

Minnie Hamilton Health System POLICY AND PROCEDURE GUIDELINES	
SECTION: Clinic and Dental	Total Pages: 1 of 5
SUBJECT: Sliding Fee Program	Board Approved: Revised: 11/30/2007, 1/26/2010, 8/24/2010, 7/30/2013, 9/23/2013, 9/27/2016, 4/24/2018, 6/22/2018

POLICY:

Minnie Hamilton Health System (MHHS) provides the Sliding Fee Program for patients who meet the Federal Income Poverty Guidelines. This policy only applies to certain services that are defined in MHHS's scope of project under the HRSA Section 330 grant.

PURPOSE:

To provide a framework for which to apply discounts for the Sliding Fee Program for all patients whose gross income falls below 200% of the Federal Income Poverty Guidelines.

PROCEDURE:

1. Signage will be clearly posted that explains the program basics.
2. The qualifications for the Sliding Fee Program are based on both the number of qualifying household family members within the household and the total gross income earned by the household.
3. Household family members are defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
4. The applicants are required to complete the Sliding Fee Program application and to provide a proof of income within 30 days after filing their application. Acceptable proof of income includes: wage statement, W-2 forms, check stub, retirement statement, unemployment statement, social security check or benefit letter, alimony check, child support check, food stamp voucher, or other documents approved by financial management.
5. Sliding fee discounts shall be applied before employee or prompt pay discounts are applied.
6. If the patient has no income, they are asked to declare so by signing a Lack of Income Verification form.
7. The Financial Assistance Application, along with the above mentioned documents verifying income or lack of it, will be processed promptly by the cashier/clerk.

Minnie Hamilton Health System POLICY AND PROCEDURE GUIDELINES	
SECTION: Clinic and Dental	Total Pages: 2 of 5
SUBJECT: Sliding Fee Program	Board Approved: Revised: 11/30/2007, 1/26/2010, 8/24/2010, 7/30/2013, 9/23/2013, 9/27/2016, 4/24/2018, 6/22/2018

8. If the patient has been approved for the Sliding Fee Program, they will receive a Sliding Fee identification card describing the benefits such as:

Nominal fee for an office / dental visit, or % of charge, collected at the time of the visit based on Federal Income Poverty Guidelines.

- 0 - 100% and below of Federal Poverty Level = \$15 medical and \$25 for most Dental (Category A)
- 101 - 125% of Federal Poverty Level = patient pays 25% of charge (Category B)
- 126% - 150% of Federal Poverty Level = patient pays 50% of charge (Category C) 151% - 200% of Federal Poverty Level = patient pays 60 % of charge (Category D)
- 201% and above of Federal Poverty Level = no discount

Medical and Dental services are treated differently within the sliding fee policy.

Medical services include:

- clinic visits
- laboratory services
- diagnostic x-rays (technical component only)
- respiratory procedures, Pulse Ox., EKG (Tech.& Prof.), Aerosol Treatment, Pulmonary Function Testing (PFT), and cardiac/pulmonary rehabilitation.
- Behavioral health services

Dental services include:

Main Facility (excludes School Based Health sites)

- Most emergency diagnostic, preventative, and basic restorative services. Including: examinations, restorations and extractions, x-rays, posterior composites, periodontal therapy, and resin / stainless steel crowns.

Minnie Hamilton Health System POLICY AND PROCEDURE GUIDELINES	
SECTION: Clinic and Dental	Total Pages: 3 of 5
SUBJECT: Sliding Fee Program	Board Approved: Revised: 11/30/2007, 1/26/2010, 8/24/2010, 7/30/2013, 9/23/2013, 9/27/2016, 4/24/2018, 6/22/2018

Does not apply to fixed / removable prosthodontic services (porcelain crowns, bridge services), cosmetic procedures (including composite veneers, Invisalign, or vital bleaching, etc.)

Root Canals are included in sliding fee, however, effective November 1, 2014 they will have a base rate of \$225 for Category A with Category B and C being their respective percentages off of the additional price above the base for the procedure. See example below for clarification.

