

SLIDING FEE SCALE

Effective January 2018

Family Size	<100% FPL Level I	101-150% FPL Level II	151-175% FPL Level III	176- 200% FPL Level IV
1	12,140	18,210	21,245	24,280
2	16,460	24,690	28,805	32,920
3	20,780	31,170	36,365	41,560
4	25,100	37,650	43,925	50,200
5	29,420	44,130	51,485	58,840
6	33,740	50,610	59,045	67,480
7	38,060	57,090	66,605	76,120
8	42,380	63,570	74,165	84,760
add for additional members	4,320	6,480	7,560	8,640

All sliding fee levels will receive a 100% discount of charge with a nominal fee charged as outlined below. Persons over 200% of FPL will be responsible for the full charge and receive no discount.

Nominal Fees

	Level I	Level II	Level III	Level IV
Dental	\$ 30	\$ 40	\$ 50	\$ 60
Medical	\$ 20	\$ 25	\$ 30	\$ 35

No patient will be turned away for their refusal or inability to pay for services.

POLICY AND PROCEDURE MANUAL
KENTUCKY MOUNTAIN HEALTH ALLIANCE
HEALTHCARE FOR THE HOMELESS

SLIDING FEE DISCOUNT POLICY

Purpose:

To ensure the organization provides services to all patients without regard to the patient's ability to pay.

Policy:

No patient will be denied medical care because of the inability to pay. Patients will be expected to comply with the efforts of the Registration Staff to ascertain the existence of any third-party insurance coverage a patient may possess, and/or to exhaust all other payment sources, or otherwise appropriately document the patient's ability to pay for services.

Patients lacking adequate third-party insurance coverage will be expected to provide appropriate information for the completion of a financial assessment Form. Based on proof of income presented, the patient will be informed of his/her eligibility for the Sliding Scale Program by the intake and eligibility case manager. Please NOTE: If you have third-party insurance and are unable to pay your co-insurance for Medicare or deductible on non-covered services you may be eligible for our Sliding Scale Program and/or make a payment arrangement with our billing clerk. Proper proof of income is the most current tax return, the most recent paystubs, most recent statement from social services, or a letter from the caregiver with explicit amounts of money that are given on a monthly basis. Sliding scale discounts will be based on the most recent Federal Poverty Index (FPI) guidelines.

Patients lacking proper proof of income at the initial visit must provide this documentation within sixty (60) business days or the Sliding Scale Program eligibility provision will be cancelled. Should this action occur, the patient will then be placed in the full-pay (100%) category until income verification is provided unless other arrangements have been approved by the registration supervisor. Final determination of the eligibility and proof of income documents will be signed and reviewed by the intake and eligibility case manager.

Patients qualifying for a sliding scale discount will be expected to pay a discounted rate based on our sliding fee scale at the time services are rendered. This payment will cover all charges incurred as part of a single visit, including ancillary services such as those received from laboratory and injections. Charges for all services rendered are to be recognized at their full value within the KMHA fee schedule and fully discounted apart from the applicable flat fee established for the services.

Applicability: This policy applies to all patients seeking primary medical services from the company.

Amendment: 09/04/2014

Board Approved 09/24/2014

Name

Date