

## **INTERMOUNTAIN SLIDING FEE DISCOUNT PROGRAM POLICY**

### **BACKGROUND**

All clients seeking outpatient 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 are uninsured or underinsured and who meet specific guidelines.

### **PURPOSE/OBJECTIVE**

Clients are entitled to quality outpatient care and financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The administrative office and/or finance office will work with the client and/or responsible party 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 outpatient 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.

- **Family Definition**: A group of two people or more people related by birth, marriage, common-law, or adoption, who reside together. This includes related sub-family members.
  - a. Example: A husband and wife, their children, the husband's parents, and the wife's nephew, are considered a family and included in the household size and income.
- **Income that qualifies for a discount includes**: Earned income that requires filing of a tax return including full-time, part-time, seasonal employment, temporary or spot jobs, tips, and commissions. Other household income includes; but is not limited to, Self-Employment Income, Unemployment Compensation, Alimony Received, Social Security Income, Child Support Received, Pension or Retirement Income, Public Assistance (including Food Stamps), Interest, Dividends, Lease/Rental Income, Royalties, Income from Estates, Trusts, and other income.
- **Deductions from income includes**: Alimony paid, Pre-Tax Contributions (401K, Flex, HSA, Health Insurance), and Medical expenses (above 10% of MAGI).

## **POLICY**

1. Intermountain will offer a Sliding Fee Discount Program to those who have no means, or limited means, to pay for their outpatient services (uninsured or underinsured).
2. Intermountain will base program eligibility on a person's ability to pay and will not discriminate on the basis of race, color, sex, age, national origin, disability, religion, gender identity, or sexual orientation. 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 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 or sign a waiver that they declined.
6. All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
7. The client and/or 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 falling under 100% of the FPG will be assessed a \$5.00 nominal charge per visit and those falling under 125% of the FPG will be assessed a \$10.00 nominal charge per visit. Clients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving services and thus, is not a minimum fee or co-payment.
9. In certain situations, clients may not be able to pay the discounted fee. Waiving of charges may only be used in special circumstances and must be approved by the 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 the Sliding Fee Discount provided will be reviewed by the CFO and Quality Assurance Director.
  - a. The Sliding Fee Schedule will be updated yearly 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 services 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 and/or legal 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 and/or legal guardian is not currently receiving a discount, a copy of the sliding fee discount program application will be sent with the notice.

14. If the client and/or legal guardian does not make an 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 and/or legal guardian bill to collections.

#### **PROCEDURES**

1. Requests for discounted services may be made by the client, 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 outpatient services.
3. Information and forms can be obtained from administrative staff or the Finance Office.
4. The Sliding Fee Discount Program procedure will be administered through the Finance Office and Quality Assurance.
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 and/or responsible party 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 and/or responsible parties delay in providing information will not be considered for the Sliding Fee Discount Program.
7. In order to verify income, applicants must provide documentation that includes but is not limited to:
  - a. prior year W-2
  - b. two most recent pay stubs
  - c. Social Security Administration award notices (SSDI only)
  - d. Unemployment benefit documentation
  - e. Documentation of alimony (including copies of checks or court orders)
  - f. Worker Compensation Wage-Loss Benefits letter
  - g. Documentation of income from any other sources.
8. Self-employed individuals will be required to submit prior IRS tax forms and schedules. The line on Adjusted Gross Income (AGI) is used to determine income. If no prior IRS tax forms and schedules were filed, then most recent three months of income and expenses. 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/Legal Guardians who are homeless
  - b. Clients who are unable to provide written verification must provide a signed statement of zero income, and why (s)he is unable to provide independent verification.
10. This *Self-Declaration of Income* will be presented to Intermountain's CFO or their 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 a determination is made.
11. The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing.
  - a. If the applicant(s) is approved the letter will include the percentage, dollar amount or write off amount. It will also include the dates the discount is covered for, and when renewal of the application will need to be completed.
  - b. If the applicant(s) is denied for additional information the letter will include what information is needed in order to complete the application.
  - c. If the applicant(s) is denied the reason for denial will be given.
12. If the application is denied the client and/or responsible party can establish a payment arrangement 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 the client's EMR record.

#### **OTHER POLICIES REFERENCED/FORMS RELATED**

Sliding Fee Application

Sliding Fee Discount Program Brochure

#### **REFERENCES & CITATIONS**

CFR 42 U.S.C. § 254g

Federal Loan Repayment Program

Sliding Fee Discount Program Policy

Administrative Fiscal Policy Manual

02-2021