POLICY | PURPOSE STATEMENT:
The purpose of the policy is to establish a formal process for financially assisting patients in receiving the proper healthcare services at the TTUHSC SON Larry Combest Community Health & Wellness Center, Combest Central Community Health Center and Abilene Community Health Center (referred to as “Combest”). This policy provides procedures for patients whose household members and income are in accordance with the Federal Poverty Guidelines, their ability to qualify for the Sliding Fee Scale and other financial options according to the HRSA Health Center Compliance Manual.

SCOPE:
This policy and procedure applies to all TTUHSC SON Larry Combest Community Health & Wellness Center clinic sites; and is distributed to each site.

NOTICE:
In addition to this policy the Combest adheres to the following institutional operating and ambulatory policies and procedures:

1. HRSA Requirements
   a. Health Center Program Requirements
   b. Signage indicating that a Sliding Fee Scale is offered in appropriate languages literacy levels for patient population.
   c. Evaluation of sliding scale fees will occur at least every three (3) years, with patient input (either through focus groups or patient surveys), to ensure no barriers to care exist for patient population.
   d. Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.
   e. Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.
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2. FQHC Requirements
   a. Entered into an agreement with Centers for Medicare & Medicaid Services (CMS).
   b. Remain in compliance with Medicare regulations.
   c. Receiving a grant under §330 of the Public Health Service (PHS) Act.

3. Utilizing current United States Federal Poverty Guidelines for the 48 contiguous states once published by the Federal Registry

4. Fee Sheet-price sheet which is updated annually as needed according to the U.S. Federal Poverty Guidelines.

DEFINITIONS:

Federal Poverty Guidelines: Household and monetary guidelines set forth by the United States Government which classify a person as impoverished.

Household: An individual or group of two people or more related by birth, marriage, or adoption and residing together; all such people are considered as members of one family.

Household Income: All earned income, disability, and other income as defined by the United States Internal Revenue Service.

Sliding Fee Scale (SFS): Discounted fees for healthcare services offered to those whose are classified as impoverished according to the Federal Poverty Guidelines.

Income Verification: Detailed documentation that describes the applicant’s household income; i.e. Paycheck stubs, disability award letter, etc.

1. EMR-electronic medical record.
2. Guarantor-parent/guardian responsible for a child under the age of 18
3. Minor-a child under 18 years of age.
4. Emancipated Minor-a minor who is allowed to conduct and contract business, freed from control by his/her parents or guardians, and can prove self-sufficiency through a court granted petition.
5. Unqualified applicant-sliding fee scale applicant who does not provide current/accurate income verification, or who is scaled above 200% according to the U.S. Federal Poverty Guidelines.
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PROCEDURE:

I. **Sliding Fee Scale Guidelines**
   a. Patient Services Specialist and other business office staff must ensure awareness of the availability of sliding fee discounts to all patients at time of registration.
   b. Every applicant must complete the Sliding Fee Application, present income verification, and disclose the number of people living in the household.
   c. All household income must be disclosed.
   d. Applicant eligibility will be determined according to the current Federal Poverty Guidelines as published in the Federal Registry.
   e. Applicants who are not eligible will be presented other options to assist in meeting their financial obligation.
   f. If applicant has health insurance or receives funding to pay for healthcare services, they do not initially qualify: sliding fee discounts cannot be their primary option for payment.
   g. For those applicants who are insured and wish to have their co-pay and other fees discounted may do so.
      i. They will be required to provide income verification for household and confirm the number of people living in their home.
      ii. Front office personnel will scale them according to the HHS Federal Poverty Guidelines.
      iii. The scaling/application will be scanned into the patient’s EMR and the proper financial class will be entered as secondary to their insurance coverage.
      iv. Billing will determine what the total amount owed for the visit is according to their scaling and the patient/guarantor will be billed accordingly.
   h. Eligibility for sliding fee discounts will be based on income and family size for all patients and no other factors will be considered.

