

ANOINTED HEALTH PARTNERS
APPLICATION FOR SERVICE SLIDING FEE/DISCOUNT

Sliding Fee/Discount Patient Program Policy, Application, and Schedule

Anointed Health Partners Fee Discount Program Policy

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: November 18, 2019 (Revised June 10, 2020)

POLICY: To make available discount services to those in need.

PURPOSE: This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured).

In addition to quality healthcare, patients are entitled to financial counseling through a partnered service that can understand and offer possible solutions for those who cannot pay in full. The service Anointed Health Partners utilizes is Care Advisors; this company's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Anointed Health will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Anointed Health will base program eligibility on a person's ability 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) ([Appendix II](#)) to determine eligibility.

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

1. **Notification:** Anointed Health will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure will be available to all uninsured patients at the time of service.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon notification of financial burden.
 - Sliding Fee Discount Program application ([Appendix I](#)) will be included with collection notices sent out by Anointed Health.
 - An explanation of our Sliding Fee Discount Program and our application form are available on Anointed Health's website.
 - Anointed Health places notification of Sliding Fee Discount Program in the waiting area.

2. **Access to Care:** All patients seeking healthcare services at Anointed Health 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. Anointed Health reserves the right to request a flat fee payment of \$80 for new patients and \$50 for established patients in advance of completing the financial need application ([Appendix II](#)). However, if these fees are still a financial burden for a patient, he/she will be seen while the application is in process.
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 visits to Anointed Health Partners. Information is available from the Front Desk and the Business Office.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee (i.e. CareAdvisors). Information about the Sliding Fee Discount Program 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 healthcare services.
5. **Alternative Payment Sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
6. **Completion of Application:** Once a patient is referred to CareAdvisors the patient/responsible party must complete the Sliding Fee Discount Program application (see [Appendix II](#)) in its entirety. By signing the Sliding Fee Discount Program application, the applicant authorizes Anointed Health and its delegate access to confirm income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program 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 (2) from the date of notification to supply the necessary information without having the date on his/her application adjusted. If a patient does not provide the requested information within the two-week period, his/her application will be re-dated to the date on which s/he supplies the requested information. Any accounts turned over for collection because of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

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7. **Eligibility:** Discounts will be based on income and family size only. Anointed Health uses the US [Census Bureau](#) definitions 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.
8. **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 they are unable to provide independent verification. This statement will be presented to Anointed Health' president or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients are responsible for 100% of their charges until management determines the appropriate category.
9. **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 200% of poverty, will be charged according to the established Sliding Fee Discount schedule (see [Appendix II](#)). The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Guidelines](#).
10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$10 nominal charge per visit. 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.

11. **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 Anointed Health' president or their designee. 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).
12. **Applicant Notification:** 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, the patient and/or responsible party must immediately establish payment arrangements with Anointed Health. 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 (total 1½ years) unless the patient's financial situation changes significantly. The applicant has the option to reapply 12 months after the approval date (when their qualification for the program expires) or anytime there is 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.
13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying their designated fee for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the Sliding Fee Discount schedule, a copy of the Sliding Fee Discount Program process 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. If this occurs, Anointed Health can explore options not limited, but including offering the patient a payment plan, waiving of charges, referring the patient to collections, or dismissing the patient from the practice (see Procedures for Patient Dismissal – [Appendix III](#)).
14. **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 Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.
 - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on Anointed Health shared directory, noting names of applicants, dates of coverage and percentage of coverage.

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- b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
15. **Policy and Procedure Review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or Comptroller. The Sliding Fee Discount Program is updated based on the current year's 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 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.
16. **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. Approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

ATTACHMENTS:
11/18/2019

APPROVAL:

2020 Patient Application for the Sliding Fee Discount Program (Appendix I)
2020 Sliding Fee Schedule (Appendix II)
2020 Patient Dismissal from Practice (Appendix III)

REVISED: 6/10/2020

REVIEWED BY:

Dr. Gregory Smith, President
Anointed Health Partners

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APPENDIX I: 2020 Patient Information Worksheet/Application

Anointed Health Partners: Sliding Fee/Discount Patient Information Worksheet

It is the policy of Anointed Health to provide essential services regardless of the patient’s ability to pay. Anointed Health offers discounts based on family size and annual income.

