

## HOSPITAL AUTHORITY OF MILLER COUNTY

<b>DOCUMENT NAME:</b> Sliding Fee Discount Program Policy	<b>Document #:</b>	2009.2038
	<b>Version:</b>	2.1
	<b>Original date:</b>	December 2020
<b>HAMC entity:</b> All Hospital Authority of Miller County Rural Health Clinics	<b>Review Date:</b>	January 2024
<b>Manual:</b> Policies and Procedures	<b>Process Owner:</b>	Patient Financial Services

Revision Date	Revision Description	Approved By:
11/2021	Removed Education Assistance from 7b	Compliance
11/2021	Removed Controller from Policy and Procedure Review	Compliance
03/2022	2022 Federal Poverty Guidelines	Compliance
02/2023	2023 Federal Poverty Guidelines	Compliance
01/2024	2024 Federal Poverty Guidelines	Compliance

### POLICY:

The Hospital Authority of Miller County Rural Health Clinics policy is to make available discount services to those in need and to assure that no patient will be denied health care services due to an individual's inability to pay for such services.

### 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 (Uninsured or Underinsured).

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.

The Hospital Authority of Miller County Rural Health Clinics will offer a Sliding Fee Discount Program to all who are unable to pay for their services. The Hospital Authority of Miller County Rural Health Clinics 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 Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

### Scope:

This Policy applies to all Hospital Authority of Miller County Rural Health Clinics.

### Definitions:

**Applicant:** Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

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**Family Unit:** The family 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.

**Federal Poverty Guidelines (FPG):** Poverty guidelines issued by the federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs. The current FPG can be found on the U.S. Department of Health and Human Services website at [www.hhs.gov](http://www.hhs.gov).

**Income:** Income is defined as 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, alimony, child support, assistance from outside the household, and other miscellaneous sources.

**Rural Health Clinic:** A Rural Health Clinic is a clinic located in a rural, medically underserved area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid Programs. For the purpose of this policy, Rural Health Clinic is defined as Miller County Medical Center and R.E. Jennings Medical Clinic.

**Sliding Fee Discount Program:** A program that provides free or discounted care to those Rural Health Clinic Patients who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured).

### PROCEDURE:

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

1. Notification: The Hospital Authority of Miller County Rural Health Clinics will notify patients of the Sliding Fee Discount Program by:
  - Payment Policy Brochure will be available to all uninsured patients at the time of service.
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission
  - Sliding Fee Discount Program application will be included with collection notices sent out by Hospital Authority of Miller County Rural Health Clinics.
  - An explanation of our Sliding Fee Discount Program and our application form are available on The Hospital Authority of Miller County Rural Health Clinics' website.
  - The Hospital Authority of Miller County Rural Health Clinics' places notification of Sliding Fee Discount Program in the clinic waiting area.

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2. All patients seeking healthcare services at the Hospital Authority of Miller County Authority Rural Health Clinics 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.
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 Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.
4. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager 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 healthcare 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 Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize the Hospital Authority of Miller County Rural Health Clinics 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.
7. Eligibility: Discounts will be based on income and family size only. The Hospital Authority of Miller County Rural Health Clinics 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, alimony, child support, assistance from outside the household, and other miscellaneous sources.

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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 (if W-2 not filed). Self-employed individuals will be 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 they are unable to provide independent verification. This statement will be presented to the Hospital Authority of Miller County Rural Health Clinic's CEO 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.
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, 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.
10. Nominal Fee: Patients receiving a full discount will be assessed a \$10 nominal fee 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.
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 Hospital Authority of Miller County Rural Health Clinic's CEO, CFO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, goodwill, health promotion event).
12. 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 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 Hospital Authority of Miller County Rural Health Clinic's. 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 there has been a significant change in family income. When the applicant reapplies, the lookback period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

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13. 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 a refusal to pay. At this point in time, the Hospital Authority of Miller County Rural Health Clinic's can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
14. Recordkeeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the financial counselor'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 the Hospital Authority of Miller County Rural Health Clinic's shared directory, noting names of applicants, dates of coverage and percentage of coverage.
  - b. The financial counselor will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
15. Policy and procedure review: Annually, the Sliding Fee Discount Program will be reviewed by the CEO. 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.
16. 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. The Sliding Fee Discount Program will be sought as an integral part of the annual budget.

### Other Considerations

In addition to the sliding fee discounts, the Hospital Authority of Miller County may work with other providers, such as our referral laboratory, to make additional discounts available where possible.

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### POLICY COMPLIANCE:

In all instances, this policy is intended to comply with all requirements of HRSA and related guidelines.

### Reference Document Information: (Standards of Practice, Standard Operation, Regulatory, Legal Documents):

Federal Poverty Guidelines

<https://nhsc.hrsa.gov/>

All financial assistance information may be obtained free of charge or upon request; at the locations below or at <https://www.millercountyhospital.com>.

### Exhibit A

Mailing Address	Hours of Operation
Miller County Hospital 209 N Cuthbert St Colquitt, GA 39837 229-758-3554	<b>Financial Counselor</b> 8:30 AM- 4:30 PM, Monday – Friday  Appointments upon request
Miller County Medical Center 208 N Cuthbert St. Colquitt, GA 39837 229-758-3304	8:00 AM - 5:00 PM, Monday – Friday 9:00 AM - 12:00 PM, Saturday QuickCare Clinic
Robert E. Jennings Medical Clinic 103 RE Jennings Ave., SE Arlington, GA 39813 229-725-4251	8:00 AM - 4:30 PM, Monday – Thursday 8:00 AM - 12:00 PM, Friday

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### Exhibit B

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge Nominal Fee (\$10)	20% pay	40% pay	60% pay	80% pay	100% pay
1	0- \$15,060	\$15,061- \$18,825	\$18,826- \$22,590	\$22,591- \$26,355	\$26,356- \$30,120	\$30,121+
2	0 - \$20,440	\$20,441- \$25,550	\$25,551- \$30,660	\$30,661- \$35,730	\$35,731- \$40,880	\$40,881+
3	0 - \$25,820	\$25,821- \$32,275	\$32,276- \$38,730	\$38,731- \$45,185	\$45,186- \$51,640	\$51,641+
4	0 - \$31,200	\$31,201- \$39,000	\$39,001- \$46,800	\$46,801- \$54,600	\$54,601- \$62,400	\$62,401+
5	0 - \$36,580	\$36,581- \$45,725	\$45,726- \$54,870	\$54,871- \$64,015	\$64,016- \$73,160	\$73,161+
6	0- \$41,960	\$41,961- \$52,450	\$52,451- \$62,940	\$62,941- \$73,430	\$73,431- \$83,920	\$83,921+
For each additional person, add	\$5,380	\$6,275	\$8,070	\$9,415	\$10,760	

\*Based on the 2024 [Federal Poverty Guidelines \(FPG\) for the 48 contiguous states and the District of Columbia](#).

Please note that there are separate guidelines for Alaska and Hawaii and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines

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### Exhibit C

#### Maximum 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												
1	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120	\$30,121+
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	\$40,881+
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	\$51,641+
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	\$62,401+
5	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	\$73,161+
6	\$41,960	\$46,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920	\$83,921+
7	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680	\$94,681+
8	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	\$105,441+
For each additional person, add	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	

<sup>1</sup> Based on [2024 Federal Poverty Guidelines](#).