

## SLIDING FEE DISCOUNT PROGRAM

### PURPOSE

The purpose of this policy and program is to offer discounts to individuals who qualify for discounted care on the basis of limited income. Maika‘i Health strives to ensure that quality and comprehensive healthcare is readily accessible to everyone. This policy is uniformly applicable to all patients.

Maika‘i Health shall provide patients with information regarding Sliding Fee Discount and other programs during the patient intake process. Patients (and/or representatives) are expected to cooperate with Maika‘i Health to determine Sliding Fee Discount eligibility and to contribute to the cost of their care based on their ability to pay. It is imperative that the notification of availability, determination, reporting and tracking of Sliding Fee Discount are in concert with our mission and our community obligations.

Maika‘i Health will base program eligibility on a person’s ability to pay and will not discriminate on the basis of an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

### POLICY

Maika‘i Health maintains a standard procedure to qualify patients for Sliding Fee Discount Program for services provided. Sliding Fee Discounts are available to patients with all incomes below 200% of the Federal Poverty Level. Sliding Fee Discount will be administered in a manner consistent with state and federal laws and regulations.

## STANDARD OPERATING PROCEDURES

*SOP#. FIN-0322-SOP*

### GENERAL REQUIREMENTS

#### **A. Responsibility**

Administration: The Sliding Fee Discount Program (SFDP) procedure will be administered through the Finance Office. Information about the SFDP policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.

Maika‘i Health will notify patients of the SFDP by:

- Payment Policy Brochure will be available to all patients at the time of service.
- Notification of the SFDP will be offered to each patient upon admission.
- SFDP application will be included with collection notices sent out by Maika‘i Health.
- Explanation of the SFDP and application form are available on Maika‘i Health’s website.
- Maika‘i Health places notification of SFDP in the clinic waiting area.

Record Keeping: Information related to SFDP decisions will be maintained and preserved in a centralized confidential file located in the Finance Office, in an effort to preserve the dignity of those receiving free or discounted care.

- a. Applicants that have been approved for the SFDP will be logged in Maika‘i Health’s practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- b. The Finance Office will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.

In addition, notes relating to SFDP application and approval or denial should be entered on the patient’s account.

Schedule of Fees: Maika‘i Health will maintain a schedule of fees used as the basis for seeking payment from patients as well as third party payors. The schedule of fees will be (i) designed to cover reasonable costs of providing services, and (ii) consistent with locally prevailing rates or charges.

*Note:* This discount applies to primary care and behavioral health services provided at Maika‘i Health; the clinic may be able to help arrange a reduced fee for laboratory tests. You must make separate arrangements to pay for non-primary care or behavioral health services, including but not limited to: procedures, x-rays, ultrasounds, specialists, or hospitalizations.

- a. *Supplies and equipment.* If Maika‘i Health acquires, purchases, or facilitates access to supplies and equipment (e.g., eyeglasses, prescription drugs, or others), it reserves the right to charge patients based on a different schedule of discounts. Maika‘i Health may charge patients for such supplies and equipment based on amounts that are less than prevailing rates. Further, such charges may be set to cover the reasonable costs of such items or may be further discounted to pass additional savings on to patients.

If any patient cannot afford supplies and equipment, Maika‘i Health will offer opportunities for payment plans, or if necessary, waivers, or reductions of payments. Prior to the provision of a service, patients must be informed of: (1) when the supplies or equipment related to a given service will result in separate charges from the service; (2) what the total amount of out of pocket costs for these supplies or equipment will be; and (3) what, if any, payment plans will be available.

Sliding Fee Discount Schedule: For services directly administered by the health clinic, Maika‘i Health will provide a full discount on charges for individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (FPG) and discounted charges for individuals and families with annual incomes at 101% and below 200% of the FPG. For each sliding fee discount schedule, there must be at least three discount pay classes and the discounts must be tied to gradations in income level.