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

Anointed Health utilizes a health navigation team (CareAdvisors) to facilitate the qualification process for sliding fee/discount. The discount will apply to all services received at this practice, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, and x- ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

| | | | | |
|-----------------------------------|-------------|--------------|-----------------------------|--------------|
| NAME OF HEAD OF HOUSEHOLD: | | | PLACE OF EMPLOYMENT: | |
| | | | | |
| STREET | CITY | STATE | ZIP | PHONE |
| | | | | |

Please list spouse and dependents under age 18.

| Name | Date of Birth | Name | Date of Birth |
|-------------|----------------------|-------------|----------------------|
| SELF | | DEPENDENT | |
| SPOUSE | | DEPENDENT | |
| DEPENDENT | | DEPENDENT | |
| DEPENDENT | | DEPENDENT | |

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| 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 family size and income information shown above is correct.

| | |
|------------------------|--|
| Name (printed): | |
| Signature: | |
| Date: | |

Office Use Only

| | |
|---------------------------|--|
| Patient Name: | |
| Approved Discount: | |
| Approved by: | |
| Date Approved: | |

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| Verification Checklist | Yes | No |
|---|------------|-----------|
| Identification/Address: Driver's license, utility bill, employment ID, or other | | |
| Income: Prior year tax return, three most recent pay stubs, or other | | |
| Insurance: Insurance Cards | | |

If you need financial assistance or help qualifying for insurance, please contact
Care Advisors:

Care Advisors
(773) 657-2012
hrsareferral@care-advisors.com

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APPENDIX II: 2020 Updated Sliding Fee/Discount Schedule

Sliding Fee Schedule (SFS)

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty

| Poverty Level* | At or Below 100% | 125% | 150% | 175% | 200% | Above 200% |
|---------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------|
| Charge Family Size | Nominal Fee (\$5) | 20% pay | 40% pay | 60% pay | 80% pay | 100% pay |
| 1 | 0-\$12,760 | \$12,761-\$15,950 | \$15,951-\$19,140 | \$19,141-\$22,330 | \$22,331-\$25,520 | \$25,521+ |
| 2 | 0-\$17,240 | \$17,241-\$21,550 | \$21,551-\$25,860 | \$25,861-\$30,170 | \$30,171-\$34,480 | \$34,481+ |
| 3 | 0-\$21,720 | \$21,721-\$27,150 | \$27,151-\$32,580 | \$32,581-\$38,010 | \$38,011-\$43,440 | \$43,441+ |
| 4 | 0-\$26,200 | \$26,201-\$32,750 | \$32,751-\$39,300 | \$39,301-\$45,850 | \$45,851-\$52,400 | \$52,401+ |
| 5 | 0-\$30,680 | \$30,681-\$38,350 | \$38,351-\$46,020 | \$46,021-\$53,690 | \$53,691-\$61,360 | \$61,361+ |
| 6 | 0-\$35,160 | \$35,161-\$43,950 | \$43,951-\$52,740 | \$52,741-\$61,530 | \$61,531-\$70,320 | \$70,321+ |
| 7 | 0-\$39,640 | \$39,641-\$49,550 | \$49,551-\$59,460 | \$59,461-\$69,370 | \$69,371-\$79,280 | \$79,281+ |
| 8 | 0-\$44,120 | \$49,121-\$55,150 | \$55,151-\$66,180 | \$66,181-\$77,210 | \$77,211-\$88,240 | \$88,241+ |
| For each additional person, add | \$4,480 | \$5,600 | \$6,720 | \$7,840 | \$8,960 | \$8,960 |

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APPENDIX III: – Patient Dismissal from Practice

When and for what reason(s) to dismiss a patient; careful documentation of patient non-compliance, disruptive behavior, refusal of payment, or evidence of poor rapport will serve as the basis for the explanation and defense of the rationale for a termination of the provider-patient relationship.

Notify the patient in writing, preferably by certified mail; provide the patient with a specific reason for the termination; include specific, objective, brief, and in non-inflammatory language of the termination (best practice is to notify patient face-to-face; document the conversation; then follow-up with a letter)

If not possible or it's impractical to discuss the termination with the patient in person, the certified letter will serve as the primary notification

- If the patient refuses to accept the certified letter, the physician should place the letter in the patient's chart and the practice should send a follow-up letter by regular mail
- Efforts to notify the patient should be documented in the patient's chart
- Language and must advise the patient of any needed follow-up care required
- State clearly the date termination becomes effective
- The treating physician will agree to continue services for urgent emergent issues for at least 30 days
- Provide information for identifying local physicians of the same specialty via the [Illinois Health Connect](#) at (877) 912-1999
- Offer to transfer records once a new provider is assigned
- Provide a summary statement of the balance owed; including if the balance will go to a collection agency if left unpaid