

HEALTHWEST

Policy and Procedure

No. 3-024

Prepared by:
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Effective: January 1, 2019
Reviewed: June 14, 2024
Updated: July 3, 2024

Approved by:

Subject: Application of the Sliding Fee Scale

Julia Rupp, Executive Director

I. POLICY

The Sliding Fee Scale policy will apply to all individuals seeking services; regardless of insurance status, that meet the requirements for the sliding fee scale based on the Federal Poverty Guidelines (FPG).

II. PURPOSE

This policy outlines the Sliding Fee Discount program that is available at HealthWest. This program is designed to provide free or discounted care to those who have no means or limited means to pay for their medical services.

III. APPLICATION

- A. This policy does not discriminate in the provision of services to an individual:
 - 1. Because the individual is unable to pay.
 - 2. Because payment for those services would be made under Medicare, Medicaid, CHIP, or other payer.
 - 3. Based on the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

- B. HealthWest will maintain notification of the Sliding Fee Discount Program (SFDP) in the following manner:
 - 1. Display poster in the lobby
 - 2. Display poster in the meeting offices of the HealthWest finance representative
 - 3. On the HealthWest website along with an explanation and application
 - 4. Application for the SFDP will be included with collection notices (HealthWest currently does not send consumers to collection agencies).

- C. Financial Liability for individuals will be determined based on HealthWest's Financial Liability policy. Please reference that policy for more details on determining Income, Family size etc. In general Family is definition is the same as the Census bureau and IRS definitions. Income includes earnings, unemployment compensation, workers compensation, social security, SSI public assistance, veteran's payments, survivor's benefits, pension, retirement income, investment income, noncash benefits such as food stamps and housing subsidies do not count.

- D. Income verification is provided via a prior year W-2, two most recent pay stubs, letter from employer, or three months of income and expenses if self-employed business owner. Self-declaration may be used in special circumstances along with a signed statement of incomes and why they may be unable to provide independent verification of income. This statement will be present to HealthWest CEO or designee to review and determine Sliding Fee percentage. Clients are responsible for 100% of charges until determination is made.
- E. The SFDP will be offered for those with incomes below 200% of FPG as outlined in attached schedule, where one or two of the other following conditions is not met:
 - 1. Consumer already has no ability to pay based on Michigan Mental Health Code
 - 2. Consumer has some insurance coverage which would prohibit the application of the SFDP based on contractual obligations.
- F. Determination of financial liability will not impose an undue financial burden on an individual, spouse, or parent.
- G. Insurance coverage is considered available to cover financial liabilities for individuals and HealthWest is subrogated to recover the insurance benefits for the cost of services.
- H. For those consumers meeting the criteria for application of this policy they will need to complete the Sliding Fee Discount Program application in its entirety. By signing the application persons authorize HealthWest access in confirming incomes as disclosed in the application form. Providing false information on the application will result in discounts being revoked and the account being fully payable.
- I. Those with incomes at or below 100% of poverty will receive a full 100% discount but will be assessed a nominal charge per visit. However, patients will not be denied services due to inability to pay. Those consumers meeting the 100% to 200% category of the FPG will be charged according to attached sliding fee scale.
- J. The SFDP determination will be provided to the applicants in writing and will include the percentage of SLFDP write off or, if applicable, the reason for denial. If the approval is less than 100% then immediate payment arrangements must be made.
- K. SFDP may be applied to any outstanding balances in the previous six months and should be reevaluated at least annually or anytime there is a significant change in household income status.
- L. At certain times, the nominal fee or discount fee may be waived but only in special circumstances and must be approved by the CFO or designee of HealthWest.
- M. Information related to the SFDP decisions will be found in the financial document section of the electronic health record.
- N. The application of this policy as well as the FPG and associated tables will be reviewed annually.

**HealthWest
 Sliding Fee Schedule 2024
 (in US \$)**

Annual income thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level	At or Below 100%	125%	150%	175%	200%	Above 200%
	Charge is:					
Family Size	Nominal Fee (\$5)	20% pay	40% pay	60% pay	80% pay	100 % pay
1	\$0 - \$15,060	\$15,061 - \$18,825	\$18,226 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 +
2	\$0 - \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 +
3	\$0 - \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 +
4	\$0 - \$31,220	\$31,201 - \$39,000	\$39,901 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,410 +
5	\$0 - \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 +
6	\$0 - \$41,960	\$46,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 +
7	\$0 - \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 +
8	\$0 - \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 +
For each additional person, add	\$5,380	\$6,725	\$8,070	\$9,415	\$10,760	\$10,760

References:

Financial Liability Policy 03-005, HealthWest
 US Department of Health and Human Services, Health Resources, and Services Administration, NHSC Sliding Fee discount Program Information Package.