



Sliding Fee Scale Discount Program Policy

For services provided at the following MGRMC locations:

Mt. Graham Emergency Department (ER)

Copper Mountain Clinic (CMC)

Mt. Graham OBGYN

PURPOSE: Mt Graham Regional Medical Center (MGRMC) has adopted a sliding fee scale discount Program (“Program”) applicable to the MGRMC Emergency Department, Copper Mountain Clinic, and Mt. Graham OBGYN to provide free or discounted care to patients with no means, or limited means, to pay for their medical services. **The program adjusts the amount an eligible patient owes for non-elective health services received at MGRMC Emergency Room, Copper Mountain Clinic, and Mt. Graham OBGYN based on the patient’s ability to pay using federal poverty guidelines (“FPG”) on annual household income.** The Program encourages equitable access to health services for all individuals for emergency and other medically necessary care as defined by The Centers for Medicare and Medicaid Services (CMS).

SCOPE: Mt. Graham Regional Medical Center, Inc. will offer the Program to all who are unable to pay, including uninsured and underinsured patients. MGRMC will base Program eligibility on a person’s ability to pay. MGRMC will not discriminate in its administration of the Program on the basis of age, gender, race, color, sexual orientation, gender identity, creed, religion, disability, or national origin. Immigration status is not a factor in receiving these benefits. Anyone who lives in the United States may apply. **No one will be denied non-elective services based solely on inability to pay.**

This Program only extends to patients receiving services at the MGRMC emergency department, MGRMC Copper Mountain Clinic, and MGRMC OBGYN. It does not apply to services provided at other MGRMC sites, including to patients who receive inpatient hospital care.

POLICY: MGRMC will offer the Program to eligible patients by establishing a sliding fee scale discount schedule based on the FPG. The sliding fee scale discount program policy is reviewed and updated annually with current Federal Poverty Guidelines to ensure fees do not create a financial barrier to care.

A. Definitions:

1. **Nominal Charge:** Nominal Charge is a percentage of total visit cost that is nominal from the patient’s perspective and is less than the fee paid by a patient in the first sliding fee scale discount pay class above 100% of the FPG. It does not cover the total cost of care. The Nominal Charge will apply to eligible patients whose income is at or below 100% of the FPG.
2. **Applicant** – Refers to the individual whose signature appears on the Sliding Fee Scale Discount Program Application.
3. **Household** – Defined to mimic the federal definition of household for healthcare programs, household refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents living at the same address are considered separate households. The following compose the household:
 - a) The applicant and their spouse.
 - b) The applicant’s unmarried partner if they are the parent of the applicant’s child.
 - c) Anyone under 19 years of age who lives with and is cared for by the applicant.
 - d) Anyone claimed as a dependent on the applicant’s federal tax return.
 - e) Anyone who claims the applicant on a federal tax return and their tax dependents.
4. **Income** –The modified adjusted gross income (MAGI) defined by the IRS and used by the state and federal agencies for healthcare programs, Income refers to all cash receipts before taxes with certain adjustments. Income does not include non-cash benefits such as SNAP, school lunch programs, clothing vouchers, or food/rent in lieu of wages. For most patients eligible for sliding fee scale discounts, income calculation is simple. A complete definition of MAGI is available from the IRS.

a. **Common income sources included in MAGI:**

- Wages, salaries, and tips
- Interest, dividends, rents, royalties
- Income from estates
- Trusts
- Educational assistance
- Social Security benefits
- Unemployment compensation
- Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses)
- Alimony
- Retirement and pension income
- Investment and rental income
- Common income sources excluded from MAGI.
- Child Support.
- Supplemental Security Income (SSI)
- Veteran's Disability Benefits
- Survivor benefits
- Worker's Compensation
- Public assistance
- Assistance from outside the household

b. **Common Deductions from MAGI:**

- Alimony Paid
- Student Loan Interest and Tuition Costs Paid
- Individual Retirement Account Contributions
- HSA Contributions
- Educator Expenses

5. **Proof of Income** – Documentation of income must reflect current income and should clearly indicate pre-tax income and any adjustments. Where proof of pre-tax income is unavailable, income before taxes can be estimated from proof of net income and patient statement. Documentation includes, but is not limited to:

