



<b>Policy #: 413A-401</b>	<b>Department: Clinic Services Bureau</b>
<b>Policy Title: Sliding Fee Discount Program</b>	
<b>Original Date: 10/14/2014</b>	<b>Last Revision Date: 3/28/2018</b>
<b>Approved By:</b>	
<b>Effective Date:</b>	<b>Version: V3</b>

**Purpose**                    The purpose of this policy is to establish a sliding fee discount program for services provided by Monterey County Health Department Clinic Services Bureau provide to patients regardless of their ability to pay. Discounts are available based upon household size and income range.

**Policy**                    Monterey County Health Department Clinic Services Bureau shall establish a Sliding Fee Discount Program (SFDP) and offer flat fees, instead of percentage discounts, to individuals and families who are at or below 200% of the Federal Poverty Level (FPL) Income Guidelines, based on family size and income range. Patient’s discount level is valid for one year once approved. The SFDP Schedule is updated annually and released in April, in accordance with yearly FPL guidelines. Any changes and updates to the SFDP will be monitored and approved by the Community Health Center Board. Non-covered services are the financial responsibility of patients.

**Eligibility**                Individuals and families who are at or below 200% FPL will be eligible to apply for the SFDP based on their income and family size. Individuals who have and/or are eligible for public or private health insurance also qualify for the SFDP based on income range and family size. These underinsured individuals may not pay more than uninsured patients in the same income category.

**DISCOUNT LEVEL:**    A flat fee method, instead of a percent discount method has been implemented effective July 1, 2018.

Current patient responsible amounts of each FPL are below:

- FPL at 100% or Below:                    \$0
- FPL between 101 % – 119 %:        \$40
- FPL between 120 % – 132 %:        \$70
- FPL between 133 % – 184 %:        \$105
- FPL between 185 % – 200 %:        \$130
- FPL over 200%:    Full Charge (no discount)



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**Effective July 1, 2020**, patient responsible amounts of each FPL will increase as below:

- FPL at 100% or Below: \$0
- FPL between 101 % – 119 %: \$45
- FPL between 120 % – 132 %: \$75
- FPL between 133 % – 184 %: \$110
- FPL between 185 % – 200 %: \$130
- FPL over 200 %: Full Charge (no discount) of services received

The SFDP Schedule which establish patient responsible amounts of each FPL will be re-reviewed and re-assessed annually. Any changes and updates to the SFDP schedule will require an approval by the Community Health Center Board

**Informing Patients**

At the time of patient registration, orientation and/or request for an appointment, patients shall be informed of the SFDP. The SFDP shall be available regardless patient’s health insurance coverage, if patient’s income is at or under 200% FPL. All patients shall be informed of SFDP and asked to provide proof of income for their applications. Signage about SFDP will be posted in clinic sites.

**Services Not Covered**

Discount by the SFDP is applied to all services performed by CSB with the following exceptions, which are not covered by the SFDP:

- *Liability Injuries, i.e. auto accidents or workman’s compensation*
- *Outside office visit services, i.e. labs, x-rays, Rx, etc.*
- *Visit for Vaccination only, i.e. influenza, pneumonia, etc., unless patient is an established patient. Discount will not apply to one-time immunization visit only.*



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**Household Income** Household income is the sum of the income of every individual in the household, excluding income from children.

**Family Size** Family size is defined as the number of persons counted as members of an individual’s household. Household definition includes a taxpayer and individuals for whom the taxpayer expects to claim a personal exemption for a taxable year. For families who do not file taxes, the Medicaid rule defines the household as consisting of the applicant as well as any spouse and natural, adopted and stepchildren living with the applicant. Children include those under age 21 who are full-time students. If the applicant is a child, his or her natural, adoptive and stepsiblings or natural, adoptive and stepparents residing with the applicant also must be included in the household.

**Proof of Income** The following Items are accepted as proof of income:

- *Copies of check stubs (for one month)*
- *Less than 30 days old Alimony checks*
- *Workers Compensation, SDI, social security, unemployment benefits or pension check stubs*
- *Current Income Tax Return (the 1040 form)*
- *General Assistance Statement from Department of Social Services*
- *Social Security retirement check or conformation letter or verification of direct deposit*
- *Signed Statement from employer (if wages paid in cash)*
- *Other private or employer pension check stubs*



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- Attachments**
- A. Current year SFDP schedule
  - B. SFDP Procedure
  - C. SFDP Application

**Revision History**

<b>Date Revised</b>	<b>Reason</b>	<b>Approved By</b>	<b>Date Approved</b>
5/18/2015	Update discount level	CHCB	6/23/2015
3/28/2018	Update Patient Responsible Amount		4/10/2018
4/27/2020	Update Patient Responsible Amount		