

POLICY: NHSC Site - Sliding Fee Discount Program Policy	POLICY NUMBER: RCM-012.01
SECTION: RCM	DEPARTMENT: Revenue Cycle
EFFECTIVE DATE: 12/1/18	APPROVED BY: MaryBeth Saba
DATE REVISED:	PAGE: 1 of 6

SCOPE:

Only applies to National Health Service Corps (hereinafter “NHSC”) General Physician, PC (hereinafter “GPPC”) Primary Care sites.

PURPOSE:

The purpose of this policy is to implement a Sliding Fee Discount Program for all NHSC GPPC Primary Care sites, which will serve to assure that patients have access to all primary care services regardless of their ability to pay. This program will assist those who are not insured and meet Federal Poverty Guidelines. GPPC will base program eligibility on a person’s ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, gender identity creed, religion, disability, or national origin. The [Federal Poverty Guidelines](#) are used in creating and annually updating the Sliding Fee Schedule (hereinafter “SFS”) (See Attachment 1) to determine eligibility.

POLICY:

The following guidelines are to be followed in providing the Sliding Fee Discount Program:

1. **Notification:** General Physician, P.C. will notify NHSC approved GPPC Primary Care site patients of the Sliding Fee Discount Program by:
 - a. Payment Policy Brochure will be available to all uninsured patients at the time of service.
 - b. Notification of the Sliding Fee Discount Information will be offered to each patient upon admission.
 - c. Sliding Fee Discount Program application will be included with collection notices sent out by General Physician, P.C.
 - d. An explanation of our Sliding Fee Discount Program and our application form are available on General Physician, P.C website.
 - e. General Physician, P.C. places notification of Sliding Fee Discount Program in the clinic waiting area.

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2. **Request for discount:** 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 from the Revenue Cycle Office.
3. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Director of Revenue Cycle or his/her 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.
4. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
5. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize General Physician, P.C. 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.
 - a. 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 time period, their application will be re-dated to the date on which they supply the requested information. The application must be submitted within 150 days from the date of service. 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.

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6. **Eligibility:** Discounts will be based on income and family size only. General Physician, P.C. uses 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.
7. **Income verification:** Applicants must provide one of the following:
- a. Prior year W-2,
 - b. Two most recent pay stubs,
 - c. Letter from employer, or Form 4506-T (if W-2 not filed),
 - d. Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business.
 - e. Other suitable forms of documentation can be found the gppconline.com website
 - i. 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 (s)he is unable to provide independent verification. This statement will be presented to General Physician, P.C Director of Revenue Cycle or his/her 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.

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8. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
9. **Nominal Fee:** Patients receiving a full discount will be assessed a \$10 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
10. **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 the Director of Revenue Cycle, 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).
11. **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 approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with General Physician, P.C. 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 must 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.
12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates 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, General Physician, P.C. can explore

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options not limited, but including offering the patient a payment plan, waiving of charges, referring the patient collections efforts.

13. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Revenue Cycle Department Files, 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 have this information documented in their General Physician, PC eHR patient account. The following information will be documented dates of coverage and percentage of coverage.
 - b. The Revenue Cycle Representative will maintain a monthly report identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be reported.
14. **Policy and procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the Director of Revenue Cycle. 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.
15. **Budget:** 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. Director approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

PROCEDURE:

1. The application can be found in Medent under FH-Applicat NHSC Financial Hardship App (*See Attachment 2*). The application has directions on it as to where the patient needs to send the complete application and requested supporting documentation.
2. Application is received and reviewed for income limits by the revenue cycle department
 - a. **If patient does not qualify:**

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- i. Create the Discount Denial Letter in Medent CODE FH-DENLL “NHSC Financial Hardship Denial” (*Attachment 4.*) Mail the letter to the patient.
 - ii. Maintain supporting documentation in the RCM department file.
- b. If the patient does qualify:**
- i. Create the Discount Approval Letter in Medent CODE FH-APPRL “NHSC Financial Hardship Approv” (*Attachment 3.*) Mail the letter to the patient.
 - ii. Maintain supporting documentation in the RCM department file.
 - iii. Update patients’ chart in Medent to hardship status
 - iv. Adjust balance based on sliding fee schedule approved discount.
 - v. If patient qualifies for 100% discount:
 1. Adjust of entire balance using Adj code 35 Financial Hardship.
 2. Add \$10 service charge for specific date of service under CPT Hardship.
 3. Put alert in chart that patient should be charged “\$10 service charge” at each date of service but can not be denied service due to their inability to pay this.

