

WEST SIDE CARES DISCOUNT PROGRAM POLICY

<i>Applicable to:</i> All Staff & Board	<i>Authorized By</i> Electronically Signed by Dr. Jaeson Fournier Chief Executive Officer
<i>Subject:</i> West Side Cares Discount Program	
<i>Policy No.:</i> C2.01	<i>Policy Dates</i>
<i>Distribute to:</i> Operations	Effective August 1, 2010
<i>Category:</i> Discount, Sliding Scale	Revised January 26, 2017
	<i>Policy Approved by Board of Directors on:</i> April 22, 2010 <small>(Only the Policy Statement is reviewed & approved by the Board)</small> May 26, 2016

PURPOSE:

To establish a Sliding Fee Discount Schedule (SFDS) that ensures that West Side Community Health Services' fees are adjusted for eligible patients based on the patient's ability to pay. The West Side Cares Discount Program is designed to provide discounted care to those who have no means or limited means, to pay for their dental, medical, optometry and pharmacy services (uninsured or underinsured). In addition to quality healthcare, patients are entitled to financial counseling by a West Side Community Health Services' team member who can understand and offer possible solutions for those who cannot pay in full.

BACKGROUND:

As a Health Centers Cluster Program and Ryan White HIV/AIDS Program funded organization, West Side Community Health Services (West Side) is required to establish a Sliding Fee Discount Schedule (SFDS) that accounts for an eligible patient's ability to pay our fees. Patient eligibility for a SFDS is determined on family size and family income relative to the federal poverty income guidelines, with no other factors considered. Under the Health Centers Cluster Program, West Side receives a federal assistance award (i.e. grant funding) that requires that uninsured and underinsured patients with an annual family income at or below the Federal Poverty Level (FPL) pay a nominal fee. Additionally, this nominal fee must not be a barrier to patients accessing West Side services as provided under its Health Center Clusters award. In addition, the Health Center Clusters Program stipulates that West Side cannot provide a discount to patients with an annual family income greater than twice the FPL (i.e. >200% of the FPL) except when a separate non-FQHC funding source is available and designated to cover discounts provided above 200% FPL. Similarly, the federal Ryan White Program requires that West Side provide a discount to HIV/AIDS patients with an annual family income up to 300% FPL. In addition, the Ryan White Program also imposes a limit on a patient's medical expenses dependent on the individual's annual gross income and requires that those below 100% of the FPL not pay for services. To comply with the Health Center Cluster and Ryan White Program requirements, West Side has established a SFDS known as the West Side Cares Discount Program.

POLICY:

It is the policy of West Side Community Health Services to discount its fees based on the ability of eligible patients to pay our fees according to a Sliding Fee Discount Schedule (SFDS) as annually approved by West Side's Board of Directors (Attachment A). It is also the policy of West Side Community Health Services to provide discounts to all eligible patients without regard to a patient's age, gender, race, sexual orientation, creed, religion, disability, national origin, or health insurance status.

ANNUAL BOARD APPROVAL PROCESS:

1. At least one time per year (typically in April) West Side Community Health Services' Board of Directors will review and approve the Sliding Fee Discount Schedule (SFDS).
2. In conducting its review, West Side Community Health Services' Board of Directors will:
 - a. Ensure that the SFDS has been updated to include eligibility information from the most recently published Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>).
 - b. Ensure that patients at or below 100 percent of the Federal Poverty Guidelines receive a full 100% discount for all services.
 - c. Establish nominal fees based on service type (medical, dental and pharmacy) for patients that have income at or below 100 percent of the Federal Poverty Guidelines.
 - d. Determine if the SFDS's nominal and discounted fees are a barrier to patients accessing services. This assessment includes direct feedback from patients via West Side's patient satisfaction surveys and/or other patient assessment methodology as determined appropriate by the Board of Directors.

PROCEDURES:

The following guidelines are to be followed by staff in operationalizing West Side's SFDS, herein referred to as the West Side Cares Discount Program.

1. Notification

West Side Community Health Services will notify patients of the West Side Cares Discount Program by:

- a. Posting notification of our West Side Cares Discount Program in clinic waiting areas.
- b. Providing brochures that describe the West Side Cares Discount Program within all waiting and reception areas.
- c. Offering notification of the West Side Cares Discount Program to each patient regardless of health insurance status upon admission.
- d. Providing an explanation of the West Side Cares Discount Program through our website.
- e. Providing an application form for the West Side Cares Discount Program through our website.
- f. Including a West Side Cares Discount Program application with collection notices sent out by West Side Community Health Services.

2. Patient Assurance

All patients seeking healthcare services at West Side Community Health Services are to be assured that they will be served regardless of ability to pay. No eligible patient is to be refused service because of lack of financial means to pay.

3. Request for Discount

Requests for discounted services may be made by patients, family members, social services staff or others who are aware of an existing financial hardship. The West Side Cares Discount Program only applies to services directly provided by West Side Community Health Services. Information and forms can be obtained from either West Side's reception or business office staff.

4. Administration

The West Side Cares Discount Program procedure will be administered through the Chief Financial Officer or her/his designee. Information about the West Side Cares Discount Program policy and 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 charitable services through our West Side Cares Discount Program.

