



Title:	Indigent/Charity/Sliding Fee Discount Program Policy	Effective Date:	11/2024
Policy #:		Revision/ Review Date:	
Department:	Financial Department		
Policy Owner:	Chief Financial Officer		

CANDLER COUNTY HOSPITAL/CANDLER MEDICAL GROUP/CANDLER FAMILY HEALTH CENTER (the “Hospital and Clinics”) FINANCIAL DEPARTMENT POLICY POLICY:

To make free or discounted services available to those in need. Included in the Indigent/Charity/Sliding Fee Discount Program Policy are billing/charges for the Hospital and Clinics.

Not included in the Indigent/Charity/Sliding Fee Discount Program Policy are the contracted services

Not included in the Indigent/Charity/Sliding Fee Discount Program Policy are billing/charges by third party providers/contractors for their services provided.

PURPOSE:

All patients seeking health care services at the Hospital and Clinics are assured that they will be served regardless of their 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).

The Hospital and Clinics will offer a Sliding Fee Discount Program to all who are unable to pay for their services and 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, ability to pay, or whether payments for those services would be made under Medicare, Medicaid, or the Children’s Health Insurance Program(CHIP). The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

PROCEDURE:

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

1. Notification: the Hospital and Clinics will notify patients of the Sliding Fee Discount Program by:
 - Application will be available to all patients at the time of services.
 - Indigent/Charity/Sliding Fee Discount Program will be offered to each patient upon admission.
 - Indigent/Charity/Sliding Fee Discount application will be included with collection notices sent out by the Hospital and Clinics.
 - An explanation of our Indigent/Charity/Sliding Fee Discount Program and our application form are available on the Organizations website.
 - The Hospital and Clinics place notifications of Sliding Fee Discount Program in the Hospital and Clinics waiting areas.
2. Request for discount: Request for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained from the Clinics front desk and the Hospital business office.
3. Administration: The Indigent/Charity/Sliding Fee Discount Program procedure will be administered through the business office manager or his/her designee. Information about the Indigent/Charity/Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance with the completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided with health care services.
4. Completion of Application: The patient/responsible party must complete the Indigent/Charity/Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with application. By signing the Indigent/Charity/Sliding Fee Discount Program application, the patient or patient's

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representative(s) are confirming their income to the Hospital and Clinics as disclosed on the application form.

5. Eligibility: Discounts will be based on income and family size only. **We do not require patients to apply to Medicaid/health insurance or do asset testing to qualify for the sliding fee discount program.**

- 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. The Hospital and Clinics 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; 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.

6. 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 file). Self-employed individuals will be required to submit details 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 unable to provide written verification may provide a signed statement of income.

7. Discounts: Those with income at or below 100 percent of poverty will receive a full 100 percent discount for health care services. Those with incomes above 100 percent of poverty, but at or below 200 percent of poverty, will be charged a nominal fee 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 Line Guidelines.

8. Nominal Fee: Patients with incomes above 100 percent of poverty, but at or below 200 percent poverty will be charged a nominal fee to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due

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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.

9. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. The waiving of charges must be approved by the Hospital and Clinics designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
10. **Applicant notification: The Indigent/Charity/Sliding Fee Discount**
Program determination will be provided to the applicant(s) in writing and will include the percentage of Indigent/Charity/Sliding Fee Discount Program write off, if applicable, the reason for denial. If the application is approved for less than a 100 percent discount or denied, the Hospital and Clinics will work with the patient and/or responsible party to establish payment arrangements. The Indigent/Charity/Sliding Fee Discount Program application 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 can reapply after the 12 months have expired or anytime there has been a meaningful change in the family income. When the applicant reapplies, the lookback period will be less than six months or the expiration of their last Indigent/Charity/Sliding Fee Discount Program application.
11. **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. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not try to pay or fails to respond within 60 days (about 2 months), this constitutes refusal to pay. At this point in time, the Hospital and Clinics can explore options not limited to, including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
12. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the office of the business manager or designated area, to preserve the dignity of those receiving free or discounted care.



- a. Applicants that have been approved for the Indigent/Charity/Sliding Fee Discount Program will be logged in to the Hospital and Clinics practice management system or other means of documentation, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The business office manager or designee will maintain an additional monthly log identifying Indigent/Charity/Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
13. Policy and procedure review: The sliding fee Schedule will be updated based on the current Federal Poverty Guidelines. The Hospital and Clinics will also review 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.
14. Budget: During the annual budget process, an estimated amount of Indigent/Charity/Sliding Fee Discount Program service will be placed into the budget as a deduction for revenue.

ATTACHMENTS:

- Appendix A - Indigent/Charity/Sliding Fee Discount Program Application
- Appendix B – 2024 Sliding Fee Schedule
- Appendix C - Public Notice Signage (Separate)
- Appendix D – Denial Letter (Separate)
- Appendix E – Approval Letter (Separate)



REVISION HISTORY

Policies should be reviewed no later than biennially and more often when necessary

Put each new revision in **RED** to identify new material. Change prior revision to standard black type

Revision Number	Description of Changes	Approvals	Date
1	New Policy	Approved	November 13, 2024

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Appendix A: Indigent/Charity/Sliding Fee Discount Program Application

INDIGENT/CHARITY/SLIDING FEE DISCOUNT PROGRAM APPLICATION

Sliding Fee Discount Application

It is the policy of CANDLER COUNTY HOSPITAL, CANDLER MEDICAL GROUP, CANDLER FAMILY HEALTH CENTER (the “Hospital and Clinics”) to provide essential services regardless of the patient’s ability to pay. The Hospital and Clinics offer discounts based on family size and annual income.

Please complete the following information and return it to the Hospital Business Office or the front desk at either of the clinics to determine if you or members of your family are eligible for a discount.

The discount will apply to services received at the Hospital and Clinics, but not those services provided by contractors. You must complete this form every 12 months or if your financial situation changes.

NAME (Last, First, M.I)			
STREET	CITY	STATE	ZIP
HOME PHONE		CELL PHONE	

Please list all household members, including those under the age of 18.

	NAME	DATE OF BIRTH
SELF		
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 be used.

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Appendix B: 2024 Sliding Fee Schedule

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0 percent discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120	>\$30,120
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	>\$40,880
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	>\$51,640
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	>\$62,400
5	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	>\$73,160
6	\$41,960	\$45,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920	<\$83,920
7	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680	>\$94,680
8	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	>\$105,440
For each additional person, add	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	>\$10,760

*Based on the 2024 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would offer differing sites in those two states. Sites in Puerto Rico and other outlying districts would use the above guidelines.

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