

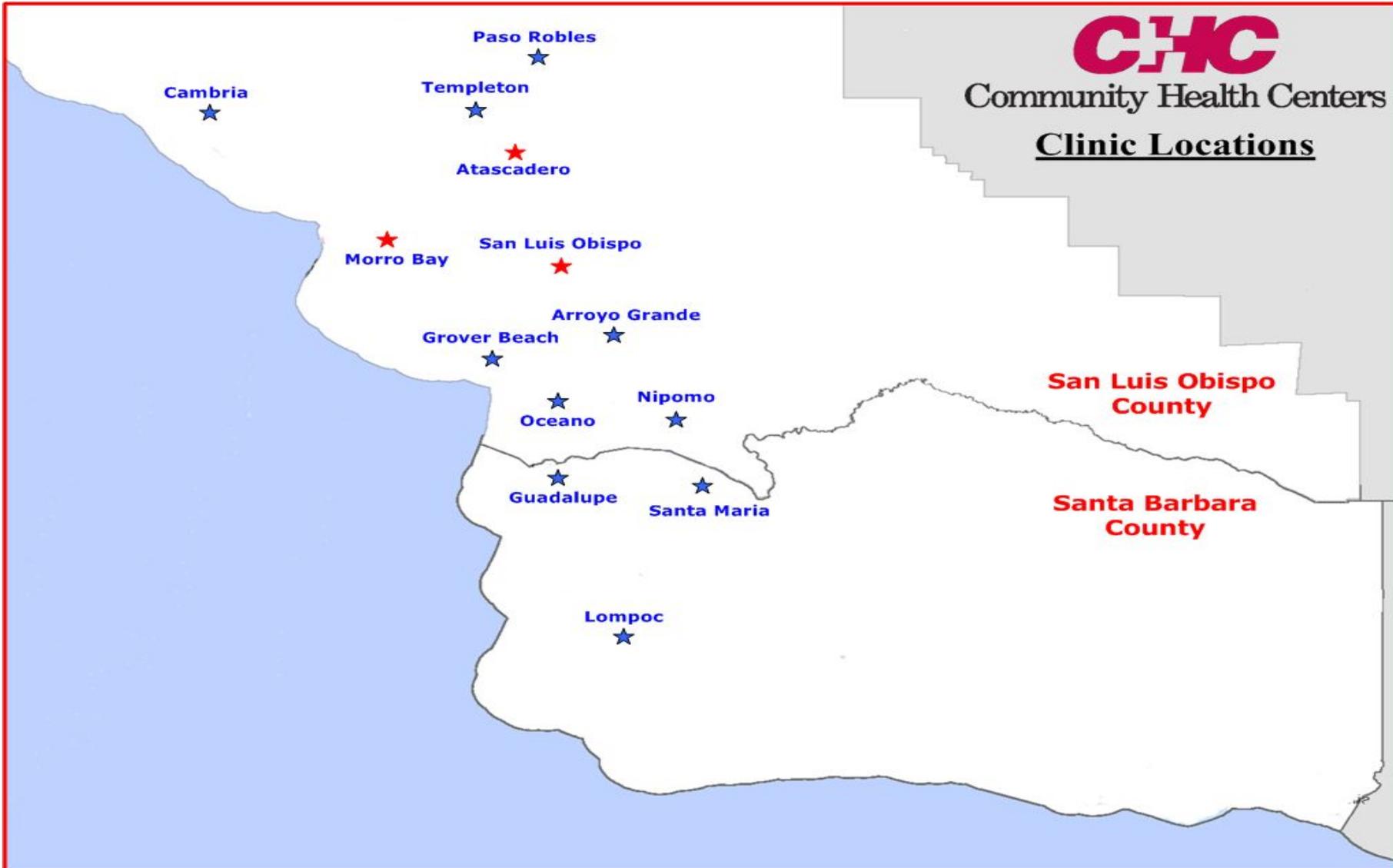
# Community Health Centers of the Central Coast



# CHC Service area



# The Two Counties



# Encounters

- See hand-outs

# Policies

## Medical

- **MEMORANDUM**

- April 1, 2009

- To: All Clinic Managers

- All Program Managers & Supervisors

- Leadership Team

- Front Office Personnel

- From: Ronald E. Castle, CEO

- Bob Lotwala, CFO

- Subject: Sliding Fee, Self-pay Policy for **Primary Care Medical Visits at CHC**

- **This policy shall be effective as of April 15, 2009 and will apply to ALL CHC sites and programs, except the Homeless Program. Any exception must be cleared through the CEO or the CFO.**

- **Purpose:**

- To provide fee discounts to those patients who, based on their proof of income, qualify for sliding fee discounts.