5. Alternative payment sources

All alternative payment resources must be exhausted, including all third-party payment from insurance(s), including Federal and State programs, prior to application of the discounts under the West Side Cares Discount Program.

6. Completion of Application

The patient/responsible party must complete the West Side Cares Discount Program application in its entirety. By signing the West Side Cares Discount Program application, persons authorize West Side Community Health Services to confirm income as disclosed on the application form. The provision of false information by an applicant on a West Side Cares Discount Program application will result in all West Side Cares Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information. All accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the West Side Cares Discount Program.

7. Eligibility

Discounts are based on family income and family size only. West Side Community Health Services uses the Census Bureau definitions of each. (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. A patient who does not meet the definition of a "Family" is considered a family size of one (1). All patients served through West Side's Health Care for the

Homeless Program or through our School Based Clinics are automatically considered to be a family size of one (1). (B) "Income" includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count. All patients served through West Side's Health Care for the Homeless Program or through our School Based Clinics are automatically considered to have a family income of zero (0).

8. Income Verification

Applicants must provide one of the following: prior year W-2, most recent pay stub, letter from employer, or Form 4506-T (if W-2 is not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for their business. Adequate information must be provided by the applicant/family to determine eligibility for the West Side Cares Discount Program. Patients who are unable to provide written income verification must provide a signed statement of income, and why (s)he is unable to provide independent verification – this statement can be provided via West Side's Self-Declaration of Income Form.

9. Review of Self-Declaration of Income

Self-Declaration statements will be reviewed on a regular basis (at least once per quarter year) by West Side Community Health Services' Chief Financial Officer or her/his designee. The purpose of this review is to assess the reason(s) why the provision of income was not possible and to determine if a change in this policy and procedure is warranted.

10. Discounts

Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty will be charged according to the attached Sliding Fee Discount Schedule (Attachment A). Discounts above 200% of the FPL require a separate funding source with this funding source identified on Attachment A.

11. Medical Nominal Fee

Patients receiving a full discount will be assessed a \$20 nominal charge per medical visit. Patients are not to be denied services due to an inability to pay. Further, the nominal fee is not a threshold for receiving care and thus, is not to be viewed as a minimum fee or a minimum co-payment prior to receiving care. Note: Patients

12. Dental Nominal Fee

Patients receiving a full discount will be assessed a nominal charge per tooth or unit between \$30 to \$80. Patients are not to be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not to be viewed as a minimum fee or a minimum co-payment prior to receiving care.

13. Optometry Nominal Fee

Patients receiving a full discount will be assessed a \$20 nominal charge per optometry visit. Patients will not be denied services due to an inability to pay. Further, the nominal fee is not a threshold for receiving care and thus, is not to be viewed as a minimum fee or a minimum co-payment prior to receiving care.

14. Patients with Insurance

Eligibility to participate in the West Side Cares Discount Program is based on income and family size and no other factors. This means that factors such as an individual's assets, insurance status, participation or non-participation in the Health Insurance Marketplace (i.e. MnSure), citizenship, population type, etc. are not considered in determining eligibility for the West Side Cares Discount Program. As a result, patients with insurance are eligible for discounted fees under the West Side Cares Discount Program, with discounts applied to West Side services not covered by an insurer. In addition, an insured patients' copayment and/or deductible obligation is eligible for reduction under the West Side Cares Discount Program. It is also acceptable for a West Side Cares Discount Program eligible insured patient to pay less than his/her nominal/encounter fee when insurance coverage applies; however, an insured patient qualified for the West Side Cares Discount Program must not pay more than her/his Category discounted nominal/encounter fee for services requiring out-of-pocket payment (i.e. where patient is responsible for paying). For example, if a patient has an insurance co-payment of

\$10 and has qualified for Category B which has a medical all-inclusive encounter fee of \$25, s/he is expected to pay only his/her co-payment of \$10. Similarly, if a patient has an insurance co-payment of \$50 and has qualified for Category B which has a medical all-inclusive encounter fee of \$25, s/he is expected to pay only the all-inclusive medical fee of \$25. Under no circumstance will an insured West Side Cares Discount Program eligible patient pay more than the discounted fee applicable to her/his Discount Category.

15. Waiving of Charges

In certain situations, patients may not be able to pay their discounted fees. Waiving of charges may only be used in special circumstances and must be approved by West Side Community Health Services Chief Financial Officer or her/his designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

16. Applicant Notification

The West Side Cares Discount Program determination will be provided to the applicant(s) in writing, and will include communication of the eligible Discount Category, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with West Side Community Health Services. West Side Cares Discount Program applications cover outstanding patient balances prospectively as of the application date and any balances incurred within 12 months after the approved date, unless an applicant's financial situation changes significantly. In order to continue to receive discounted services, an eligible patient must have a completed and approved West Side Cares Discount Program on file and current (i.e. completed within 12 months of the date of service). In addition, anytime there is a significant change in an applicant's family income, an application for West Side Cares Discount Program should be completed. Note, patients receiving services under the Ryan White Program are required to complete a Discount Program Application once every 6 months.

17. 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 enrolled in the West Side Cares Discount Program, a copy of the Discount Program application will be sent with the notice. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, West Side Community Health Services can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections efforts.

