



TRINITY HEALTH – MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC SLIDING FEE DISCOUNT PROGRAM POLICY

Applies to: MercyOne Centerville Medical Center and Ottumwa Rural Health Clinic

MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC OPERATING POLICY

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: January 1, 2024

POLICY: To make available free or discounted services to those in need.

PURPOSE: All patients seeking health care services at the MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC 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. 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). This operating policy supersedes the hospital policy with respect to services at the MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC. The MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC provides more financial assistance as required by Internal Revenue Code Section 501(r). To the extent of any conflict between this policy and the hospital policy this policy controls for the MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC.

MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC offers a Sliding Fee Discount Program to all who are unable to pay for their services. MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC will base financial assistance (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 to determine eligibility.

PROCEDURE:

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

1. Notification: MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Information will be available to all patients at the time of service.

- Notification of the Sliding Fee Discount Program will be offered to each patient upon registration.
 - The Sliding Fee Discount Program application will be included with statements sent out by MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC to patients who have not completed applications.
 - An explanation of the Sliding Fee Discount Program and MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC application form are available on each MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC [Financial Assistance Centerville, Iowa \(IA\), MercyOne Centerville](#)
 - MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC places notification of the Sliding Fee Discount Program in the clinic waiting area.
 - 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 clinic visits. Information and forms can be obtained from the Front Desk and the MERCYONE CENTERVILLE MEDICAL CENTER AND MERCYONE OTTUMWA RURAL HEALTH CLINIC website: [Financial Assistance Centerville, Iowa \(IA\), MercyOne Centerville](#)
2. Administration: The Sliding Fee Discount Program procedure will be administered through the MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC Financial Counselor or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
 3. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC as disclosed on the application form.
 4. Eligibility: Discounts will be based on income and family size only.
 - 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. MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH will also accept non-related household members when calculating family size.

- b. Income includes gross wages; salaries; tips; 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.
5. Income verification: Applicants may 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 be used. Patients who are unable to provide written verification may provide a signed statement of income.
6. Discounts: Those with incomes at or below 200% of poverty will receive a full 100% discount for health care services. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Line Guidelines](#).
7. Inability to Pay: Patients will not be denied services due to an inability to pay.
8. Waiving of Charges: In certain situations, patients whose income is greater than 200% of poverty may not be able to pay. Discounts or waiving of charges must be approved by MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
9. 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 discount (write off adjustment), or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC will work with the patient and/or responsible party to establish payment arrangements. 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 unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been 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.
10. 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. A copy of the sliding fee discount program application and sliding fee schedule will be sent with the statement. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL

HEALTH CLINIC can explore options not limited to, but including offering the patient a payment plan, discounts, waiving of charges, or seeking to collect from the patient.

11. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the electronic billing system and may be accessed on a confidential basis by the Financial Counselor, 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 MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Financial Counselor will be able to access an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
12. Policy and procedure review: The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC will also review possible changes in the policy and procedures and will examine institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
13. 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.

ATTACHMENTS:

- **MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC FAP Plain Language Summary**
- **Patient Application for the Sliding Fee Discount Program**

APPROVAL _____ REVISED _____

REVIEWED BY _____

Trinity Health - MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC

2023-2024 Sliding Fee Schedule for MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC

Family Income as % of FPL	0-200%
	Discount %
MERCYONE CENTERVILLE MEDICAL CENTER AND OTTUMWA RURAL HEALTH CLINIC	100%

The Poverty guidelines will be updated in 2024 and are posted at [Federal Poverty Line Guidelines](#).

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$14,580
2	\$19,720
3	\$24,860

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
For families/households with more than 8 persons, add \$5,140 for each additional person.	