- The Sliding Fee Discount Schedule is applied uniformly, consistently, and equally for all eligible patients.
- Collection of sliding fee discount monies are handled in a respectful and efficient manner as to prevent a barrier to care, as well as all patient financial transactions.

Key features of the sliding fee discount schedule include the following:

- Maika‘i Health will provide a full discount or charge, at most, a fixed nominal charge for individuals and families with annual incomes at or below 100% of the FPG.
- Individuals and families with annual incomes above 200% of the FPG will not receive a discount under the sliding fee discount schedule.

- To the extent Maika‘i Health receives or has access to other funding sources (e.g. Federal, State, local, or private funds) that contain terms or conditions applying to patients over 200% of the FPG, Maika‘i Health may allocate a portion (or all) of the patient’s charge to the grant or subsidy funding source.

Nominal Fee: Patients will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. The nominal fee is a fixed fee that does not reflect the true value of the service(s) provided and is nominal from the perspective of the patient. They are not intended to create a payment threshold for patients to receive care, so nominal fees are not referred to as “minimum fees,” “minimum charges,” or “co-pays.” Maika‘i Health will conduct a review annually to determine the reasonableness of the nominal fee from the patient’s perspective and whether the fees should be modified.

Discounts: Those with incomes below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL Guidelines.

## **B. Implementation**

A patient who is uninsured or underinsured, may qualify for a sliding fee for their medical services. Patients will be expected to pay the discounted rate that they qualify for.

Request for Discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The SFDP will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Finance Office.

Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the SFDP application, persons are confirming their income to Maika‘i Health as disclosed on the application form.

Eligibility: Discounts will be based on income and family size only.

- a. *Family is defined as:* a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Maika‘i Health will also accept non-related household members when calculating family size.
- b. *Income includes:* gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers’ compensation; Social Security; Supplemental Security Income; public assistance; 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.

In determining whether an individual qualifies for the SFDP, other county or governmental assistance programs should also be considered. If a patient applies, or has a pending application for another health coverage program at the same time that he/she applies for Maika‘i Health’s SFDP, neither application shall preclude eligibility for the other program.

**Income Verification:** Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

- a. *Income and Monetary Assets of Patient:* In determining eligibility under this policy, Maika‘i Health may consider income and monetary assets of the patient. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient’s monetary assets shall not be counted in determining eligibility, nor shall fifty percent (50%) of a patient’s monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility. Assets are cash, checking accounts, savings accounts, money market funds, certificates of deposits, real estate property, etc.
  
- b. *Presumptive Eligibility:* Maika‘i Health understands that certain patients may be unable to complete a SFDP application or comply with requests for documentation. As a result, there may be circumstances where a patient’s qualification for the SFDP may be established without completing the SFDP application and/or providing the necessary and required documents for approval. Maika‘i Health may utilize other sources of information to make an individual assessment of financial need to determine whether the patient is eligible for financial assistance and approval. In particular, presumptive eligibility for the SFDP may be determined on the basis of individual life circumstances that may include:
  - Homelessness or receipt of care from a homeless clinic;
  - Participation in Women, Infants and Children (WIC) programs;
  - Eligibility for food stamps;
  - Eligibility for school lunch programs;
  - Living in low-income or subsidized housing; and
  - Patient is deceased with no estate.

**Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Maika‘i Health’s CEO or Clinic/Nursing Director. Any waiving of charges should be documented in the patient’s file along with an explanation.

**Applicant Notification:** The SFDP determination will be provided to the applicant(s) in writing, and will include the percentage of SFDP write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Maika‘i Health will work with the patient and/or responsible party to establish payment arrangements. SFDP applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last SFDP application.

Maika‘i Health will make every effort to provide a determination of eligibility within 30 days of receiving all requested information and documentation from the patient.

**Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises 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 the notice. If the patient does not make effort to pay or fails to respond within 60 days,

this constitutes refusal to pay. At this point in time, Maika'i Health can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

Payment Plans: Maika'i Health and any collection agency acting on our behalf shall offer uninsured patients and insured patients with a patient responsibility portion the option to enter into an agreement to pay their patient responsibility portion and any other amounts due over time. Maika'i Health will also offer extended payment plans for those patients who indicate an inability to pay a patient responsibility amount in a single installment.

