



TITLE: Sliding Scale Discounts

APPROVED: May, 1995

CHAPTER: Fiscal Management

REVIEWED: 01/22/2015

NUMBER: FM-M-102

REVISED: 04/19/2016

POLICY

It is the policy of Hardin County Regional Health Center (HCRHC) to ensure that services are provided to all patients without regard to the patient's ability to pay. A sliding fee scale with discounts based on patient household size and income in accordance with federal poverty guidelines will be used.

PROCEDURE

General Rules

- Sliding scale discounts will be based on the most recent Federal poverty guidelines.
- Discount must be offered to all patients who meet eligibility criteria.
- Eligibility criteria must be developed from the Federal Poverty Level (FPL) Guidelines, based on household size and income.
- The FPL is updated each year on or before March 1 and the Practice Management System (PM) is updated at that time to reflect the new qualification levels.
- The date the PM change occurs will be documented in order to share with external auditors.
- The sliding scale policy must be updated annually.
- Discounts apply to most services provided.
- No patient will be declined service simply because of an inability to pay for services.
- Patient is responsible to provide income documentation in order to comply with all program requirements. This must be done annually or if income or circumstances change.

Practice Procedures

A. Fee Scale

- The discount program application will be offered to all patients to determine if they qualify for the program.
- Discounts will be offered to all patients who fall below 200% of the Federal Poverty Level (FPL) and will be charged a nominal flat rate per visit.
- A poverty scale sign will be posted in the reception room and all exam rooms.
- Patients qualifying for a sliding scale discount, regardless of their financial class, will be expected to pay a nominal flat fee at the time services are rendered. This payment does not cover the cost of adult vaccinations, dental services, or optometry services.
- Charges for all services rendered are to be recognized at their full value within the patient accounting system, and fully discounted apart from the applicable flat fee or at the appropriate discount percentage or charge.

B. Application

Each patient will complete a Sliding Fee Application or Attestation in order to qualify for the discounts. (See Form FM-M-102 Sliding Fee Application or Form FM-M-102-B.)

C. Documentation and Attestation of Income:

Patients will be expected to provide documentation related to indicated income.

HCRHC' **preferred documentation** for income verification is a **Tax Return**. The adjusted gross income will be used for income determination purposes.

If a tax return is not available, the following documents will be accepted. The gross income/pay will be used for income determination purposes

- Paycheck Stub
- Bank Statement showing Deposit of Social Security check
- Letters of financial support
- Department of Health and Human Service Statement
- Other Items may include statements from employers or agencies

Patients who produce proof of eligibility for services through organizations such as Jack Gean Shelter, Department of Health and Human Services, Teen Challenge, Jesus Cares, etc. are understood to be at 100% of poverty or below and will receive the full sliding fee scale discount.

Documentation must be updated annually from the last visit or if income or circumstances change. Based on proof of income presented by the patient, HCRHC will inform the patient of any eligibility for a sliding scale discount.

Patients without proper proof may be granted no more than 90 days' eligibility for sliding scale discounts and must sign an attestation of income. The sliding fee scale adjustment will not be applied to outstanding charges until proof of income has been obtained or during the 90 days for which the self-attestation applies. HCRHC will apply sliding fee scale discount adjustments to previous service dates of up to twelve (12) months if proper proof of income for the same period is provided by patient.

D. Household Income Defined:

A household's income is defined by HCRHC as the total gross income for a head of household and their dependents; married couples (filing jointly or separately); or single persons and their dependents. A dependent is defined according to the IRS rules.

E. Household Size Defined:

A household is defined the number consisting of any individual living in the residence and any individual that was or can be claimed as a dependent according to the IRS rules or any other individual the applicant may support.

F. Patient Responsibility

HCRHC's mission is to provide access to healthcare for residents in the service area regardless of a patient's ability to pay. HCRHC distinguishes between a patient's inability to pay and a patient's unwillingness to pay. Inability is never a barrier to care. HCRHC collects fees from patients at the time of service when possible. If this is not possible, then payment arrangements or budgets are established with the patient. An 'unwillingness to pay' applies to patients who have made no effort

to make any payment for an extended period of time, have large balances, have not met the terms of their budget agreements or furnished false application to HCRHC during the application process.

G. Sliding Fee Signage

Signs are posted in each exam room, waiting areas and other public locations throughout HCRHC's facilities in order to make patients aware of the discounts available. (See Sliding Fee Signage on Next Page.)

Lifespan Health's Discount Program

Do you qualify?

Do you need help with the high cost of health care?

Based upon your income and the number in your household, you may qualify to participate in our Federal grant:

FOR EXAMPLE: If your income is between (↔) \$0 and \$ 11,880 and you live alone, you would qualify for our nominal fee of \$36. If it is between \$11,880 and \$ 15,800, then you would qualify for a nominal fee of \$48. Etc.

2016

Annual Income

Sliding Scale

Household Size

	SA		SB		SC
1	\$0 to	\$11,880 to	\$15,800 to	\$23,760	
2	\$0 to	\$16,020 to	\$21,307 to	\$32,040	
3	\$0 to	\$20,160 to	\$26,813 to	\$40,320	
4	\$0 to	\$24,300 to	\$32,319 to	\$48,600	
5	\$0 to	\$28,440 to	\$37,825 to	\$56,880	
6	\$0 to	\$32,580 to	\$43,331 to	\$65,160	
7	\$0 to	\$36,720 to	\$48,838 to	\$73,440	
8	\$0 to	\$40,860 to	\$54,344 to	\$81,720	
9	\$0 to	\$45,000 to	\$59,850 to	\$90,000	
10	\$0 to	\$49,140 to	\$65,356 to	\$98,280	
11	\$0 to	\$53,280 to	\$70,862 to	\$106,560	
12	\$0 to	\$57,420 to	\$76,369 to	\$114,840	

Nominal Flat Rate	\$36	\$48	\$72
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Discounts are based on a percentage of poverty level

Nominal Flat Rate is defined as \$36 for an office visit including most procedures (i.e. lab test, x-ray, etc.). Some procedures may cost more based on the cost of providing the care.

All patients are ENCOURAGED to complete an application to participate in our Federal grant.