18. Record Keeping

Information related to West Side Cares Discount Program decisions will be maintained and preserved in the patient's electronic account as a scanned image.

19. Policy and Procedure Review

Annually, the amount of point of care discounts provided through the West Side Cares Discount Program will be reviewed by the CEO and/or CFO. The West Side Cares Discount Program will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community charitable care provided shall serve as a guideline for future planning. This will also serve as a starting point for changes related to this policy and procedures and for examining organizational practices which may serve as barriers preventing eligible patients from access accessing our services.

20. Budget

During the annual budget process, an estimated amount of West Side Cares Discount Program service will be placed into the budget as a deduction from revenue. Board approval for West Side Cares Discount Program will be secured as an integral part of the annual budget.

ATTACHMENTS:

Attachment A – Medical, Optometry and Pharmacy Sliding Fee Discount Schedule - Board Approved 01/26/2017

Attachment B – Dental Sliding Fee Discount Schedule - Board Approved 05/26/2016

Attachment C – 2017 Patient Brochure

Attachment D – 2017 Discount Program Acknowledgment Letter

GUIDANCE TO REGISTRATION STAFF

1. Upon initial registration, all patients must be informed and provided information about our West Side Cares Discount Program and how they can apply for a reduction of our fees.
2. All patients, including those with insurance are to be provided the option of completing a Discount Program Application Form.
3. Uninsured patients are also informed about and offered assistance in completing an application for insurance through Minnesota's Health Insurance Exchange (MNSure). This assistance will be provided by a Patient Account Representative when possible.
4. Eligibility for the West Side Cares Discount Program is assessed based on the information as entered by the patient on the Discount Program Application Form or by a patient's declination to complete the form.
5. When a Discount Program Application Form is submitted:
 - a) Proof of income is to be provided by the applicant as outlined under Section 8 (Income Verification).
 - b) All income documentation is to be returned to the patient.
 - c) An applicant must be told if they qualify or do not qualify for the West Side Cares Discount Program via the Discount Program Qualification Card. In providing this card to the applicant, the Receptionist or Patient Account Representative must:
 - i. Enter the Review/Effective Date.
 - ii. Check the Eligible/Non-eligible box.
 - iii. Check the Discount Category or full pay box.
 - iv. Indicate the date that the patient must complete another application to determine her/his eligibility for the West Side Cares Discount Program (6 months for Ryan White/HIV patients and 12 months for all other patients from the effective date).
 - v. The patient is to be told that eligibility for the Discount Program requires completion of the Discount Program Enrollment Form each year.

Failure to Evidence Income:

1. When an applicant fails to provide verification of their income, a Discount Program Acknowledgement Form is to be completed by the patient. A copy of this form must be provided to the patient. These patients are to be marked as "Discount Pending" within the insurance field of Centricity with a 24 hour expiration date and eligible for discounted services for that visit.
2. An applicant that fails to provide verification of their family income must be informed that they have a 1 visit grace period and that they must provide verification of their family income by their next visit in order to continue to receive discounted services. Failure to show financial documentation that demonstrates eligibility for the West Side Cares Discount Program as entered by the patient on the Discount Program Application Form will result in a patient being treated as full pay. A self-attestation of no income fulfills the patient's responsibility to show their income.

Requirement to Complete a Discount Program Application Form:

All patients receiving discounts through the West Side Cares Discount Program must have completed an application demonstrating eligibility. However, the requirement to complete a Discount Program Application Form and provide financial documentation is waived for patients served through our School Based Clinics and Health Care for the Homeless Program. All uninsured/self-pay patients served through these programs receive a 100% Discount and are considered to have a household size of 1 and a family income of \$0.

Required Practice Management System Documentation:

1. The patient's family size and family income must be recorded in West Side's Patient Management System (i.e. Centricity) within the CHC Registration Module.
2. The Discount Program Application Form must be scanned into the patient's Centricity account. Prior to scanning the "Inner Office Use" section of the Discount Program Application Form must be completed

West Side Cares Discount Program Renewal Periods:

All patients have to apply for the West Side Cares Discount Program once a year unless there is a substantial change in family income or a patient's status. However, patients receiving discounts under the Ryan White Program are required to complete a must complete a Discount Program Application Form once every 6 months unless there is a substantial change in family income or a patient's status.

Recording Patient Charges:

All charges for all services are to be recognized at their full value within West Side's Practice Management System (Centricity).

Recording Patient Discounts:

All discounts are recorded within the Practice Management System with both the reduction in fees and payments applied against the full value of charges.

How Discounts are Applied:

1. For medical services, the Category Discount is all inclusive of services provided on a daily basis. This means that the patient is only obligated to pay his/her nominal fee or encounter fee once daily regardless of the number of providers seen. Nominal or discounted fees for the following services are additive to the all-inclusive medical nominal/encounter fee when these services are provided on the same day as a medical service: (a) circumcision, (b) immigration physicals, (c) pharmacy; and, (d) dental services.
2. For dental services, the Category Discount, including nominal fees, is applied to each tooth or unit procedure,
3. Bundling of services for multiple family members is not allowed. Rather, each patient must be assessed individual fees for services rendered with a discount based on his/her own qualification for the West Side Cares Discount Program.



