

DEPARTMENT: Business Office/Patient Financial Services	ORIGINATION DATE: 08/01/2011
POLICY/PROCEDURE: Financial Assistance Guidelines/Sliding Fee Schedule for Community Health Clinic	REVISED DATE: 12/16/2022
	APPROVED BY: REVIEWED:

GOAL:

All patients seeking health care services at Community Health Clinic are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Community Health Clinic 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 sliding fee schedule (SFS) to determine eligibility.

To establish a consistent, efficient, and compliant methodology for determining and administering Financial Assistance.

SCOPE:

The Community Health Clinic Financial Assistance Policy applies to charges for emergency and medically necessary services by Community Health Clinic/ Lackey Memorial Hospital owned and operated facilities, including Lackey Memorial Hospital and all Rural Health Clinics.

DEFINITIONS:

Application Period - Period of time a patient has to submit a completed application for Financial Assistance. For the purposes of this policy, the application period begins on the date medical care is provided and ends 6 months from the approval date. There will be a 15-calendar day grace period to return any requested additional supporting documents extended beyond the 30-day application period.

Discount - Those with incomes at or below 200% of poverty, will be charged \$10 nominal fee for health care services, according to the attached sliding fee schedule.

Encounter - An interaction or visit with a care provider. For outpatient treatments, an encounter generally refers to one treatment date or one clinic visit. The exception being series accounts as defined below. If the patient's "encounter" was an inpatient stay, the encounter charges would include all applicable technical charges incurred during the stay.

Family Unit - 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. Non-related household members are included when calculating family size.

Gross Charges - The full, undiscounted price of medical services consistently and uniformly charged to patients before applying any contractual allowances, discounts or deductions.

Insured - Patients with any type of insurance coverage and/or third-party payor program which reimburses for, compensates or discounts medical expenses for that encounter or episode of care for the purpose of this policy, patients are considered to be insured even if they are out of network.

Nominal Fee - Patients with incomes at or below 200% poverty will be charged a nominal fee (\$10) according to the attached sliding fee schedule and based on their family size and income. 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.

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POLICY EXCLUSIONS:

The Community Health Clinic Financial Assistance does not discount the following charges:

- I. Services furnished by providers who do not participate in Community Health Clinic's financial assistance program. Examples include, but are not limited to the following: outside or specialty laboratory services, radiologists, pathologists, ambulance services, non-participating and/or non-employed physicians, as well as services provided at select facilities that are not fully owned and operated by Lackey Memorial Hospital.
- II. Special promotion/package priced procedures which have already been discounted or have associated special pricing arrangements.
- III. Retail purchases including, but not limited to the following: durable medical equipment, pharmacy

POLICY APPLICATIONS:

The Community Health Clinic Financial Assistance application process.

- I. All patients applying for the Community Health Clinic Financial Assistance must complete the Financial Assistance Application. To make reasonable efforts to determine whether a patient is eligible for financial assistance, free copies of the application explaining the financial assistance are readily available from several sources.
 - i. A copy is given to the patient during the admissions and/or check in/registration process.
 - ii. Copies are posted and available upon request at all Check in, Admissions, Business Office department areas at all Lackey Memorial Hospital facilities and clinics.
 - iii. They are also available for download and printing on line on the Lackey Memorial Hospital website under "Financial Assistance" or by contacting the facility where services were received and requesting a copy by mail.
 - iv. In addition, Community Health Clinic will provide all of the Financial Assistance related documents electronically to any individual who indicates that is their preference.
 - v. If a patient's financial assistance eligibility status has been determined in the previous 180 days, the patient does not need to reapply unless changes family size or income occur.
- II. Eligibility for the Community Health Clinic Financial Assistance may be reassessed every 6 months upon request. The process to reapply is the same as the initial process; an application and the updated financial information shall be submitted to the Business Office at the facility where services were received.
- III. Method to Determine Qualification
 - i. The financial assistance programs procedure will be administered through the CFO or his/her designee. Information about the Financial Assistance policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
 - ii. Completion of Application: The patient/responsible party must complete Financial Assistance application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Financial Assistance application, persons are confirming their income to Community Health Clinic as disclosed on the application form.

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- iii. When the Financial Assistance Application and supporting documentation is received within the Application Period, it will be reviewed to determine the patient's eligibility for discounted services. Discounts will be based on income and family size only. Income requirements are detailed below:
- iv. Determine the total gross income for the patient's family unit.
 - Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
 - Minor children's earned wages are not included in the income calculation.
 - Court-ordered and state or federally issued assistance related to a minor is included in the income calculation.
 - Applicants may provide one of the following:
 - prior year W-2
 - three most recent pay stubs
 - letter from employer
 - 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 be used.
 - Patients who are unable to provide written verification may provide a signed statement of income.
- v. The patient/responsible party must provide supporting income documentation to verify the total gross income of all family unit members in the household.
- IV. The review for financial assistance eligibility will be completed timely.
- V. Once the eligibility determination has been made, a letter will be sent to the patient advising them of the decision.
- VI. For patients who are financial assistance eligible, the approval letter will indicate the discount percentage granted. This letter will also include contact information for assistance with patient questions regarding the Financial Assistance.
- VII. If the application is incomplete or lacks the necessary supporting documentation, a letter will be sent notifying the patient and requesting the missing information. All supporting information must be received before the end of the patient's application period. This letter will include contact information for assistance with patient questions regarding the approval process or payment arrangements.
 - i. If the patient provides the required information within the application period, the application will be reprocessed as outlined above.
 - ii. If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be sent a statement of their charges.
 - iii. If the Patient does not make effort to pay or fails to respond, this constitutes refusal to pay. At this point in time, the patient will follow Community Health Clinic's collections policy.

