



**Salina Family Healthcare Center**  
 A Federally Qualified Community Health Center  
 651 E. Prescott, Salina, KS 67401  
 Medical Center ~ (785) 825-7251  
 Dental Center ~ (785) 826-9017  
 Pharmacy ~ (785) 452-3900

## Discount Program Guidelines

Salina Family Healthcare Center (SFHC) receives federal grant funds to assist qualifying individuals in obtaining health care. SFHC **is not** a free clinic. Any services received at another office/hospital or by referral are **not** subject to the Discount Program. Charges for services received will be based on a client's ability to pay. This is determined by using Federal Poverty Level Guidelines that are published annually in the Federal Register. These regulations form the basis for the Discount Program Discount Schedule. The Discount Schedule may be updated upon publication of the Federal Poverty Guidelines, if necessary, then taken to the next regularly scheduled meeting of the Board of Directors for approval.

### Screening

Financial screening for the Discount Program will occur by appointment. Clients must bring income documentation as requested by Salina Family Healthcare Center in order to qualify for the Discount Program. The patient will fill out a *Discount Program Application Form*. If the patient does not have all information needed, they will be given a *Missing Information Letter* by the screener. All information is required in order to screen for a 6 month card.

“Household” is defined as all family members living at the same address.

“Family members” is defined as relatives by blood or those by marriage legally entered into in a U.S. jurisdiction that recognizes their marriage.

### Documentation Required

Items needed to financial screen include:

- Proof of income for all household members:

SRS Programs	Worker's Compensation	Social Security	Veteran's Benefits
Self-employment	Pensions	Retirement	Unemployment
SSI	Child Support	Alimony	Student Loans (with proof of amount payable directly to the applicant)

- Complete and current tax return (including all schedules) if filed;
- The last 3 months proof of income or at least 1-month worth of current paycheck stubs (including overtime) for all family members in the household;
- Photo ID or birth certificate for all family members in the household;
- Denial letter from SRS for Medicaid if pregnant or under 19 (exceptions may be made for college students unlikely to qualify for a Medicaid card).

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Original and current proof of residence will need to be given to the Financial Screener for all patients living at temporary crisis housing facilities (i.e. Ashby House, Salina Rescue Mission, CKF, etc.).

All applications will be reviewed by the Financial Screener after the screening is concluded (before eligibility/level is declared to the patient). The Discount Program Card and packet, appropriate to the level at which the patient screened, will be mailed to the patient generally within one week of screening.

### **Discount Program Specifics**

Discount Program cards will be given to those eligible patients who complete their financial screening and qualify under Federal Poverty Level Guidelines as published by the Federal Register. Cards are given for a maximum of six (6) months and will be given at levels B, C, D and E. The information in our Practice Management System will be used to settle conflicts related to a patient's Discount Program status. If a patient re-screens which results in a change in their level but had a service that is processed at their prior level that had not expired, there will not be an adjustment to the patient's account.

The Discount Program may be available to those individuals who have insurance but the policy does not cover a particular problem/diagnosis for which the patient is being seen. The Discount Program would only be available to the individual for that non-covered service.

### **Re-Screening**

Eligibility is re-evaluated on a semi-annual (6 month) basis or upon any income changes. The patient is required to complete a new discount program application and bring all information needed to apply.

### **Notice**

This is an excerpt of our Discount Program Guideline Policy, last updated 08/29/2018. To request a complete copy of this policy, please contact our Director of Compliance and Risk Management at 785-825-7251 x 222. The current Discount Program Schedule based on the annual HHS Poverty Guidelines is attached below.

## Discount Schedule Based on 2018 HHS Poverty Guidelines - Annual

	B		C		D		E		F
	0-100% FPL*		101-133% FPL*		134-166% FPL*		167-199% FPL*		200% and up FPL*
	Medical - \$30 office visit, \$50-150 procedure*		Medical - \$45 office visit, \$55-165 procedure*		Medical - \$70 office visit, \$90-270 procedure*		Medical - \$95 office visit, \$155-465 procedure*		No Discount
Dental - \$32 routine visit, 50% major services*		Dental - 25% routine services, 50% major services*		Dental - 50% routine services, 50% major services*		Dental - 75% routine services, 50% major services*		No Discount	
Family Size	From	To	From	To	From	To	From	To	Over
1	\$0	\$12,140	\$12,141	\$16,267	\$16,268	\$20,273	\$20,274	\$24,279	\$24,280
2	\$0	\$16,460	\$16,461	\$22,055	\$22,056	\$27,487	\$27,488	\$32,919	\$32,920
3	\$0	\$20,780	\$20,781	\$27,844	\$27,845	\$34,702	\$34,703	\$41,559	\$41,560
4	\$0	\$25,100	\$25,101	\$33,633	\$33,634	\$41,916	\$41,917	\$50,199	\$50,200
5	\$0	\$29,420	\$29,421	\$39,422	\$39,423	\$49,130	\$49,131	\$58,839	\$58,840
6	\$0	\$33,740	\$33,741	\$45,211	\$45,212	\$56,345	\$56,346	\$67,479	\$67,480
7	\$0	\$38,060	\$38,061	\$50,999	\$51,000	\$63,559	\$63,560	\$76,119	\$76,120
8	\$0	\$42,380	\$42,381	\$56,788	\$56,789	\$70,774	\$70,775	\$84,759	\$84,760
For each additional person, add		\$4,320							

NOTE: THIS SCHEDULE IS BASED ON THE POVERTY GUIDELINES AS PUBLISHED IN:

THE FEDERAL REGISTER, VOLUME 83  
NO. 12, January 18, 2018  
PAGE NO. 2642-2644

Approved On: 8/29/2018  
Date Effective: 01/13/18

Signature on File \_\_\_\_\_  
Alan Jilka, Board President

Signature on File \_\_\_\_\_  
Robert Freelove, MD- Chief Executive Officer