**5.7. sliding FEE DISCOUNTS**

Bluegrass Community Health Center offers a discount/sliding fee schedule available for services based on the client's household income and household size. No one will be denied access to services due to their inability to pay. The applicant and the number of individuals who qualify as an IRS dependent of the applicant determine family size. This includes the applicant, spouse, dependent children and any other individual that qualifies as a personal exemption for tax reporting purposes. Employees conducting registrations are responsible for collecting proof of gross income and entering the information into the practice management system. The system will automatically calculate the slide level based on the Federal Poverty Guidelines and information entered. Federal Poverty Guidelines are updated in the system on an annual basis.

Slide levels are calculated as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Slide Level**  | **Slide A**  | **Slide B**  | **Slide C**  | **Slide D**  | **Full Pay (Does Not Qualify for Discounts)** |
| Household Size   | **<100% FPL**  | **101-125% FPL**  | **126-174% FPL**  | **175-199% FPL**  | **>200% FPL**  |
| 1   |  $               14,580  |  $               18,225  |  $                21,870  |  $                25,515  |  $                29,160  |
| 2   |  $               19,720  |  $               24,650  |  $                29,580  |  $                34,510  |  $                39,440  |
| 3   |  $               24,860  |  $               31,075  |  $                37,290  |  $                43,505  |  $                49,720  |
| 4   |  $               30,000  |  $               37,500  |  $                45,000  |  $                52,500  |  $                60,000  |
| 5   |  $               35,140   |  $              43,925   |  $               52,710   |  $                61,495  |  $                70,280  |
| 6   |  $               40,280   |  $               50,350   |  $               60,420   |  $               70,490   |  $               80,560   |
| 7   |  $               45,420   |  $               56,775   |  $               68,130   |  $               79,485   |  $               90,840   |
| 8   |  $               50,560   |  $               63,200   |  $               75,840   |  $               88,480   |  $             101,120   |
|    | **$                 5,140**   | **\*\* For family sizes greater than 8, add for each additional person.**  |
| **Medical Office Visit (Excluding Family Planning Visits)** |
| **Service Type** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay** |
| **(Does Not Qualify for Discounts)** |
| **Patient Pays** | $25  | $40  | $80  | $100  | $200 |

|  |
| --- |
| **Family Planning Office Visit -** Family Planning visits should only include STD testing, pap smears, and contraceptive management. The evaluation and management of all other conditions should be completed during medical visits. This includes any diagnostic testing. |
| **Service Type** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay**  |
| **(Does Not Qualify for Discounts)** |
| **Patient Pays** | $0  | $40  | $80  | $100  | $200 |

|  |
| --- |
| **Long-Acting Reversible Contraception (LARC) -** Patients 21 and older must have a pap smear within 2 years, with results documented in the electronic medical record, to be eligible for LARC discounts.  |
| **Service Type** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay**  |
| **(Does Not Qualify for Discounts)** |
| **Patient Pays** | $0  | $25  | $50  | $100  | Cost x 1.5 |
| **Mental Health Office Visit** |
| **Service Type** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay**  |
| **(Does Not Qualify for Discounts)**  |
| **Patient Pays** | $10  | $15  | $20  | $25  | $100  |

Additional Provider Visit Information:

* 1. Patients with income exceeding 200% of the Federal Poverty Guidelines (E – Full Pay) must pay $200 at time of service for Medical Office Visit and $100 for Mental Health Office Visit.
		1. E-Full Pay patients are responsible for any lab charges incurred during visits.
		2. If the charge of the visit exceeds $200, the patient will be billed for the additional costs. The front office will notify the patient at time of service that if charges exceed $200, the patient will be billed for the remainder of the fees.
		3. If the charge of the visits is less than $200, the patient will receive a refund for the overage. The details for this process are outlined in the refund documented process.
	2. The Nominal Fee for a Medical Visit is $25; the Nominal Fee for a Mental Health Visit is $10. There is no nominal fee for Family Planning visits. In the event a patient has a Behavioral Health and Medical Encounter on the same day and incurs two nominal fees, the greater of the two will be charged and the second fee will be waived.
	3. Patients with third party insurance that does not cover or only partially covers fees for certain services are also eligible for sliding fee discounts.
1. The remaining patient balance can be discounted down to the maximum required payment for each applicable Slide Level.
2. If the remaining balances do not exceed the maximum payment for each Slide Level there will be no additional visit discount, as long as this is not precluded by the insurance contract terms.

**Radiology (***Plain films: see attached list***)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Slide Level** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay (Does Not Qualify for Discounts)**  |
| Patient Pays | $0 | $10 | $20 | $30 | $50 |

Additional Charge Information (For example: Lab Tests, Procedures, Vaccines)

1. For uninsured or underinsured patients, vaccines will be provided through the VFC or 317 program, when available. If vaccines are not available through VFC or 317 programs, the costs listed above will be charged to the patient.
2. The charge for medications and supplies will be included in the visit fee.
3. Medical fees will include charges for labs for patients that qualify for a slide (A-D). Full pay patients (E) are responsible for any lab charges incurred during the medical visit.

**340B Dispensing Fee**

1. All patients are eligible to purchase 340B medications. The cost of the medication is outlined in the 340B Policy. The dispensing fee will be discounted as follows:

|  |
| --- |
| **340B Dispensing fee** |
| **Slide Level** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay (Does Not Qualify for Discounts)**  |
| Patient Pays per medication | $0 | $2 | $3 | $4 | $5 |

Pharmacy

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Slide Level** | **Slide A** | **Slide B** | **Slide C** | **Slide D** | **Full Pay (Does Not Qualify for Discounts)**  |
| Patient Pays per medication | $0 | ACQ Cost | ACQ Cost | ACQ Cost | See formula below. |
| + Dispensing Fee | $1 | $2 | $3 | $4 | $5 |

\*ACQ – actual acquisition cost

Full Pay pricing will follow the following formula:

Usual and customary price (U&C) Brand: AWP + $10

AWP (average wholesale price), which is the estimate of the price retail pharmacies pay for drugs from their wholesale distributor.

U&C Generic: AWP + $4

The AWP pricing in Liberty, will come directly from McKesson and is the MAC (maximum allowable cost). MAC is the price ceiling established at the state level and will come from Medicaid.

U&C OTC: ACQ x 1.4

ACQ (acquisition cost) or AAC (average actual cost), which is estimate of retail pharmacy acquisition costs for drugs through a review of actual pharmacy invoices, so this is our actual cost.

|  |
| --- |
| Date (s) Reviewed: 12/14/15; 9/22/16; 4/4/17; 2/20/18; 2/18/19; 10/21/19; 1/22/2020; 2/18/20; 12/3/20; 1/21/21; 2/28/22; 6/17/22; 10/27/22; 3/27/22 |
| Revised Date (s): 12/14/15; 9/22/16; 4/4/17; 2/20/18; 7/17/18; 10/21/19; 1/22/2020; 2/18/20; 12/2/20; 1/21/21; 2/28/22; 6/17/22; 10/27/22; 3/27/22 |
| Board Approval: 1/25/16; 9/26/16; 4/24/17; 2/26/18; 7/23/18; 10/28/19; 2/24/20; 12/21/20; 1/25/21; 2/28/22; 6/27/22; 11/28/22 |