Attachment A: Medical, Optometry, and Pharmacy Services - Schedule of Discounts

Board of Directors Approved - January 26, 2017

FPL	Equal to or less than 100%	101% - 125%	126% - 150%	151% - 200%	201% - 250%	251% - 300%	Greater than 300%
Family Size = 1	< \$11,880	\$11,881 to \$14,850	\$14,851 to \$17,820	\$17,821 to \$23,760	\$23,761 to \$29,700	\$29,701 to \$35,640	> \$35,640
Family Size = 2	< \$16,020	\$16,021 to \$20,025	\$20,026 to \$24,030	\$24,031 to \$32,040	\$32,041 to \$40,050	\$40,051 to \$48,060	> \$48,060
Family Size = 3	< \$20,160	\$20,161 to \$25,200	\$25,201 to \$30,240	\$30,241 to \$40,320	\$40,321 to \$50,400	\$50,401 to \$60,480	> \$60,480
Family Size = 4	< \$24,300	\$24,301 to \$30,375	\$30,376 to \$36,450	\$36,451 to \$48,600	\$48,601 to \$60,750	\$60,751 to \$72,900	> \$72,900
Family Size = 5	< \$28,440	\$28,441 to \$35,550	\$35,551 to \$42,660	\$42,661 to \$56,880	\$56,881 to \$71,100	\$71,101 to \$85,320	> \$85,320
Family Size = 6	< \$32,580	\$32,581 to \$40,725	\$40,726 to \$48,870	\$48,871 to \$65,160	\$65,161 to \$81,450	\$81,451 to \$97,740	> \$97,740
Family Size = 7	< \$36,730	\$36,731 to \$45,913	\$45,914 to \$55,095	\$55,096 to \$73,460	\$73,461 to \$91,825	\$91,826 to \$110,190	> \$110,190
Family Size = 8	< \$40,890	\$40,891 to \$51,113	\$51,114 to \$61,335	\$61,336 to \$81,780	\$81,781 to \$102,225	\$102,226 to \$122,670	> \$122,670
Family Size = 9	< \$45,050	\$45,051 to \$56,313	\$56,314 to \$67,575	\$67,576 to \$90,100	\$90,101 to \$112,625	\$112,626 to \$135,150	> \$135,150
Family Size = 10	< \$49,210	\$49,211 to \$61,513	\$61,514 to \$73,815	\$73,816 to \$98,420	\$98,421 to \$123,025	\$123,026 to \$147,630	> \$147,630
Each Additional Family Member Beyond 10 Add	\$4,160	\$5,200	\$6,240	\$8,320	\$10,400	\$12,480	\$12,180
CHC Medical (Excludes Pharmacy)	Category A \$20 Nominal Fee for all services except: (1) Implantable Contraception - \$20 Nominal Fee plus cost of device; (2) Immigration Physical - \$200 Fee; (3) Circumcision - \$50	Category B \$25 Encounter Fee for all services except: (1) IUD/Implanted Contraception - \$25 Encounter Fee plus cost of device; (2) Immigration Physical - \$250 Fee; (3) Circumcision - \$75	Category C \$35 Encounter Fee for all services except: (1) IUD/Implanted Contraception - \$35 Encounter Fee plus cost of device; (2) Immigration Physical - \$250 Fee; (3) Circumcision - \$75	Category D \$45 Encounter Fee for all services except: (1) IUD/Implanted Contraception - \$45 Encounter Fee plus cost of device; (2) Immigration Physical - \$300 Fee; (3) Circumcision - \$100	Category E \$60 Encounter Fee for all services except: (1) IUD/Implanted Contraception - \$60 Encounter Fee plus cost of device; (2) Immigration Physical - \$375 Fee; (3) Circumcision - \$150	Category F \$80 Encounter Fee for all services except: (1) IUD/Implanted Contraception - \$80 Encounter Fee plus cost of device; (2) Immigration Physical - \$450 Fee; (3) Circumcision - \$200	Not Eligible Full Charge
Medical Medicare Copay	\$5 Nominal Copay with Balance Fully Discounted	\$10 Copay with Balance Fully Discounted	\$10 Copay with Balance Fully Discounted	\$15 Copay with Balance Fully Discounted	Not Eligible Full Charge		
Optometry Services & Eyeware	Category B \$20 Nominal Fee plus cost of glasses	Category B \$25 Encounter Fee plus cost of glasses	Category C \$30 Encounter Fee plus cost of glasses	Category D \$45 Encounter Fee plus cost of glasses	Not Eligible Full Charge		
Pharmacy	Category A (Cost per prescription Item + \$2.00) + (2%) - Capped at Nominal Fee of \$20 per prescription	Category B (Cost per prescription Item + \$4.00) + (4%) - Capped at \$35 per prescription	Category C (Cost per prescription Item + \$4.00) + (4%) - Capped at \$35 per prescription	Category D (Cost per prescription Item + \$5.00) + (4%) - Capped at \$45 per prescription	Category E ((Cost per prescription Item) + [20% (Cost per prescription item) + \$5.00]) + (2%) - Capped at \$60 per prescription	Category F (Cost per prescription Item) + [20% (Cost per prescription item) + \$5.00] + (2%) - Capped at \$80 per prescription	Not Eligible Full Charge
Pharmacy Medicare Copay for Insulin or Corticosteroid	Nominal Fee not to exceed \$30 Patient payment with Balance Fully Discounted	Maximum \$35 Patient payment with Balance Fully Discounted	Maximum \$35 Patient payment with Balance Fully Discounted	Maximum \$40 Patient payment with Balance Fully Discounted	Not Eligible Full Charge		
Ryan White (Excludes Pharmacy)	Category A \$0 Encounter Fee with Balance Fully Discounted	Category B \$25 Encounter Fee with Balance Fully Discounted	Category C \$35 Encounter Fee with Balance Fully Discounted	Category D \$45 Encounter Fee with Balance Fully Discounted	Category E \$60 Encounter Fee with Balance Fully Discounted	Category F \$80 Encounter Fee with Balance Fully Discounted	Not Eligible Full Charge
Ryan White Out of Pocket Limits	Patients between 101% and 200% of the FPL will pay no more than 5% of their individual annual gross income for medical expenses in a calendar year. Patients between 200% and 300% of the FPL will pay no more than 7% of their individual annual gross income for medical expenses in a calendar year. Patients above 300% of the FPL will pay no more than 10% of their individual annual gross income for medical expenses in a calendar year.						

