



LOST RIVERS MEDICAL CENTER

SUBJECT/TITLE: **Sliding Scale Discount Program**

PAGE: 1 OF 5

DEPARTMENT/SCOPE: Financial Policy and Procedure

OWNER: LB

1.0 PURPOSE:

- 1.1 To make comprehensive primary care services available and accessible to uninsured and underinsured patients by establishing fees that are affordable to them and in accordance with federal regulations.

2.0 POLICY:

- 2.1 A Sliding Fee Discount Program will be provided to eligible individuals on the basis of their ability to pay. The ability to pay will be determined by the household annual income and family size.

3.0 PROCEDURE:

- 3.1 As part of the registration process, the clinic receptionist will determine if the applicant is covered under a health insurance plan. If the applicant is uninsured, he/she will be informed of the availability of the Sliding Fee Discount and explain the paperwork needed to complete the application.

- 3.2 The sliding fee discount program is advertised in the clinic reception area.

- 3.3 Individuals interested in applying for the discount program must provide the following forms of verification of household size and incomes in the household:

- Last 2 months pay stubs
- W-2
- Last years filed taxes
- Last 2 months pay stubs
- Last 2 months bank statements
- Last 2 months unemployment pay stubs
- Social Security Statement

- 3.4 The patient is eligible for a sliding fee discount when all documentation is received and income and family size criteria for discounts are met.

➤ **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 by birth, marriage, or adoption and residing together, significant others); all such people (including related subfamily members) are considered as members of one family.

➤ **Income** includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance,



LOST RIVERS MEDICAL CENTER

SUBJECT/TITLE: **Sliding Scale Discount Program**

PAGE: 2 OF 5

DEPARTMENT/SCOPE: Financial Policy and Procedure

OWNER: LB

alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) do not count.

➤ **Expenses** including: Rent/Mortgage, Heating (electrical/oil/propane), Water/Sewer/Garbage, Health Insurance premiums may be deducted from the income amount before determination is made on the level of eligibility.

- 3.5 Once documentation is received; it is copied, filed, and scanned onto the patient's chart for medical records.
- 3.6 Using the sliding fee scale, the Billing Department/Financial Support Services will determine the specific amount of the discount for which the patient is eligible for the first initial visit. Patients will be required to make payment at the time of visit. Fees for patients who qualify for sliding fee scale discounts are indicated on the sliding fee scale discount schedule. If payment is not collected at the time of service the full charge will be due and the sliding scale discount will not apply.
- 3.7 The receptionist will turn all paperwork in to financial support services to be reviewed and approved. Once eligibility is established, receptionists will be informed of the approval and financial support services will file the paperwork and upload documents into the patients chart.
- 3.8 Discounts are based on the poverty level determined, and will be charged according to the sliding fee schedule. Patients will be assessed, at minimum, \$20 charge per visit or more based on the determined poverty levels , REFER TO SLIDING SCALE DETERMINATION TABLE
- 3.9 The discount is applied to services provided by Lost Rivers Medical Center, and can include dates of service prior to the determination.
- 3.10 ***Out of State Medicaid-Sliding Scale:*** *Patients who present to the clinic that has another states Medicaid, will be reviewed by the billing staff and if there are no possible means of reimbursement from out of state Medicaid plan, then patients will be offered a one-time sliding scale discount and will be required to make the minimum copay of \$20.00 for the services in question. Billing staff will complete a Financial Support Application and attach proof of out of state Medicaid for supporting documentation of the sliding scale adjustment. The state has already determined financial need when the patient became eligible for Medicaid benefits.*



LOST RIVERS MEDICAL CENTER

SUBJECT/TITLE: Sliding Scale Discount Program	PAGE: 3 OF 5
DEPARTMENT/SCOPE: Financial Policy and Procedure	OWNER: LB

3.11 Sliding scale discounts do not apply to hospital services such as radiology, lab, and physical therapy. Receptionists should make verbal awareness to the patient before services are rendered that the services above are not covered under the sliding scale program. Sliding scale discounts only apply to physician services, and incidental services in the clinic setting.

COVERED SERVICES INCLUDE:

- The Provider's office visit fee
- Manipulation Therapy
- Medications administered by injection
- The injection fee
- Medications administered by nebulizer
- Cerumen impact removal
- Urinalysis dipstick test
- Blood glucose finger stick test
- Shave biopsy
- Excision biopsy
- Suturing of lacerations
- Casting of broken bones
- Injections of steroids to painful joints
- PAP smears (Diagnostic only)
- Cryosurgery or electrocautery
- Wound care and supplies
- Podiatric visits and supplies
- Orthopedic consults
- Simple repairs
- Vaccines-TDAP, Flu and Pneumonia ONLY

NOT COVERED SERVICES:

- Electrocardiograms (ECG)
- Durable Medical Equipment (DME)
- Orthotics
- ZIO Heart Monitors
- Pathology cost associated with biopsies or PAP smears
- Preventative Pap Smears
- Pregnancy Tests
- Pulmonary function test
- Microscopic urinalysis
- Urine culture
- Bacterial or viral culture



LOST RIVERS MEDICAL CENTER

SUBJECT/TITLE: **Sliding Scale Discount Program**

PAGE: 4 OF 5

DEPARTMENT/SCOPE: Financial Policy and Procedure

OWNER: LB

- Test for strep throat or influenza
- Other laboratory test done by blood draw
- Fee for performing the blood draw
- X - rays
- MRI exams
- CT scans
- Preventative Physical Exam
- DOT Exams
- Sports Physicals
- Insurance Exams
- Hospital ER visits
- Hospital inpatient stays
- Hospital outpatient visits, including supplies and medications associated with those visits
- Any Lab testing that is performed in the Lab and not the Clinic
- Outpatient Surgical Services

3.12 Accounts that contain non-sliding scale charges that have not been paid or payment arrangements made within 90 days will be turned over for collections through Athena Health. Athena/Lost River Medical Center staff will contact the patient to negotiate collection arrangements.

