



Tuscarawas County Health Department Medical Clinic Sliding Fee Scale Policy

PURPOSE

The purpose of this policy is to define the eligibility criteria for the Sliding Fee Discount Program (SFDP) and to minimize financial barriers to care for TCHD patients at or below 250% of the Federal Poverty Level (FPL).

POLICY

The Tuscarawas County Health Department (TCHD) maintains a standard procedure to qualify patients for Sliding Fee Discount Program (SFDP) for services provided. Sliding Fee Discounts are available to patients with all incomes at or below 250% of the Federal Poverty Level (FPL).

TCHD Patients who do not have third-party insurance and are income eligible may receive a self-pay discount off some TCHD medical clinic charges.

DEFINITIONS

Federal Poverty Level (FPL): FPL means the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services.

Self-pay patient: A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid. Self-pay patients may include Sliding Fee Discount patients.

Uninsured patient: An “uninsured patient” is a patient who has no third-party source of payment for any portion of their medical expenses, including but not limited to, commercial or other health insurer, health care service plan, Medicare, or Medicaid, or third party liability. For the purpose of this policy an “uninsured patient” may include a “self-pay” patient.

Tuscarawas County Resident: Medical patient residing inside the County lines of Tuscarawas, as identified via acceptable documentation.

Reproductive Health and Wellness Patients: Any patient, regardless of County of residency, receiving reproductive health services as identified by Title X.

PROCEDURES

Covered Services

Vaccinations are not a covered service of the sliding Fee program.

All other medical services are inclusive except services that use an outside provider in which TCHD does not bill for, example laboratory services, x-rays and/or other imaging services.

Eligibility

Sliding Fee Discount will be applied for those individuals according to the Sliding Fee Schedule.

Eligibility will be determined in accordance with the following procedures to ensure an individual assessment of Family Income. The application process will require the following information from the patient:

- Completed signed application
- Proof of Income: Tax return and monetary assets, two (2) most recent payroll stubs, and/or social security award letter
- Proof of Tuscarawas County residency or any patient receiving Reproductive Health services under Title X.

Income and Monetary Assets of Patient

In determining eligibility under this policy, TCHD may consider income and monetary assets of the patient. For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans.

Applicants must provide one of the following: prior year 1040, 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 for the business; tax returns preferred. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances including patients enrolled in the reproductive health and wellness program (RHW). 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 TCHD's Health Commissioner or his/her designee 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.

For Reproductive Health and Wellness patients only, TCHD cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where the patient falls on the sliding fee scale. Eligibility for discounts for un-emancipated minors who receive confidential services is based on the income of the minor.

Determination of Eligibility

While it is desirable to determine the amount of Sliding Fee Discount for which a patient is eligible as close to the time of service as possible, in some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. At any time, if a patient sends confirming information and the application that demonstrate qualification for Sliding Fee Discount, then Sliding Fee Discount will be indicated. TCHD will make every effort to provide a determination of eligibility within 30 days of receiving all requested information and documentation from the patient.

The granting of the Sliding Fee Discount shall be based on an individualized determination of Family Income, and shall not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.

Sliding Fee Discount Application

1. A low-income uninsured patient who indicates the financial inability to pay a bill for a medical service shall be evaluated for Sliding Fee Discount assistance or any other federal, state, or county program.
2. The TCHD standardized application form, shown as the “Sliding Fee Discount Application” will be used to document each patient’s overall financial situation. This application should be available in the primary language(s) of service area (*i.e.*, English and Spanish).
3. The patient must make every reasonable effort to furnish TCHD with documentation of income. However,
4. Self-declaration of income may be used when the patient is receiving services for Reproductive Health under Title X. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. The statement will be presented to the financial counselors for review and final determination as to the sliding fee percentage.

Discounts

Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 250% of 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.

Nominal Fee

Clinic patients receiving a full discount will be assessed a \$20 nominal charge per visit. However, patients will not be denied services due to an inability to pay. If unable to pay at time of service, the patient’s account should be billed accordingly. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment. There is no nominal fee for patients receiving Reproductive Health services under Title X.