Note: Categories A - D discounts are offset by funding through the federal Health Center Clusters program or associated program income, with the exception of HIV Services funded through our Ryan White program. Categories E - F discounts are offset by funding through the Minnesota Department of Health FQHC Subsidy, Ramsey County Indigent Care Agreement or Ramsey County Maternal Child Health Program.

[Click here for current Federal Poverty Guidelines](#)



Attachment B: Dental Services - Schedule of Discounts Board of Directors Approved - May 26, 2016

FPL	Equal to or less than 100%	101% - 125%	126% - 150%	151% - 200%	Greater than 200%
Family Size = 1	< \$11,880	\$11,881 to \$14,850	\$14,851 to \$17,820	\$17,821 to \$23,760	> \$23,760
Family Size = 2	< \$16,020	\$16,021 to \$20,025	\$20,026 to \$24,030	\$24,031 to \$32,040	> \$32,040
Family Size = 3	< \$20,160	\$20,161 to \$25,200	\$25,201 to \$30,240	\$30,241 to \$40,320	> \$40,320
Family Size = 4	< \$24,300	\$24,301 to \$30,375	\$30,376 to \$36,450	\$36,451 to \$48,600	> \$48,600
Family Size = 5	< \$28,440	\$28,441 to \$35,550	\$35,551 to \$42,660	\$42,661 to \$56,880	> \$56,880
Family Size = 6	< \$32,580	\$32,581 to \$40,725	\$40,726 to \$48,870	\$48,871 to \$65,160	> \$65,160
Family Size = 7	< \$36,730	\$36,731 to \$45,913	\$45,914 to \$55,095	\$55,096 to \$73,460	> \$73,460
Family Size = 8	< \$40,890	\$40,891 to \$51,113	\$51,114 to \$61,335	\$61,336 to \$81,780	> \$81,780
Family Size = 9	< \$45,050	\$45,051 to \$56,313	\$56,314 to \$67,575	\$67,576 to \$90,100	> \$90,100
Family Size = 10	< \$49,210	\$49,211 to \$61,513	\$61,514 to \$73,815	\$73,816 to \$98,420	> \$98,420
Each Additional Family Member Beyond 10 Add	\$4,160	\$5,200	\$6,240	\$8,320	\$10,400
	Category A	Category B	Category C	Category D	Full Pay
CHC Dental	Nominal Fee of \$30 applied to: D0120 - D1351; D2140; D2920; D2951; D4355; D4910; D5410-5411; D5421-5422; D7111; D9110; D9230; D9310; D9430; D9910; D9951	Tier 1 Services: 80% Discount applied to: D0120-1351; D4341-4910; D9310-9430	Tier 1 Services: 80% Discount applied to: D0120-1351; D4341-4910; D9310-9430	Tier 1 Services: 40% Discount applied to: D0120-1351; D4341-4910; D9310-9430	Not Eligible Full Charge
	Nominal Fee of \$80 applied to: D1510; D2150-2394; D2930-2932; D2950; D2954-3221; D5510-5660; D5850-5851; D6930; D7140-7220; D7250-7510; D9941; D9972				
	Nominal Fee of \$95 applied to: D1515; D2933; D7230-7240; D9940	Tier 2 Services: 50% Discount applied to: D2140-2394; D2930-2933	Tier 2 Services: 50% Discount applied to: D2140-2394; D2930-2933	Tier 2 Services: 25% Discount applied to: D2140-2394; D2930-2933	
	Nominal Fee of \$200 applied to: D5750-5821				
	Nominal Fee of \$450 applied to: D2792; D3310-3320	Tier 3 Services: 25% Discount applied to: D1510-1515; D2740-2920; D2950-2980; D 3220-3330; D5110-5851; D6930; D7111-7510; D9110; D9230; D9910-9972	Tier 3 Services: 25% Discount applied to: D1510-1515; D2740-2920; D2950-2980; D 3220-3330; D5110-5851; D6930; D7111-7510; D9110; D9230; D9910-9972	Tier 3 Services: 20% Discount applied to: D1510-1515; D2740-2920; D2950-2980; D 3220-3330; D5110-5851; D6930; D7111-7510; D9910-9230; D9910-9972	
	Nominal Fee of \$550 applied to: D2740 - 2790; D3330				
	Nominal Fee of \$825 applied to: D5110-5226				
Nominal Fee of \$50 applied to: D4341-4342	Flat Fee of \$50 applied to: D4341-4342	Flat Fee of \$55 applied to: D4341-4342	Flat Fee of \$60 applied to: D4341-4342		
Bright Smiles Program	Nominal Fee of \$0 for Children 0-2 Years of Age Nominal Fee of \$20 for Children 3-5 Years of Age	Flat Fee of \$0 for Children 0-2 Years of Age Flat Fee of \$25 for Children 3-5 Years of Age	Flat Fee of \$0 for Children 0-2 Years of Age Flat Fee of \$25 for Children 3-5 Years of Age	Flat Fee of \$0 for Children 0-2 Years of Age Flat Fee of \$30 for Children 2-6 Years of Age	
<p>Note: Nominal Fees are per tooth or unit and Categories A - D discounts are offset by funding through the federal Health Centers Cluster program or associated program income, with the exception of HIV Services funded through our Ryan White program.</p> <p style="text-align: center;">Click here for current Federal Poverty Guidelines</p>					

