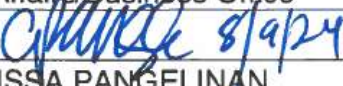


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Sliding Fee Discount Program	POLICY NO.: AD-PA-03	Page 1 of 4
RESPONSIBILITY: Patient Affairs/Business Office		
APPROVED BY:  CARISSA PANGELINAN, ACTING DIRECTOR	DATE OF ORIGINAL APPROVAL: 07/01/2020	LAST REVIEWED/REVISED: 8/9/24

PURPOSE

To establish Guam Behavioral Health and Wellness Center's (GBHWC) approach to utilizing a Sliding Fee Discount Program.

POLICY

- A. All consumers seeking and receiving services at the GBHWC are assured that they will be served regardless of ability to pay. No one is refused service because of their lack of financial means to pay. This program is designed to provide free or discounted billable services available to those in need who have no means, or limited means, to pay for their services (uninsured or underinsured) provided at GBHWC.
- B. GBHWC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. GBHWC 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, ability to pay, whether payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.
- C. Eligibility for sliding fees of all behavioral health services shall be based on adjusted incomes of each family size at 100%, 125%, 175%, and 200% of poverty level with applicable discounts of 10% at 200% of poverty level, 24% at 175% of poverty level, 50% at 150% of poverty level, 75% at 125% of poverty level and 100% at 100% of poverty level. This will apply to the fees charged for services.
- D. A nominal fee shall be charged and collected from consumers with incomes above 100% of poverty, but at or below 200% poverty according to applicable discount from the prevailing sliding fee schedule that is based on their family size and income. If the consumer cannot pay the nominal fee at the time of the visit, a payment plan may be arranged so that any financial constraint does not pose as a barrier to receiving behavioral healthcare. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.
- E. An Administrative Fee, based on family size and income, shall be charged for medication dispensed and prescriptions filled from the GBWHC Pharmacy for the following discount rates: \$2.50 at 100% of the poverty level, \$5.00 at 125% of the poverty level, \$7.50 at 150% of the poverty level, \$10.00 at 175% of the poverty level, and \$12.50 at 200% of the poverty level. This administrative fee is not inclusive of the acquisition cost and dispensing fee.

- F. Sliding Fee Discount Program applications and reapplications, that are determined eligible for a discount based on household size and income, may cover outstanding patient balances for nine (9) months prior to application date and any balances incurred within twelve (12) months after the approved date unless the client's financial situations changes significantly. Eligible reapplications continue coverage for 12 months with the applicable discount based on household size and income.
- G. 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.

RESPONSIBILITES

- A. GBHWC will ensure that the notification of the Sliding Fee Discount Program will be placed in clear and visible areas within all clinical treatment areas, indoor client waiting areas, billing, and registration areas.
- B. GBHWC Registration Staff & Patient Affairs Staff
 - 1. Registration staff will notify clients of the Sliding Fee Discount Program. Patient Affairs Staff may assist with requests of discounted services made by clients, family members, or others who are aware of existing financial hardship, and if needed may assist the client or their legal guardian(s) with the completion of the Sliding Fee Discount Program application.
- C. Clients and/or their legal guardian(s) shall be responsible for the following:
 - 1. To inquire about their Sliding Fee Discount Program
 - 2. To request for discounted services based on income and family size or their current situation impacting their financial status.
 - 3. To complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons are confirming their income to GBHWC as disclosed on the application form
 - 4. To provide a copy of one of the following for income verification as an attachment to their Sliding Fee Discount Program application: prior year income tax return filed, prior year W-2, two most recent pay stubs, letter of verification 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. Self-declaration of Income may be used. Clients or their legal guardian(s) who are unable to provide written verification may provide a signed statement of income. Adequate information must be made available to determine eligibility for the Sliding Fee Discount Program.
 - 5. To provide a copy of their government issued identification as an attachment to their Sliding Fee Discount Program application.
 - 6. To reapply for the Sliding Fee Discount Program, after the twelve (12) months applicable discount has expired or anytime there has been a significant change in family income. The reapplication does not guarantee automatic eligibility as the Sliding Fee Discount Program is based on income and family size.

- D. The pharmacy staff shall ensure the pharmacy administrative fees are applied, charged, and (if applicable) collected.
- E. Patient Affairs staff (billing and collections for services and medication) will assist the clients or legal guardians by ensuring the Sliding Fee Discount Program information and application is available and provided upon request or attached to the client's invoice. The Patient Affairs staff may reference AD-PA-01 Patient Affairs Overview policy for more information regarding the processes and procedures expected of the Patient Affairs Office.
- F. Patient Affairs Business Office Manager or Assigned Designee
 - 1. The Sliding Fee Discount Program procedure will be administered through the Office Manager or assigned designee.
 - 2. Shall annually obtain the Federal Poverty Guidelines used for the current calendar year.
 - 3. Shall develop and update the Sliding Fee Discount Schedule which is a matrix of annual incomes of family sizes adjusted for 100%, 125%, 175%, and 200% of poverty level with applicable discounts of 10%, 25%, 50%, 75%, and 100%.
 - 4. May waive charges on a case-by-case basis if the individual cannot be able to pay the nominal or discount fee due to their current financial situation. Any waiving of charges should be documented in the individual's file along with an explanation.
 - 5. May notify the clients or legal guardian(s) of their eligibility status and, if applicable, their sliding fee discount or assign a Patient Affairs Business Office staff member to notify them.
 - 6. Shall ensure the client's applied discount and dates of coverage and expiration are noted on their electronic behavioral health record (EBHR). The discount may be explained as an entitlement or other appropriate description.
 - 7. Keep a log identifying the Sliding Fee Discount Program applicants, their eligibility status (denials and applicable discounts), and dollar amounts of the applied discounts.
 - i. Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the office of the Patient Affairs Business Office Manager, in an effort to preserve the dignity of those receiving free or discounted care.
 - 8. Review possible changes in policy and procedures and examine institutional practices which may serve as barriers preventing eligible clients from having access to community care provisions.
 - 9. The Patient Affairs Business Office Manager will submit, during the annual budget process, an estimate amount of the Sliding Fee Discount Program service into the budget as a deduction from revenue.

