

# CAROLINA FAMILY HEALTH CENTERS, INC. POLICY

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**TITLE:** FIN-116 Sliding Fee Discount Program

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**EFFECTIVE DATE:** December 2004

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**SECTION:** Finance

**REFERENCE PROCEDURE:** FIN-116.01 Sliding Fee Discount Program

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**RESPONSIBLE CHIEF OF STAFF:** Chief Financial Officer

**RESPONSIBLE COMMITTEE:** Finance CIT

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**REVIEWED:** 04/12, 11/13, 10/14, 10/15, 03/16, 08/16, 01/17, 02/17, 02/18, 09/18, 11/18, 02/19, 10/19, 1/20, 10/20, 01/21, 10/21, 1/22, 02/22/22, 05/24/22, 1/13/2023, 10/10/2023, 01/23/2024, 01/28/2025, 03/25/2025, 02/24/2026

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## I. PURPOSE

The purpose of this policy is to outline the Sliding Fee Discount Program, including the definition of family and income at Carolina Family Health Centers, Inc. (CFHC, Inc.).

## II. POLICY

CFHC, Inc. has implemented a Sliding Fee Discount Program that applies to all required and additional health services within the HRSA-approved scope of the project for which there are distinct fees.

The Sliding Fee Discount Program assures that no patient is denied health care services due to an individual's inability to pay for such services, and assures that any fees or payments required for such services are reduced or waived.

The Sliding Fee Discount Program establishes a *Schedule of Fees* (refer to FIN-136 Schedule of Fees) for the provision of services designed to cover the reasonable costs of providing services in the approved scope of the project and that is consistent with locally prevailing rates or charges. Additionally, the program establishes a Sliding Fee Discount Schedule so that the amounts owed for CFHC, Inc. services by eligible patients are adjusted based on the patient's ability to pay.

No aspect of the Sliding Fee Discount Program, including patient fees, the procedures for assessing patient eligibility, or the procedures for collecting payments, will create barriers to health care services. CFHC, Inc. evaluates its Sliding Fee Discount Program at least once every three years to determine if there are any aspects of the program that create a barrier to health care services and to ensure the nominal fee is considered nominal from the patient's perspective. The evaluation is reviewed by the Board of Directors.

Patients are informed about the Sliding Fee Discount Program when making an appointment, upon registration, and may be reminded from time to time by staff. CFHC, Inc. posts a notice of the Sliding Fee Discount Program at all healthcare delivery sites. (See Page 7).

The cost of supplies or equipment that are related to, but not included in, the service itself, as

part of prevailing standards of care (for example, prescription drugs, intrauterine devices, and dentures) are charged to the patient. The patient is informed of these charges (“out-of-pocket costs”) prior to the time of service.

**Sliding Fee Discount Schedules**

CFHC, Inc. maintains multiple Sliding Fee Discount Schedules for all services within its approved scope of project, for which there is an established charge regardless of the service type. Sliding Fee Discount Schedules are divided into Tiers, which are based on the patient’s ability to pay. Ability to pay is determined by a comparison of household size and annual income based on the most recent Federal Poverty Guidelines. Sliding fee patients are provided discounts based on their Sliding Fee Tier.

While there are multiple CFHC, Inc. Sliding Fee Discount Schedules and not all discounts for all services are identical, patient access to each service category has been considered, and the varying Sliding Fee Discount Schedules do not result in additional barriers to care.

The following elements are included in all of the CFHC, Inc. Sliding Fee Discount Schedules:

- Patients living at or below 200% of the Federal Poverty Guidelines (FPG) are eligible to participate and are provided with discounts upon completion of the eligibility process
- Patients with an annual income at or below 100% of the FPG are only responsible for the nominal fee
- Patients with incomes above 100% of the FPG and at or below 200% of the FPG are provided partial discounts, and those discounts adjust based on gradations in income levels and include a minimum of three discount pay classes
- No discounts are provided to patients with an annual income above 200% of the FPG

The following CFHC, Inc. Sliding Fee Discount Schedules utilize the Sliding Fee Discount Tiers – Standard (see Page 6):

**Medical Sliding Fee Discount Schedule:**

Patients eligible for the Sliding Fee Discount Program are offered discounted flat fees for medical services, including most laboratory and procedural services (with a few high-cost exceptions), and radiology. These fees are based on the patient’s ability to pay (Tier). Office and procedure visits include formulary labs, supplies, and in-office administered medications.

