Mimbres Valley Medical Group Policy & Procedure Manual

SUBJECT	Effective Date 01/1/2020
Discounted/Sliding Fee Schedule Policy	Revised Date
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	Reviewed Date
Approved By	Page 1 of 1

Policy:

It is the policy of Mimbres Valley Medical Group to provide essential medical services regardless of the patient's ability to pay for their medical services. Mimbres Valley Medical Group will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. Discounts are offered based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty Guidelines. The Sliding Fee Schedule is managed and maintained by the Physician Practice Manager and updated as necessary. Mimbres Valley Medical Group requires current and accurate documentation to verify eligibility. Once approved, the discount will be honored for six months, after which the applicant must reapply.

Definitions:

Family is defined as: a group consisting of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together in the same household, at the same physical address. All such people (including related subfamily members) residing in the same household are considered members of one family.

Income includes: combined earnings of all family members, worker's compensation, tips, social security, supplemental security income, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment, public aid, assistance from outside the household, and other miscellaneous sources.

Procedure:

The discount is applied to all medical in-office services supplied by Mimbres Valley Medical Group healthcare providers but not those services which are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by consulting radiologist, and other such services.

- 1. A completed application including the required documentation of the home address, household income, and insurance coverage must be on file and approved by the business office or designee before a discount will be granted.
 - a. The sliding fee will provide a nominal fee of \$5 to individuals and families with annual income at or below those set forth in the most recent 100% Federal Poverty Guideline.
 - b. No discount to individuals and families with annual incomes greater than 200% of the Federal Poverty Guidelines.
- 2. The patient/responsible party must submit copies to the Receptionists of the following documents along with the completed application:
 - a. Last two pay check stubs
 - b. Current Federal 1040 tax return
 - c. Unemployment benefits
 - d. Social Security benefits
 - e. Department of Social Services grants

Self-declaration of income may only be used in special circumstances. Patients who are unable to provide written verification must provide a signed statement of income and the reason they are not able to provide independent verification. The statement will be presented to our CFO for review and final determination as to the sliding fee percentage.

The Business Office Manager will review, approve or deny the sliding fee application and supporting documentation and will be scanned and uploaded into the patient's chart under insurance information in the policy documentation. The Business Office Manager will notify the applicant/responsible party of the decision via phone call or mailed letter.

- 3. At every visit, the Receptionist must ask the patient if there has been any changes in income, household size, etc. that will affect the current discount. If there have been changes, the Receptionist must request an updated application with the required documentation and submit to the Business Office Manager.
- 4. Receptionists/Business Office staff should ensure that patients are informed about the availability of the Sliding Fee Schedule Discount. A Sliding Fee Schedule Discount notice will be posted at the front desk and on the Mimbres Valley Medical Group website.
- 5. The Mimbres Valley Medical Group sliding fee is maintained in all applicable electronic systems being utilized.
- 6. If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, a statement will be sent. The Receptionist will contact the patient via phone/mail to offer the sliding fee schedule discount. If the patient doesn't make an effort to establish payment arrangements. Mimbres Valley Medical Group can explore other options not limited but including offering a payment plan or referring the patient to collections.
- 7. Patient balances will be considered for collection if the following criteria are met:
 - a. Three statements have been sent 28-35 days apart and balance is not paid in full
 - b. Patient balance exceeds "Automatic Small Balance Write-Off Amount"
 - c. The claim balance has been in a patient due status for greater than 120 days

- d. Patient does not live up to payment plan (missing two or more scheduled payments)
- e. Patient statements are on mail return and current address information is not able to be updated by the clinic