

Document ID PP000	Title Sliding Scale Fee Discount Program for Behavioral Health Services	Print Date 01/04/21
Revision 4.0	Prepared By April Crandall / Program Development and Policy	Date Prepared 06/19/20
Effective Date 01/04/21	Reviewed By Lauri Hayes / QA-HR Program Manager April Crandall LSW / Program Development and Policy Devere Hunt / CEO Heather Moore RN/ Clinic Manager	Date Reviewed 01/04/21
	Approved By April Crandall LSW / Program Development and Policy Devere Hunt / CEO	Date Approved 01/04/21

Policy:	<p>RHS offers a sliding scale fee discount program to patients/clients/responsible party to all who are uninsured, are underinsured, need behavioral health services not covered by insurance, have needs for cash pay only, or experiencing financial difficulty paying for RHS requested and provided services. RHS bases program eligibility on a patient’s or client’s ability to pay and does not discriminate on the basis of an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, creed, or gender identity. Individuals have access to a patient account representative (patient advocate) to find reasonable pay alternatives for those who cannot pay their bill in full.</p> <p>Behavioral Health Services Include: Psychological Testing, Substance Use Disorder Treatment and Services, Community Mental Health Services (CBRS, Case Management, Family Support, Peer Support), Counseling/Therapy Services, and Psychiatric Medication Management.</p> <p>RHS Family Medical Clinic does not offer sliding scale medical services. RHS has an agreement with the Community Family Clinic for sliding scale medical services. Individuals in need of sliding scale pay medical services are referred to the Community Family Clinic https://communitycouncilofidaho.org/communityfamilyclinic/</p> <p>Idaho Falls 208-528-7655 Blackfoot 208-782-0500 Roberts 208-228-2000</p>
Purpose:	To provide free or discounted care to those who have no means, or limited means, to pay for their behavioral health services (uninsured, underinsured, services not covered by insurance, needs for cash pay only, experiencing financial difficulty)
Scope:	All patients/clients who are uninsured, are underinsured, need services not covered by insurance, have needs for cash pay only, or experiencing financial difficulty paying for RHS provided services.

<p>Staff Responsibilities and Division of Responsibilities:</p>	<ul style="list-style-type: none"> • Clerical Staff Supervisor and designee clerical staff members administer the discount program. • Billing staff members are responsible for applying the percentage to all billing procedure codes. • Quality Assurance verifies the program is administered with • The Patient Account Representative advocate role is assigned to the intake case manager.
<p>Definitions, Rules, or Law References:</p>	<p>Federal Poverty Guidelines, National Health Service Corps (NHSC), Idaho Behavioral Health Sliding Scale Fee Schedule and Administrative Rules 16.07.01 are used in creating and annually updating the RHS sliding scale fee program as well as the program application and schedule.</p>

<p>Procedure:</p>	
<p>1.0</p>	<p>PATIENT/CLIENT NOTIFICATION OF Sliding Scale Fee Discount Program</p>
<p>1.1</p>	<p>Payment Policy and Sliding Scale Fee Discount Program Policy is available to all patients/clients. Information and forms are available at the front desk.</p>
<p>1.2</p>	<p>Notification of and applications for the sliding scale fee discount program is offered to all patients/clients/responsible party who are uninsured, are underinsured, need services not covered by insurance, have needs for cash pay only, or experiencing financial difficulty paying for RHS requested and provided services.</p>
<p>1.3</p>	<p>Sliding Scale Fee Discount Program Application is included with collection notices sent out by RHS as applicable.</p>
<p>1.4</p>	<p>An explanation and application forms of RHS Sliding Scale Fee Discount Program is available on the RHS website.</p>
<p>1.5</p>	<p>RHS places notification of sliding scale fee discount program in the RHS waiting area. (NHSC sites must post notices on their website and at the front desk advertising</p>
<p>2.0 NO ONE REFUSED SERVICES BECAUSE OF LACK OF ABILITY TO PAY</p>	
<p>2.1</p>	<p>All patients/clients seeking care at RHS are assured that they will be served regardless of ability to pay. No one is refused services because of lack of financial means to pay.</p>
<p>3.0 ELIGIBILITY and REQUEST FOR DISCOUNT and CONFIDENTIALITY</p>	
<p>3.1</p>	<p>Requests for discounted services may be made by anyone who is aware of the existing financial hardship of the patient/client.</p>
<p>3.2</p>	<p>All patients/clients using the Sliding Scale Fee Discount Program are treated with respect, dignity, and confidentiality.</p>
<p>3.3</p>	<p>All patients/clients who are uninsured, are underinsured, need services not covered by insurance, have needs for cash pay only, or experiencing financial difficulty are eligible for application for the Sliding Scale Fee Discount Program</p>