- a. Most recent income tax return or W-2
- b. Three most recent pay stubs
- c. Most recent unemployment check
- d. Self-employment income documentation
- e. Proof of any other household income received (Social Security, pension, alimony, etc.)
- f. Bank statements showing direct deposits

6. **Income Guidelines** – Revised annually based on the Federal Poverty Guidelines

7. **Household Size Assessment** – The application process and review for consideration of eligibility for the Program and reporting of patient demographics to HRSA. The Household size is part of the determination in the sliding fee program calculation.

Relationship	Include in household?	Notes
Dependent children, including adopted and foster children	Yes	Include any child you'll claim as a tax dependent.
Children, shared custody	Sometimes	Include children whose custody you share only during the years you claim them as tax dependents.
Unborn children	No	Don't include a baby until it's born.
Non-dependent child or other relative living with you	No	Include them only if you claim them as tax dependents.
Dependent parents	Yes	Include parents only if you'll claim them as tax dependents.
Dependent siblings and other relatives	Yes	Include them only if you claim them as tax dependents.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex.
Legally separated spouse	No	Don't include a legally separated spouse, even if you live together.
Divorced spouse	No	Don't include a former spouse, even if you live together.
Spouse, living apart	Yes	Include your spouse unless you're legally separated or divorced.
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner if you claim your partner as a tax dependent.
Roommate	No	Don't include people you just live with — unless they're a spouse, tax dependent, or covered by another exception in this chart.

Required for the application process:

- a. Picture identification for adults
- b. Birth certificate, shot record, or recent school report card for minors.

8. **Proof of Residence in the United States:**

- Utility Bill
- Tax Bill
- Voter Registration card
- Driver's License
- Bank Reference Letter
- Property tax bill
- Lease Agreement
- Current Insurance Policy
- House Purchase Deed
- Insurance Card
- Immigration Documents

- Rental Agreements
- Credit card Bill
- Military ID
- Bank Statement
- Mortgage Statement
- Car Registration
- Authorized change of address form
- Current Homeowner Insurance Policy
- Residence Permit

9. **Ability to Pay** – Inability to pay is not the same as a patient’s failure or refusal to pay a bill. It is defined by the relationship of income and household size to what the federal government considers “poverty.” Patients with incomes above 200% of the federal poverty guideline are considered to have the ability to pay.
10. **Refusal to Pay** – Defined by consistent non-compliance with this policy and with monthly payment plans.
11. **Consistent Non-Compliance** – Defined by failure to make the assigned monthly payment for three consecutive months.

B. Procedure

Schedule of Fees

MGRMC will prepare a schedule of fees or payments for the provision of its services consistent with local prevailing rates or charges and designed to cover its reasonable operation costs as indicated in the MGRMC Fees Policy.

Securing Payment for Services

MGRMC will make every reasonable effort to secure payment for services in accordance with its fee schedules and to collect appropriate reimbursement for health services from Title XVIII of the SSA

(Medicare Program), Medicaid, CHIP, other public assistance programs, and other third-party payers used by MGRMC patients. Although MGRMC cannot require patients to enroll in public or private insurance or other third-party coverage, MGRMC will educate patients on options available to them based on their eligibility for insurance or other third-party coverage.

No eligible patient who refuses to apply for any public or private insurance program will be denied access to MGRMC’s Program. If an insured patient applies to the Program and is determined eligible for a sliding scale fee discount, that patient will not be charged an amount out-of-pocket (e.g., deductibles, co-pays, and services not covered by the plan) that exceeds what they would have paid under the applicable discount program pay class.

Sliding Fee Scale Discount Program

The Sliding Fee Scale Discount shall:

1. Apply to patients with annual incomes at or below 200% of the Federal Poverty Guide (FPG).
2. Provide a full discount for patients with annual incomes at or below 100% FPL with an allowance for a nominal charge.
3. Adjust fees based on household size and income for patients above 100% FPL and at or below 200% of FPL.
4. Include at least three discount levels between 100% FPL and 200% FPL.
5. Not applicable to patients with annual incomes above 200% FPL.
6. Determine eligibility solely by household size and income based on Household Size Assessment and Proof of Income.
7. Apply only to patients with Proof of Residence in the United States.

Sliding Fee Scale Discount Schedule

MGRMC's sliding fee scale discount schedule for medical and behavioral health services is as follows:

Table rate levels:	SLIDE SCALE:	Discount
ANNUAL INCOME AT OR BELOW 100% OF FPL	A	100% *
ANNUAL INCOME AT OR BELOW 110% OF FPL	B	90% *
ANNUAL INCOME AT OR BELOW 120% OF FPL	C	80% *
ANNUAL INCOME AT OR BELOW 130% OF FPL	D	70% *
ANNUAL INCOME AT OR BELOW 140% OF FPL	E	60% *
ANNUAL INCOME AT OR BELOW 150% OF FPL	F	50% *
ANNUAL INCOME AT OR BELOW 160% OF FPL	G	40% *
ANNUAL INCOME AT OR BELOW 170% OF FPL	H	30% *
ANNUAL INCOME AT OR BELOW 180% OF FPL	I	20% *
ANNUAL INCOME AT OR BELOW 190% OF FPL	J	15% *
ANNUAL INCOME AT OR BELOW 200% OF FPL	K	10% *
ANNUAL INCOME 201% OR GREATER	Not Eligible	Not Eligible

***Patient Pays at a Minimum a \$25 Nominal Fee**

Laboratory, X-ray, Surgery, and Other Diagnostic Services are Charged Separately from Emergency Room (ER)/ Mt. Graham OBGYN Office Charge, Copper Mountain (CMC) Office Visit Charge

A discounted/sliding fee schedule applies only to direct patient charges for uninsured patients. Billing for third party coverage (Medicare, Medicaid, SCHIP, or private insurance carriers) is set at the usual and customary full charge.

PLEASE NOTE: You may be responsible for paying for some procedures, labs, and medications. If you have any questions, please contact the Financial Counselor at 928-348-3716.

Patient Responsibility

- Patient must complete the Sliding Fee Scale Discount Program Application
- If approved, applications will be valid for up to one year from the date of the application, unless you have changes in your financial situation, or a new fiscal registration period begins.

Notification of Sliding Fee Scale Discount Program

MGRMC will notify patients of the Sliding Fee Scale Discount Program by signage throughout MGRMC location sites where the Program is available, by posting information on the MGRMC website, and by notifying patients during registration or appointment scheduling. Sliding fee scale discount program information will be available in appropriate languages and literacy levels for our target population.

Application Process for the Sliding Fee Scale Discount Program

To obtain a discount through the Program, eligible patients must complete and submit MGRMC's standard application form with Proof of Income. Applications may be submitted by the Applicant, including patients, family members, social services staff, or others aware of the patient's financial hardship. Completed applications should be forwarded by MGRMC staff to the Financial Counselor located in Patient Accounting.

Penalty for False or Incomplete Information on Application

If a patient knowingly provides false or incomplete information during the Program application process, any sliding fee scale discounts received based upon the false or incomplete information will be removed, and the patient will be barred from receiving future discounts. Patients will be notified of the penalty for providing false or incomplete information as part of the Application process.

Administration, Bill Adjustment, and Record-Keeping

The Program will be administered through the Financial Counselor in the Patient Accounting office or his/her designee. Information about the Program and procedure will be provided, and assistance offered for the completion of the Application. MGRMC registration and front desk personnel will be trained to forward all applications to the Financial counselor in Patient Accounting. The phone number of the financial counselor is (928) 348-3715. Upon receipt by patient accounting, department staff will verify its completion and receipt of Proof of Income. Staff will attempt to contact Applicants as needed to obtain additional information. Once an application is complete, with Proof of Income or patient attestation (discussed below), department staff will determine whether the patient qualifies for a discount under the Program. If an Applicant qualifies, department staff will include the discount in MGRMC's practice management system. The discount level will be effective until the patient's financial situation changes, or until the next annual registration period begins for a new fiscal year, whichever occurs first.

