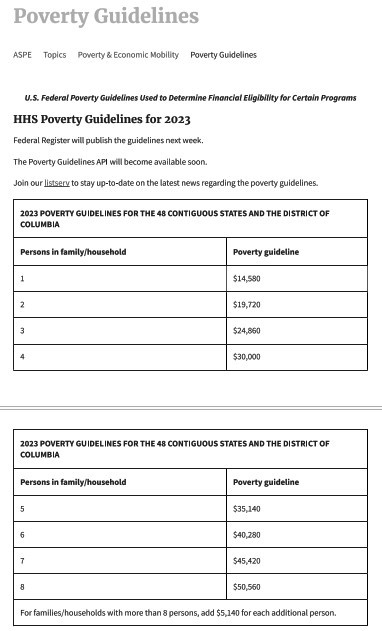
|  |
| --- |
| **DELTA HEALTH CENTER, INC.** |
| **702 MARTIN LUTHER KING ROAD** |
| **P O BOX 900** |
| **MOUND BAYOU, MS 38762** |
| **REGISTRATION & BILLING POLICY & PROCEDURES**  **MANUAL SLIDING FEE SCALE UPDATE** |
| **EFFECTIVE: 03/01/2023** |
| **PREPARED BY:** |
| **HAZEL D WHITING, CPA, CFO** |
| **AND** |
| **THE FINANCIAL SERVICE DEPARTMENT** |

BOARD APPROVED JANUARY 26, 2023



# MEDICAL, MENTAL HEALTH, SUBSTANCE USE DISORDER, PHYSICAL THERAPY & PHYSICIAN HOSPITAL GENERAL SERVICES SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: MEDICAL, MENTAL HEALTH, SUBSTANCE USE DISORDER & PHYSICIAN HOSPITAL GENERAL SERVICES PATIENTS AT OR BELOW 100% OF FPG PAY NOMINAL FEE PER SCHEDULE & PATIENTS ABOVE 100% TO 200% OF FPG PAY THE GREATER OF COPAY OR % of CHARGES. (DUE TO ACCESS ISSUES, WHEN A PATIENT RECEIVE A MEDICAL VISIT & MENTAL HEALTH VISIT ON SAME DAY, ONLY ONE NOMINAL FEE WILL BE REQUIRED TO PREVENT HARDSHIP FOR PATIENTS AT OR BELOW 200% OF POVERTY LEVEL) PATIENTS ABOVE 200% OF POVERTY LEVEL PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $25.00 NOMINAL FEE (only one time per visit)
5. Patient pays greater of COPAY $26.00 or 15% of charges
6. Patient pays greater of COPAY $27.00 or 20% of charges
7. Patient pays greater of COPAY $28.00 or 25% of charges
8. Patient pays 100% of charges

# PREVENTATIVE DENTAL SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: PREVENTATIVE DENTAL PATIENTS AT OR BELOW FPG PAY NOMINAL FEE PER SCHEDULE AND PATIENTS ABOVE 100% TO 200% OF FPG PAY THE GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $25.00 NOMINAL FEE (only one time per visit)
5. Patient pays greater of COPAY $26.00 or 15% of charges
6. Patient pays greater of COPAY $27.00 or 20% of charges
7. Patient pays greater of COPAY $28.00 or 25% of charges
8. Patient pays 100% of charges

# LAB SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: LAB PATIENTS AT OR BELOW 100% OF FPG PAY NOMINAL FEE PER SCHEDULE PER LAB TEST AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY PER LAB TEST OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee + 0% | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $12 NOMINAL FEE per lab test
5. Patient pays greater of COPAY $13 per lab test or 15% of charges
6. Patient pays greater of COPAY $14 per lab test or 20% of charges
7. Patient pays greater of COPAY $15 per lab test or 25% of charges
8. Patient pays 100% of charges

# X-RAY SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: X-RAY PATIENTS AT OR BELOW 100% OF FPG PAY NOMINAL FEE PER SCHEDULE PER XRAY AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee + 0% | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $45 NOMINAL FEE per x-ray
5. Patient pays greater of COPAY $46 per x-ray or 15% of charges
6. Patient pays greater of COPAY $47 per x-ray or 20% of charges
7. Patient pays greater of COPAY $48 per x-ray or 25% of charges
8. Patient pays 100% of charges

# ADDITIONAL DENTAL SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: ADDITIONAL DENTAL PATIENTS AT OR BELOW FPG PAY NOMINAL FEE PER SCHEDULE AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $40.00 NOMINAL FEE + Acquisition Cost of Lab Supplies (only one time per visit)
5. Patient pays greater of COPAY $41.00 or Acquisition Cost of Lab Supplies or 15% of charges
6. Patient pays greater of COPAY $42.00 or Acquisition Cost of Lab Supplies or 20% of charges
7. Patient pays greater of COPAY $43.00 or Acquisition Cost of Lab Supplies or 25% of charges
8. Patient pays Acquisition Cost of Lab Supplies + 100% of charges
9. WE WILL INFORM PATIENTS OF SUCH CHARGES (“OUT-OF-POCKET COSTS”) FOR ACQUISITION COST PRIOR TO THE TIME OF SERVICE.

