

## CORPORATE POLICY

**SUBJECT: Fees for Medical, Dental, and Behavioral Health Services, Sliding Fee Discounts and Adjustments**

**CATEGORY: Finance**  
**ORIGINAL DATE: October 1, 2015**  
**REVIEWED DATE: May 24, 2017**  
**REVISION DATE: February 17, 2022**

**I. POLICY:**

Lake County Health Department and Community Health Center (LCHD/CHC) is committed to providing high quality medical, dental, and behavioral health services to patients while ensuring that reasonable fees and discounts are consistently and evenly applied to all patients for those services rendered. A sliding fee discount process is used to address financial barriers in order for patients to receive access to care.

**II. SCOPE:**

All LCHD/CHC patients and clients receiving medical, dental, and behavioral health services for which a fee has been established and will be billed to Medicaid, Medicare, third party insurance, grantors, or the patient.

**III. PROCEDURE:**

- A. LCHD/CHC will establish fees for medical, dental, and behavioral health services on an annual basis at minimum.
1. Fees are established by analyzing volume, costs, fees from Medicare and Medicaid, commercial insurance contracts, grant, and other service contracts, and purchasing locally prevailing rates from a commercial source such as the Optum Customized fee analyzer.
  2. The Director of Finance is responsible for coordinating the process and bringing the proposed fees to the Governing Council, Board of Health and Tuberculosis (TB) Board in order to be effective annually by December 1<sup>st</sup>.
  3. In addition to approving the fees, the boards also approve a methodology to use on an interim basis for establishing fees for new current procedure terminology (CPT) and healthcare common procedure coding (HCPC) codes needed due to changes in codes or new procedures being provided.
  4. New CPT and HCPC codes that cannot be established using the approved methodology will be brought before the Governing Council, Board of Health and TB Board, as appropriate, based on the service for approval.
- B. LCHD/CHC collects gross-income earnings and family size information on all patients seen in its Federally Qualified Health Center (FQHC) and Behavioral Health (BH) programs as required by their funding sources. Income information will be collected verbally unless a patient would like to apply for a discount.
- C. LCHD/CHC will establish a sliding fee discount based on specific criteria for all applicable uninsured and underinsured patients living within a household unit and supported by the reported gross earnings for a specific time period by adult members in the household unit.
1. The sliding fee must have a minimum of four tiers of income levels with the lowest income receiving the highest discount.
  2. All patients at or under 100% of the Federal Poverty Level (FPL) will receive a 100% discount but may have to pay a nominal fee.

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3. Patients over 100% of the FPL will not receive a full discount but will pay a nominal fee based on their income.
  4. The sliding fee discount will be applied as follows:
    - a. up to 200% of FPL for all patients into the medical, dental, and behavioral health center locations;
    - b. up to 250% of the FPL for family planning grant requirements;
    - c. up to 500% of the FPL for behavioral health residential programs; and
    - d. patients receiving Ryan White program services are eligible to receive discounts up to 500% of the FPL with caps on services as follows:
      - i. 5% for patients at 101-200% of the FPL
      - ii. 7% for patients at 201-300% of the FPL
      - iii. 10% for patients at the 301- 500% of the FPL.
  5. Patients with income over these levels will not be eligible for a sliding fee discount and will be charged the full fee.
  6. All third-party coverage and grants should be verified and billed if the patient is eligible.
  7. After all third-party coverage is reimbursed, any co-payments including deductibles are also eligible for the sliding fee discount.
  8. Underinsured patients may not pay more than uninsured patients in the same income category.
  9. LCHD/CHC cannot turn away patients with third party commercial insurance coverage. If LCHD/CHC is out of network with the patient's insurance company, the patient will be advised to see a provider in their network, or will be informed that they may attend our program if they are willing to pay the full fee or apply for the sliding fee discount.
  10. LCHD/CHC cannot require patients to enroll in Medicaid or Medicare if a patient chooses not to enroll. The sliding fee discount should be offered if the patient is eligible.
  11. Documentation is required if Federal and State laws related to Medicare and Medicaid and the terms and conditions of private payer contracts and grants are applicable in limiting the sliding fee discount. .
  12. Changes to the sliding fee tiers, nominal fees and application of federal poverty limits must be approved by the applicable boards based on the services.
- D. The following sliding fee documentation and guidelines are for all applicable patients of LCHD/CHC.
1. The patient must complete a sliding fee application form within 30 days of services being provided. Patients without proof of household income at the time of service will sign an income attempt document verifying the patient's acknowledgement of income requirements due within 30 days.
  2. The patient must also provide proof of gross income earnings such as a current paycheck stub for each working adult in the household. The household includes an individual who is a household unto themselves and is not supported by another person or all members who live in the household unit and are supported by the reported gross income earnings. The following gross income is used for all:
    - a. If single, client's
    - b. If married, client's and spouse's

