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SUBJECT: Sliding Fee Program	Board Approved: July 27, 2021 Revised: November 30, 2007; January 26, 2010; August 24, 2010; July 30, 2013; September 23, 2013; September 27, 2016;

PURPOSE:

The purpose of this policy is to assure that no patient will be denied health care services due to an individual's inability to pay for such services and to assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill the assurance. This policy will 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.

SCOPE:

Minnie Hamilton Health System (MHHS) receives funding through HRSA to help provide services to uninsured and underinsured patients. For all eligible patients, a discounted fee will be charged per visit according to the private pay plan as determined by the income guidelines. The discounted fee will cover all in-scope services provided at MHHS sites for which MHHS administers billing and collections functions. Sliding fee discounts not apply to services listed below as *excluded*.

POLICY:

It is the policy of Minnie Hamilton Health System to provide 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.

DEFINITIONS:

1. Applicant – Refers to the individual whose signature appears the Sliding Fee application.
2. Household – Defined to mimic the state and federal definition of household for healthcare programs, household refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents living at the same address are considered separate households. The following compose the household:
 - a. The applicant and their spouse.
 - b. The applicant's unmarried partner if they are the parent of the applicant's child.
 - c. Anyone under 19 years of age who lives with and is taken care of by the applicant.
 - d. Anyone claimed as a dependent on the applicant's federal tax return.
 - e. Anyone who claims the applicant on a federal tax return and their tax dependents.

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3. Income –The modified adjusted gross income (MAGI) as defined by the IRS and used by the state and federal agencies for healthcare programs, Income refers to all cash receipts before taxes with certain adjustments. Income does not include non-cash benefits such as SNAP, school lunch programs, clothing vouchers, or food/rent in lieu of wages. For most patients eligible for sliding fee discounts, income calculation is simple. A full definition of MAGI is available from the IRS.
 - a. Common income sources included in MAGI
 - i. Wages, salaries, and tips.
 - ii. Social Security benefits.
 - iii. Unemployment compensation.
 - iv. Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses).
 - v. Alimony.
 - vi. Retirement and pension income.
 - vii. Investment and rental income.
 - b. Common income sources excluded from MAGI
 - i. Child Support.
 - ii. Supplemental Security Income (SSI).
 - iii. Veteran’s disability benefits.
 - iv. Workers’ compensation.
 - c. Common Deductions from MAGI
 - i. Alimony paid.
 - ii. Student loan interest and tuition costs paid.
 - iii. Individual retirement account contributions.
4. Proof of Income – Must be current information and includes, but is not limited to any or all of the following. Where proof of before tax income is not available, income before taxes can be estimated from proof of net income.
 - a. Most recent income tax return or W-2.
 - b. Two most recent pay stubs.
 - c. Most recent unemployment check.
 - d. Proof of other household income (Social Security, pension, etc.).
 - e. Bank statements showing direct deposits.
5. Income Guidelines – Revised annually based on the Federal Poverty Guidelines
6. Household Assessment – The application process and review for consideration of eligibility for the sliding fee program and for reporting of patient demographics to HRSA.
7. Ability to Pay – Defined by this policy and by the results of the Household Assessment process.

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8. Refusal to Pay – Defined by consistent non-compliance with this policy and with monthly payment plans.
9. Consistent Non-Compliance – Defined by failure to make the assigned monthly payment for three consecutive months.

PROCEDURE:

1. Securing Payment for Services
 - a. MHHS will make every reasonable effort to secure from patients, payment for services in accordance with its fee schedules and to collect appropriate reimbursement for health services from Title XVIII of the SSA (Medicare Program), Medicaid, CHIP, other public assistance programs, and other third-party payers used by MHHS patients.
 - b. Although MHHS cannot require patients to enroll in public or private insurance or related third party coverage, the health center will educate patients on options available to them based on their eligibility for insurance or other third-party coverage. During the application process for the entitlement program, the patient will receive the sliding fee discount if they qualify based on the income guidelines. No patient who refuses to apply for any public or private insurance program will be denied access to MHHS's sliding fee program.
2. Sliding Fee Discount Schedules
 - a. Sliding fee discount schedules shall:
 - i. Apply to patients with annual incomes at or below 200% of the Federal Poverty Level (FPL).
 - ii. Provide a full discount for patients with annual incomes at or below 100% FPL with an allowance for a nominal charge.
 - iii. Adjust feeds based on household size and income for patients above 100% FPL and at or below 200% FPL.
 - iv. Include at least three discount levels between 100% FPL and 200% FPL.
 - v. Not apply to patients with annual incomes above 200% FPL.
 - vi. Determine eligibility solely by household size and income.
3. Notification of Sliding Fee Program
 - a. MHHS will ensure that patients are made aware of the sliding fee program. MHHS will accomplish this by using multiple methods of informing patients including, but not limited to signage throughout MHHS locations, information on the MHHS website, and personally notifying patients during registration or appointment scheduling. Sliding fee program information will be available in appropriate languages and literacy levels for our target population.

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b. The qualifications for the Sliding Fee Program are based on both the number of people in the household and the total gross income received in the household. Signage will be clearly posted that explains the program basics.