Attachment C

- **I have insurance but I have to pay a lot of money before my insurance pays for my healthcare, can I apply for your Discount Program?**

Yes, our West Side Cares Discount Program can be used to help you meet your annual insurance deductibles, as long as West Side participates with your health insurance plan. Call (651) 602-7557 to discuss your situation with our Billing Staff.

- **Are all services discounted?**

Yes. However, our fees are reduced by the type of service and the level of service provided. This means there are separate fees for a medical visit, a dental visit and pharmacy services even when they occur on the same day.

- **What if I have no income at all?**

The registration staff is trained to help you figure out your sources of income. To help you receive a discount, they may ask you questions like “where do you live?” and “how do you pay for food?”.

- **Is my income information confidential?**

Yes, all information collected about you remains confidential and is securely kept.

- **What if I don't qualify or wish to apply what other options do I have?**

You must pay an upfront fee of \$150 per visit and you will be sent a bill for the remaining cost of the visit. If you do not pay for the services provided within 90 days, we will submit your account to a collection agency.

- **What is a Household Size?**

Household size is determined by the number of individuals that reside in a dwelling. Household size may be made

up of one person, a single parent and children under the age of 19, or a married or partnered couple with or without children. All others are adults and considered as their own household and must enroll into the discount program separately.

- **If I have insurance, can I still be seen at WSCHS?**

Absolutely. We offer the same services to insured and uninsured patients, and if you have high deductibles or high co-payments, enrolling in our West Side Cares program may reduce your costs.

- **How can I apply for MNsure?**

If you need help applying for insurance through MNsure or if you have any questions about applying for insurance through MNsure, including Medical Assistance, please call us at 651-389-2515. In addition, one of our on-site certified MNsure navigators can help.

- **Can I participate in the Home Health Care Coordination Program if I don't have insurance?**

Yes, we offer Care Coordination for all patients. Please see a registration staff member for further information.



PROVIDING AFFORDABLE
HEALTH CARE FOR THE
WHOLE FAMILY

WEST SIDE CARES
DISCOUNT PROGRAM



153 Cesar Chavez
Saint Paul, MN 55107
Phone (651) 602-7500
Fax (651) 222-1305

OUR DISCOUNT PROGRAM

West Side Community Health Services serves all who need care based on their ability to pay. To help individuals and/or families with limited income we offer our West Side Cares Discount Program. Through this program, you apply for a discount that lowers our fees for the care you or your family receive at any of our locations.

Eligibility for West Side Cares' discounts is based on:

1. Your household income.
2. The number of people in household?

If you qualify for our discounts, your fees are reduced based on your ability to pay.

HOW TO APPLY

In order to qualify for our West Side Cares Discount Program you need to provide information about your family's size and your family's income. When you check in, our receptionist will ask you if you would like to apply for our West Side Cares Discount Program. If you say yes, you will need to complete the West Side Cares Enrollment Form. This form asks you to identify the people who live with you and your total monthly income before taxes. If you don't have any income, there is a section for that as well. In order to qualify for our West Side Cares Discount Program you will need to provide proof of your household income. You can satisfy this requirement by providing copies of one or more of the following: (1) paycheck stubs; (2) current tax return; (3) unemployment benefits statement; (4) workers' compensation benefits statement; and/or (4) other documents that demonstrate your income. In order to

continue to receive discounts under the Program, household income must be demonstrated annually.

Note: Fees for your first visit will be reduced based on information provided on your completed Enrollment Form. However, in order to continue to receive a discount for subsequent visits proof of household income must be provided.

