

ND Federal Loan Repayment Program

Sliding-Fee Scale Guidance

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A Sliding-Fee Scale (SFS) is used by a Healthcare Entity that wishes to serve low-income patients, including community and migrant health centers, free clinics, mobile clinics, homeless centers, school-based health centers, and other sites providing outpatient comprehensive primary care services to medically underserved populations.

The SFS is established and implemented to ensure that uniform and reasonable fees and discounts are consistently and appropriately applied to all eligible patients. While the fee schedule is designed to cover reasonable costs for providing services, the purpose of the SFS is to address financial barriers to care. Therefore, the SFS enables the provision of services to individuals consistent with their ability to pay for such services.

An SFS needs to be based on the annual Federal Poverty Guidelines (FPG) and the SFS must reasonably agree with current guidelines. The patient's eligibility for a reduced fee service must be based on annual income and family size only, a facility cannot include assets.

A Healthcare Entity creating or using a SFS must adhere to the following:

1. The SFS must have an associated policy which includes a non-discrimination clause and a statement that patients will be provided care regardless of their ability to pay.
2. Signage of the availability of SFS must be clearly posted in all common areas.
3. A Healthcare Entity may require for patients to complete an application to determine financial eligibility for the SFS, which may include additional documentation. The additional documentation cannot create intentional barriers to accessing the SFS. Options should be available to verify income which could include recent, e.g., paycheck stubs, disability income statements. Some indigenous populations may not have an income high enough to file a federal tax return.
4. Patient records should be kept to account for each visit and the charges incurred. Co-pays according to income are acceptable to collect when services are provided. If a patient is delinquent in payment to a practice for services, the practice is not required to provide service without payment.
5. Patients at or below 100% of the poverty level must receive a 100% discount or charged a nominal fee only.
6. Clinical practice sites must establish increments (discounted pay classes) as they find appropriate between 100-250% of poverty.



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