

POLICY/PROCEDURE: Financial Assistance Guidelines Referred to as Sliding Fee Program	

Purpose:

To establish guidelines and procedures for identifying patients who are under or uninsured by insurance or other third-party payers and who are unable to pay for some or all their healthcare services due to genuine financial need.

Affiliated Sites:

- Harrisville Medical Clinic 39082 | 1652 Simpson Hwy 469, Harrisville, MS
- Puckett Medical Clinic | 6455 Hwy 18, Brandon, MS 39042
- Simpson General Hospital | 1842 Simpson Hwy 149, Mendenhall, MS 39114
- Simpson General Hospital Medical Clinic | 1827C Simpson Hwy 149, Mendenhall, MS 39114
- SGH Drive Thru Clinic | 1827A Simpson Hwy 149, Mendenhall, MS 39114

PROVIDERS EXCLUDED AND INCLUDED FROM THE FINANCIAL ASSISTANCE POLICY:

The Internal Revenue Service (IRS) regulations defined under 26 CFR Parts 1, 53 and 602 (Federal Register Volume 79, 250) require Simpson Community Healthcare, Inc. DBA Simpson General Hospital to list all providers excluded from the Financial Assistance Policy. In accordance with this requirement, the providers excluded from the Financial Assistance Policy for Simpson General Hospital are as follows.

Providers excluded from the Financial Assistance Policy:

- Pathology Services provided by Hub Pathology, Hattiesburg, Mississippi
Professional Services Reading of X-Rays and CTs services provided by Comprehensive Radiology, Hattiesburg, Mississippi
- MRI Technical and Professional services provided by Scott Imaging (All related MRI services provided in Mobile Unit).
- Professional Services Hospital Rounding visits of Dr. Dennis Adam
- Professional Services Hospital Rounding visits of Dr. Mark Rester
- Professional Services Hospital Rounding visits of Dr. Khari Omolara
- Professional Services of Dr. Denver Carter

Providers included in the Financial Assistance Policy

- All other services provided by providers who are employed by Simpson General Hospital.
- All services provided by Midsouth Rehab

Policy For Financial Assistance:

To make available discount services to those uninsured and underinsured patients who are unable to pay for services will be considered for financial assistance. Patients or the patient's guarantor are required to provide documentation to qualify for financial assistance. This designation requires that the patient/guarantor not have sufficient income in which to pay for care. Patients or their guarantors are expected to assist with all such efforts to obtain third-party payments.

Incidents that may not require completing a financial assistance application:

- Verified dually eligible Medicare and Medicaid patients qualify for indigent care without completing a financial assistance application. These dually eligible accounts are also eligible for inclusion on the Medicare Bad-Debt cost report. Dually eligible Medicare and Medicaid patient accounts must include the Medicare and the Medicaid remittance advice as evidence the patient is dually eligible and automatically qualifies for an indigent care write-off. This includes services that are non-covered by Medicaid. These patients are not required to complete a financial assistance application.
- Medicaid beneficiaries that acquire Medicaid under SLMB and/or have exhausted days automatically qualify for indigent care, also known as Medicaid Charity, through our health system without completing a financial assistance application.
- Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, SGH could use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive Charity eligibility assistance is not used in the front in process of the sliding fee assistance program. This is a final effort before sending it to an outside collection agency. Presumptive eligibility may be determined based on individual life circumstances that may include:

State-funded prescription programs.

- Homeless or received care from a homeless clinic.
- Participation in Women, Infants and Children programs (WIC).
- Food stamp eligibility.
- Subsidized school lunch program eligibility.
- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down).
- Low income/subsidized housing is provided as a valid address; and
- Patient is deceased with no known estate.

The hospital administrator and Controller reserves the right to grant approval for financial aid based on extraordinary circumstances on a case-by-case basis.

In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives. Simpson General Hospital will offer financial assistance based on a Sliding Fee Discount Program to all who are unable to pay for their services. Simpson General Hospital will base program eligibility on a person's ability to pay and will not discriminate based on 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) to determine eligibility.

Definitions:

The purpose of this policy the following terms are defined:

1. **“Amount Generally Billed” (AGB):** The average amount allowed by Medicare/Medicaid and Commercial insurance payers for emergency and other medically necessary care at SGH.
2. **Discounted Care:** Financial assistance that provides care at a discount on gross charges to eligible patients with annualized family incomes between amounts equal to or greater than 100% but less than 250% of the Federal Poverty Guidelines.
3. **Federal Poverty Guidelines**
Guidelines issued by the Federal Government that describes poverty levels in the United States based on a person or family's household income. The Guidelines are adjusted according to inflation and published in the Federal Register. **See Exhibit A.**

Procedure:

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

1. Notification: Simpson General Hospital will notify patients of the Sliding Fee Discount Program by:
 - Simpson General Hospital places notification of Sliding Fee Discount Program in each affiliated site's waiting area.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
 - An explanation of our Sliding Fee Discount Program and our application form are available on Simpson General Hospital website.