HOW MUCH YOU OWE

The amount you owe depends on your family size, family income and the type of service provided. If you qualify for our Discount Program, you will be asked to pay a flat fee for medical services (except for additional or other services). For dental services, you will pay a percentage of the charges with a minimal fee of \$30 for seeing the dentist or hygienist. Based on your family's income, you may qualify for one of the discount categories below:

Discount Category	Medical Amount Owed	Vision Amount Owed	Dental Amount Owed		
			Tier 1	Tier 2	Tier 3
A	\$20	\$20 + cost of glasses	\$30 to \$80	\$95 to \$200	\$450 to \$825
B	\$25	\$20 + cost of glasses	20% of Charge	50% of Charge	75% of Charge
C	\$35	\$35 + cost of glasses	20% of Charge	50% of Charge	75% of Charge
D	\$45	\$45 + cost of glasses	60% of Charge	75% of Charge	80% of Charge
E	\$60	Full Charge	Full Charge		
F	\$80	Full Charges	Full Charge		

HOW TO LEARN MORE

If you have any questions, please ask any of our receptionists or call our Medical Billing Department at (651) 602-7557 or one of our Dental Billing Departments at ES Dental (651) 389-2468 or WS Dental (651) 389-2425.

FREQUENTLY ASKED QUESTIONS

- **Is West Side Community Health Services a "free clinic"?**
No. Even uninsured patients pay for part of the cost of their care.
- **How can West Side Community Health Services afford to provide discounts?**
Grants from the US Department of Health and Human Services (HRSA), the State of Minnesota, and Ramsey County allow us to reduce fees for income eligible uninsured patients served through one of our health centers. In addition, we use internal resources to lower the cost of our services for uninsured patients.
- **Do I have to be a citizen to apply for the Discount Program?**
No, you do not.
- **What if I get a statement in the mail?**
You will receive a statement for any part of the bill you were unable to pay at the time of your visit. If you receive a bill and have questions or want to apply for the Discount Program you should call the Billing Department (651) 602-7557 and they will help you apply.

- **Tengo que pagar una gran cantidad de dinero antes de que mi seguro pague por mis servicios médicos, ¿puedo solicitar su programa de descuentos?**

Usted puede utilizar el programa de descuentos para ayudarlo a alcanzar el deducible de su seguro anual, siempre y cuando West Side Community Health Services participe con su plan de seguro de salud. Llame al (651) 602-7557 para discutir su situación con nuestra oficina de negocios.

- **¿Todos los servicios del centro de salud tienen descuento?**

No, but most are. Some special services such as circumcisions, IUD's, and INS Paperwork, have reduced fees for uninsured patients who qualify.

- **¿Qué sucede si no recibo ningún tipo de ingreso en absoluto?**

El personal de registro del paciente está capacitado para ayudar a determinar sus fuentes de ingreso. Ellos le pueden hacer preguntas como "¿dónde vive y cómo paga por su alimentación?"

- **¿Es mi información de ingresos, confidencial?**

Sí, toda la información que Obtenemos de usted es estrictamente confidencial.

- **Que pasa si no califico o no deseo aplicar ¿Que otras opciones tengo?**

Usted debe pagar una cuota inicial de \$150 por visita y se le enviara una factura por el costo restante de la visita. Si usted no paga por los servicios proporcionados dentro de 90 días, enviaremos su cuenta a una agencia de colección.

- **Quienes forman parte de su familia?** personas menores de 19 años, un marido y mujer o una pareja compuesta por dos

personas. Todas las otras personas adultas se consideran como familias independientes y deberán aplicar al programa de descuentos pos separado.

- **Puedo participar en el Programa de Coordinación de Salud en el Hogar si no tengo seguro medico?**

Sí, ofrecemos este programa de atención para todos los pacientes. Nuestro personal de recepción le puede brindar más información.

- **Si tengo seguro medico, aún podría ser atendido en WSCHS?**

Sí, ofrecemos los mismos servicios a pacientes con o sin seguro médico. Infórmenos si la condición de su seguro médico cambia o si su seguro cubre visitas pasadas. Usted será responsable por el costo de estas visitas hasta que nosotros recibamos esta información.

- **Como puedo aplicar para MNsure?**

Comuníquese con cualquiera de nuestros navegadores certificados de MNsure para asistencia en aplicar para seguro o cualquier pregunta al 651-389-2515.



153 Cesar Chavez St
Saint Paul, MN 55107-2226
Phone (651) 602-7500
Fax (651) 222-1305



PROVEEMOS SERVICIOS DE
SALUD ACCESIBLE PARA
TODA LA FAMILIA

WEST SIDE CARES
PROGRAMA DE
DESCUENTOS

NUESTRO PROGRAMA DE DESCUENTOS

West Side Community Health Services sirve a todos aquellos que necesiten atención médica, independientemente de su capacidad de pago. Ofrecemos nuestro programa de descuentos a las familias cuyos ingresos estén por debajo de cierto nivel. Nuestro programa puede reducir los honorarios por la atención médica que usted o su familia reciba en cualquiera de nuestras oficinas. Estos programas también son conocidos como “programa de descuentos” debido a que los pagos se basan en sus ingresos. Usted puede aplicar para este programa si usted no tiene seguro médico u otro tipo de asistencia para ayudar a pagar por su cuidado de salud.

Si usted decide aplicar, su elegibilidad se basará en dos factores:

1. ¿Cuánto ingreso recibe usted o su familia?
2. ¿Cuántas personas hay en su familia?

Si usted califica, su factura será reducida de acuerdo a su capacidad de pago.

