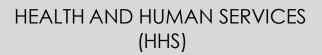


Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement







HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)



OTHER PASS-THROUGH GRANTS

Tied to Federal Poverty Guidelines

The Sliding Fee Schedule is tied to the Federal Poverty Guidelines published annually by Department of Health and Human Services (HHS) in the Annual Update of the HHS Poverty Guidelines

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 19, 2023

2023 Rates reflects the 8% increase to the CPI-U from Calendar Year 2021 and 2022

 After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes

Primary Care

Sliding Fees currently range from \$20 to \$55

Full Charge for incomes 200% above FPG

Family Planning

Sliding Fees currently range from \$0 to \$60

Full Charge for incomes 250% above FPG

Sexual Health Clinic

Sliding Fees currently range from \$20 to \$60

Full Charge for incomes 250% above FPG

Ryan White

Sliding Fees currently range from \$0 to \$55

Full Charge for incomes 200% above FPG

Ryan White Limits

Equal to and below 100% - No Charge to Patients

Over 100% up to and equal to 200% of FPG, patient pays no more than 5% of their total income

Over 200% and up to and equal to 300% of FPG, patient pays no more than 7% of their total income

Over 300% of FPG, patients pay no more than 10% of their total income

Application for Sliding Fee Requires:

- Income Information Must Provide Proof of Income to Determine the Sliding Fee Scale Level
 - Income Status, Employment Status, Homeless, or Self-Employed
 - Patient and/or Partner Weekly Income Before Taxes
 - Living With Parents
- Identify All Other Types of Income, Such As:
 - Alimony
 - Child Support
 - Social Security, etc
- How Many People are Supported by This Income?

% of Poverty Level	100%			
Program Code	Р	-0		
Family Size	Equal to or Between			
1	0	\$ 14,580		
2	0	\$ 19,720		
3	0	\$ 24,860		
4	0	\$ 30,000		
5	0	\$35,140		
6	0	\$ 40,280		
7	0	\$45,420		
8	0	\$ 50,560		

0-100% of Federal Poverty Guidelines

Primary Care	\$20
Family Planning	\$0
Sexual Health Clinic	\$20
Ryan White	\$0

% of Poverty Level	Over 100% to 150%			
Program Code	P-1			
Family Size	Equal to or Between			
1	\$14,581	\$21,870		
2	\$19,721	\$ 29,580		
3	\$ 24,861	\$ 37,290		
4	\$ 30,001	\$45,000		
5	\$35,141	\$ 52,710		
6	\$ 40,281	\$ 60,420		
7	\$ 45,421	\$ 68,130		
8	\$ 50,561	\$ 75,840		

100-150% of Federal Poverty Guidelines

Primary Care	\$35			
Family Planning	\$35			
Sexual Health Clinic	\$35			
Ryan White	\$35			
*No more than 5% of patient's gross annual income				

% of Poverty Level	Over 150% to 175%			
Program Code	P-	- 2		
Family Size	Equal to or Between			
1	\$21,871	\$ 25,515		
2	\$ 29,581	\$34,510		
3	\$37,291	\$43,505		
4	\$45,001	\$ 52,500		
5	\$ 52,711	\$ 61,495		
6	\$ 60,421	\$ 70,490		
7	\$ 68,131	\$ 79,485		
8	\$ 75,841	\$ 88,480		

150-175% of Federal Poverty Guidelines

Primary Care	\$45			
Family Planning	\$45			
Sexual Health Clinic	\$45			
Ryan White \$45				
*No more than 5% of patient's gross annual income				

% of Poverty Level	Over175% to 200%			
Program Code	P-3			
Family Size	Equal to or Between			
1	\$ 25,516	\$ 29,160		
2	\$34,511	\$39,440		
3	\$43,506	\$49,720		
4	\$ 52,501	\$ 60,000		
5	\$ 61,496	\$ 70,280		
6	\$ 70,491	\$ 80,560		
7	\$ 79,486	\$ 90,840		
8	\$88,481	\$ 101,120		

175-200% of Federal Poverty Guidelines

Primary Care	\$55			
Family Planning / Sexual Health Clinic	\$55			
Sexual Health Clinic	\$55			
Ryan White \$55				
*No more than 5% of patient's gross annual income				

% of Poverty Level	Over 200%		
Program Code	P-4		
Family Size	Equal to or		
	Above		
1	\$ 29,161		
2	\$ 39,441		
3	\$49,721		
4	\$ 60,001		
5	\$ 70,281		
6	\$ 80,561		
7	\$ 90,841		
8	\$ 101,121		

Primary Care 200%+ of Federal Poverty Guidelines

Primary Care Full charges

% of Poverty Level	ty Level Over 200%+					
Program Code		P-4 Over 2	00% t	o 250%	P-5 Over 250%+	
Family Size		Equal to	or Be	tween	Equal	to or Above
1	\$	29,161	\$	36,450	\$	36,451
2	\$	39,441	\$	49,300	\$	49,301
3	\$	49,721	\$	62,150	\$	62,151
4	\$	60,001	\$	75,000	\$	75,001
5	\$	70,281	\$	87,850	\$	87,851
6	\$	80,561	\$	100,700	\$	100,701
7	\$	90,841	\$	113,550	\$	113,551
8	\$	101,121	\$	126,400	\$	126,401
Family Planning	\$60			Full Charges		
Sexual Health Clinic		\$60			Ful	ll Charges

Family Planning & Sexual Health Clinic 200%+ of Federal Poverty Guidelines

% of Poverty Level		Ryan White - Over 200%+				
Program Code	F	P-4 Over 20	00%	to 300%	P-5	Over 300%+
Family Size		Equal to	or Be	etween	Equal to or Above	
1	\$	29,161	\$	43,740	\$	43,741
2	\$	39,441	\$	59,160	\$	59,161
3	\$	49,721	\$	74,580	\$	74,581
4	\$	60,001	\$	90,000	\$	90,001
5	\$	70,281	\$	105,420	\$	105,421
6	\$	80,561	\$	120,840	\$	120,841
7	\$	90,841	\$	136,260	\$	136,261
8	\$	101,121	\$	151,680	\$	151,681
Ryan White	*No more than 7% of patient's gross annual income may be charged each calendar year			*No r	more than 10% atient's gross	

Ryan White 200%+ of Federal Poverty Guidelines

Questions?