# PROCEDURES IN CLINIC SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: PROCEDURE PATIENTS AT OR BELOW 100% FPG PAY NOMINAL FEE PER SCHEDULE PER VISIT AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $50.00 NOMINAL FEE (only one time per visit)
5. Patient pays greater of COPAY $51.00 or 15% of charges
6. Patient pays greater of COPAY $52.00 or 20% of charges
7. Patient pays greater of COPAY $53.00 or 25% of charges
8. Patient pays 100% of charges

# PHYSICIAN HOSPITAL DELIVERY & PHYSICIAN SURGERY SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: PHYSICIAN HOSPITAL DELIVERY & PHYSICIAN SURGERY PATIENTS AT OR BELOW 100% FPG PAY NOMINAL FEE PER SCHEDULE PER VISIT AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee | | Patient pays greater of COPAY or 15% of charges | | Patient pays greater of COPAY or 20% of charges | | Patient pays greater of COPAY or 25% of charges | | Patient Pay 100% |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
4. Patient pays $50.00 NOMINAL FEE
5. Patient pays greater of COPAY $51.00 or 15% of charges
6. Patient pays greater of COPAY $52.00 or 20% of charges
7. Patient pays greater of COPAY $53.00 or 25% of charges
8. Patient pays 100% of charges

# PHARMACY SLIDING FEE SCALE

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## (Based on 2023 HHS Poverty Guidelines)

**NOTE: PHARMACY PATIENTS AT OR BELOW 100% FPG PAY FOR EACH PRESCRIPTION, A NOMINAL FEE AS PER SCHEDULE BASED ON FPG + 100% of ACQUISTION COST AND PATIENTS OVER 100% TO 200% FPG PAY A COPAY PER SCHEDLUE BASED ON FPG + 100% of ACQUISTION COST. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.**

**effective date: March 1, 2023**

**A B C D E**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Patient Pay Nominal Fee $5.50 + Acquistion cost | | Patient Pay Copay $5.60 + Acquistion cost | | Patient Pay Copay $5.70 + Acquistion cost | | Patient Pay Copay $5.80 + Acquistion cost | | Patient Pay Copay $5.90 + Acquisition Cost |
| 100% Poverty | | 100.01 - 138% Poverty | | 138.01 - 175% Poverty | | 175.01 - 200% of Poverty | | Above 200% Poverty |
| Family Size | From | To | From | To | From | To | From | To | From |
| 1 | $0 | $14,580 | $14,581 | $20,120 | $20,121 | $25,515 | $25,516 | $29,160 | $29,161 |
| 2 | $0 | $19,720 | $19,721 | $27,214 | $27,215 | $34,510 | $34,511 | $39,440 | $39,441 |
| 3 | $0 | $24,860 | $24,861 | $34,307 | $34,308 | $43,505 | $43,506 | $49,720 | $49,721 |
| 4 | $0 | $30,000 | $30,001 | $41,400 | $41,401 | $52,500 | $52,501 | $60,000 | $60,001 |
| 5 | $0 | $35,140 | $35,141 | $48,493 | $48,494 | $61,495 | $61,496 | $70,280 | $70,281 |
| 6 | $0 | $40,280 | $40,281 | $55,586 | $55,587 | $70,490 | $70,491 | $80,560 | $80,561 |
| 7 | $0 | $45,420 | $45,421 | $62,680 | $62,681 | $79,485 | $79,486 | $90,840 | $90,841 |
| 8 | $0 | $50,560 | $50,561 | $69,773 | $69,774 | $88,480 | $88,481 | $101,120 | $101,121 |
| 9 | $0 | $55,700 | $55,701 | $76,866 | $76,867 | $97,475 | $97,476 | $111,400 | $111,401 |
| 10 | $0 | $60,840 | $60,841 | $83,959 | $83,960 | $106,470 | $106,471 | $121,680 | $121,681 |
| 11 | $0 | $65,980 | $65,981 | $91,052 | $91,053 | $115,465 | $115,466 | $131,960 | $131,961 |
| 12 | $0 | $71,120 | $71,121 | $98,146 | $98,147 | $124,460 | $124,461 | $142,240 | $142,241 |

Source Document: Issued January 2023

Poverty Guidelines | ASPE (hhs.gov) NOTE: For families/households with more than 12 persons, add $5,140 for each additional person. Department of Heath and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

Category A Patient pays NOMINAL FEE $5.50 per prescription + Acquisition Cost Category B Patient pays COPAY $5.60 per prescription + Acquisition Cost Category C Patient pays COPAY $5.70 per prescription + Acquisition Cost Category D Patient pays COPAY $5.80 per prescription + Acquisition Cost Category E Patient pays 100% charge of $5.90 per prescription + Acquisition Cost

1. WE WILL INFORM PATIENTS OF SUCH CHARGES (“OUT-OF-POCKET COSTS”) FOR ACQUISITION COST PRIOR TO THE TIME OF SERVICE.