- To provide direction to the CHC staff to ensure that patient fee discounts are afforded uniformly and evenly throughout the CHC system.

- **Method for Discounting Patient Fees:**

- Each year, the Federal Government publishes "poverty guidelines" in the Federal Register. CHC will use the federal guidelines in developing the sliding fee discount schedule. CHC's Business Office will send out, to all clinic/program managers, a Sliding Fee Scale Grid (copy of the current grid is attached) in April of each year.

- All of the sliding fee patients will fall in one of the six categories (Category A thru F), depending upon their Gross Income and family size.

- **What Is Included In This Sliding Fee Discount Policy?**

- This particular policy applies only to Primary Care Medical Visits. In other words, when a patient comes in to see a Primary Care provider (Family Practitioner, Internist, General Practitioner, LCSW, Health Educator, PA, NP, Chiropractor), fees may be discounted if the patient qualifies for such discounts.

- **What Is NOT Included In This Sliding Fee Discount Policy?**

- **Patients who come in just for a routine or job related (i.e. DMV, etc.) physicals are not covered by this policy. Any charges and fees, other than the Office Visit fee, are excluded from this discount policy (please refer to separate policies for any other discounted services).**

- Specifically, fees for radiological services, laboratory services, pharmacy, specialty physician services, OB/GYN Services, dental services, physical therapy, optometry, and services purchased by CHC from outside contractors and suppliers are excluded from any discounts under this policy. Please refer to separate policies for any other discounted services offered by CHC.

- **How Much Will The Patient Have To Pay For Primary Care Medical Visit?**

- The following discounted fees will be charged for the Primary Care Medical Visit:

- Category A \$30.00

- B \$30.00

- C \$35.00

- D \$35.00

- E \$40.00

- F No Discounts

- **All payments are expected at the time of service. Payments may be received in cash, check, or credit card.**

- **How Does A Patient Qualify For Sliding Fee Discounts?**

- 1. Patients need to provide sufficient proof of income, i.e. check stub(s), other sources of income.
- 2. Patient needs to fill out the “Self Declaration” form indicating his/her family size, members of his family, and family income.
- 3. Denial of benefits letter from Medi-Cal may be required.

- **What If A Patient Does Not Have Any Proof Of Income?**

- 1. Provide education to the patient. Let them know that they need to apply for Medi-Cal benefits. Assist them in completing Medi-Cal application, if needed.
- 2. For a first time patient, let them know about their financial responsibility if they fail to apply for Medi-Cal prior to the next visit.
- 3. Allow patient to see the provider and collect the sliding fee payment shown above.

- **What If A Patient Still Has Questions?**

- Have the Clinic Manager (or, a designee) talk to the patient.
- **Note: Clinic Manager is accountable for collecting Patient Liability amounts.**

- **Listing of Other Discounted Services**

- Specialty In-house Office Visits \$50 per Office Visit
- Chiropractic Services – Office Visits \$35 per Office Visit
- Pharmacy: (30 days’ supply) \$10 per Generic Prescription
- \$25 per Brand Name Prescription
- X-ray \$35 one or more views
- Ultrasound \$50 per Ultrasound
- Vaccinations \$20 per vaccine
- Dental There is a separate sliding fee policy

