

CENTRAL VIRGINIA PREFERRED PROVIDERS (CVPP)

SLIDING FEE DISCOUNT PROGRAM POLICY

Central Virginia Preferred Providers (CVPP) is committed to providing access to behavioral health and substance use treatment services regardless of a patient's financial circumstances, insurance status, or ability to pay. In support of this commitment, CVPP maintains a Sliding Fee Discount Program ("SFDP") consistent with Health Resources and Services Administration (HRSA) and National Health Service Corps (NHSC) requirements.

The purpose of the Sliding Fee Discount Program is to reduce financial barriers to medically necessary behavioral health care for eligible patients while supporting continued access to comprehensive outpatient psychiatric and substance use treatment services. No patient will be denied access to medically necessary services due to inability to pay.

This policy applies to services provided at:

Central Virginia Preferred Providers (CVPP)

5911 West Broad Street, Suite A
Richmond, Virginia 23230

The Sliding Fee Discount Program is available to eligible patients receiving covered behavioral health and substance use treatment services through CVPP regardless of insurance status. Covered services may include psychiatric evaluations, behavioral health assessment and treatment services, medication management follow-up visits, individual psychotherapy services, and Medication-Assisted Treatment (MAT/MOUD) visits. The program does not generally apply to missed appointment fees, administrative forms, records requests, or other non-covered ancillary charges unless specifically authorized through administrative review.

Eligibility for the Sliding Fee Discount Program is determined solely on the basis of household income and family size using the current Federal Poverty Guidelines (FPG). Insurance status will not be used to determine whether a patient is eligible to apply for or participate in the Sliding Fee Discount Program. CVPP utilizes a three-tier discount structure for patients whose household income falls at or below 200% of the Federal Poverty Guidelines.

The current eligibility tiers are as follows:

Tier 1: 0%–100% of Federal Poverty Guidelines

Tier 2: 101%–150% of Federal Poverty Guidelines

Tier 3: 151%–200% of Federal Poverty Guidelines

Patients whose household income exceeds 200% of the Federal Poverty Guidelines are generally not eligible for discounted services under the Sliding Fee Discount Program.

The Sliding Fee Discount Program is available to qualifying uninsured, underinsured, and insured patients based upon household income and family size. Patients with Medicaid,

Medicare, commercial/private insurance, or other third-party coverage are not excluded from consideration solely because they have insurance coverage. For patients with insurance, applicable third-party coverage will be utilized in accordance with payer requirements, and Sliding Fee Discount Program eligibility may be applied to eligible patient financial responsibility in accordance with this policy and applicable payer requirements.

Patients requesting participation in the Sliding Fee Discount Program must complete a Sliding Fee Discount Program application and provide documentation sufficient to verify household income and family size. Documentation may include recent pay stubs, the applicant's prior-year federal income tax return, Social Security, disability, unemployment or other benefit statements, or other reasonable documentation necessary to verify household income and family size. Additional documentation may be requested when necessary to verify eligibility information. Participation in public assistance programs such as Medicaid, SNAP, SSI, or WIC does not eliminate the requirement to complete the application process; however, available documentation may be considered when verifying household income and family size.

All applications and supporting documentation will be reviewed by the Practice Manager or designated administrative representative solely for the purpose of verifying completeness of documentation, confirming household income and family size, and determining the appropriate Federal Poverty Guideline tier. Eligibility determinations are based exclusively on objective financial criteria and current Federal Poverty Guidelines.

Eligibility determinations will not be based upon insurance status, race, ethnicity, gender, diagnosis, immigration status, employment type, collections history, or subjective discretion. Administrative staff do not have authority to subjectively approve or deny discounts outside of the established Sliding Fee Discount Program criteria.

Approved Sliding Fee Discount Program eligibility will remain valid for a period of twelve (12) months from the date of approval. Patients may be required to reapply sooner in the event of a significant change in household income or family size.

Discounted fees are established according to the CVPP Sliding Fee Discount Schedule, which is maintained separately from this policy and reviewed periodically to ensure continued operational sustainability and compliance with current Federal Poverty Guidelines.

Patients and families with household income at or below 100% of the Federal Poverty Guidelines will receive substantially discounted nominal charges for covered services according to Tier 1 of the CVPP Sliding Fee Discount Schedule. The Tier 1 nominal charges are established at amounts that do not reflect the full value of the services provided and are intended to minimize financial barriers to care.

Patients and families with household income above 100% and at or below 200% of the Federal Poverty Guidelines will receive discounted charges according to the applicable Federal Poverty Guideline tier and the current CVPP Sliding Fee Discount Schedule.

Patients approved under the Sliding Fee Discount Program are expected to make any applicable patient payment at the time services are rendered unless alternative arrangements have been approved by administration. Payment plans may be offered when appropriate for outstanding balances.

CVPP will make reasonable efforts to work with patients regarding outstanding balances and may offer payment arrangements when appropriate. Collection activities will not be based upon a patient's insurance status, race, ethnicity, gender, diagnosis, disability, immigration status, or ability to pay.

Patients will not be denied future access to medically necessary behavioral health services solely due to an outstanding balance or inability to pay.

Information regarding the availability of the Sliding Fee Discount Program is publicly available through practice signage, patient intake materials, administrative staff, and the practice website in order to increase awareness and access to behavioral health services for eligible patients. Public information regarding the program will state that no patient will be denied access to services due to inability to pay and that a Sliding Fee Discount Program is available based on family size and income, regardless of insurance status.

CVPP will continue to maintain policies and procedures designed to ensure that no patient is denied access to medically necessary behavioral health services due to inability to pay.

The Practice Manager is responsible for oversight and administration of the Sliding Fee Discount Program, including maintenance of required documentation, implementation of approved fee schedules, and operational compliance with applicable HRSA and NHSC requirements.

This policy shall be reviewed periodically and updated as necessary to maintain compliance with federal requirements and organizational operations.

Approved By: _____

Title: _____

Date: _____