- Terms of Payment Plans. All payment plans shall be interest-free. Maika'i Health will negotiate an extended payment plan to allow payments over time that is agreed upon between Maika'i Health and the patient based on the patient's family income and essential living expenses. If Maika'i Health and the patient are unable to agree on the terms of the payment plan, Maika'i Health shall extend a payment plan option under which the patient may make a monthly payment of not more than 10% of the patient's monthly family income after excluding essential living expenses. "Essential living expenses" means expenses for any of the following: rent, medical payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments laundry and cleaning, and other extraordinary expenses.

The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments during a 90-day period. Before declaring the payment plan no longer operative, Maika'i Health or the contracted collection agency shall make a reasonable attempt to contact the patient by phone and to give notice in writing that the extended payment plan may become inoperative and that the patient has the opportunity to renegotiated payment plan. After a payment plan is declared inoperative, Maika'i Health or the contracted collection agency may commence collection activities.

Not Available for Sliding Fee Discount: The application of this policy does not apply to any portion of a patient's services because of the transfer of a patient to another facility that bill for services under a different Tax Identification Number. Maika'i Health will make every effort to locate a charitable organization that Maika'i Health is aware of or has a relationship with to furnish elective procedures.

### **C. Monitoring**

Policy and Procedure Review: The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Maika'i Health will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

## **REFERENCES**

Health Resources and Services Administration, PIN 2014-02: Sliding Fee Discount and Related Billing and Collections Program Requirements.

NHSC Sliding Fee Discount Program Information Package, revised April 2017.

**MAIKA'I HEALTH CORPORATION**  
**Federal Poverty Guidelines, Effective 2022**

**Sliding Fee Program Discount**

% of Federal Poverty Level		0 - 100%	101% - 125%	126% - 133%	134% - 150%	151% - 199%	200% +
Sliding Fee Scale		A	B	C	D	E	F
Family Size	Income	100% Discount	50% Discount	40% Discount	30% Discount	20% Discount	No Discount
1	Annual	\$15,630	\$15,631 - \$19,538	\$19,539 - \$20,788	\$20,789 - \$23,445	\$23,446 - \$31,259	\$31,260
	Monthly	\$1,303	\$1,304 - \$1,628	\$1,629 - \$1,732	\$1,733 - \$1,954	\$1,955 - \$2,604	\$2,605
2	Annual	\$21,060	\$21,061 - \$26,325	\$26,326 - \$28,010	\$28,011 - \$31,590	\$31,591 - \$42,119	\$42,120
	Monthly	\$1,755	\$1,756 - \$2,194	\$2,195 - \$2,334	\$2,335 - \$2,633	\$2,634 - \$3,509	\$3,510
3	Annual	\$26,490	\$26,491 - \$33,113	\$33,114 - \$35,232	\$35,233 - \$39,735	\$39,736 - \$52,979	\$52,980
	Monthly	\$2,208	\$2,209 - \$2,759	\$2,760 - \$2,936	\$2,937 - \$3,311	\$3,312 - \$4,414	\$4,415
4	Annual	\$31,920	\$31,921 - \$39,900	\$39,901 - \$42,454	\$42,455 - \$47,880	\$47,881 - \$63,839	\$63,840
	Monthly	\$2,660	\$2,661 - \$3,325	\$3,326 - \$3,538	\$3,539 - \$3,990	\$3,991 - \$5,319	\$5,320
5	Annual	\$37,350	\$37,351 - \$46,688	\$46,689 - \$49,676	\$49,677 - \$56,025	\$56,026 - \$74,699	\$74,700
	Monthly	\$3,113	\$3,114 - \$3,891	\$3,892 - \$4,140	\$4,141 - \$4,669	\$4,670 - \$6,224	\$6,225
6	Annual	\$42,780	\$42,781 - \$53,475	\$53,476 - \$56,897	\$56,898 - \$64,170	\$64,171 - \$85,559	\$85,560
	Monthly	\$3,565	\$3,566 - \$4,456	\$4,457 - \$4,741	\$4,742 - \$5,348	\$5,349 - \$7,129	\$7,130
7	Annual	\$48,210	\$48,211 - \$60,263	\$60,264 - \$64,119	\$64,120 - \$72,315	\$72,316 - \$96,419	\$96,420
	Monthly	\$4,018	\$4,019 - \$5,022	\$5,023 - \$5,343	\$5,344 - \$6,026	\$6,027 - \$8,034	\$8,035
8	Annual	\$53,640	\$53,641 - \$67,950	\$67,951 - \$71,341	\$71,342 - \$80,460	\$80,461 - \$107,279	\$107,280
	Monthly	\$4,470	\$4,471 - \$5,588	\$5,589 - \$5,945	\$5,946 - \$6,705	\$6,706 - \$8,939	\$8,940
9	Annual	\$59,070	\$59,071 - \$73,838	\$73,839 - \$78,563	\$78,564 - \$88,605	\$88,606 - \$118,139	\$118,140
	Monthly	\$4,923	\$4,924 - \$6,153	\$6,154 - \$6,547	\$6,548 - \$7,384	\$7,385 - \$9,844	\$9,845
10	Annual	\$64,500	\$64,501 - \$80,625	\$80,626 - \$85,785	\$85,786 - \$96,750	\$96,751 - \$128,999	\$129,000
	Monthly	\$5,375	\$5,376 - \$6,719	\$6,720 - \$7,149	\$7,150 - \$8,063	\$8,064 - \$10,749	\$10,750
<i>Each add'l member, add</i>		\$4,720	\$4,720	\$4,720	\$4,720	\$4,720	\$4,720
		<b>\$15 Nominal Fee</b>	<b>\$20 Nominal Fee + 50% balance billed</b>	<b>\$20 Nominal Fee + 60% balance billed</b>	<b>\$20 Nominal Fee + 70% balance billed</b>	<b>\$20 Nominal Fee + 80% balance billed</b>	<b>No Discount</b>

**MEDICAL & BEHAVIORAL HEALTH FEES:**

1. A \$15 nominal fee for medical visits will be collected at the time of service for all patients on full (100%) subsidy.
2. Patients on partial subsidy will pay the \$20 nominal fee plus the calculated discount amount applied to the remaining patient balance which after insurance; which will be billed to patient.
3. If a patient presents with no conclusive proof of income to establish their sliding fee discount eligibility, the patient will fall under sliding fee schedule 'F' until proof is established.

**ITEMS NOT ELIGIBLE FOR SLIDING FEE DISCOUNT:**

1. All medications that are purchased by Maika'i Health and administered by staff.
2. Annual adult flu and COVID-19 vaccines.

*Sliding Fee Discounts are offered based on family size and annual income. Please complete the following information and return to the Front Desk to determine if you are eligible for a discount. The data gathered on this form will only be used to better meet your medical and behavioral health needs and will not be used to withhold or deny you service.*

### APPLICATION INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### HOUSEHOLD MEMBERS

How many people live in your household? \_\_\_\_\_ *Please list all who live in your household below.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Head of Household: Head of household

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Head of Household: \_\_\_\_\_

### ANNUAL HOUSEHOLD INCOME SOURCES

Please enter your **gross income** (amount received before taxes). Household income includes income from *everyone* in the home. If there is **no income to report**, please bypass this section and proceed to the next step.

