Restoring, Empowering Alaska's Children and Homes

REACH 907

An Alaskan Non-Profit Corporation

Sliding Fee Scale Discount Program

2021 Guidelines

Sliding fee calculations are determined by using Federal Income Tax forms, last 30 days of paychecks subs or unemployment verification. Staff then uses the table below to determine eligibility. Qualifications for the Sliding Fee Discount Scale are based on two factors: household size and income. To determine whether you will qualify for a discounted fee, follow the directions below.

1)Using either Table 1 or Table 2 locate the row with the number of family members in the household.
2) Then select the column with the appropriate income.
3) Drop to the bottom of the table for the Sliding Fee Scale.
4) For families/households with more than 8 persons, add $5,680 for each additional person

Annual Income – Table 1

Number in Household	Annual Household Income Equal to or Below				
		25%	50%	75%	
1	$0 - $16909	$16,091 - $21,453	$21,454 – $26,817	$26,818 – $32,180	Above $32,180
2	$0 – $21,770	$21,771 - $29,027	$29,028 – $36,283	$36,284 – $43,540	Above 43,540
3	$0 – $27,450	$27.151 – $36,600	$36,601 - $45,750	$45,751 – $54,900	Above 54,900
4	$0 - $33,130	$33,131 - $44,173	$44,170 - $55,217	$55,218 – $66,260	Above 66,260
5	$0 - $38,810	$38,811 - $51,747	$51,748 – $64,683	$64,684 – $77,620	Above 77,620
6	$0 - $44,490	$44,491 - $59,320	$59,321 – $74,150	$74,151 – $88,980	Above 88,980
7	$0 – $50,170	$50,171 - $66,893	$66,894 – $83,671	$83,618 – $100,340	Above 100,340
8	$0 – $55,850	$55,851 - $74,467	$74,468 – $93,083	$93,084 - $111,700	Above 111,700
	100% of Poverty Guideline Level	101%-150% of Poverty Guideline Level	151%-175% of Poverty Guideline Level	176%-200% of Poverty Guideline Level	Over 200% of Poverty Guideline Level
For families/households with more than 8 persons, add $5,600 for each additional person.					

Monthly Income – Table 2

Family Size		25%	50%	75%
1	$1,341	$1342 – $1788	$1789 – $2235	$2236 – $2682
2	$1,814	$1815 – $2419	$2420 – $3024	$3025 – $3628
3	$2,288	$2289 - $3050	$3051 – $3813	$3814 – $4575
4	$2,761	$2762 – $3681	$3682 – $4601	$4602 – $5522
5	$3,234	$3235 – $4312	$4313 – $5390	$5391 – $6468
6	$3,708	$3709 – $4943	$4944 – $6179	$6180 – $7415
7	$4,181	$4182 – $5574	$5575 – $6968	$6969 – $8362
8	$4,654	$4655 - $6206	$6207 - $7757	$7758 - $9308
Sliding Fee	0%	25%	50%	75%

Restoring, Empowering Alaska's Children and Homes

REACH 907

An Alaskan Non-Profit Corporation

Applicant Name			
Mailing Address			
Phone		Date of Birth	

Application:

☐ Application Completed

☐ Application signed

☐ Applicant has signed copy of Policy and Procedures

Verification Checklist:

☐ Identification/Address Driver's license, utility bill, employment ID or other

☐ Copy of Insurance Cards

☐ N/A- No Insurance

Income Verification:

Family Size_____ Household Income_____

☐ W-2 from prior year

☐ Two most recent pay stubs

☐ Form 4506 T (if W-2 not filed)

☐ Letter from employer

☐ Other: Explain_____

☐ Self-Declaration of Income Form; Date Approved by ED___

Application Status ☐ Declined ☐ Accepted, Date of Determination: _____

Notification Letter: Date Sent_____ Employee who sent letter_____

Discounted Rate:

☐ Nominal Fee $_____

☐ 25%

☐ 50%

☐ 75%

☐ Does not qualify

Employee Printed Name_____ Title_____

Employee Signature: _____ Date:_____

Restoring, Empowering Alaska's Children and Homes

REACH 907

An Alaskan Non-Profit Corporation

It is the policy of REACH 907 to provide exceptional services regardless of the patienst ability to pay. Discounts are offered based on family size and annual income. The discount will apply to all services received at REACH 907. Your household discount will be assessed on a yearly basis or if your financial situation changes.

Please complete the following information and return to billing to determine if you or members of your family are eligible for a discount.