# Dental

- **MEMORANDUM**
- January 4, 2008
- To: All Clinic Managers
- All Program Managers & Supervisors
- Leadership Team
- Front Office Personnel
- From: Ronald E. Castle, CEO
- Bob Lotwala, CFO
- Subject: Sliding Fee, Self-pay Policy for **Dental Services at CHC**
- **This policy shall be effective as of February 1, 2008 and will apply to ALL CHC sites and programs, except the Homeless Program. Any exception must be cleared through the CEO or the CFO.**
- **Purpose:**
- To provide fee discounts to those patients who, based on their proof of income, qualify for sliding fee discounts.
- To provide direction to the CHC staff to ensure that patient fee discounts are afforded uniformly and evenly throughout the CHC system.
- **Method for Discounting Patient Fees:**
- Each year, the Federal Government publishes “poverty guidelines” in the Federal Register. CHC will use the federal guidelines in developing the sliding fee discount schedule. CHC’s Business Office will send out, to all clinic/program managers, a Sliding Fee Scale Grid (copy of the current grid is attached) prior to April 1 of each year.
- All of the sliding fee patients will fall in one of the six categories (Category A thru F), depending upon their income and family size.
- **What Is Included In This Sliding Fee Discount Policy?**
- This particular policy applies only to Dental Visits. In other words, when a patient comes in to see an Oral Health provider (Dentist or Dental Hygienist), fees may be discounted if the patient qualifies for such discounts.
- **What Is NOT Included In This Sliding Fee Discount Policy?**
- **Any charges and fees, other than the Office Visit fee, are excluded from this discount policy (please refer to separate policies for any other discounted services).**
- Specifically, fees charged by outside specialists (i.e. Pediatric Dentists, Endodontists) who are not working at a CHC site, are not subject to Sliding Fee discounts. Additionally, fees charged by outside Dental Laboratories (i.e. Crowns, Bridges, Dentures, Partials, etc.) are not subject to Sliding Fee discounts. Please refer to separate policies for any other discounted services offered by CHC.
- **How Much Will The Patient Have To Pay For Dental Visit?**
- The following discounts will be provided from CHC’s Fee Schedule for the Dental Visit:
- Category A 50% Discount
- B 40% Discount
- C 30% Discount
- D 20 % Discount
- E 15% Discount
- F No Discounts
- **All payments are expected at the time of service. Payments may be received in cash, check, or credit card. Advance deposit may be required for outside lab fees.**

- **How Does A Patient Qualify For Sliding Fee Discounts?**

- 1. Patients need to provide sufficient proof of income, i.e. check stub(s), other sources of income.
- 2. Patient needs to fill out the “Self Declaration” form indicating his/her family size, members of his family, and family income.
- 3. Denial of benefits letter from Medi-Cal.

- **What If A Patient Does Not Have Any Proof Of Income?**

- 1. Provide education to the patient. Let them know that they need to apply for Medi-Cal benefits. Assist them in completing Medi-Cal application, if needed.
- 2. For a first time patient, let them know about their financial responsibility if they fail to apply for Medi-Cal prior to the next visit.
- 3. Allow patient to see the provider and collect the sliding fee payment shown above.

- **What If A Patient Still Has Questions?**

- Have the Clinic Manager (or, a designee) talk to the patient.

- **Note: Clinic Manager is accountable for collecting Patient Liability amounts.**

- **Fees for Outside Dental Laboratory Services:**

- **It is the policy of CHC to recover the full cost of fees paid to any outside Dental Laboratory. These amounts need to be collected from patients or their guardians. As a courtesy to all Sliding Fee patients, CHC will not add any mark-up for handling fees, administrative fee, or processing fee.**

