

Iowa State University Thielen Student Health Center POLICY Manual	
Number: 900	Name: Sliding Fee Discount Program
Category: Administration	Date Effective: 6-1-2017
Departments Affected: All	Date Last Revised: 1-18-19
Owner: Director Reviewing Authority: Leadership Team	Date of Review: 1-18-19
Pages: 4	Status: Current

INTRODUCTION:

This Sliding Fee Discount Program (SFDP) is designed to provide discounted medical services to actively enrolled students at Iowa State University (henceforth called “patients”) who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). The SFDP does not apply to those services or equipment that are purchased from external providers and vendors, including reference laboratory testing, medications from the TSHC pharmacy, and other such services, or to travel clinic services.

The sliding fee is intended to be the payor of last resort. All charges must be submitted to applicable insurance prior to application of the sliding fee scale. Patients who elect not to have certain types of charges sent through insurance are not eligible to have the sliding fee scale applied to those charges.

In some circumstances, a withdrawn student or recent graduate may continue to receive care from the Mental Health Department for purposes of continuity of care. In such cases the requirement to be actively enrolled may be waived and the Sliding Fee Scale applied for mental health visits.

NONCOVERED SERVICES UNDER TSHC’S SLIDING FEE DISCOUNT PROGRAM

Certain services that are deemed elective and/or involve external providers and vendors are not eligible for a sliding fee discount.

- Lab tests performed by Reference Labs (tests that TSHC sends out for completion)
- Medications from the TSHC pharmacy (either prescription or OTC)
- Services provided by the Travel Clinic

POLICY STATEMENT:

Thielen Student Health Center (TSHC) offers a Sliding Fee Discount Program (SFDP) to patients who are unable to pay for their services. TSHC bases SFPD eligibility on a person’s ability to pay and will not discriminate on the basis of protected class status (e.g., age, gender, race, sexual orientation, creed, religion, disability, national origin, etc.) as identified in Iowa State University’s policy on [Discrimination and Harassment](#).

The U.S. Department of Health and Human Services determines the [Federal Poverty Guidelines](#) which are used by TSHC used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility for discounted medical services.

PROCEDURE: The following guidelines are followed in providing the Sliding Fee Discount Program.

1. **Notification:** TSHC notifies patients of SFDP by:
 - a. Payment Policy Brochure available to all patients at the time of service.
 - b. An explanation of our SFDP and our application form available on the TSHC website.
 - c. Placement of SFDP notification in the clinic check-in area.

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2. **Patients First.** All patients seeking healthcare services at TSHC are assured that they will be served regardless of ability to pay. **Eligible patients will not be refused service because of lack of financial means to pay.** However, TSHC reserves the right to discharge a patient if THSC believes the patient is no longer eligible to receive services at TSHC (graduated or separated from the university) and continues to knowingly seek care at TSHC.

3. **Request for Discount:** Requests for discounted services may be made by patients or campus partners who are aware of existing financial hardship. The Sliding Fee Discount Program (SFDP) will apply to all services received at TSHC, but not those services or equipment that are purchased from external providers and vendors, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, medications from the TSHC pharmacy (either prescription or OTC), and other such services. Information on the SFDP and forms can be obtained from the front desk or TSHC website.

4. **Administration:** The procedure is administered through the Billing and Records Supervisor, or designee, with oversight and input from the Director and Associate Director.

5. **Alternative Payment Sources:** The applicant must agree to exhaust all other payment sources, such as third-party insurance or Federal and State programs, as a condition for approval of a SFDP application. Patients with insurance will have their claims filed with the insurer, and the patient will be responsible for the reduced fee calculated via the sliding fee scale on the patient responsibility amount determined by the insurer.

If at any time TSHC determines that insurance coverage was active during a time in which a sliding fee discount was applied and the insurance was not disclosed at the time of service, the awarded eligibility determination period will be reversed and the applicant will be financially responsible for all expenses incurred.

6. **High-Deductible Health Plans:** Patients with high-deductible health plans will be extended the opportunity to apply for a sliding fee discount. If eligible, TSHC will apply the sliding fee discount after the claim has been processed by the insurer and the patient will be responsible for the reduced fee calculated via the sliding fee scale on the patient responsibility amount determined by the insurer.