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- VIII. For patients who are deemed ineligible for any further discounts identified in this policy, their denial letter will also include the contact information for assistance with patient questions regarding the approval process or payment arrangements.
- i. Patients are able to reapply for Community Health Clinic’s financial assistance after six months from approval date or if they have experienced a material change in family or income status.
- IX. Community Health Clinic reserves the right to reverse financial assistance and pursue appropriate reimbursement or collections as a result of newly discovered information, including verification that requested information was intentionally falsified.
- X. Record keeping: Information related to Financial Assistance decisions will be maintained and preserved in a centralized confidential file located in the Billing Office, in an effort to preserve the dignity of those receiving free or discounted care.
- i. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Community Health Clinic’s practice management system, noting names of applicants, dates of coverage and percentage of coverage.
- ii. Denials and applications not returned will also be kept.
- XI. The Community Health Clinic’s Financial Assistance discount percentages are determined by referencing the family unit and the total family income in the appropriate Community Health Clinic’s Financial Assistance Discount Table. A copy of the discount table is available from the Business Office where services were received.
- i. The following table summarizes the Community Health Clinic’s Financial Assistance discounts:
- ii. Bounds are set according to Federal Poverty percentages and updated annually:

Community Health Clinic’s Financial Assistance Discount Summary		
Patient is eligible for	Bounds	Patient Responsibility
Plan 1	0-100%	\$10
Plan 2	100-125%	20%
Plan 3	125-150%	40%
Plan 4	150-185%	60%
Plan 5	185-200%	80%

Community Health
Clinic's

2022 Financial Assistance Schedule

# in Family	\$10 Nominal Fee	Fee 20% Charges	Fee 40% of Charges	Fee 60% of Charges	Fee 80% of Charges	Fee 100% of Charges
Poverty	100%	125%	150%	185%	200%	>200%
1	0-13590	13590-16988	16988-20385	20385-25142	25142-27180	27181+
2	0-18310	18310-22888	22888-27465	27465-33874	33874-36620	36621+
3	0-23030	23030-28788	28788-34545	34545-42606	42606-46060	46061+
4	0-27750	27750-34688	34688-38295	38295-51338	51338-55500	55501+
5	0-32470	32470-40588	40588-44809	44809-48705	48705-60070	60071+
6	0-37190	37190-46488	46488-55785	55785-68802	68802-74380	74381+
7	0-41910	41910-52388	52388-62865	62865-77534	77534-83820	83821+
8	0-46630	46630-58288	58288-69945	69945-86266	86266-93260	93261+
additional	4,720	5,900	7,080	8,732	9,440	9,440

Nominal Fee \$10.00

Providers that are covered under this Financial Assistance Policy:

- Arain, Mohammad, MD
- Barksdale ,Bryan, MD
- Benge, Jenna, ACNP
- Bentley, Matthew, DO
- Boone, Shelly, CFNP
- Bridges, Rori, CFNP
- Carr, Jason, FNP
- Chaney, Meagan, FNP-C
- Dickerson, Emily, NPC
- Feduccia, Thomas, MD
- Flowers, Frederick, MD
- Flynn, Matthew, CFNP
- Gaddis, Ruth, CFNP
- Gibboney, William, DNP, FNP-C, ACNP-BC
- Gibbs, Traci, FPMHNP-BC/LCSW
- Gibson, Jr. Don, MD
- Griffin, Mary, MD
- Hager, Karl, NP
- Harrell, Bernard, DO
- Howard, Walter, MD
- Howard, Austin, MD
- Jordan, Terry, MD
- Kayoma, John, MD
- Lee, John P, MD
- Lee, Mercer, OBGYN
- Lewis, William, MD
- Lucas, Phillip, MD
- McCullough, Charles, MD
- McHenry, Jackie, MD
- Nunez, Roger, MD
- Oliphant, Keisha, FNP-BC
- Otto, Megan, FNP-C
- Pitts, Elizabeth, FNP-BC
- Pulliam, Priscilla, MD
- Rooks, James, MD
- Shoemaker, Corey, FNP-C
- Sledge, Jonathan, MD
- Toler, Kenneth, MD
- Underwood, James, MD
- Valley, Verena, MD
- Walker, Kathryn, CFNP
- Walker, Daniel, FNP-C
- Westbrook, Toikus, MD
- Wood, Lauren, NP

Providers NOT covered under this Financial Assistance Policy:

- Bahl, Alexandria, OD
- Bartley, David, CRNA
- Bowman, Claudia, MD
- Brents, Melissa, Pathologist
- Brien, Glenn, MD
- Britt, Stuart, CRNA
- Brown, Benjamin, CRNA
- Burnham, James, CRNA
- Carter, Denver, D.P.M.
- Casano, Peter, ENT
- Coxwell, Lea Ann, CFNP
- Davis, Rhonda, FNP
- Eason, Randy, OD
- Folkes, Michael, CRNA
- Fuqua, Joshua, CRNA
- Goodwin, Chad, CRNA
- Hemmett, John, CRNA
- Herpich, Byron, CRNA
- Hollingsworth, James, DDS
- Hughes, Ralph, Pathologist
- Kneip, Christopher, MD
- Murray, Sara, CFNP
- Myrick, Gregory, CRNA
- Neely, William, MD
- Nichols, Harold, CRNA
- Norman, Paula, SLT
- Renfrow, William, CRNA
- Roberts, Bruce, MD
- Simmons, John, CRNA
- Smith, Adrian, MD
- Sorrels, Jay Marion, DO
- Sprayberry, Patrick, Pathologist
- Syed, Akhtar, MD
- Taylor, Heather, FNP
- Ward, Blakely, CRNA
- Wilkinson, Brian, Pathologist
- Williams, Bradley, MD
- Wright, James, OD