

Sliding Fee Discount Schedule and Utilization Tool for FQHC's

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# Agenda

• Sliding Fee Discount Schedule







## Sliding Fee Discount Requirements – CHC Compliance Manual

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- The health center must operate in a manner such that <u>no patient shall be denied service due to an</u> <u>individual's inability to pay</u>.
- The health center must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and <u>must prepare a corresponding schedule of discounts (sliding fee discount schedule</u> <u>"SFDS" to be applied to the payment of such fees or payments, by which discounts are adjusted on</u> <u>the basis of the patient's ability to pay</u>.



## Sliding Fee Discount Requirements – CHC Compliance Manual

- The health center must establish systems for sliding fee eligibility determination.
- The health center's schedule of discounts must provide for:
  - A full discount to individuals and families with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG) [100 percent of the FPG], except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals; and
  - No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200 percent of the FPG].

- Eligibility for Sliding Fee Discount Schedule
  - Must be based on <u>annual income & family size</u> under DHHS FPG which are adjusted annually for changes in Consumer Price Index
    - And no other factors ...
      - Insurance status?

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Refusal to be assessed = FULL CHARGE



- Definitions of Income & Family Size
  - Income
    - Is there standard definition? No. Why?
      - Unique characteristics of target populations
        - Homelessness, other considerations
      - Service areas
        - High cost of living?
    - HC's can use standard definitions of Census Bureau & IRS
    - Assets and/or "Net Worth" tests are disallowed in inclusion of calculation of income



- Definitions of Income & Family Size
  - Income
    - Governing board approved policy should also include documentation needed to assess income
      - Pay check stubs?
      - Tax return?
      - Self declaration?
    - Family Size
      - There is a lot of flexibility
      - Can use standard definitions but consideration must be made for patients being served by the health center



- Eligibility for Sliding Fee Discounts
  - Health centers are required to apply a discount to fees charged to uninsured or underinsured with annual incomes above 100% AND at or below 200% of FPG





- If at or below 100% of FPG, patient should receive full discount or pay "nominal" charge
- Nominal fee is <u>fixed, small fee</u> that does not reflect true value of a service provided (not based on cost of the service)
  - % of charge/cost not allowed for nominal charge
  - Considered to be of token value
  - Allow patients to participate in supporting cost of service & may prevent inappropriate utilization but is it required? - No



#### Nominal charges

- Nominal from the perspective of the patient
  - How is this determined?
    - Input from patient focus groups?
    - Patient surveys?
    - · CHC patients on Board of Directors?
    - Review of Medicare & Medicaid co-payments??
    - Analysis of HC utilization and average payment
  - Can not be more than the fee paid by a patient in the 1<sup>st</sup> SFDS pay class above 100% of FPG
    - · Challenges with percentage-based fee schedules?



#### Sliding Fee Discount Policy Considerations

#### • Utilization Analysis – Reducing financial barriers

Utilization - patients	Slide A	Slide B	Slide C	Slide D	Full Fee	Total
Preventive	188	193	198	203	19	799
Restorative	63	68	73	78	8	288
	250	260	270	280	26	1,086
Utilization - visits (total)						
	Slide A	Slide B	Slide C	Slide D	Full Fee	Full Fee
Preventive	750	755	760	765	75	3,105
Restorative	250	255	260	265	30	1,060
		200	200	200		_/
	1,000	1,010	1,020	1,030	105	
Average Required Payment	1,000	1,010	1,020	1,030		,
	1,000	1,010	1,020	1,030		4,165
	1,000 t per Sliding Fee	1,010 e Discount Sche	1,020 dule (fixed fee	1,030 example)	105	,
Average Required Payment	1,000 t per Sliding Fee Slide A	1,010 e Discount Sche Slide B	1,020 dule (fixed fee Slide C	1,030 example) Slide D	105 Full Fee	,
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<b>Average Required Payment</b> Preventive Restorative	1,000 t per Sliding Fee Slide A 20 50 t per Sliding Fee	1,010 e Discount Sche Slide B 25 55	1,020 dule (fixed fee Slide C 30 60 dule (% based	1,030 example) Slide D 35 65 example)	105 Full Fee 75	,
<b>Average Required Payment</b> Preventive Restorative	1,000 t per Sliding Fee Slide A 20 50 t per Sliding Fee	1,010 e Discount Sche Slide B 25 55 e Discount Sche	1,020 dule (fixed fee Slide C 30 60 dule (% based	1,030 example) Slide D 35 65 example)	105 Full Fee 75 350	,