# Ancillary

- **MEMORANDUM**
- January 4, 2008
- To: All Clinic Managers
- All Program Managers & Supervisors
- Leadership Team
- Front Office Personnel
- From: Ronald E. Castle, CEO
- Bob Lotwala, CFO
- Subject: Sliding Fee, Self-pay Policy for **Ancillary Services at CHC**
- **This policy shall be effective as of February 1, 2008 and will apply to ALL CHC sites and programs, except the Homeless Program. Any exception must be cleared through the CEO or the CFO.**
- **Purpose:**
- To provide fee discounts to those patients who, based on their proof of income, qualify for sliding fee discounts.
- To provide direction to the CHC staff to ensure that patient fee discounts are afforded uniformly and evenly throughout the CHC system.
- **Method for Discounting Patient Fees:**
- Each year, the Federal Government publishes “poverty guidelines” in the Federal Register. CHC will use the federal guidelines in developing the sliding fee discount schedule. CHC’s Business Office will send out, to all clinic/program managers, a Sliding Fee Scale Grid (copy of the current grid is attached) prior to April 1 of each year.
- All of the sliding fee patients will fall in one of the six categories (Category A thru F), depending upon their income and family size.
- **What Is Included In This Sliding Fee Discount Policy?**
- This particular policy applies only to Ancillary Services. Such services include: Radiology, Laboratory, Ultrasound, and EKG.
- **What Is NOT Included In This Sliding Fee Discount Policy?**
- MRI, CAT Scan, other sophisticated Imaging services provided outside of any CHC sites are specifically excluded from Sliding Fee discounts. Similarly, esoteric reference lab tests are excluded. Other services such as Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Audiology, Optometry, etc. are not subject to Sliding Fee discounts if these services are not provided at CHC sites. Please contact Medical Administration with any questions about a specific patient’s needs.
- **How Much Will The Patient Have To Pay For Ancillary Services?**
- The following discounts will be provided from CHC’s Fee Schedule for the Ancillary Services:
- Category A 50% Discount
- B 40% Discount
- C 30% Discount
- D 20 % Discount
- E 15% Discount
- F No Discounts
- **All payments are expected at the time of service. Payments may be received in cash, check, or credit card. Advance deposit may be required for outside lab fees.**

- **How Does A Patient Qualify For Sliding Fee Discounts?**
- 1. Patients need to provide sufficient proof of income, i.e. check stub(s), other sources of income.
- 2. Patient needs to fill out the “Self Declaration” form indicating his/her family size, members of his family, and family income.
- 3. Denial of benefits letter from Medi-Cal may be required.
  
- **What If A Patient Does Not Have Any Proof Of Income?**
- 1. Provide education to the patient. Let them know that they need to apply for Medi-Cal benefits. Assist them in completing Medi-Cal application, if needed.
- 2. For a first time patient, let them know about their financial responsibility if they fail to apply for Medi-Cal prior to the next visit.
- 3. Allow patient to see the provider and collect the sliding fee payment shown above.
  
- **What If A Patient Still Has Questions?**
- Have the Clinic Manager (or, a designee) talk to the patient.
- **Note: Clinic Manager is accountable for collecting Patient Liability amounts.**

## MEMORANDUM

April 1, 2009

To: All Clinic Managers  
All Program Managers & Supervisors  
Leadership Team  
Front Office Personnel

From: Ronald E. Castle, CEO  
Bob Lotwala, CFO

Subject: Sliding Fee, Self-pay Policy for Primary Care Medical Visits at CHC

**This policy shall be effective as of April 15, 2009 and will apply to ALL CHC sites and programs, except the Homeless Program. Any exception must be cleared through the CEO or the CFO.**

### Purpose:

To provide fee discounts to those patients who, based on their proof of income, qualify for sliding fee discounts.

To provide direction to the CHC staff to ensure that patient fee discounts are afforded uniformly and evenly throughout the CHC system.

### Method for Discounting Patient Fees:

Each year, the Federal Government publishes “poverty guidelines” in the Federal Register. CHC will use the federal guidelines in developing the sliding fee discount schedule. CHC’s Business Office will send out, to all clinic/program managers, a Sliding Fee Scale Grid (copy of the current grid is attached) in April of each year.

All of the sliding fee patients will fall in one of the six categories (Category A thru F), depending upon their Gross Income and family size.

### What Is Included In This Sliding Fee Discount Policy?

This particular policy applies only to Primary Care Medical Visits. In other words, when a patient comes in to see a Primary Care provider (Family Practitioner, Internist, General Practitioner, LCSW, Health Educator, PA, NP, Chiropractor), fees may be discounted if the patient qualifies for such discounts.