7. **Completion of Application:** The patient must complete the SFPD application in its entirety. By signing the SFPD application, persons authorize TSHC access in confirming income as disclosed on the application form. Providing false information on a SFDP application will result in all SFDP discounts being revoked and the full balance of the account(s) restored and payable immediately.
 - a. To be considered for the (SFDP), verification of income is mandatory.

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- b. By signing the application form, the applicant agrees TSHC may contact each employer of all persons working in the documented household and/or may contact various agencies to verify any source of income.
- c. Within 5 business days, the applicant will provide TSHC with a copy of all requested information, as listed, for all persons in the household.
- d. Applicants must reapply for the SFD every year so TSHC can maintain an updated SFD application on file.
- e. Applicants are obligated to inform TSHC of any change in household size, income, and/or insurance.
- f. Applicants are also obligated to provide TSHC with any income information that is requested. Applications lacking required information will be denied without notice after 5 business days.

Any accounts with balances on the UBill after the student graduates or departs from the university may not be considered for the Sliding Fee Discount Program.

- 8. **Eligibility:** Discounts are based on income and family size only. As used herein, TSHC relies on the Census Bureau definitions of each term:
 - 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.
 - 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 (financial aid), alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*

Income Verification: Applicants must provide their completed FAFSA report and one of the following: prior year W-2, two most recent pay stubs, or Form 4506-T (if W-2 not filed) when they submit their SFD application. Self-employed individuals are required to submit their latest completed tax return with taxable income listed from the 1099 employment form. TSHC staff will review the student's U-Bill to verify loan and scholarship income as part of the verification process. If the applicant has no income, the Limited Income Statement must be completed.

Applications submitted without the above requested information will not be considered, except as described below.

- a. **Self-Declaration of Income** may only be used in special circumstances. Patients who are unable to provide written verification must provide a signed statement of income, and explain why they are unable to provide independent verification. This statement will be presented to TSHC Director, Associate Director, or their designee for review and final

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determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

- Discounts:** Those with incomes at or below 200% of poverty are charged a percentage of their fee, up to 80%. The sliding fee schedule is updated during the first quarter of every fiscal year with the latest Federal Poverty Guidelines.

Household/Family Size	80% Discount (A)	70% Discount (B)	60% Discount (C)	40% Discount (D)	20% Discount (E)	No Discount
1	\$12,140	\$15,175	\$18,120	\$21,245	\$24,280	\$24,281+
2	\$16,460	\$20,575	\$24,690	\$28,805	\$32,940	\$32,941+
3	\$20,780	\$25,975	\$31,170	\$36,365	\$41,560	\$41,561+
4	\$25,100	\$31,375	\$37,650	\$43,925	\$50,200	\$50,201+
5	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840	\$58,841+
6	\$33,740	\$42,175	\$50,610	\$59,045	\$67,480	\$67,481+
7	\$38,060	\$47,575	\$57,090	\$66,605	\$76,120	\$76,121+
8	\$42,380	\$52,975	\$63,570	\$74,165	\$84,760	\$84,761+

- Waiving of Charges:** In certain situations, patients may not be able to pay the discounted fee. Waiving of charges may only be used in special circumstances and must be approved by TSHC Director, Associate Director, or their 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).
- Applicant Notification:** The Billing and Records Supervisor will call the patient to let them know the outcome of their SFDP application and, if approved, will communicate the percentage of SFDP write off. In addition, an Encounter note will be added in the Electronic Practice Management record. After the fees have been adjusted, the normal university collection process will be initiated.
- Duration of Approval:** SFDP applications may cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. If the applicant has prior balances they wish to apply the discount to they need to request this at the time of application. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last SFDP application.
- Record-Keeping:** All documentation used to substantiate the patient's eligibility for the SFDP will be maintained within TSHC electronic medical record. Records are maintained in compliance with TSHC and university policy on Retention of Records which states records are actively retained until the

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student is no longer enrolled and inactive retention for seven fiscal years after the student's last appointment.

14. **Policy and Procedure Review:** Annually, the SFDP will be reviewed by the TSHC Leadership team. The sliding fee scale will be updated as the Federal Poverty Guidelines are updated or modified.
15. **Budget:** During the annual budget process, an estimated amount of SFDP service will be placed into the budget as a deduction from revenue.

RELATED REFERENCES:

- [University Policy: Discrimination and Harassment](#)
- [University Policy: Record Retention](#)
- [Federal Poverty Guidelines](#)