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**Purpose:**

This program is designed to provide free or discounted care to those who have no means or limited means to pay for their medical services (underinsured or uninsured). Patients are entitled to financial counseling by someone who can offer possible solutions for those who cannot pay for services in full. The Financial Counselor is that of a patient advocate, who works with the patient and/or guarantor to find reasonable payment alternatives.

Appalachian Regional Healthcare System will offer a Sliding Fee Discount Program to those who are unable to pay for services. Eligibility will be based on a person’s ability to pay and will not discriminate on the basis of age, gender, race, color, sexual orientation, gender, religion, disability, or nation origin. The Federal Poverty Guidelines show below are used to create and annually update the sliding fee schedule to determine eligibility.

<b>2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</b>	
<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$13,590
2	\$18,310

**2022 POVERTY GUIDELINES FOR THE 48  
CONTIGUOUS STATES AND THE DISTRICT OF  
COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

**Procedure:**

The following guidelines are followed to provide the Sliding Fee Program.

1. **Notification:** Patients are informed of the Sliding Fee Program by
  - a. Notifying the patient upon admission of the sliding fee discount program.
  - b. ARHS' payment policy will be available to all uninsured/underinsured patients at the time of service.
  - c. An explanation of our Sliding Fee Program and the application form will be available through our website.
  - d. Notifications of the Sliding Fee Discount Program are placed in clinic waiting areas.
2. All patients seeking care are assured they will be served regardless of ability to pay and no one is refused service because of lack of pay
3. **Requests for discounted services** may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Central Business Office (CBO).
4. **Administration:** The Sliding Fee Discount Program will be administered through the Director of Patient Financials, CBO Billing Supervisor, or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Completion of Application:** The responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Appalachian Regional Healthcare System access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately. 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. If a patient does not provide the requested information within the two-week period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.
6. **Eligibility:** Discounts will be based on income and family size only. The Census Bureau definitions of each.
  - a. **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 subfamily members) are considered as members of one family.

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

Discount	Current Year Federal Poverty Guidelines for Family Size
100%	Family income is less than or equal to 200% of FPG
75%	Family income is 201% to 300% of FPG
50%	Family income is 301% to 400% of FPG

7. **Income Verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent two months of income and expenses for their business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may *only* be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. This statement will be presented to ARHS' Director of Patient Financials, CBO Billing Supervisor, or their designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
  
8. **Discounts:** Those with incomes at or below 200% of the Federal Poverty Level will receive a full 100% discount. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
  
9. **Waiving of Charges:** In certain situations, patients 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 Appalachian Regional Health Care System's Director of Patient Financials, CBO Billing Supervisor, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
  
10. **Applicant Notification:** 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. If the application is denied, the patient and/or responsible party must immediately establish payment arrangements Appalachian Regional Healthcare System. Sliding Fee Discount Program applications cover outstanding patient 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. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant

change in family income. 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.

11. **Refusal to pay:** If a patient verbally expresses an unwillingness to pay, refusal to pay, or vacate the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Sliding Fee Discount Program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Appalachian Regional Healthcare System can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.
12. **Record Keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the CBO Billing Supervisor's Office, 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 Appalachian Regional Healthcare System's shared directory, noting the applicant's name, dates of coverage, and percentage of coverage.
  - b. The Director of Patient Financials, CBO Billing Supervisor, or their designee will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
13. **Policy & Procedure Review:** Annually, Appalachian Healthcare System's VP, Chief Financial Officer, Director of Patient Financials and/or the Revenue Cycle Director will review the amount of Sliding Fee Discount Program provided. The SFS 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. 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 patients from having access to our community care provisions.
14. **Budget:** 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. Board approval for the Sliding Fee Discount Program will be sought as an integral part of the annual budget.