ATTACHMENTS:

1. NHSC Sliding Scale Discount Schedule
2. FH-Applict NHSC Financial Hardship App
3. FH-APPRL “NHSC Financial Hardship Approv”
4. FH-DENLL “NHSC Financial Hardship Denial”

REFERENCE/STANDARD:

The Public Health and Welfare 42 U.S.C. § 254g, Charging for services by entities using Corps Members. U.S. Department of Health and Human Services’ (HHS) annual Federal Poverty Guidelines.

APPROVAL:



policy&procedure

_____	_____
Name/Title:	Date:

Maxium Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$ 12,140	\$ 13,354	\$ 14,568	\$ 15,782	\$ 16,996	\$ 18,210	\$ 19,424	\$ 20,638	\$ 21,852	\$ 23,066	\$ 24,280	\$ 24,281
2	\$ 16,460	\$ 18,106	\$ 19,752	\$ 21,398	\$ 23,044	\$ 24,690	\$ 26,336	\$ 27,982	\$ 29,628	\$ 31,274	\$ 32,920	\$ 32,921
3	\$ 20,780	\$ 22,858	\$ 24,936	\$ 27,014	\$ 29,092	\$ 31,170	\$ 33,248	\$ 35,326	\$ 37,404	\$ 39,482	\$ 41,560	\$ 41,561
4	\$ 25,100	\$ 27,610	\$ 30,120	\$ 32,630	\$ 35,140	\$ 37,650	\$ 40,160	\$ 42,670	\$ 45,180	\$ 47,690	\$ 50,200	\$ 50,201
5	\$ 29,420	\$ 32,362	\$ 35,304	\$ 38,246	\$ 41,188	\$ 44,130	\$ 47,072	\$ 50,014	\$ 52,956	\$ 55,898	\$ 58,840	\$ 58,841
6	\$ 29,420	\$ 32,362	\$ 35,304	\$ 38,246	\$ 41,188	\$ 44,130	\$ 47,072	\$ 50,014	\$ 52,956	\$ 55,898	\$ 58,840	\$ 58,841
7	\$ 38,060	\$ 41,866	\$ 45,672	\$ 49,478	\$ 53,284	\$ 57,090	\$ 60,896	\$ 64,702	\$ 68,508	\$ 72,314	\$ 76,120	\$ 76,121
8	\$ 42,380	\$ 46,618	\$ 50,856	\$ 55,094	\$ 59,332	\$ 63,570	\$ 67,808	\$ 72,046	\$ 76,284	\$ 80,522	\$ 84,760	\$ 84,761
For Each Additional Person, add	\$ 4,320	\$ 4,752	\$ 5,184	\$ 5,616	\$ 6,048	\$ 6,480	\$ 6,912	\$ 7,344	\$ 7,776	\$ 8,208	\$ 8,640	\$ 8,640



Financial Hardship Application Process

Application for financial hardship for medical expenses will be made in accordance with General Physician, PC's Financial Hardship Policy.

Applicants may request and complete a Financial Hardship Application form. The form can be obtained at a General Physician, PC office or online at gppconline.com. Applicants are required to return the completed form and submit all required documents to General Physician, PC within 150 days of service. **Please note, many insurance carriers prohibit us from discounting co-pays, co-insurances and deductibles.**

Required Information:

GPPC requires independent information to support claims of financial hardship including verification of expenses and income. The information submitted will be treated confidentially and will only be reviewed by GPPC staff involved in processing and reviewing information for reduction of waiver of medical expenses.

Time Frame:

After an application and verification information are received, GPPC will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within 10 working days from the time that GPPC receives and reviews all the required information. All determinations are pursuant to the hardship guidelines and are discretionary and in the sole determination of GPPC.

Applications will receive a notification letter outlining whether the application has been approved or denied. If the applicant's financial situation significantly changes, the patient or their designee may reapply. Approvals are granted for up to a period of one year; applicants are required to reapply upon expiration.

GPPC administrative staff will maintain all documentation related to the financial hardship waiver process as confidential.

Verification of ongoing qualification for financial hardship may be conducted at anytime at GPPC's discretion or at the applications request.

Hardship awards are valid for one year only; upon expiration a new application must be submitted.

**Please complete the attached application and financial statement.
Your request cannot be processed unless the application and financial
statement is fully completed and signed.**



Financial Hardship Application

Please complete the application and attached financial statement. Return all forms and required documentation to Revenue Department, General Physician, PC, 726 Exchange Street, Suite 516, Buffalo New York 14210 or fax to 716-842-3190.

All Information related to financial hardship requests will be kept confidential.

