as long as this is not precluded or prohibited by the applicable insurance contract.

⁴² Such limitations may be specified by applicable federal or state programs, or private payor contracts.

Site Visit Findings

21. Based on interviews and a review of related documents, does the health center ensure that patients who are eligible for sliding fee discounts and who have third-party coverage are charged no more for any out-of-pocket costs (e.g., deductibles, co-pays, and services not covered by the plan) than they would have paid under the applicable SFDS discount pay class?

YES NO

If No, an explanation is required. If the health center states that it is unable to provide discounts to such patients due to legal or contractual restrictions, please note this in the response:

Element I: Evaluation of the Sliding Fee Discount Program

The health center evaluates, at least once every three years, its sliding fee discount program. At a minimum, the health center:

- Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services;
- Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
- Identifies and implements changes as needed.

Site Visit Team Methodology

- See methodology for elements “a,” “b,” and “f” above.
- Review data, reports or any other relevant materials used to evaluate the SFDP.

Site Visit Findings

22. For the purposes of assessing the effectiveness of the SFDP in reducing financial barriers to care, does the health center collect data that allow it to assess whether patients within each of its discount pay classes are accessing health center services?

YES NO

If No, an explanation is required:

23. Does the health center utilize these data and, if applicable, any other data, to evaluate the effectiveness of its sliding fee discount program at least once every three years?

YES NO

If No, an explanation is required:

24. Has the health center implemented any follow-up actions based on evaluation results (e.g., changes to sliding fee discount program policy by board, implementation of improved eligibility screening processes or notification methods for sliding fee discounts)?

YES NO

If No, an explanation is required:
