



PIONEER MEDICAL CENTER

P.O. Box 1228, Big Timber, MT
406-932-4603 Fax: 406-932-5468

POLICY and PROCEDURE	
Title	Patient Financial Assistance Sliding Fee Discount Program
Manuals	CRITICAL ACCESS HOSPITAL - ORGANIZATION
	RURAL HEALTH CLINIC - ORGANIZATION
Approved By	Date: <u>7/25/2018</u> By: <u>Gary Hamilton</u> Title: <u>CEO</u>

Statement

Policy Statement

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.

Pioneer Medical Center will offer a Sliding Fee Discount Program to those who are unable to pay for their services. Pioneer Medical Center will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty-guidelines>, are used in creating and annually updating the sliding fees schedule to determine eligibility.

Procedure

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

1. **Notification:** Pioneer Medical Center will notify patients of the Sliding Fee Discount Program by:
 - a. The Sliding Fee Discount Policy will be displayed in waiting areas and will be available to all persons upon request.
 - b. An explanation of our Sliding Fee Discount Program and our application will be available on the Pioneer Medical Center website.
 - c. Notification of the Sliding Fee Discount Program will be offered to all patients upon admission to the acute care setting or observation services in the Critical Access Hospital.
2. All patients seeking services that qualify for the Sliding Fee Discount Program are assured that they will be served regardless of ability to pay. **No one seeking services that qualify for the Sliding Fee Discount Program 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, acute inpatient and hospital outpatient services. Elective procedures and medically unnecessary services may or may not be allowed. Services rendered for long term care, adult day care, assisted living are not eligible. Information and application forms can be obtained from Patient Financial Services.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered by the Director of Business Operations 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 are provided charitable services.



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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 the application:** The patient or responsible party must complete the Sliding Fee Discount application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Pioneer Medical Center access in confirming income as disclosed on the application form. Providing false information on an application will result in all discounts being revoked and the full balance of the accounts restored and payable immediately
7. **Eligibility:** Discounts will be based on income and family size only. Pioneer Medical Center 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.

Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veteran's 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, and a letter from an 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 PMC 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 400% 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, <http://aspe.hhs.gov/poverty-guidelines>.
10. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant in writing and will include the percentage of the write off or the reason for denial. If the application is approved for less than a 100% discount or is denied, the applicant must immediately establish payment arrangements with the Pioneer Medical Center. Sliding Fee Discount applications cover outstanding patient balances for six months prior to the 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 application.
11. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Director of Business Operations office in an effort to preserve the dignity of those receiving free or discounted care.



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12. **Policy and Procedure review:** Annually the amount of the Sliding Fee Discount Program provided will be reviewed by the CEO and/or CFO. 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.

Attachment: Sliding Fee Discount Application

Regulatory Reference Sources	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers (optional)	