### **What Is NOT Included In This Sliding Fee Discount Policy?**

**Patients who come in just for a routine or job related (i.e. DMV, etc.) physicals are not covered by this policy. Any charges and fees, other than the Office Visit fee, are excluded from this discount policy (please refer to separate policies for any other discounted services).**

Specifically, fees for radiological services, laboratory services, pharmacy, specialty physician services, OB/GYN Services, dental services, physical therapy, optometry, and services purchased by CHC from outside contractors and suppliers are excluded from any discounts under this policy. Please refer to separate policies for any other discounted services offered by CHC.

### **How Much Will The Patient Have To Pay For Primary Care Medical Visit?**

The following discounted fees will be charged for the Primary Care Medical Visit:

Category	A	\$30.00
	B	\$30.00
	C	\$35.00
	D	\$35.00
	E	\$40.00
	F	No Discounts

**All payments are expected at the time of service. Payments may be received in cash, check, or credit card.**

### **How Does A Patient Qualify For Sliding Fee Discounts?**

1. Patients need to provide sufficient proof of income, i.e. check stub(s), other sources of income.
2. Patient needs to fill out the “Self Declaration” form indicating his/her family size, members of his family, and family income.
3. Denial of benefits letter from Medi-Cal may be required.

### **What If A Patient Does Not Have Any Proof Of Income?**

1. Provide education to the patient. Let them know that they need to apply for Medi-Cal benefits. Assist them in completing Medi-Cal application, if needed.
2. For a first time patient, let them know about their financial responsibility if they fail to apply for Medi-Cal prior to the next visit.
3. Allow patient to see the provider and collect the sliding fee payment shown above.

### **What If A Patient Still Has Questions?**

Have the Clinic Manager (or, a designee) talk to the patient.

**Note:** Clinic Manager is accountable for collecting Patient Liability amounts.

## **Listing of Other Discounted Services**

Specialty In-house Office Visits	\$50 per Office Visit
Chiropractic Services – Office Visits	\$35 per Office Visit
Pharmacy: (30 days' supply)	\$10 per Generic Prescription \$25 per Brand Name Prescription
X-ray	\$35 one or more views
Ultrasound	\$50 per Ultrasound
Vaccinations	\$20 per vaccine
Dental	There is a separate sliding fee policy

## MEMORANDUM

January 4, 2008

To: All Clinic Managers  
All Program Managers & Supervisors  
Leadership Team  
Front Office Personnel

From: Ronald E. Castle, CEO  
Bob Lotwala, CFO

Subject: Sliding Fee, Self-pay Policy for Ancillary Services at CHC

**This policy shall be effective as of February 1, 2008 and will apply to ALL CHC sites and programs, except the Homeless Program. Any exception must be cleared through the CEO or the CFO.**

### **Purpose:**

To provide fee discounts to those patients who, based on their proof of income, qualify for sliding fee discounts.

To provide direction to the CHC staff to ensure that patient fee discounts are afforded uniformly and evenly throughout the CHC system.

### **Method for Discounting Patient Fees:**

Each year, the Federal Government publishes “poverty guidelines” in the Federal Register. CHC will use the federal guidelines in developing the sliding fee discount schedule. CHC’s Business Office will send out, to all clinic/program managers, a Sliding Fee Scale Grid (copy of the current grid is attached) prior to April 1 of each year.

All of the sliding fee patients will fall in one of the six categories (Category A thru F), depending upon their income and family size.

### **What Is Included In This Sliding Fee Discount Policy?**

This particular policy applies only to Ancillary Services. Such services include: Radiology, Laboratory, Ultrasound, and EKG.

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### **How Much Will The Patient Have To Pay For Ancillary Services?**

The following discounts will be provided from CHC's Fee Schedule for the Ancillary Services:

Category	A	50% Discount
	B	40% Discount
	C	30% Discount
	D	20 % Discount
	E	15% Discount
	F	No Discounts

**All payments are expected at the time of service. Payments may be received in cash, check, or credit card. Advance deposit may be required for outside lab fees.**

### **How Does A Patient Qualify For Sliding Fee Discounts?**

1. Patients need to provide sufficient proof of income, i.e. check stub(s), other sources of income.
2. Patient needs to fill out the "Self Declaration" form indicating his/her family size, members of his family, and family income.
3. Denial of benefits letter from Medi-Cal may be required.

