



**Lowell Community Health Center  
Finance Policy  
Sliding Fee Discounts**

**Date Approved:** 3/19/2014  
**Date Reviewed:** 3/10/2017  
**Date Revised:** 3/15/2017

**Applicable Regulations and  
Standards:**  
None

**I. POLICY:**

Lowell Community Health Center shall provide discounts for services provided to eligible patients through a sliding fee scale. Eligibility for the sliding fee scale is based upon the most current Federal Poverty Guidelines incorporating the criteria of household income and number of family members supported within the household.

**II. PROCEDURE:**

The following constitute general procedural guidelines to be followed when completing a sliding fee scale application with a patient:

1. Eligibility for the sliding fee discount must be documented through a completed application form with accompanying verification of income and household size.
2. Eligibility will be determined by a Health Benefits Advisor of Lowell Community Health Center and shall be valid for up to 12 months. The Patient is responsible to report changes to their income. Temporary discounts may be awarded for shorter periods for patients in transitional situations.
3. It is the policy of Lowell Community Health Center that sliding fee scale discounts shall be applied in a prospective manner. Individual circumstances may be considered on a case-by-case basis for provision of retroactive discounts, so long as documentation can be provided in support of eligibility during the period of time in question. Discounts may not be more than three (3) months retroactive.
4. Federal Poverty Guidelines are based upon household income and family size criteria issued annually by the Centers for Medicare and Medicaid Services.
5. It is expected that all patients will be forthright and honest about their insurance coverage. Intentional omission or falsification of identity, financial or demographic information is fraud and may result in dismissal from the practice.
6. It is the responsibility of the patient to re-certify discount eligibility prior to expiration, as well as financial changes impacting eligibility.

**Eligibility: The following criteria are to be applied when determining eligibility for sliding fee discounts at Lowell Community Health Center:**

Patients who have been determined to be at or below the Federal Poverty level are eligible for a discount of 100% of the full charge for services at Lowell Community Health Center. Embedded in the mission of Lowell Community Health Center is to provide free care to those without insurance and to provide primary care services for those most in need. There are no nominal fees or copays for medical and behavioral health office and preventive dental visits for individuals or families living at or below 100% of the Federal Poverty Level.

1. Patients determined to be between 101% and 200% of the Federal Poverty level, are subject to a fee as listed on the attached schedules. This fee is due at the time of the visit.
2. No sliding fee discounts are awarded for patients determined to be above 200% of the Federal Poverty Level.
3. No sliding fee discounts will be awarded to patients who would otherwise be eligible for Medicaid or other public programs.
4. Individuals with Medicaid spend-downs are eligible to apply for sliding fee discounts and are expected to disclose other medical coverage.
5. By virtue of the fact that Lowell Community Health Center is a Federally Qualified Health Center (FQHC), patients with Medicare coverage are eligible for waiver of their annual outpatient services deductible. Further, these patients are also eligible to have their 20% co-payment responsibility discounted on the sliding fee scale, so long as they are determined to be eligible in accordance with the sliding fee scale criteria.
6. Patients with limited commercial coverage, catastrophic coverage, or high deductibles (“Under-insured”) are eligible for sliding fee discounts at LCHC so long as they qualify under the established criteria, above. Discounts may be applied to deductibles and non-covered services. Discounts may not be applied to minimum co-payments or supplies.
7. Individuals may self-declare ‘no-income’ or income earned “under-the-table”. A written, self-declaration statement may be accepted; however discount benefits awarded under such a declaration will be awarded on a temporary basis.
8. Individuals claiming to be unemployed will be required to produce evidence of:
  - a. Unemployment benefits
  - b. Denial or termination of unemployment benefits

**Household:** As part of the process to determine eligibility for the Lowell Community Health Center sliding fee scale discount, a patient must also provide documentary proof of the size of their household. Names, age and relationship to the household must be documented as part of this process.

The following individuals are considered part of the household for the purpose of determining sliding fee discounts at Lowell Community Health Center:

1. The patient or individual
2. A spouse
3. A dependent child or children
4. Any person included as a dependent upon the individual's tax return
5. Unmarried roommates sharing mutual living expenses are to be considered individuals for the purposes of discount determination (not a household of 2)
6. An elderly parent (or parents) living with an adult child will be considered as their own household for the purposes of determining the sliding fee discount. As such, these individuals may not then be included as part of the adult child's household for discount determination.

**Other: As part of the process to determine eligibility for the Lowell Community Health Center sliding fee scale discount, a patient must provide documentary proof of household income.**

**Household income is the total combined annual income of all family members of a household who share financial responsibility for the household. This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security, unemployment, stipends and any other monetary income received by members of the household.**


Copies of the following items may be accepted as documentation of household income:

1. 2 weekly pay stubs or 1 bi-weekly paystub
2. Social security, disability or pension benefit statements
3. Letter from employer stating number of hours, hourly rate and how often paid.
4. For self-employed individuals - a copy of their most recent Federal Income Tax Form 1040, Schedule C

Reference: Sliding Fee Eligibility Form  
Sliding Fee Discount Schedule – Federal Poverty Guidelines  
Health Safety Net Sliding Fee Scale

Attachments: None

Approval and interpretation of this policy will be made by the Chief Financial Officer.

  
\_\_\_\_\_  
Chief Financial Officer

3/15/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Chief Executive Officer

3/15/17  
\_\_\_\_\_  
Date

Suzanne Berton  
\_\_\_\_\_  
Board Chair

3/15/17  
\_\_\_\_\_  
Date

Immediate Past Chair

LOWELL COMMUNITY HEALTH CENTER  
 SLIDING FEE DISCOUNT SCHEDULE  
 Federal Poverty Guidelines: Effective Janunary 03/15/2017

FOR MEDICAL BEHAVIORAL HEALTH VISITS AND DENTAL PREVENTATIVE VISITS

Poverty Levels	0% - 100%	101% - 125%	126% - 150%	151% - 200%
Family Size	Yearly	Yearly	Yearly	Yearly
1	\$12,060	\$15,075	\$18,090	\$24,120
2	\$16,240	\$20,300	\$24,360	\$32,480
3	\$20,420	\$25,525	\$30,630	\$40,840
4	\$24,600	\$30,750	\$36,900	\$49,200
5	\$28,780	\$35,975	\$43,170	\$57,560
6	\$32,920	\$41,150	\$49,380	\$65,840
7	\$37,140	\$46,425	\$55,710	\$74,280
8	\$41,320	\$51,650	\$61,980	\$82,640
Visit Type	Patient Responsibility			
Medical Visits	\$0	\$10	\$20	\$25
Behavioral Health Visits	\$0	\$10	\$20	\$25
Dental Preventative Visits	\$0	\$20	\$25	\$30

\*For family units with more than 8 persons, add \$4180 for each add'l person to the amount in the Poverty" column