II. **Income**
   a. We require the disclosure of the household income for each
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applicant and earners in the home, therefore recognize earned and unearned income as defined by the United States Internal Revenue Service (IRS)

i. Earned income
   1. Wages, salaries, tips, and other taxable employee pay-Gross earnings
   2. Union strike benefits
   3. Long-term disability benefits received prior to minimum retirement age
   4. Net earnings from self-employment if:
      a. You own or operate a business or a farm
      b. You are a minister or member of a religious order
      c. You are a statutory employee and have income

ii. Unearned income
   1. Pay received for work while an inmate in a penal institution
   2. Interest and dividends
   3. Retirement income
   4. Social security
   5. Unemployment benefits
   6. Alimony
   7. Child support

b. We require and accept only the following income verification documents listed on the SFS application, which correlates to earned and unearned income as defined by the US IRS:

   i. If Employed:
      1. Tax Forms
         a. If an employee Gross earnings
         b. If self-employed Net earnings
         c. Applicable if they refer to the year prior and is the most recent tax form available (example: use 2011 tax forms for SFS applications done in 2012)

      2. W2-Gross earnings
      3. Two (2) recent check stubs-Gross earnings
         a. When we collect pay check stubs for financial
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verification, we NEED the patients to bring in 2 recent pay check stubs, preferably dated back to back.

4. Written statement from employer-Gross earnings
   a. If a written letter from the employer is provided as financial verification the letter must contain:
      i. Written on paper with company letterhead-if applicable
      ii. Employer contact information
      iii. Dates of employment
      iv. How often the patient is paid
      v. Rate of pay
      vi. Hours worked per week
   b. If in Spanish-translate and initial
   c. While the patient is present, call employer and verify that the employer wrote the letter.

ii. If Unemployed
   1. Public Assistance documentation
   2. Zero Income Form/Unemployment form (affidavit)
      a. If we have a patient come in without funding, no income, no job, and possibly no home they are considered “unemployed” and they will need to fill out unemployment form and complete the SFS application then will fall at 100%
      b. When unemployment form is filled out they are attesting that “no one” in the household has an income nor are employed.
   3. Social Security check stub or letter of award
   4. Letter of reference from a 501(c)(3), i.e.; church
   5. Certification letter from Medical Assistance of Department of Social Services

iii. Do not accept: bank statements or other bank information
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III. Process

a. For patient to qualify – Income documentation and the SFS application must be submitted, on file and renewed every six months according to the application date
   i. For unemployed patients the renewal is every three (3) months

b. Minor applicants
   i. SFS applications for child patients, under 18 years of age, need to have parent’s/guarantor’s/guardian’s income information provided.
   ii. If the patient is a dependent, then the parent/guardian is the guarantor and responsible for payment.
   iii. Parent/guardian must present income verification, sign application and is responsible for payment.
   iv. For child patients over 18 years of age and supported by parents- same rules apply for presenting household verification- child is guarantor, signs application, and is responsible for payment.
   v. Minor applicants, under 18 years of age, deemed an emancipated minor, must provide documentation of emancipation or proof of parenthood to be considered guarantors.

c. Unqualified applicants
   i. With all Incomplete SFS applications, patients will be categorized as Private-Pay and are not eligible for SFS discounted prices.
      1. Patient will be ineligible to receive the SFS discounted prices until income verification for the entire household is provided.
      2. The date range will only reflect current date of service until income verification for the entire household is provided.
      3. Applicant has 14 days from incomplete application date to provide income verification so that eligibility dates will reflect current date of service.
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ii. If applicant provides income verification for the household and is above 200% according to the Federal Poverty Guidelines, the applicant does not qualify for the SFS discounted rates.

iii. Applicants who do not qualify, will be offered to make monthly payments and can opt to sign the Financial Agreement to assist them in meeting their financial obligation.

d. Other earners in the household

i. Are not responsible for payment; the applicant is the only person responsible for payment

ii. If other earner in the home refuses to provide documentation notation must be made on application

a. If patient is unemployed then they can fill out unemployment form

b. If patient is employed then we proceed with original protocol for SFS application

e. All applicants can opt to sign a Financial Agreement to help meet their payment obligations.

