



HARDIN COUNTY REGIONAL HEALTH CENTER

TITLE: Sliding Scale Discounts

CHAPTER: Fiscal Management

NUMBER: FM-M-102

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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.
- All patients are screened for sliding fee eligibility at check in using Income Screen Form.
- Discount must be offered to all patients who meet eligibility criteria.
- Eligibility criteria consists of the following:
 - Patient is not covered by Medicaid (TennCare) or the VA Contract;
 - Patient’s household size and income is less than 200% of the current Federal Poverty Level (FPL) Guidelines as determined by the Income Screen Form; and/or
 - Patient did not decline the Sliding Fee Program by checking the box on the Income Screen Form.
- There will be four levels of slide provided:

Sliding Scale Category	SA	SB	SC	SD
FPL	≤ 100%	>100% AND ≤ 133%	>133% AND ≤ 167%	>167% AND < 200%

- The FPL is updated each year by the February Board Meeting if Poverty Guidelines are available.
- The Practice Management System (PM) is updated upon board approval 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.
- The sliding fee discount program must be evaluated at least once every 3 years from the perspective of reducing financial barriers to care for patients.
- 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 eligible 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 eligible 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.) All eligible patients are offered the application at check-in to complete independently, however a Patient Services Representative is available to provide private in-person assistance.

C. Documentation and Attestation of Income:

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

HCRHC's 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 as a number consisting of any individual living in the residence together with any individual that was or can be claimed as a dependent by the applicant 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 **and/or** have not met the terms of their budget agreements **and/or** furnished false information to HCRHC during the application process.

G. Sliding Fee Signage

Signs, using effective and appropriate language and literacy levels of the patient population, 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 \$ 12,140 and you live alone, you would qualify for our nominal fee of \$36. If it is between \$12,141 and \$ 16,146, then you would qualify for a nominal fee of \$48. Etc.

2018									
Annual Income									
Sliding Scale		SA		SB		SC		SD	
Family Size		100%		133%		167%		200%	
1	\$0	to	\$12,140	to	\$16,146	to	\$20,274	to	\$24,280
2	\$0	to	\$16,460	to	\$21,892	to	\$27,488	to	\$32,920
3	\$0	to	\$20,780	to	\$27,637	to	\$34,703	to	\$41,560
4	\$0	to	\$25,100	to	\$33,383	to	\$41,917	to	\$50,200
5	\$0	to	\$29,420	to	\$39,129	to	\$49,131	to	\$58,840
6	\$0	to	\$33,740	to	\$44,874	to	\$56,346	to	\$67,480
7	\$0	to	\$38,060	to	\$50,620	to	\$63,560	to	\$76,120
8	\$0	to	\$42,380	to	\$56,365	to	\$70,775	to	\$84,760
9	\$0	to	\$46,700	to	\$62,111	to	\$77,989	to	\$93,400
10	\$0	to	\$51,020	to	\$67,857	to	\$85,203	to	\$102,040
11	\$0	to	\$55,340	to	\$73,602	to	\$92,418	to	\$110,680
12	\$0	to	\$59,660	to	\$79,348	to	\$99,632	to	\$119,320
Nominal Flat Rate		\$36.00		\$48.00		\$60.00		\$72.00	

Nominal Flat Rate is defined as \$36 for an office visit including most procedures. Some procedures may cost more based on the cost of supplies.

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