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents.				
Unemployment, workers' comp, social security, SSI, public assistance, veterans' payments, survivor's benefits, pension or retirement.				
Interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, child support, other.				
<b>TOTAL INCOME</b>				

Proof of income is required to process your application. Proof of income include:

- Previous year’s federal income tax return w/Schedule B
- Previous year’s federal income tax return w/Schedule C
- Pay stubs from the last three pay periods
- W-2 forms
- Workers’ compensation
- Disability income verification
- Proof of unemployment
- Veterans benefits
- Pension notices
- Social Security income verifications
- Alimony / Child support
- Stipends, gifts, donations
- General assistance
- Perjury statement

**PATIENT ACKNOWLEDGEMENT STATEMENT**

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\_\_\_\_\_ I certify that the information provided is accurate and complete to the best of my knowledge  
*initials* and in the event of a change in income or insurance coverage, I will contact/notify the clinic.

\_\_\_\_\_ I understand that I will be financially responsible for all or a portion of my care and that I will  
*initials* be asked to submit payment at the time of service.

\_\_\_\_\_ I understand that a false declaration of income will result in permanent withdrawal of my  
*initials* eligibility to participate in the Sliding Fee Discount Program.

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

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**Office Use Only**

Patient Name: \_\_\_\_\_ Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

<b>Verification Checklist</b>	<b>Yes</b>	<b>No</b>
Identification/Address: Driver's license, utility bill, employment ID, or other	<input type="checkbox"/>	<input type="checkbox"/>
Income: Prior year tax return, three most recent pay stubs, or other	<input type="checkbox"/>	<input type="checkbox"/>
Insurance: Insurance Cards	<input type="checkbox"/>	<input type="checkbox"/>



# MAIKA'I HEALTH CORPORATION

## **DECLINATION STATEMENT** (for Patient's Who Do Not Want to Comply with Sliding Scale Requirements)

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Because you do not wish to apply for our sliding scale discount, you are choosing to be a self-pay patient. This means that you will be responsible for any and all balances due. Office and lab charges are not applicable, and you will not be allowed to receive a discount for these charges.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## **SELF-DECLARATION OF INCOME**

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Please complete the information below only if you have no other way to document your income. All of the boxes below must be checked, and all the questions answered. Failure to complete this information will result in a denial of your application for a sliding scale discount.

- I get paid in cash.
- I do not get pay checks/pay stubs.
- I cannot get a letter from my employer. Explain why: \_\_\_\_\_
- I do not have access to my financial information. Explain why: \_\_\_\_\_

## **PATIENT CERTIFICATION STATEMENT**

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I certify that I have no other way to document my income and that all of the above information is accurate. I understand that this information is to be used to determine eligibility for the Maika'i Health Sliding Fee Discount Program. I understand that Maika'i Health officials may verify information on this form.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

## **MAIKA'I HEALTH EMPLOYEE CERTIFICATION STATEMENT**

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I certify that I asked the applicant/recipient about all the sources of income received by the household and, before using this form, used best efforts to obtain other possible sources of documentation. The information reported on this form was provided solely by the applicant/recipient and reflects the income the applicant reported to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# MAIKA'I HEALTH CORPORATION

## SLIDING FEE DISCOUNT PROGRAM HARDSHIP WAIVER FORM

Responsible Party's Name: \_\_\_\_\_ Patient Acct. #: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_ Sliding Fee Schedule: \_\_\_\_\_

### Eligibility Criteria that may be concerned (check all that apply):

- Loss of employment                       Homelessness                       Death with no estate
- Responsible party incarcerated, has no assets and is not eligible for parole within the next 18 months.
- Other: \_\_\_\_\_

Any additional information for Hardship Waiver request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Verification

Attach documentation or written attestations demonstrating eligibility.

By signing, I certify that I understand I am applying for a Hardship Waiver consideration on balances due to Maika'i Health Corporation.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY

Sliding Fee Schedule: \_\_\_\_\_ Hardship Waiver Status: \_\_\_\_\_

Current Monthly Income: \_\_\_\_\_ Amount of Discount: \_\_\_\_\_

Family Size: \_\_\_\_\_ Comment: \_\_\_\_\_

Clinic/Nursing Director: \_\_\_\_\_ \_\_\_\_\_