3.4	Eligibility to receive a discount is based on income, deductions to income, family size, NHSC requirements, and the Idaho Behavioral Health Sliding Fee Schedule and Administrative Rules
4.0	ALTERNATIVE PAYMENT SOURCES and PATIENT ACCOUNT REP. ROLE
4.1	All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal, and State Programs
4.2	If the applicant appears eligible for Medicaid based on income a written denial of coverage by Medicaid may be required for verification.
4.3	Patients/client who are experiencing difficulty paying for RHS services are entitled to assistance in finding any possible alternative payment solutions. The Patient Account Representative works with the patient/client/responsible party to find reasonable payment alternatives.
4.4	The Patient Account Representative can assist eligible patients/clients apply for Medicaid or other payment sources.
5.0	CLERICAL STAFF PROCEDURES FOR THE PROGRAM
5.1	Offer the Sliding Scale Fee Program to patients/clients without insurance or other third party forms of payment or if insurance does not cover a service provided at RHS. Provide an application and instructions and offer a copy of the Sliding Scale Fee Discount Policy. Inform the patient/client the application, instructions, and policy are available on our website for printing and use.
5.2	If patient/client wants to apply for the program, request the patient client to or offer to fill out Section A of the Program Application Sections and to sign/date the form. Inform the patient/client that assistance is available as needed to complete the application.

<p>5.3</p>	<p>Inform the client</p> <ul style="list-style-type: none"> • his/her signature authorizes RHS access in confirming income and deductions as disclosed on the program application form. • Section A of the program application should be completed and signed prior to or day of first appointment prior to receiving services. A patient/client coming in for crisis services in need of the sliding scale fee program can receive services prior to completing the program application. • Section C - Verification of income and deductions is required. • Verification of income and deductions are required to be submitted within two weeks of first application. If verification is not received the patient/client is required to begin the application process again and any services provided in the 2 week time period are not discounted and is billed the remaining full rate balance. (See 2.0 for no one is refused service) • if he/she appears eligible for Medicaid based on income a written denial of coverage by Medicaid may be required for verification. • RHS is unable to determine a discount without completion of the application. A discount cannot be applied until application and verification completion. • Providing false information on an application or false verification on an application can result in revoking the sliding scale fee discounts and the full balance of the account restored and payable immediately. • All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal, and State Programs • Fee Determination is re-evaluated every 6 months and at patient/client request when a significant change of income or deduction occurs. • A nominal fee of \$5.00 is requested if determined the patient/client income is at or below 100% of poverty level, but does limit treatment at any time.
<p>5.4</p>	<p>Complete (Office Use Only) Section B of the Program Application to determine the % patient/client is responsible for on all services provided at RHS and reference the Sliding Scale Fee Program schedule for % based on family size and income after deductions.</p>
	<p>Inform client if the services provided...</p> <ul style="list-style-type: none"> • are for <u>one time appointment</u> or a GAIN the % payment the patient/client is responsible for is collected on day of service. • require <u>more than one appointment</u> or require <u>on-going appointments</u> the patient/client pays for services provided today at the next appointment.
<p>5.5</p>	<p>Provide an initial copy of the program application to the patient/client with the % of payment required (discount) and verbally inform the patient/client of the %. Provide a copy of the completed application with verification of income and deductions as requested by patient/client.</p>
<p>5.6</p>	<p>INFORM CLIENT EXAMPLE SCRIPT: Based on your income and deductions you will be responsible to pay for 30% of any service you receive at RHS. Or in others words you are receiving a 70% discount on any service your receive at RHS after we have received verification of income and deductions. If this is a one time appointment payment is due today at the discounted rate. If verification is not received within 2 weeks, the discount will not apply and you will be responsible for and billed for the remainder of the entire non-discounted rate. If</p>

