



San Luis Valley Health's Behavioral Health department offers a sliding fee discount program to eligible patients. If you would like more information, please call 589-8008, or ask one of our Admitting Clerks at the front desk.



Departamento de salud mental de San Luis Valley Health ofrece un programa de descuento de cuota deslizando a pacientes elegibles. Si desea más información, por favor llame al 589-8008, o pedir a uno de nuestros empleados de admisión en la recepción.

Purpose of Sliding Scale Policy and Procedure

To provide financial assistance to behavioral health patients who meet the criteria for the sliding fee discount program. Applicants must have annual incomes and family size at or below two hundred percent of the most current Federal Poverty Level (FPL).

Disclaimer

SLV Health provides care to all patients and does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities.

Policy

As a non-profit, charitable, community-based healthcare provider, SLV Health will provide discounts to patients who meet the income criteria and demonstrate the need for behavioral health counseling.

This sliding scale discount program will not be used in combination with Medicaid, CACP or Medicare. Valley-Wide Health Systems' patients who qualify for their Sliding Fee program will be deemed eligible for SLV Health Behavioral Health Sliding Scale.

Discounts are offered based upon family/household size and annual income. A sliding fee and co-payment schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines as issued each spring by the U.S. Department of Health and Human Services (Attachment A). Once approved, the discount will be honored for 12 months, after which the patient must reapply. Patients who are determined to be ineligible may reapply in three months or file an appeal with the Director of the Business Revenue Cycle.

SLV Health will inform patients of the sliding fee program by displaying notices in the Stuart Avenue Clinic and SLV Health website in English and Spanish.

Scope of Coverage:

Eligible patients must meet with an eligibility advocate to be approved before being seen by Behavioral Health Specialist at the Stuart Street Clinic. Exceptions may be made on a case-by-case basis.

After determining the slide, co-pays will be expected at the time of service. Service will not be denied if patient is unable to pay at the time of service. See the Co-pay Guideline, Attachment B.

Ineligible Services

This policy does not apply to charges for services incurred from other providers whose services are coincident to those provided by SLV Health Behavioral Health.

Effective 03.01.2016

Attachment C Criteria for Discount and Sliding Fee Rating
Annual Income:

Family Size	P \$0 co-pay	Q \$5 co-pay	R \$10 co-pay	S \$15 co-pay	T \$20 co-pay
1	< \$11,770	<\$14,713	< \$17,655	< \$20,598	< \$23,540
2	\$15,930	\$19,913	\$23,895	\$27,878	\$31,860
3	\$20,090	\$25,113	\$30,135	\$35,158	\$40,180
4	\$24,250	\$30,313	\$36,375	\$42,438	\$48,500
5	\$28,410	\$35,513	\$42,615	\$49,718	\$56,820
6	\$32,570	\$40,713	\$48,855	\$56,998	\$65,140
7	\$36,730	\$45,913	\$55,095	\$64,278	\$73,460
For each additional person add:	\$4,160	\$5,200	\$6,240	\$7,280	\$8,320
Poverty Level*	41%- 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%

***Percent of Federal Poverty Level based on 2015 HHS Guideline.
No discount is available for applicants over 250% of FPL.**



SLVH BEHAVIORAL HEALTH SLIDING SCALE

Physicians Services, 2115 Stuart Street, Alamosa, CO 81101

03/01/2016

SLV HEALTH BEHAVIORAL HEALTH SLIDE RATING	
<i>RATING</i> <small>Determined by Financial Counselor, SLV Health</small>	Co-pay
P	\$0
Q	\$5
R	\$10
S	\$15
T	\$20

Payments are due at time of service (or 30 days from visit)

- 02 for Alamosa County
- 11 for Conejos County
- 12 for Costilla County
- 40 for Mineral County
- 53 for Rio Grande County
- 55 for Saguache County

Example: P02/08-30-16

Insurance Information	Additional Information	Authorization
Payor Plan		
Plan ID: 1929		
Priority: Primary		
Plan Desc: CMHC/CHARITY CARE		
Insurance Company		
Name: CMHC/CHARITY CARE		
Svc of Prost: CHARITY CARE		
Policy Info		
Certificate: PG066-30-16		
HIC No:		
Group No:		

NAME _____
RATING LETTER _____ COUNTY CODE _____
END DATE _____
MEDICAL RECORD # _____

Signature of SLV Staff