VILLA MARIA BEHAVIORAL HEALTH Sliding Fee Scale Policy

General Rules

- The Sliding Fee Discount Program is offered to all patients who meet eligibility criteria.
- Sliding Fee Discount Program procedure will be administered through the office manager or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients.
- Eligibility criteria is based on a person's ability to pay. Villa Maria Behavioral Health will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The <u>Federal Poverty Guidelines</u> are used in creating and annually updating the sliding fee schedule to determine eligibility.
- The Sliding Fee Scale policy is updated annually as the Federal Poverty Guidelines are updated annually.
- Discounts apply to any amount due from patients.
- Sliding fee scale is all inclusive, covering all types of visits.
- Notification of Sliding Fee Discount Program is located in each clinic waiting area.

Fee Scale

- Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee 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.
- Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. 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.
- Patients with incomes below 100% of poverty may be charged a nominal fee of \$5.00 or 5% of gross income.

Determining Eligibility for Discounts

- The family is ineligible for Medicaid or commercial insurance.
- The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income as disclosed on the application form. Patients who decline to offer this information are ineligible for a sliding fee scale.

- Discounts will be based on income and family size only. 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: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
- Sliding fee scale discounts are granted to patients on their initial visit based on self-reporting (documentation is not required).
- The sliding fee scale discount application form is completed on initial registration and is updated at least once per year.
- 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, Villa Maria Behavioral Health will work with the patient and/or responsible party to establish payment arrangements.

Required Documentation for Sliding Fee Scale Discounts

- Documentation is required for discounts after the initial visits
- Proof of Income (if employed) one of the following:
 - o **1040**
 - o W2
 - 2 recent pay stubs
 - Written statement by employer
- Proof of Income (if unemployed) one of the following:
 - Public Assistance check stub/copy
 - Social Security check stub or letter of award
 - o Certification letter from Medical Assistance or Department of Social Services
 - Completed zero income form
 - Written statement from friend or relative with whom patient lives (if other forms not available)
 - Letter of reference from a 501(c)(3) organization, such as a church (if other forms not available)
- Proof of Address one of the following:
 - Driver's license
 - o MVA ID
 - Any document (envelope) recently addressed to patient such as a utility bill
 - \circ A written statement by relative or friend with whom patient lives
- Proof of Address (Immigrant) one of the following
 - o Form 1551
 - o Form 194

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, Villa Maria Behavioral Health can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.