

**HOLYOKE HEALTH CENTER
POLICY & PROCEDURE**

TITLE: Sliding Fee Discount Policy	EFFECTIVE DATE: 5/22/2015	FUNCTION: Financial
PAGE: 1 of 6	REVIEW/REVISION DATE: 10/2/18; 2/4/19; 2/21/2020; 1/20/2021; 2/7/2022; 2/9/2023; 4/6/2023; 7/21/2023; 9/19/2023	

PURPOSE: It is the policy of Holyoke Health Center (HHC) to provide essential services regardless of the patient's ability to pay.

POLICY: HHC has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.

Nominal Charge:

It is Holyoke Health Center policy to establish a nominal charge for patients with incomes at or below 100% of federal poverty guidelines so that patients do not perceive a financial barrier to the access of care due to an inability to pay for services. Nominal charges are not "minimum fees", "minimum charges" or "co-pays" and will not be less than the fee paid by a patient in the first sliding discount pay class.

The health center will set the flat nominal charge(s) at a level that would be nominal from the perspective of the patient (for example, based on input from patient board members, patients surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes) and would not reflect the actual cost of the service being provided. Individuals and families with incomes at or below 100% of the FPG pay a "nominal charge." Individuals and families with incomes above 100% and at or below 200% of the FPG are charged amounts that are tied to gradations in income levels. The Health Center will have at least three discount pay-classes above 100% and below 200%.

Holyoke Health Center will attempt to assess all patients for the SFDS including those who are insured. If a patient refuses to be assessed, they will automatically be charge a full charge. The health center will backdate eligibility if a patient brings in the required documentation within 30 days of the initial assessment of eligibility. (Presumptive eligibility with income verification within a

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PAGE: 2 of 6	REVIEW/REVISION DATE: 10/2/18; 2/4/19; 2/21/2020; 1/20/2021; 2/7/2022; 2/9/2023; 4/6/2023; 7/21/2023; 9/19/2023	

specified period of time is also available at the discretion of the health center.)

Third Party Coverage

It is the policy of Holyoke Health Center that the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status. If an insured patient qualifies for the sliding fee discount schedule, the patient will be placed on the sliding fee discount schedule and charged the lesser of the amount due per the sliding fee discount schedule or the co-pay, deductible, etc. Holyoke Health Center does not and cannot require individuals to enroll in public or private insurance and this is not a factor when determining eligibility. However, it is the policy of Holyoke Health Center to educate patients based on their eligibility for public or private insurance for which they might qualify.

SFS Discount Awareness

The health center utilizes multiple methods for informing patients of the availability of the SFDS in languages and at literacy levels that are appropriate for the patient population (per UDS Table 3A Patients best served in a language other than English). The methods used to inform patients are as follows:

- Signage at all front desks
- New Patient Packets are provided to new patients during initial visits
- Health Center's website

DEFINITIONS:

Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as

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POLICY & PROCEDURE**

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PAGE: 3 of 6	REVIEW/REVISION DATE: 10/2/18; 2/4/19; 2/21/2020; 1/20/2021; 2/7/2022; 2/9/2023; 4/6/2023; 7/21/2023; 9/19/2023	

assets are a fixed economic resource while income is comprised of earnings. Examples of income include: wages, alimony, child support, military allotments, income from business self-employment, rental income¹.

Household/Family: According to the U.S. Census Bureau, the term “size of household” includes all the people occupying a housing unit. “Size of family” includes the family householder and all other people in the living quarters who are related to the householder by birth, marriage, or adoption. “Size of related subfamily” includes the adult spouses or the lone parent and their never-married children who are under 18 years of age. “Size of unrelated family” includes the reference person and all other members related to the reference person. If a family has a related subfamily among its members, the size of the family includes the members of the related subfamily².

PROCEDURE:

1. Discounts are offered to patients based on family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines.
2. A completed application including required documentation of the home address, household income must be on file and approved before a discount will be granted. The discount will be honored for one year, after which the patient must reapply.
3. One exception – related to Title X – there is a different process Adolescent patients seeking confidential care are exempt from the

¹ Health Center Program Compliance Manual, Health Resources and Services Administration: Chapter 9: Sliding Fee Discount Program.

² [Hhttps://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#householdfamily](https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#householdfamily)

**HOLYOKE HEALTH CENTER
POLICY & PROCEDURE**

TITLE: Sliding Fee Discount Policy	EFFECTIVE DATE: 5/22/2015	FUNCTION: Financial
PAGE: 4 of 6	REVIEW/REVISION DATE: 10/2/18; 2/4/19; 2/21/2020; 1/20/2021; 2/7/2022; 2/9/2023; 4/6/2023; 7/21/2023; 9/19/2023	

application process, and services are provided at the nominal rate, unless waived.

4. The discount applied as follows:
 - a. Medical/Behavioral Health, Dental Routine: The discount is applied to all essential in-office services, telehealth, and off-site services supplied by HHC health care providers.
 - b. Dental: Ortho and high end work – the discount is applied where in office and offsite service are supplied.
 - c. Pharmacy: The discount is applied to all essential prescriptions following Massachusetts Medicaid formulary criteria.
5. The Health Center has two sliding fee discount categories based on specific sub-categories of services. Please see SFDS for additional information. The schedules are as follows:
 - a. Required Medical, Behavioral Health and Dental Services – Nominal fee is \$20
 - b. Restorative Dental Services – Nominal fee is \$100
 - c. Ortho Ancillary Services – Nominal fee is \$100
 - d. Ortho Treatment Services – Nominal fee is \$1500
6. The Health Center’s Sliding Fee Discount Schedules discussed above are based on 2023^[RBI] HHS Poverty Guidelines <http://aspe.hhs.gov/poverty-guidelines>. The health center will update these annually as the guidelines are updated by the Department of Health and Human Services.
7. The application for discounting/sliding fee is attached as pages 6 & 7 of this policy.