IV. Documentation and Record

a. All applications

i. Enter proper financial status according to percentage into patient EMR.

ii. Enter percentage to match FQHC reporting in patient file.

iii. Scan original signed application into patient EMR.

1. All paper applications must be properly destroyed to maintain patient privacy and confidentiality.

b. Designated sections of the SFS application are to be completed by the office staff member.

i. All information must be explained to each applicant so that the applicant understands the expectations and process.

ii. The results of the SFS application must be explained to applicant before they sign.

c. All applicants must read and express their understanding by initialing the sliding fee scale application whereby acknowledging that information provided is complete and accurate. Information provided
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will be utilized to determine applicant’s eligibility for the participation in the Sliding Fee Discount Program.

d. All applicants must read and sign the SFS Application to express their understanding of their financial responsibility for services provided.

e. All applications must be signed and dated by the applicant and a member of the clinic office staff.

V. Provisions For Waiving Charges

a. Patients will be given care free of charge if there are extenuating circumstances that prevent them from being financially able to pay for the services rendered during their current visit. These circumstances will be considered self-declared by the patient and fit one of the following criteria:

   i. Patients who have recently lost employment and/or have no income to help support their needs;

   ii. Homeless as determined by recent catastrophic events where their home dwelling is not habitable;

   iii. Patients affected by a natural disaster;

   iv. A sudden death in the family that impairs their ability to pay for care at the time;

b. All charges will be billed as normal and after approval from the Director of Financial Operations or Executive Director will be adjusted to charity care.

c. If the above circumstances continue, the situation will be evaluated with the patient to determine if re-screening is needed for future visits.

VI. Structure of Sliding Fee Sliding Fee Discount Schedule

a. The Sliding fee Discount Schedule will be designed in a manner that adjusts fees based on a patient’s ability to pay. There will be four discounts pay classes in place for applicants above 100% and at or below 200 % of the Federal Poverty Guidelines. Only a nominal fee will be charged to those applicants who fall below 100 % of Federal Poverty Guidelines.
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Guidelines. No one will be turned away based on their inability to pay.

<table>
<thead>
<tr>
<th>PATIENT SCALING:</th>
<th>&lt;100%</th>
<th>100-125%</th>
<th>126-150%</th>
<th>151-175%</th>
<th>176 – 200%</th>
<th>&gt; 200%</th>
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<tbody>
<tr>
<td>FQHC Office Visit Fee/DEC</td>
<td>$20</td>
<td>$25</td>
<td>$30</td>
<td>$35</td>
<td>$40</td>
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</tr>
<tr>
<td>Behavioral Health</td>
<td>$8</td>
<td>$10</td>
<td>$12</td>
<td>$14</td>
<td>$16</td>
<td>No Discount</td>
</tr>
</tbody>
</table>

VII. Refusal To Pay

a. Patients that refuse to pay will have continue to receive statements for the period of time that ages the account out to the point that it meets criteria for Policy 2C.04 Bad Debt Write Off Process / Authority to be written off and marked a zero balance.

RESPONSIBILITIES | REVIEW | REVISIONS:
It is the annual responsibility of the Finance Manager and Finance Administration at TTUHSC SON Larry Combest Community Health & Wellness Center to initiate and review this policy to comply with HRSA and FQHC requirements. It is the responsibility of the Policy & Procedures Committee to review necessary revisions presented by the Finance Manager and administration for administrative management of this policy.

RIGHT TO CHANGE POLICY:
COMBEST reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

ATTACHMENTS:
Attachment A: Sliding Fee Application
Attachment B: Fee Sheet
Attachment C: Current Year Federal Poverty Guidelines