**Office Visit**

Tier 1 Nominal Fee	\$20
Tier 2	\$25
Tier 3	\$45
Tier 4	\$70
Tier 5	No discount

**Procedure**

Tier 1 Nominal Fee	\$40
Tier 2	\$45
Tier 3	\$65
Tier 4	\$90
Tier 5	No discount

**Labs (not in Formulary) \*Per Visit Charge**

Tier 1 Nominal Fee	\$40
Tier 2	\$45
Tier 3	\$65
Tier 4	\$90

Tier 5 No discount

**Radiology – X-Ray**

Tier 1 Nominal Fee \$35  
 Tier 2 \$50  
 Tier 3 \$65  
 Tier 4 \$80  
 Tier 5 No discount

**Radiology -- Mammogram**

Tier 1 Nominal Fee \$90  
 Tier 2 \$105  
 Tier 3 \$120  
 Tier 4 \$135  
 Tier 5 No discount

**Behavioral Health Sliding Fee Discount Schedule:**

Patients eligible for the Sliding Fee Discount Program are offered discounted fees for behavioral health services. These fees are based on the patient’s ability to pay (Tier). If a sliding fee patient also has a medical visit on the same day, the patient is charged only for the medical visit.

Tier 1 Nominal Fee \$5  
 Tier 2 \$10  
 Tier 3 \$15  
 Tier 4 \$20  
 Tier 5 No discount

**Pharmacy Sliding Fee Discount Schedule:**

Patients eligible for the Sliding Fee Discount Program are offered discounted pharmacy dispensing fees. These fees are based on the patient’s ability to pay (Tier).

Tier 1 Nominal Fee \$8.25  
 Tier 2 \$9.25  
 Tier 3 \$10.25  
 Tier 4 \$11.25  
 Tier 5 No discount

**Dental Sliding Fee Discount Schedule:**

Patients eligible for the Sliding Fee Discount Program are offered discounted fees for dental services. These fees are based on both the patient’s ability to pay (Tier) and the level of service provided. There are three subcategories (levels) based on the complexity of the service.

	Level 1	Level 2	Level 3	Level 4
Tier 1 Nominal Fee	\$50	\$100 + Labs	\$150 + Labs	\$350 + Labs
Tier 2	\$75	\$125 + Labs	\$175 + Labs	\$400 + Labs
Tier 3	\$100	\$150 + Labs	\$200 + Labs	\$450 + Labs
Tier 4	\$125	\$175 + Labs	\$225 + Labs	\$500 + Labs
Tier 5 No discount				

**Chronic Care Management (CCM), Remote Patient Monitoring (RPM), Advanced Primary Care Management (APCM) Sliding Fee Discount Schedule:**

Patients eligible for the Sliding Fee Discount Program are offered discounted flat fees for chronic care management services. These fees are based on the patient’s ability to pay (Tier).

Tier 1 Nominal Fee	\$0
Tier 2	\$0.50
Tier 3	\$1.00
Tier 4	\$1.50
Tier 5	No discount

**Nursing Visit Sliding Fee Discount Schedule:**

Patients eligible for the Sliding Fee Discount Program are offered discounted flat fees for nursing visits. These fees are based on the patient’s ability to pay (Tier).

Tier 1 Nominal Fee	\$5
Tier 2	\$10
Tier 3	\$15
Tier 4	\$20
Tier 5	No discount

It is the policy of CFHC, Inc. to apply the Sliding Fee Discount Program uniformly to all eligible patients. This policy acknowledges that CFHC, Inc. receives other grant or subsidy funding (e.g., Ryan White Part C). CFHC, Inc. makes all the necessary adjustments to the Sliding Fee Discount Program to comply with the legislative requirements of each funding source received. Refer to *FIN-127 Imposition & Assessment of Charges for Ryan White Program*.

While patients with annual incomes above 200% of the FPG are not eligible for sliding fee discounts, CFHC, Inc. does receive other funding sources that contain terms or conditions for reducing patient costs for specific services, and in some cases may apply to patients over 200% FPG. In these cases, CFHC, Inc. allocates a portion (or all) of the patient’s charge to the grant or subsidy funding source.

To determine eligibility for the Sliding Fee Discount Program, patients must apply. The application process assesses the patient’s family size and income for the purposes of determining whether the patient is eligible for sliding fee discounts.

CFHC, Inc. sets the definition of "family" as the number of family members in a household who are included on one account. Family members are persons related by birth, marriage, or adoption who reside together and have a shared financial responsibility. Unrelated individuals, even in the same house, are considered to be separate families.

Income is defined as gross annual earnings (i.e., before taxes) for all members of the family (as determined by Section III) from all sources, including salaries, public assistance, unemployment, retirement payments, social security, child support, alimony, and earnings from self-employment. Income does not include gifts, assets from the sale of property, or non-cash benefits such as Medicaid, food stamps, public housing, etc.

