

***Missouri Delta Medical Center
Sikeston, Missouri***

***Missouri Delta Physician Services
Rural Health Clinics
Policy and Procedure***

***Sliding Fee Discount Information
Policy Number 076
Effective Date 12/14/2020***

Policy

It is the policy Missouri Delta Physician Services-Rural Health Clinics and the providers listed on each clinic page, (including: [Benton Community Care Center](#), [Caruthersville Medical Clinic](#), [Chaffee Medical Clinic](#), [Charleston Community Care Center](#), [Dexter Community Care Center](#), [Express Care](#), [Malden Primary Care](#), [New Madrid Community Care Center](#), [Portageville Community Care Center](#), [Missouri Delta Primary Care](#), [Smith Street Clinic](#), and [Women's Care Center](#)) to provide essential services regardless of the patient's ability to pay. This policy makes available discounted services for those in need.

Purpose

This program is designed to provide free or discounted care to those who have no 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 Financial Counselor's role is that of patient advocate; that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Missouri Delta Physician Services-Rural Health Clinics will offer a Sliding Fee Discount Program to all who are uninsured or underinsured. Program eligibility is based on a person's inability 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.

Procedure

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

1. **Notification:** Missouri Delta Physician Services-Rural Health Clinics will notify patients of the Sliding Fee Discount Program by:
 - Notification of the Sliding Fee Discount Program will be offered to each uninsured or underinsured patient at registration, upon request.
 - An explanation of our Sliding Fee Discount Program and our application form are available in the Rural Health clinics as well as on the Missouri Delta Medical

Center website.

- Missouri Delta Physician Services-Rural Health Clinics places notification of Sliding Fee Discount Program in the Clinics waiting area.
2. All patients seeking healthcare services at Missouri Delta Physician Services-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 Clinics visit and point of care testing charges with Missouri Delta Physician Services Rural Health Clinics. Information and forms can be obtained from the reception desk.
 4. **Administration:** The Sliding Fee Discount Program procedure will be administered by the Director of Revenue Cycle, CFO, and/or Operations Director. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
 5. **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 Missouri Delta Medical Center access in confirming income as disclosed on the application. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Programs discounts being revoked and the full balance of the account(s) restored and payable immediately.

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, his/her application will be re-dated to the date on which he/she supplies the requested information. Any accounts turned over for collection as a result of the patient's delay in providing the information will not be considered for the Sliding Fee Discount Program.

6. **Eligibility:** Discounts will be based on income and family size only. Missouri Delta Physician Services-Rural Health Clinics use the Census Bureau definitions of each.
 - a. **Family** is defined as: 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, other Miscellaneous sources. Noncash benefits (*such as food stamps and housing subsidies*) **do not** count.
7. **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 he/she is unable to provide independent verification. This statement will be presented 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.

8. **Discounts:** Those with incomes at or below 100% poverty will be required to pay a nominal fee of \$5.00. Those with incomes above 100% poverty, but at or below 200% 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.
9. **Nominal Fee:** Patients receiving a full discount will be assessed a \$5 nominal charge per visit. However, patients will not be denied services due to their inability to pay. The nominal fee is not a threshold for receiving care and thus, it is not a minimum fee or co-payment.
10. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discounted fee. Waiving charges may only be used in special circumstances and must be approved by Business Office Manager or CFO. 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).
11. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant in writing along with the Sliding Fee Discount Program or 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 Missouri Delta Physician Services-Rural Health Clinics. 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 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 Sliding Fee Discount Program application.
12. **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 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, Missouri Delta Medical Center can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

13. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office, in an effort to preserve the dignity of those receiving free or discounted care.
- a. The Business Office Manager or designee will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
14. **Policy and Procedure Review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO, CFO, Business Office Manager and/or Operations Director. 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.
15. **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. Board approval of the Sliding Fee Discount Program will be sought as an integral part of the annual budget.

Signature: _____

Revised: 01/2021, 9/2025

Attachments: Sliding Fee Schedule

Patient Application for Sliding Fee Discount Program

SLIDING FEE SCHEDULE

ANNUAL INCOME THRESHOLDS BY SLIDING FEE DISCOUNT PAY CLASS & % of POVERTY						
POVERTY LEVEL	AT OR BELOW 100%	125%	150%	175%	200%	Above 200%
FAMILY SIZE	NOMINAL FEE(\$5)	\$20.00 +\$10.00 if *POCT needed	\$30.00 +\$15.00 if POCT needed	\$35.00 +\$20.00 if POCT needed	\$40.00 +\$25.00 if POCT needed	\$50.00 +\$30.00 if POCT needed
1	\$15,650.00	\$19,562.50	\$23,475.00	\$27,387.50	\$31,300.00	\$35,212.50
2	\$21,150.00	\$26,437.50	\$31,725.00	\$37,012.50	\$42,300.00	\$47,587.50
3	\$26,650.00	\$33,312.50	\$39,975.00	\$46,637.50	\$53,300.00	\$59,962.50
4	\$32,150.00	\$40,187.50	\$48,225.00	\$56,262.50	\$64,300.00	\$72,337.50
5	\$37,650.00	\$47,062.50	\$56,475.00	\$65,887.50	\$75,300.00	\$84,712.50
6	\$43,150.00	\$53,937.50	\$64,725.00	\$75,512.50	\$86,300.00	\$97,087.50
7	\$48,650.00	\$60,812.50	\$72,975.00	\$85,137.50	\$97,300.00	\$109,462.50
8	\$54,150.00	\$67,687.50	\$81,225.00	\$94,762.50	\$108,300.00	\$121,837.50
9	\$59,650.00	\$74,562.50	\$89,475.00	\$104,387.50	\$119,300.00	\$134,212.50
10	\$65,150.00	\$81,437.50	\$97,725.00	\$114,012.50	\$130,300.00	\$146,587.50
Each Add'l Family Member	\$5,140.00	\$6,425.00	\$7,710.00	\$8,995.00	\$10,280.00	\$12,850.00

Source: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. *POCT (labs done in the clinic for immediate resulting).



Missouri Delta Physician Services – RURAL HEALTH CLINIC

Sliding Fee Discount Application

Patient Name _____

Patient date of birth _____

Patient Employer _____

Patient Mailing Address _____

City, State, Zip _____

Phone _____

List all individuals residing in household:

Relationship to Patient	Name	Date of Birth

Annual Income Information (for all applicable household members) Relationship to Patient:

SOURCE				
Gross annual wages, salaries, tips, earnings				
Unemployment, workers compensation, Social Security, SSI, Veteran's, survivor benefits, pension or retirement, public assistance				
Interest, rents, royalties, trusts, educational assistance, alimony/child support				
Outside the household, other miscellaneous sources				
TOTAL INCOME				

Income verification required: 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 should submit 3 months of income and expenses for the business.

I certify that the family size and income information shown above is correct.

Name (Print): _____

Date: _____

Signature: _____

Office Use Only – Fax completed form and documentation to 573-472-7178

Patient Name: _____ Date of Service: _____

Rural Health Clinic Name: _____ Received/Completed Date: _____

Verification Checklist:	Yes	No	RHC staff Initial
Identification/Address: Driver's license, utility bill, employment ID, other			
Income: One of the above listed income sources			
Insurance: Insurance Cards			

Business Office Use Only:

Approved: _____ Denied: _____

Approved Discount: _____

Responsible for % of Charges: _____

Processed by: _____

Dates: From _____ to _____

Notification to patient: _____