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| Title: | Financial Assistance for Rural Health Clinic Sites | Policy Number: | 9.16 |
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| References: | | | |
| Approved by: |  | | |

It is the policy of the Jennie Stuart Medical Group (JSMG) to establish and maintain a program through which patients with no insurance (uninsured) or with limited insurance (underinsured) requiring medically necessary care are provided an opportunity to apply and be considered for financial assistances for their total charges or unpaid portion of their bill. JSMG will create and maintain a process for effectively evaluating a patient's need for financial assistance without regard to race, color, religion, sex, age national origin or disability.

POLICY:

JSMG provides care to eligible patients through the establishment of a sliding fee scale discount schedule based on federal poverty guidelines. This schedule is reviewed and updated annually with current Federal Poverty Guidelines and from the perspective of reducing patient financial barriers to care.

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.
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
 - a. Wages, salaries, and tips.
 - b. Social Security benefits.
 - c. Unemployment compensation.
 - d. Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses).

- e. Alimony.
 - f. Retirement and pension income.
 - g. Investment and rental income.
- B. Common income sources excluded from MAGI
 - a. Child Support.
 - b. Supplemental Security Income (SSI).
 - c. Veteran's disability benefits.
 - d. Workers' compensation.
 - C. Common Deductions from MAGI
 - a. Alimony paid.
 - b. Student loan interest and tuition costs paid.
 - c. 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.
 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.

Schedule of Fees

JSMG will prepare a schedule of fees or payments for the provision of its services consistent with local prevailing rates or charges and designed to cover its reasonable costs of operation as indicated in the JSMG Fees Policy

Securing Payment for Services

JSMG will make every reasonable effort to secure payment for services from the patient in accordance with its fee schedules and to collect appropriate reimbursement for health services from Title XVIII of the SSA (Medicare Program), Medicaid, other public assistance programs, and other third party payers used by JSMG patients.

Although JSMG 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 JSMG's sliding fee program.

Rural Health clinic (RHC) designated practices will not deny requested health care services, and shall not discriminate in the provision of services to an individual, because the individual is unable to pay for the services or because payment would be made under: The Medicare program (Title XVIII for the Social Security Act), the Medicaid program (Title XIX of such Act), or the SCHIP (Title XXI of such Act).

Sliding Fee Discount Schedules

Sliding fee discount schedules shall:

1. Apply to patients with annual incomes at or below 200% of the Federal Poverty Level (FPL).
2. Provide a full discount for patients with annual incomes at or below 100% FPL with an allowance for a nominal charge.
3. Adjust fees based on household size and income for patients above 100% FPL and at or below 200% FPL.
4. Not apply to patients with annual incomes above 200% FPL.
5. Determine eligibility solely by household size and income.

The sliding fee discount schedule for medical services is as follows:

1. Plan 1 – 0% - 100% FPL - \$10 nominal charge which includes office visit and in-house laboratory services, medications, and vaccines.
2. Plan 2 – >100% - 150% FPL - \$20 copay which includes office visit and in-house laboratory services. Medications and vaccines are provided at cost.
3. Plan 3 – >150% - 200% FPL - \$30 copay which includes office visit and in-house laboratory services. Medications and vaccines are provided at cost.
4. >200% FPL – No discount.

Notification of Sliding Fee Program

JSMG will ensure that patients are made aware of the sliding fee program. JSMG will accomplish this by using multiple methods of informing patients including, but not limited to signage throughout JSMG locations, information on the JSMG 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.

Assessing Household Income

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 required information. JSMG 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.

Application Process for the Sliding Fee Program

Complete proof of income and a sliding fee program application will be expected from the applicant. Patient bills will be adjusted to the appropriate discount level once the sliding fee program application is completed and proof of income is received. Patients qualifying for the sliding fee program will have 30 days from the date of service to provide documentation. Once 30 days has elapsed, sliding fee discounts cannot be applied to that date of service. If the patient reports no income, they may, in lieu of proof of income, submit a self-attestation of zero income form.