	you will be receiving on-going services payment will be due for the appointment at your next service appointment)																					
5.7	Enter the % from line 15 of the program application into Raintree Insurance Comments regardless of one time or on-going appointment.																					
5.6	For a one time appointment or GAIN look up the charge on the charge table (or find the charge on the procedure code charge sheet maintained and provided by billing staff) and use the Formula template in Section B under Line 16. Enter the determined amount of payment in Raintree Copay.																					
5.7	For on-going appointments request payment from client for appointment prior – check the ledger for the previous visit. Billing will update the ledger on a weekly basis.																					
5.8	Collect payment in amounts determined by above procedures																					
5.9	Acquiring verification for income and deductions, ensuring the completeness/documentation of the program application, and ensuring follow through of program procedure.																					
5.9	Maintain a tracking record of patient/clients in the sliding scale fee program, patient/client application initial determination dates, fee redetermination dates, and results of determination, denials, and waivers.																					
6.0	BILLING STAFF PROCEDURES FOR THE PROGRAM																					
6.1	Maintain a procedure code charge sheet for most often used cash pay procedure codes for clerical staff																					
6.2	Apply determined Sliding Scale Fee Determination % to all services charges for those patients/clients in the Sliding Scale Fee Discount Program. The % determined is in Raintree Insurance Comments																					
6.4	Include a Sliding Scale Fee Discount Program Application with all collection notices sent out by RHS.																					
6.5	Update the ledger on a weekly basis to reflect most accurate current charges for clerical staff to request from patients/clients/																					
7.0	DEFINITIONS																					
7.1	Number of People in Residence or family household size: (see RHS Sliding Scale Fee Program Application for additional information)																					
7.2	<p>Income: See below (To note- Noncash benefits such as food stamps, WIC, housing subsidies)</p> <table border="0"> <tr> <td>Earnings</td> <td>Public Assistance</td> <td>Rents</td> </tr> <tr> <td>Unemployment compensation</td> <td>Veteran’s Payments</td> <td>Royalties</td> </tr> <tr> <td>Worker Compensation</td> <td>Survivor Benefits</td> <td>Income from Estates/Trusts</td> </tr> <tr> <td>Social Security</td> <td>Pension or Retirement</td> <td>Educational Assistance (grants)</td> </tr> <tr> <td>Supplemental Security Income</td> <td>Income</td> <td>Assistance from outside household</td> </tr> <tr> <td>Alimony/Child Support</td> <td>Interest</td> <td>Other Miscellaneous Sources</td> </tr> <tr> <td></td> <td>Dividends</td> <td></td> </tr> </table>	Earnings	Public Assistance	Rents	Unemployment compensation	Veteran’s Payments	Royalties	Worker Compensation	Survivor Benefits	Income from Estates/Trusts	Social Security	Pension or Retirement	Educational Assistance (grants)	Supplemental Security Income	Income	Assistance from outside household	Alimony/Child Support	Interest	Other Miscellaneous Sources		Dividends	
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7.3	<p>Income Verification (see RHS Sliding Scale Fee Program Application for additional information) : Applicants must provide the following as applicable</p> <ul style="list-style-type: none"> • Employed – Provide two most recent stubs (income from the following month) or Letter from employer W2 • Self Employed – submit detail of the estimated amount you make each month 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 such as homelessness, other situations may apply. • Patient/Clients who are unable to provide written verification must provide a signed statement of income, and why he/she is unable to provide independent verification. RHS CEO reviews the statement and determines if the patient/client is eligible for the program. • Self-declared patients/clients are responsible for 100% of payment for services until RHS CEO determines if eligible for program.
7.4	<p>Deduction Verification (See Idaho Behavioral Health Sliding Scale Administrative Rules and RHS Sliding Scale Fee Program application)</p> <ul style="list-style-type: none"> • State or Federal tax payments • Court ordered obligations • Dependent support • Child care payments • Medical expenses • Transportation • Extraordinary rehabilitative expenses
8.0 DISCOUNTS AND NOMINAL FEE	
8.1	<p>Those with at or below 100% of poverty receive a full 100% discount. A nominal fee of \$5.00 is requested of patient/client at the time of service, but will not limit access to treatment at any time. This fee does not pose a barrier to receiving treatment if a patient/client is unable to meet financial obligations. (See 2.0) The nominal fee is not considered a minimum fee or co-payment. The nominal fee is to create patient/client involvement and accountability in and for his/her own care and minimize the potential for inappropriate service utilization.</p>
8.2	<p>Those with incomes above 100% of poverty, but at or below 289% of poverty level are charged % allowed in the Sliding Scale Fee Program Schedule.</p>
8.3	<p>The Sliding Scale Fee Program Schedule is up-dated during the first quarter of every calendar year with the current Federal Poverty Guidelines.</p>
9.0 CHARGE WAIVER	
9.1	<p>In unique situations, patients/clients may not be able to pay the nominal or discount fee. Charge waivers are used only in unique circumstances and is approved by RHS CEO or designee.</p>
9.2	<p>Charge waiving is documented in the Raintree Billing Insurance Comment Section, and in the tracking maintained by clerical. The documentation should include the waiver details (how much and for what), who waived the fees, and the date of the waiver.</p>
10.0 APPLICANT (Patient/Client or Responsible Party) NOTIFICATION	