Individuals applying for the Sliding Fee Discount Program are required to provide independent, written verification of the income reported (proof of income), which is attached to the application. In the situation where a patient reports no income, the patient is required to attest to the fact that he/she does not have income and report the living arrangements that prevent

homelessness. Additionally, CFHC, Inc. accepts a self-declaration of income for the following situations: patients whose employer does not provide proof of income, patients who report loss, theft, or damage that would prevent them from providing proof, and patients who report escape from a high-risk situation when providing proof of income would be very difficult or impossible.

CFHC, Inc. does allow for a 30-day grace period for submission of supporting documentation for medical patients. The patient must declare his/her income and is charged for that visit according to the income declared. If documentation is not provided within 30 days or the next visit, whichever comes later, the patient is taken off the sliding fee program and charged 100% for all future visits.

A patient is only allowed one 30-day grace period per year (365 days); this grace period does not apply at the dental facility.

Patients are made aware that it is a criminal offense to provide false information or fail to fully disclose income-related information for the determination of Sliding Fee Discount Program eligibility.

Some patients may choose not to provide information that CFHC, Inc. requires for eligibility determination, even after being informed that they may qualify for fee discounts; consequently, these patients are declining to be assessed for eligibility. Patient eligibility is renewed annually, or upon the patient's next visit to the health center, after the annual expiration. Patients are responsible for reporting interim changes to income or family size. All patients are assessed and re-assessed, regardless of insurance status, for income and family size.

CFHC, Inc. patients with third-party coverage who are eligible for, and apply for, the Sliding Fee Discount Program are charged no more for any out-of-pocket costs than they would have paid under the applicable Sliding Fee Discount pay class. Such discounts are subject to any legal and contractual restrictions.

The Sliding Fee Discount Program supports the requirement that patients share in the cost of services based on their ability to pay. Payment is expected at the time of service. The Sliding Fee Discount Program, including any applicable fees, the procedure for assessing eligibility, or procedures for collecting payment, is not designed to create a barrier to receiving services. The Sliding Fee Discount Program Policy guarantees that urgent/emergent medically necessary services are provided without regard to the individual's ability to pay. Staff reserves the right to reschedule the patient visit for non-urgent/emergent services when the patient is not prepared to pay the per-visit minimum or nominal fee (refusal to pay). The remainder of the cost for the patient visit is billed at 30-day intervals for a period of 120 days.

CFHC, Inc. makes every reasonable effort to obtain reimbursement from third-party payors, including public health insurance (e.g., Medicaid) or private health insurance.

The Sliding Fee Discount Program policy is reviewed on an annual basis at a minimum, as annual Federal Poverty Guidelines are published by the Federal Government. The updated Sliding Fee Discount Schedule is reviewed by the Finance CIT Committee and presented to

the full Board of Directors for final approval.

### **Waiving of Fees**

Fees for services and/or supplies may, on occasion, be waived for a patient due to unusual circumstances based on a temporary or one-time catastrophic financial event. The Chief Financial Officer (CFO), or designee, has the authorization to waive fees for services and/or supplies when the patient meets one or more of the following definitions of “good cause”:

- Recent Funeral Costs (immediate family member with a funeral home summary statement of uncompensated costs over \$5,000)
- Recent Medical/Hospital Costs (uncompensated costs over \$5,000 documented by current invoice)
- Extraordinary ongoing monthly prescription costs (maintenance pharmaceuticals totaling a minimum of \$200 per month with pharmacy statement)
- Recent Bankruptcy (filed and documented with a copy of court documents). All previous balances are waived.
- Recent Natural Disaster Loss (uncompensated costs over \$5,000 for fire, flood, tornado, hurricane, etc., documented with a written statement from Federal Emergency Management Agency (FEMA), Red Cross, insurance, and/or police report).

Written documentation of the cost of the “good cause” event must be provided to the CFO or designee within 30 days; otherwise, the fee is added to the patient’s account. The documentation must be signed by both the patient and the CFO, or designee, and is scanned into the patient’s medical record.

### **Evaluation of the Sliding Fee Discount Program**

At minimum, every three years, CFHC, Inc. evaluates the Sliding Fee Discount Program. This evaluation (*see attached Sliding Fee Discount Program Evaluation*) is presented to the Board of Directors so that the Board can identify and implement changes as needed. This evaluation includes the following information:

- Utilization data that assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services. Analysis of results from data on the UDS Table 4 is assessed.
- Analysis of results generated from patient surveys (specifically administered to Tier 1 patients only), evaluating whether or not the flat, nominal charge is at a level that is considered nominal from the perspective of the patient.
- Results of patient satisfaction surveys administered to patients across various income levels.

