

	<h1 style="text-align: center;">Kentucky Mountain Health Alliance, Inc.</h1> <h2 style="text-align: center;">Sliding Fee Schedule Discount Policy</h2>	MRN #: <hr/>
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Purpose: To ensure that the Center provides services to all patients without regard to the patient's ability to pay. This sliding fee discount policy applies to all services and all patients.

Policy:
No patient will be denied services because of inability to pay. Patients will be expected to comply with the efforts of the Front Office Staff to ascertain the existence of any third-party insurance coverage a patient may possess, and/or to exhaust all other payment sources, or otherwise appropriately document the patient's ability to pay for services.

Patients lacking adequate third-party insurance coverage will be expected to provide appropriate information for the completion of a financial assessment. Based upon the proof of income presented, the patient will be informed of his/her eligibility for the Sliding Fee Program by the Front Office Team Staff, in person, or via telephone. Individuals with Limited English Proficiency patients will be notified in accordance with Center's LEP policy.

Please NOTE: If you have third-party insurance and are unable to pay your co-insurance (Medicare and/or commercial insurance that do not restrict discounts due to contractual or legal limitations) or deductible on non-covered services you may be eligible for our Sliding Scale Programs and make a payment arrangement with our billing clerk. Underinsured patients will be determined by examining the patient's proof of income in comparison to their deductible/coinsurance. Proper proof of income is the most current tax return, the most recent paystubs, most recent statement from social services (such as an Award Letter), KMHA Self-Attestation of Income form, or a letter from the caregiver with explicit amounts of money that are given on a monthly basis.

Discounts are offered to uninsured and underinsured patients based on family/household size and annual income. Household size is determined by mother, father, and dependent children under age 18. Other adults in the household, even though related, are not included. Income includes: earnings, unemployment compensation, worker's compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trust, 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.

Sliding scale discounts will be based on the most recent Federal Poverty Index guidelines as indicated in the scale below:

2026 SLIDING FEE SCALE (Based on Annual Income)						
Federal Poverty Guideline	At or Below 100% FPG	101% - 125% FPG	126% - 150% FPG	151% - 175% FPG	176% - 200% FPG	Above 200% FPG
Family Size	Level I \$0	Level II \$10	Level III \$25	Level IV \$35	Level V \$50	Level VI (No Discount)
1	0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921 +
2	0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281 +
3	0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641+
4	0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001 +
5	0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361 +
6	0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721 +
7	0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081 +
8	0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441 +
9	0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$107,450	\$107,451 - \$122,800	\$122,801 +
10	0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$117,390	\$117,391 - \$134,160	\$134,161 +

For Families with more than 10 members, add \$5,680 for each additional member

All sliding fee levels will receive a 100% discount of charge with a nominal fee or discounted rate as outlined below. Persons over 200% of FPG will be responsible for the full charge and receive no discount**.

****Any patients paying in full at the time of service will receive a 35% discount on services rendered. This discount will be in addition to the Sliding Fee Scale Discount for patients that qualify.**

Patients qualifying for a sliding scale discount will be expected to pay a nominal (flat) fee for Level I and a discounted rate for Level II-IV based on our sliding fee scale at the time services are rendered. This payment will cover all charges incurred as part of a single visit, including ancillary services such as those received from laboratory and injections. Charges for all services rendered are to be recognized at their full value within the KMHA fee schedule and fully discounted apart from the applicable flat fee established for the services.

Applicability: This policy applies to all patients and all services offered at the clinic. No patient will be denied services regardless of inability to pay.

	Nominal Fee	Discounted Rate				
	Level I	Level II	Level III	Level IV	Level V	Level VI
340B Pharmacy Drugs	\$2 plus acquisition costs	\$6 plus acquisition costs	\$10 plus acquisition costs	\$12 plus acquisition costs	\$15 plus acquisition costs	Full Fee
Medical	\$0	\$10	\$25	\$35	\$50	Full Fee, unless paying in full on day of service
Behavioral Health	\$0	\$10	\$25	\$35	\$50	Full Fee, unless paying in full on day of service
Dental (Preventative)	\$50	\$60	\$75	\$85	\$100	Full Fee, unless paying in full on day of service
Dental (Sedation)	\$50	\$60	\$75	\$85	\$100	Full Fee, unless paying in full on day of service.
Dental (Dentures/Partial)	\$400 Full Set Dentures or \$300 Per Partial + Applicable Level Charges					
	\$400 Per Unit on Bridges and \$400 Per Unit on Crowns					
	100% FPG or below would pay \$400 + \$50 = \$450					
	101-125% FPG would pay \$400 + \$60 = \$460					
	126-150% FPG would pay \$400 + \$75 = \$475					
	151-175% FPG would pay \$400 + \$85 = \$485					
	176-200% FPG would pay \$400 + \$100 = \$500					
Root Canal	Applicable Level Charges per Visit for a total of 3 visits					
Nominal Fee was determined by assessing the collection rates by discount pay class, write-off rates by discount pay class, patient surveys and board input.						
Patients who are over the 200% FPG will be responsible for the fully loaded 340B cost (cost of medication + Administrative Fee + Dispense Fee)						

Patients lacking proper proof of income at the initial visit must provide this documentation within sixty (60) business days or the Sliding Scale Program eligibility provision will be cancelled. Should this action occur, the patient will then be placed in the full-pay (100%) category until income verification is provided unless other arrangements have been approved by the registration supervisor. Final determination of the eligibility and proof of income documents will be signed and reviewed by the Registration Staff.

When determining the Master Fee Schedule KMHA will utilize the Optum 360 Custom Fee Analyzer. The Master Fee Schedule will be reviewed annually and approved by the Board of Directors. Nominal fees for the sliding fee scale will be determined by the HCH Advisory Committee as well as the Board of Directors annually. Information used in making this determination will be obtained from assessments of patient income levels, insurance status, percentage of population below the Federal Poverty Line, and comparisons to other area FQHC HCH Programs. In addition to this, annual reviews of historic Self Pay AR Reports will be analyzed in order to identify any barriers that may be present regarding patient's ability to pay nominal fee amount.

Consistent with Executive Order 14273, KMHA makes insulin and injectable epinephrine available at or below the discounted price paid by the health center under the 340B Drug Pricing Program (plus a minimal administration fee) to individuals with low incomes, as determined by the Secretary, who: (a) have a high cost-sharing requirement for either insulin or injectable epinephrine; (b) have a high unmet deductible; or (c) have no health care insurance. For this purpose, a "low-income individual" is an individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines (see 42 CFR 51c.303(f), Poverty Guidelines | ASPE). KMHA defines a "high-cost sharing requirement," where individuals pay a large portion of their medical expenses through deductibles, copayments, and coinsurance before their insurance starts covering the full cost. This can lead to financial strain and discourage people from seeking necessary care. KMHA defines a "high unmet deductible," as the portion of your deductible that you haven't yet paid. Your deductible is the amount of money you need to pay out-of-pocket for medical expenses each year before your insurance plan starts to cover costs. If your deductible is unmet, you are responsible for paying the full cost of your medical services until you've reached your deductible amount. KMHA defines "no health care insurance" as an individual who is not covered under any medical insurance plan (e.g., Medicaid, Medicare, Private). If you lack health insurance, you are responsible for the full cost of your medical care, which can lead to significant financial burdens. However, there are options for obtaining affordable healthcare, including Medicaid, community health centers, and the Health Insurance Marketplace. Additionally, the No Surprises Act offers some protection against surprise medical bills.