

<b>Policy Name:</b>	SLIDING FEE DISCOUNT PROGRAM		
<b>Effective Date:</b>	07/01/2021	<b>Replaces Policy Dated:</b>	02/01/21
<b>Department:</b>	MHC	<b>Reference No.</b>	
<b>Approved By:</b>			

## **PURPOSE**

The sliding fee discount program is designed to minimize financial barriers to care for clients at or below 300 percent of the Federal Poverty Guidelines (FPG). Clients 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 a nominal fee or discount to those who have no means, or limited means, to pay for their services (uninsured or underinsured).

Intermountain offers a Sliding Fee Discount Program to all who are unable to pay for their services. Intermountain 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 FPG is used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

The administrative 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.

## **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, national origin, disability, religion, age, sexual orientation, or gender identity. 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 through the following:
  - 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 ([www.intermountain.org](http://www.intermountain.org)).
  - 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. Intermountain may serve clients with third-party insurance that does not cover or only partially covers fees for services. These clients may also be eligible for the Sliding Fee Discount Program based on income and family size. In such cases, subject to potential legal and contractual limitations, the charge for each sliding fee discount is the maximum amount an eligible client is required to pay, regardless of insurance status.
  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 Discount shall be applied uniformly to clients who are eligible.
    - b. The Sliding Fee Schedule will be updated yearly based on the current FPG.
    - c. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. 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.
    - d. 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.

11. 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.
12. 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.
13. 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 sixty (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 for outpatient services.
3. Information and forms can be obtained from the administrative or billing staff.
4. The Sliding Fee Discount Program will be administered through Finance 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 (2) 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's W-2 or federal tax return;
  - b. Two (2) 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. Documentation of child support;

- g. Worker Compensation Wage-Loss Benefits letter;
  - h. 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. Statement of Zero 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. The Statement of Zero 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. The following documentation will be stored in the Client's EMR:
  - a. A copy of the completed application.
  - b. Documentation of Income
  - c. Statement of Zero Income
  - d. Determination Notice to Client
  - e. Payment Agreement

## **DEFINITIONS**

<b><u>Eligibility:</u></b>	discounts based on income and family size only.
<b><u>Family:</u></b>	defined as a group of two or more (one of who is the householder) related by birth, marriage, or adoption and residing together; all such people (including subfamily members) are considered as members of one family. Intermountain will also accept non-related household members when calculating family size.
<b><u>Income:</u></b>	includes gross wages; salaries, tips; income from business and self-employment; unemployment compensation; worker's compensation; Social Security; Supplemental Security Income (SSI); public assistance; veteran's 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.
<b><u>Sliding Fee:</u></b>	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. This area is to be used for company specific terms or ideas, and/or when exactitude is required. General industry standard terms are not necessarily needed
<b><u>Underinsured:</u></b>	refers to inadequate insurance coverage that may cause financial hardship for a policyholder.

## **OTHER POLICIES & FORMS RELATED**

Sliding Fee Application  
Sliding Fee Discount Program Brochure  
Statement of Zero Income  
Payment Policy

## **REFERENCES & CITATIONS**

CFR 42 U.S.C.  
U.S. Department of Health & Human Services, Health Resources & Services Administration