4. Assessing Household Income

a. The Sliding Fee Discount Schedule for medical and dental services is as follows:

Program	Plans	Poverty Bounds	Patient Responsibility	Custom Transaction Code	Transaction
Poverty Based Sliding Fee	Category A	0 - 100%	\$15	SFA	FREECARE
	Category B	100 - 125%	25%	SFA	FREECARE
	Category C	125 - 150%	50%	SFA	FREECARE
	Category D	150 - 200%	60%	SFA	FREECARE
Dental Poverty Based Sliding Fee	Category A	0 - 100%	\$25	SFA	FREECARE
	Category B	100 - 125%	25%	SFA	FREECARE
	Category C	125 - 150%	50%	SFA	FREECARE
	Category D	150 - 200%	60%	SFA	FREECARE

i. >200% FPL – No discount

5. Application Process for the Sliding Fee Program

a. Patients will be asked to complete a registration form annually and encouraged to provide their household size and income information to perform a household assessment for the purpose of collecting HRSA required information. MHHS staff will assist the patient in determining their household and income as necessary. A patient has the right to refuse to complete the assessment. Any patient who fails to complete the household assessment process shall be ineligible for discounts. Registration staff will enter household size and income information into the practice management system and notify the patient if they are likely eligible for the sliding fee program pending proof of income and a completed application.

b. 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.

6. Using the Sliding Fee Discount

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- a. When a patient schedules an appointment, the scheduler will remind patients that their payment will be due at the time of the service. MHHS staff will ask for the full payment at check-in time prior to the patient seeing a provider. With the exception of Plan 1 patients, if the patient is unwilling to pay, MHHS staff will offer to reschedule the appointment at a later date. MHHS staff will inform Plan 1 patients that a statement will be mailed to them for the nominal fee. No Plan 1 patient shall be denied care because of failure to pay the nominal fee.
 - b. Patients will be required to pay in full for services not covered by the sliding fee program prior to services being rendered. For services requiring multiple visits, the patient will be required to pay 50% of the fee prior to the first visit. MHHS will set the patient up on a financial treatment plan (FTP) where the patient will be required to make equal payments against the balance of the FTP prior to each visit. Payment will be made in full prior to the final visit. If a patient is unable to stay current with the FTP, MHHS staff will offer to reschedule the appointment at a later date.
 - c. Exceptions to the payment at time of service rule will also be made for emergent care as determined by a qualified clinical person authorized to make triage decisions and also for children. In this event, the patient guarantor will be referred to an appropriate member of MHHS staff to set up a payment plan according to the MHHS Collection Policy. Sliding fee discounts shall be applied before employee or prompt pay discounts are applied.
 - d. If the patient has no income, they are asked to declare so by signing a Lack of Income Verification form.
 - e. The Financial Assistance Application, along with the above-mentioned documents verifying income or lack of it, will be processed promptly by the cashier/clerk.
7. If the patient has been approved for the Sliding Fee Program, they will receive a Sliding Fee identification card describing the benefits such as:
- A. 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)

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- 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.

Excluded/Does not apply to fixed / removable prosthodontic services (porcelain crowns, bridge, dentures, partials services), cosmetic procedures (including composite veneers, Invisalign, or vital bleaching). Any services that include a laboratory fee are not eligible for sliding fee discounts and must be paid in full at or before time of service.

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 patient's insurance, the base price will not apply, and the standard sliding fee scale will apply to the remaining balance after insurance.

Example: Category A \$225
Category B \$595 – \$225 Base Rate x 25% = \$92.50
\$225 + \$92.50 = \$317.50

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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.
8. Refusal to Pay
- a. When all reasonable collection efforts/enforcement steps as established by this policy and the MHHS Collections Policy have been exhausted (which may include offering grace periods, meeting with MHHS financial or certified application counselors, or establishing payment plans), non-compliant patients will be notified that they are no longer allowed to access services at any MHHS facility.
 - b. Discharged patients frequently will request an appointment with a MHHS provider. These patients will be reinstated if they agree to comply with their payment plan and pay the next amount due at the time of service.
9. Other Considerations
- a. 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.
 - b. 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.
 - c. It is the patient's responsibility to reapply annually for continued participation in the Sliding Fee Program.
 - d. For services the health center provides only via a formal written referral arrangement, the health center will make every attempt to ensure that the referral provider's discounts for health center patients meet the criteria set forth by HRSA's PIN 2014-02 "Sliding Fee Discount and Related Billing and Collections Program Requirements."
 - e. Although MHHS offers all FQHC in-scope services to patients without regard to ability to pay, availability of these services is

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subject to budget restrictions. MHHS reserves the right to control access to discounted services in order to remain sustainable

10. **340B Program**

- a. Discount Policy
 - i. **Discounts** on eligible outpatient prescription drugs are offered based upon household income and size according to the Federal Poverty Guidelines. **Once** approved, the discount will be honored for 12 months, after which the patient must reapply.
- b. Discount Eligibility Requirements
 - i. All members of a household whose income is determined to be below 200% of the Federal Poverty Guidelines.
- c. Discount Application Process
 - i. A completed application including required documentation of the home address, HOUSEHOLD income (every member in the household with income), and insurance coverage must be on file and approved by MHHS before a **340B** discount card will be granted.
 - ii. If any of the above information is not provided with the patient's application it will be returned to the patient until all required information is received.
- d. The 340B program is federally directed with the intent to stretch resources as far as possible. Discounts are offered based upon family income and size.
- e. The discount will only apply to medications from J&B Pharmacy or Gilco Faith Pharmacy, or other pharmacies that contract with MHHS and choose to participate in the 340B Discount Card Program.
- f. This form must be completed every 12 months to continue eligibility.
- g. **Any** persons in the household over 18 must complete and submit their own application.
- h. The 340B Discount Card is tied to the HRSA 340B Drug Discount Program, and the 340B Discount Card Program will only be valid as long as MHHS is eligible for, and continues to participate in the HRSA 340B program. Discontinuation of the 340B program by HRSA could also effect the continuation of the 340B Discount Card Program. We basically want to say that this discount card is only valid as long as MHHS is in the 340B program, and if the program gets discontinued, the card will be invalid.