2. All patients seeking healthcare services at Simpson General Hospital 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.
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. Information and forms can be obtained from the Front Desk of each affiliated clinic, the admissions office in the hospital, or the Business Office located adjacent to the SGH Medical Clinic at 1827C Simpson Hwy 149, Mendenhall, MS 39114.
4. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. 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. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Simpson General Hospital access in confirming 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 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 he/she 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.

Documents that may be ask for:

prior year tax returns.

W-2

Recent pay stubs

Letter from employer

Form 4506T (if W-2 not filed)

Bank statements

Unemployment check stub or determination letter if drawing unemployment

Current utility bills (form of ID)

If income is from a retirement fund, pension, rental property, etc. provide proof of the source and amount of income received.

6. Eligibility: Discounts will be based on income and family size only. Simpson General Hospital uses the 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, veterans' payments, survivor
 - c. benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources.
7. 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 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 only be used in special circumstances. Specific example includes 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 Simpson General Hospital's CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

8. 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 250% of poverty, will be charged 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 Guidelines.

Financial assistance that provides care at a discount on gross charges to eligible patients with annualized family incomes between amounts equal or greater than 100% but less than 250% of the Federal Poverty Guidelines. This type of financial assistance reduces the patient financial obligation on a sliding scale rate as illustrated below: (see attached exhibit A)

- A. Below 100% federal poverty level will receive 100% discounted care.
- B. 100-133% federal poverty level will receive 75% discounted care.
- C. 134-175% federal poverty level will receive 50% discounted care.
- D. 176-250% federal poverty level will receive discounted care equivalent to the AGB rate 54% of charges (46% discount).

Notwithstanding the methodology in above, A FAP eligible individual may not be charged more than the Amount Generally Billed (AGB) for emergency or other medically necessary care.

- A. In order to calculate the AGB, the hospital used the look-back method-- (Treas.Reg.Section1.501(r)-5(b)(3)).
- B. The AGB percentage the hospital calculated is 54%.

- C. The percentage used was calculated by determining usual and customary hospital charges for services from all insurance payers less adjustments made by insurer.
9. Nominal Fee: Patients not receiving a full discount will be given a \$20 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.
 10. 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 Simpson General Hospital's CEO, CFO, 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).
 11. 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 Simpson General Hospital. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 6 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 6 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the lookback period will be less of six months or the expiration of their last Sliding Fee Discount Program application.
 12. 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 make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Simpson General Hospital can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
 13. 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 Simpson General Hospital shared directory, noting names of applicants, dates of coverage and percentage of coverage.

- b. The Business Office Manager will maintain an additional monthly log identifying Sliding Scale Application recipients for the Sliding Fee Discount Program and dollar amounts. Denials will also be logged.
14. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or Controller. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing the 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 possible 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.
15. 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. Board approval for the Sliding Fee Discount Program will be sought as an integral part of the annual budget.

Other Required Disclosures:

The Financial Assistance Policy (FAP) for Medically Indigent Patients, Financial Assistance Application (FAA) or Plain Language Summary are available free of charge at <https://simpsongeneral.com/financial-information/>, in person at any hospital or clinic registration area, or by calling the financial counselor at 601-847-7131.

Paper copies of the application and plain language summary are available to patients upon request and without charge.

Notices of the existence of this policy are posted in all admitting areas of the Hospital, including the Emergency Department, Registration areas, and all clinics.

Patient statements include a message to notify and inform patients of the availability of financial assistance and where to call for information and application.

Hospital staff will discuss the FAP when appropriate, in person or during billing and customer service phone contacts with patients.

Revised 5-3-2023

***Financial Aid Application
For Hospital and Clinics***

Patient and/or Guarantor information if patient is a minor:

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

Place of Employment: _____

Spouse and/or Legal Guardian Information:

Name: _____ Date of Birth: _____

Place of Employment: _____

Dependent (s) Information:

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Use a separate sheet of paper if necessary:

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, alimony, child support, assistance from outside the household, and other miscellaneous sources				
TOTAL INCOME				

NOTE: Copies of one of the following - tax returns, pay stubs, bank statements, or other information verifying income or identity may be asked for before a discount is approved. The Hospital may use a 3 party in the verifying process.

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 License, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Card		

EXHIBIT A – FEDERAL POVERTY LEVEL GUIDELINES (FPL)

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

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE	133% Poverty	175% Poverty	250% Poverty
	100% Discount	75% Discount	50% Discount	**AGB 46% Disc
1	\$14,580	\$19,391	\$25,515	\$36,450
2	\$19,720	\$26,228	\$34,510	\$49,300
3	\$24,860	\$33,064	\$43,505	\$62,150
4	\$30,000	\$39,900	\$52,500	\$75,000
5	\$35,140	\$46,736	\$61,495	\$87,850
6	\$40,280	\$53,572	\$70,490	\$100,700
7	\$45,420	\$60,409	\$79,485	\$113,550
8	\$50,560	\$67,245	\$88,480	\$126,400

For families/households with more than 8 persons, add \$5,140 for each additional person.

* A nominal fee of \$20 is required for each office visit and applies only to patients at 100% of FPL. Patients will not be denied services due to inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

* 100% to 133% of FPL-75% discount; 134%-175% of FPL-50% discount;176-250% of FPL-46% discount.

** AGB refers to Amount Generally Billed