



An affiliate of Scotland Health Care System

POLICIES AND PROCEDURES

Policy Manual:	Scotland Physician's Network	Policy #:
Category/Subject:	Sliding Fee Discounts	Date Issued: 12/2012
Contact Dept:	Scotland Physician's Network	Date(s) Revised: 08/2017; 10/2017
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POLICY

To promote access to preventative and illness care for underinsured low income persons, Scotland Health Care Systems Practice Center patients who meet the eligibility requirements outlined in this policy will qualify for a discount applied against charges. Scotland Health Care Systems Practice Centers will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Scotland Health Care Systems Practice Centers 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. Scotland Health Care Systems Practice Centers serve all patients regardless of inability to pay. **No one is refused services because of lack of financial means to pay.**

All necessary services provided by the Practices will be covered under the sliding fee scale discount.

Charges are to be posted to the patient account based on the standard charges of the Practice. Sliding fee discounts will be applied after all payments for the dates of services rendered have been received, using the appropriate adjustment type/code(s) as determined by the Vice President of Finance. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule to determine eligibility.

Definitions

- Underinsured: Patients covered by a source of third party funding, but at risk of high out-of-pocket expenditures due to their plan's benefit package or who are not covered under an insurance health plan. This may include, but is not limited to, high deductible plans, high coinsurance/copay plans, low per diem policies, etc.

PURPOSE

To govern the use of sliding fee discounts.

PROCEDURE

Notification: Patients will be notified of the Sliding Fee Discount Program by:

- Notification will be provided to each applicable patient at the time of service and interested patients will be offered an application for the program
- Notification of the program will be displayed in the practice waiting area.
- The program explanation and applications will be available on Scotland Memorial Hospital's website.

Request for Discounts: Request for discounted services may be initiated by patients, family members, social service staff, or others who have awareness of the existing financial hardship. The sliding fee schedule discount program will only be made available to the practice visits. The information will be available at the front desk and business office for the practice.

Eligibility Requirements:

- Any person that does not have health insurance or meets underinsured definition may be considered for the sliding fee discount. All patients seeking health care at SPN Practices are assured they will be served regardless of ability to pay.
- When the Practice staff becomes aware of the need for payment assistance, the responsible person will offer the patient a sliding fee discount application to provide information to assist them in the determination of eligibility. The Practice will ask the responsible party to sign a statement attesting that they received the sliding fee discount application. Those patients currently receiving sliding fee discounts are required to notify the Family Practice Center of any changes in dependents or income. Failure to notify the practice of these changes can/will result in immediate suspension of the sliding fee discount program and all charges for services rendered will be added back on the patient account in the timeframe specified.
- On the date of the original approval of the application for the sliding fee discount for each calendar year, each patient will be notified to bring the information to the Practice for the purpose of re-determining eligibility for the discount. Changes in the number of family members and financial status are to be disclosed.

Eligibility:

Sliding fee discounts will be based on income and family size utilizing the Census Bureau definitions of each:

- **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 family members) are considered as members of one family.
- **Income** includes: earnings, unemployment compensation, workers' compensations, Social Security, Supplemental Security Income, public assistance, veteran's payments, survivor benefits, pension and retirement incomes, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) **do not** count.

Any of the following documents shall be considered sufficient evidence upon which to base the final determination of eligibility, when the income data is annualized as appropriate:

- 2 most recent paycheck stubs
- Income tax return from the most recently filed calendar year
- Forms indicating approval or denial of unemployment compensation benefits

Applicant Notification and Records:

All determinations of eligibility and discount calculations will be made by the Director of Revenue Cycle along with the decision to retroactive the account back three months from approval date as long as all documentation was received within 30 days from actual date of service patient was informed of sliding fee discount. Once the approval or denial for the sliding fee discount has been determined, the patient(s) will then be notified in writing by the Practice Manager or a designated staff member. A copy of the approved Sliding Fee Application will be scanned into the patient's chart then forwarded to the Clinic Biller.

Information related to the Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Practice in an effort to preserve the dignity of those receiving free or discounted care.

Information requests, from the Practice staff to the responsible person, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible person's qualification for sliding discount. Only those facts relevant to eligibility may be verified and duplicate forms for verification shall not be demanded.

Nominal Fee:

Patients receiving a full discount will be assessed a \$25.00 nominal charge requested at time of visit. However, patients will not be denied services due to the inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment. (Nominal Fee based on area FQHC nominal fee rate.)

Inability to Pay:

Payment is requested at time of service by cash, credit card, or check. Patients who express inability to pay will not be refused services.

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 and payment plans. The patient's bill will stay in Accounts Receivable for 3 statement cycles as the Central Billing Office attempts to collect payment. Once the patient has received 3 statements and fails to pay bill or make payment arrangements, the bill is sent to bad debt and removed from the Accounts Receivable.

Annual Policy and Procedure Review:

Annually, the amount of sliding fee discount program provided will be reviewed by the CFO\CEO. The Sliding Fee Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care proceed shall serve as a guideline for the future planning. This review will also serve as a discussion base for considering possible changes in the current policy and procedures for examining the facility practices in order to reduce barriers to care for the uninsured and underinsured patient population.

Budget:

Annual budget process, an estimated amount of the 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.



Sliding Fee Schedule (SFS)

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$12,060	\$13,266	\$14,472	\$15,678	\$16,884	\$18,090	\$19,296	\$20,502	\$21,708	\$22,914	\$24,120	\$24,121
2	\$16,040	\$17,644	\$19,248	\$20,852	\$22,456	\$24,060	\$25,664	\$27,268	\$28,872	\$30,476	\$32,080	\$32,481
3	\$20,420	\$22,462	\$24,504	\$26,546	\$28,588	\$30,630	\$32,672	\$34,714	\$36,756	\$38,798	\$40,840	\$40,841
4	\$24,600	\$27,060	\$29,520	\$31,980	\$34,440	\$36,900	\$39,360	\$41,820	\$44,280	\$46,740	\$49,200	\$49,201
5	\$28,780	\$31,658	\$34,536	\$37,414	\$40,292	\$43,170	\$46,048	\$48,926	\$51,804	\$54,682	\$57,560	\$57,561
6	\$32,960	\$36,256	\$39,552	\$42,848	\$46,144	\$49,440	\$52,736	\$56,032	\$59,328	\$62,624	\$65,920	\$65,921
7	\$37,140	\$40,854	\$44,568	\$48,282	\$51,996	\$55,710	\$59,424	\$63,138	\$66,852	\$70,566	\$74,280	\$74,281
8	\$41,320	\$45,452	\$49,584	\$53,716	\$57,848	\$61,980	\$66,112	\$70,244	\$74,376	\$78,508	\$82,640	\$82,641
For each additional person, add	\$4,180	\$4,598	\$5,016	\$5,434	\$5,852	\$6,270	\$6,688	\$7,106	\$7,524	\$7,942	\$8,360	\$8,360

* Based on [2017 Federal Poverty Guidelines](#)