### **Sliding Fee Discount Tiers**

CFHC, Inc. Sliding Fee Discount Tiers, effective February 1, 2026, are based on the U.S. Federal Poverty Guidelines issued in the Federal Register by the Department of Health and Human Services on January 15, 2026. The minimum poverty level is \$15,960.

**Sliding Fee Discount Tiers – Standard**

Annual Income as a percentage of the minimum poverty level

<b>Family Size</b>	<b>0-100%</b> <b>Tier 1</b>	<b>101-134%</b> <b>Tier 2</b>	<b>135-168%</b> <b>Tier 3</b>	<b>169-199%</b> <b>Tier 4</b>	<b>200%+</b> <b>Tier 5</b>
1	\$0 - \$15,960	\$15,961 - \$21,386	\$21,387 - \$26,813	\$26,814 - \$31,760	\$31,761+
2	\$0 - \$21,640	\$21,641 - \$28,998	\$28,999 - \$36,555	\$36,556 - \$43,064	\$43,065+
3	\$0 - \$27,320	\$27,321 - \$36,609	\$36,610 - \$45,898	\$45,899 - \$54,367	\$54,368+
4	\$0 - \$33,000	\$33,001 - \$44,220	\$44,221 - \$55,440	\$54,441 - \$65,670	\$65,671+
5	\$0 - \$38,680	\$38,681 - \$51,831	\$51,832 - \$69,982	\$69,983 - \$76,973	\$76,974+
6	\$0 - \$44,360	\$44,361 - \$59,442	\$59,443 - \$74,525	\$74,526 - \$88,276	\$88,277+
7	\$0 - \$50,040	\$50,041 - \$67,054	\$67,055 - \$92,467	\$92,468 - \$99,580	\$99,581+
8	\$0 - \$55,720	\$55,721 - \$74,665	\$74,666 - \$93,610	\$93,611 - \$110,883	\$110,884+

For families/households with more than 8 persons, add \$5,680 for each additional person.

**Sliding Fee Discount Tiers – Chronic Care Management**

Annual Income as a percentage of the minimum poverty level

<b>Family Size</b>	<b>0-100%</b> <b>Tier 1</b>	<b>101-190%</b> <b>Tier 2</b>	<b>191-194%</b> <b>Tier 3</b>	<b>195-199%</b> <b>Tier 4</b>	<b>200%+</b> <b>Tier 5</b>
1	\$0 - \$15,960	\$15,961 - \$30,324	\$30,325 - \$46,922	\$46,923 - \$31,760	\$31,761+
2	\$0 - \$21,640	\$21,641 - \$41,116	\$41,117 - \$41,982	\$41,982 - \$43,064	\$43,065+
3	\$0 - \$27,320	\$27,321 - \$51,908	\$51,909 - \$53,001	\$53,002 - \$54,367	\$54,368+
4	\$0 - \$33,000	\$33,001 - \$62,700	\$62,701 - \$64,020	\$64,021 - \$65,670	\$65,671+
5	\$0 - \$38,680	\$38,681 - \$73,492	\$73,493 - \$75,039	\$75,040 - \$76,973	\$76,974+
6	\$0 - \$44,360	\$44,361 - \$84,284	\$84,285 - \$86,058	\$86,059 - \$88,276	\$88,277+
7	\$0 - \$50,040	\$50,041 - \$95,076	\$95,077 - \$97,078	\$97,079 - \$99,580	\$99,581+
8	\$0 - \$55,720	\$55,721 - \$105,868	\$105,869 - \$108,097	\$108,098 - \$110,883	\$110,884+

For families/households with more than 8 persons, add \$5,680 for each additional person.

**Sliding Fee Discount Lobby Signs**

CFHC, Inc. posts signs in the lobby of each site to inform patients about the Sliding Fee Discount Program. The signs are posted in English and Spanish. The signs provide the following information:

Carolina Family Health Centers, Inc. is a Federally Qualified Health Center (FQHC). As an FQHC, we are able to provide services to qualified individuals and their families by offering a sliding fee discount program. This program is designed to make our care more affordable to patients who are income-eligible based on the Federal Poverty Level. You may apply for the sliding fee discount program at the front desk.

Carolina Family Health Centers, Inc. es un Centro de Salud Calificado a Nivel Federal (FQHC, por sus siglas en inglés). Como FQHC podemos ofrecer un programa de descuento proporcional a los ingresos a aquellos individuos y sus familias que cumplan con los requisitos. Este programa está diseñado para hacer que nuestra atención sea más asequible a pacientes que, según sus ingresos, son elegibles con base en el Nivel de Pobreza Federal. Puede solicitar en la recepción el programa de descuento según la escala proporcional de ingresos.