3.13 Lost Rivers Medical Center will maintain a uniform process for sliding fee discount program applications and patients must be re-qualified for sliding fee scale discounts annually by providing new/updated income/family documentation.

3.14 In the event the patient is unable to pay any portion of the amount owed, the following services are offered by the Financial Support Services department

3.14.1 Financial advising in creating budgets;

3.14.2 Assistance in determining eligibility and/or availability fro additional financial support resources;

3.14.3 Establish reasonable payment arrangements;

3.15 Sliding scale agreement will be terminated if:

- the patient does not comply with making their sliding scale payments at the time of service. 3 missed sliding scale payments will result in automatic termination of sliding scale discount program.
- Failure by patient to complete or submit necessary documentation needed to verify income and/or family size within a reasonable time period lasting no longer than 14 days;



LOST RIVERS MEDICAL CENTER

SUBJECT/TITLE: Sliding Scale Discount Program	PAGE: 5 OF 5
DEPARTMENT/SCOPE: Financial Policy and Procedure	OWNER: LB

- 3.16** Out of State Medicaid recipients may receive the standard sliding scale benefit at \$20 per office visit on an interim basis.

- 3.17** Providers will be provided with a superbill that identifies the patient as a sliding scale program recipient to help determine the best plan of care and cost to the patient.

- 3.18** Supporting documentation includes:
 - 3.18.1 Sliding Scale Program Pamphlet-each member approved should receive one for their information.

 - 3.18.2 Sliding Scale Superbill

HHS Poverty Guidelines for 2024

The 2023 poverty guidelines are in effect as of January 17, 2024.

[Federal Register Notice, January 17, 2024.](#)

Income Based Sliding Scale

	Sliding Fee Plan		
Family Size	Income Based Sliding Scale		
1	\$0.00	-	\$15,060.00
2	\$0.00	-	\$20,440.00
3	\$0.00	-	\$25,820.00
4	\$0.00	-	\$31,200.00
5	\$0.00	-	\$36,580.00
6	\$0.00	-	\$41,960.00
7	\$0.00	-	\$47,340.00
8	\$0.00	-	\$52,720.00
Each additional person	\$0.00	-	\$5,380.00

\$20.00 Each Clinic Visit

20% Patient Responsibility

	Sliding Fee Plan		
Family Size	20% Sliding Scale		
1	\$15,060.00	-	\$18,072.00
2	\$20,440.00	-	\$24,528.00
3	\$25,820.00	-	\$30,984.00
4	\$31,200.00	-	\$37,440.00
5	\$36,580.00	-	\$43,896.00
6	\$41,960.00	-	\$50,352.00
7	\$47,340.00	-	\$56,808.00
8	\$52,720.00	-	\$63,264.00
Each additional person	\$5,380.00	-	\$6,456.00

80% Sliding Scale

35% Patient Responsibility

	Sliding Fee Plan		
Family Size	35% Sliding Scale		
1	\$18,072.00	-	\$20,331.00
2	\$24,528.00	-	\$27,594.00
3	\$30,984.00	-	\$34,857.00
4	\$37,440.00	-	\$42,120.00
5	\$43,896.00	-	\$49,383.00
6	\$50,352.00	-	\$56,646.00
7	\$56,808.00	-	\$63,909.00
8	\$63,264.00	-	\$71,172.00
Each additional person	\$6,456.00	-	\$7,263.00

65% Sliding Scale

50% Patient Responsibility

	Sliding Fee Plan		
Family Size	50% Sliding Scale		
1	\$20,331.00	-	\$22,590.00
2	\$27,594.00	-	\$30,660.00
3	\$34,857.00	-	\$38,730.00
4	\$42,120.00	-	\$46,800.00
5	\$49,383.00	-	\$54,870.00
6	\$56,646.00	-	\$62,940.00
7	\$63,909.00	-	\$71,010.00
8	\$71,172.00	-	\$79,080.00
Each additional person	\$7,263.00	-	\$8,070.00

50% Sliding Scale

75% Patient Responsibility

	Sliding Fee Plan		
Family Size	75% Sliding Scale		
1	\$22,590.00	-	\$26,355.00
2	\$30,660.00	-	\$35,770.00
3	\$38,730.00	-	\$45,185.00
4	\$46,800.00	-	\$54,600.00
5	\$54,870.00	-	\$64,015.00
6	\$62,940.00	-	\$73,430.00
7	\$71,010.00	-	\$82,845.00
8	\$79,080.00	-	\$92,260.00
Each additional person	\$8,070.00	-	\$9,415.00

25% Sliding Scale