

Sliding Fee Scale Discount Program

2021 Guidelines

Sliding fee calculations are determined by using Federal Income Tax forms, last 30 days of paycheck stubs or unemployment verification. Staff then uses the table below to determine eligibility. Qualifications for the Sliding Fee Discount Scale are based on two factors: household size and income. In order to determine whether you will qualify for a discounted fee, follow the directions below.

1. Find the row on the chart that lists the number of individuals in your household. This number should include yourself, your spouse/partner, and children.

2021 Sliding Fee Schedule - Annual Income					
Fed.Poverty Level	A t o r B e l o w 100%	101% - 125%	126% - 150%	151% - 200%	Above 200%
Family Size	Nominal Fee (\$10)	Level 1 Charge \$20	Level 2 Charge \$30	Level 3 Charge \$40	No Discount
1	0-\$12,880	\$12,881- \$16,100	\$16,101- \$19,320	\$19,321- \$25,760	\$25,761 +
2	0-\$17,420	\$17,421- \$21,775	\$21,776- \$26,130	\$26,131- \$34,840	\$34,841 +
3	0-\$21,960	\$21,961- \$27,450	\$27,451- \$32,940	\$32,941- \$43,920	\$43,921 +
4	0-\$26,500	\$26,501- \$33,125	\$33,126- \$39,750	\$39,751- \$53,000	\$53,001 +
5	0-\$31,040	\$31,041- \$38,800	\$38,801- \$46,560	\$46,561- \$62,080	\$62,081 +
6	0-\$35,580	\$35,581- \$44,475	\$44,476- \$53,370	\$53,371- \$71,160	\$71,161 +
7	0-\$40,120	\$40,121- \$50,150	\$50,151- \$60,180	\$60,181- \$80,240	\$80,241 +
8	0-\$44,600	\$44,601- \$55,750	\$55,751- \$66,900	\$66,901- \$89,200	\$89,201 +
	Nominal Fee - \$10	Level 1 \$20 Charge	Level 2 \$30 Charge	Level 3 \$40 Charge	NO Discount

Sliding Fee Discount Program Checklist

Applicant Name: _____

Mailing Address: _____

Phone: _____

Date of Birth: _____

Application:

- Application Complete
- Application Signed

Applicant has signed copy of Policy and Procedures

Verification Checklist:

Identification/Address: Driver's license, utility bill, employment ID or other

Copy of Insurance Cards

N/A - No Insurance Cards

Income Verification:

Family Size: _____

Household Income: _____

- W-2 from prior year
 - Two most recent pay stubs
 - Form 4506-T (if W-2 not filed)
- Date Approved by CEO: _____

- Letter from employer
 - Other: Explain _____
 - Self-Declaration of Income Form
- Date Approved by CEO: _____

Application Status: Declined Accepted Date of Determination: _____

Notification Letter: Date sent: _____ Employee who sent letter: _____

Discount Rate:

- Nominal Fee: \$ _____
- 25%
- 50%
- 75%
- Doesn't qualify

Employee Printed Name: _____ Title: _____

Employee Signature: _____ Date: _____

Sliding Fee Discount Application

It is the policy of Peninsula Nephrology Associates (PNA) to provide exceptional services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. The discount will apply to all services received at PNA. Your household discount will be assessed on a yearly basis or if your financial situation changes.

Please complete the following information and return to billing to determine if you or members of your family are eligible for a discount.

HEAD OF HOUSEHOLD NAME:	PHONE:
DATE OF BIRTH:	PLACE OF EMPLOYMENT:
PHYSICAL ADDRESS:	
FAMILY SIZE: (NUMBER OF MEMBERS LIVING IN YOUR HOUSEHOLD.) List name(s) and date(s) of birth of family members/individuals living in your household or individuals for whom you are financially responsible.	
Name: (self)	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:
Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide medical plan name:	

Annual Household Income				
Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
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, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the information provided is accurate and complete to the best of my knowledge and in the event of a change in income or insurance coverage, I will contact/notify the facility within two (2) weeks of change. I understand that I will be financially responsible for **all or a portion of my care** and that I will be asked to **submit payment at the time of service**. I authorize the release of any information necessary to establish my family's eligibility for discounted services.

