



# Non-Profit Community Clinics

## Caring for the Uninsured Regardless of Ability to Pay

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# Who We Are: SFCCC

- 11 community-based primary care clinics with 21 clinic sites that are strategically located throughout the City.
- Members provide more than 324,000 medical and dental visits per year to over 92,000 low-income and uninsured and under-insured San Franciscans, more than 10% of the City's population.
- 70+ CAAs work to enroll and retain more than 28,000 Medi-Cal and Healthy Families patients, and 25,000 Healthy San Francisco (HSF) patients (as of Dec 31).
- Approx. 50% of HSF patients will be eligible for expanded Medi-Cal or the Exchange in 2014.

# SFCCC Partner Clinics & Sites

Curry Senior Center

333 Turk St

Glide Health Services

330 Ellis St

Haight Ashbury Free Clinic

558 Clayton St

ICC: 1735 Mission St

Lyon-Martin Health Services

1748 Market St, #201

Mission Neighborhood Health Center

240 Shotwell St

4434 Mission St

1647 Valencia St.

Resource Center: 165 Capp

Native American Health Center

160 Capp St

North East Medical Services

1520 Stockton St.

1033 Clement St.

82 Leland Ave.

1450 Noriega St.

2574 San Bruno St.

2308 Taraval St.

Saint Anthony Medical Clinic

150 Golden Gate Ave.

San Francisco Free Clinic

4900 California St.

South of Market Health Center

229 7<sup>th</sup> St.

Senior Ctr: 317 Clementina

Women's Community Clinic

1833 Fillmore St.

# Sliding Fee Scale Requirements

**Federally funded health centers and look-alikes must provide access to services without regard for a person's ability to pay.**

Health centers must:

- **Prepare a schedule of fees or payments** for the provision of services that is:
  - **consistent with locally prevailing rates** or charges and
  - **designed to cover the reasonable costs** of operation.
- **Make all reasonable effort to obtain reimbursement** from third party payors ....
- **Prepare a corresponding schedule of discounts** (or sliding fee scale) to be applied to the payment of such fees, in which discounts are adjusted on the basis of the patient's ability to pay.

# Sliding Fee Scale Requirements, cont.

## In addition,

- The health center's governing board must approve the fee schedule and schedule of discounts. The board should review and update the fee and discount schedule on a regular basis.
- Health centers should post signs announcing the availability of discounts in a prominent and accessible location. Patients should be made aware of the discount option.

## Ability to Pay

- Ability to pay is determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

# Sliding Fee Scale Requirements, cont.

- **The schedule of discounts must:**
- Be made available for all individuals and families with an annual income below 200 percent of the poverty guidelines.
- Provide for a full (100 percent) discount for all individuals and families with an annual income below 100 percent of the poverty guidelines.
- Nominal fees may be collected from individual or families with an annual income at or below 100 percent of the poverty guidelines when imposition of such fees is consistent with project goals.

# Sliding Fee Scale Requirements, cont.

- No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.
- No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.

(Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and 42 CFR Part 51c.303(u))

<http://bphc.hrsa.gov/about/requirements/index.html>



# Questions?

- Contact:

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Thank you.