



INTERMOUNTAIN SLIDING FEE DISCOUNT PROGRAM POLICY

BACKGROUND

All clients seeking healthcare services at Intermountain are assured that they will be served regardless of ability to pay. The sliding fee discount program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured).

PURPOSE/OBJECTIVE

Clients are entitled to quality health care and financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The business office will work with the client and/or guarantor to find reasonable payment alternatives. This policy meets requirements for Federal Loan Repayment programs and Mental Health Center licensure.

SCOPE

This policy applies to all community services provided by Intermountain.

DEFINITIONS

Sliding Fee-are variable prices for products, services, or taxes based on a customer's ability to pay. Such fees are thereby reduced for those who have lower incomes, or alternatively, less money to spare after their personal expenses, regardless of income.

Eligibility for Sliding Fee-Discounts will be based on income and family size only. Intermountain uses the Census Bureau definitions of each:

- **Family** - 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.
- **Income that qualifies for a discount 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, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*

POLICY

1. Intermountain will offer a Sliding Fee Discount Program to all who are unable to pay for their services.
2. Intermountain will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, creed, disability or national origin. The

Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty> , are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

3. Intermountain will notify clients of the Sliding Fee Discount Program by:
 - a. Payment Policy will be available to all uninsured clients at the time of service.
 - b. Notification of the Sliding Fee Discount Program will be offered to each client upon admission.
 - c. Sliding Fee Discount Program application will be included with collection notices sent out by Intermountain.
 - d. An explanation of our Sliding Fee Discount Program and our application form are available on Intermountain's website.
 - e. Intermountain places notification of Sliding Fee Discount Program in the clinic waiting area.
4. Clients shall not be refused service because of lack of financial means to pay.
5. All substance abuse (co-occurring) clients must fill out the sliding fee discount form in order to receive services
6. All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
7. The client/responsible party must complete the Sliding Fee Discount Program application in its entirety.
 - a. By signing the application, the responsible party authorizes Intermountain access in confirming income as disclosed on the application form.
 - b. Providing false information on a sliding fee discount program application will result in all discounts being revoked and the full balance of the account(s) restored and payable immediately.
8. Clients receiving a full discount will be assessed a \$10 nominal charge per visit.
 - a. However, clients will not be denied services due to an inability to pay.
 - b. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
9. In certain situations, clients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by the CEO, CFO, or their designee.
 - a. Any waiving of charges should be documented in the client's file along with an explanation (e.g., ability to pay, good will, health promotion event).
10. The amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or Comptroller annually.
 - a. The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning.
 - b. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible clients from having access to our community care provisions.
11. During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. The Board reviews the annual budget as part of ends and limitations policy governance.

12. If a client/guardian verbally expresses an unwillingness to pay or vacates the premises without paying for services, they will be contacted in writing regarding their payment obligations.
13. If the client/guardian is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice.
14. If the client/guardian does not make effort to pay or fails to explore options not limited, but including offering the client a payment plan, waiving of charges, or respond within 60 days, this constitutes refusal to pay. At this point in time, Intermountain may choose to refer the client/guardian bill to collections.

PROCEDURES

1. Requests for discounted services may be made by clients, family members, social services staff or others who are aware of existing financial hardship.
2. The Sliding Fee Discount Program will only be made available for outpatient office visits
3. Information and forms can be obtained from the Front Desk and the Business Office.
4. The Sliding Fee Discount Program procedure will be administered through the Business Office Manager and COO.
5. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application.
 - a. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
6. If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted.
 - a. If a client does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information.
 - b. Any accounts turned over for collection as a result of the client's delay in providing information will not be considered for the Sliding Fee Discount Program.
7. In order to verify income, applicants must provide one of the following:
 - a. prior year W-2
 - b. two most recent pay stubs
 - c. letter from employer
 - d. Form 4506-T (if W-2 not filed).
8. 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.
9. *Self- declaration of Income* may only be used in special circumstances. Specific examples include
 - a. Clients/Guardians who are homeless
 - b. Clients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification.
10. This *Self- declaration of Income* will be presented to Intermountain's CEO or his/her designee for review and final determination as to the sliding fee percentage.

- a. Self-declared clients will be responsible for 100% of their charges until management determines the appropriate category.
11. The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial.
12. If the application is approved for less than a 100% discount or denied, the client and/or responsible party must immediately establish payment arrangements with Intermountain.
13. Sliding Fee Discount Program applications cover outstanding client balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly.
14. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income.
15. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
16. Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Controller's, in an effort to preserve the dignity of those receiving free or discounted care
 - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on INTERMOUNTAIN shared directory, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Controller will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.

OTHER POLICIES REFERENCED/FORMS RELATED

[Link to Sliding Fee Examples form](#)

[Link to Sliding Fee Application](#)

REFERENCES & CITATIONS

CFR 42 U.S.C. § 254g

Federal Loan Repayment Program

Sliding Fee Discount Program Policy

Administrative Fiscal Policy Manual

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