Applicant Signature

Print Name

Date

Employee Signature

Print Name

Date

For Office Use Only

Applicant Name: _____

New Patient: _____ Patient Update: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

PENINSULA NEPHROLOGY ASSOCIATES POLICIES AND PROCEDURES

Title: Sliding Fee Discount Program

Purpose: To make available discount services to those in need

Policy:

This program is designed to provide discounted care. In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who have no means, or limited means to pay for their healthcare services.

Peninsula Nephrology Associates (PNA) will offer a Sliding Fee Discount Program (SFDP) to all patients. PNA will base program eligibility on person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, religion, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

1. Notification: PNA will notify patients of the SFDP by:

- a. Payment Policy Brochure will be available to all patients at the time of service.
- b. Notification of the SFDP will be offered to each patient upon admission.
- c. SFDP application will be included with collection notices sent out by PNA.
- d. An explanation of our SFDP and our application form are available on PNA website.
- e. PNA places notification of SFDP in the clinic waiting area.

2. All patients seeking healthcare services Peninsula Nephrology Associates (PNA) 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: Request for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Front Desk and Billing Specialist.

4. Administration: The SFDP procedure will be administered through PNA's Billing Specialists or his/her designee. Information about the SFDP 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/or are provided charitable services.

5. Internal Administration: If the client has third-party coverage, the discount will be applied to ensure the client is charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.

6. Alternative Payment Sources: The discount will be posted after all alternative payment resources are exhausted, including all third-party payment from insurance(s), federal and state programs.

7. Completion of Application: The patient/responsible party must complete the SFDP application in its entirety. By signing the SFDP application, persons authorize PNA to confirm income as disclosed on the application form. Providing false information on a SFDP application will result in all 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, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection because of the patient's delay in providing information will not be considered for the SFDP.

8. Discounts will be based on income and family size only. PNA uses the Census Bureau definition 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.

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, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) do not count.

9. Income Verification: Applicants must provide one of the following: prior year W-2, prior year tax return, last 30 days' worth of pay stubs and a letter from employer verifying hours, 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 (s)he is unable to provide independent verification. This statement will be presented to Peninsula Nephrology Associates management team and billing specialist 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.

10. Discounts: Those with incomes at or below 100% of poverty will receive a full discount and only be assessed a nominal fee. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. For example - patients between 101%-150% of FPG will receive a 75% discount, between 151%-175% will receive a 50% discount and between 176%-200% will receive a 25% discount. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines:

<https://aspe.hhs.gov/poverty-guidelines>.

11. Nominal Fee: The nominal fee amount will be set at a level that would be nominal from the perspective of the patient and will not reflect the actual cost of the service being provided.

It has been determined that patients receiving a full discount will be assessed a \$10 nominal charge per visit. PNA will ensure that the nominal charge is less than what a patient in the first discount category would have to pay. 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.

12. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by PNA management team. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event). All waiving of charges will be reported and summarized to the management team and reviewed at the next scheduled stock holder meeting.

13. Application Notification: The SFDP determination will be provided to the applicant(s) in writing, and will include the percentage of SFDP write off, or if applicable, the reason for denial. If the application is approved for less than 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with PNA billing department. SFDP application covers patient balances incurred within 12 months after the approval date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or if there has been a significant change in family income.

14. 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 SFDP 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 as refusal to pay. At this point in time, PNA can explore options not limited to, but including, offering the patient a payment plan, waiving of charges, or referring the patient to collections.

15. **Record Keeping:** To preserve the dignity of those receiving discounted care, information related to SFDP decisions will be maintained and preserved on site.

a. Applicants that have been approved for the SFDP will kept in the billing office noting names of applicants, dates of coverage and percentage of coverage.

b. The Billing Specialists will maintain a monthly log identifying SFDP recipients and discount percent. Denials will also be logged.

16. **Policy and Procedure Review:** Annually, during the first quarter of each year, the amount of the SFDP provided will be reviewed by the management team and billing office. The Sliding Fee Discount Scale 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.

I confirm that I have read, understand and agree to the above policy and procedure for enrollment in Peninsula Nephrology Associates SFDP.

Applicant Signature

Print Name

Date

Employee Signature

Print Name

Date