REFERENCES

AD-PA-01 Patient Affairs Overview, Last reviewed/Revised date: 07/01/2020

ATTACHMENT(S):

Sliding Fee Discount Program Application Form

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER SLIDING FEE SCALE APPLICATION

For Official Use Only:

Submission Date: _____

Verification Date: _____

Medical Record Number:

#: _____

SECTION A – APPLICANT INFORMATION

APPLICANT NAME:

DATE OF BIRTH: ____ / ____ / ____.

SPOUSE'S / CL NAME:

DATE OF BIRTH: ____ / ____ / ____.

CURRENT MAILING ADDRESS:

CURRENT PHYSICAL ADDRESS:

CURRENT PHONE NUMBERS
(Home, cell, and other):

SECTION B – FAMILY FINANCIAL STATUS

	APPLICANT	SPOUSE / COMMON LAW
OCCUPATION		
EMPLOYER		
ANNUAL GROSS WAGES OR SALARY, TIPS, AND INCOME FROM BUSINESS AND SELF-EMPLOYMENT	\$	\$

OTHER SOURCES OF INCOME: (FOR APPLICANT, SPOUSE, AND DEPENDANT FAMILY MEMBERS)

SOURCE	TOTAL AMOUNT
PENSION OR RETIREMENT INCOME, DISABILITY, WORKERS COMPENSATION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, UNEMPLOYMENT COMPENSATION, VETERANS' PAYMENTS, SURVIVOR BENEFITS	\$
ALIMONY, CHILD SUPPORT	\$
DIVIDENDS, INTEREST, ROYALTIES, GIFT, INHERITENCE	\$
INCOME FROM RENTAL PROPERTIES, ESTATES, AND TRUSTS	\$
ASSISTANCE FROM OUTSIDE THE HOUSEHOLD AND OTHER MISCELLANEOUS SOURCES	\$
TOTAL INCOME	\$

SECTION C – DEPENDENTS

LIST THE NAME (S), DATE OF BIRTH, AND AGE (S) OF YOUR DEPENDENT(S)*.
*CHILD(REN) UNDER 18 YEARS OLD ONLY. CHILD(REN) 18 YEARS OF AGE AND OLDER CAN APPLY SEPARATELY.

NAME:	DATE OF BIRTH: ____ / ____ / ____	AGE:
NAME:	DATE OF BIRTH: ____ / ____ / ____	AGE:
NAME:	DATE OF BIRTH: ____ / ____ / ____	AGE:

SECTION D – PERSONAL STATEMENT

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF ELIGIBLE FOR THE SLIDING FEE SCALE, I UNDERSTAND THAT THE DISCOUNT WILL BE APPLIED TO THE PORTION OF MY BILL THAT IS NOT COVERED BY MY HEALTH PLAN. I ALSO AGREE TO NOTIFY THE GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER WITHIN FIVE (5) WORKING DAYS OF MY CHANGE IN MY INCOME STATUS TO REASSESS MY ELIGIBILITY FOR THE SLIDING FEE SCALE PROGRAM. I AM INFORMED THAT I AM ABLE TO RENEW MY SLIDING FEE APPLICATION ANNUALLY (ONE YEAR FROM MY APPROVED APPLICATION DATE).

APPLICATION _____

DATE _____

SLIDING FEE DOCUMENTATION NEEDED UPON SUBMISSION OF APPLICATION

This is a Discount Program. Please provide the following:

1. Photo Identification of Applicant and Spouse (Driver's License, Guam I.D., any valid Passport, or work ID)
2. Prior Year Tax Return Filed with Guam DRT or three most recent check stubs for all working member (s) in the family, and any other documents of financial income (e.g. social security, alimony, and child support, etc.) indicated on this application.

If applicant has NO FINANCIAL INCOME, we need a letter of living arrangement from whoever is giving financial support to the applicant(s), and a verification of non-employment, or a certification of tax returns filed history from Guam DRT.

Note: **All documents must be copied** and turned in with application to be processed. **Any incomplete applications will delay the application process**. Any child(ren) 18 years or older can apply separately. If you have any questions, please contact the Patient Affairs Business Office staff at 647-5395/6.

FOR INTERNAL OFFICE USE ONLY

APPLICATION FOR SLIDING FEE SCALE IS APPROVED FOR _____ % DISCOUNT

DISAPPROVED

FOR REASONS: _____

STAFF

DATE _____

SUPERVISOR

DATE _____

APPLICANT WAS CALLED ON ____ / ____ / ____.

NOTES: