

Cornerstone Care Policy & Procedure	
Title: Sliding Fee Discount Schedule Policy	
Approval Date: 05/18/2020	Review: Every 3 Years
Policy Owner: Chief Financial Officer	
Effective Date: 05/08/2015	

Purpose

In accordance with Section 330 of the Public Health Service (PHS) Act, Cornerstone Care, Inc. offers a Sliding Fee Discount Schedule (SFDS) applicable to all users and for all services provided by Cornerstone Care, Inc. as outlined in their approved Health Resources and Services Administration (HRSA) Scope of Project. The Cornerstone Care, Inc. SFDS has been developed to prevent a barrier to care.

Policy

General Requirements

1. Cornerstone Care, Inc must have and maintain a Schedule of Service Fees that is designed and consistent with covering the cost of providing services and prevailing rates or charges.
2. Cornerstone Care, Inc. will prepare and apply a Sliding Fee Discount Schedule Policy that is reviewed annually and approved by its Board of Director so that the amounts owed for health center services by eligible patients are adjusted based on the patient's ability to pay. Cornerstone Care Inc.'s Sliding Fee Discount Schedule will be revised annually to reflect updates to Federal Poverty Guidelines. The Sliding Fee Discount Schedule will be evaluated at least annually for its effectiveness in addressing financial barriers to care and updated as appropriate. Cornerstone Care's Sliding Fee Discount Schedule will include the following parameters:
 - a. Applicability to all individuals and families with annual incomes at or below 200% of the Federal Poverty Guidelines (FPG)
 - b. Full Discount for individuals and families with annual incomes at or below 100% of the FPG, or an allowance for a nominal fee. Cornerstone Care has a nominal fee that is less than the fee paid by a patient in the 1st SFDS pay class beginning above 100% above the FPG.
 - c. Adjustment of fees based on family size and income for individuals and families with incomes above 100% and at or below 200% of FPG.
 - d. No sliding fee discount for individuals and families with annual income above 200%.
3. Cornerstone Care, Inc. will make every reasonable effort to obtain reimbursement from 3rd party payers, including either public health insurance (Medicaid, CHIP, Medicare, and any other public assistance program) or private health insurance for those users who have such coverage.

Patient Access

All services provided in Cornerstone Care Inc.'s approved Scope of Project that has an established fee, regardless of the service type and the service delivery method, must be made available to all patients regardless of the patient's ability to pay. To facilitate patient access and utilization Cornerstone Care, Inc. will ensure the following:

1. All patients shall be made aware of the Sliding Fee Discount Program by displaying "easy to view" signage within the waiting room setting and through verbal communication by intake staff.
2. Eligibility for discounts is based solely on income and family size and no other factors.
3. Patients that have applicable co-pays and/or deductibles that are associated with private insurances, are eligible for discounts through the SFDS if they so qualify. Insured patients who qualify for SFDS will not be charged more than they would otherwise be expected to pay under the SFDS.
4. Cornerstone Care, Inc.'s patient referral process, for all services included in its Scope of Project, to service professionals for care shall have in place applicable agreements with the "referred to" entity for similar discounted fees or indigent care fees.
5. Waiver of charges based on a patient's inability pay will be considered on a case by case basis and will be granted upon the approval of the Chief Executive Officer. No patient will be denied access to services because of one's inability to pay.

Application and all income records of the applicant will become part of the patient's physical or Electronic Health Record. Denied applicants may reapply as many times as needed to qualify. Qualified candidates are qualified for a period not to exceed one year from the Date of Application, at which time they will be petitioned to be reevaluated before or at their next patient visit.

The following forms of current income level may be used for verification processes:

1. Latest Federal Income Tax Return(s) of all income earning family members. The sum of the Gross Wages on the returns will be used as annual household income.
2. Copies of at least 2 current earning statements (pay stubs, either bi-weekly or monthly), from applicable employers and government/public assistance entities, etc. The Gross Earnings of these types of proof will be annualized for proper placement into the SFDS.
3. Self-Declaration of Income where the income is undocumented.

Self-Declaration of Income – self-appointed income by a patient/family without documented verification. Certain circumstances will arise when the Income Verification processes are unable to include documented income for a patient and/or family. These will include applicants that have unreported income, self-employed income where the applicant is not required to file an income tax return and is otherwise not verifiable, applicant's employer does not provide earning statements to the applicant, etc. This process is not exact but will be verbally accepted and annualized in a manner that is consistent with placement in the SFDS. These situations would be the exception rather than the norm.

APPENDIX

Definitions

The definitions below are defined by Cornerstone Care Inc.'s Board of Directors.

SFDS Household Member - a person whose legal residence is in the immediate home and may be legally claimed as a dependent deduction on the parent(s) or guardian's federal income tax return. This is generally anyone who depends on the financial support of a parent or guardian and who may legally claim the dependent on their federal return.

SFDS Household Income - Income would include all of the gross wages, tips, social security disability, veteran payments, alimony, child support, military, unemployment, and public aid for all income earning members of the household.

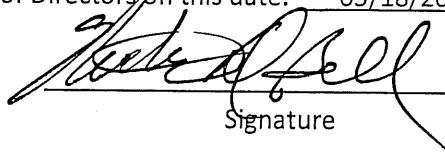
Presumed Eligibility- patients that present themselves as being "income and family size eligible" without documented income verification and/or family size on their Date of Service, will be considered eligible for the SFDS by being placed in middle schedule of the SFDS. A timing parameter is in place, not to exceed three weeks from the Date of Service, for the prospective applicant to provide documented income and family size for accurate placement in the SFDS. Once accurate placement in the SFDS is established the previous charges will be adjusted accordingly based on the final determination of eligibility and possible placement in the SFDS. If the documentation is not provided by the three-week deadline the patient charge statement will be adjusted to reflect the full fee.

Adolescent Confidential Patients - patients identifying themselves as adolescents seeking confidential care will automatically be placed in the Nominal Fee classification and will be considered for full waiver of fees if requested by the patient.

SFDS Income Verification - process by which a SFDS Applicant's income is verified for placement within the Sliding Fee Discount Schedule. Prospective applicants will complete the Application for Sliding Fee Discount documents.

Adopted by Cornerstone Care Board of Directors on this date: 05/18/2020

Attested by: Victor Bell, Board Chair
Print Name and Position


Signature

05/18/2020
Date

This policy updates last version adopted on: 05/08/2015, 06/26/2017