CÓMO APLICAR

Lo mejor es aplicar a nuestro Programa de Descuentos al momento de su visita. Nuestro personal de recepción le puede dar las formas que debe completar. Usted tendrá que presentar sus comprobantes de sus ingresos. Si usted o su esposa/o trabaja, traiga su más reciente talón de cheque/comprobante de pagos. Usted tendrá que presentar su "comprobante de ingresos" por lo menos una vez al año para renovar los beneficios del programa de descuentos. Otros comprobantes que puede traer son:

- Declaración de impuestos 1040 actualizada.
- Cheque de desempleo.

- Cheque de beneficios de accidente de trabajo.
- Alguna otra documentación verificando sus ingresos.

CUANTO DEBE PAGAR

La cantidad que usted pagará depende del tamaño de su familia, de sus ingresos familiares y el tipo de servicio recibido. Si usted califica para nuestro programa de descuentos, se le pedirá que pague una tarifa fija por los servicios médicos (excepto para los servicios electivos). Para los servicios dentales, tendrá que pagar un porcentaje de los cargos con una cuota mínima de \$30 para ver al dentista o asistente dental. Basado en los ingresos de su familia, usted puede calificar para una de las categorías de descuento mencionadas a continuación:

Existe un programa de descuentos adicional para comprar medicamentos en nuestras farmacias.

Categoría de descuento	Cantidad médica debida	Visión debida	Cantidad a pagar por servicios dentales		
			Nivel 1	Nivel 2	Nivel 3
A	\$20	\$20 + costo de las gafas	\$30 to \$80	\$95 to \$200	\$450 to \$825
B	\$25	\$20 + costo de las gafas	20% del balance	50% del balance	75% del balance
C	\$35	\$35 + costo de las gafas	20% del balance	50% del balance	75% del balance
D	\$45	\$45 + costo de las gafas	60% del balance	75% del balance	80% del balance
E	\$60	Saldo total	Saldo total		
F	\$80	Saldo total	Saldo total		

PARA MÁS INFORMACIÓN

Si tiene alguna duda, consulte a nuestro personal de registro de pacientes, o llame a nuestro Departamento de Facturación de Servicios Médicos al (651) 602-7557 o al Departamento de Facturación WS Dental al (651) 389-2425 o ES Dental (651) 389-389-2468.

PREGUNTAS MÁS FRECUENTES

- **¿Son las clínicas del West Side Community Health Services “gratis”?**
No. Aún las personas que cuentan con seguro médico son responsables por el pago de una porción de los servicios de salud recibidos.
- **¿Quién paga por los servicios que se descuentan?**
El Programa de Descuentos es posible gracias a subvenciones federales mediante la Oficina Federal de Atención Primaria de Salud, subvenciones del Estado de Minnesota y el condado de Ramsey.
- **¿Tengo que ser ciudadano Americano para solicitar el Programa de Descuento?**
No, no es necesario.
- **¿Qué pasa si recibo un estado de cuenta por correo?**
Usted recibirá un estado de cuenta con el balance que no fue pagado al momento de su visita. Si usted recibe un estado de cuenta y no ha aplicado para el programa de descuentos, comuníquese con la Oficina de Negocios al 651-602-7557 para conversar acerca de sus opciones.

Attachment D

Patient Account #: _____



NOTIFICATION OF WEST SIDE CARES DISCOUNT PROGRAM

All Patients:

Many uninsured and underinsured people wait too long to see a doctor, dentist or optometrist because they are worried about paying for care. That's why West Side Community Health Services offers *West Side Cares*. This is a program that lowers the amount you pay based on your income. Even if you have health insurance our West Side Cares Discount Program may help lower your out-of-pocket expense. Those with less income are asked to pay a smaller amount.

The average cost of a clinic visit is over \$250. To learn how much less you could pay, simply fill out an application form. If eligible, you will pay the same amount for each medical visit if uninsured. You will also pay less for dental care, vision care, and medicine from our pharmacy.

***West Side Cares* means just that:
We are here to help make sure you can get the care you need!**

We can do this because *some* of our costs are covered by federal, state, and county money. Some costs are covered by insurance. Some costs are covered by patients. All are needed for us to continue to provide care.

Our staff is here to help you apply for our discount or for insurance. If you are uninsured and not on the discount program, you will need to pay \$150 before each visit and pay for all charges over that. I strongly encourage you to take advantage of our West Side Cares discount program.

Thank you for choosing West Side Community Health Services as your health care provider.

With warmest regards,

Jaeson T. Fournier, DC, MPH
Chief Executive Officer

WEST SIDE CARES DISCOUNT PROGRAM ACKNOWLEDGEMENT

By signing below, I agree that I have received this notice and I understand that in order to qualify for reduced fees I must apply for the West Side Cares Discount Program. I also understand that if I do not qualify or choose not to apply for the West Side Cares Discount Program that I will have to pay \$150 before my doctor's visit and that I am fully responsible for my bill unless I have or gain insurance that will pay for my fees. I also understand that West Side Community Health Services will bill me for all outstanding charges unless covered by insurance or unless discounted based on my eligibility and participation in West Side Cares Discount Program.

Signature of Patient

Date Signed

Administration
153 Cesar Chavez ♦ St. Paul ♦ MN 55107
Phone: (651) 602-7500 ♦ <http://www.westsidechs.org>