Sliding Fee Scale Policy

Sliding Fee Scale (SFS) policies may vary from employer to employer. Generally, SFS policies provide the specific instructions or procedures for implementing the SFS. The SFS policies ensure that the sliding fee scale program is patient-centered, improves access to care, and assures that no patient will be denied health care services due to an inability to pay. At a minimum, the following areas must be addressed in the policy:

1. The purpose of the Sliding Fee Scale;
2. Patient eligibility for the Sliding Fee Scale Program, including definitions of income and family size and the process for determining family income;
3. Documentation and verification requirements to determine patient eligibility including utilizing a Patient Financial Assistance Worksheet to document income;
4. An explanation of SFS charges based on Federal Poverty Level
5. Process of assessing patient's continued eligibility for the Sliding Fee Scale Program; and
6. How the Sliding Fee Scale Program will be advertised to the patient population;

See attached example.

Discounted/Sliding Fee Application

It is the policy of _____ to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this hospital/clinic, but not those services which are purchased from outside, including reference laboratory testing, x-ray interpretation by a consulting radiologist, and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. This form must be completed for each visit. Please inquire at the front desk if you have questions.

Number of related persons living in your household: _____

Total household income: (complete one column)

Household Member	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Dependent Children under age 18			
Total			

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, and public aid.

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

_____ _____

Name (Print) Signature/Date

Office Use Only

Patient Name _____ Discount _____

Date Of Service _____ Approved By _____

B. Final Determination

1. During the initial request period, the patient and the healthcare system may pursue other sources of funding, including Medicaid and Medicare. The responsible party will be required to provide written verification of the ineligibility for all other sources of funding. All third party payers must first be exhausted prior to the application of discount/sliding fee care.
2. Each discount/sliding fee care applicant who has been initially determined eligible for charity care shall be provided with at least 15 calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her care application prior to receiving a final determination of application status.
3. The hospital shall notify the applicant of its final determination within 15 days of receipt of all application and documentation material.
4. The responsible party may appeal the determination of eligibility for discounted care by providing additional verification of income or family size to the Representative within 30 days of notification.
5. When an application for discounted care is denied, the patient will receive a written notice of denial, which includes:

- The reason or reasons for the denial
- Date of the decision
- Instructions for appeal or reconsideration

6. When the applicant does not provide requested information and there is not enough information available for to determine eligibility, the denial notice will include:

- A description of the information that was requested and not provided, including the date the information was requested.
- A statement that eligibility for charity care cannot be established based on information available to the hospital.

C. Appeals

1. The patient will be allowed 30 days from dated denial notifications to appeal.

Documentation and Records

A. Confidentiality. All information relating to the application will be kept confidential, in compliance with HIPAA requirements. Copies of documents that support the application will be kept with the application form.

B. Documents pertaining to discounted care shall be kept filed.

Initial Approval:
Reviewed:
Revised:
References:

Services Covered and Excluded

Medical:	The discount is applied to all on-site services provided by health care providers.
Pharmacy:	Samples are not provided. The discount is applied to on-site prescriptions.
Lab & X-ray:	The discount is applied to on-site laboratory and x-ray services. Reference laboratory tests and consulting radiology interpretations are excluded.

Eligibility Criteria

All patients are eligible to apply for program.
The full amount of charges will be determined to be charity care for a patient whose gross family income is at or below 100 percent of the current federal poverty level.
A sliding fee schedule shall be used to determine the amount that shall be written off for patient with incomes between 101 and 300 percent of the current federal poverty level.
For patients who do not meet the discount guidelines, but are uninsured, will provide options to pay over a set period of time, with other options of a discounted amount, dependent upon the financial ability and resources of the patient.

Process for eligibility determination

A. Initial Determination

1. The healthcare system shall use an application process for determining eligibility for discount consideration of hospital or clinic based medical services. Requests to provide discount care will be accepted from sources such as: physicians, community or religious groups, social services, financial services, personnel, and the patient, provided that any further use or disclosure of the information contained in the request shall be subject to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations and the hospital's Privacy Policies. All requests shall identify the party that is financially responsible for the patient.
2. The following will be supplied to the responsible party
   - Information about Discounted/Sliding Fee Scale Services
   - Applications for Sliding Fee Scale
   - Application for AHCCCS Health Insurance
   - employee contact information
3. The initial determination of eligibility for the discounted/sliding fee scale shall be completed at the time of admission/visit or as soon as possible following initiation of services to the patient.
   - employee will use the AHCCCS application or apply via the Health E Arizona system. All required documents have to be obtained from patient.
   - may verify eligibility with and third parties insurances.
4. Pending final eligibility determination, will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with the system's efforts to reach a final determination of the application status.

[redacted] POLICIES AND PROCEDURES	
TITLE: DISCOUNT/SLIDING FEE POLICY	
Check One ☐ HOSPITAL WIDE ☒ DEPARTMENT - SPECIFIC FOR	**List department(s) if department specific** **Patient Accounting Department**
POLICY NUMBER: PA-001	**RESOURCE PERSON:** Patient Accounting Supervisor
ENDORSED BY: Patient Accounting Department	**APPROVED BY:**

POLICY:

It is the policy of [redacted] to provide essential medical services regardless of the patient's ability to pay. Discounts are offered based upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for six months, after which the patient must reapply.

PROCEDURE:

Communications to the Public

[redacted] Sliding Fee Schedule Policy shall be made publicly available through the following methodologies:

1. A notice advising patients that the hospital provides a discount shall be posted in key public area of the hospital, including registration, the emergency department, billing and financial services.
2. The healthcare system will distribute a written notice of the discount policy to patients at the time that information pertaining to third party coverage is requested of a patient. This written information shall also be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of the discount before receiving treatment, he/she shall be notified in writing as soon as possible thereafter.
3. Written information about the discount policy shall be made available to any person who requests the information, either by mail, by telephone, or in person. The healthcare system's sliding fee schedule, if applicable, shall also be made available upon request.

Discount Application Process

A completed application including required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office before a discount will be granted. If the applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Adolescent patients seeking confidential care are exempt from the application process, and services are provided at the nominal rate.

Discount/Sliding Fee Application

Name of Head of Household		Place of Employment		
Street	City	State	Zip	Phone
Health Insurance Plan		Social Security Number		

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, and veteran's benfits				
Alimony, child support, military family allotments				
Income from business, self employment, and dependents				
Rent, interest, dividend, and other income				
Total Income				

Verification Check list (attach copies)	Yes	No
Id/Address: Driver's license, birth certificates, employment ID, ss card or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		
Medicaid: Application made or evidence of rejection.		

I certify that the information shown above is correct and understand verification is required for approval.

Name (Print) _____ Signature/Date _____

Office Use Only

Pay Class Approved: _____ Effective Date: _____

Approved By: _____ Expiration Date: _____