Patients qualifying for the Program will have 30 days from the date the first patient bill is sent to complete an application and provide requested documentation, including Proof of Income, Proof of Residence, and any other documentation requested by MGRMC to confirm eligibility for and acceptance into the Program. Once 30 days have elapsed, sliding fee scale discounts cannot be applied to that service date.

Information related to Sliding Fee Scale 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 approved for the Sliding Fee Scale Discount Program will be logged in a password-protected document on MGRMC's shared directory, noting names of applicants, dates of coverage, and percentage of coverage.
- b. The Business Office Manager will maintain a monthly log identifying the Sliding Fee Scale Discount Program recipients and dollar amounts. Denials will also be logged.

Patients with No Income

If the patient reports no income, they may, in lieu of Proof of Income, submit a self-attestation of zero income form.

Voluntary Program:

The Program is voluntary, and a patient can refuse to complete an application or provide Proof of Income. Patients who fail to complete the application process shall be ineligible for the Program discounts.

Annual Registration:

Patients accepted into the Program will be asked to complete a new application form annually and encouraged to provide their Household size and Proof of Income information to perform a Household Size and Income Assessment to determine continued eligibility for the Program.

Applicant Notification:

The Sliding Fee Scale Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Scale 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 MGRMC.

Using the Sliding Scale Fee Discount

When a patient who has already been accepted in the Program (a "Program Patient") schedules an appointment, the scheduler will remind the patient that their payment will be due at the time of the service. MGRMC staff will ask for the full payment at check-in time prior to the patient seeing a provider. If the Program Patient cannot pay a nominal charge based on the sliding fee scale at the time of service, the patient will be referred to an appropriate member of the MGRMC team to set up a payment plan according to the MGRMC Collection Policy.

Refusal to Pay

When all reasonable collection efforts/enforcement steps as established by this policy and the MGRMC Collections Policy have been exhausted (which may include offering grace periods, meeting with MGRMC financial or certified application counselors, or establishing payment plans), non-compliant Program Patients will be notified that they are no longer allowed to non-emergency services at any MGRMC facility. Discharged patients frequently will request an appointment with an MGRMC provider. These patients will be reinstated if they agree to comply with their payment plan and pay the next amount due at the time of service.

Sliding Fee Scale Discount Program Policy Reviews

On an annual basis, MGRMC will review and update the Program policy. At that time, updated Federal Poverty Guidelines will be incorporated, and MGRMC will evaluate the Sliding Fee Scale Discount Program's effectiveness in reducing financial barriers to care. MGRMC will collect utilization data to assess the rate at which patients in each sliding fee plan access health center services compared to the general patient population. MGRMC will also solicit feedback about the Program from patients using appropriate means, such as patient surveys, focus groups, etc. This information will be used to identify and implement changes to the Program consistent with reducing financial barriers to care.

Other Considerations

MGRMC also has a Charity Care/Cope policy that can be used when a patient faces hardship. Please contact the Financial Counselor in Patient Accounting for more information (phone # 928-348-3715)

Budget

During the annual budget process, an estimated amount of Sliding Fee Scale Discount Program service will be placed into the budget as a deduction from revenue. Board approval for the Sliding Fee Scale Discount Program will be sought as an integral part of the annual budget.

MT GRAHAM REGIONAL MEDICAL CENTER, INC.

Sliding Fee Discount Request Form

It is the policy of Mt. Graham Regional Medical Center, Inc. (MGRMC) to provide essential services regardless of the patient's ability to pay. MGRMC offers discounts based on family size and annual income.

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

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form at least every 12 months, when a new fiscal year period begins, or if your financial situation changes.

NAME					
STREET		CITY	STATE	ZIP	PHONE

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

OTHER		
OTHER		
OTHER		

OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
TOTAL INCOME			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature Date

OFFICE USE ONLY

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

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

Self-declaration of income may also be used.

ATTACHMENTS:

- Sliding Fee Schedule for the current year
- Patient Application for the Sliding Fee Discount Program
- Proof of Residency in the United States
- Household Assessment (identification of household members)
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APPROVAL _____

REVISED _____

REVIEWED BY _____

NOTES: