

Broad Top Area Medical Center, Inc.

Policy and Procedure

Subject: Patient Accounting, Sliding Fee Scale Discount Program (SFS)	Supersedes Issue Date: 02/27/2025 Review Date: 02/20/2026 Effective Date: 02/26/2026
Section: Financial	Page Number: 1 of 6

Policy:

Broad Top Area Medical Center, Inc. (BTAMC) provides services to all patients, regardless of their ability to pay. BTAMC determines eligibility for the Sliding Fee Scale Discount Program based on household size and gross household income to all qualifying patients who are below or up to 200 % percent of the Federal Poverty Level (FPL). All patients may apply and are encouraged to apply for the Sliding Fee Scale Discount Program (SFS). Patients may choose to decline the program's benefit. To qualify for an SFS Discount, a patient or parent/guardian must complete an application and provide proof of income (POI).

The Finance Department will re-assess the Sliding Fee Scale (SFS) annually and review for compliance with federal program guidelines. <https://aspe.hhs.gov> The Board of Directors will evaluate the Sliding Fee Discount program every three years to ensure appropriateness to the provision of care. Utilization and Comparative data will be reviewed for future program planning.

Procedure:

1. SFS applications are completed by the patient or patient's parent/guardian to determine eligibility and qualification assessment, except in situations where the applicant has declined or refused the program's benefit.
2. A patient or parent/guardian is offered a "Good-Faith Estimate", and the applicant's self-declared income will be used as pre-determination. For the purpose of determining Slide Discounts, the applicant must submit proof of their family's gross household income within 10 to 15-business days of an application's issue. Such items may be presented to satisfy proof of income:
 - Copies of last month's paycheck stubs **or** other income statements – three **or** more
 - Copies of a W-2 **or** an Income Tax return from previous year **or** a bank statement
 - Copies of Social Security Determination Letters **or** Pension/Retirement Statements
 - Copies of Unemployment Determination **or** an Affirmation Statement of "no income"

***Applications may be returned in person, mailed to any office location, or sent via secure email to: enrollment@broadtopmedical.com**

3. For purpose of determining a Sliding Fee Scale Discount Tier, "Income" may include the following:
 - Salary and/or wage earnings
 - Business income (proprietorship, partnership, or corporation)
 - Unemployment compensation or strike benefit payments
 - Social Security and Supplemental Social Security income
 - Retirement or private pensions

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- Dividend or interest gains and annuity payments
 - Alimony or child support payments
 - Periodic trust or estate payments
 - Net royalty payments or net gambling and lottery winnings.
4. For purpose of determining a SFS Discount Tier, “Family” is defined as an individual **or** group of two or more persons related by birth, marriage, domestic partnership, adoption, or guardianship that live in one tax household. The combination of the family’s gross household income, and the number of people that live in the household will determine which SFS Discount Tier is approved.
 5. The “ability-to-pay” is different from the “willingness-to-pay.” No treatment will be refused due to a person’s inability to pay. Applicants must submit documentation to provide proof of the family’s gross household income to complete the qualification process. Patients may be disqualified for incomplete applications or without proof of income (POI). Patients may be charged the “full fee” for delinquent applications. Resubmitted applications may be accepted, but determination for an approved SFS Discount might not be applied until the patient’s next visit.
 6. BTAMC will offer **three** Sliding Fee Tables – Medical, Dental, and Enhanced Dental Exclusions. Each Table will have a distinct fee structure per service type. The Nominal Fee is not intended to create a payment threshold to receive care. The Nominal Fee is intended for individuals and families at or below 100% percent of Federal Poverty Level (FPL). SFS Installation Payments and payment plans can be extended through a period of time regardless of a patient’s insured status, or their income status, or their approved SFS Discount status.
 7. The SFS Application Response Form will be used as a worksheet to record an applicant’s qualified Discount Tier. The applicant is notified of final determination and the appropriate payment due for the service rendered. If an under-insured person is also approved for an SFS Discount, the charge out-of-pocket will either be a patient’s insurance co-pay, co-insurance, the unpaid balance, **or** the approved Sliding Fee – lowest cost-share will apply, when allowable per third-party payor contract.
 8. Determination and proof of gross household income will be monitored. Copies of an approved or a disqualified application will be entered to the patient’s chart. Original applications will be retained and filed by the Certified Application Counselor (CAC) for patient accounting or auditing purposes. When an applicant has declined the SFS Program, a signature of waiver or verbal refusal may be documented in the chart for tracking purposes.
 9. The SFS benefit period is **March 1 to last day of February**. Approved applications must be renewed by patient or guardian/guardian every year. New applications may submitted anytime there is change to the family’s gross household income, or a change to the family size throughout the year.
 10. BTAMC’s Sliding Fee Scale Discount Program may not be applicable to certain referral services when rendered by non-BTAMC providers or facilities. BTAMC patients may be inclined to apply for an alternative discount program or financial aid established by external referral facilities.

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2026 <u>MEDICAL</u> and <u>DENTAL</u> SLIDING FEE SCALE DISCOUNT TABLE						
	Slide Tier A	Slide Tier B	Slide Tier C	Slide Tier D	Slide Tier E	<u>No</u> Slide Discount
Family Size	(<= 100%)	(101% to 125%)	(126% to 150%)	(151% to 175%)	(176% to 200%)	Above 200% FPL
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921 +
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281 +
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$51,640	\$51,641 +
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001 +
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361 +
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721 +
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,570 - \$100,080	\$100,081 +
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441 +
<i>For families/households with more than 8 persons, add \$5,680 for each additional person.</i>						
*Nominal Fee: \$25.00	70 % Discount on Total Charges \$25 Installment	65 % Discount on Total Charges \$25 Installment	50 % Discount on Total Charges \$25 Installment	45 % Discount on Total Charges \$25 Installment	100% of Charge(s)	

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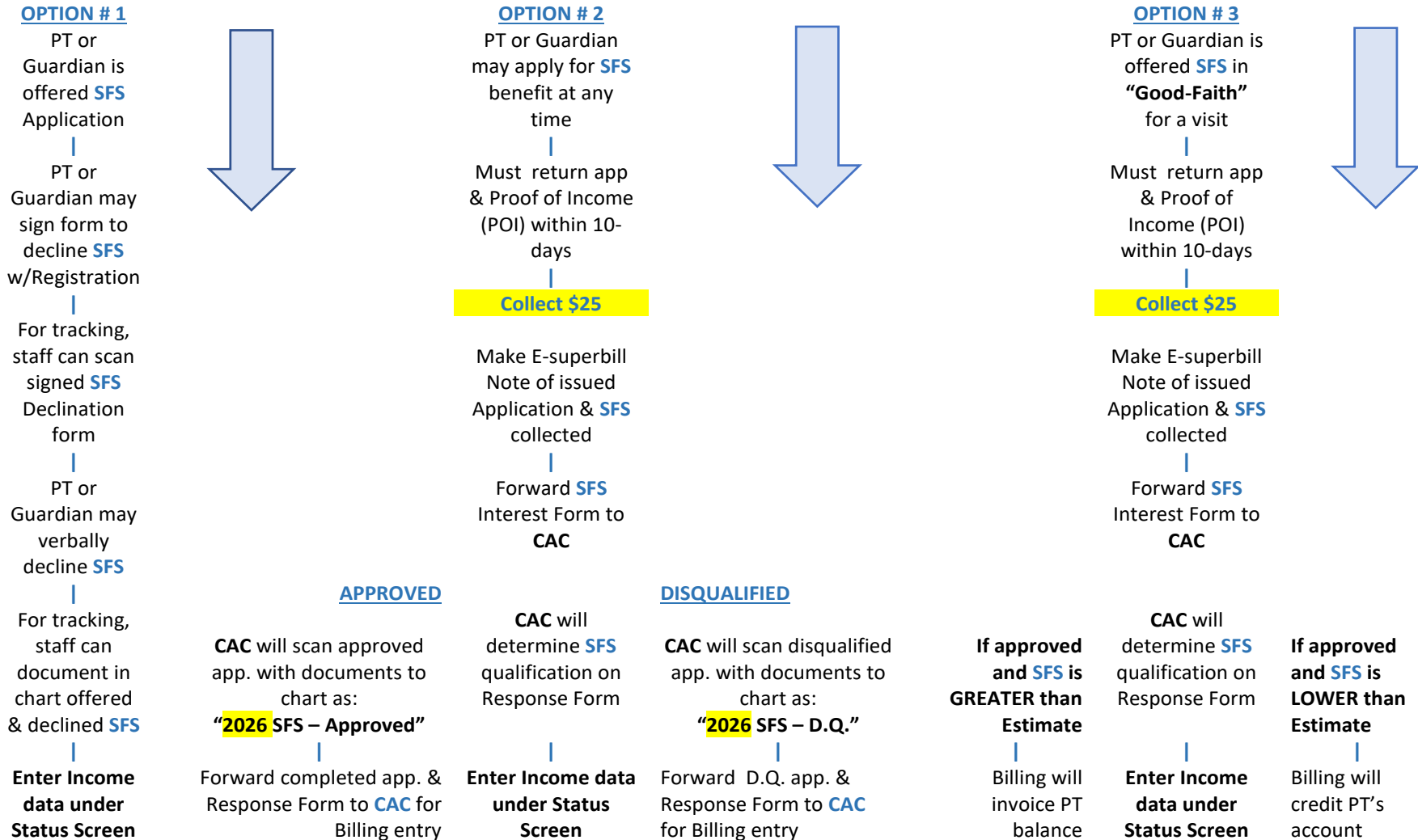
- When patient is qualified/approved for Slide **Tier A** – is eligible for 100% discount on total charges for the encounter. At time of visit, patient is only asked to pay the **\$25** *Nominal Fee for entire encounter. The *Nominal Fee is not intended to create a payment threshold to receive care, it is intended for individuals and families at or below 100% percent of federal poverty level (FPL).
- When patient is qualified/approved for Slide **Tiers B thru E** – is eligible for applicable discount on the total charges incurred at an encounter. At time of visit, the Clinic will collect a **\$25** *Installment payment. The residual balance of the total charges, less the Slide Discount, less the *Installment payment from the encounter, shall be billed to the patient. Terms for payment arrangements will be available through a period of time regardless of a patient’s insurance status, their income status, or an approved SFS Discount status.
- When patient is qualified/approved for Sliding Fee Discounts on Enhanced Dental Exclusions, is eligible for a separate *Installment payment structure. First Installment payment initiates a payment arrangement. If patient abandons the treatment plan and service is incomplete, Installment fees are non-refundable. *Examples include but are not limited to Dentures, Bridges, Crowns, or Root Canals.*

50 % Discount on Total Charges \$100 Installment	45 % Discount on Total Charges \$150 Installment	30 % Discount on Total Charges \$200 Installment	25 % Discount on Total Charges \$250 Installment	10 % Discount on Total Charges \$300 Installment	100% of Charge(s)
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2026 Sliding Fee Scale Discount Program (SFS) – Flow Chart for Staff

**SFS APPLICATIONS ARE OFFERED TO ALL PATIENTS OR GUARDIANS REGARDLESS OF ABILITY TO PAY
A PATIENT MAY DECLINE THE BENEFIT OFFERED OR CHOSE TO APPLY FOR THE SFS PROGRAM**



To avoid coordination delay, staff must forward SFS Interest Forms, completed SFS Applications with or without POI documents, and delinquent Applications to the Certified Application Counselor (CAC) via BTAMC Courier and at: enrollment@broadtopmedical.com