### **What If A Patient Does Not Have Any Proof Of Income?**

1. Provide education to the patient. Let them know that they need to apply for Medi-Cal benefits. Assist them in completing Medi-Cal application, if needed.
2. For a first time patient, let them know about their financial responsibility if they fail to apply for Medi-Cal prior to the next visit.
3. Allow patient to see the provider and collect the sliding fee payment shown above.

### **What If A Patient Still Has Questions?**

Have the Clinic Manager (or, a designee) talk to the patient.

**Note:** Clinic Manager is accountable for collecting Patient Liability amounts.

## MEMORANDUM

January 4, 2008

To: All Clinic Managers  
All Program Managers & Supervisors  
Leadership Team  
Front Office Personnel

From: Ronald E. Castle, CEO  
Bob Lotwala, CFO

Subject: Sliding Fee, Self-pay Policy for Dental Services at CHC

**This policy shall be effective as of February 1, 2008 and will apply to ALL CHC sites and programs, except the Homeless Program. Any exception must be cleared through the CEO or the CFO.**

### Purpose:

To provide fee discounts to those patients who, based on their proof of income, qualify for sliding fee discounts.

To provide direction to the CHC staff to ensure that patient fee discounts are afforded uniformly and evenly throughout the CHC system.

### Method for Discounting Patient Fees:

Each year, the Federal Government publishes “poverty guidelines” in the Federal Register. CHC will use the federal guidelines in developing the sliding fee discount schedule. CHC’s Business Office will send out, to all clinic/program managers, a Sliding Fee Scale Grid (copy of the current grid is attached) prior to April 1 of each year.

All of the sliding fee patients will fall in one of the six categories (Category A thru F), depending upon their income and family size.

### What Is Included In This Sliding Fee Discount Policy?

This particular policy applies only to Dental Visits. In other words, when a patient comes in to see an Oral Health provider (Dentist or Dental Hygienist), fees may be discounted if the patient qualifies for such discounts.

### **What Is NOT Included In This Sliding Fee Discount Policy?**

**Any charges and fees, other than the Office Visit fee, are excluded from this discount policy (please refer to separate policies for any other discounted services).**

Specifically, fees charged by outside specialists (i.e. Pediatric Dentists, Endodontists) who are not working at a CHC site, are not subject to Sliding Fee discounts. Additionally, fees charged by outside Dental Laboratories (i.e. Crowns, Bridges, Dentures, Partials, etc.) are not subject to Sliding Fee discounts. Please refer to separate policies for any other discounted services offered by CHC.

### **How Much Will The Patient Have To Pay For Dental Visit?**

The following discounts will be provided from CHC's Fee Schedule for the Dental Visit:

Category	A	50% Discount
	B	40% Discount
	C	30% Discount
	D	20 % Discount
	E	15% Discount
	F	No Discounts

**All payments are expected at the time of service. Payments may be received in cash, check, or credit card. Advance deposit may be required for outside lab fees.**

### **How Does A Patient Qualify For Sliding Fee Discounts?**

1. Patients need to provide sufficient proof of income, i.e. check stub(s), other sources of income.
2. Patient needs to fill out the "Self Declaration" form indicating his/her family size, members of his family, and family income.
3. Denial of benefits letter from Medi-Cal.

### **What If A Patient Does Not Have Any Proof Of Income?**

1. Provide education to the patient. Let them know that they need to apply for Medi-Cal benefits. Assist them in completing Medi-Cal application, if needed.
2. For a first time patient, let them know about their financial responsibility if they fail to apply for Medi-Cal prior to the next visit.
3. Allow patient to see the provider and collect the sliding fee payment shown above.

### **What If A Patient Still Has Questions?**

Have the Clinic Manager (or, a designee) talk to the patient.

**Note:** Clinic Manager is accountable for collecting Patient Liability amounts.

**Fees for Outside Dental Laboratory Services:**

**It is the policy of CHC to recover the full cost of fees paid to any outside Dental Laboratory. These amounts need to be collected from patients or their guardians.**

As a courtesy to all Sliding Fee patients, CHC will not add any mark-up for handling fees, administrative fee, or processing fee.

