

# Del Puerto Health Care District

**POLICY:**                **Sliding Fee Policy**

**EFFECTIVE DATE:**   **January 2, 2025**

**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. Patients who are "uninsured" are identified as "Bill Patient." Since the Affordable Care Act of 2010, some patients find themselves with greater deductibles and/or share of cost (co-pays or co-insurances) that are financially prohibitive.

In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

DEL PUERTO HEALTH CARE DISTRICT (District) will offer a Sliding Fee to all who are unable to pay for their services. The District will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, color, sex, race, sexual orientation, creed, religion, disability, or national origin. The sliding fee schedule, to determine eligibility, updates annually per the Federal Poverty Guidelines, or whether payment for these services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

**PROCEDURE:** The Sliding Fee follows these guidelines:

1. Notification: The District will notify patients of the Sliding Fee by
  - a. Payment Policy Brochure is available to all uninsured patients at the time of service.
  - b. Offering every patient notification of the Sliding Fee upon registration.
  - c. Include the Sliding Fee application in collection notices sent out by the District.
  - d. Make available an explanation of our Sliding Fee and our application form on the District's website.
  - e. Place notification of the District's Sliding Fee in the waiting areas.
2. All patients seeking healthcare services at THE DISTRICT are assured that they is served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **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 is available for clinic visits and ambulance transports. Information and forms can be obtained from the District Office.
4. **Administration:** The District Office administers the Sliding Fee procedure and provides information about the Sliding Fee policy and procedure, and assistance for completion of the application. Dignity and confidentiality are respected for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal, and State programs.
6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee application in its entirety. By signing the Sliding Fee application, persons authorize THE DISTRICT access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee application will result in all Sliding Fee discounts being revoked and the full balance of the account(s) restored and payable immediately.

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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 is 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.

7. **Eligibility:** Discounts is based on income and family size only. THE DISTRICT uses the Census Bureau definitions of each. We do not require patients to apply to Medicaid/health insurance or do asset testing to qualify for the sliding fee discount program.
  - a. **Family defined:** 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.
8. **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 *Request for Transcript of Tax Return* (if W-2 not filed). Self-employed individuals are 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. 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 is presented to DPHCD's Administrative Director or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients are responsible for 100% of their charges until the District determines the appropriate category.
9. **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, is a nominal charge according to the attached sliding fee schedule. The sliding fee schedule is updated during the first quarter of every calendar year with the latest Federal Poverty Line Guidelines.
10. **Nominal Fee:** Ambulance patients receiving a full discount are assessed a *\$100 nominal charge per transport*. 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.
11. **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 Administrative Director. 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).
12. **Applicant notification:** The Sliding Fee Determination is provided to the applicant(s) in writing, and will include the percentage of Sliding Fee 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 the District billing service. Sliding Fee 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

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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 is the lesser of six months or the expiration of their last Sliding Fee application.

13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient is contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Sliding Fee application is 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, the District can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient collections efforts.
14. **Record keeping:** Information related to Sliding Fee decisions is maintained and preserved in a centralized confidential file located in the District 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 is logged in a password protected document on a District shared directory, noting names of applicants, dates of coverage and percentage of coverage.
  - b. The District Office will maintain an additional monthly log identifying Sliding Fee recipients and dollar amounts. Denials will also be logged.
15. **Policy and procedure review:** Annually, the amount of Sliding Fee provided is reviewed by the Administrative Director. The Sliding Fee Scale is 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.
16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee service is placed into the budget as a deduction from revenue. Board approval for Sliding Fee is sought as an integral part of the annual budget.

## FORMS:

Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

**Approval:** \_\_\_\_\_

**Revised Date:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_