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- c. Combined household, all working adults'
- d. If separated, client's
- e. If a minor, parents'
- f. If an emancipated minor, client's
- g. For couples counseling, both
3. Current unemployment check stub
4. Social Security Earnings
5. Income Verification Form or written documentation from employer if wage earner(s) is working for cash.
6. Most current income tax forms with gross income listed, including signature page.
7. Child support and/or alimony. Include only child support payments actually received as income.
8. Annuity, pension, or retirement income.
9. Participation in the Round Lake Area School District Free or Reduced Lunch Program (for School-Based Health Center patients only).
10. No reportable income used with Verification of Support Form will need to be signed and include the following types of documentation:
  - a. A letter of unemployment denial
  - b. A letter of termination from the most recent job
  - c. A letter from a former employer
  - d. No income, living with someone that is supporting them
  - e. Letter from work release program while looking for work
  - f. Rent assistance, food stamp program documentation
  - g. Mental health institution or state or local jail
11. Self-Declaration Form must be signed for item 5, wage earner working for cash and item 10, no reportable income and the patient will be charged full fee until the form and requested documents are received and approved. The patient will be asked to pay the minimum nominal fee at the time of visit if applicable.
12. Verification of income will be valid as follows:
  - a. No income is valid for 6 months, unless there are known changes in the client's income status
  - b. Unemployment is valid for 6 months
  - c. Verified income is valid for 6 months
  - d. Verbal or student is valid for 1 day
13. Definition and requirements for the status of a dependent are as follows:
  - a. Child 18 years of age or younger
  - b. A full-time student until age 22, full-time class schedule must be presented
  - c. Parent or guardian is responsible for the child's bill
  - d. Wage earner paying the child support can claim the dependent
  - e. If the patient is 12-17 years of age without parental consent, they can be seen for these services with certain limits and information:
    - i. Behavioral Health Services
    - ii. STD Services
    - iii. Family Planning Services
    - iv. School-Based Health Center Services

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- v. The Mental Health and Developmental Disabilities code service limits are for eight 90-minute sessions
  - vi. The appropriate section of the Self Declaration form must be completed including any student income
14. An employee cannot approve a sliding fee application for themselves or a family member. Another authorized employee, office manager or clinic/program coordinator must approve the application.
  15. Copies of all income documentation will be scanned into the system per NextGen instructions.
  16. Sliding fee discounts are subject to routine audits. If an audit results in an incorrect fee charged to the patient, the patient will be given the benefit of the error until notified. Once the error is determined and the patient is notified, all future discounts will be as stated above. If a patient is found to be overcharged the patient will receive a refund of the overpayment. All changes will be documented in the patient's chart notes.
- E. LCHD/CHC has the following payment and collection options
1. Determine patient eligibility for the payers we currently have contracts with per the Electronic Health Record (EHR) system's payment eligibility training information.
  2. Refer the patient to the Navigator staff to determine eligibility for public assistance or insurance.
  3. Determine if the patient meets the sliding fee criteria.
  4. Collect applicable fee or discuss a payment plan option with the patient.
    - a. Per the "Right to Restrict Use and Disclosure of PHI" policy, the patient has the right to restrict the uses and disclosures of protected health information (PHI) that pertains solely to a healthcare item or service for which the individual, or person other than the health plan on behalf of the individual, has paid in full.
- F. LCHD/CHC adjusts amounts off of patients' accounts authorized as follows:
1. Amounts are adjusted off monthly for bad debts, based on the Bad Debt policy, by the Central Billing Office, approved by the Billing Office management, and Director of Finance.
  2. Billing errors and corrections follow the Charge Correction, Write-offs, and Encounter Adjustments policy.
  3. Write-offs or adjustments due to hardship or collection matters will follow the Billing and Collections policy.

#### IV. REFERENCES:

Self Declaration and Income Verification Forms, Billing and Collections Policy, Bad Debt Policy, Charge Corrections, Write Offs, and Encounter Adjustments Policy, Hardship Policy, HRSA PIN 2014-02

#### V. AUTHORS/REVIEWERS:

Finance and Business Office Management, Corporate Policy and Procedure Committee, Executive Team, Executive Committees of the Board of Health and Governing Council.

#### VI. APPROVALS:



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Lake County Health Department and Community Health Center Executive Director

Signature: \_\_\_\_\_ Date: \_\_\_\_\_