- No discounts for families over 200%
  - Unless...
    - Health center has access to other funding sources & can allocate charges to this other funding source (Federal, state, local, etc.?)
      - Local charities & churches
      - Ryan White
      - BCCS (in some states)
      - Title X
    - Health center must comply with terms of grantors when using these types of funding sources



#### • Patients with Third-Party Coverage

- Underinsured individuals may not pay more than uninsured patients in same income category
  - SFDS charge is the maximum amount an eligible patient in pay class is required to pay for service
    - SFDS is applicable to patient fees not covered by third- party payers, *i.e.*, co-insurance, co-payments & deductibles
  - Documentation required if SFD's are limited due to applicable Federal & state laws related Medicare & Medicaid and/or terms & conditions of private payer contracts
  - Is there contract language with commercial/Medicare Advantage payors that permits collecting lesser of what patient owes per insurance or SFDS?

#### Medicaid Managed Care considerations

- · Health center can provide assistance to re-assign or re-enroll patient to the health center
- Health center must then assess for income & family size
  - Can you deny services for patients who do not wish to re-assign?
  - Can health centers require any patient to apply for any insurance program?
    - No, health center must serve patient & charge patient in accordance with Sliding Fee Discount Schedule

- Multiple SFDS for service categories
  - Must be based on service areas (medical or dental) or distinct subcategories of service types (preventive or restorative dental) and / or service delivery methods (directly by HC or via formal written contract) and no other factors
    - Homelessness?
    - SBHC?
- Health centers must ensure written referral arrangements address SFDS & monitor relationships What are criteria?
  - Same Sliding Fee Discount Schedule required?
  - Under 100% Full discount, between 100 200% equal or greater discount



- Supplies & services "incident to" service (supplies for cast when setting bone)
  - Single fee should be charged for service inclusive of associated supplies/materials
- Related charges "not incident to" service (eyeglasses, dentures, pharmaceuticals)
  - Not required to apply SFDS but should be noted on SFD schedule
  - Pharmaceutical dispensing fee?



- Health center staff may not independently waive charges for a patient
  - Provisions for waiving charges that identify circumstances with specific criteria for when charges will be waived must be board approved & identify staff with authority
  - Inability to pay vs. refusal to pay should be defined in HC Policy
  - Waiver Criteria (when patients have inability to pay)
    - Loss of job
    - Loss of home
    - Death of spouse
    - Others
- Policies must be applied to all patients equally



- Policies should be applied consistently & uniformly to all patients
  - Grace periods or self declaration
  - Emergency fees or discounts/waivers
  - Temporary eligibility insurance coverage waiting periods
  - Frequency of re-evaluation of patient eligibility



- How frequently should a health center update the
  - Sliding Fee discount program
    - Analyze at least every three years from the perspective of the patient & reducing financial barriers to care
      - Patient Surveys? Discussions with consumer board members?
  - SFD Schedule
    - Annually with FPG Updates
      - Needs to be board approved
  - Patient Eligibility: At least annually
    - Processes for new & existing patients can be different



Sliding Fee Discount Schedule – Hot Topics

- Labs, x-rays and dispensation of pharmaceuticals...
- Dentures and other supplies ...
- Dental services and fixed fee under 100%
- Telehealth Services
- All services must be made available on a slide
  - What services is your Health Center treating differently?





## **Questions?**





# Thank you!

