

## Policy 6005: Sliding Fee Discount Program

### 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 (Uninsured or Underinsured). In addition to 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.

### POLICY

Shoshone Family Medical Center will charge persons receiving health services at the usual and customary rate prevailing in this area. SFMC shall offer a Sliding Fee Discount Program to all who are unable to pay for their services. Shoshone Family Medical Center will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, creed, disability or national origin. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

We will not discriminate against any person receiving health services because of their inability to pay for services, or because of payment for the health services will be made under Part A or B of Title XVII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVII ("Medicare") of the Act.

We have an agreement with the State agency which administers the State plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical assistance under the plan.

### PROCEDURES

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

1. Notification: Shoshone Family Medical Center will notify patients of the Sliding Fee Discount Program by:

- Notification of the Sliding Fee Discount Program will be offered to each self-pay patient upon admission.
- Shoshone Family Medical Center places notification of Sliding Fee Discount Program in the clinic waiting area.

2. All patients seeking healthcare services at Shoshone Family Medical 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 and forms can be obtained from the Front Desk and the Business Office.



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 all third-party payment from insurance(s), Federal and State programs.

6. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By completing the Sliding Fee Discount Program application, persons authorize Shoshone Family Medical 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 requested information within one month, 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. Shoshone Family Medical 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 the household, and other miscellaneous sources. Noncash 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 detail 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 include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to Shoshone Family Medical Center's Clinic Manager or his/her designee for review and 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 \$50 nominal charge per visit. However, patients will not be denied services due to an 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 discount fee. Waiving of charges may only be used in special circumstances and must be approved by Shoshone Family Medical Center's Clinic Manager, 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. 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 does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Shoshone Family Medical Center can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.

13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in the patients chart.

14. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the Clinic Manager. 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.

ATTACHMENTS:

2015 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

<b>Annual Income Thresholds by Sliding Fee Discount Pay Class &amp; Percent Poverty</b>						
Poverty Level*	At or below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$50)	20% pay	40 % pay	60% pay	80 % pay	100% pay
1	0-\$11,770	\$11,771-\$14,713	\$14,714-\$17,655	\$17,656-\$23,598	\$20,599-\$23,540	\$23,541+
2	0-\$15,930	\$15,931-\$19,913	\$19,914-\$23,895	\$23,896-\$27,878	\$27,879-\$31,860	\$31,861+
3	0-\$20,090	\$20,091-\$25,113	\$25,114-\$30,135	\$30,136-\$35,158	\$35,159-\$40,180	\$40,181+
4	0-\$24,250	\$24,251-\$30,313	\$30,314-\$36,375	\$36,376-\$42,438	\$42,439-\$48,500	\$48,501+
5	0-\$28,410	\$28,411-\$35,513	\$35,514-\$42,615	\$42,616-\$49,718	\$49,719-\$56,820	\$56,821+
6	0-\$32,570	\$32,571-\$40,713	\$40,714-\$48,855	\$48,856-\$56,998	\$56,999-\$65,140	\$65,141+
7	0-\$36,730	\$36,731-\$45,913	\$45,914-\$55,095	\$55,096-\$64,278	\$64,279-\$73,460	\$73,461+
8	0-\$40,890	\$40,891-\$51,113	\$51,114-\$61,335	\$61,336-\$71,558	\$71,559-\$81,780	\$81,781+
Additional Person, add	\$4,160	\$5,200	\$6,240	\$7,280	\$8,320	\$8,320

\*Based on 2015 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

AS A NATIONAL HEALTH SERVICE CORPS SITE,  
**WE PROMISE TO**

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- ✓ **Serve all patients**
- ✓ **Offer discounted fees for patients who qualify**
- ✓ **Not deny services based on a person's:**
  - Race
  - Color
  - Sex
  - National origin
  - Disability
  - Religion
  - Sexual orientation
  - Inability to Pay
- ✓ **Accept insurance, including:**
  - Medicaid
  - Medicare
  - Children's Health Insurance Program (CHIP)

This facility is a member of the  
National Health Service Corps: [NHSC.hrsa.gov](https://www.nhsc.hrsa.gov).



AL SER UN ESTABLECIMIENTO DEL CUERPO NACIONAL DE SERVICIOS DE SALUD,

# PROMETEMOS:

- ✓ **Servir a todos los pacientes**
- ✓ **Ofrecer costos reducidos a los pacientes que califican**
- ✓ **No negarle servicios a las personas debido a su:**
  - Raza
  - Color
  - Sexo
  - Origen nacional
  - Incapacidad
  - Religión
  - Orientación sexual
  - Imposibilidad de pago
- ✓ **Aceptar seguros de salud, incluyendo:**
  - Medicaid
  - Medicare
  - CHIP (Programa de Seguro Médico para Niños)

**Este establecimiento es miembro del Cuerpo Nacional de Servicios de Salud (National Health Service Corps, NHSC): [NHSC.hrsa.gov](http://NHSC.hrsa.gov). (solo en inglés)**

