

## Mt Rose Health Center Business Office Policies

**SUBJECT:** Sliding Fee Discount Program

**EFFECTIVE DATE:** April 1, 2017

**POLICY:** To make available discount medical services to those in need.

### **PURPOSE:**

This program is designed to provide free or discounted care to those who have no means or limited means to pay for their medical services. This includes those who are insured as well as the uninsured. In addition to the quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Mt Rose Health Center will offer a **Sliding Fee Discount Program** to all who are unable to pay for their services. Mt Rose Health Center will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, ( <http://aspe.hhs.gov/poverty> ), will be used in creating and annually updating the sliding fee schedule ( SFS) to determine eligibility.

**PROCEDURE:** The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** Mt Rose Health Center will notify patients of the Sliding Fee Discount Program by:
  - Payment Policy Brochure will be available to all uninsured patients at the time of Service.
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
  - Sliding Fee Discount Program application will be included with the collection notices sent out by Mt Rose Health Center.

- An explanation of our Sliding Fee Discount Program and our application form are available at the front desk of our clinic.
- Mt Rose Health Center places notification of the Sliding Fee Discount Program in the clinic waiting area.

2. All patients seeking healthcare services at Mt Rose Health Center are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**

3. **Request for Discount:** Requests for discounted services may be made by patients, family members, social services, staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information can be obtained from the front desk at the clinic site.

4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

5. **Alternative Payment Sources:** All alternative payment resources must be exhausted, including third-party payment from insurance(s), Federal and State Programs.

6. **Completion of Application:** The patient or responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Mt Rose Health Center access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the required information within the two week period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

7. **Eligibility:** Discounts will be based on income and family size only. Mt Rose Health Center uses the *Census Bureau* definitions of each.

- a. **Family** is defined as a group of two people or more, one of whom is the householder, related by birth, marriage, or adoption and residing together. All such people, including related subfamily members, are considered as members of one family.
- b. **Income** includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside household, and other miscellaneous sources. Non cash benefits such as food stamps and housing subsidies **do not** count.

8. **Income Verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T ( if W-2 not filed). Self employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self declaration of Income may only be used in special circumstances. Specific examples occlude participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income and why he or she is unable to provide independent verification. This statement will be presented to Mt Rose Health Center CEO or her designee for review and a final determination as to the sliding fee percentage. Self - declared patients will be responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.

10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$5 nominal ( small) charge per visit. However, patients will not be denied services due to inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or small, discount fee. Waiving of charges may only be used in special circumstances and must be approved by Mt Rose Health Center's CEO, CFO or their designee. Any waiving of charges should be documented in the patient's file along with an explanation ( e.g., ability to pay, good will, health promotion event ).

12. **Applicant Notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing , and will include the percentage of Sliding Fee

Discount Program write off, or if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Mt Rose Health Center. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to re-apply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be lesser of six months or the expiration of their last Sliding Fee Discount Program application.

13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the Sliding Fee schedule, a copy of the Sliding Fee Discount Program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Mt Rose Health Center can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

14. **Record Keeping:** Information related to the Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.

- a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on the Mt Rose Health Center shared directory, noting names of applicants, dates of coverage and percentage of coverage.
- b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will be also logged.

15. **Policy and Procedure Review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and or Comptroller. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

Board approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

APPROVAL DATE: 06/17/2013

REVISED DATE: 04/01/2017

REVIEWED BY: VB

ATTACHMENTS:

- 2017 Sliding Fee Schedule
- Patient Application for Sliding Fee Discount Program

