



POLICY

POLICY NAME: Sliding Fee Discount Policy

POLICY NUMBER: XXX

EFFECTIVE DATE: 12/31/2025

APPLIES TO: *(check all that apply)*

STAFF

RESIDENTS

FACULTY

I. PURPOSE:

The Sliding Fee Discount Program is designed to remove financial barriers and ensure no patient is denied services due to an inability to pay.

II. DEFINITIONS:

1. CMEP: CMU Medical Education Partners
2. Patient Responsibility: The patient responsibility balance is the balance due by the uninsured patient who is considered “Self-Pay”, as well as all co-pays and deductibles related to other insurance. Provided the patient qualifies for the program, sliding fee discounts apply to patient responsibility balances.
3. Self-Pay Patient: A patient who does not have or qualify for health benefits for medical care or services under a private, state, federal, or employer-sponsored health plan/insurance coverage or for privacy reasons, has decided to not utilize their health plan/insurance coverage for one or more visits.

III. POLICY:

CMEP will operate in a manner that no patient shall be denied service due to an inability to pay. The CFO is responsible for the creation of the schedule of charges for the provision of its services consistent with local prevailing rates and designed to cover its reasonable costs of operation. When applied, the Discount Schedule is intended to lower the patient’s financial responsibility so as to remove financial barriers and “enable them to pay”. The following protocol will define the process by which eligibility for the Sliding Fee Discount Program is determined, documented, and maintained.

The Discount Schedule will provide a full discount to individuals and families with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG), except for a nominal fee that is nominal from the patient’s perspective and does not reflect the actual cost of the service rendered. CMEP will offer the Sliding Fee Discount Program to individuals who screen with a household income at or below 200% of FPG and to anyone who requests an application. A nominal fee will be charged to individuals with annual income at or below 100% of the FPG, except where a nominal fee is not included in the applicable sliding fee schedule. Adjustment of fees will be made for individuals with income above 100% and at or below 200% of the FPG. No sliding fee discounts will be given to individuals with annual household incomes above 200%.

IV. PROCEDURE:

CMU Medical Education Partners reserves the right to make exceptions, modify or eliminate this guideline and/or its content. This document supersedes all previous policies, procedures, and guidelines relative to this subject.

1. An income assessment is to be conducted for every patient once every 12 months. This is accomplished by the completion of a Sliding Fee Application.
2. Every patient should be informed of the availability of the Sliding Fee Discount Program. This may be accomplished through postings in the waiting room and the distribution of the Sliding Fee Application to all patients.
3. If patients want a CMEP Sliding Fee Discount, they must complete the Sliding Fee Application. This form expires every 365 days and must be resubmitted to maintain eligibility. An application and reassessment can also be completed if income changes at any point. All forms must be completed and signed to be valid documents for this process.
4. Document proof of income.
 - a. If a patient has income to report, use their tax form from the previous year, paycheck stub from most recent pay, benefits check stub from Social Security income, retirement pension or unemployment, etc.
 - b. If patient has no income to report, they are to note on the application where they get food and shelter from. A signed letter from any person or agency they are receiving food or shelter from verifying the person has no income can serve as documentation of zero income. If they currently have no source of shelter or food, they shall self-declare as such on the application explaining their financial situation (ex: street bound, etc.). If the patient has already exhausted their presumptive eligibility, they have 10 days from the date of their visit to return this form and qualify for the slide/receive the discount. Without the letter, full charges will apply.
 - c. If the patient does not currently have required documents for proof of income but is expected to be able to provide them at later date, patient is given a 30-day Presumptive Eligibility (grace period) once per every 365 days.
 - i. An appropriate Slide category will be assigned for one month and corresponding nominal fees will be collected for all services.
 - ii. Patient can apply for the Sliding Fee Program at any time during the year but must produce required documentation at the time of application.
 - iii. Presumptive eligibility expires one month from initial visit. Patient is not eligible for another presumptive period for one year from the initial visit at which this presumptive slide was utilized.
 - d. If after being informed of the sliding fee program, the patient refuses to provide documentation and does not meet 2(a), (b), or (c), they are declining to be assessed for eligibility for sliding fee discounts and will be considered ineligible for the program until such documentation can be provided. They will be responsible for 100% of their charges.
5. Collect nominal fees or anticipated patient responsibility. Front Desk will attempt to collect patient balances at time of service. Payment arrangements can also be made to minimize the financial burden to the patient.

6. Reassess eligibility as needed. Sliding Fee Applications expire every 365 days. If a patient presents more than 365 days after their last application, they must complete a new application and re-verify their income to receive the sliding fee discount.

V. ATTACHMENTS/REFERENCES.

VI. STAKEHOLDERS

OWNER: Chief Financial Officer

REVIEWER: Chief Medical Officer

APPROVER: Administrative Team