If the root canal is covered by a patients insurance, the base price will not apply, and the standard sliding fee scale will apply to the remaining balance after insurance.

<u>Example:</u> Category A	\$225
Category B	\$595 – \$225 Base Rate x 25% = \$92.50 \$225 + \$92.50 = \$317.50
Category C	\$595 - \$225 Base Rate x 50% = \$185.00 \$225 + \$185 = \$410
Category D	\$595 - \$225 Base Rate x 60% = \$222.00 \$225 + \$222 = \$447

School Based Health sites

- **Medical services:** Sliding fee discounts apply to clinical visits performed at school based sites. Parents will be billed for remaining balance.
- **Dental services:** Sliding fee discounts apply to oral examinations, periodic dental cleaning procedures, bitewing x-rays, fluoride treatments, and basic restorative services.

9. Qualification for Sliding Fee remains in effect for one year from the date of approval, unless the patient or the household income should change within that year.

Minnie Hamilton Health System POLICY AND PROCEDURE GUIDELINES	
SECTION: Clinic and Dental	Total Pages: 4 of 5
SUBJECT: Sliding Fee Program	Board Approved: Revised: 11/30/2007, 1/26/2010, 8/24/2010, 7/30/2013, 9/23/2013, 9/27/2016, 4/24/2018, 6/22/2018

10. The Sliding Fee Program benefits may apply to the outstanding patient accounts which do not exceed 365 days from the day of service. Accounts which are already sent to collection agency may not qualify for this program.
11. It is the patient's responsibility to reapply annually for continued participation in the Sliding Fee Program.
12. Eligibility for sliding fee discount of dental services that qualify, are that patients need to live within the defined areas of Calhoun, Gilmer, Ritchie, and Wirt counties. Employees of MHHS are eligible even when they live outside of Calhoun, Gilmer, Ritchie, and Wirt counties.
13. MHHS will not charge an eligible individual for emergency or other medically necessary services more than the amount generally billed (AGB) to individuals who have insurance covering such care. MHHS will use the prospective Medicare method to determine AGB, which means that it will determine AGB by using the billing and coding process it would use if the eligible individual were a Medicare beneficiary, and setting AGB for the care at the amount it determines would be the total Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of co- payments, co-insurance, and deductibles).
14. MHHS will not engage in Extraordinary Collection Actions, as defined by applicable federal laws. If the individual is already a Financial Assistance recipient and he/she is cooperating in good faith to pay his/her balance but nonetheless experiencing difficulty, MHHS will endeavor to offer an extended payment plan.
15. Refer to MHHS Billing and Collections Policy for the actions the facility may take in the event of nonpayment. This policy may be obtained at no cost by contacting the business office at 304-354-9244.
16. The Financial Assistance policy, application form, and the plain language summary can be offered in English. MHHS may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about MHHS' Financial Assistance Program and translation services, please call for a representative at 304-354-9244.

No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care.

Minnie Hamilton Health System POLICY AND PROCEDURE GUIDELINES	
SECTION: Clinic and Dental	Total Pages: 5 of 5
SUBJECT: Sliding Fee Program	Board Approved: Revised: 11/30/2007, 1/26/2010, 8/24/2010, 7/30/2013, 9/23/2013, 9/27/2016, 4/24/2018, 6/22/2018

PARTICIPATING PROVIDERS AND COVERED ENTITIES:

This policy only covers the medically necessary services provided by Minnie Hamilton Health System facilities and providers listed on our website at <https://www.mhhs.healthcare/providers.html>.

Providers not included or specifically excluded from this policy are not controlled by this policy and have no obligation under this policy. This policy does not include providers operated by RPA (Radiological Physician Associates). RPA providers are excluded from and not controlled by this policy.

Certain services provided by Minnie Hamilton Health System facilities are excluded from the Financial Assistance Policy. These services include the following:

- Services that are not medically necessary
- Pharmacy services