Head of Household Name:	Phone:
Date of Birth:	Place of Employment:
Physical Address:	
Family Size: (NUMBER OF MEMBERS LIVING IN YOUR HOUSEHOLD.) List name(s) and date(s) of birth of family members/individuals living in your household or individuals for whom you are financially responsible for.	
Name: (self)	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
DO you have insurance? ___YES ___NO If yes, please provide medical plan name:	

Restoring, Empowering Alaska's Children and Homes

REACH 907

An Alaskan Non-Profit Corporation

Annual Household Income				
Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers compensations, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income.				
Interest, dividends, rents, royalties, income from estates, trust, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the information provided is accurate and complete to the best of my knowledge an in the event of a change in income or insurance coverage, I will contact/notify the facility within two (2) weeks of change. I understand that I will be financially responsible for **all or a portion of my care** and that I will be asked to **submit payment at the time of services**. I authorize the release of any information necessary to establish my family's eligibility for discount services.

Applicant Signature	Print Name	Date

Employee Signature	Print Name	Date

For Office Use Only

Applicant Name _____

New Patient_____ Patient Update_____

Approved Discount_____

Approved By: _____

Date Approved_____

Board Approval Date:	Policy Effective Period: 3 years	Revision Dates:
Department: **Finance**	Next Review Date:	Police Number:

Title: Sliding Fee Discount Program

Purpose: To make available discount services to those in need

Policy:

This program is designed to provide discounted care. In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who have no means, or limited means to pay for their health care services.

REACH 907 will offer a Sliding Fee Discount Program (SFDP)to all patients. REACH 907 will base program eligibility on person's ability to pay and will not discriminate based on age, gender, race, sexual orientation, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

1. **Notification:** REACH 907 will notify patients of the SFDP by:
    a. Payment Policy will be available to all patients at the time of services.
    b. Notification of the SFDP will be offered to each patient upon admission.
    c. SFDP application will be included with collection notices sent out by REACH 907.
    d. An explanation of out SFDP and our application form are available on REACH 907 website.
    e. REACH 907 places notification of SFDP in the clinic waiting area.

2. **Request for Discount:** Request for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk and Billing Specialist.

3. **Administration**: The SFDP procedure will be administer through REACH 907 administration department. Information about SFDP policy and procedure will be provided and assistance offered from completion of this application. Dignity and confidentiality will be respected for all who seek and/or provide charitable services.

4. **Alternative Payment Sources**: The discount will be posted after all alternative payment resources are exhausted, including all third-party payment from insurance(s), federal and state programs.
5. **Completion of Application**: The patient/responsible party must complete the SFDP application in its entirety. By signing the SFDP application, persons authorized REACH 907 to confirm income as disclosed on the application form. Providing false information on a SFDP application will result in all discounts being revoked and full balance of the account(s) restored and payable immediately.

   If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjust. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection because of the patient's delay in proving information will not be considered for SFDP.

6. Discounts will be based on income and family size only. REACH 907 uses the Census Bureau definition of each.
   a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
   b. Income 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.

7. **Income Verification**: Applicants must provide one of the following: prior year W-2, prior year tax return, last 30 days' worth of pay stubs and a letter from employer verifying hours, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self- declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to REACH 907 Executive Director or his/her designee for review and final determination as to the

sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

8. **Discounts**: Those with incomes at or below 100% of poverty will receive a full discount and only be assessed a nominal fee. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. For example - patients between 101%-150% of FPG will receive a 75% discount, between 151%-175% will receive a 50% discount and between 176%-200% will receive a 25% discount. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines: https://aspe.hhs.gov/poverty-guidelines.

9. **Nominal Fee:** The nominal fee amount will be set at a level that would be nominal from the perspective of the patient and will not reflect the actual cost of the service being provided. It has been determined that patients receiving a full discount will be assessed a $10 nominal charge per visit. REACH 907 will ensure that the nominal charge is less than what a patient in the first discount category would have to pay. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

10. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by REACH 907 Executive Director or designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event). All waiving of charges will be reported and summarized to the Board of Directors and reviewed at the next scheduled Quarterly Board Meeting.

11. **Application Notification**: The SFDP determination will be provided to the applicant(s) in writing, and will include the percentage of SFDP write off, or if applicable, the reason for denial. If the application is approved for less than 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with REACH 907. SFDP application covers patient balances incurred within 12 months after the approval date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or if there has been a significant change in family income.

12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the SFDP application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes as refusal to pay. At this point in time,

REACH 907 can explore options not limited to, but including, offering the patient a payment plan, waiving of charges, or referring the patient to collections

13. **Record Keeping**: To preserve the dignity of those receiving discounted care, information related to SFDP decisions will be maintained and preserved in a confidential file located in REACH 907 administration office.

    a. The Billing Specialists will maintain a monthly log identifying SFDP recipients and discount percent. Denials will also be logged.

14. **Policy and Procedure Review:** Annually, during the first quarter of each year, the amount of the SFDP provided will be reviewed by the CEO and/or Board of Directors. The Sliding Fee Discount Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. **Budget:** During the annual budget process, an estimated amount of SFDP services will be placed into the budget as a deduction from revenue.

I confirm that I have read, understand and agree to the above policy and procedure for enrollment in REACH 907 SFDP.

_____

Applicant Signature Print Name Date

_____

Employee Signature Print Name Date