

CAPE FEAR VALLEY HEALTH SYSTEM Policy – Procedure

Title: Sliding Fee Discount Program for CFVHS Clinics	Current Effective Date: 12/1/2016
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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 and Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full.

Audience: Patient Representatives, Clinic Office Managers, Financial Assistance Specialist

Departments: Cape Fear Valley Clinics, Bladen Healthcare Clinics, Hoke Healthcare Clinics

Keywords: Financial Assistance, Charity, Sliding Scale, Poverty level. Discount

Definitions: N/A

1. **Policy:** CFVHS Clinics will offer a Sliding Fee Discount Program (SFDP) to all who are unable to pay for their services. CFVHS Clinics will adjust fees based on family size and income for individuals and families and will not discriminate on the basis of race, color, religion, sex, sexual preference, national origin, age, disability or source of payment for care. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty.com>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. The SFDP only applies to charges incurred at any of the CFVHS Ambulatory Provider Clinics.

Procedural Guidelines: The following guidelines are to be followed in providing the Sliding Fee Discount Program (SFDP).

2. **Notification:** CFVHS Clinics will notify patients of the SFDP by:
 - a. SFDP information will be available to all uninsured patients at the time of service
 - b. Information about the SFDP will be shared with patients throughout collection procedures
 - c. A copy of the SFDP policy and our application form will be available on the CFVHS website
 - d. Information about the SFDP will be available in the waiting rooms of all CFVHS clinics
3. **Request for Discounts:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship.
4. **Administration:** The SFDP procedure will be administered through the CFVHS Revenue Cycle Department. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

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5. **Alternative Payment Sources:** All alternative payment resources must be exhausted, including all third party payers and insurances (s), Federal and State programs.
6. **Completion of Application:** The patient and/or responsible party must complete the SFDP application in its entirety. By signing the SFDP application, persons authorize CFVHS Clinics access in confirming income as disclosed on the application form. Providing false information on an SFDP application will result in all SFDP discounts being revoked and the full balance of the account(s) restored and payable immediately. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application may be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.
7. **Eligibility:** Discounts will be based on income and family size only. CFVHS Clinics use the Census Bureau definitions of each.
 - 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 sub-family members) are considered as members of one family.
 - b. **Income** includes: earnings, unemployment compensation, workers compensation, Social Security benefits, 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 income sources. Non-cash benefits (such as food stamps and housing subsidies) **do not** count.
 - c. **Income Verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, or letter from employer. 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 (s)he is unable to provide independent verification. This statement will be presented to the CFVHS Administration for review and final approval as to the sliding percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
8. **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 sliding fee schedule. The sliding fee schedule will be updated every year with latest federal poverty guidelines.
9. **Applicant Notification:** The SFDP determination will be provided to the applicants in writing, and will include the percentage of the SFDP write off or if applicable the reason for denial. If the application is approved for less than 100% discount or denied, the

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patient and/or responsible party must immediately establish payment arrangements with the CFVHS Physician Billing Office. SFDP applications cover outstanding patient balances for six months prior to the application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been 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 SFDP application. The SFDP only applies to charges incurred at any of the CFVHS Ambulatory Provider Clinics.

10. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing and/or by phone regarding their payment obligations. If the patient is not already on the SFDP, a copy of the SFDP application can be mailed to them for completion. If the patient does not respond within 60 days this will constitute refusal to pay. At this time CFVHS will proceed with other collection efforts.
11. **Record Keeping:** Information related to SFDP decisions will be maintained and preserved in a centralized confidential file located in the Clinic Office Managers office, in an effort to preserve the dignity of those receiving the discounted care.
 - a. Applicants that have been approved for the SFDP will be logged in a password protected document on a CFVHS shared directory, noting names of the applicants, dates of coverage, percentage of discount and clinic name. Applicants that are denied will be logged as well.

CFVHS Clinic Sliding Fee Schedule

0-200% of the Federal Poverty Guidelines = 100% Sliding Fee Discount
201-300% of the Federal Poverty Guidelines = 85% Sliding Fee Discount
301-400% of the Federal Poverty Guidelines = 65% Sliding Fee Discount
401-500% of the Federal Poverty Guidelines = 45% Sliding Fee Discount

References: Federal Poverty Guidelines, National Health Service Corps

Attachments: Sliding Fee Discount Application