



Sliding Fee Schedule Policy

Effective Date: 01 August 2022

Last Update: 01 February 2024

POLICY: To make our services available at a discounted rate to those who could not otherwise afford them.

PURPOSE: We believe that healthcare is a human right and should not be provided on the basis of ability to pay. This program is designed to ensure that our services are accessible to all who need them, including those who have no means, or limited means, to pay.

Comprehensive Care of Kansas, LLC will offer a Sliding Fee Program to all who are unable to pay for our services. Program eligibility will be based on a person's ability to pay and will not discriminate on the basis of immigration status, age, gender, race, ethnicity, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>) are considered when creating and annually updating the Sliding Fee Schedule used to determine eligibility and percentage of fee reduction. However, we recognize that the Federal Poverty Guidelines do not accurately reflect the income that is required to cover basic living expenses. For this reason, the Schedule is set with significantly higher income limits and offers fee reductions of up to 100%.

PROCEDURE: These guidelines are to be followed in the administration of the Sliding Fee Program.

1. **Notification:**

Comprehensive Care of Kansas, LLC will notify patients of the Sliding Fee Program by:

- An explanation of our Sliding Fee Program and the Application form are available on our website (www.comprehensivecareks.com/insurance-and-payments).

2. Provision of Services: All patients seeking services at Comprehensive Care of Kansas, LLC are assured that they will be served regardless of ability to pay. No one is refused care because of lack of financial means.

3. Requests for Participation: Requests to participate in the Sliding Fee Program may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Schedule is applied effective the date of application receipt. Information and forms can be obtained on the Clinic website (www.comprehensivecareks.com/insurance-and-payments).

4. Administration: The Sliding Fee Program will be administered through the Clinic Administrator or their designee. Information about Program policies and the application procedure will be provided and assistance offered for completion of the Application. Dignity and confidentiality will be respected for all who seek and/or are provided services under the Program.

5. Alternative Payment Sources: All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.

6. Application: The patient/responsible party must complete the Sliding Fee Program Application in its entirety. By signing the Application, persons authorize Comprehensive Care of Kansas, LLC to verify income disclosed on the application form. Providing false information on the Sliding Fee Program Application will result in reversal of fee reductions and request for the balance to be paid within one billing cycle.

Initial Application: Initial applications will be processed with 48 hours of receipt. If an application is incomplete when received, the applicant will be notified and given 30 days from the date of notification to supply the necessary information. If more than 30 days pass without completion, the application will expire and a new application will be required.

Renewal Applications: Patients approved for the Sliding Fee Program are required to submit an updated application every 12 months or when their financial situation changes. Failure to meet the annual update requirement may result in the patient being ineligible for the Sliding Fee Program until a new application is received.

If a patient is delinquent in meeting the updated annual application requirement, Comprehensive Care of Kansas, LLC will provide a written notice via the elected contact method (text, email, or postal mail). If a patient does not submit the renewal information, they are no longer eligible to participate in the Sliding Fee Program per the date cited in the notice letter. Eligibility can be reestablished by submitting a complete application.

7. Discounts: Discounts will be based on income and family size only. Comprehensive Care of Kansas, LLC defines a Family as the patient, significant other, spouse, and dependents. For the purpose of this application, dependents include children and any other loved ones who live in the same residence and are assisted financially by the applicant, regardless of whether they are claimed as dependents for tax purposes.

8. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, cash public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support (only if the patient is the child receiving this support), assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps, housing subsidies, and LIEAP payments) are not considered income. Savings equal to 6 months of living expenses (housing, utilities, food, medical care, dental and eye care, premiums for health and car insurances, car payments, etc.) is considered an emergency fund and not included in determining eligibility.

9. Requirements: Applicants must provide the following: completed application, which includes a signed statement indicating monthly income. Comprehensive Care of Kansas, LLC reserves the right to audit applications and request documentation; this includes but is not limited to: prior year W-2, two most recent bank statements, two most recent pay stubs, or details of the most recent three months of business income and expenses for self-employed individuals. Adequate information must be made available to determine eligibility for the Program when requested.

10. Updates: The Sliding Fee Schedule will be updated during the first quarter of every calendar year. Although this is done after consulting the latest Federal Poverty Guidelines, (<http://aspe.hhs.gov/poverty>), we recognize that the Federal Poverty Guidelines do not accurately reflect cost of living. For this reason, we have established the Sliding Fee Schedule with higher income limits.

11. **Notice:** Determination of Eligibility for the Sliding Fee Program will be provided to the applicant(s) in writing, and will include the percentage of reduction, or, if applicable, the reason for denial. If denied, the applicant may reapply in 12 months or anytime there has been a significant change in income. When the applicant reapplies, the look back period will be the lesser of three months or the expiration of their last Sliding Fee Program application.

12. **Refusal to Pay:** If a patient account becomes delinquent, a written notice of outstanding balance will be sent. If the patient is not participating in the Sliding Fee Program, a copy of the Sliding Fee 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. Comprehensive Care of Kansas, LLC will explore options including but not limited to, offering the patient a payment plan, waiving of charges, or referral to community services to help pay for medical expenses.

13. **Storage of Information:** Completed Application and Determination of Eligibility for the Sliding Fee Program will be maintained and preserved in a confidential electronic file that is secured by a combination of password and biometric methods.



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