10.1	A copy of the completed program application with determination is provided to the applicant (patient/client). If the application is denied the reason for denial is documented on the application
10.2	The applicant is required to establish payment arrangements with RHS
10.3	Program applications discounts apply to outstanding balances for collection for 6 month prior to the application approval date and any balances incurred 12 months after the application approval date unless the 6 month redetermination shows a change of financial situations.
10.4	The applicant has the option to request redetermination at any time there has been a significant change to income and/or deductions. An application can be completed and applied retroactively for up to prior 6 months of services or to the expiration of the last determination.
11.0	UNPAID BALANCES – PAYMENT POLICY
11.1	If a patient/client/responsible party expresses an unwillingness to pay or leaves services without paying for services, that patient provided notification in writing regarding of his/her payment obligations.
11.2	If a patient is not a part of the sliding scale fee program, a copy of the program application is sent with notice of payment obligations
11.3	If the patient does not make effort to pay or fails to respond within 60 days, this constitutes a refusal to pay. RHS offers the patient a proposed payment plan, may waive charges if appropriate, or may refer patient to collections based on circumstances.
12.0	APPLICATION AND BILLING RECORD MAINTENANCE
12.1	Physical applications are maintained in a secure area in the clerical area. Completed physical application are scanned into secure password protected EHR (Raintree) and the physical copy is shredded to preserve confidentiality and dignity of patients/clients.
12.2	Clerical staff maintain a tracking record of patient/clients in the sliding scale fee program, patient/client application initial determination dates, fee redetermination dates, and results of determination, denials, and waivers.
13.0	POLICY AND PROCEDURE REVIEW
13.1	The policy and procedure of the program is reviewed and updated on an annual basis to include, the Sliding Scale Fee Program Schedule, during the first quarter of every calendar year with the current Federal Poverty Guidelines.
13.2	Services provided and budgeted for the sliding scale fee program is reviewed for future planning.
13.3	The review of services, budget, and policy and procedure serves as a based to exam current practices that may be barriers to medical and behavioral health service access and provision to/for patients/clients in need.
14.0	PROGRAM BUDGET

14.1	The estimated amount of the sliding scale fee program budget is reviewed within the RHS budget decisions and the program budget is considered a deduction from revenue. CEO approval is required in required for the annual program budget.
15.0	SERVICES COVERED AND EXCLUDED IN PROGRAM
15.1	The % allowable (discount) applies to all services received at RHS, but not those services which are provided from outside service providers such as outside laboratory testing, prescription medication, imaging, imaging interpretation by radiologist, or other such services.

Revision History:			
Revision	Date	Description of changes	Requested By
1.0	07/14/17	Initial Release	Lauri Hayes QA/HR
2.0	01/02/19		Lauri Hayes QA/HR
3.0	04/01/19		Lauri Hayes QA/HR
4.0	01/04/21	Incorporation of Idaho Behavioral Health Sliding Scale Fee Administrative Rules	Lauri Hayes QA/HR April Crandall LSW/ Program Development and Policy
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