



**Chester Clinic**

**Steeleville Family Practice**

## **Policy Title: RHC Sliding Fee Scale Guidelines**

### **See also: Financial Assistance Policy and Financial Assistance Application**

Revised: 10/30/2023

Memorial Hospital's Rural Health Clinics will give financial assistance, in the form of a sliding fee scale, to those who require care that is medically necessary, but are unable to pay. This financial assistance will be available to all persons without discrimination based upon race, color, sex, national origin, disability, religion, age, sexual orientation, gender identity, ability to pay, or other groups unrelated to the individuals need for the medically necessary services of the RHC. A request for financial assistance under this policy and related policies must be made by or on behalf of the patient.

Financial assistance may be given in full or part based upon the applicant's financial situation and/or ability to pay. **No patient will be refused services due to patient's financial inability to pay.** Criteria for financial assistance will be based upon the Federal Poverty Level Income Guidelines, updated annually, according to <https://www.federalregister.gov>

Those with incomes at or below 150% of the poverty guidelines will receive a full 100% discount of charges. Those with incomes above 150% but at or below 300% of the guidelines will receive a discount as listed below.

Percent of Poverty (based on income and family size):	Discount:
0%-150%	100%
151%-200%	75%
201%-250%	50%
251%-300%	25%

Family size is defined as all immediate family members residing in the applicant's home, including the applicant, applicant's spouse, and all children under 18 (natural or adoptive). Family size can also be reported as dependents claimed on the applicant's federal income tax return. Applicant must list family member name, DOB and relationship on application.

Income includes any money earned from wages/salary, self-employment work, child support/alimony, social security/retirement, rental income, unemployment income, or other as listed. Income for all household members is required to be listed on the application. Memorial Hospital reserves the right to require proof of financial need. The application requests the previous years' tax return, copies of three (3) most recent pay stubs for all household members' employment income, most recent bank statement, and any other statements received from income sources. If no income is included in the application, Patient Accounts Representatives are required to document how needs are being met via discussion with the applicant. There

is space within the application for applicants to explain the reasons why financial assistance is being requested. Self-declaration of income may only be used in special circumstances.

Information regarding the financial policy will be provided on the organization's website, in the financial policy and communicated by the Patient Accounts Representatives. Paperwork will be provided by the Patient Accounts Representatives and on the organization's website. See Financial Assistance Application.

Persons requiring medically necessary care may request a determination of their eligibility for financial assistance prior to the service, after the service is provided, or even after collection action has begun. If any required information is missing on the application, a letter will be sent to the patient requesting the missing information. The letter indicates Memorial Hospital was unable to process the application for the reason(s) listed and the missing information should be returned within 30 days or the assumption will be made that the information was purposefully omitted and application will be denied. If the patient is unable, for whatever reason, to return this documentation, sliding fee discount will not be applied to applicant's account balance(s).

Applications can be returned to any RHC Registration employee or Patient Accounts Representatives. After the Patient Accounts Representative has reviewed the application and completed the proper paperwork, it will be reviewed by the CFO. After approval is received, the Patient Accounts Representative will apply the approved adjustments and send the patient a letter explaining discount, listing any partial amount that may be owed if discount is less than 100% of charges. Payment arrangements can be made with Patient Accounts, if applicable, and any unpaid debt will be moved to outside collections in accordance with organizational policies. Discounts are applied to all outstanding debt for the applicant and all new balances moving forward for the next 6 months, notes will be made on the patient's account verifying approval date. A new form will be requested from the patient once the discount has expired.

The schedule for the RHCs is reviewed by Patient Accounts and patients with outstanding debt are contacted to make a payment and/or apply for financial assistance. Memorial Hospital does not require a minimum payment but can offer payment suggestions based on balances owed. If a patient is making consistent payments (1 payment per month) on outstanding balances, they are considered in good standing with the organization. If a patient does not make any effort to pay balances owed within 60 days, the account will be passed to an outside billing agency in accordance with organizational policy and as listed on self-pay statements. Outside billing agency can assist patients with financial assistance or they can continue to work internally with Patient Accounts.

Applications are filed in a locked cabinet located within the badge entry Business Office space. Calculation worksheets are saved on the Hospital's W Drive for reference between Patient Accounts and the CFO. Policies and applications are updated annually based on the Federal Poverty Guidelines, saved in the organization's policy retention software program and receive board approval for any significant changes.