ENCOUNTERS BY GL CODE - COMPARISON FROM JULY 2009 - JUNE 2010

**SLO COUNTY TOTALS**

<b>SLO COUNTY TOTALS</b>	<b>JULY</b>	<b>JULY</b>	<b>AUG</b>	<b>AUG</b>	<b>SEP</b>	<b>SEP</b>	<b>OCT</b>	<b>OCT</b>	<b>NOV</b>	<b>NOV</b>	<b>DEC</b>	<b>DEC</b>	<b>JAN</b>	<b>JAN</b>	<b>FEB</b>	<b>FEB</b>	<b>MAR</b>	<b>MAR</b>	<b>APR</b>	<b>APR</b>	<b>MAY</b>	<b>MAY</b>	<b>JUN</b>	<b>JUN</b>	<b>TOTAL</b>	<b>TOTAL</b>
	<b>ENC</b>	<b>%</b>	<b>ENC</b>	<b>%</b>																						
MEDI-CAL	2570	15%	2566	15%	2797	15%	2500	13%	2312	14%	2503	15%	2259	14%	2174	13%	2702	14%	2475	14%	2199	13%	2381	14%	29,438	14%
MEDI-CARE	2857	17%	2766	16%	3085	17%	3101	16%	2677	16%	2753	16%	2642	16%	2657	16%	3180	16%	2856	16%	2644	16%	3248	19%	34,466	17%
MEDI-MEDI	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	-	0%
CENCAL MEDI-CAL MANAGED CARE	4891	29%	5403	32%	5942	33%	6619	35%	5871	35%	5747	34%	5325	33%	5757	34%	6522	34%	5487	31%	5202	31%	4794	28%	67,560	32%
CMSP	725	4%	782	5%	856	5%	843	4%	734	4%	859	5%	751	5%	792	5%	893	5%	890	5%	813	5%	877	5%	9,815	5%
CHDP	15	0%	20	0%	15	0%	18	0%	17	0%	12	0%	19	0%	6	0%	12	0%	297	2%	306	2%	380	2%	1,117	1%
FAMILY PLANNING	213	1%	223	1%	215	1%	216	1%	212	1%	262	2%	244	2%	230	1%	230	1%	205	1%	221	1%	190	1%	2,661	1%
INSURANCE	1448	9%	1509	9%	1619	9%	2078	11%	1788	11%	1621	10%	1484	9%	1675	10%	1807	9%	1673	10%	1491	9%	1478	9%	19,671	9%
WORKERS COMP	49	0%	67	0%	54	0%	55	0%	31	0%	29	0%	35	0%	38	0%	45	0%	37	0%	45	0%	44	0%	529	0%
OTHER 3RD PARTY	874	5%	864	5%	910	5%	906	5%	848	5%	873	5%	876	5%	1087	6%	1061	5%	903	5%	1009	6%	922	5%	11,133	5%
SELF PAY	1668	10%	1164	7%	1328	7%	1249	7%	1063	6%	988	6%	1020	6%	1097	6%	1163	6%	955	5%	990	6%	1105	6%	13,790	7%
SLIDING FEE	1286	8%	1345	8%	1289	7%	1384	7%	1368	8%	1298	8%	1397	9%	1422	8%	1601	8%	1533	9%	1487	9%	1429	8%	16,839	8%
EAPC	145	1%	122	1%	105	1%	122	1%	87	1%	92	1%	130	1%	142	1%	181	1%	172	1%	163	1%	184	1%	1,645	1%
<b>TOTAL</b>	<b>16741</b>	<b>100%</b>	<b>16831</b>	<b>100%</b>	<b>18215</b>	<b>100%</b>	<b>19091</b>	<b>100%</b>	<b>17008</b>	<b>100%</b>	<b>17037</b>	<b>100%</b>	<b>16182</b>	<b>100%</b>	<b>17077</b>	<b>100%</b>	<b>19397</b>	<b>100%</b>	<b>17483</b>	<b>100%</b>	<b>16570</b>	<b>100%</b>	<b>17032</b>	<b>100%</b>	<b>208,664</b>	<b>100%</b>