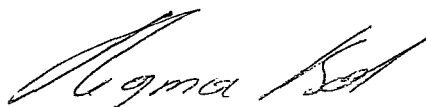
**HOLYOKE HEALTH CENTER
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PAGE: 5 of 6	REVIEW/REVISION DATE: 10/2/18; 2/4/19; 2/21/2020; 1/20/2021; 2/7/2022; 2/9/2023; 4/6/2023; 7/21/2023; 9/19/2023	

8. Patients are made aware of the availability of the sliding fee discount through signage posted in prominent and accessible health center locations.
9. Waiving of charges: in certain situations, patients may not be able to pay the nominal or discounted fee. Waiving of charges may only be used in special circumstances (Specific circumstances include: patient's inability to pay, health event, personal catastrophes (fire, job loss, etc.) and must be approved in writing by HHC's CEO, CFO or their designee. Any waiving of charges should be documented in the patient's file along with an explanation of the reason. The health center is permitted to utilize multiple sliding fee discount schedules. All schedules should be structured using the criteria previously mentioned in this section. Each Sliding Fee Discount Schedule will be based on either broad service types (such as medical and dental), distinct subcategories or services types (such as preventive dental and additional dental services), and/or on service delivery method (such as services provided by the Health center directly vs. provided through a formal written contract). All sliding fee discount schedules by the Health Center will be approved by the Board of Directors annually.
10. Refusal to pay: If a patient verbally expresses an unwillingness to pay or leaves the health center 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 sliding fee discount program application will be sent with notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, HHC will explore options including but not limited to offering the patient a payment plan, waiving of charges, or referring the patient to collections.

HOLYOKE HEALTH CENTER
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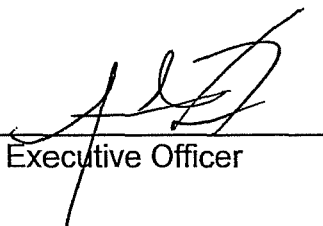
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PAGE: 6 of 6	REVIEW/REVISION DATE: 10/2/18; 2/4/19; 2/21/2020; 1/20/2021; 2/7/2022; 2/9/2023; 4/6/2023; 7/21/2023; 9/19/2023	



Chief Financial Officer

9/25/2023

Date



Chief Executive Officer

9/25/2023

Date

Holyoke Health Center, Inc
Application for Discounted/Sliding Fee

It is the policy of Holyoke Health Center, Inc to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income.

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

The discount will apply to all services received at this clinic, but not those services, supplies or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)		
Signature		Date

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Medical, Behavioral Health & Dental (Required)

Poverty Level*	100%	101 %- 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$20	20% pay or minimum \$21	40% pay or minimum \$22	60% pay or minimum \$23	80% pay or minimum \$24	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee \$20.00

** For clients receiving Title X Family Planning services only, the minimum fee will be waived in accordance with our contract with Title X as discussed in the Sliding Fee Discount Policy.

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Dental (Restorative)

Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$100	50% pay or minimum \$101	65% pay or minimum \$102	80% pay or minimum \$103	95% pay or minimum \$104	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee is **\$100.00** Patients are required to pay the full cost of appliances while the

*** Supply / lab costs incident to service for dentures, crowns, bridges, etc. - are billed to clients based on HHC actual cost**

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Dental - Ortho Ancillary

Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$100	50% pay or minimum \$101	65% pay or minimum \$102	80% pay or minimum \$103	95% pay or minimum \$104	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee is \$100.00 Patients are required to pay the full cost of appliances while the

* Supply / lab costs incident to ortho service - are billed to clients based on HHC actual cost

Holyoke Health Center, Inc.

Sliding Discount Fee Schedule for Dental Ortho Treatment

Poverty Level*	100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
Family Size	\$1,500	50% pay or minimum \$1,501	65% pay or minimum \$1,502	80% pay or minimum \$1,503	95% pay or minimum \$1,504	Full Fee
1	\$14,580	\$18,225	\$21,870	\$25,515	\$29,160	\$29,161
2	\$19,720	\$24,650	\$29,580	\$34,510	\$39,440	\$39,441
3	\$24,860	\$31,075	\$37,290	\$43,505	\$49,720	\$49,721
4	\$30,000	\$37,500	\$45,000	\$52,500	\$60,000	\$60,001
5	\$35,140	\$43,925	\$52,710	\$61,495	\$70,280	\$70,281
6	\$40,280	\$50,350	\$60,420	\$70,490	\$80,560	\$80,561
7	\$45,420	\$56,775	\$68,130	\$79,485	\$90,840	\$90,841
8	\$50,560	\$63,200	\$75,840	\$88,480	\$101,120	\$101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	

* Based on 2023 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)

Nominal Fee is **\$1,500.00** Patients are required to pay the full cost of appliances while the

*** Supply / lab costs incident to ortho service - are billed to clients based on HHC actual cost**