

APPLICATION FOR SERVICE SLIDING FEE/DISCOUNT

POLICY ON FINANCIAL ASSISTANCE - SLIDING FEE/DISCOUNT PROGRAM

Policy, Application, and Schedule

Premier Health Network Financial Assistance Policy

SUBJECT: Financial Assistance Program - Sliding Fee Discount

EFFECTIVE DATE: January 1, 2020 (Revised May 17, 2021)

POLICY: To provide eligible patients the opportunity for financial assistance through fee discounts and/or a sliding fee schedule for services offered through Premier Health Network.

PURPOSE: This program is designed to provide free or discounted care to those who have no means or limited means to pay for their medical services (uninsured or underinsured).

In addition to quality healthcare, patients are entitled to financial counseling through a state sponsored service and/or patient advocate/social service agency that can understand and offer possible solutions for those who cannot pay in full. The agency's reasonability is to help navigate the patient toward payment solutions for which they qualify.

Premier Health Network Financial Assistance Program (FAP) will offer a Sliding Fee Discount (SFD) to all who are unable to pay for their services. Premier Health Network will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The [Federal Poverty Guidelines](#) are used in creating and annually updating the SFD schedule ([Appendix II](#)) to determine eligibility.

PROCEDURE: The following guidelines are followed in providing the SFD Program.

- 1. Notification:** Premier Health Network will notify patients of the SFD Program by:
 - Ensuring all uninsured patients needing services are aware of at the time of service.
 - The FAP will be offered to each patient upon notice of financial burden.
 - The SFD application ([Appendix I](#)) will be included with collection notices sent out by Premier Health Network.
 - An explanation of the SFD and the application form are available on Premier Health Network's website.
 - Premier Health Network provides notification of FAP in the waiting areas.
- 2. Access to Care:** All patients seeking healthcare services at Premier Health Network are assured that they will receive services regardless of ability to pay. No one is refused service because of lack of financial means to pay. Premier Health Network reserves the right to request a flat fee payment of \$80 for new patients and \$50 for established patients in advance of completing the financial need application ([Appendix II](#)). However, if these fees are still a financial burden for a patient, he/she will be seen while the application is in process.
- 3. Request for discount:** Requests for SFD are made by patients, family members, social services staff or others who are aware of existing financial hardship. The SFD will only be made available for visits to Premier Health Network. Information is available from the Front Desk and the Business Office.
- 4. Administration:** The FAP procedures are administered through the Business Office Manager or his/her designee. Information about the FAP policy and procedure will be provided, and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.

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5. **Alternative Payment Sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
6. **Completion of Application:** Once a patient is provided with the SFD application the patient/responsible party must complete the application (see [Appendix I](#)) in its entirety. By signing the application, the applicant authorizes Premier Health Network and/or its delegate access to confirm income as disclosed on the application form. Providing false information on a application will result in revocation of all discounts and the full account balance restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks (2) from the date of notification to supply the necessary information without having the date on his/her application adjusted. If a patient does not provide the requested information within the two-week period, his/her application will be re-dated to the date on which s/he supplies the requested information. Any accounts turned over for collection because of the patient's delay in providing information will not be considered for the FAP.

7. **Eligibility:** Discounts are based on income and family size only. Premier Health Network uses the US [Census Bureau](#) definitions of each. Asset level data collection is not requested (i.e., home or automobile).
 - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

Self-declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to Premier Health Network's president or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients are responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the established SFD schedule (see [Appendix II](#)). The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Guidelines](#).
10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$10 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by Premier Health Network' president or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

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12. **Applicant Notification:** The FAP determination will be provided to the applicant(s) in writing and will include the percentage of FAP write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Premier Health Network. FAP applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date (total 1½ years) unless the patient's financial situation changes significantly. The applicant has the option to reapply 12 months after the approval date (when their qualification for the program expires) or anytime there is a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last FAP application.
13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying their designated fee for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the SFD schedule, a copy of the FAP process will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. If this occurs, Premier Health Network can explore options not limited, but including offering the patient a payment plan, waiving of charges, referring the patient to collections, or dismissing the patient from the practice (see Procedures for Patient Dismissal – [Appendix III](#)).
14. **Record keeping:** Information related to FAP decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.
 - a. Applicants that have been approved for the FAP will be logged in a password protected document on Premier Health Network shared directory, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Business Office Manager will maintain an additional monthly log identifying FAP recipients and dollar amounts. Denials will also be logged.
15. **Policy and Procedure Review:** Annually, the amount of FAP provided will be reviewed by the CEO and/or Comptroller. The FAP is updated based on the current year's Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
16. **Budget:** During the annual budget process, an estimated amount of FAP service will be placed into the budget as a deduction from revenue. Approval for FAP will be sought as an integral part of the annual budget.

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ATTACHMENTS:**APPROVAL: 11/18/2019**

- 2021 Patient Application for the FAP (Appendix I)
- 2021 Sliding Fee Schedule (Appendix II)
- 2021 Patient Dismissal from Practice (Appendix III)

REVISED: 6/22/2021**REVIEWED BY:** xxx
Premier Health Network CEO