Today's Date:	Account Number:
Patient Name:	Phone Number:
Patient Address:	
Date of Birth:	Social Security Number:
Name of person completing application (if other than patient):	Relationship to Patient:
	Phone Number:
Total number of family members living in household (related by birth, marriage or adoption):	Health Insurance Plan (if uninsured, please advise why):
Please Indicate: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	Are you disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Long: _____
Do you have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No Checking Account Balance: _____ Savings Account Balance: _____	Did you file a Federal Income Tax Return for Last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you file a Federal Income tax Return for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please List Current Employer (name and address):	
Please complete the following expense information: 1. Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your home? Monthly Expense: _____ 2. If you own your home, what is the current property value: _____ 3. List total assets held in accounts other than your checking and savings account (i.e. 401K; brokerage account; money market, etc): _____	



Financial Hardship Application (continued)

Required Documents:

- ✓ Last two years of your income tax return of all household members
- ✓ Last 3 months of your checking and/or savings account statements

If your hardship is a recent event or involves other circumstances, the following supplemental information should be included:

- ✓ Pay check stubs for the past 60 days for all persons employed who reside in the home
- ✓ Current year Social Security or Disability letter with benefit amounts
- ✓ Unemployment check stubs for the past 90 days
- ✓ Proof of all other income received in the past 90 days
- ✓ Application forms from Medicaid or other State-funded medical assistance program
- ✓ Proof of all outstanding debts or bills (copies of bills, statements, late notices, etc)
- ✓ Proof of bankruptcy settlement (if applicable)
- ✓ Catastrophic situations (i.e. death, disability, shelter, please explain): _____

Monthly Household Income and Source			
	Patient	Spouse/Parents	Dependents
Monthly Salary (gross)	\$	\$	\$
Public Assistance Benefits	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Disability Benefits	\$	\$	\$
Social Security Benefits	\$	\$	\$
Worker's Compensation	\$	\$	\$
Child Support	\$	\$	\$
Other (**see below)	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

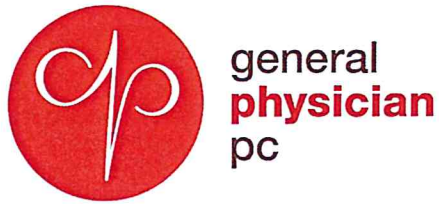
****Other forms of income include but are not limited to veterans or survivor benefits, pensions, interest income from dividends, rental income, etc.**

I hereby acknowledge that the information given herein is true and correct. I authorize General Physician, PC to verify information contained in this document for the sole purpose of assessing financial needs.

Signature of patient or person making request

Date

Note: If all documentation Requested is not received, including the most current income tax return and proof of income for every family member in the household, the application will be denied.



January 18, 2019

Opm Test
50 Cunard RD
Buffalo, NY 14216
Acct #: 397455

Dear Opm,

We are in receipt of your Hardship application dated 01/18/2019 . We regret to inform you that your application has been denied for the following reason:

- Your application was incomplete, please forward the following information to complete the process.

- We require the following additional information to complete your application.

- You do not meet the requirements as outlined under the Federal Poverty Guidelines. If you experience a major change in your financial status please reapply.

Please forward the additional information requested within 30 days of receipt of this. We will reconsider your application within 60 days of the additional information being received.

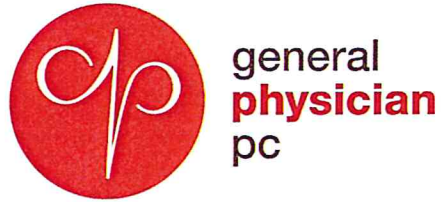
Revenue Department
General Physician, PC,
726 Exchange Street, Suite 516
Buffalo New York 14210

or

Fax:
716-842-3190
Attn: Revenue Cycle Dept

Sincerely,

Mary Beth Saba
Director, Revenue Cycle



January 18, 2019

Opm Test
50 Cunard RD
Buffalo, NY 14216
Acct #: 397455

Dear Opm,

We are writing to inform you that based on your Hardship Application you qualify for a discount to the above referenced account in the amount of % . Note: that this discount does not apply to any other accounts

Your account balance will be reduced by this approved amount and you will be expected to remit payment upon receipt of your statement.

The discount will remain in effect __ start date_____ through _____end date_____ and only applies to services rendered at our clinic. In order to prevent a disruption in your discount please reapply at least 60 days before your discount expires.

If you have any questions you can call our office at the number listed above.

Sincerely,

Mary Beth Saba
Director, Revenue Cycle