

# POLICY/PROCEDURE



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<b>POLICY TITLE:</b>	Sliding Scale	<b>EFFECTIVE DATE:</b>	June 1, 2024
<b>POLICY OWNER:</b>	Revenue Cycle	<b>APPROVED DATE:</b>	February 2024
<b>APPROVED BY:</b>	Partners		

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**SCOPE** Organization wide

## DEFINITIONS

**HHS** Health & Human Services  
**FPL** Federal Poverty Level

## POLICY

COPA recognizes that additional medical expenses can place great strain on the families we serve and believes that a patient’s physical health should not be dependent on a patient’s ability to pay. COPA is committed to the health and well-being of the children of Central Oregon. In an effort to support healthcare access for all patients regardless of circumstance, COPA has put in place the following sliding scale fee policy to ensure affordable access to medical care.

OHP Patients will be considered prequalified based on OHP eligibility status for Tier 1.

### Circumcision

These services are not covered by OHP because they are considered cosmetic in nature. COPA believes these services should not be restricted due to a patient’s ability to pay. Eligibility for sliding scale will be based on the following income thresholds. This will limit a patient’s out of pocket costs to what is listed for their income bracket. If a patient is covered by OHP or self-pay the fee is due at the time of service. Patients with commercial insurance can apply within 30 days of adjudication of their claim if their out of pocket (coinsurance/deductible) is a financial hardship.

Circumcision		
Tier 1	Tier 2	Tier 3
150% FPL	300% FPL	500% FPL
\$200 Out of Pocket	\$250 Out of Pocket	\$300 Out of Pocket

See **Appendix I** for full tables and poverty line calculations.

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**Tier One:**

Applicants at or below the federal poverty level as established by HHS will receive these services for a nominal fee. \$0 for wart removal, and \$200 for circumcision.

**Tier Two:**

Applicants whose income is 100% - 300% of the federal poverty level will receive wart removal for \$35, and circumcisions for \$250.

**Tier Three:**

Applicants whose income is 300% - 500% of the federal poverty level will receive wart removal for \$150 and circumcision for \$300.

**Lactation and Frenotomy**

These services are covered by commercial insurance as well as Medicaid plans. However, deductibles and large co-insurance percentages can make these essential services unaffordable for many families. COPA is dedicated to ensuring that all new babies are able to receive lactation consultation services as well as frenotomy procedures when necessary.

Frenotomy		
Tier 1	Tier 2	Tier 3
150% FPL	300% FPL	500% FPL
\$0 Out of Pocket	\$150 Out of Pocket	\$300 Out of Pocket

Lactation		
Tier 1	Tier 2	Tier 3
150% FPL	300% FPL	500% FPL
\$0 Out of Pocket	\$50 Out of Pocket	\$100 Out of Pocket

See **Appendix I** for full tables and poverty line calculations.

**Tier One:**

Applicants at or below the federal poverty level as established by HHS will receive these services for a nominal fee. \$0 for frenotomy, and \$0 for lactation visits (per visit, per patient).

**Tier Two:**

Applicants whose income is 100% - 300% of the federal poverty level will receive frenotomy for \$150, and lactation visits for \$50

**Tier Three:**

Applicants whose income is 300% - 500% of the federal poverty level will receive frenotomy for \$300 and lactation visits for \$100.

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## Care Management

Management and support of medically complex patients by clinical staff under the direction of a physician is reimbursable by insurance. These services are to improve care coordination, reduce avoidable hospital services, improve patient engagement, and decrease care fragmentation; by implementing, revising, or monitoring the care plan. This involves coordinating the care with other medical professionals and agencies, as well as educating the patient and caregiver about the patient's condition, care plan, and prognosis. These services are mostly needed by families that are already shouldering high medical costs, to not add additional burdens this is also included in the sliding scale with drastic reductions in out of pocket costs.

Care Management		
Tier 1	Tier 2	Tier 3
150% FPL	300% FPL	500% FPL
\$0	\$0	\$20
Out of Pocket	Out of Pocket	Out of Pocket

See **Appendix I** for full tables and poverty line calculations.

## Applying for Sliding Scale Fee

All account holders and patients are eligible to apply for a COPA Sliding Scale Fee. Applicants will be required to submit an application for Sliding Scale Fee with supporting documentation. All applications should be routed to the Revenue Cycle office for review. Once an application has been received, all COPA collections activity will be put on hold until a decision has been made.

Continued eligibility to the sliding scale program is subject to annual re-verification of income.

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## PROCEDURE

- Once an application is received, a Revenue Cycle team member will review the documentation for missing information and will reach out to the applicant for clarification or additional documentation as needed. Once the application is deemed complete, the application and supporting documentation will be scanned and saved to a secure folder in the Revenue Cycle drive.
- Certified Revenue Cycle OHP Assistors will review all applications for potential eligibility for OHP health coverage. If an application appears to qualify for state assistance, a COPA Assistor will reach out to the patient to set up an appointment to process an application.
- A Revenue Cycle team member will complete a provider authorization form which will be sent to the Revenue Cycle Manager for review and approval or denial.
- If the Sliding Scale Fee is approved or denied a letter will be sent to the applicant regarding their Sliding Scale Fee decision. This letter will be loaded to EPIC under documents.
- If the applicant is approved for a sliding fee, a Revenue Cycle team member will reach out to the family to inform them of the decision. The determination will also retroactively apply to any existing charges. A payment plan will be made and need to be kept current to remain on the sliding scale fee.

Must apply within 30 days from DOS if self pay or OHP, 30 days from date of claim adjudication if covered under commercial insurance. If greater financial assistance will be covered under the Hardship Policy.

## APPENDIX I

Circumcision			
Household Size	Tier 1	Tier 2	Tier 3
	150%	300%	500%
	FPL	FPL	FPL
	\$200 Out of Pocket	\$250 Out of Pocket	\$300 Out of Pocket
1	\$22,590	\$45,180	\$75,300
2	\$30,660	\$61,320	\$102,200
3	\$38,730	\$77,460	\$129,100
4	\$46,800	\$93,600	\$156,000
5	\$54,870	\$109,740	\$182,900
6	\$62,940	\$125,880	\$209,800
7	\$71,010	\$142,020	\$236,700
8	\$79,080	\$158,160	\$263,600
9	\$87,150	\$174,300	\$290,500
10	\$95,220	\$190,440	\$317,400

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## REFERENCES

## HISTORY

REVISION DATE:	UPDATE DESCRIPTION:
January 2024	Policy Created