Once the household has completed the application process for the sliding fee program, the discount level will be listed in the practice management system. The discount level will be effective for one year. If a patient knowingly provides false or incomplete information, any sliding fee discounts received based upon the false or incomplete information will be removed and the patient will be barred from receiving future discounts.

Using the Sliding Fee Discount

When a patient schedules an appointment, the scheduler will remind patients that their payment will be due at the time of the service. JSMG 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, JSMG staff will offer to reschedule the appointment at a later date. JSMG 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.

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. JSMG 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, JSMG staff will offer to reschedule the appointment at a later date.

Exceptions to the payment at time of service rule will also be made for the following:

1. Emergent care as determined by a qualified clinical person authorized to make triage decisions.
2. Foster Children
3. Children enrolled in Medicaid
4. Pregnant women (includes 60-day period after pregnancy ends)
5. Kentucky Medicaid beneficiaries who have reached their cost share limit for the quarter
6. Individuals receiving hospice care

Refusal to Pay

When all reasonable collection effort/enforcement steps, as established by this policy, and the JSMG Collections Policy have been exhausted (which may include offering grace periods, meeting with JSMG business services staff, or establishing payment plans), non-compliant patients will be notified that they are no longer allowed to access services at any JSMG facility.

Discharged patients frequently will request an appointment with a JSMG 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.

Appeal Process for Patients

- a. Patients will be notified of the appeal process through the approval and denial notification process.
- b. If a patient desire to appeal the determination with regards to Financial Assistance, their written request and reason for an appeal should be directed to JSMG business office with all pertinent forms and documentation. The business office will review the case and supporting documentation, discuss any pertinent issues with the patient and or guarantor.
- c. A final decision with regards to the appeal will be issued in writing with 30 days of the receipt of the written appeal.

| 2018 Federal Poverty Guidelines | | | | | | | | |
|--|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| # Persons in Family | Federal Poverty Levels | | | | | | | |
| | 100% | 120% | 125% | 133% | 138% | 150% | 200% | 300% |
| 1 | \$12,140.00 | \$14,568.00 | \$15,175.00 | \$16,146.20 | \$16,753.20 | \$18,210.00 | \$24,280.00 | \$36,420.00 |
| 2 | \$16,460.00 | \$19,752.00 | \$20,575.00 | \$21,891.80 | \$22,714.80 | \$24,690.00 | \$32,920.00 | \$49,380.00 |
| 3 | \$20,780.00 | \$24,936.00 | \$25,975.00 | \$27,637.40 | \$28,676.40 | \$31,170.00 | \$41,560.00 | \$62,340.00 |
| 4 | \$25,100.00 | \$30,120.00 | \$31,375.00 | \$33,383.00 | \$34,638.00 | \$37,650.00 | \$50,200.00 | \$75,300.00 |
| 5 | \$29,420.00 | \$35,304.00 | \$36,775.00 | \$39,128.60 | \$40,599.60 | \$44,130.00 | \$58,840.00 | \$88,260.00 |
| 6 | \$33,740.00 | \$40,488.00 | \$42,175.00 | \$44,874.20 | \$46,561.20 | \$50,610.00 | \$67,480.00 | \$101,220.00 |
| 7 | \$38,060.00 | \$45,672.00 | \$47,575.00 | \$50,619.80 | \$52,522.80 | \$57,090.00 | \$76,120.00 | \$114,180.00 |
| 8 | \$42,380.00 | \$50,856.00 | \$52,975.00 | \$56,365.40 | \$58,484.40 | \$63,570.00 | \$84,760.00 | \$127,140.00 |
| For families/households with more than 8 persons, add \$4,320 for each additional person. | | | | | | | | |



NOTICE TO PATIENTS:

This practice serves all patients regardless of inability to pay. Discounts for essential services are offered based on family size and income.

For more information, ask the front desk or visit our website.

Thank you.

AVISO PARA PACIENTES:

Esta práctica sirve a todos los pacientes, independientemente de la incapacidad de pago. Descuentos para los servicios esenciales son ofrecidos dependiendo de tamaño de la familia y de los ingresos.

Usted puede solicitar un descuento en la recepción o vista nuestro sitio web.

Gracias.